MAKING THE INVISIBLE, VISIBLE

SOCIAL CARE CONSIDERATIONS FOR WOMEN PRISONERS IN IRELAND

A REFLECTION BY MENTAL HEALTH SOCIAL WORK THROUG LAW, POLICY AND PRACTICE

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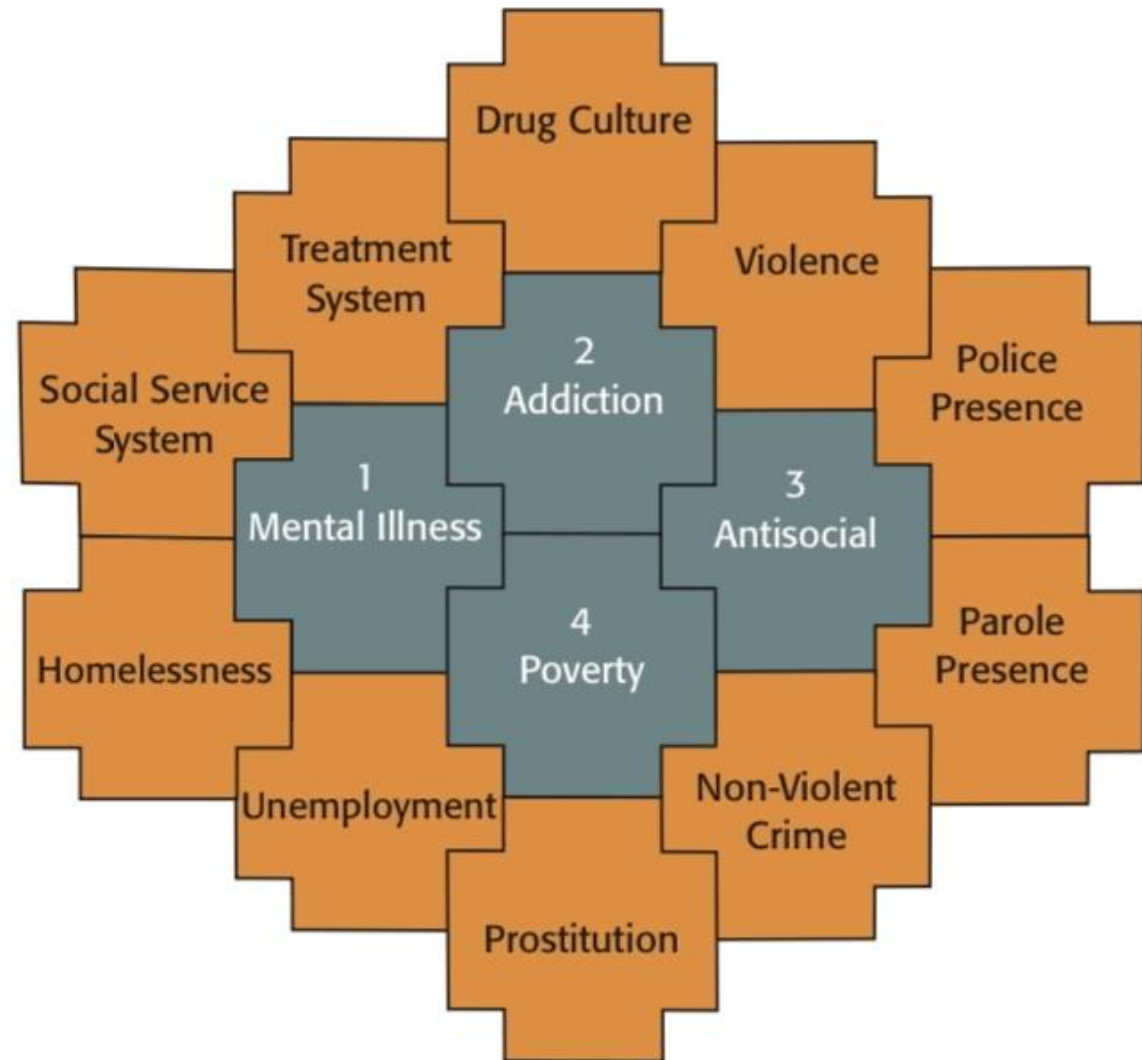
NATIONAL FORENSIC MENTAL HEALTH SERVICES

PRESENTATION

- The first section will look at **prevalence of social care issues** amongst justice-involved women / female prisoners and reflect on those prisoners whose primary need is mental health support.

- The second section will critically consider how Irish **mental health legal framework** considers social care needs of those it support.

- The third section will discuss **therapeutic jurisprudence and feminist ethic of care** when considering social care needs and outcomes for justice involved women.

BACKGROUND

FACTORS THAT CONTRIBUTE TO JUSTICE INVOLVEMENT

Person **and** Place Attributes of Criminality

Bio	Psycho	Social
Pregnancy Care -	Domestic Violence - Coercive Control	Housing
Sexual Health – Health Promotion	Sexual Health & Sexuality	Domestic Violence – Financial Abuse
Domestic Violence – Assault / Rape	Depression	Disability
Trauma – Child Abuse	Disability	Homelessness
Disability	EUPD	Abuse
Head Injury	Neurodevelopment Disability	Ethnicity
Substance Misuse	Learning Disability	Poverty
Disability -	Trauma	Stigma – Individual / Institutional
Victim of Crime	Substance Misuse	Child Protection
Parental SMU – Pregnancy FASD	Victim of Crime	Victim of Crime

POLICY -

- HSE – Mental Health

- Prison Services -

- Probation Services –

UK - Mental Health Law				UK - Social Care Law
	Act Section	Act Responsibilities	Professional Role in Act	
Northern Ireland The Mental Health (Northern Ireland) Order 1986	S.14 - Discharge and care needs S.281 and S.282 – Direct Payments	S.40 Duty of Approved SW to make application for assessment or guardianship.	Approved SW	Local Health and Social Care (Reform) Act (Northern Ireland) 2009 Carers and Direct Payments Act (Northern Ireland) 2002
Scotland Mental Health (Care and Treatment) (Scotland) Act 2003	S.24.Services and accommodation for mothers S.25.Care and support services etc. S.27.Assistance with travel S.227 Assessment of needs for community care services etc.	S.33 Duty to enquire by MHO S.231 Social circumstances report: mental health officer's duties	Mental Health Officer	The Carers (Scotland) Act 2016 Social Care (Self-directed Support) (Scotland) Act 2013 Health and Social Care Act 2012 Adult Support and Protection (Scotland_ Act 2007 Children (Scotland) Act 1995 NHS & Community Care Act 1990 Social Work (Scotland) Act 1968
England & Wales Mental Health Act 1983	S.31 / S.32 – Direct Payments S.117 After-care	S.117A. After-care: particular accommodation 117B. After-care: nursing care.	AMHP MH Social Work Approved Clinician – Non Medical	Care Act 2014 Social Services and Well-Being (Wales) Act 2014) Health and Social Care Act 2012 NHS & Community Care Act 1990

FEMINIST ETHICS OF CARE –

FEMINIST EPISTEMOLOGY–

MAKING SOCIAL CARE VISIBLE

- When considering the seminar theme - social care and prisons, I thought of women's experiences of care, I drew on an epistemic framework I have used when exploring men's accounts of caring for their child with a disability, as fathers; an ethic of care.

- Current Therapeutic Jurisprudence focus re – gender sensitive criminal justice system, rights and health needs, yet social care is more implicit than explicit

- Therapeutic Jurisprudence opens-up a critical space for inter-disciplinary analysis of how the law and its administration impact the health and well-being of those influenced by it.

- Feminist Social Work - Ethics of Care that aims to make (social) care visible in for justice involved women and their mental health needs.

- A feminist ethic of care problematizes care and leads to a richer analysis of the gaps in the mental health legislation, policy and experiences of mental health support, when it comes to social care outcomes for a prisoner.

JOAN TRONTO FOUR – ETHICAL ELEMENTS OF CARE AND SOCIAL CARE

An ethic of care is an approach to personal, social, moral, and political life that starts from the reality that all human beings need and receive care and give care to others.

The care relationships among humans are part of what mark us as human beings. We are always interdependent beings (Tronto, 2009).

Tronto ' Care Ethics Framework - Re-Imagine Prison, Women and Social Care				
Philosophy of Social Care -	Attentiveness	Responsibility	Competence	Responsiveness
Sustainable Development Goal	Person in their environment	Promote the rule of law at the national and international levels and to ensure equal access to justice for all	Measure the proportion of people on remand in custody and assess their health and social care needs are met	Identify vulnerable groups and those at risk of being left behind, due to being in custody
Human Rights	Structural Barriers	Equality	Legal Literacy	Citizenship –Social inclusion
Relationship Based	Person	Respect	Collaboration	Shared Decision Making
Strengths Based Approaches	Helping	Person Centered	Recognize the person's ability to learn	Community
Safeguarding Adults and Gender Specific	Making Safeguarding Personal - Person & Family Needs	Choices of health and social care needs in Prison	Advocacy – ensure prison is not exclude from accessing health and social care needs when in prison or moving to the community	Equivalence – All adults in prisons can access the same health and social Care services as the rest of the population.
Trauma informed Care	Experiences	Peer Support & Mutual Self-Help	Empowerment, Safety & Non-Judgmental	Cultural, historical, and gender issues
Disability, Ethnicity and Culture	Exclusion	Inclusion	Equity	Identity

Next Speaker

ON THE GROUND: WORKING WITH WOMEN PRISONERS IN IRELAND

HEALTH AND SOCIAL CARE NEEDS OF WOMEN PRISONERS IN IRELAND

- Interagency approach.

- Structural barriers.

- Marginalisation and disadvantage.

WOMEN'S COMMITTAL TO CUSTODY

- Non-violent offences.

- Short-term offences.

- High rates of remand.

- Significantly vulnerable group with special needs.

- Gender-specific health and social care needs.

T R A U M A

- PTSD.
- Adverse childhood experiences.
- Intergenerational.
- Triggers and retraumatisation.
- Trauma-informed approach.

MENTAL HEALTH

- Prevalence.
- *"Most pressing issues within Irish prisons".*
- Diversion to local Approved Centre or Designated Centre.
- Isolation lock up cells.
- Community resources.
- Lack of clear pathways to care.

HOMELESSNESS

- Epidemic.

- Mental illness and diversion from arrest.

- Paucity of resources.

- Exclusion.

MOTHERS

- Separation and attachment.

- Child visits.

- Child and Family Agency.

- Prison Rules.

INTELLECTUAL DISABILITY

- Residential care placements.

- Isolation lock up cell.

- ID in-reach and diversion system.

ETHNIC MINORITIES

- Travelling Community.

- Immigration detainees.

- Asylum seekers.

- Culturally sensitive and anti-discriminatory approaches.

ETHICAL CONSIDERATIONS

- Historical and cultural practice context.

- Homeless women with major mental illness in custody.

- Last resort or dumping ground?

- Abuse of penal system or vulnerable adults?

- Human rights and discrimination?

- Fit for purpose or revolving door?

SOCIAL JUSTICE CONSIDERATIONS

"Prisons do not disappear social problems, they disappear human beings.

Homelessness, unemployment, drug addiction, mental illness, and illiteracy are only a few of the problems that disappear from public view when the human beings contending them are relegated to cages".

~ Angela Davis

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