PRISON REFORM TRUST

Draft Care and Support Bill

A response from the Prison Reform Trust

The Prison Reform Trust, established in 1981, is a registered charity that works to create a just, humane and effective penal system. The Prison Reform Trust aims to improve prison regimes and conditions, defend and promote prisoners' human rights, address the needs of prisoners' families, and promote alternatives to custody. The Prison Reform Trust's activities include applied research, advice and information, education, parliamentary lobbying and the provision of the secretariat to the all party parliamentary penal affairs group.

The Prison Reform Trust welcomes the government's proposal to develop a new framework for the provision of care and support in prisons, as outlined in the *Caring for Our Future* White Paper.

As identified by the Law Commission (Adult Social Care, 2011) and by the University of Birmingham (in a report for the Care Services Improvement Partnership: Adult Social Care in Prisons: A strategic framework, 2007) there are major shortcomings in the provision of social care in prison. These reports rightly identified a lack of clarity on who is responsible for assessing and providing social care support to offenders in prison.

The Prison Reform trust would like to see further clarification of:

- The relative responsibilities of local authorities and the prison service, in particular:
    - Responsibilities for care and support required by the prison service under the duty of care and reasonable adjustments, as required by equalities legislation
    - The point at which specialist social care becomes appropriate, and the threshold for such support, which should be equivalent to thresholds in the community

- The mechanisms for 'portability' of assessment between prisons; from community into prison; and from prison back into the community

- How the new "assessment of needs for care and support" (clause 9 of the Draft Care and Support Bill) will be adapted for prison. For example, prisoners will not require 'meals on wheels' but might require help eating meals

- How women's specific needs will be met, including the needs of pregnant prisoners and mothers

- The equivalence of social care for prisoners and for people in the community with similar care and support needs.

The Prison Reform Trust would like to see the following changes to the Bill:

- A statutory duty to be placed on local authorities to commission/provide social care in prisons, and a regulatory framework should hold them to account

- The local authority in which the prison is located to hold responsibility for commissioning social care in that prison. It will be vital that those responsible for the commissioning of health services in prison should collaborate with the local authority with responsibility for commissioning social care provision - especially in relation to routes into and out of custody

- A clear delineation to be drawn demonstrating where care and support is to be provided by the prison service under 'duty of care' and 'reasonable adjustment', and where social care becomes the duty of the local authority

- For the new "assessment of needs for care and support", a national minimum eligibility criteria and rules on portability of care to apply equally to prisoners with social care needs as to people living in the community

- A statutory duty on local authorities to cooperate with prisons and probation staff to ensure continuity of social care on entry into custody and on release from custody, and vice versa

- The above should apply to all prisons (juvenile, male, female) whether run by the state or by the private sector.

This could involve the following amendments to the Draft Care and Support Bill:

- An amendment to Clause 17 to add 1 (c) the adult is in custody in a prison within the local authority area

- Amendments to Clauses 31 -33 and 48 or additional clauses mirroring these, to outline the procedure for continuity of care should someone with social care needs be sentenced to prison, or upon their release from prison.

The Prison Reform Trust would like improved guidance for the prison service in relation to the 'duty of care' in support of prisoners' wellbeing where a threshold for social care support is not reached. This would mitigate against a prisoner's social care needs escalating while in prison, leading to higher potential costs for provision of support both within prison and on release. For example, guidance on the provision of daily living aids, such as wheelchairs or handrails.

Guidance should specify the requirement to consider the needs of women prisoners as there is a risk that the complex needs of women may otherwise be overlooked. Women form a small minority of the overall prison population (5%) but there is extensive research evidence that their physical, mental and social health is generally very poor.(see Reforming Women's Justice, Women's Justice Taskforce Report, 2011). The provisions of the UN Rules for the Treatment of Women Prisoners (Bangkok Rules) should be considered.

The current situation

The Prison Reform Trust is aware of a range of problems caused by the lack of clarity over social care provision in prison, as well as examples of good practice, and some of these are described below.

Prison Reform Trust Advice and Information Line
Many prisoners have called the Prison Reform Trust's Advice and Information line to ask for help with sorting out their social care support. Some examples are outlined below:

- A prisoner who uses a wheelchair had been placed in a single cell. He mentioned to the staff that he could not reach his bell to call them, and they were not checking on him every 30 minutes and they had promised to do. One night, he tried to get to the toilet but fell and was unable to reach his cell bell. He shouted to his neighbour who rang his cell bell, then the officers came. He said he cannot get to the toilet – the other prisoners have to carry him to it. He asked what he is to do at night (his cell is a single cell). He said the nurse told him to find himself a bottle from somewhere and use that.

- A prisoner who said he had injured his legs and he was on the third floor and needed help to get downstairs. He asked the officers to help him and they asked two prisoners to carry him. The prisoners then dropped him.

- A prisoner who cannot write and uses a typewriter. He's been waiting for the typewriter ribbon to be replaced for a few months.

- A prisoner whose hearing aid ran out of batteries was told he has to wait until health care staff can get to Boots.

- A new prison runs a computer system where people put in their fingerprints to access information and do their canteen orders. When the ground floor computer broke down, prisoners with mobility difficulties were told to walk up to the next floor to be able to place their orders on that machine.

The social care needs of short-sentence prisoners
60,000 adults a year are sentenced to custodial sentences of less than 12 months. Most women prisoners (58%) receive sentences of 6 months or less. Access to support is critical for offenders with chronic and long-term health problems, particularly mental health, substance misuse, and the homeless, yet social care services in custody and through release is not available to these prisoners.[1] For many, family and relationship problems precede imprisonment. Women prisoners are less likely than men to have someone outside who can look after their home and family while they are in custody (Corston 2007). As short-sentence prisoners have the highest rates of reoffending, improving access to social care for this group would support the 'rehabilitation revolution'. Continuity of care across the prison and community boundary is especially critical for short-term prisoners.

The social care needs of older prisoners
Research into the experiences of older people in prison (*Doing Time*, Prison Reform Trust, 2010) has found an increase in numbers of older people in prison, with a corresponding increase in social care need:

- Prisoners aged over 60 are the fastest growing age group in prison. On 30 June 2011, there were 8,125 prisoners aged 50 and over in England and Wales, including 2,811 aged 60 and over. This group makes up 11% of the total prison population. The number of sentenced prisoners aged 60 and over rose by 103% between 2002 and 2011(Ministry of Justice Offender Management Caseload statistics 2011).

[1] Anderson S with Cairns C, The Social Care Needs of Short-sentence Prisoners, May 2011

- The average number of older women (aged 50 and over) in prison more than doubled between 2002 and 2011[2]. They account for a small proportion of the total female prison population (9%), and an even smaller proportion of the total prison population, which brings with it extreme risks of neglect. In its submission to the UN CEDAW committee, the older women's network for Europe found that *as a minority within a minority*, the needs of older women in prison in the UK *are overlooked and unmet*[3].

- Over half of all elderly prisoners suffer from a mental illness. Some older prisoners will have a physical health status of ten years older than their contemporaries on the outside.

- A University of Oxford study found that more than 80% of sentenced male prisoners aged 60 and over suffered from a chronic illness of disability (Growing Old in Prison, Prison Reform Trust, 2003).

- Problems with mobility, self-care and incontinence are more pronounced for older prisoners.

- Many older people are not having their social care needs assessed or adequately met and social services involvement in prisons is sparse.

- The vast majority of prisoners surveyed (over 93%) made no mention of any social service involvement.

- A response from one prison involved in PRT research noted that:
  The prison has been endeavouring to develop links with social services. Unfortunately these endeavours have not proved fruitful (Doing Time, 2010).

- Some older prisoners rely on informal or formal peer support, particularly schemes that assist people with reduced mobility.

- Lack of planning for resettlement means that older people do not get the services they need on return to their community.

- Standards for accommodation services and care for frail and ill prisoners fell far short of the standards for care homes. More generally services for older people did not meet those that would be available in the community.

- Difficulties have been experienced by older people with disabilities in obtaining equipment, such as walking sticks and wheelchairs. Although most prisons have appointed disability liaison officers (DLOs) there are still major difficulties implementing the disability provisions of the Equality Act 2010 in prison establishments.

- In general prison staff have been found to be very caring and concerned about older prisoners with disabilities. However, there is a lack of advice and information for staff and older people regarding access to disability equipment.

- Some quotes from prisoners involved in PRT research, Doing Time (2010):

[2] Table A1.4 Population in prison establishments by age and sex 2002-2011
[3] http://www.wrc.org.uk/includes/documents/cm_docs/2012/u/ukolderwomenshadowreport2012.pdf

- *As a tall heavily-built 53 year-old with serious knee-joint problems, I could only obtain one small walking stick to help me get around. It took healthcare staff over six weeks to find me two longer sticks to support myself.*

- *I have bladder trouble...and I often wet my clothes and bedding. When I mentioned this to my officer he laughed and said that we all have problems like that as we get older... I can't get to the toilet quick enough...because it is locked. 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 am a lifer and I have disabilities. The social services where I should be resettling don't want to know and say they can't do an assessment. The prison say they can't find another social services near here that will carry out an assessment. So what am I to do?*

The poor involvement of local authority adult social care departments in the assessment and support of older and disabled prisoners has been repeatedly criticised by the Prisons Inspectorate.

The social care needs of mothers in prison

Many women in prison are mothers, and around a third are single parents. Between 2005 - 2008, 382 babies were born to women prisoners – the information is no longer centrally collected. There are seven Mother and Baby Units in prisons with the capacity to look after 75 mothers and their babies. A review of these units and whether they meet the best interests of the child was published by the Children's Commissioner for England in 2008.[4] The geographic location of these units can result in women being imprisoned at an even greater distance from their family and support networks. As with other 'troubled families', it is critical that co-ordinated and tailored social care services are available to support mothers in prison maintain care of or contact with their children. The report recommended that services "should focus on all stages of the mother's journey through the system with a view to improving support and optimising the outcomes for the whole family".

Isle of Wight: an example of good practice

The Isle of Wight has a social worker based in the health care unit, covering the cluster of three prisons. This is resourced and managed by the local authority. The project has developed a formal integrated health and social care assessment process for older prisoners. This mirrors the social care model used by social services teams in the community.

Staff can refer any prisoner over 60 years of age who needs support or guidance in:

- managing personal care
- lessening social isolation
- maintaining life skills

Prison staff can also approach the social worker for advice and support on caring for prisoners.

The benefits of the project are many but one key advantage is that having a social worker who can carry out a single assessment process means that other agencies do not need to duplicate the work. Information can be gathered from various sources reducing the work load

[4] Prison Mother and Baby Units – do they meet the best interests of the child, Children's Commissioner for England, January 2008

of other staff carrying out overlapping assessment. This information can also be fed into Oasys and Mappa reports.

In addition, re-ablement (exercise, therapies and support) for older prisoners reduces the level of care needed in the future which has a long term benefit for prison, health and local authorities.

Should any clarification on this response, or further information, be required, please contact:

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