

HSP 08

Ymchwiliad i ddarparu gofal iechyd a gofal cymdeithasol ar yr ystâd carchardai i oedolion  
Inquiry into the provision of health and social care in the adult prison estate  
Ymateb gan Y Sefydliad Cymorth Honiadau Ffug  
Response from False Allegation Support Organisation



0844 335 1992

Mon to Fri 6pm to 10pm

Search for @falseallegationsupportorganisation and

@FASOFamily on facebook or messenger to find our FASO Facebook pages easily

MRG Sec/ 70/19

Date 12.5.19

[SeneddHealth@assembly.wales](mailto:SeneddHealth@assembly.wales)

Deadline 14<sup>th</sup> May 2019

Apologies, FASO are a small voluntary group (18 years old) UK wide with only English speakers attached, and have no finances to use a translation service

1. The effectiveness of current arrangements for the planning of health services for prisoners held in Wales and the governance of prison health and care services, including whether there is sufficient oversight.

**Answer** – FASO can only respond on the insufficiency of oversight where staff of the health care system is not managed efficiently, hearing from those maintaining Innocence of crime and their experiences. (The writer also has first-hand knowledge in particular of the end of life package where only one good practice was allowed – that being, access by the wife to the chemo treatment days, to sit with the prisoner in hospital). Within prison, medical practitioners, and nurse's qualifications, along with attitudes to prisoners are not robustly checked to meet the standard that would be met outside the prison environment. There is no robust effective complaints system for prisoners or oversight of effective evaluation of the systems actually working as opposed to what is written on paper. The private prison and the black and white prison should both meet the same standard. The probation and prison service should be pro-active in ensuring their reports are actioned, if not serious consequences should be placed on management, which should be part of their signing on package or serious financial and job loss consequences for those that do not meet the prison standards set.

2. The demand for health and social care services in Welsh prisons, and whether healthcare services are meeting the needs of prisoners and tackling the health inequalities of people detained in Welsh prisons.

**Answer** – From those we hear from in Welsh prisons the system is falling apart. Their health cares are not met,

a) The ageing population have no specialism' for those suffering onset of dementia, Alzheimer's mental health, and who are allowed to wander their prison corridors without any support, scaring the prison population and prison staff.

b) Staff who have no training in caring for those with mental health issues or end of life support are not sufficiently trained into identifying or supporting those who present as ill. Consequently those ill prisoners are disturbing/scaring other prisoners in their vicinity, especially if they have episodes, or are shouting from locked cells

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at night, without any form of medical intervention. This has led to fatalities, due to un-diagnosed and lack of treatment.

- c) The elderly and others with incontinence, mobility, sight, hearing problems, not being supported when they should, neither being provided with the basic necessities for their particular problems
- d) No access to outside medical sources for second opinions identifying and treatment including areas such as dentistry, cancer treatment, second opinions, until the problem has escalated beyond that which could have been treated at an earlier stage and often leads to fatalities.
- e) For those with cancer or terminal illness, not granted leave to go to Palliative care, which treat the whole family, and support for people with a life-limiting illness. Prisons need a palliative care space provided, within prison, with specialist and qualified carers included the 3rd sector and separate to the prison medical staff. At the moment there is no liaison between outside providers to deal with prisoner's palliative care (personal experience)

3. What the current pressures on health and social care provision are in Welsh prisons, including workforce issues and services, such as mental health, substance misuse, learning disabilities, primary care out of hours, and issues relating to secondary, hospital-based care for inmates.

**Answer** The workforce issues need to be identified and met as part of the problem in prisoners accessing outside care facility, the lack of prison officers, normally three escorts to one patient (prisoner) mean prisoners are not taken to outside care. There is no out of hours care; prisoners are left in their cells till the next morning despite screams and shouts coming from the cells. Prisoners can and do die unattended in their cells. Those passed in to hospital usually have one officer attending their bedside even on death. The vulnerable (those on drugs who have learning disabilities ADHD etc) are not treated with due respect, because of lack of experience of hands on knowledge by prison staff.

4. How well prisons in Wales are meeting the complex health and social needs of a growing population of older people in prison, and what potential improvements could be made to current services.

**Answer** - As already mentioned, the elderly population needs are not being met. Re-assessment of the crimes the elderly have committed, with the view to releasing them, in order to be supported by family and care in the community. The costs of this would then be shared with other organisations which would spread the cost of the services involved whilst creating space within the prison system. For those not released, separate prison departments need to be raised for the different types of ongoing elderly and mental health needs with specialist staff managing them. Also advocates for the vulnerable to ensure they have their needs met. Parc which is slowly expanding may have the acreage to provide this type of facility.

5. If there are sufficient resources available to fund and deliver care in the Welsh prison estate, specifically whether the baseline budget for prisoner healthcare across Local Health Board needs to be reviewed.

**Answer** – All budgets need to be assessed to include strong liaison with the health board, social services the prison estate and any other relevant service in order to spread the costs. This is also looking at the releasing of the elderly

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where appropriate back into the community care of families end of life palliative and psychiatric care centres. Along with nutritional meals which cannot be tampered with.

6. What the current barriers are to improving the prison healthcare system and the health outcomes of the prison population in Wales.

**Answer** – lack of cohesive and true information on the state of the prisons in Wales, to include prisoners input, is not helpful – I quote a comment written to FASO from a prisoner maintaining innocence and still in the process of having his conviction overturned - regarding the ongoing issues they suffer from lack of medical care and support with the prison estate – these issues are backed up by both families and inmates of the Welsh prisons.

Quote “My experience of Welsh prisons and prison life as a whole has mentally affected me in some shape or form, and I must wait up to eight or ten months for counselling. The effect of being convicted and sent to prison (on lies) will affect me for the rest of my life and because it has affected me in such a way, I must ask myself an important question. With the way I feel and how it affects me, I now know why I don’t make any friendships because now, I am afraid too, as I am ashamed of what I have suffered. I can’t help it, its how I feel. I have spoken to my offender manager, whose view and opinions I respect informed me that HMP Parc is the only prison in Wales that do not know what mental health is. Now that is something to hear a comment like that from a professional person (this is the regime that the person quoted was mainly in and had first-hand experience of an end of life prison friend where he, the prisoner, had to support throughout, whilst the staff both medical, Doctor and guards (all but one) did not)

7. While focused on the adult prison estate in Wales, the Committee will consider evidence on the female prison population and the issues facing those Welsh prisoners held in the secure estate in England. Specific issues relating to children and young people may also be explored further.

**Answer** - FASO have no comment as we have no female or child prisoners or their families in correspondence with us.

Margaret Gardener  
False Allegations Support Organisation (FASO) UK Director

**TO WHOM IT MAY CONCERN:**

Data protection laws have changed and that’s great news for you. It means you’ll have more control over your personal information and organisations like FASO must be clearer on how they collect and use that information. We have to ensure that you are happy for your address to remain on the FASO database, please let us know in your response. Here is a small portion of the anonymous statistics that prisoners, families, and those accused and contacted FASO have contributed to. Further statistics are due from the university. . Donations in order to progress further statistical analysis would be gratefully received.

<http://eprints.uwe.ac.uk/25256/1/False%20allegation%20paper%20%20October%202017.pdf>

FASO Utube talk on one side of FASO support <https://www.youtube.com/watch?v=scSQc9iauww&feature=youtu.be>

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