

## **Submission to the National Assembly's Health, Social Care and Sport Committee Inquiry into Prison Healthcare in Wales.**

### **South Wales against Wrongful Conviction (13th May 2019)**

#### Introduction

South Wales against Wrongful Conviction (SWAWC) was founded in 1992 (at that time as South Wales Liberty). The organisation has a campaigning history in support of miscarriage of justice victims in Wales but functions now largely as a support group for people wrongly convicted and their families and friends. The group has close links with the Cardiff University Law School Innocence Project which uses law students, under academic supervision, to investigate possible miscarriages of justice.

The group is unable to assist the Inquiry on issues of the administration and financing of health care of prisons in Wales, having no direct involvement in this. However, we feel it will be of value to the Inquiry to provide examples of the direct experience and opinions of our members who have either spent time in Welsh prisons themselves or supported their loved ones during prison sentences.

The comments will be provided under the headings set out by the Inquiry. In addition, Three Appendices are attached which describe the extent of problems in both England and Wales. The comments of our members accord with these reports, suggesting that the problems in Wales largely replicate those in prisons in England.

While most of the examples given are anecdotal, we urge the Inquiry to carefully consider the serious human rights issues that arise from these examples of health care failings.

**Our main recommendations are in bold under the relevant headings, but for convenience are itemised here: -**

- i. We urge the Committee to consider independent oversight and an independent complaints system for prison health care.
- ii. We urge the Committee to take a lead in, not only recognising that current health care in prison does not meet acceptable societal standards, but also that many prisoners have additional health needs as a result of social deprivation, mental health, substance addiction, age and disability. Moreover, that these health needs are exacerbated by confinement in an environment which is by its nature unsafe and unhealthy.
- iii. We urge the Committee to address the special problems of those vulnerable groups, but also to consider the extra risk to health incurred by those maintaining innocence,

and the shock and stress, both on initial conviction and ongoing imprisonment when wrongful convictions may have occurred.

- iv. Keeping people in prison when they do not know where they are or why they are there as a result of dementia or mental illness, is illogical, unethical and cruel. The Committee should, as an absolute minimum, support an end to this practice.
  - v. The treatment and conditions to which elderly, sick and disabled prisoners are subjected to is nothing short of a national scandal and in some instances amounts to cruel inhumane and degrading treatment. Wales should endeavour to lead the way in the UK towards a more humane system, by early release where possible and/or re-location of such people to appropriate caring environments with adequate facilities and appropriately trained staff. (See also Appendix 3)
  - vi. The Committee should endeavour to influence sentencing policy which under current arrangements is sentencing many elderly people to die in prison deprived of suitable health care.
  - vii. Health Care failings in prisons are a problem throughout the UK (see Appendix 2). The problems in Wales will be similar but we urge the Committee to take a lead in encouraging additional resources to tackle the general health needs of prisoners and the special needs created by the stress of imprisonment, including having regard to the additional impact of wrongful convictions
  - viii. Clearly addressing many of the problems identified in this submission will require extra funding, although a reduction in the prison population by more appropriate relocation or early release of elderly, sick, disabled and mental ill prisoners might be both a humane and cost-effective part of the solution.
  - ix. We urge the Committee to take a lead in recognising and addressing the harmful effects of poor living conditions and overcrowding on physical and mental health.
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.

Many examples from our members illustrate that there are both inadequate resources and inadequate oversight: -

One prisoner who had recently undergone keyhole surgery for a hernia waited three hours at 'Heathcare' to have the dressing changed (which was required daily). He was eventually told there was no time to see him and to make another appointment. Failure to treat the dressing in a timely fashion resulted in the wound becoming soiled and infected and leaking blood. The person relating this event commented "health care is so complacent it really defies logic"

A prison officer contacted health care service regarding a diabetic prisoner who appeared to be hypoglycaemic, he was asked if the prisoner able to talk and walk, to which he answered yes. The response then was to refuse to come out risking potential coma and hospital admission.

A nurse had attended a prisoner without request and carried out an examination despite previous agreement that she would not be involved with that person. She was rude and arrogant in her approach. A formal complaint was submitted with no action forthcoming. Four more complaints were raised with NHS PALS service and management all of which were totally ignored

**We urge the Committee to consider independent oversight and an independent complaints system for prison health care.**

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.

Comments from our members direct experience of prison health care:

Through my experience I can honestly state that while at HMP Usk the Healthcare department is not fit or financially supported to cope with the health problems that many prisoners suffer. The answer to many health care issues that arose while I was wrongly incarcerated was to prescribe more pills not only to myself (when I was taking up to 18 tablets a day) but to the majority of prisoners who had to go to the healthcare department.

As soon as a verdict is reached by a jury, based on their opinions and not when a case is proven, many health problems affect prisoners. A state of shock is the first thing that affects your health, which for any person with major heart problems could result in a heart attack. Fear and bewilderment set in as reality takes over especially when innocent men, who have been through the trauma of a trial, have never been in prison before. Your mind becomes affected, unable to comprehend what is happening.

What should be obvious is that prisoners who admitted their guilt in court are more likely to settle and adapt to prison life quickly, but the wrongly convicted will suffer badly with their health.

As the healthcare staff are not prepared for a serious problem such as a heart attack, panic sets in and delays can and have resulted in death.

**We urge the Committee to take a lead in not only recognising that current health care in prison does not meet acceptable societal standards, but also that many prisoners have additional health needs as a result of social deprivation, mental health, substance addiction, age and disability. Moreover, that these health**

**needs are exacerbated by confinement in an environment which is, by its nature, unsafe and unhealthy.**

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.

The following anecdotal accounts describe some of the pressures on health services in prisons and the experience and consequences for prisoners who rely on them:

I have witnessed a prisoner complaining of feeling unwell and in pain, given paracetamol during the evening, when there are no healthcare staff on duty at the prison, and the prisoner being found deceased in his cell the following morning.

“Mental Health Services remain beyond ridiculous if you need any mental health facilities – forget it”

While at HMP Usk I observed many innocent men (25-30%) suffer from depression where you will be given anti-depressant pills instead of finding the root of the problem. This medication can cause hallucinations as well as other side effects. This is followed by symptoms of depression: Loss of appetite, loss of self-esteem, fear of other people, inability to concentrate on daily activities. If you have heart problems or breathing difficulties the nervous system is affected and you become tearful and, in some cases, suicidal. You can also suffer with stress related physical and mental pain leading on to high blood pressure, disturbed sleep/nightmares, asthma and breathing difficulties. Your nerves are shattered, as mine were, which led to my whole body shaking.

A lack of contact with family and friends causes stress and anxiety – more pills.

Severe anxiety and stress cause bouts of depression, withdrawal symptoms, the inability to relax or communicate and panic attacks set in.

**We urge the Committee to address the special problems of those vulnerable groups noted in this question but also to consider the extra risk to health incurred by those maintaining innocence, and the shock and stress, both on initial conviction and ongoing imprisonment when wrongful convictions may have occurred.**

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.

Care of the elderly in prison is in crisis, this is a national problem (see **Appendix 1 and 3**)

One member described an incident when a prisoner needing palliative care in his final days was refused the chance to go to hospital for terminal care.

The following was described by several SWAWC members who had observed and/or heard from their relatives about this situation:

Mr X has severe dementia and every day he believes he has a taxi arriving to take him home to his wife. Consequently, he refuses to return to his cell until the staff tell him to get his coat because his taxi has arrived. He then enters the cell to get his coat upon which the door is slammed. He then spends many hours, including during the night, banging the door trying to get out to reach his taxi.

**Keeping people in prison when they do not know where they are or why they are there as a result of dementia or mental illness, is illogical, unethical and cruel. The Committee should as an absolute minimum support an end to this practice.**

**The treatment and conditions to which elderly, sick and disabled prisoners are subjected to is nothing short of a national scandal and in some instances amounts to cruel inhumane and degrading treatment. Wales should endeavour to lead the way in the UK towards a more humane system, by early release where possible and/or re-location of such people to appropriate caring environments with adequate facilities and appropriately trained staff. (See also Appendix 3)**

**The Committee should endeavour to influence sentencing policy which under current arrangement is sentencing many elderly people to die in prison without appropriate health care.**

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.

**Health Care failings in prisons are a problem throughout the UK (see Appendix 2). The problems in Wales will be similar but we urge the Committee to take a lead in encouraging additional resources to tackle the general health needs of prisoners and the special needs created by the stress of imprisonment, including having regard to the additional impact of wrongful convictions**

**Clearly addressing many of the problems identified in this submission will require extra funding, although a reduction in the prison population by more appropriate relocation or early release of elderly, sick, disabled and mental ill prisoners might be both a humane and cost-effective part of the solution.**

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

Prison life is inherently unhealthy, confinement of such an extreme nature inevitably denies fresh air and exercise in a way that impacts on both physical and mental health. Personal safety is compromised both by overcrowding, poor diet and often unhygienic environments as well as potential violence or bullying from other inmates.

The shameful living conditions in HM prisons has been described by the **HM Prison Inspectorate Report of October 2017 “Life in Prison: Living Conditions”**. Concerns related to Cardiff Prison are highlighted at the following passages of the report, the health implications of which should be clearly apparent.

1.18 At HMPs Winchester (2016) and Wormwood Scrubs (2016), a large number of prisoners spent more than 22 hours in their cell every day, **and at HMP Cardiff (2016) prisoners could be locked up for over 27 hours, only being let out briefly to collect their meals. We regularly found more than a quarter of prisoners locked up during the working day; at HMP Cardiff (2016) this was 47% and at HMP Wormwood Scrubs (2016) this was 55%.**

1.42 We often find that shower or fabric curtains are used to screen toilets in both shared and single cells. At HMP Leeds (2016) and **HMP Cardiff (2016)**, prisoners often rigged up makeshift curtains from sheets to screen the toilet. Shower or fabric curtains are not sufficient screens and, while they may provide a small level of privacy, they cannot mitigate the humiliation felt by a prisoner who has to defecate feet away from their cellmate.

‘Having to go to the toilet in a cell with someone else there is degrading and unhygienic.’

#### Sharing a cell

1.56 .....In some establishments prisoners are required to share very small cells, and we regularly find cells that have been certified as being for two prisoners but do not meet the CPT minimum cell size requirements.....While this is more frequently the case in 19th-century locals, for example at HMPs Leeds (2016), Lewes (2016), Wormwood Scrubs (2016) and **Cardiff (2016)**, we often find this in more recently built establishments, for example at HMP Forest Bank (2016), which was opened in 2000, and HMYOI Bronzefield, opened in 2004. We recommended that cells designed to hold one prisoner should not be used to hold two. Not only do prisoners have to ‘double up’ in single cells, but some cells designed to hold two prisoners are used to hold three (HMP Belmarsh, 2015). In Birmingham (2017), some prisoners lived in cramped cells holding four to six prisoners with inadequate toilet screening.

**We urge the Committee to take a lead in recognising and addressing the harmful effects of poor living conditions and overcrowding on physical and mental health.**

In short, the barriers to improving prison physical and mental health care in Wales include:

- a) The general problems of an inhumane and under-resourced prison system: Overcrowding, excessive confinement, unhygienic, often infested, environments, lack exercise and fresh air and lack of purposeful activity.
- b) Inadequate provision of health care staff and facilities coupled with a failure to appreciate the additional physical and mental health needs created by prison life
- c) Lack of out of hours emergency cover.
- d) Lack of independent oversight and/or health complaints system.
- e) Lack of staff training in health care
- f) In some instances, a cultural failure in staff to have adequate regard to prisoners' health needs.
- g) A failure to recognise the significant psychological affect that may be exacerbated in instances of first-time imprisonment and the ongoing health damage caused by wrongful imprisonment.
- h) The imprisonment of elderly, sick, and disabled people disabled people, including those with mental health problems and dementia, for whom prison environments are wholly inappropriate and can amount to cruel and degrading treatment.

We are grateful for the attention of the Inquiry to this document

South Wales against Wrongful Conviction (13<sup>th</sup> May 2019)

Please address any questions or comments to:

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## **Appendix 1**

### **Care for elderly prisoners 'inconsistent and only set to get worse', finds report**

- May Bulman Social Affairs Correspondent @maybulman
- 16/10/18 The Independent

#### **Government and councils failing to plan for the future needs of growing population of elderly, ill and frail inmates, warns watchdog**

Elderly prisoners are not always receiving the care they need, with some struggling to wash themselves and others not getting help when they fall during the night, a report has found.

The prisons watchdog and the Care Quality Commission (CQC) warned that the government and local authorities were failing to plan for the future needs of a growing population of elderly, ill and frail inmates.

There were 13,522 prisoners aged over 50 in December 2017 – 16 per cent of the total adult prison population aged over 18, and projections show that this number is likely to increase.

The Prison Inspectorate and the CQC said they were not convinced that there was adequate consideration of what would be required in the very near future, representing a “serious and obvious defect in strategic planning”.

The report found that prison cells were often small, limiting accessibility for prisoners who require wheelchairs, with some unable to provide accessible cells on their standard accommodation, meaning inmates had to be transferred to the social care unit to access washing facilities.

It comes amid mounting concern over the crisis gripping prisons in England and Wales, as self-harm and violent attacks hit record levels for the second time in a year.

The report states that the ageing population within prisons, coupled with increasing frailty and incidence of dementia, has accelerated the need for prisons to address social care needs.

It also highlights that a significant proportion of prisoners have learning disabilities, autism, mental health disorders or difficulties which may also inhibit their ability to cope with life in prison.

Peter Clarke, HM Chief Inspector of Prisons, and Steve Field, CQC chief inspector of general practice, said they were also concerned that developments in social care in prisons were only related to current need.

“There continue to be wide variations between social care services in prisons, so that as yet they are neither equitable nor consistent,” they said.

“Gaps remain in provision of services in English prisons. Gaps also remain in the provision of support for those prisoners requiring assistance with personal care who do not meet the eligibility threshold for social care.

“There are clear signs that the disparity in services between prisons is disadvantaging prisoners in their ability to be rehabilitated, because transfers to suitable establishments cannot be effected when receiving prisons are unable to offer services that can adequately respond to the individual’s social care needs.”

Peter Dawson, director of the Prison Reform Trust, said that while a recent change in the law requiring local authorities to provide social care for people in prison was an "important and sensible" reform, it was "not delivering what Parliament intended".

"Our prisons are increasingly filled with old people serving very long sentences. An overcrowded, under-resourced system is failing in many cases to provide humane care within prison, still less to prepare these people for what remains of their life when they are eventually released," he added.

“The prisons minister has said that he wants to get the basics right. Ensuring that old, sick people are treated with dignity is about as basic as it gets.”

A Prison Service spokeswoman said: “We recognise the challenges posed by an ageing prison population and will continue working closely with partners in local and central government to make sure services are delivered more consistently across the country now and in the future.

“Inspectors noted that there is already good work going on to adapt prisons for an older population and, since this inspection, we have updated guidance for governors on how to deal with prisoners who have social care needs.”

## **Appendix 2**

Diane Taylor Guardian Website (Tuesday 22 August 2017 16.32 BST Last modified on Wednesday 23 August 2017 11.37)

[Prison Healthcare so bad it would be shut down outside say Doctors](#)

[NHS](#) doctors working in prisons have warned that the conditions in which they operate are so unsafe that the services would be closed down had they been outside the prison system, the Guardian has learned.

The warnings have been issued in emails from an internal prison doctors' email group seen by the Guardian. The fears about failures in prison healthcare come at a time when [prisons are under huge pressure](#) as a result of violence, overcrowding, drug use and high suicide rates.

## **Justice Secretary told to 'get a grip' on prisoners with no release date**

Parole Board chair warns over 'unacceptably high' level of suicide among prisoners serving indeterminate sentences

[Read more](#)

One of the doctors, Polly Backhouse, who has worked in a category C prison for the past year, expressed alarm about current conditions.

Speaking to the Guardian, she said: "There are very few doctors in the field. There has been no regular doctor since February in one prison I've been working in. There is a high turnover of administrative staff with little support, so patients are lost to follow-up as they move through prisons."

Backhouse added that the prison routinely cancelled urgent referrals to hospital where patients should be seen within two weeks, due to lack of escorting staff. "I have to decide on a daily basis which outpatient appointments to cancel due to prison officer staffing," she said.

"There is a higher than average percentage of chronic disease and no nursing or GP capacity to manage them. Healthcare is constantly at odds with prison staff as we ask for escorts that they don't have. The first time I had to urgently admit a patient whose neck tumour was obstructing his breathing he had missed his two-week wait appointment due to an administrative error.

"There is little or no management support despite concerns being raised over and over again. This is a vulnerable and needy group of people who are being let down by an inadequate healthcare system."

Another doctor currently working in prison healthcare said that resources were "grossly misapplied".

"These complex patients need medical care," the doctor said. "Currently we have fractured teams, and primary care degraded. The prison I am at has 1,250 [prisoners] and turnover of 6,000 [prisoners] a year. It needs two doctors every day. We have one. Great expense is created trying not to employ doctors. Lack of doctors mean we can do so much less for prisoners in-house. This leads to expensive escort costs to outside appointments and risks. Escort costs are billed to healthcare."

In the emails seen by the Guardian, doctors working in prisons highlight the unsafe clinical conditions that they say are the result of understaffing.

“I am at a prison that is so dangerously under-doctored, together with a lack of clinic time forced by the regime that nurses add tasks, and keep adding, many of which [are] dangerous requests because nurses cannot get the patients seen,” says one.

Another writes: “It’s very unsafe. This sort of practice forces doctors to work outside every aspect of GMC good clinical practice guidelines.”

A third GP writes: “The problem is such that some wiser doctors now refuse to work at this establishment. The problem has been reported to everyone I can think of. CQC somehow passed it at a low level. Any GP’s surgery with such a performance would have failed and closed.”

A fourth says: “Firefighting at one place I go to. That’s all. Main thing is trying to prevent the next death in custody.”

A spokeswoman for NHS England, which is responsible for health services in prisons, admitted that conditions in jails were sometimes “challenging”.

“Healthcare staff working in prisons do work in what are sometimes challenging circumstances despite funding of £500m a year on related health and justice services. Local teams are working with the prison and probation service to create a supportive environment for staff to deliver the best care for inmates who are patients,” she said.

A British Medical Association spokesman said: “It is important that prison healthcare get proper levels of investment and support. Like other parts of the NHS, many local services are overstretched and struggling to cope with rising demand.”

A spokeswoman for the Prison Reform Trust said: “We know that prisons are in crisis and healthcare is suffering along with every other kind of care prisoners are supposed to receive.”

The latest report from HM Inspectorate of Prisons found that many prisons struggled to recruit healthcare staff of the right calibre and that health services in prisons were repeatedly impeded by the unavailability of prison officers and restrictive regimes.

England and Wales has the highest imprisonment rate in Western Europe. The prison population has risen by 82% in the past 30 years. Some 68,000 people were sent to prison last year – 71% for non-violent offences, almost half for sentences of less than six months.

## **Appendix 3**

**Submission to the House of Commons Health and Social Care Committee**

## Inquiry into Prison Health Care

Dr Dennis Eady

1. I am responding to the consultation in a personal capacity based on experience over 25 years as a campaigner on miscarriages of justice with the organisation South Wales Liberty (later South Wales against Wrongful Conviction) and 9 years professional experience as Case Consultant to Cardiff University Law School Innocence Project. This work has brought me into contact with prisons and prisoners through visits to numerous prisons and regular communications with prisoners who maintain innocence. I have a bachelor's degree in Social Administration, Masters Degrees in Criminology and Criminal Justice and Social Science Research Methods. I also have a PhD since 2009, the subject of which was concerned with miscarriages of justice. In 2015 I gave evidence to the Justice Committee's review of the Criminal Cases Review Commission (CCRC). Prior to my career change around 10 years ago I worked for around 30 years with people with disabilities including learning disability, mental health, physical disability, epilepsy and acquired brain injury.

2. In December 2017 I submitted a response to the Justice Committee's Inquiry into "*Prison Population 2022: Planning for the Future*". In this document I highlighted the inhumane treatment in UK prisons in relation to excessive cellular confinement,<sup>1</sup> segregation and Close Supervision Centres and the inevitable and extreme physical and psychological health implications of this situation. I will not rehearse those arguments here but would be happy to provide the Committee with a copy of the document if needed.

3. This submission raises some general health issues and then focusses more specifically on the health needs of elderly and disabled people in prisons. While the following information, other than that identified as arising from official documents, is anecdotal in nature I believe that this information has come from reliable sources without any ulterior motive other than genuine concern and compassion.

### General Health Care Issues

4. Many of the issues noted in the Annual Inspectorate Report 2016 are supported by information I have received from prisoners concerning their health. The problems described below being typical and again frequently exacerbated by excessive cellular confinement: -

*During 2016–17, we found that the efficient delivery of health services in prisons was repeatedly impeded by the unavailability of prison officers and restrictive regimes. These had serious detrimental effects in over half the services we inspected. Outcomes for patients were affected in several ways:*

- *Prisoners could not always get to health appointments, and the high non-attendance rates then increased waiting times for health services.*
- *Patients waited in health departments for up to two hours before and after their health appointments due to a lack of prison staff to escort them.*

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<sup>1</sup> The 2015 HM Inspectorate Report illustrates the extent of extreme cellular confinement with an average of 21% of prisoners spending less than two hours a day out of cell.

- *Inpatients were locked in their cells all day rather than taking part in therapeutic activities to aid their recovery.*
- *Because of restrictions in the regime, patients were issued with their night-time medication, including sleeping tablets, as early as 4.30pm, reducing its effectiveness.*
- *External hospital appointments were cancelled due to the lack of prison staff escorts.*

*HM Chief Inspector of Prisons for England and Wales*

*Annual Report 2016–17 page 35*

5. The above report goes on to highlight the inadequate and inappropriate provision in mental health services within the prison system (page 36). It is hard to imagine a less appropriate or less therapeutic environment for persons with active psychiatric illness than the prison system. The alarming suicide rate within prisons is likely to be related to this.

6. In addition there are clearly more well documented and widespread problems with prison health services which are of major concern (Please see **Appendix 1**)

#### The Elderly and Disabled

7. My primary concern however in this submission concerns the plight of elderly and disabled people in prisons. The *HM Chief Inspector of Prisons for England and Wales Annual Report 2016–17* notes that in 2016 there were 234 people over 80 years old in prison with 14 over 90 and one over 100 years old. The probability is that this figure has increased since, given current sentencing and prosecutions for historical sexual abuse. Notwithstanding the argument about the ethicality of imprisonment for elderly people, it is apparent that the prison system is completely ill-equipped to cope with the needs of elderly people or indeed any age group suffering with chronic ill-health and disability.

8. The 2016-17 Inspectorate Report puts it as follows

*“Physical provision for those with severe disabilities was generally poor, with few adapted cells and little wheelchair access.”*

The anecdotal reports that I am receiving suggest that this is a serious understatement of the problem. The reports I refer to below come from HMP Lincoln (see letter below) and HMP Littlehey, but I have little doubt that similar situations are replicated throughout the estate. While this information is anecdotal it has come from two different sources and directly from other prisoners who have, for no personal gain, expressed deep concern out of common humanity. One of these is Mr Isham whose letter to Inside Time magazine is reproduced below.

9. It is hard to see how anyone committed to a humane approach could not be seriously concerned about this matter, yet I am sad to say that my letters of 13<sup>th</sup> October 2017 raising these concerns (reproduced at **Appendix 2**) received no reply from the Justice Minister, the Prisons Minister or the Chief Inspector of Prisons

10. The following letter was printed in the prison magazine *Inside Time* in October 2017. What it describes matches a number of anecdotal descriptions I have heard about the plight of the elderly in prison.

### **Too Old for Prison**

*I have had the opportunity to see first-hand what an unmitigated shambles the prison estate is in – assaults, rampant drug taking and self-harm, the list is long. But the one thing that grates on me that I really find truly disgusting, is the way elderly prisoners are treated in prison – mainly thanks to society’s almost rabid desire to punish historical sex offenders. More and more people are being sent to prison who should be in care homes.*

***Picture this, a man confined to his bed, elderly, suffering with dementia, screaming out in agony from chronic bedsores, while he lies in his soiled clothes in his urine-soaked bed.***

*If you read that in a newspaper, if that poor man was in a care home, there would be angry headlines, letters to the authorities and condemnation from society. But if that man is a convicted criminal and he’s in prison people just shrug and say “so what?”*

*Does this man not deserve the level of care befitting his age and medical conditions? Just because he’s an offender does that make him less of a human being? Due to the witch hunt around historical sex offences, nearly half of the prison population are aged 50+. I understand the need to punish offenders, but is prison the best way? You certainly cannot rehabilitate someone who is unable to remember what happened yesterday let alone a crime committed decades ago.*

*This is not “punishment” it is nothing but torture, nothing less and in a supposedly civilised country in the 21<sup>st</sup> century. Keeping these people in prison should turn the stomach of anyone with a shred of humanity and morality.*

*There are secure care homes where they could be cared for properly. Or is it cheaper to stick them in prison as the government don’t have to pay pensions and disability allowance. What a disgrace.*

KG Isham – HMP Lincoln

11. Information I have received from a concerned prisoner and relative at HMP Littlehey replicates the appalling situation described by Mr Isham and includes:

- Disabled prisoners unable to move from cells or negotiate stairs.
- At HMP Littlehey healthcare is upstairs and the stairlift is broken down more often than working and therefore a high number of elderly prisoners do not have access to healthcare for significant stretches (normally 4-6 weeks whilst it is broken) and frequently (as it breaks regularly).
- Disabled prisoners unable to collect or carry food and other prisoners prohibited, and even issued with disciplinary warnings, for assisting them (this amounts to deliberate and malicious abuse by staff).
- Disabled prisoners bedridden on thin mattresses with wholly inadequate management of incontinence.
- As a result of the above gross neglect of potentially agonising and life threatening conditions such as pressure sores.
- Disabled prisoners left in wheelchairs or unsuitable beds for long periods.
- Prisoners suffering from dementia who no longer realise where they are or why they are there.
- At HMP Littlehey prisoners have been informed that training for staff is to take place every Monday for the foreseeable future, possibly the next 6 months. This means that

all prisoners are locked up from 5.15pm Sunday night till 4.30pm Monday night. Lunch on the Monday will be taken to the prisoners' cells by staff but they will not be let out. It is appalling that any prisoners should be subjected to such inhumane conditions but for the bed ridden and poorly elderly inmates such treatment is not only cruel and inhumane but potentially life threatening.

### Conclusion

12. In short it is clear that health care within the prison service is not fit for purpose and most especially is completely ill-equipped to deal with elderly and disabled people. There is no doubt that if such conditions were discovered in any nursing or care home the service would be shut down amidst a public scandal of considerable proportions.

**These conditions amount to cruel, inhumane and degrading treatment and are nothing short of sustained torture by neglect. They require immediate attention and rectification**

**Given this situation I urge the Committee to demand an urgent and independent inquiry into these matters and that the Committee demand that the worst of these situations be immediately addressed with vulnerable prisoners being moved without delay to suitable environments where appropriate care can be provided. It is surely also necessary that those found responsible for the kind of abuses described above are held accountable.**

I am grateful to the Committee for consideration of these crucial human rights issues

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17<sup>th</sup> May 2018