



HM Prison &
Probation Service

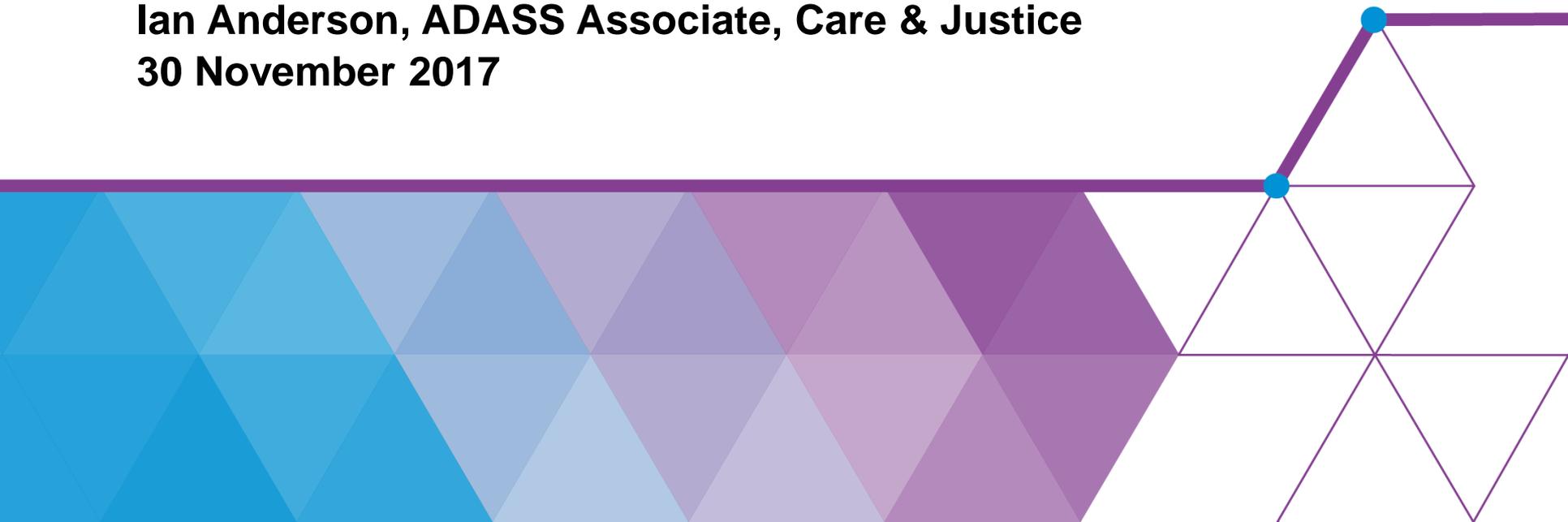
directors of
adass
adult social services

**Caring in Custody:
Working with Local Authorities to deliver social care to men
and women, and how this benefits directly and indirectly the
population**

**Rupert Bailie, HMPPS Acting Head of Health, Wellbeing &
Substance Misuse**

Ian Anderson, ADASS Associate, Care & Justice

30 November 2017



Overview

- Our Vision
- The Population
- Responsibilities
- What difference has the Care Act made?
- What are the challenges?
- Working together, our ambitions
- What can you do?

Our Vision

- Care equivalent to the community
- Collaboration between health, local authority and prison services
- Collaboration between these agencies and prisoners who receive care, and those who support care
- Men and women in prison are held in safe and decent conditions
- Men and women are supported to live with as much independence as possible
- Men and women experience timely and integrated health and social care
- Continuity of care is enabled into custody, between establishments, and on release

Older Prisoners

At the end of December 2016, the number of prisoners aged 50 plus accounted for 15% of the prison population. There was one prisoner over the age of 100.

The age profile of prisoners has changed over the last 15 years. The prison population of individuals aged 50 years or over has increased proportionately more than any other age group. As at the end of 2016 the number of prisoners aged 50 or over was 169% higher than in 2002.

The physical and psychological strains of prison life can accelerate the ageing process so the threshold for being considered older tends to be higher in prison than in the community. Older prisoners are described as being aged 50 years plus

Evidence suggests that older prisoners can be split into four main criminological profiles and needs may differ among the profiles. Older prisoners coming into prison can be:

- Chronic and repeat prisoners who have been in out of prison throughout their lives
- Prisoners serving long sentences who are growing old in prison
- First time prisoners sentenced later in life to short sentences
- First time prisoners sentenced later in life to long sentences

Sources:

Ministry of Justice, *Offender Management Statistics Quarterly*, various dates,
Allen, G and Watson, C. (2017) 'Prison Population Statistics', House of Commons Library Briefing Paper SN/SG/04334.

<https://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/8904.htm#>

American Civil Liberties Union, (2012)

The harms of long term imprisonment

Long-term imprisonment affects prisoners in important ways. The effect is not identical for all individuals, and pre-prison characteristics may influence how affected each individual is (e.g. depending on education, previous imprisonment, drug/alcohol use, previous quality of life). However, some of the most concerning effects include:

Loss of relationships: which can lead to isolation, reduced social life, and foster an uncertainty and suspicion of others (social relationships), and a greater reliance on the institution.

Loss of autonomy/control: overtime prisoners develop reliance on the organisation and regime rather than be able to act as their own agents, they may become less able to exercise independent thinking and decision making.

Lower self-efficacy and feelings of powerlessness/helplessness: more time in prison may be associated with a person feeling like they have less control over their lives, and influence their self-motivation and future orientation.

Perceived loss of a 'useful' or 'productive' life, uncertainty over the direction of life.

Mental illness: this is already more prevalent in prison populations, imprisonment associated with anxiety, depression, stress.

Surveying Prisoner Crime Reduction (SPCR) Survey Findings Estimating the health needs of older prisoners

Older prisoners may have greater health needs than younger prisoners. Of the SPCR sample, they were more likely to report needing help with a medical problem and be considered to have a disability. Older prisoners were also more likely to report long-term sickness/disability as a reason for having been unable to work in the four weeks before custody and were more likely to have been claiming sickness/incapacity benefit in the year before custody.

Older prisoners were significantly more likely to report medical problems as well as having received treatment in the 12 months before custody.

About one in three older prisoners (31%) reported needing help with a medical problem compared to 14% of younger prisoners.

Seven in ten older prisoners (70%) stated that they received treatment or counselling for a physical or mental health problem in the 12 months before custody compared to 45% of younger prisoners.

Nearly three in ten prisoners (29%) self-reported that they had a longstanding illness or disability, with the majority of older prisoners (59%) reporting this compared to 27% of younger prisoners

Older prisoners (54%) were more likely to be assessed as having a disability than younger prisoners (32%)

Of the 54% of older prisoners estimated to have a disability, 28% were estimated to have some form of physical disability, 15% anxiety and depression, and 11% both ().

Local Authority Responsibilities: The Care Act 2014

- The Care Act 2014 “clarified” local authorities’ responsibilities for prisoners – they are essentially the same as for the wider community
 - Prevent, reduce or delay needs arising
 - Provide information and advice
 - Ensure diversity, quality and sufficiency of provision
 - Safeguard vulnerable adults from abuse and neglect
 - Assess people who appear to need care & support and apply the national eligibility threshold
 - Enable those who need local authority funding to meet their eligible needs
- Variations for the prison environment:
 - Prisoners are not allowed to choose where they live
 - Prisoners cannot receive a “direct payment”
 - Prisoners cannot assume the role of “carer” whilst in custody
 - Prison governors are the leads for safeguarding and the local authority role is to support / advise them.
- The Care Act went live in 2015

The Responsibilities of Prisons

- To enable access for men and women in prisons to assessments and care and support services
- To co-operate with local authorities and all health bodies
- Adult safeguarding
- To contribute to care planning and deliver services which are their responsibility (eg accommodation, food)
- To provide suitable accommodation
- To make reasonable adaptations in line with Equalities Act
- How the system works is set out in 3 key Prison Service Instructions:
 - PSI 03/2016 Adult Social Care (also a Probation Instruction and for HQ)
 - PSI 16/2015 Adult Safeguarding in Prison
 - PSI 17/2015 Prisoners Assisting Other Prisoners

Two years in, what difference has the Care Act made?

- Around 4500 requests for support have been passed to local authorities
- Over 3600 individuals have had their needs for care & support assessed
- Around 3200 individuals have had their needs met by a mixture of items of equipment and/or a care & support package (roughly 50:50 split)
- Prisons have often become more aware of the presence of social care need and how best to respond to it so that interventions enable rather than disable.
- In many places “buddy” systems have helped frail and disabled prisoners and given purpose and self worth to those delivering the support
- Awareness of safeguarding, and in particular organisational abuse has grown
- Many prisoners now have a smoother transition back into the community with their care & support needs being recognised and provided for.

What are the challenges?

- Not everywhere is in the same place
- Where progress has been made it is often very fragile dependent on a few key individuals
- The built environment remains a major challenge for people with mobility issues or dementia
- Access to community health services is sometimes challenging
- The interface between health and care responsibilities for individuals with complex needs can be fraught
- Recruiting and retaining the social care workforce
- No real evidence of service offer for Mental Illness

What are the challenges? (2)

- Gaining access to prisoners – delays in security clearances, shortages of custody staff to escort staff and keep them safe.
- Putting in place care and support for prisoners on release:
 - Tardiness of receiving councils to accept their responsibilities
 - Access to appropriate housing – especially adapted and sheltered housing
 - Access to residential/nursing home provision, especially for men convicted of sexual offences
- Recognising that social care need is not just about older prisoners
- Embedding a culture of safeguarding, especially around organisational abuse.

Working together, our ambitions

- Integration – all parts of the system working to a common purpose
- An “assured” system where we know:
 - What good looks like
 - How to spot it when things start to go wrong
 - What to do
- An improved prison estate – up to 10,000 new beds
- A better way to respond to individuals with the highest levels of need
 - Do they all need to still be in custody?
 - Should we have some specific facilities within the prison estate for the most frail?

What can you do?

- Collaborate, and promote collaboration across disciplines
- Take time to consider the impact of an individual's disability on their day to day life.
- Encourage prisoners who may be eligible for help to agree to an assessment
- Engage with the local authority at a variety of levels and particularly in regular operationally focused multi agency meetings
- Promote and support initiatives such as buddy schemes, awareness raising, telecare / telemeds, specific programmes/activities for older and/or disabled prisoners
- Talk to the Local Safeguarding Adults Board about how they could help you to quality assure your establishment

Further reading

- **Factsheet 12: Prisoners and people in resident in approved premises**

<https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets/care-act-factsheets#factsheet-12-prisoners-and-people-in-resident-in-approved-premises> (DH April 2016)

- PSI 15/2015 Adult Social Care

<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-15-2015-adult-social-care.pdf>

- PSI 16/2015 Adult Safeguarding in prison

<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-16-2015-adult-safeguarding-in-prisons.pdf>

- PSI 17/2015 Prisoners Assisting Other Prisoners

<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-17-2015-prisoners-assisting-other-prisoners.pdf>