**Test of Change – Evaluation Toolkit**

**Overview of Evaluation**

* There are six documents which form the Evaluation of the Tests of Change. These documents are:
* [**Evaluation Framework**](#_Thematic_evaluation_framework)
* **[Evaluation Reporting Template](#_Questionnaires_–_Staff)**
* **Performance Data Worksheet** (attached as separate Excel document)
* **[Questionnaire for Staff](#_Questionnaire_–_Staff)**
* [**Questionnaire for Service Users**](#_Questionnaires_–_Service)
* **Questionnaire Data Worksheet**
* [**Case Study Template**](#_Integrated_health_and)
* This overview details the purpose of these documents and how they work together to gather meaningful data and evaluation of the Tests of Change over the next six months.

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| **Evaluation Reporting Template** |
| **What is it?**The Evaluation Reporting Template is a document to help test of change leads deliver an overarching summary of the Test of Change and lessons learned from their site(s). The Reporting Template provides an opportunity to outline the nature and aims of the Test, what worked well, and what the barriers were. The Reporting Template should also include a high level summary of gathered performance data (taken from the *Performance Data Worksheet*) and also include analysis of staff and service users’ questionnaires (based on the *Evaluation Framework*). At the end of the Reporting Template, there is space for your recommendations for a finalised model of integrated Health and Social Care services in prisons.  |
| **Who completes it, and when?**It is completed by the Test of Change Lead supported by the Project Officer and people involved in the Test of Change. It is important to stick to the template to enable Alison Bavidge to collate the individual evaluations into an overarching document next March/April. The template will be reviewed as we go through the tests to ensure it is fit for purpose. We will ensure version control to support any amendments.  |
| **What happens with it once completed?**The Reporting Template will allow Alison and the Project Team to make a clear summary of what works across the Test of Change sites, and will allow us to make recommendations about the future model of an integrated Health and Social Care service in prisons. |

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| **Evaluation Framework** |
| **What is it?**The Evaluation Framework is a document which outlines the themes identified in the University of Dundee’s report on Social Care in Prisons. The Framework links the five key themes of the report (Knowledge & Understanding; Legal Frameworks; Delivering Social Care; Working with Diversity; and Wellbeing & Quality of Life), and the recommendations made in the report. The Framework also lists the questionnaire questions. The evaluation questions outlined in the final column of the Evaluation Framework will be answered within the *Questionnaires* and the *Evaluation Reporting Template*. |
| **Who completes it, and when?**This does not require to be completed, it is for information and to show the evaluation model.  |

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| **Performance Data Worksheet** |
| **What is it?**The Performance Data Worksheet is an excel document which will be used to collect key data from each Test of Change site. There are two parts of the Worksheet:* **All data description (page 1)** – a description of the aggregate level data which we are aiming to collect. It will be calculated through data taken from the Individual case tracking (page 2). This is for information only and does not need to be completed.
* **Individual case tracking (page 2)** – data, i.e. numbers and information, on individual cases per establishment. This should be kept up to date. Some basic data may be requested weekly. **At no point should the sheet be shared outwith your HSCP with the individual ID row in place**. Data protection principles apply here and we need to ensure that individuals are not identifiable. When we are working with people using the service, we should explain that as part of the service we will use aggregate data to inform future recommendations.

**We are currently working to develop pivot tables and formula to achieve automatic calculation of the aggregate data.** Only aggregate data will be sent to Alison Bavidge and the SG Project Team to ensure data protection of individuals.  |
| **Who completes it, and when?**The ‘Individual case tracking’ (page 2) is completed by the Test of Change site on a weekly basis throughout the six month Test of Change period. This information will then be turned into aggregate data to provide overarching analysis of service users.  |
| **What happens with it once completed?**Once completed, the data gathered in the ‘Individual case tracking’ Worksheet will deliver aggregate data which will inform our local and national evaluations.  |

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| **Questionnaire for Staff**  |
| **What is it?**A short questionnaire asking people who have worked on the test of change about their experiences. |
| **Who completes it, and when?**To be completed by social work/care/health and prison staff involved in the multi-disciplinary team close to the end of the Test of Change. |
| **What happens with it once completed?**TBC |

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| **Questionnaire for Service Users**  |
| **What is it?**A short questionnaire for people who are referred for any new elements of the integrated health and social; care service.  |
| **Who completes it, and when?**People who have been referred and assessed. To be completed one month after services/support have started to be delivered.  |
| **What happens with it once completed?**TBC |

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| **Questionnaire Data Worksheet** |
| **What is it?**TBC |
| **Who completes it, and when?**TBC.  |
| **What happens with it once completed?**TBC |

# **Thematic Evaluation Framework**

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| **Theme** | **Focus** | **Recommendations/Areas for Development/Action** | **Links to National Outcomes and indicators** | **Health and Social Care Standards and Principles** |  **Evaluation Questions** |
| **Knowledge and Understanding** | 1. Defining social care  | 1.1 We recommend that our Six Principles of Empowering Social Care and the Dilnot Commission’s (2011) definition of social care be adopted to frame a broad and holistic approach to defining social care.1.2 Social care in prisons should focus on developments for older prisoners as well as younger disabled prisoners. | 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.  | 1: I experience high quality care and support that is right for me2: I am fully involved in all decisions about my care and support3: I have confidence in the people who support and care for me4: I have confidence in the organisation providing my care and support5: I experience a high quality environment if the organisation provides the premisesPrinciplesDignity and respectCompassionBe includedResponsive care and supportWellbeing (including safety, preferences, achieving potential and taking risks) | **Multi-disciplinary team**Did you find there was a shared understanding across health, social work and SPS of what social work and social care is?What could be improved?**Local resource and governance**Were any gaps in provision related to specific age groups or type of need? |
|  | 2. Understanding disability | 2.1 Policy, service planning and activity programmes should be developed according to global best-practice indicated by the UN *Convention of the Rights of Person with Disabilities* (2006) which recognises disability as *evolving* and shaped by interactions with the person in their environment.2.2 A broader understanding of disability, including social and environmental perspectives, should be adopted to reduce the likelihood of disabled people experiencing more challenging conditions and fewer opportunities than their non-disabled peers. 2.3 Psycho-social and therapeutic interventions should be introduced to support the transition to and development of an affirming disabled identity run by disabled people or disabled ex-offenders. 2.4 Awareness-raising is required for staff and prisoners to develop understanding of disability and working/living with diversity, including the accumulative effects of exclusion. | 1 People are able to look after and improve their own health and wellbeing and live in good health for longer | 1: I experience high quality care and support that is right for me3: I have confidence in the people who support and care for me5: I experience a high quality environment if the organisation provides the premisesDignity and respectResponsive care and supportWellbeing (including safety, preferences, achieving potential and taking risks) | *Questionnaire for people using the service: to be asked after services have been delivered for a month*1. *Before the service, how much was your ability to participate in prison life affected by your health or disability?*

Very much/a lot/not sure/not much/not at all1. *Did the services you received improve your ability to take part in prison life?*

Very much/a lot/not sure/not much/not at all1. *Did the social work and social care service help you to do the things that matter most to you?*

Very much/yes/not sure/no/things got worse1. *Did the social work and social care service support you in your relationships in the prison and outside?*

Very much/yes/not sure/no/things got worse1. *Did the social work and social care service improve your quality of life?*

Very much/yes/not sure/no/things got worse1. *Were your views taken into account?*

Always/sometimes/not sure/rarely/never1. *Was the service available to you when you needed it?*

Always/mostly/not sure/rarely/never1. *Did you feel the health, social work and prison officers worked well together?*

Always/mostly/not sure/rarely/not at all1. *What would improve the integrated health and social care service that you received?*

*<*Text> |
|  | 3. Learning and training | 3.1 Incorporate learning from related developments and research, for example, the 2011 transfer of health from SPS to NHS and Macmillan Palliative Care in Prisons. 3.2 Identify ways for sharing best practice and knowledge across all domains of practice, including through research with academic partners and other external organisations to evaluate and inform future work and to support the development of a culture of learning and inquiry.3.3 Develop opportunities for joint learning for health, social care and SPS staff on understanding social care, disability, working with diversity and the impact of prison on health and wellbeing.  | 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. | 3: I have confidence in the people who support and care for me4: I have confidence in the organisation providing my care and supportResponsive care and support | **Learning and training**What learning opportunities were available for the multi-disciplinary team during the tests of change? Was this enough and what would prepare other sites more effectively?**Separate workshop evaluations** |
| **Legal Frameworks** | 4. Framework for responsibility and resource | 4.1 The responsibility for delivery of social care in prison needs to be explicit. This may include extending or clarifying current legislation on health and social care, Public Bodies (Joint Working) Scotland Act 2014, Social Care (Self-directed Support) (Scotland) Act 2013, the Management of Offenders (Scotland) Bill and the Prison and Young Offenders Institutions (Scotland) Rules to make direct reference to health and social care in prisons. 4.2 People in prison should be entitled to the same quality of integrated health and social care that is available in the community. This should be more clearly articulated in policy and legislation. 4.3 Resources need to be allocated appropriately to meet the social care needs of people in prison.  | 3 People who use health and social care services have positive experiences of those services, and have their dignity respected. | 1: I experience high quality care and support that is right for me4: I have confidence in the organisation providing my care and supportDignity and respectCompassionBe includedResponsive care and support | **Local resource and governance**How effective was your governance structure in ensuring decisions were made and people in prison got the support they need quickly?Were you able to use your usual (community) assessment and recording processes and IT systems?What worked well?What needs to improve?Did the level of resource in the test of change meet the demand? What resource will be needed over the longer term in your view? |
|  | 5. Transition between community/prison/ community | 5.1 Enact more fully the current Standards around Throughcare, National Objectives for Social Work Services in the Criminal Justice System: Standards – Throughcare. 5.2 There is significant scope to improve the information and care provision arriving with people at reception into prison and leaving with them at release. 5.3 Continuity in the provision of medication from community to prison is essential for the wellbeing of prisoners. 5.4 All case and care management processes should be aligned into a holistic assessment and delivery system whether the issues are around risk/offending or regarding support to improve health and well-being and reasonable adjustment. 5.5 Prisoners should be able to contribute meaningfully to plans that seek to support their transition back to the community. 5.6 Issues relating to the consistency of health and social care on transitions into, out of and through the prison estate should be addressed including decisions on the nature of ‘residency’ and the meaning of ‘home’. | 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services | 1: I experience high quality care and support that is right for me4: I have confidence in the organisation providing my care and support5: I experience a high quality environment if the organisation provides the premisesBe includedWellbeing (including safety, preferences, achieving potential and taking risks) | **Information sharing**How confident were the team in sharing information? Were the right information sharing agreements signed and available for reference?Were you able to get information from other prisons and/or health and social care partnerships when you needed it?Were you able to send information/care plans to other prisons and/or other partnerships to ensure mobility of care?What would improve this?**Throughcare and transitions**What non-statutory throughcare provisions are available in your prison?Did people’s experience of the transitions between community and prison improve as a result of the test of change? What potential is there to impact on non-statutory throughcare?Were people able to effectively contribute to (particularly) non-statutory though care planning?What needs to improve? |
|  | 6. Rights based approach | 6.1 The European Convention on Human Rights 1950 and the UN Convention on the Rights of Persons with Disabilities 2006, in tandem with the Equality Act 2010 (UK), should be used as overarching frameworks guiding the development of social care in prisons. 6.2 We recommend framing social care in prisons within a Human Rights Based Approach (HRBA) and the Scottish Human Rights Commission’s PANEL Principles.6.3 Prison itself should be the punishment for crime and that people in prison retain their rights as citizens to health and social care that is equivalent to people in the community. | 1 People are able to look after and improve their own health and wellbeing and live in good health for longer. 3 People who use health and social care services have positive experiences of those services, and have their dignity respected. 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. 5 Health and social care services contribute to reducing health inequalities.  | 1: I experience high quality care and support that is right for me2: I am fully involved in all decisions about my care and supportDignity and respectCompassion | **Rights based approach**Did you deliver integrated health and social care that, in terms of outcomes, could be seen as “equivalent” to that in the community? If not, what were the barriers? |
|  | 7. Equality duties and reasonable adjustment | 7.1 Approach social care needs first and foremost as an *equality* *duty* that enables disabled prisoners to be on a commensurable footing with other prisoners, and secondly as a mechanism for meeting the health and developmental goals of the disabled prisoner. 7.2 Reasonable adjustment should be a core plank of working within an equalities framework, central to social care assessment processes and accessibility in a way that anticipates needs rather than reacts retrospectively, and considers social dimensions as well as the physical environment. | 2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.  | 1: I experience high quality care and support that is right for me4: I have confidence in the organisation providing my care and support5: I experience a high quality environment if the organisation provides the premisesDignity and respectCompassionBe includedResponsive care and supportWellbeing (including safety, preferences, achieving potential and taking risks) | **Rights based approach**Did the physical environment in the prison affect the delivery of care and support?Were people with health or disability needs able to take part fully in the life of the prison, have employment, activities etc.?What could be improved? |
| **Delivering Social Care** | 8. Role of social work | 8.1 Social work need to be more visible and involved with offenders at each stage of their journey through the criminal justice system: from sentencing, time in prison, through to release.8.2 The commitment of social work to prevention and early intervention work with people in prison should be enhanced. 8.3 Local authority responsibility for people who are temporarily living within their jurisdiction, should be re-examined. | 5 Health and social care services contribute to reducing health inequalities. | 1: I experience high quality care and support that is right for me4: I have confidence in the organisation providing my care and supportWellbeing (including safety, preferences, achieving potential and taking risks) | **Early Intervention and prevention**What needs did you came across that might benefit from prevention and early intervention work? Were resources in place to meet these needs? Identify any gaps in provision.**Multi-disciplinary team**Did the multi-disciplinary team and people in prison understand the various roles in the team? What might be done to improve this? |
|  | 9. Integrated working | 9.1 The multi-disciplinary team, its role and composition should be key to the delivery of integrated health and social care in prisons. 9.2 We recommend that social work play a lead role in coordinating and assessing social care in prisons and that teams have a diversity of professionals involved, including medical or nursing staff, occupational therapists, mental health staff, rehabilitation workers and others. 9.3 The role of the prison officer is pivotal in ensuring people in prison are able to access health and social care.  | 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. 9 Resources are used effectively and efficiently in the provision of health and social care services. | 3: I have confidence in the people who support and care for meResponsive care and support | **Assessment and service delivery**What worked well in terms of delivering assessment and identifying resources/pathways?What could be improved?*Questionnaire for Health, SW/CM and SPS staff: to be completed after month 5 of the test of change.*1. *How well were you able to assess and deliver or arrange delivery of services to people in the prison?*

Very well/quite well/ok/not well/not at all1. *(Adults services workers only) How well were you able to access your usual records, emails and assessment tools on the IT system?*

Very well/quite well/ok/not well/not at all1. *Did you see a positive impact on people using services?*

Very much/yes/not sure/no/deterioration1. *Was it easy to raise and resolve issues and barriers?*

Very/quite/ok/not easy/not able to raise at all1. *Were you able to access your information and record systems on line?*

Very able/quite able/ok/not very able/not at all1. *Were appropriate services available?*

Yes – lots of choice/yes – some choice/yes but no choice/not easy to find/no service available at all1. *Where adults services, personal care and support services were available, how well did they transfer into the prison environment?*

Very well/quite well/ok/not well/not at all1. *Did you feel part of a multi-disciplinary team working together to assess and deliver integrated health and social care services alongside prison colleagues?*
2. Very much/yes/not sure/no/deterioration

*Please tell us about your answers (text)* |
|  | 10. Outcomes approach | 10.1 Embed person-centred and outcomes-based approaches in prisons and explore issues around power dynamics and ‘learned helplessness’. 10.2 Identify ways of empowering prisoners to have personal agency and a voice over issues impacting on them at an individual level, over areas of prison life and supporting contact with family and friends outside of prison. | 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.  | 2: I am fully involved in all decisions about my care and supportDignity and respectBe included | **Rights based approach**What challenges did people in prison with disability experience? Were you able to work through issues with SPS and other colleagues to arrive at suitable working arrangements?  |
|  | 11. Holistic assessment | 11.1 The means by which people in prison identify their needs and desired outcomes should be through a holistic and multi-disciplinary assessment process. 11.2 Assessment timing, nature, tools and referral pathways should be considered and developed. 11.3 People in prison need to be able to self-refer for health and social care in a way that will promote outcomes and address inequalities arising through ill-health or disability. 11.4 The concept of managing risk in the context of prisoners who are vulnerable in prison and potentially on their return to the community needs to be incorporated into assessment.  | 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. | 1: I experience high quality care and support that is right for meResponsive care and supportWellbeing (including safety, preferences, achieving potential and taking risks) | **Assessment and service delivery**How well were risk and vulnerability woven into care and support assessments and delivery? Can you describe how this impacted on people going back to the community?What could be improved?Did you experience any cases that in the community would have been designated as adult support and protection? How many? Did the draft policy from SPS support the teams’ ability to ensure vulnerable people got the support they needed?If not, what were the barriers?**Data on referrals and service delivery dates will come from the data sheet.** |
|  | 12. Peer carers | 12.1 Review the approach to peer carers in light of the judgement that the State cannot shift its duties for care onto other prisoners whilst recognising that for many people in prison, caring for or being cared for by a peer is a positive experience. 12.2 Explore issues of care service/carer registration and training.12.3 We recommend introducing group peer mentoring programmes run by disabled people or disabled ex-offenders. | 6 People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and well-being.8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.  | 1: I experience high quality care and support that is right for me4: I have confidence in the organisation providing my care and supportDignity and respectCompassion | **Assessment and service delivery**Did you use peer carers to deliver any care or support? What kind of support?What were the positives?What could be improved?Did you use or develop any group peer mentoring for people with disability? What kind of groups? How did you develop these?What were the positives?What could be improved? |
| **Working with Diversity** | 13. Cultural change | 13.1 There needs to be development in relation to the idea that prison is a place where people live, as “home”, and their lives continue. 13.2 Shared ethos, values and principles to underpin cultural change should be explored at all levels in the organisations involved and the notions of “leadership” as a mechanism to drive cultural change. 13.3 The current prison regime makes the delivery of health and social care on a 24 hours basis difficult. Aspects of the security rules that stop people getting the care they need should be reviewed and innovative solutions explored. 13.4 The process of change must include the ‘voice’ or experience of the prisoner.  | 2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.  | 1: I experience high quality care and support that is right for me4: I have confidence in the organisation providing my care and supportDignity and respectCompassionResponsive care and supportWellbeing (including safety, preferences, achieving potential and taking risks) | **Multi-disciplinary team**Did the MDT share an ethos? Were there barriers to this?**Rights based approach**Did the prison regime present challenges to assessing and delivering care and assessment? E.g. 24 hour careWhat could improve? |
|  | 14. Data and diversity | 14.1 Consider the need for segmentation (intersectionality) of data about the characteristics and needs of people in prison to allow analysis that recognises the range of people in prison, their individual characteristics so that the needs of complex population groups (protected characteristics) are taken in account in service monitoring and evaluation. | 3 People who use health and social care services have positive experiences of those services, and have their dignity respected. | 1: I experience high quality care and support that is right for meDignity and respectResponsive care and support | **Rights based approach**What diversity data can you collate on people in prison from SPS/health and H&SCP systems?What is missing? |
| **Wellbeing and Quality of Life** | 15. Purposeful activity | 15.1 Social workers and prison officers need to be pro-active in ensuring and supporting access to purposeful activities that reflect individual strengths, interests and needs. 15.2 Purposeful activities should include developing skills for work and employment on release irrespective of protected characteristics. 15.3 Disabled prisoners should have the same access to and payment from involvement in purposeful activities as all prisoners.15.4 Peer caring should be explored as a purposeful activity.  | 2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. | 1: I experience high quality care and support that is right for me3: I have confidence in the people who support and care for meDignity and respectWellbeing (including safety, preferences, achieving potential and taking risks) | **Rights based approach****Did** the test of change support anybody to take part in purposeful and meaningful activities (employment, programmes, group activities)?What worked well?What could be improved? |
|  | 16. Wellbeing and offending | 16.1 Incorporate the evidence that improved access to welfare and services can improve wellbeing and reduce the likelihood of further offending behaviour. 16.2 The impact that prison can have on health and wellbeing should be overtly recognised. 16.3 Develop understanding of prison as “home” for the people who are living there.16.4 Recognize the value of relationships to be people in prison and develop innovative approaches to support people in prison to maintain external relationships, contact with family and friends outside of prison. | 2 People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.  | 1: I experience high quality care and support that is right for meDignity and respectCompassionResponsive care and supportWellbeing (including safety, preferences, achieving potential and taking risks) | **Assessment and service delivery**How well were people important to the person in prison able to take part in care planning?What worked well?What could be improved? |
|  | 17. Alternatives to custody | 17.1 There should be wider discussion about using community alternatives to prison for people with particularly high level care needs. 17.2 Effective multi-disciplinary work is required to introduce community alternatives to prison and to ensure that risk is fully incorporated into care planning and that Courts and the Parole Board are confident in the approaches recommended. | 9 Resources are used effectively and efficiently in the provision of health and social care services. | Not directly applicable | **Assessment and service delivery**Levels of need will come from the data sheet.How well were people with high levels of need served in the prison? What new pathways/services are needed to support people within the prison setting or externally?  |

## **Test of Change - Evaluation Reporting Template**

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| **Prison** |  |
| **H&SCP** |  |
| **Evaluation lead name and contact details** |  |

**1 Test Description**

**1.1 Roles, functions, WTE and staffing costs (from proposal)**

**1.2 Commissioning/agency care arrangements, type and size of package, number of people, costs and total spend info.**

**1.3 Governance and team structure**

**1.4 Other information**

**1.5 Did the test of change meet your expectations?**

**In summary:**

1. **what worked well?**
2. **what could have worked better?**

**2 Key summary data (from the data sheets)**

**3 Questionnaire analysis**

**3.1 Analysis including limitations and issues**

**3.2 Summary/highlights for recommendations**

**4 Evaluation**

**4.1 Multi-disciplinary Team**

1. Did you find there was a shared understanding across health, social work and SPS of what social work and social care is? What could be improved?
2. Did the multi-disciplinary team and people in prison understand the various roles in the team? What might be done to improve this?
3. Did the MDT share an ethos? Were there barriers to this?

**4.2 Local resource and Governance**

1. Were there any gaps in provision related to specific age groups or type of need?
2. How effective was your governance structure in ensuring decisions were made and people in prison got the support they need quickly?
3. Were you able to use your usual (community) assessment and recording processes and IT systems? What worked well? What needs to improve?
4. Did the level of resource in the test of change meet the demand?
5. What resource will be needed over the longer term in your view?

**Learning and Training**

1. What learning opportunities were available for the multi-disciplinary team during the tests of change?
2. Was this enough and what would prepare other sites more effectively?

**Information Sharing**

1. How confident was the team in sharing information?
2. Were the right information sharing agreements signed and available for reference?
3. Were you able to get information from other prisons and/or health and social care partnerships when you needed it?
4. Were you able to send to and receive information/care plans from other prisons and/or other partnerships to ensure mobility of care? What would improve this?

**Throughcare and Transitions**

1. What non-statutory throughcare provisions are available in your prison?
2. Did people’s experience of the transitions between community and prison improve as a result of the test of change? What potential is there to impact on non-statutory throughcare?
3. Were people able to effectively contribute to (particularly) non-statutory though care planning? What needs to improve?

**Rights-based approach**

1. Did you deliver integrated health and social care that, in terms of outcomes, could be seen as “equivalent” to that in the community? If not, what were the barriers?
2. Did the physical environment in the prison affect the delivery of care and support?
3. Were people with health or disability needs able to take part fully in the life of the prison, have employment, activities etc.? What could be improved?
4. What challenges did people in prison with disability experience?
5. Were you able to work through issues with SPS and other colleagues to arrive at suitable working arrangements?
6. Did the prison regime present challenges to assessing and delivering care and assessment? E.g. 24 hour care. What could improve?
7. What diversity data can you collate on people in prison from SPS/health and H&SCP systems? What is missing?
8. Did the test of change support anybody to take part in purposeful and meaningful activities (employment, programmes, group activities)? What worked well? What could be improved?

**Early Intervention and Prevention**

1. What needs did you came across that might benefit from prevention and early intervention work?
2. Were resources in place to meet these needs? Identify any gaps in provision.

**Assessment and service delivery**

1. What worked well in terms of delivering assessment and identifying resources/pathways? What could be improved?
2. How well were risk and vulnerability woven into care and support assessments and delivery? Can you describe how this impacted on people going back to the community? What could be improved?
3. Did you experience any cases that in the community would have been designated as adult support and protection? How many? Did the draft policy from SPS support the teams’ ability to ensure vulnerable people got the support they needed? If not, what were the barriers?
4. Did you use peer carers to deliver any care or support? What kind of support? What were the positives? What could be improved?
5. Did you use or develop any group peer mentoring for people with disability? What kind of groups? How did you develop these? What were the positives? What could be improved?
6. How well were people important to the person in prison able to take part in care planning? What worked well? What could be improved?
7. How well were people with high levels of need served in the prison?
8. What new pathways/services are needed to support people within the prison setting or externally?

**5 Recommendations**

# **Questionnaire – Staff**

**[Separate Survey Monkey questionnaires to be developed to be answered by each prison]**

**Questionnaire for Health, SW/CM and SPS staff: to be completed after month 5 of the test of change**

1. How well were you able to assess and deliver or arrange delivery of services to people in the prison?

*Very well/quite well/ok/not well/not at all*

1. (Adults services workers only) How well were you able to access your usual records, emails and assessment tools on the IT system?

*Very well/quite well/ok/not well/not at all*

1. Did you see a positive impact on people using services?

*Very much/yes/not sure/no/deterioration*

1. Was it easy to raise and resolve issues and barriers?

*Very/quite/ok/not easy/not able to raise at all*

1. Were you able to access your information and record systems on line?

*Very able/quite able/ok/not very able/not at all*

1. Were appropriate services available?

*Yes – lots of choice/yes – some choice/yes but no choice/not easy to find/no service available at all*

1. Where adults services, personal care and support services were available, how well did they transfer into the prison environment?

*Very well/quite well/ok/not well/not at all*

1. Did you feel part of a multi-disciplinary team working together to assess and deliver integrated health and social care services alongside prison colleagues?

*Very much/yes/not sure/no/deterioration*

1. Please tell us about your answers (text)

# **Questionnaire – People using services**

**[Separate Survey Monkey questionnaires to be developed to be answered by each prison]**

**Questionnaire for people using the service: to be asked after services/support have been delivered for a month**

1. Before the service, how much was your ability to participate in prison life affected by your health or disability?

Very much/a lot/not sure/not much/not at all

1. Did the services you received improve your ability to take part in prison life?

Very much/a lot/not sure/not much/not at all

1. Did the social work and social care service help you to do the things that matter most to you?

Very much/yes/not sure/no/things got worse

1. Did the social work and social care service support you in your relationships in the prison and outside?

Very much/yes/not sure/no/things got worse

1. Did the social work and social care service improve your quality of life?

Very much/yes/not sure/no/things got worse

1. Were your views taken into account?

Always/sometimes/not sure/rarely/never

1. Was the service available to you when you needed it?

Always/mostly/not sure/rarely/never

1. Did you feel the health, social work and prison officers worked well together?

Always/mostly/not sure/rarely/not at all

1. What would improve the integrated health and social care service that you received?

<Text>

**Test of Change - Case Study Template**

Please make sure that the person gives consent for their case to be recorded and used in this way and that they understand it will be anonymised. They can withdraw their consent at any time and you should ensure they know who to contact if they choose to withdraw consent. Individuals must not be identifiable so you may need to consider changing some detail of the case to ensure this.

The purpose of the case study is to give real life examples of the service that was delivered during the test of change to:

* Illustrate the types and complexity of need
* Show the areas it was easy or challenging to deliver assessment and care planning
* Explore the impact the service had on the person
* Identify learning for improvement
* Bring our evaluation report to life

Each case study should be no longer than one page of A4. Please use the following format:

* **Situation**: how the referral arose, the presenting issues for the person
* **Background**: how the person’s history, health, relationships, environment etc. impacted the situation
* **Action**: what happened, what care plan and services resulted.
* **Result**: what did the person report? Use some quotes if you can. What benefits did they experience? Was there unmet need? What did others around them notice?

**Integrated Health and Social Care in Prisons Test of Change**

**Case Study**

**Situation**

**Background**

**Action**

**Result**