Social Care Needs of People in Prison & Those Leaving Prison

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  Chairman Restore Support Network
Overview Of Presentation

- Historical perspective
- Social care needs of older people in prison
- The Care Act 2015 and people in prison
- Older people on leaving prison
- Way forward
Effective Social Care

- The social care of people in prison is part of integrated multidisciplinary care.
- Essential part of such care is preventative- preventing further impairment and restoring function where possible.
- Effective social care must be partnered with effective health care.
  - Primary health care, or where necessary, obtaining input of specialists in the community both old age physicians and psychiatrists.
- Older prisoners are entitled to the same assessment, investigation and treatment as their peers in the community.
- Being in prison is no excuse for failing to provide access to such expertise.
Historical perspective

- Prior to 2006 prisons totally responsible for prisoners health and social needs
- 2006 finally people in prison became NHS patients
  - NHS now responsibility for health care provision
  - people in prison entitled to an equivalent standard of care as the general population.
- Applying the concept of equivalence to social care would help align social care and healthcare
- 2015 all prisoners with social care needs became the responsibility for local authorities for their social care
- But what is the evidence that prisoners need such care?
Thalidomide sufferer remanded to custody
Numerous deformities; Both lower limbs are absent with small feet.
Uses an electric wheelchair but difficult to use in the main prison due to steps e.g. to dining room.
Has not brought chair charger with her as she says police wouldn't let her.
Able to feed herself if food is cut up
ECHR Prison Care Problems

- Prison bed is too high to transfer from wheelchair
- Unable to reach sink from chair
- Mobility - battery running down
- Needs help with general hygiene
The applicant alleged that her committal to prison and treatment in detention violated Article 3 of the Convention, which provides as follows:

“No one shall be subjected to torture or to inhuman or degrading treatment or punishment.

The court unanimously there has been a violation of article 3 of the convention;

But this didn’t mean things would have to change only that Government -Prison Service - paid 10K compensation.

Not Prison Service to resolve.
For a small minority of prisoners, every day meant a struggle to do even the simplest of tasks.

Local Authority Social Service Departments extremely reluctant even to carry out assessments of older prisoners, still less to offer support either during or after imprisonment.
HMCIP Older Prisoners 2004

- A 72-year-old life-sentenced prisoner - two strokes, speech & walking impaired.
- A 68 yr. old emphysema and two strokes stayed in cell for most of the time.
- A 70-year-old prisoner relied heavily on a wheelchair to get around. If the wheelchair, provided for general use, was taken he had to walk to use the telephone.
I committed my last offence to get back inside
  I was also getting so ill trying to cope... there wasn’t anybody there to help or support me.

I often wet my clothes and bedding.
  Now some of the younger men and officers are teasing me about my body smell and the stench in my cell.
  Is there something that can be done for me?

I can’t get my wheelchair through the door of my room and I have to try and get from the entrance to my bed. When it’s mealtime someone has to collect my food
  Because of my physical disability [requires walking sticks to help him move around] I can’t have a shower because I might slip and there is nothing to hold on to or chairs to sit on.
  I have to wait for someone to help me get to a bath in the wing
Health of older prisoners worse than general population and younger prisoners  Fazel et al 2001

- Study of over 200 older men in prison
- 83% reported long standing ill health or disability
  - 36% cardiovascular disease
  - 24% musculo-skeletal- OA
  - 9% neurological
- One third had suffered a head injury with LOC
  - 3.5% intra cranial bleed
- 53% mental health diagnosis
  - Only 1% diagnosis of dementia
Health of older prisoners worse than general population and younger prisoners - 2001

- **Ability**
- 9% impaired Barthel score - functionally disabled in ‘Activities of Daily Living’,
- Majority unable to climb the stairs
- More impaired unable to wash independently
Social & Custodial Needs of Older Adults In Prison Hayes et al 2010

- Sample of 262 prisoners aged ≥ 50 years,
- More than one-third had some level of functional need in activities of daily living
- 14% had mobility difficulties.
- Nearly half were imprisoned far from their home area, which made contact with family and friends difficult;
- 15% had no contact at all with family or friends.
Social & Custodial Needs of Older Adults In Prison Hayes et al. 2013

- 4% More comfortable chair and bed to meet specific needs
- 13% Need to be on the ground floor (medical grounds)
- 6% Need medical aids (hearing aid, stick, wheelchair, glasses etc.)
- 8% poor mobility
- Self-care needs -
  - unmet 6.5% needs met 4.2%
- Physical health -
  - unmet 32.6% needs met 50.3%
Care Act 2014
Background

- In May 2011 the Law Commission report on Adult Social Care found that people in prison in England and Wales not excluded from social care service provision but
  - In practice barriers exist to the prison provision of Local Authority funded social care
  - There is a need to clarify eligibility which it recommended be addressed in statute
- July 2012 Government White Paper ‘Caring for our future: reforming care and support’ made a commitment to resolve this issue positively in England
Local authority where prison located responsible for providing assessments and meeting the person’s needs where they meet the eligibility criteria.

- Their ordinary residence is not a consideration.

- The national minimum eligibility threshold for service entitlement applies equally to prisoners as to people in the community.

- The prison will be responsible for meeting any needs that are not assessed as eligible.

- The continuity of care provision in the bill will apply equally to people in prison when moving between prisons and on release to the community.

- Charging arrangements for services will be the same as for people in the community.

- Applies to people in approved premises and bail accommodation as well as those in prison.
The following does not apply to prisoners:

- Prisoners will not receive direct payments for their care and support.
- Prisoners who provide care to other prisoners will be eligible to request a carer’s assessment, however, NOMS aims to limit the number of requests through its policies.
- Prisoners will be exempted from the power to express a preference for particular accommodation except where the individual is being released from prison.

Safeguarding

- Safeguarding adult’s boards (SAB) will have a strategic interest in how safeguarding is managed in prisons; they will be free to invite governors to sit on SABs. In terms of retaining the “equivalence” principle people on remand or serving a custodial sentence should be safeguarded as well as those in the community.
Needs Assessment.

- A National Minimum Threshold For Needs Assessment- a set of standardized national criteria for eligibility for care.
- Prisoners may be moved between prisons in different local authority areas.
- If these local authorities are applying different minimum standards for eligibility, prisoners may lose their right to care as they change prisons.
Care Act Eligibility for care and support services

An individual must:

- Have needs that arise from or are related to a physical or mental impairment or illness
- As a result of their needs be unable to achieve 2 or more of a list of specified outcomes
  - Managing and maintaining nutrition
  - Maintaining personal hygiene
  - Managing toilet needs
  - Being appropriately clothed
79 prisons generated 542 referrals
14 prisons none
60 generated 10 or less.
the majority (87.8%) were related to physical conditions.
The numbers of “adult physically disabled” surpassed that of older prisoners
74% referrals had care and support assessment undertaken
  80% physical disability/frailty
  50% Learning disability and autistic spectrum conditions
  38% older prisoners with mental health issues
average conversion rate from referral to eligibility is 45%
older prisoners are more likely to be assessed as eligible for care and support
  90% of those eligible have either a physical disability or frailty.
### Average Weekly Cost Of Meeting Ongoing Eligible Care And Support Needs By Primary Client Category

ADASS 2015

<table>
<thead>
<tr>
<th>Primary client category</th>
<th>Older physical disability/frailty</th>
<th>Older mental health</th>
<th>Adult Physical Disability</th>
<th>Adult Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average weekly cost per prisoner</td>
<td>£233</td>
<td>£240</td>
<td>£200</td>
<td>£200</td>
</tr>
</tbody>
</table>
Social care or systematic neglect?
Older people on release from prison

Prison Reform Trust and Restore Support Network

By Neil Cornish, Kimmerd Edgar, Alex Hewson, and Stuart Ware
9 of the 14 people interviewed by Restore SN felt that the prison had not adequately prepared them for release.

No one knew anything for sure.

No one gives any correct answers.

Common concerns included

- a lack of information,
- a failure to arrange support for them after release:
  - Everything takes so long to sort out.
  - social worker came to do the assessment, but I returned to [the southwest] with no accommodation or care support except [from the charity] Footprints.

The Restore SN interviews some who felt that they were prevented from taking steps independently to prepare.

Six of the 14 said that they tried to resolve problems prior to release, but were unable to do so.

I tried to speak to offender management, but was not able to see anyone.
"Social Care- Systemic Neglect’
Social Isolation

- The proportion who had no family or friends appeared to be high, confirming the sense of social isolation.
- Some people had spent so long in prison that it was there that they had an established social network:
  - I committed my last offence to get back inside.
  - People felt stigmatized:
    - Friends have dropped me.
    - Police keep arresting me as they don’t believe I am crime-free.
‘Social Care- Systemic Neglect’
Health care needs

- Staff in prison consistently failed to communicate adequately with local GP’s to ensure medical care post release.
- A man who asked for help finding a GP surgery, as he was due out in a month. He was told to find a GP after release.
- *I was released with no documentation. No one asked if I had a GP.*
- Nine of the 14 said they had social care needs;
- 1 had received help from social services,
- 1 ‘still in progress’.
- Restore SN tried to support a seriously ill person who had trouble washing and dressing.
  - A social worker had assessed his care needs as high, but then had not visited him for two months.
- Half of the people interviewed said that their physical health had an impact on their resettlement.
  - *I was living on a second floor and I had problems with my knee. I could not get anything [accommodation] on the ground floor.*
  - Another described himself as ‘not capable of caring for myself.’
Accommodation problems on release were cited most often, by 12 of the 14.

Two-thirds were helped to find accommodation by probation, housing agencies, or their family.

Some who said they received no housing support were able to make temporary arrangements through family links.

The likelihood of having accommodation on release from custody decreases the older a person.

Older people on release may not understand how to manage their finances, access benefits or use technology.

Some older people will be released to unfamiliar areas where they have no networks to support them.
The Way Forward
Prison Service Orders

- PSI 03/2016 Adult Social Care
  - Each prison must nominate a local lead for Adult Social Care who will have responsibility for liaising with local authorities, their providers and provider staff.
  - If a prisoner is in receipt of care and support, or is considered likely to require care and support services on transfer or discharge, prisons must provide timely notice to local authorities, and to care and support service providers, when a decision is made to transfer a prisoner to another establishment and must advise local authorities of planned discharge dates.

- PSI 17/2015 Prisoners Assisting Other Prisoners

- PSI 16/2015 Adult Safeguarding in Prison

- PSI 32/2011 Ensuring Equality

- PSO 6000 Parole Release and Recall  Compassionate Release
CQC and HMICP

- CQC and HMIP shared aim to protect and promote the interests and rights of people who use health and social care services in secure settings.

- A focus of the new approach to inspection is to gather and use the experiences of detainees, and the views of their families and those close to them about the quality of their care.
  - HMIP’s responsibilities are to inspect and report on conditions for, and treatment of, those detained in prisons and other places of custody.
  - CQC’s responsibilities are to monitor, regulate and inspect the providers of health care within secure settings. From April 2015 this will include adult social care provision.

- CQC has the legal right to inspect registered health care providers & enter secure settings under the powers granted to HMIP.
More could be done to reduce social isolation and stigma among older ex-prisoners:

- Be more aware of our needs and listen.
- Maybe run ex-offender groups.
- More pre-release ROTL [release on temporary licence].
- Need far more buddies on release, who I can trust.
- Getting back to work via my trade.
- Peer mentors also reduced social isolation and stigma.
- I would not have survived without him.
The need for A National Strategy For Meeting The Health, Social And Rehabilitative Needs Of Older People In Prison

- Need to establish older people as a priority group
- Define minimum standards
- Respond to the ever-increasing numbers of older people
- Profile different groups of older people in prison, so that their age-specific needs can be identified and met
- Target resources much more efficiently
- Prevent further inconsistent treatment and discrimination
- Contribute to improved inter-departmental collaboration
- Help to ensure fairer treatment.
Expect more- Do more!

- Court diversion - too disabled for custody to be humane and safe
- Consider Early Release - ROTL even to Hospice
- Older people in prison and on release are entitled to the same assessment, investigation and treatment as their peers in the community.
- Being in prison is no excuse for failing to provide access to such expertise.
- Don’t be Complicit in contributing to poor health and social care delivery
- Expect more- Do more!