

Prisons must do more to provide health and social care to growing population of older prisoners

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More needs to be done in prisons to look after a growing population of older male prisoners, according to research by The University of Manchester.

The findings, just published by the National Institute for Health Research (NIHR) Journals Library in Health Services and Delivery Research, showed 44% of prisons do not have a policy on the care and management of older prisoners and there was a lack of integration between [health](#) and social care services.

Planning for an older prisoner's release from jail was also frequently non-existent leading to their health and social care needs not being met once they were out in the community – unless they lived in probation-approved premises immediately on release.

Professor Jenny Shaw, from the Offender Health Research Network based at the Institute of Brain Behaviour and Mental Health at The University of Manchester, said specialised assessments were required for older patients because they have more complex health and social care needs than their younger counterparts and those of a similar age living in the community.

Earlier studies have shown approximately 85% of older prisoners having had one or more major illness with the most frequently reported [health conditions](#) being cardiovascular diseases, arthritis, back problems, [respiratory diseases](#) and depression. They are also at greater risk of becoming isolated and are less likely to have social support, putting them at a greater risk of developing mental health difficulties.

The Manchester research, led by Professor Shaw, looked at serving male prisoners over age 60 at all

prisons in England and Wales.

It found some positive improvements including that the number of prisons appointing a member of staff to act as an Older Prisoner Lead had increased in recent years. But these staff did not all appear to be fully active in their roles in tailoring and improving services for older prisoners.

The study also found the Department of Health's recommendation to provide older prisoners with a specific health and social care assessment when they arrived at prison was largely unmet.

Professor Shaw said: "There seems to be ambiguity regarding the responsibility for older prisoners' social care. We also found that the geographical organisation of social services can result in the responsible social service being located a considerable distance from where prisoners are being held. In such instances, local social services do not co-ordinate their care."

"Older prisoners have on average almost three unmet health and social care needs on entry to prison and the most frequent unmet need was in relation to knowing where to get information about their care. We are now calling for a series of improvements to be made."

Suggested improvements include housing older prisoners near to where they will live when they are released to improve the co-ordination of their care and a thorough health and [social care](#) entry assessment for all older prisoners which is then reviewed throughout their sentence. Guidelines also set out how to systematically address these health needs during a prisoner's sentence and will now be piloted at a number of prisons in England.

More information: Senior, J. et al. Health and

social care services for older male adults in prison:
the identification of current service provision and
piloting of an assessment and care planning model,
Health Serv Deliv Res 2013;1(5).
[www.journalslibrary.nihr.ac.uk ...
sdr/volume-1/issue-5](http://www.journalslibrary.nihr.ac.uk/.../sdr/volume-1/issue-5)

Provided by University of Manchester

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