

EQUALITY IMPACT ASSESSMENT

1. Describe and explain the impact of the proposal on people with protected characteristics as described in the Equality Act 2010.

Consideration should be given to the following questions. Please consider whether there are possible impacts for subsections of different protected characteristic groups.

- ◆ *How will the proposal promote equality (Please see the general duties)?*

Welsh Government is consulting on a new draft **Substance Misuse Treatment Framework** and draft **standards for mental health services** in the prisons in Wales. The development of the SMTF and the new standards are commitments in the Welsh Government Substance Misuse Delivery Plan 2019-2022 and the Mental Health Delivery Plan 2019-2022.

Evidence suggests that one of the groups at risk of poorer health outcomes are people in prison. We also know that offenders often have more complex health needs than the general population. In particular, they will often have a higher prevalence of substance misuse and poorer mental health, as well as a higher prevalence of Adverse Childhood Experiences and trauma. The UK Government Prisons Strategy White Paper (published in December 2021)¹ outlines a series of reforms to the prison estate to reflect the composition of the prisoner population, which includes: a significant number of prisoners who may have conditions such as learning disabilities, autism and ADHD or an acquired brain injury; prisoners with a learning and/or mental health disability; a disproportionate number of prisoners from an ethnic minority background; and an increased number of older prisoners.² As set out in the Prisons Strategy White Paper: In 2018: As many as 45% of prisoners were reported to have a drug misuse treatment need, and 17% an alcohol misuse treatment need.³ According to HM Inspectorate of Prisons, 47% of male prisoners and 71% of female prisoners reported having a mental health problem in 2019/20.⁴ A 2018 [study by Public Health Wales](#) to understand the prevalence of Adverse Childhood Experiences amongst the male offender population found that over 8 in 10

¹ [Prisons Strategy White Paper December 2021](#)

² [Prisons Strategy White Paper Overarching Equalities Statement December 2021](#)

³ Of those in custody in June 2018 who had a full assessment, 45% of people reported a drug misuse need, and 17% have an alcohol misuse need. See Table 1a in the [Ministry of Justice \(2018\) report on the identified needs of offenders in custody and the community from OASys](#)

⁴ See HMIP (2020) [HM Chief Inspector of Prisons for England and Wales, Annual Report 2019–20](#)

prisoners in Wales reported at least one Adverse Childhood Experiences, and nearly half had four or more. These and other challenges facing the prisoner population in Wales were recently highlighted by the Health, Social Care and Sport Committee in their [inquiry into health and social care in the prison estate in Wales](#).

The recently published UK Government Prisons Strategy White Paper (December 2021)⁵ states: “Prisons can provide the right environment for offenders with these needs to move towards recovery, in some cases offering a first chance to access health services.”

With the view to improving health outcomes and reducing those health inequalities which currently exist, Welsh Government has worked with Public Health Wales and the Royal College of Psychiatrists to develop a new Substance Misuse Treatment Framework and new standards for mental health services for our prisons in Wales. The development of these policies are priorities in the [Partnership Agreement for Prison Health](#) – which was developed collaboratively between Welsh Government, HMPPS in Wales, health boards and Public Health Wales – to support the fundamental principle of equivalence and ensure people in prison have access to the same levels of support and healthcare as those in the community.

The development of the SMTF and the standards for mental health services in the prisons will also help to address recommendations made recently by the HMIP in the Criminal Justice Joint Inspection, CQC and HIW and their [thematic inspection of the criminal justice journey for individuals with mental health needs and disorders](#) (December 2021) and the [HMIP and CQC joint thematic report on community-based drug treatment and recovery work with people on probation](#) (November 2021). Both reports highlight the higher prevalence of substance misuse and mental ill-health amongst offenders and those in prison and the challenges currently facing these populations within the context of the pandemic. [Her Majesty's Chief Inspector of Prisons Annual Report 2020-21](#) found that: “...most mental health services had ceased routine assessments or interventions and were focusing only on urgent and acute care. Prisoners often faced considerable waits to see mental health practitioners; in our survey, over half of prisoners told us they had mental health problems (52%) but less than a quarter said it was easy to see mental health workers (22%). There was also widespread curtailment of other health care services that left a long backlog of cases.”⁶

[Her Majesty's Chief Inspector of Prisons Annual Report 2020-21](#) also found “an increasing shift in the delivery of substance misuse services to single mental health and substance misuse teams, which combined the management of caseloads and delivery of psychological interventions”. In particular, it was noted that: “During the

⁵ [Prisons Strategy White Paper December 2021](#)

⁶ Page 8 [HMI Prisons Annual Report and Accounts 2020/21 \(publishing.service.gov.uk\)](#)

pandemic, all services adopted a risk-based approach, which prioritised clinical treatment and safe detoxification for new arrivals. Despite regime constraints, specialist clinical staff maintained direct contact and support for prisoners with pressing drug and alcohol problems. As a result, the clinical support offered, including opiate-substitution treatment, had mostly remained safe, evidence-based and needs-led. The delivery of psychosocial support for prisoners with substance misuse needs proved more problematic. Regime restrictions lessened opportunities for support services to see individual prisoners, group work had virtually ceased and peer support provision had stopped or was very restricted, but there were some exceptions. In our survey, only 24% of prisoners said it was easy to see substance misuse workers.” The Annual Report also noted, however, that “...most prisons had given greater emphasis to through-the-gate support for prisoners with substance misuse needs on release due to the increased difficulties in identifying and facilitating external support. All services had prioritised harm-reduction initiatives, and training and supply of naloxone (used to reverse the effects of opiate overdose) was still delivered almost everywhere.”⁷

The draft SMTF develops a substance misuse pathway that addresses both clinical and psychosocial provision in Welsh prisons and also includes a specific focus on transition from prisons to the community. It will drive forward an integrated approach between health and justice roles that runs from reception through to release regardless of sentence length. The SMTF is designed to inform and assist health, social care and criminal justice planners and providers to design and deliver high quality, sustainable and equitable prevention and treatment services for those at risk of, or experiencing substance misuse issues in prison. It forms part of the suite of harm reduction and other SMTF guidance for those working in Wales.

The new standards for mental health services in the prisons will develop consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need. The Universal Standards set out in the consultation document act as a framework by which to assess the quality of prison mental health services via a process of self and peer review. The standards have been adapted from the Royal College of Psychiatrists, College Centre for Quality Improvement (CCQI) Quality Network for Prison Mental Health Services (QNPMHS) standards.⁸

Both the SMTF and the new standards for mental health services will consider the needs of those with protected characteristics. Chapter 2 of the SMTF sets out the clinical treatment pathway for people in prison, from initiation and assessment to follow-on care and support following release. As an individual may have both

⁷ Page 44 [HMI Prisons Annual Report and Accounts 2020/21 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁸ [Royal College of Psychiatrists \(August 2021\) Standards for Prison mental Health Services – Fifth Edition](#)

problematic drug and alcohol use, the assessment process and pathway is designed to be flexible and inclusive through to follow-on support and relapse prevention – and will reflect the needs of the individual. Mental Health Standard (#50) states: “Patients are to be treated with compassion, dignity and respect. This includes respect of patient’s race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background. This will ensure that all prisoners are treated equally and able to gain access to the care, support and treatment needed.”

- ◆ *What are the possible negative impacts on people in protected groups and those living in low income households and how will you mitigate for these?*
- ◆ *What if any, barriers do people who share protected characteristics face? Can these barriers be reduced, removed, mitigated?*

Some people with protected characteristics may be disproportionately represented in the prison population. For example, the Overarching Equalities Statement for the recently published Prisons Strategy White Paper highlights that prisoners who declared their ethnicity as Black, Asian or Minority Ethnic represented 21,537 (or 27%) of all prisoners, almost twice the ethnic minority percentage in the general population, with Black people and people in Mixed ethnic groups disproportionately represented.⁹

Furthermore, some people who share certain protected characteristics may be more likely to engage in substance misuse and/or suffer from mental health problems. These groups may face barriers accessing care and support due to fear of discrimination and / or stigmatisation. The SMTF and **new Mental Health Standards for Prisons in Wales** will help to overcome these barriers by supporting access to care, support and treatment for substance misuse and mental health while in prison, and by ensuring continuity of care when moving from prison into the community.

The Overarching Equalities Statement published by the UK Government on the Prisons Strategy White Paper highlights key data on people in prisons and those with protected characteristics, which we have included in our discussion of impacts by protected characteristic (see Table 1 below).¹⁰

Recent research on stigma, human rights and substance misuse in the USA by Wogan and Restrepo (2020) showed that stigmatisation, discrimination, and negative stereotypes are barriers to mental health and well-being. Individuals with mental health problems, including those with drug dependence, suffer stigmatisation, which is a direct affront to dignity and may have enduring health impacts. For

⁹ [Offender management statistics quarterly - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/offender-management-statistics-quarterly)

¹⁰ [Prisons Strategy White Paper \(December 2021\) Overarching Equalities Statement](#)

example, research conducted among a population with serious mental illness demonstrated that expectations of discrimination prevented 64% from applying for employment or educational opportunities.¹¹

According to the Office for National Statistics data on Drug misuse in England and Wales: year ending March 2020: “The prevalence of any drug use in the last year was highest amongst 16- to 19-year-olds and 20- to 24-year-olds (21.1% and 21% respectively)...Any drug use in the last year was also higher among men than women aged 16 to 59 years. One in eight men (11.9%) reported taking any drug in the last year compared with 6.9% of women”.¹² Therefore men were nearly twice as likely as women to have taken a drug.

This is supported by data released by Public Health Wales¹³ who state that: “The number of unique individuals admitted to hospital for illicit drugs in 2019-2020 was 4,813, with males accounting for 60%...The number of females admitted has remained relatively stable, whilst admissions amongst males have increased over the last 5 years...Opioids remain the substance group related to the highest number of individuals admitted to hospital and the highest number of admissions for illicit drugs. In 2019-20, a total of 2,185 individuals were admitted”.

Data from Public Health Wales show the relationship between level of deprivation and individuals in Wales admitted to hospital in relation to alcohol or illicit drugs in 2019-20. “The proportion of all patients admitted for alcohol-specific conditions who lived in the 10 per cent of most deprived areas was 2.7 times higher than those from the least deprived areas.”¹⁴

- ◆ *Share your EIA wider within Welsh Government, ask colleagues to consider unintended impacts.*
- ◆ *How have you/will you use the information you have obtained from research to identify impacts?*
- ◆ *How will you know if your piece of work is a success?*
- ◆ *Have you developed an outcomes framework to measure impact?*

In developing the EIA for the SMTF and the draft standards for mental health services in the prisons, we have shared the document with Welsh Government

¹¹ [Human Rights, Stigma, and Substance Use – Health and Human Rights Journal \(hhrjournal.org\)](https://www.hhrjournal.org/)

¹² [Drug misuse in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)

¹³ [Public Health Wales Report \(2019-20\) Annual Profile for Substance Misuse](https://www.phw.wales/)

¹⁴ [Public Health Wales Report \(2019-20\) Annual Profile for Substance Misuse](https://www.phw.wales/)

colleagues in Education, Housing, Criminal Justice and Communities – who have a specific interest in improving the outcomes of those in prison, and with the view to identifying any unintended consequences of introducing the new SMTF and the draft standards. The fundamental aim of the SMTF and the new standards for mental health services is to provide equivalence – so that those in prison access the same standards of care, support and treatment to those in the community. One potential unintended consequence, however, is that by developing these frameworks, there is the potential for those in prison to have better access to care, support and treatment for substance misuse and mental health than those in the community. Some stakeholders (for example – those giving evidence to the recent Health, Social Care and Sport Committee inquiry into healthcare and the prison estate in Wales) have commented that those in prison are particularly vulnerable – and therefore may need more support and resources to address the health inequalities they face, than those in the community. We will use the consultation period to gather evidence of impacts and any unintended consequences – and retain the focus on ensuring equivalence between those in prison and those in the community.

In terms of ongoing monitoring of impacts: It is anticipated that the implementation of the new SMTF and the new standards for mental health services will be overseen by each individual Prison Health and Social Care Partnership Boards in Wales.

Updates on progress will be provided to the Prison Health and Social Care Oversight Board for Wales – which is jointly chaired by HMPPS and Welsh Government and is responsible for the implementation of the Partnership Agreement for Prison Health.

Both the SMTF and the new standards include a focus on monitoring and measuring impact, linking to existing work in place to measure substance misuse and mental health outcomes for those receiving care, support and treatment in the community. For example: the new standards for mental health services reference– the [Outcome Measurement in Wales Project](#) which is part of the Welsh Government Mental Health Core Data Set. The aim of the Mental Health Outcome Project is to ensure that by 2022 all Mental Health Services in Wales will be routinely using outcome tools in their practices to support the therapeutic relationship between service users and practitioners.

Record of Impacts by protected characteristic:

Please complete the next section to show how this policy / decision / practice could have an impact (positive or negative) on the protected groups under the Equality Act 2010. (Please refer to the EIA guidance document for more information.) It is important to note any opportunities you have identified that could advance or promote equality of opportunity. This includes identifying what we can do remove barriers and improve participation for people who are under-represented or suffer disproportionate disadvantage.

Lack of evidence is not a reason for not assessing equality impacts. Please highlight any gaps in evidence that you have identified and explain how/if you intend to fill these gaps.

Table 1: Impacts by Protected Characteristics

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate impacts?
Age (think about different age groups)	<p>Age is considered as part of the SMTF and the mental health standards for the prison.</p> <p>We do not expect the SMTF and new MH Standards in Prisons in Wales to have any negative effects for any specific group with protected characteristics.</p> <p>The draft Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</p> <p>SMTF Page 14: "Effective assessment adopting a 'whole</p>	<p>According to a Thematic Review undertaken by HM Inspectorate of Prisons in 2015 on the changing patterns of substance misuse and adult prisons and service responses: "The over-40s now make up almost a third of the entire drug treatment population in England, and 90% of those are for heroin and/or crack...These older users tend to be more entrenched in their drug problems and more vulnerable to all the associated health and social problems, and they find it more difficult to recover from their dependency."¹⁵</p> <p>Recently, the UK Government report on alcohol and drug</p>	<p>As highlighted in the section on monitoring: It is anticipated that the implementation of the new SMTF and the new standards for mental health services will be overseen by each individual Prison Health and Social Care Partnership Boards in Wales. Updates on progress will be provided to the Prison Health and Social Care Oversight Board for Wales – which is jointly chaired by HMPPS and Welsh Government and is responsible for the implementation of the Partnership Agreement for Prison Health.</p>

¹⁵ [HMIP Thematic Report \(December 2015\) on the changing patterns of substance misuse and adult prisons and service responses of substance misuse](#)

	<p>person' approach is required to take in to account all factors influencing and influenced by substance use and dependency. Factors indicating substance-related risk may include previous overdose, deliberate self-harm and attempted suicide; emerging or co-existing mental health conditions including psychosis, post-traumatic stress disorder, personality disorder, autistic spectrum disorder, attention deficit hyperactivity disorder, learning disability; and co-existing physical health problems, both acute and chronic, particularly amongst the ageing cohort of individuals with long-term opioid dependency". It is therefore expected that the SMTF and MH Standards will have a positive impact on older prisoners.</p>	<p>treatment in secure settings (2019-2020) found that there were 1,186 young people receiving treatment for drug and alcohol problems in secure settings in 2019 to 2020. Most (74%) of these were in young offender institutions, with a further 16% in secure children's homes.¹⁶</p> <p>Furthermore, the SMTF for the prisons should not be seen in isolation. It forms part of the Welsh Government's wider Substance Misuse Strategy and Delivery Plan. The Welsh Government's Substance Misuse Delivery Plan for 2019-2022 specially states that: Area Planning Boards (APBs) to ensure that services provided meet the needs of people of all ages, including older adults. The Welsh Government has also published the SMTF on "Improving access to Substance Misuse services for older people" and is also</p>	<p>There will need to be an ongoing focus on unintended consequences and mitigating any negative impacts as the SMTF and the new mental health standards are delivered.</p>
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¹⁶ Alcohol and drug treatment in secure settings 2019 to 2020: report - GOV.UK (www.gov.uk) (28 January 2021)

		<p>currently working with PHW to develop an SMTF for children and young people. The SMTF for the prisons will aligned with both of these policy documents.</p> <p>The Overarching Equalities Statement on the Prisons Strategy White Paper published in December 20 2021 states the following: “As at 30 September 2021, 32.5% of prisoners were in the 30- 39 age group, the highest proportion of any age group. Prisoners under age 30 made up 31.8% and prisoners 40 and over made up 35.6%. For all age groups, there was little change in proportion compared to the previous year.”¹⁷</p>	
Disability (consider the social model of disability ¹⁸ and the way in	Disability is considered as part of the SMTF and the mental health standards for the prison.	According to a Home Office Development and Practice Report: “People with a long-standing illness or	See section on age.

¹⁷ [Prisons Strategy White Paper - Overarching Equalities Statement \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

¹⁸ Welsh Government uses the social model of disability. We understand that disabled people are not disabled by their impairments but by barriers that they encounter in society. Ensuring that your proposal removes barriers, rather than creating them, is the best way to improve equality for disabled people. For more information, go to the intranet and search ‘social model’.

<p>which your proposal could inadvertently cause, or could be used to proactively remove, the barriers that disable people with different types of impairments)</p>	<p>We do not expect the SMTF and new MH Standards in Prisons in Wales to have any negative effects for any specific group.</p> <p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</p> <p>SMTF Page 14: "Effective assessment adopting a 'whole person' approach is required to take in to account all factors influencing and influenced by substance use and dependency. Factors indicating substance-related risk may include previous overdose, deliberate self-harm and attempted suicide; emerging or co-existing mental health conditions including psychosis, post-traumatic stress disorder, personality disorder, autistic spectrum disorder,</p>	<p>disability were more likely than those without such an illness or disability to have misused prescription-only painkillers or to have used an illicit drug in the previous year."¹⁹</p> <p>The Overarching Equalities Statement on the Prisons Strategy White Paper published in December 20 2021 states the following: "An estimate of 36% of the 2012 Surveying Prisoner Crime Reduction survey prisoner sample was considered to have a disability when survey answers about disability and health, including mental health, were screened. This figure was made up of 18% with anxiety and depression, 11% with some form of physical disability, and 8% with both (figures do not add up to 36% because of rounding). This compares with approximately 34% of the same sample when asked whether they thought they had a disability, and 19%</p>	
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¹⁹ [Changing patterns of substance misuse in adult prisons \(studyres.com\)](https://studyres.com)

	<p>attention deficit hyperactivity disorder, learning disability; and co-existing physical health problems, both acute and chronic, particularly amongst the ageing cohort of individuals with long-term opioid dependency.”</p> <p>The SMTF also states that for people in prisons with identified or self-reported cognitive impairment, including learning disability and alcohol-related brain damage, the following screening tools are recommended:</p> <ul style="list-style-type: none"> • Montreal Cognitive Assessment (MoCA) – shown to identify impairment in populations with substance use, misuse and dependence • Addenbrookes Cognitive Examination (ACE-III) – shown to be effective in assessing key cognitive domains potentially affected by drug and/or alcohol use • Mini-mental State Examination (MMSE) 	<p>of the general population. We can therefore conclude that disability is overrepresented in the prison population.”²⁰</p> <p>Therefore it is anticipated that the new Standards and treatment framework will have a positive impact on people with disabilities as they will receive the support, care and treatment they need.</p>	
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²⁰ Prisons Strategy White Paper - Overarching Equalities Statement (publishing.service.gov.uk)

	<p>• General Practitioner Assessment of Cognition (GPCOG).</p> <p>The SMTF includes the first-stage prison physical and mental health assessment table included in the Mental Health (Wales) Measure 2010 Section 18 – Care and Treatment Plan.</p> <p>Question 8 in the assessment table asks: Does the person need help to live independently? If yes: note any needs. ALSO: Liaise with the prison disability lead in reception about:</p> <ul style="list-style-type: none"> •the location of the person's cell •further disability assessments the prison may need to carry out. <p>This will ensure that having a disability does not lead to any negative impact on the person in prison.</p> <p>ALSO – SMTF (page 17): “As part of the formal reception and induction process, every person receives a first and second stage health assessment that incorporates a mental health screen (NICE guideline 66, 2017).</p>	
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	<p>Guidance: This includes questions and actions relating to learning disabilities and neurodevelopmental disorders...The mental health assessment uses a standardised format, which includes a relevant previous history, an assessment of mental health, intellectual and developmental disabilities, substance misuse, psychosocial factors, risk to self and others.”</p> <p>SMTF – Page 18: “Information is provided to patients in a format they can easily understand. Guidance: Information can be provided in languages other than English and in formats that are easy to use for people with sight/hearing/cognitive difficulties or learning disabilities”.</p> <p>This will ensure that no one is disadvantaged within the process and all people in prison regardless of disability will be provided with accessible information.</p> <p>Page 46 – SMTF: “Individuals using substances may present with cognitive</p>		
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	<p>impairment, and some may have learning disabilities. This is associated with poor retention and engagement, negative outcomes and increased likelihood of relapse. It is therefore necessary to consider making additional amendments to psychosocial interventions”</p> <p>Page 56 – SMTF also highlights the following in relation to access to housing and people with disabilities: “Support for resettlement ensuring appropriate and sustainable accommodation following release from prison is critical to continuity of care and support. Welsh Government and HMPPS have developed a Framework for Wales – the Accommodating Offenders in Wales: Strategic Framework (in prep, 2022), setting out the collaborative strategic approach required to prevent and address homelessness for all Welsh Prison Leavers.”</p>		
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	<p>The Housing (Wales) Act 2014 sets out the legal definition of homelessness: 'Where a person lacks accommodation or where their tenure is not secure' – This includes those that are in 'Accommodation not meeting the needs of people with physical or learning disabilities, sensory impairments or mental health conditions'. This will support people in prison who have disabilities to access the care, support and treatment they need, and will also ensure housing needs are also considered as part of planning for transition and release.</p>		
Gender Reassignment (the act of transitioning and Transgender people)	<p>Gender reassignment is considered as part of the SMTF and the mental health standards for the prison.</p> <p>We do not expect the SMTF and new MH Standards in Prisons in Wales to have any negative effects for any specific group.</p> <p>SMTF – Page 24: “When using the CMHS-M or CMHS-W</p>	<p>The Overarching Equalities Statement on the Prisons Strategy White Paper published in December 20 2021 states the following: “In 2019, there were 163 prisoners living in, or presenting in a gender different to the sex assigned to them at birth and who had had a local transgender case</p>	See section on age.

	<p>with a transgender person, use the measure that is in line with their preferred gender identity”.</p> <p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient’s race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background. Therefore, we do not anticipate that the SMTF and new MH Standards in Prisons in Wales will have any negative effects for any specific group.</p>	<p>board. There will also have been some transgender prisoners who had not declared that they were transgender or had a local transgender case board, and some who had a Gender Recognition Certificate. 129 prisoners reported their legal gender as male, 32 as female and 2 did not state their legal gender. Although the numbers indicate approximately 0.2% of the prison population identify as transgender, prisoners may choose not to disclose their gender identity to the prison service and therefore the figure is likely to underestimate the total number of transgender prisoners across the estate”.²¹</p>	
Pregnancy and maternity	<p>The prisons in Wales are male only. However, the SMTF and the mental health standards specifically consider transition back to the community and continuity of care. In the SMTF, specific links are also made to the</p>	<p>According to statistics published by Public Health England: “Young people often enter specialist substance misuse services with a range of problems or ‘vulnerabilities’ which are related to, or in</p>	<p>See section on age.</p>

²¹ Prisons Strategy White Paper - Overarching Equalities Statement (publishing.service.gov.uk)

	<p>priorities set out in the Female Offending Blueprint.</p> <p>Mental Health Standard 50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</p> <p>We do not expect the SMTF and new MH Standards in Prisons in Wales to have any negative effects for any specific group.</p> <p>Mental Health Standard #32: In female establishments, there is a care pathway for the care of women in the perinatal period (pregnancy and 12 months post-partum)</p> <p>Standard #11: Service users are provided with responsive, appropriate and seamless interventions and care that reflects their physical, social, psychological needs</p>	<p>addition to, their substance use. These include using multiple substances (poly-substance use) and being a parent or pregnant."²²</p> <p>According to the Care Quality Commission's Brief Guide: Substance Misuse Services - People in Vulnerable Circumstances: "Services must reflect the information gathered in comprehensive assessments, including information about the client's vulnerabilities, in treatment plans or recovery plans and any risk assessments. For example, a pregnant woman who is at high risk of obstetric emergency during detoxification from opiates needs a plan for getting emergency care."²³</p> <p>The Overarching Equalities Statement on the Prisons Strategy White Paper published in</p>	
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²² Alcohol and drug treatment in secure settings 2019 to 2020: report - GOV.UK (www.gov.uk)

²³ Care Quality Commission Brief Guide – Substance Misuse Service and People in Vulnerable Circumstances

	<p>and preferences. ALSO: Referral and information sharing protocols must be in place for responding to an individuals' non-substance misuse specific needs including: Pregnancy / support during the perinatal period.</p> <p>SMTF – Page 55: “Key recommendations from the Sexual Health Review in Wales, and the resultant Sexual Health Service Specification endorsed by Welsh Government state the need for delivery of bespoke sexual health services within prisons based upon regular audit and assessment of need, in order to address existing inequities in sexual health provision. Health Boards are required to provide, either directly or through contract:</p> <ul style="list-style-type: none"> •Ensure access to the full choice of contraceptive methods, maximising effective use of contraception and preventing 	<p>December 20 2021 states the following: “On 28 October 2019, there were just under 4,000 women in prison. Of these, 47 were pregnant, accounting for approximately 1% of the female prison population”.²⁴</p>	
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²⁴ [Prisons Strategy White Paper - Overarching Equalities Statement \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972212/Prisons-Strategy-White-Paper-Overarching-Equalities-Statement.pdf)

	<p>unintended pregnancies.</p> <ul style="list-style-type: none"> •Ensure access to unplanned pregnancy services in line with Royal College of Obstetricians and Gynaecologists and NICE guidelines. <p>The SMTF also highlights (page 65) the Mental Health (Wales) Measure 2010 Section 18 – and the Care and Treatment Plan. Here there is an additional question for women: ‘Does the woman have reason to think she is pregnant, or would she like a pregnancy test?’. If the woman is pregnant, refer to the GP and midwife. If there is reason to think the woman is pregnant, or would like a pregnancy test: provide a pregnancy test. Record the outcome. If positive, make an appointment for the woman to see the GP and midwife.”</p> <p>The assessments will therefore have a positive impact on pregnant women as their specific needs will be recognised immediately, and they will be able to access</p>		
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	the care and treatment needed.		
Race (include different ethnic minorities, Gypsies and Travellers and Migrants, Asylum seekers and Refugees)	<p>Ethnicity and the importance of having a culturally competent workforce to support access to care, support and treatment is considered as part of the SMTF and the mental health standards for the prison.</p> <p>We do not expect the SMTF and new MH Standards in Prisons in Wales to have any negative effects for any specific group.</p> <p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</p> <p>In particular: The Mental health Universal Standards are introduced by a section on Enabling Environments, which are based on ten values, all of which are believed to be factors in positive psycho-social</p>	<p>A thematic report by HMIP published in October 2020 on minority ethnic prisoners' experiences of rehabilitation and release planning highlights that: "HM Inspectorate of Prisons (HMI Prisons) inspection reports consistently show that BME prisoners report worse experiences and outcomes than white prisoners across a wide range of indicators covering most areas of prison life. The Lammy Review (published in 2017 and subtitled 'An independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System') drew extensively on HMI Prisons' evidence and other sources to highlight under-identification of BME prisoners' vulnerabilities, widespread feelings among BME prisoners of being treated less</p>	See section on age.

	<p>environments. Enabling Environments are places where there is a focus on creating a positive and effective social environment and where healthy relationships are seen as the key to success. These values depend on each other for meaning and for clarity. Each of the 10 values are defined by a standard, and for every standard there are criteria which are ways in which services can meet that standard.</p> <p>These values include: Communication – 3.3 Cultural and personal differences in communication are recognised and valued.</p> <p>ALSO: MH Standard #56a states: The service engages with programmes and partners such as Diverse Cymru's Cultural Competency Workplace Good Practice Certification Scheme to ensure the prison estate understands and is</p>	<p>well than white prisoners and shortcomings in important systems of redress and internal assurance. People from a BME background have less trust in the criminal justice system than white people and worse perceptions of the system's fairness, whether or not they have had any significant involvement in it (Lammy, 2017). The reasons for these perceptions are complex and under-researched, and result not just from criminal justice processes, but also from long-term patterns of social inequality and prejudice (Bhui, 2009)."²⁵</p> <p>It is important to highlight ongoing commitments included as part of the Substance Misuse Delivery Plan 2019-2022 to support ethnic minority communities that will also be relevant to the delivery of the SMTF for the prisons. There is an</p>	
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	<p>delivering for its diverse population.</p> <p>In addition, Mental Health Standard #12 states: All information is provided to patients in a format they can easily understand. This includes different languages. Also must ensure information is culturally relevant.</p> <p>The SMTF includes similar statements (page 21). The SMTF includes (as part of the assessment process) a “cultural needs assessment”.</p> <p>The SMTF states that “wide ranging cultural needs should be determined at the earliest opportunity in order to facilitate effective communication and engagement with the individual...Identification through the assessment process of PCIP with specific cultural and complex social needs is particularly important as evidence indicates that failure to do so may result in early disengagement from treatment and support if these needs are not met. Specific cultural needs may include</p>	<p>action within the delivery plan, for example, which aims to tackle the stigma associated with substance misuse which can provide a barrier to people obtaining support within ethnic minority communities. The Delivery Plan states: “We are committed to the rights and dignity of individuals accessing all services whatever their circumstances, and we will work to ensure this is maintained at all times. Discrimination and lack of respect, both for individuals and their families, is likely to reduce people accessing and engaging with services and prove a barrier to improving outcomes.”</p> <p>According to Wogan and Restrepo (2020), based on research in the USA: “Stigmatization, discrimination, and negative stereotypes are barriers to mental health and well-being. Individuals with mental health problems, including those with drug dependence, suffer stigmatization,</p>	
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	<p>language, experience of trauma, cultural identity, gender and sexuality and societal norms, values, beliefs and attitudes.”</p>	<p>which is a direct affront to dignity and may have enduring health impacts...For example, research conducted among a population with serious mental illness demonstrated that expectations of discrimination prevented 64% from applying for employment or educational opportunities.”²⁶</p> <p>The Overarching Equalities Statement on the Prisons Strategy White Paper published in December 2021 states the following: “As at 30 September 2021, prisoners who declared themselves in the White ethnic group made up almost three quarters (56,537 or 72%) of the prison population in England and Wales, and prisoners who declared their ethnicity as BAME made up just over one quarter (21,537 or 27%) of all prisoners. These proportions have remained similar since 2013. Ethnic minorities</p>	
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²⁶ Human Rights, Stigma, and Substance Use – Health and Human Rights Journal (hhrjournal.org) (June 2020)

		<p>are over-represented in the prison population, and so all aspects of imprisonment affect this characteristic disproportionately. 'Gypsy or Irish Traveller' was first included as an ethnic group in the Census in 2011 and accounted for 0.1% of the population of England and Wales. A findings paper by HM Inspectorate of Prisons found that 5% of prisoners identified themselves as Gypsy, Romany or Traveller, suggesting that this group is considerably overrepresented in prison.”²⁷</p> <p>We would also expect the new standards for mental health services for the prisons to contribute to reducing self-harm. The UK Government published data on self-harm and ethnicity in the prisons in England and Wales in June 2021. Self-harm is any act where a prisoner deliberately harms themselves. This is regardless of how they do it, what their intent is, or how badly they</p>	
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²⁷ Prisons Strategy White Paper - Overarching Equalities Statement (publishing.service.gov.uk)

		<p>are hurt. The data show that between 2012 and 2020, the rate of self-harm went up in every ethnic group. The rate of self-harm for prisoners with Mixed ethnicity went up from 136 to 443 incidents for every 1,000 prisoners – the biggest increase out of all ethnic groups (226%) and the second highest rate. In 2020, there were 823 self-harm incidents for every 1,000 White prisoners – the highest rate out of all ethnic groups. The lowest rates of self-harm were for Black prisoners (150 incidents for every 1,000 prisoners) and Asian prisoners (197 incidents for every 1,000 prisoners).²⁸</p>	
Religion, belief and non-belief	<p>Religion is considered as part of the SMTF and Mental health Standards.</p> <p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual</p>	<p>Furthermore, as highlighted in the section of this table that considers age, the SMTF for the prisons should not be seen in isolation. It forms part of the Welsh Government's wider Substance Misuse Strategy and Delivery Plan. The Substance Misuse Delivery Plan</p>	

²⁸ UK Government Ethnicity Facts and Figures (June 2021) Self Harm and Prison Custody

	<p>orientation, maternity, disability and social background.</p> <p>We do not anticipated that the SMTF and new MH Standards in Prisons in Wales will have any negative effects for any specific group. See also the section in this table on Race / Ethnicity.</p>	<p>2019-2022²⁹ states the following:</p> <p>“Outcome 6 in the delivery plan is linked to people with substance misuse issues participating in culturally and socially diverse activities including the arts, sport and recreation. In line with this and the HIW Review.³⁰ there is an associated action in the delivery plan for all APBs to consider how links and access to community projects (which would include religious groups) and diversionary activities can play a part in the health and well-being of those with substance misuse issues.”</p> <p>The Overarching Equalities Statement on the Prisons Strategy White Paper published in December 20 2021 states the following: “As at 30 September 2021, Christianity was the most common religion or belief, with 45% of prisoners</p>	
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²⁹ [Substance Misuse Delivery Plan 2019-22, Welsh Government, October 2019](#)

³⁰ [Review of Substance Misuse Services in Wales \(hiw.org.uk\) \(July2018\)](#)

		<p>reporting being Christian, which is 1 percentage point less than last year. The second most prevalent belief is No Religion, with 31% of prisoners reporting this. Prisoners of Muslim faith are overrepresented in the prison estate (17%); the remaining prisoners reported a range of other religions in small numbers.”³¹</p>	
Sex / Gender	<p>This is considered as part of the SMTF and Mental health Standards.</p> <p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient’s race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background. Therefore, we don’t expect the SMTF and new MH Standards in Prisons in Wales to have any</p>	<p>The Overarching Equalities Statement on the Prisons Strategy White Paper published in December 20 2021 states the following: “Males comprise 96% of the prison population and females 4%. We know that the vast majority of people in prison are male, and therefore that males are over-represented. These proportions have remained static since the beginning of the series”.³²</p>	

³¹ [Prisons Strategy White Paper - Overarching Equalities Statement \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/Prisons_Strategy_White_Paper_-_Overarching_Equalities_Statement.pdf)

³² [Prisons Strategy White Paper - Overarching Equalities Statement \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/101444/Prisons_Strategy_White_Paper_-_Overarching_Equalities_Statement.pdf)

	<p>negative effects for any specific group.</p> <p>Page 21 of the SMTF sets out the need for a cultural needs assessment as part of the assessment process:</p> <p>“Wide ranging cultural needs should be determined at the earliest opportunity in order to facilitate effective communication and engagement with the individual. Identification through the assessment process of PCIP with specific cultural and complex social needs is particularly important as evidence indicates that failure to do so may result in early disengagement from treatment and support if these needs are not met. Specific cultural needs may include language, experience of trauma, cultural identity, gender and sexuality and societal norms, values, beliefs and attitudes.”</p>		
Sexual orientation (Lesbian, Gay and Bisexual)	This is considered as part of the SMTF and Mental health Standards.	The Overarching Equalities Statement on the Prisons Strategy White Paper published in	

	<p>Mental Health Standard 50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</p> <p>We do not anticipate that the SMTF and new MH Standards in Prisons in Wales will have any negative effects for any specific group.</p>	<p>December 20 2021 states the following: "In 2019/20, 97.2% of prisoners who declared a sexual orientation reported that they were heterosexual; with 2.8% declaring they were lesbian, gay or bisexual. This is broadly comparable with trends reported over the past ten years and an identical proportion to last year. It is likely that the figure of 97.2% is an inaccurate representation of the range and distribution of different sexual orientations, due to the self-reported nature of the data and potential suppression of sexual orientation."³³</p>	
Marriage and civil partnership	<p>This is considered as part of the SMTF and Mental health Standards.</p> <p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital</p>		

³³ [Prisons Strategy White Paper - Overarching Equalities Statement \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/97421/prisons_strategy_white_paper_-_overarching_equalities_statement.pdf)

	<p>status, sexual orientation, maternity, disability and social background.</p> <p>We do not anticipate that the SMTF and new MH Standards in Prisons in Wales will have any negative effects for any specific group.</p>		
<p>Children and young people up to the age of 18</p>	<p>See section on age.</p> <p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</p> <p>We do not anticipate that the SMTF and new MH Standards in Prisons in Wales will have any negative effects for any specific group.</p>	<p>The Prison Alcohol Reform Trust highlighted that in Young Offender Institutions there are many young men who have alcohol problems, often related to binge drinking. A survey carried out by the Chief Inspector at Castington, for example, showed that of the nearly 300 prisoners 42 per cent of the 18 to 21 year olds in the prison and 30 per cent of the juveniles aged 16 to 18 said they had alcohol problems (HM Chief Inspector of Prisons, 2003).</p> <p>More recently, the UK Government report on alcohol and drug treatment in secure settings (2019-2020) found that there were</p>	

		1,186 young people receiving treatment for drug and alcohol problems in secure settings in 2019 to 2020. Most (74%) of these were in young offender institutions, with a further 16% in secure children's homes.	
Low-income households	<p>Mental Health Standard #50 states that patients are to be treated with compassion, dignity and respect. This includes respect of patient's race, age, sex, gender reassignment, marital status, sexual orientation, maternity, disability and social background.</p> <p>We do not anticipate that the SMTF and new MH Standards in Prisons in Wales to have any negative effects for any specific group.</p>	<p>A recent National Audit Office Report on Mental Health in Prisons (June 2017) stated:</p> <p>"Complex social and personal issues such as history of unemployment, substance misuse or trauma are more common among the prison population, and being in prison can exacerbate poor mental health and well-being."³⁴</p>	

³⁴ National Audit Office Report (June 2017) Mental Health in Prisons
<https://www.nao.org.uk/wp-content/uploads/2017/06/Mental-health-in-prisons.pdf>

Human Rights and UN Conventions

Do you think that this policy will have a positive or negative impact on people's human rights? *(Please refer to point 1.4 of the EIA Guidance for further information about Human Rights and the UN Conventions).*

Human Rights	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate negative Impacts?
<p>Having the highest attainable standard of physical and mental health is a human right.</p> <p>People in prison have the right to the highest attainable standard of physical and mental health (Universal Declaration of Human Rights, Article 25; International Covenant on Economic, Social and Cultural Rights, Article 12)</p>	<p>It is anticipated that the SMTF and the new standards for mental health services in the prisons will have a positive impact on the health outcomes of people in prison.</p>	<p>We know that there is a higher prevalence of substance misuse and mental ill-health amongst people in Wales. The SMTF provides a pathway that addresses both clinical and psychosocial provision in Welsh prisons and also includes a specific focus on transition from prisons to the community.</p> <p>The new standards for mental health services in the prisons will develop consistent mental health, mental well-being and learning disability services across all prisons that are tailored to need.</p>	<p>In terms of ongoing monitoring of impacts and needing to mitigate any negative impacts: It is anticipated that the implementation of the new SMTF and the new standards for mental health services will be overseen by each individual Prison Health and Social Care Partnership Boards in Wales. Updates on progress will be provided to the Prison Health and Social Care Oversight Board for Wales – which is jointly chaired by HMPPS and Welsh Government and is responsible for the implementation of the Partnership Agreement for Prison Health.</p>

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EU/EEA and Swiss Citizens' Rights

Part 2 of the EU-UK Withdrawal Agreement, along with the EEA EFTA Separation Agreement and Swiss Citizens Rights Agreement ("Citizens Rights Agreements") give EU, EEA³⁵ and Swiss citizens who were lawfully resident in the UK by 31 December 2020 certainty that their citizens' rights will be protected.

The Citizens Rights Agreements are implemented in domestic law by the European Union (Withdrawal Agreement) Act 2020 (EUWAA)³⁶

Eligible individuals falling within scope of the Citizens Rights Agreements will have broadly the same continued entitlements to work, study and access public services and benefits, in as far as these entitlements have derived from UK membership of the EU as well as its participation in the EEA Agreement and the EU-Swiss Free Movement of Persons Agreement.

Subject to certain limited exceptions³⁷, individuals will need to have applied for a new residence status (either pre-settled or settled status) through the EU Settlement Scheme. The deadline for making such an application expired on 30 June 2021.

Policy considerations to take into account:

- Have you considered if your policy proposal will impact EU, EEA or Swiss citizens whose rights are protected by the Citizens Rights Agreements?
- If there is the potential for any negative impact on such EU EEA or Swiss citizens, how will any such impacts be eliminated or managed if management is deemed appropriate?
- Is legal advice required?

Please consider the impacts of your policy on the areas below, indicating whether the impact is positive or negative and any action required to eliminate potential negative impact. Please note the basis for your answer, including where legal advice has been sought and please also indicate where a right is not relevant for your policy:

Residency – the right to reside and other rights related to residence: rights of exit and entry, applications for residency, restrictions of rights of entry and residence;

³⁵ The EEA includes the EU countries as well as Iceland, Liechtenstein and Norway.

³⁶ Sections 5 and 6 of EUWAA.

³⁷ E.g. where an individual has Irish citizenship (including dual British and Irish citizenship) or where they had indefinite leave to enter or remain in the UK)

Mutual recognition of professional qualifications –the continued recognition of professional qualifications obtained by EU/EEA/Swiss citizens in their countries (and already recognised in the UK);

Access to social security systems – these include benefits, access to education, housing and access to healthcare

Equal treatment – this covers non-discrimination, equal treatment and rights of workers;

Workers rights - Workers and self-employed persons who are covered under the Citizens Rights Agreements are guaranteed broadly the same rights as they enjoyed when the UK was a Member State. They have a right to not be discriminated against due to nationality, and the right to equal treatment with UK nationals.

(Frontier workers (those citizens who reside in one state and regularly work in another) can continue working in the UK if they did so by the 31 December 2020).