May 2015

CLINKS RESPONSE

Regulating health and social care in prisons and young offender institutions, and health care in immigration removal centres

Care Quality Commission consultation response

About Clinks

Clinks is the national infrastructure organisation supporting voluntary sector organisations working with offenders and their families. Our aim is to ensure the sector and those with whom it works, are informed and engaged in order to transform the lives of offenders and their communities. We do this by providing specialist information and support, with a particular focus on smaller voluntary sector organisations, to inform them about changes in policy and commissioning, and to help them build effective partnerships and provide innovative services that respond directly to the needs of their users.

We are a membership organisation with over 600 members including the sector's largest providers as well as its smallest, and our wider national network reaches 4,000 voluntary sector contacts. Overall, through our weekly e-bulletin Light Lunch and our social media activity, we are in contact with up to 10,000 individuals and agencies with an interest in the Criminal Justice System (CJS) and the role of the voluntary sector in the resettlement and rehabilitation of offenders.

Introduction

Clinks welcomes the opportunity to respond to the Care Quality Commission's (CQC) consultation on regulating health and social care in prisons and young offender institutions, and health care in immigration removal centres. After consultation with our members, Clinks are broadly supportive of the main features of CQC and Her Majesty's Inspectorate of Prisons (HMIP) planned approach, as follows:

- CQC and HMIP will work together with a shared aim to protect and promote the interests and rights of people who use health and social care services in secure settings.
- Inspections will use a joint framework which brings together:
    - elements of HMIP's criteria for assessing the treatment of detainees and conditions in secure settings, known as 'Expectations'
    - Healthcare Standards for Children and Young People in Secure Settings.

- CQC's operating model, including the five key questions they ask about services:
  - are they safe?
  - are they effective?
  - are they caring?
  - are they responsive to people's needs?
  - are they well-led?
- CQC will gather and use the experiences of detainees, and the views of their families and those close to them about the quality of their care.
- CQC and HMIP to publish findings jointly.

To inform our response we have drawn on knowledge gained through previous and ongoing discussion with our members and two workshops held in Leeds and London. We attach a list of the organisations who attended these workshops in appendix A.

We are especially pleased that the consultation document sets out that "detainees are in a more vulnerable situation where they rely on authorities for their safety, care and wellbeing... this makes monitoring, inspection and regulation even more important, ensuring quality of care at a level that is equivalent to the rest of the population." This principle is of particular importance in the context of the health inequalities experienced by individuals in contact with the Criminal Justice System. Some headline statistics demonstrating these inequalities include:

- In 2013, 51% of adults supervised in the community had a long term medical condition or disability, whilst 46% of women and 40% of all those aged over 40 had a mental health condition.[1]
- In a 2013 study, 49% of female and 23% of male prisoners were assessed as suffering with anxiety and depression. This is compared to 19% of women and 12% of men in the general population.[2]
- Of 1,435 prisoners interviewed in a Ministry of Justice study, an estimated 36% were considered to have a disability, whilst 18% of prisoners interviewed were considered to have a physical disability.[3]
- The level of brain injury is much higher amongst offenders in custody than in the general population. According to a report published by the Transition to Adulthood Alliance, 60% of young people in custody in England report having previously experienced a traumatic brain injury.[4]
- It is also important to note that individuals with protected characteristics have unique health and social care needs that will require a specialist approach such as, for example, access to a gender, age or Black, Asian and minority ethnic (BAME) specific service.[5]

We are also pleased to see consideration of how the CQC can work better with the voluntary sector, and would encourage ongoing engagement with the sector as a strategic and delivery partner. As outlined above Clinks is the national infrastructure organisation for the voluntary sector working with offenders and their families. On that basis we limit our response to comments on the regulation of health and social care within prisons and Young Offender Institutions (YOI).

Clinks' response to the consultation questions

1. Do you agree with the proposal for a joint HMIP/CQC inspection framework?

Clinks welcomes the intention that this joint approach will develop a holistic and coherent view of health and social care within secure settings.

At our workshops we asked participants about their existing and previous experiences of HMIP and CQC inspections and what learning implications these had for the CQCs new approach.

Participants highlighted some concerns about the potential time lag between inspections and report publications and pointed out that in the context of health and social care it would be of particular importance that inspection findings are published in a timely manner. There was acknowledgement that inspection teams gather a vast range of data and information that cannot always be included in final reports, but participants were keen to stress that the availability of this additional information would add to the transparency of, and public confidence in, reports.

It was emphasised that there is a need to ensure the findings and recommendations from inspections are implemented. It was suggested that in addition to raising concerns, CQC could also highlight and share good practice.

2. Do you have any comments on the assessment framework of KLOE, prompts and characteristics set out in appendix A?

We note that the five overarching questions CQC plan to ask of services - are they safe; effective; caring; responsive; and well led? – are the same as those used when inspecting services in the community. We therefore welcome the consideration of HMIPs expectations and the Healthcare Standards for Children and Young People in Secure Settings to further inform the key lines of enquiry that inspection teams will use as set out in appendix A of the consultation document.

We asked participants in our workshops to comment on each of the key lines of enquiry. There was some concern that they seem to be weighted towards health rather than social care. On this basis we would raise questions about how they link with the Care Act provisions and Prison Service Instruction 15/2015 which provides instructions to prison service staff on its implementation. We suggest that CQC should give thought as to how the framework can ensure that this PSI is implemented.

In addition, participants made the following suggestions regarding the key lines of enquiry under each of the five key themes:

a) Are health and social care services safe?
With regards to KLOE S3 (Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse?), attendees at our workshops felt that an additional 'prompt' around staff's understanding of appropriate information sharing policies and procedures would be helpful.

b) Are health and social care services effective?
Participants stressed the impact that partnership working between the prison and health and social care providers can have. Health and social care within prisons and YOIs is often reactive rather than preventative. Prison staff are in contact with the general prison population more often than health and social care providers and are in a good position to identify prisoners with early signs of health and social care needs.

Greater collaboration between prison staff and health and social care staff can ensure

appropriate signposting so that prisoners receive timely care without their needs escalating. An additional key line of enquiry exploring how prison staff and health and social care staff work together to deliver effective care should be included, as well as a question relating to who has overall responsibility for ensuring this happens.

A specific comment was made with regards to KLOE E3 (Do healthcare staff have the skills, knowledge and experience to deliver effective care and treatment?), pointing out that it would be impossible to expect all health and social care staff to have appropriate specialist skills to, for instance, provide an adequate service to a deaf prisoner. It was suggested that in order to ensure services are able to meet these specific needs the question should have an additional clause asking whether staff are able to signpost to or work in partnership with someone with these skills e.g. by bringing in a British Sign Language interpreter.

c) Are services caring?
There was significant discussion about the role and involvement of families and those close to prisoners. While KLOE C2 and C3 (Are detainees and those close to them involved as partners in their care? and Do detainees and those close to them receive the support they need to cope emotionally with their care, treatment or condition?) and the associated 'prompts' refer to those close to prisoners, the related 'characteristics' talk, on the whole, just about detainees.

Evidence from Clinks' members who support the families of offenders shows that family members are rarely involved in the care plans of those in prison. In addition, support for prisoners and their families is rarely joined up. Other Clinks members, who provide health and social care services in secure settings, have pointed to the difficulties of involving family members due to security implications and confidentiality. Therefore, there needs to be greater thought as to how the 'characteristics' that the CQC is using to define what a good service looks like can better reflect this in order to provide proper focus on this area and incentivise improvement.

d) Are services responsive?
Participants raised questions about how health and social care services are promoted and advertised within the prison, and the role that prison staff and partnership working have to play. We would suggest the inclusion of a 'prompt' relating to this.

We welcome the inclusion of 'prompts' with regards to prisoners who have specific needs on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation, and with regards to those with complex needs.

In order to ensure that all groups are treated fairly and equally, separate or different provision may be necessary and we would suggest that this is made explicit. For instance there is a much higher prevalence of mental ill health and self-harm amongst female prisoners, meaning a different approach may be required to that used in male prisons; and BAME prisoners may suffer from certain conditions, such as sickle cell anaemia, which are less prevalent amongst the white population. It is therefore vital that the inspection framework ensures that such groups are not discriminated against in the provision of appropriate and adequate health and social care and that services understand that to pursue equal outcomes, different treatment may at times be necessary.

We would also suggest a wider 'characteristic' relating to staff demonstrating appropriate

cultural competence. Clinks recently published the Young Review: improving outcomes for young black and Muslim men in the CJS.[6] This highlighted the differential treatment and outcomes experienced by this group in the CJS and that it is frequently unclear whether this is due to deliberate discrimination or unwitting prejudice, ignorance, thoughtlessness, or racist stereotyping. In order to address this the Young Review calls for training for prison staff to be reviewed so that the perceived and actual problems associated with the cultural competence of staff is overcome.[7]

While the focus of this recommendation is on prison officers we would suggest that it would be sensible, given the scale of unequal outcomes for this group within the CJS, for the CQC to consider how it might be applicable in the context of health and social care.

Other equality and accessibility issues were raised in relation to KLOE R4 (How are people's concerns and complaints listened and responded to and used to improve the quality of care?). Participants pointed out the importance of ensuring that mechanisms to make complaints are accessible to those with learning or physical disabilities. Approximately 50% of prisoners have a reading age of 11 or under[8], so information and complaint documents in accessible formats are essential. Keyring have produced a range of easy read documents about the CJS, with less jargon and pictorial representations[9] and the CQC may want to consider doing similar.

In addition KLOE R4 (How are people's concerns and complaints listened and responded to and used to improve the quality of care?) makes no mention of ensuring that prisoners' families' concerns and complaints are listened to and we would suggest that this should also be included.

e) Are services well led?
As outlined above partnership working between health and social care providers and the prison is vital. There was discussion in our workshops about the fact that at many inquests into deaths in custody healthcare providers, the prison regime and other public bodies whose actions may be subject to scrutiny have separate legal representation[10] illustrating how they are often in conflict with each other about where accountability lies. We would therefore suggest that partnership working and demonstrating joint ownership for health and social care is a key characteristic of whether or not services are well led.

3. We do not intend to rate health and justice services in 2015/16. Do you agree with this approach?

4. Should we consider a single rating for health and social care within a secure setting?

Clinks understands the caution that the CQC is taking in this area and recognise the complexities it involves. We have some reservations, however, about both the proposals to potentially decide not to rate at all in the future, or to provide a single rating.

While a single rating could encourage joint ownership of health and social care provision across providers and the prison service, organisations who attended our workshops felt that it would be unclear who was ultimately responsible and accountable for such a rating.

Those organisations who were themselves providers of health and social care felt that a single rating would be unfair as it would hold them responsible for the performance of

others and could encourage unsatisfactory providers 'to ride on the back of other services' while benefiting from an overall average score, meaning that some services might not perform to the best of their capability. The point was made that providers are able to use ratings for their own purposes to work towards improvement.

A single rating could also cause confusion for prisoners when making complaints as it may confuse the fact that there are a range of health and social care providers within any one establishment.

It was suggested that an alternative approach may be to provide both individual ratings for each provider as well as an overall score for the establishment. This suggestion received wide support from participants in the workshops.

5. Do you agree with our approach to concerns, complaints and whistleblowers?

We broadly support this approach. Our main comments relate to the mechanisms which will be used to gather this information and how prisoners, those close to them, and voluntary sector organisations will be engaged with so that they are aware of how to provide this information to the CQC. We cover these concerns in further detail in our answers to questions 6 and 7.

As the CQC acknowledge, prisoners are in a vulnerable situation and may struggle to have their voice heard. This vulnerability is likely to be further exacerbated where prisoners have a health or social care need. Attention needs to be given to ensuring that prisoners feel confident and willing to raise concerns and voice complaints. Information should be provided to reassure them that any complaint will not affect their treatment in any way, either by the health provider or within the wider prison system. Working through advocates and peer mentors is another option. An example of good practice in this area is the Peterborough Healthwatch Prisoner Engagement Project[11] which works through 'wellbeing reps' in the prison to gather feedback from prisoners and encourage confidence.

6. Do you agree with our proposals for gathering detainees' experience of care? Are there any other ways we could gather this information?

We strongly welcome the CQCs recognition of the vulnerability of those in secure settings and the challenges they face in having their voices heard and the willingness expressed to adapt engagement processes to meet the needs of this group. Our comments below focus on highlighting some of the challenges the CQC may face in implementing the mechanisms outlined in the consultation document for gathering and analysing this information. In each case we outline potential solutions and recommendations to overcome these.

a) Comments and feedback sent to CQC from individual detainees and their families
Participants in our workshops particularly felt that the gathering of information on an ongoing basis rather than for a limited time during an inspection was important to provide a full picture.

Significant promotion will be needed to ensure that detainees and their families are aware of the CQC, its role and contact details. Information outlining the fact that the CQC is independent and that any complaint would not affect parole, contact details, as well as the standards of health and social care a prisoner should expect should be provided to all

all prisoners at induction and throughout their sentence.

Consideration should be given as to how the CQC and HMIP can best reach prisoners who may be withdrawn or isolated, for example; older prisoners, younger prisoners, those suffering from mental ill health, and people with a learning disability. This is particularly important as these prisoners are least likely to provide feedback, but often have the most significant health and social care needs. It is vital to ensure that information about the CQC is available in accessible formats that take into account learning and physical disabilities, as outlined above in relation to complaints information, and also where English is a second language.

The CQC should ensure that it utilises existing communication channels that reach prisoners directly. For instance National Prison Radio, which is accessible in 104 prisons, have a dedicated health programme, 'Check Up' and currently broadcast details of HMIP inspection findings on their daily Prison News bulletin, which is broadcast several times each weekday. Publications such as Inside Time are also a direct means of reaching prisoners. In some prisons using the IT portals on wings and in cells to provide information will also be effective, however this will depend on their availability.

Prison Chaplains will also be an excellent source of information more generally and may be able to facilitate communication with prisoners themselves. In particular, Imams and other faith representatives within the chaplaincy may be able to facilitate communication with minority groups.

Clinks members tell us that families often feel very disempowered when it comes to the health and social care of a relative in prison. Therefore ensuring mechanisms are in place to hear their views is vital. Information about the role of the CQC and contact details should be on display at visitors' centres and links made with family liaison officers attached to visitor centres so that they can signpost to the CQC.

It should also be remembered that a significant number of prisoners, in particular female prisoners[12], receive no visits, so other methods of reaching their families should be considered. A simple way to do this is to ensure that information to prisoners makes it clear that their families can also get in touch either independently or on their behalf. Working through voluntary sector organisations who work with offenders' families is another option, which we expand on later.

To encourage engagement with the CQC it will be important to make sure that prisoners and their families feel that their feedback is valued and useful. The CQC should ensure that when prisoners and their families come forward they receive a timely response with information about next steps, and referral to support services where necessary and available.

b) Making use of evidence from prisoner councils/forums
We particularly welcome this proposal and the potential it has to further encourage and embed structured mechanisms to empower prisoners to become involved in the review of services that affect them. This also has benefit beyond the improvement of services; playing an active role in one's community and taking on a measure of responsibility can support an offender in the journey away from crime.

Clinks and other voluntary sector organisations have advocated for and supported the structured involvement of offenders in the services with which they engage. Clinks' member User Voice, a charity led and delivered by former offenders, provides ongoing support to

prison councils in 9 prisons and tells us that healthcare is often one of the key themes which councils focus on. Similarly, Clinks member, RECOOP, run older prisoner forums in seven prisons in the South West[13] and due to the particular needs of these prisoners, these also focus heavily on health and social care. These organisations may be a useful source of information on how best to engage with prison councils.

The existence and structure of prison councils varies across establishments. Clinks research in 2011 found that 84% of prisons ran consultations in the form of committees and / or prison councils, with 20% of prisons having elected prison councils and 86% running focus groups on specific issues[14]. As outlined above, in some prisons these structures are developed and facilitated by the voluntary sector but in other instances they may be run through the prison themselves; for instance, HMP Stafford has a gay and bisexual men's group which is coordinated by a prison officer.

Considerable thought needs to be given to how any inspection regime engages with these groups in a systematic and planned way. If prisoner forums are to provide appropriate and useful ongoing information to the CQC we would suggest that the CQC needs to provide details of what they would like. The CQC could provide an information pack for prisoner forums/councils and aim to disseminate this via voluntary sector organisations that support prison councils, prisons, and health and social care providers.

c) Involving 'experts by experience' and former prisoners
Clinks understands CQC currently run an 'Experts by Experience' programme to involve current or former service users in inspections of health and social care services in the community. We would welcome the extension of such a programme to inspections of health and social care in secure settings. While this would have some security considerations, Prison Service Instruction 31/2012 provides a framework for ex-offenders to volunteer within the prison estate which could potentially be adapted to this context.

We note that the consultation document makes reference to gathering the views of previous offenders in section 3. We would welcome this and suggest it could be achieved through working closely with voluntary sector organisations in the community as part of the inspection. For example, Clinks member, User Voice, is already working with the Probation Inspectorate to facilitate the involvement of service users in the inspections of Youth Offending teams. There may be challenges in reaching ex-prisoners within the two week timeframe of inspection but if this were part of an ongoing engagement and information gathering exercise it may be easier.

7. Do you agree with our approaches to working with national and local organisations?

Clinks is particularly supportive of this proposal. In particular the voluntary sector working with offenders has a wealth of knowledge and experience about the needs of its service users and the best ways to reach them.

In much the same way as information about the role of the CQC needs to be communicated to prisoners and their families, the CQC should also communicate appropriate information to the voluntary sector. Resources such as Clinks' directory of offender services could facilitate this.
There are a range of voluntary sector organisations who gather information on an ongoing basis through helplines, visits to prisons, and advocacy work which may be of use to the CQC. We suggest that the CQC should consider mechanisms for partnership work with

these organisations that would facilitate the information they hold being fed into the CQC on an ongoing basis.

Participants at Clinks' workshops felt that where possible the CQC should arrange to meet the voluntary sector face to face, potentially through roundtables on specific or thematic issues – which could accompany any themed inspections.

Voluntary sector organisations can be an excellent route to engaging with individuals who are defined as 'hard to reach'. National Prison Radio and publications such as Inside Time are an excellent way to disseminate information directly to prisoners. In addition the organisations that have a physical presence in prisons could support the CQC in reaching out to them, and encouraging their engagement in inspections.

Prisons and/or Community Rehabilitation Companies, should be able to provide information on any voluntary sector organisations commissioned to deliver specific services within the prison and some of these services may also work in the community. It may be more challenging to identify smaller organisations operating on a voluntary basis, providing small scale interventions. Again, Clinks' directory of offender services provides a route to reach such organisations.

Finally we would point out that partnership arrangements between the CQC and the voluntary sector need to be thought through carefully in terms of cost. The voluntary sector, alongside all other providers, are working in a challenging funding and commissioning environment. It is important that where they have valuable information or skills that this is recognised as something which can not necessarily be provided free of charge.

8. We have described how we will gather the views of detainees in advance of the inspection. Do you think this is an effective approach to supporting our work?

Many of the points we raise above about gathering the views of detainees and working with the voluntary sector are applicable to this question. Our overall recommendation would be to utilise as many and as varied means of communication as possible. Given that inspections are unannounced, last only two weeks, and that the CQC will only be present in the second week, it will be necessary to ensure as much communication as possible reaches prisoners through varied channels.

We would suggest that given the issues of accessibility and literacy levels, any proposed survey of prisoners should be produced in an easy read format. Participants in our workshops raised questions about the confidentiality of the survey responses and how they would be gathered and returned to the CQC, as this may affect the response rate. The likelihood of a low response rate means that other methods should be used alongside this.

Clinks suggests that any survey includes monitoring of protected characteristics under the Equalities Act 2010[15] and that analysis is carried out to see how representative of the overall prison population respondents are. This will then allow the CQC to carry out follow up interviews or focus groups with any groups of prisoners who are under-represented. We would stress, however that in doing this it will be vital to provide a clear explanation of why this information is being sought and clearly state that provision of it is voluntary.

With regards to the proposed focus groups we recommend careful consideration is given to how participants are chosen for this. Both self-selection and selection by prison officers

may not provide a representative sample of the prison population and lead to bias within the outcomes.

Clinks' members raised issues about the accessibility and confidentiality of the proposed phone line for prison and YOI settings. It was highlighted that universal access via prisoners telephone 'pins' would be necessary for this but that the challenges of confidentiality would remain.

Some specific issues were raised about the engagement of deaf prisoners in any inspection. Deaf prisoners are very isolated and prison regimes often do not have facilities to meet their needs. For instance minicom systems are often only available for a limited time within an office meaning that the phone line proposed would not be appropriate for such prisoners.

Engagement with deaf prisoners during any inspection will require the use of British Sign Language interpreters and possibly the additional use of a deaf relay interpreter[16]. The availability of these interpreters can be limited and requires advanced booking. Clinks would suggest that HMIP identify if there are any deaf prisoners present in the first week of the inspection so that measures can be put in place for the CQC to engage with them in the second week. For follow up or themed inspections that the CQC leads, the CQC should ask prisons to identify whether they have any deaf prisoners.

Similar issues will apply to other prisoners with disabilities and learning difficulties or communications issues and it will be important for the CQC to consider in advance how they will engage with all these groups.

Clinks particularly welcomes the proposed review of mechanisms for engaging with service user groups; previous detainees; befriending services; advocacy groups and other charitable organisations alongside the survey, focus group and phone line. Our comments in response to questions 6 and 7 provide further detail on this.

9. We have described how we will gather information and evidence while on site at the secure setting. Do you think is an effective approach to supporting our work?

The consultation document describes the introductory meeting that will be held with providers on arrival at the site, but it does not give detail of the information that will be provided to prisoners on commencement of the inspection. It will be vital that all prisoners know the inspection is taking place and are aware of how they can feed into it.

Clinks recommend that the CQC ensures that inspection teams have the right interpersonal skills and experience to engage with prisoners and make sure that they are visible on the wings and easily approachable. It will be important that prisoners in all parts of the establishment are engaged including those on the segregation wing, vulnerable prisoners unit, or the induction unit.

If CQC wishes to gather feedback while they are on site via representatives such as prison forums or councils, thought should be given to how, or if, these bodies will be informed in advance that the inspection is taking place.

The use of comment cards should also be carefully considered in the context of previous comments on literacy levels, disability and learning difficulties, as well as English as a second language.

CLINKS RESPONSE

Conclusion

Clinks welcomes the broad outline of the joint inspection approach, and in particular the intention to engage with service users and involve the voluntary sector. In our response we have outlined suggestions and further detail on the mechanisms and structures which could be used to achieve this. We look forward to working further with the CQC in the future and providing information and support to develop this.

Appendix A – Organisations who attended Clinks consultation workshops

CRI (Crime Reduction Initiatives)
Enabling Theatre
INQUEST
Lifeline
POPS (Partners Of Prisoners and Family Support Group)
Prison Radio Association
Prison Reform Trust
Prisoners Advice Service
RECOOP
Royal Association for Deaf People
The Howard League for Penal Reform
Voluntary Action Calderdale
Volunteer Centre Kensington & Chelsea
Westminster Drug Project (WDP)

End notes

1. Ministry of Justice (2013) Results from the Offender Management Community Cohort Study (OMCCS): Assessment and Sentence planning, Online: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/309959/results-omccs.pdf (last accessed 30.07.2014)
2. Ministry of Justice (2013) Gender differences in substance misuse and mental health amongst prisoners, Online: https://www.gov.uk/government/publications/gender-differences-in-substance-misuse-and-mental-health-amongst-prisoners--2 (last accessed 30.07.2014)
3. Ministry of Justice (2012) Estimating the prevalence of disability amongst prisoners: results from the Surveying Prisoner Crime Reduction (SPCR) survey, Online: https://www.gov.uk/government/publications/estimating-the-prevalence-of-disability-amongst-prisoners (last accessed 30.07.2014).
4. Transition to Adulthood Alliance (2012) Repairing shattered lives: brain injury and its implications for criminal justice, Online: http://www.t2a.org.uk/wp-content/uploads/2012/10/Repairing-Shattered-Lives_Report.pdf (last accessed 30.07.2014).
5. Protected characteristics are defined by the Equality Act, 2010 as including age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, religion or belief, sex and sexual orientation.
6. Clinks (2014) The Young Review: Improving outcomes for young black and/or Muslim men in the criminal justice system, online: www.youngreview.org (last accessed 19.05.15)
7. Ibid p34
8. Clinks (2015) Tackling Inequality in the Criminal Justice System p11, online:www.clinks.org/resources-reports/tackling-inequality-criminal-justice-system (last accessed 19.05.15)
9. http://www.keyring.org/cjs-easyread (last accessed 19.05.15)
10. Inquest (2014) Stolen lives and missed opportunities: the deaths of young adults and children in prison p36, online: http://www.t2a.org.uk/wp-content/uploads/2015/02/Inquest-Report_finalversion_Online.pdf (last accessed 19.05.15)
11. http://www.healthwatchpeterborough.co.uk/Pilot-Prisoner-Engagement (last accessed 19.05.15)
12. Clinks (2015) Tackling Inequality in the Criminal Justice System, p12, online:www.clinks.org/resources-reports/tackling-inequality-criminal-justice-system (last accessed 19.05.15)
13. Ibid p9-10
14. Clinks (2011) A review of service user involvement in prisons and probation trusts, p4, online: http://www.clinks.org/sites/default/files/Service%20User%20Findings%20Sept%2011.pdf (last accessed 19.05.15)
15. Protected characteristics are defined by the Equality Act, 2010 as including age, disability, gender reassignment, marriage and civil partnerships, pregnancy and maternity, religion or belief, sex and sexual orientation.
16. Deaf Relays are experienced Deaf people who work alongside BSL interpreters with users who are Deaf and have a specific language need due to a disability or not being a native BSL user. The Relay adapts what the hearing interpreter is signing into a variation of sign for the client, together with the client's response for the interpreter, to assist understanding.

CLINKS

Clinks supports, represents and campaigns for the voluntary sector working with offenders. Clinks aims to ensure the sector and all those with whom they work, are informed and engaged in order to transform the lives of offenders.

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