

Social Care in Prisons on the Island of Ireland

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Ageing in Northern Ireland Prisons

Dr Sarah Lawrence

Demographic Change in Prisons

An ageing population

In 2008, 11% of the adult male prison population in Northern Ireland was aged 50 years and over, and by 2015, this figure had risen to 16%.

In England and Wales between 2004 and 2014 the largest percentage increase across the prison estate was for those aged 60 and over (125%) followed closely by prisoners aged 50-59 (104%) (Omolade, 2014)

In 2019, there were 13,620 prisoners aged 50 and over in English and Welsh prisons, representing 16% of the total prison population. In 2002 this age group constituted just 7% of the prison population

Drivers of change

Wider demographic change i.e. longer life expectancy.

Changes in sentencing policy leading to longer time inside (e.g. Imprisonment for Public Protection (IPP), Indeterminant Custodial Sentences (ICO), Indeterminant Extended Sentences (ICS)).

An increase in pursuit of historical crime through DNA advancement and changes in attitudes toward sexual crime



Empirical Research on Ageing in Prison

1

Older prisoners are not a homogenous group, the needs of someone age 50 may dramatical differ from a person who is 80.

2

Research has shown that older prisoners often experience worse health than community dwelling older adults who are 10-15years younger (Fazel, 2001).

3

Older prisoners often have distinct needs that differ from their younger peers in prison. The increase in older people inside requires some adaption of services to meet these needs.

4

Healthcare providers in prison inherit many of the unmet health needs upon entry to prison.

5

Scholars have argued that addressing these needs is not only a human right entitlement and thus beneficial for the person, but also beneficial for wider society (Williams, 2012)

6

In addition, and particularly for older people, unmet needs may limit a person's ability to function independently within the community thus creating a difficulty for reintegration after prison (ibid)

Health and Social Care Provision in Northern Ireland Prisons

2008

The transfer of Healthcare provision in prisons from NIPS to NHS officially began

2011

PRT reported that the funding transferred as part of this process did not include social care services

2016

IMB report highlighted clarity was needed on responsibility for social care services within prisons

2021

There remains no formal policy framework for where specific services lie.



2009

Partnership Agreement signed by Director General of NIPS and Permanent Secretary of DOH

2012

Responsibility of healthcare services officially transferred to the SEHSCT from NIPS

2019

'Improving Health within Criminal Justice Strategy' was published which again highlighted challenges relating to social care. This made a commitment to review new evidence and articulated that multiple organisations had a role to play in the delivery of social care in prisons.

Well Man Survey (2016) Key Findings

1

30% of WMS participants self-reported their general health as bad or very bad, which is almost twice that reported by HSNI participants (17%).

2

There was also disparity between the two prison locations, with participants in Magilligan prison self-reporting their health more positively than those currently held in Maghaberry prison.

3

WMS participants were more likely than the community dwelling respondents to report their health as being somewhat or much worse than a year ago 41% and 25% respectively).

4

However there was a small proportion of prison participants who reported their health as much better than a year ago (5 percentage points higher than their community dwelling peers).

5

Out of the 83 WMS participants, 69% reported that they had one or more health issue, whilst one third had three or more. The most commonly identified health issues related to mental health, angina and heart conditions, diabetes, arthritis and back problems.

6

Two survey questions explored participants' ability to carry out basic activities of daily living such as walking, or dressing and feeding oneself. Comparison of Well Man Survey responses with HSNI data indicate a similar incidence of needs in respect of the activities.

Key challenges identified by the older men in prison

The immediate environment
(shock, fear, alienation,
inexperience)

Lack of purposeful activity
(Gym/Education)

Separation from family &
community

Health concerns and a fear of
dying in prison

Significant challenges accessing
services and support for needs
upon release



Key challenges identified by staff

- Lack of clarity on specific roles and responsibilities relating to social care (Cost of specialist equipment, personal care etc.)
- Absence of a care manager equivalent to community social care provision
- Unwillingness of HSC Trusts external to the prison to accept responsibility for social care provision upon re-entry
- Concerns that an ageing population and increased demand could lead to ad-hoc arrangements becoming overwhelmed
- Staff moving to new roles exposed the fragility of ad-hoc arrangements





Thank you for listening