

# Using animation as a medium to help clinicians understand the secondary healthcare experiences of prisoners

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- A person is shown in silhouette, looking out of a window with vertical bars. The scene is dimly lit, with light coming from the window, creating a somber and contemplative atmosphere. The person's head is turned slightly to the right, looking out at the view through the bars.
- ↑ Chronic disease
  - ↑ Infectious disease
  - ↑ Mental health issues
  - ↓ Life expectancy

# Equivalence – National Policy

The United Nations Standard Minimum Rules for the Treatment of Prisoners 70/175 (the Nelson Mandela Rules), 2015

Rule 24 states that:

“

The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status. ”

**REDUCED ACCESS TO HEALTHCARE IS NOT PART OF PUNISHMENT**

## HOW IS IT DONE?

1. Talk to Secondary Care clinicians & staff to understand their experience
2. Prisoner patient journey mapping based on these conversations
3. Analyse the data and understand the prisoners' story
4. Revisit prisoners and capture high quality audio
5. Agree final audio track for the animation
6. Create animation

## WHY THIS METHOD?

- Better understanding of the secondary care experience of prisoners encourages hospital staff to adapt behaviour and improve services

- Hearing patient / prisoner voices is more powerful and creates an emotional response

- More knowledge transfer in five minutes than would be possible with traditional method (e.g. written report)

- Data is certain to resonate with the audience because we know it addresses the issues relevant to clinicians and staff working in secondary care

**This increases its impact**