

Annex 1 - Prison Social Care Case Study

Background and Referral

JV was a young Asian female who originated from the Hampshire area who was remanded to a Surrey prison for an offence of serious violence to a family member during a domestic dispute. She had very serious long term health conditions including mitochondrial disease, visual impairment, epilepsy, blocked arteries and had suffered 2 strokes which had left her partially paralysed down one side. JV did have input from the area social care team prior to coming into prison.

She was referred to the prison social care team from the prison primary health care provider due to her vulnerable presentation and high need.

Assessment and Social Care input

The practitioner liaised with the previous team for background information on needs, presentation and details regarding the package of care that had been provided which included support with administering medication [she would forget the prescribed regime] and preparing meals. It was evident very early on that JV was vulnerable with eligible social care needs and would require more support than was reported whilst in the prison.

JV was unable to carry out her personal care, keep her cell clean/ tidy, change/ make her bed, mobilise around the prison and struggled with fine motor movement including light switches/controls. The practitioner undertook the following:

- Liaised with safer custody regarding support that could be offered and it was highlighted that a close family member was also in the prison.
- Discussion with JV regarding family member providing support, where she disclosed that she had been receiving some support because she did not want strangers to provide intimate personal support (ie bathing).
 - It is recognised that generally other prisoners cannot support with intimate personal care other than in circumstances of close family members. It became apparent that prior to being remanded that close family members had supported her with intimate care.
- Discussion with the family member who wanted to support JV and further family dynamics information was disclosed.
- Referral for advocacy to support JV through the assessment process under the Care Act.
- JV had started self harming since arrival in the prison and she was supported in her ACCT reviews (prison self harm assessment tool) to ensure her views were considered.

- JV was struggling with her sight to see the controls on her TV and to locate light switch's. The practitioner liaised with the community sensory worker, and JV was supplied with coloured raised stickers to place on switches in order to help identify them.
- Incidents of seizures were increasing and issues regarding medication were highlighted as the GP had reduced her access due to a potential for her to misuse her epilepsy drugs. The practitioner liaised with prison security who could verify that there was no evidence to support any substance misuse. The practitioner advocated on JVs behalf with health regarding the medication issues which led to a review change in access to her medication.
- During the assessment process it was evident that JV struggled to retain information and to process complex information which raised questions on her capacity for some decisions and understanding the process.
- The practitioner undertook a Mental Capacity assessment regarding JV's decision making to share her assessment and it was felt that it was in her best interest to disclose the assessment with her legal representative. The practitioner liaised with her solicitor and shared her assessment including the issues in relation to mental capacity. The solicitor had also raised these queries and was intending on presenting to the court these concerns as this did raise questions if remand in prison was the right place.

Outcome

The case was presented to the court and she was released to an alternative bail address whilst the criminal justice system made decisions regarding prosecution in the public interest coupled with her ability to plead and provide instruction on the process. This required the practitioner to liaise with the home area to provide a package of care on release and concerns were raised on how JV would get to the address due to her vulnerable physical state and ability to use transport. This was highlighted to home based area and a taxi was arranged.