



Prisons:

The value of
occupational
therapy

Royal College of
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The value of occupational therapy

The challenge for prisons

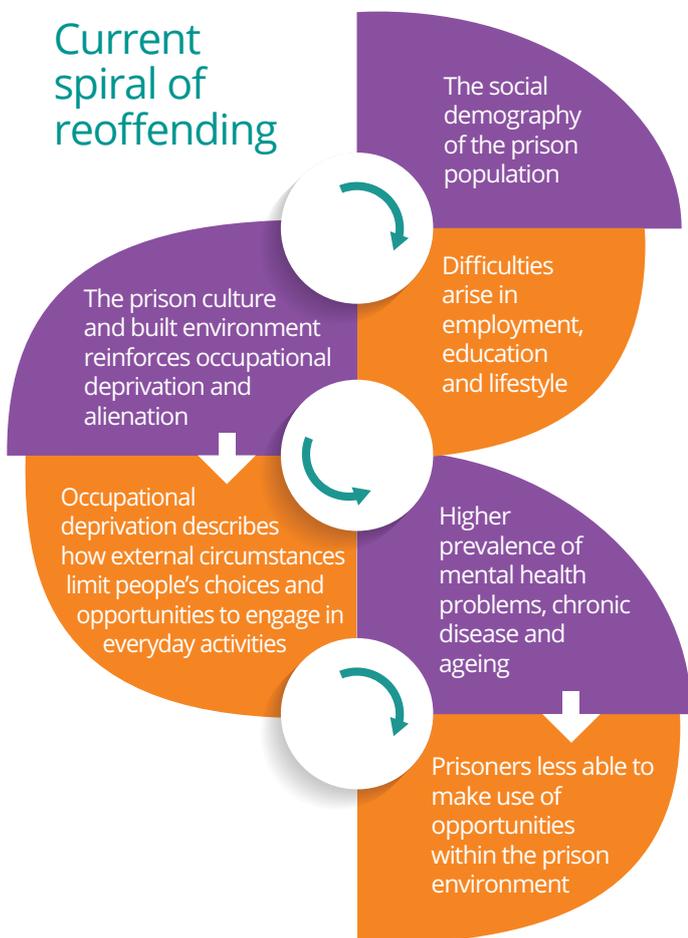
This short report looks at two key challenges for prisons:

1. High reoffending rates

In the UK the cost of imprisonment and reoffending rates continues to rise.¹ In an attempt to address this each government is committed to prison reform. The Northern Ireland Prison Service has a reform programme focusing on effective leadership; purposeful activity opportunities; equality of outcomes for prisoners; improved accommodation and a more diverse workforce with a strong relationship with healthcare². The Scottish Government is taking forward a reform programme which includes increasing the use of community sentences; reducing the use of short term custodial sentences and remand; and improving the reintegration of individuals from custody to community³. In England and Wales the proposed White Paper aims to reduce reoffending through moving from a 'one-size-fits-all' standard⁴.

For many prisoners their socioeconomic background has impacted on their ability to function within society and impacted on their overall health. This, compounded by the nature of internment, affects their ability to create and adopt a non-offender identity.

Current spiral of reoffending



2. An increasing prison population living with one or more health conditions

The prison estate is not appropriately designed to address the needs of people who require personal or nursing care. In England and Wales between 2004 and 2014 prisoners aged 60 or over were the fastest-growing age group (125% increase)⁷ and the Mental Health Foundation estimates that over 80% of older prisoners have a serious illness or disability, with cardiovascular and respiratory diseases the most common⁸.

Former lifestyles including substance misuse, poor diet, stressful lives, smoking and alcohol excess and the added stressors of imprisonment, make the ageing prison population unique. Studies suggest **a 10 year difference between the overall health of prisoners and the general population.**⁹ The average age of people dying from natural causes in prison between 2007 and 2010 was 56 years old.¹⁰

These prisoners are often cared for in inadequate surroundings; are not able to access facilities outside of their cell; and can remain in acute hospital beds whilst appropriate facilities are found. This places a wider financial burden on the NHS and the Justice departments.

How can prison services address these challenges?

- 1. Prevent Reoffending.** Design resettlement services to build in protective factors to reduce risk of reoffending.
- 2. Improve environmental design.** Ensure environmental design supports the productive engagement of prisoners with health and rehabilitation services.
- 3. Minimise risk to vulnerable prisoners.** Review health and social care provision to address gaps and minimise risk to vulnerable prisoners.

Occupational therapists have the skills and expertise to deliver these solutions.

Prevent Reoffending

Embed occupational therapy within prison and resettlement pathways to build in protective factors to reduce the risk of reoffending.

Preventing Reoffending involves building a non-offender identity through developing a sense of personal capability and control; building relationships that provide emotional and practical support, and developing a valued social role and a sense of belonging and citizenship (desistance theory¹¹).

Occupational therapy considers a person's strengths, interests and aspirations to address difficulties and needs. For someone in prison this means an occupational therapist is able to take into account a person's history, risk factors and the constraints of a prison environment. They work with them to participate in activities that will offer opportunities to learn basic life skills, and to manage emotional responses when feeling challenged. This might involve practicing skills, developing consistent and structured routines and finding occupations that are meaningful and develop a positive sense of identity.

Reducing barriers to participating in occupations allows prisoners the opportunity to experience and embed healthier habits and routines.

Occupational therapists already have an established role in forensic services of providing choice, autonomy and opportunities to engage in relevant occupations. Goal-directed interventions aimed at improving performance in daily occupations and an agreed plan of structured and constructive use of time supports an individual's transition into the community.¹²

Occupational therapists within prison services:

- 1. Promote health and wellbeing for offenders.**
- 2. Design effective interventions to support individuals to take up opportunities within the system.**
- 3. Build in protective factors to reduce risk of reoffending.**

Case Study

John is a 45 year old man with repeated short prison sentences for drug dealing and other related offences. John continually refused to engage in the prison programme and used 'illicit substances' as a way of 'coping when in prison'. Poor coping strategies have been a common pattern throughout John's life - when in the community and in prison.

The occupational therapist identified the underlying issues and barriers preventing John from engaging with the prison programme and hindering his ability to progress. John was helped to set realistic goals to manage and adapt his life in a more positive and healthy way.

Since working with the occupational therapist, John now attends life skills sessions; he has reduced his smoking and visits the gym daily. John reports feeling better able to cope and is now engaging with the prison programme.

Service Example

HMP Grampian, Scotland

The service works with remand, short, long term and life prisoners whose ability to do every day activities prevent progression through the prison system or pose barriers to successful community reintegration. The health needs of prisoners have included physical health issues, mental health, substance use, learning disability, age related difficulties, stroke and brain injury and span primary, secondary and tertiary care services.

Impact

Attendance rates with the occupational therapy programme were 88% in 2016.

Occupational therapy:

- informs prisoners' rehabilitation plans
- supports the design of wider prison initiatives.



Another example of innovative practice.

This approach produced some very positive results for prisoners who were not otherwise engaging positively in opportunities within the prison (p7) ¹

HM Inspectorate of Prisons for Scotland

Improving environmental design

Commission occupational therapists to advise on environmental design to encourage the productive engagement of prisoners with health and rehabilitation services.

The environment can either support or inhibit a person's ability to do activities and tasks. By considering the environment from the perspective of the person, the occupational therapist can support them to recognise the demands and cues about expected and appropriate behaviour. This approach enables people to achieve more, builds confidence, tolerance of others and productivity. For someone in prison this means an occupational therapist can identify factors that are preventing their progression through the prison system and establish graded steps to work towards goals to build confidence and maintain motivation.

The prison service can use occupational therapists to:

- 1. Advise on the design of buildings such as work sheds to encourage productive engagement and accessibility.**
- 2. Minimise potential risks in the prison environment through the provision of equipment and adaptations.**
- 3. Provide advice on modifications and new designs for prison estates.**
- 4. Meet the requirements of the Care Act 2014 (England)¹³.**



I was impressed to see how successful the service has been in enabling prisoners with care needs, some quite complex, to be accommodated satisfactorily in a prison while serving their sentence. I am keen to spread the learning from this model to prisons up and down the land.

Sarah McClinton, the Department of Health's Director for Mental Health, Disability and Dementia

Case Study

Ray experienced a subarachnoid haematoma which required acute admission into a local NHS hospital. He was left with partial paralysis, difficulties expressing himself and cognitive difficulties. Ray was discharged to a private rehabilitation unit (ranging on average from £429-£514 per day) for further evaluation. The occupational therapist was pivotal in the release planning in the following areas:

1. Full HMP Risley environmental assessment. A cell was identified with a wheelchair accessible doorway and sufficient room for a profiling bed.
2. Assessment of range of movement and also strength/tone to determine the most appropriate moving and handling plan for Ray.
3. Assessment to determine abilities regarding self-care. Carers were commissioned into prison to assist Ray with personal care on a day-to-day basis.
4. Cognitive assessment: It was determined that Ray did have capacity.
5. Advocacy to assist Ray with expressing himself and to understand his human rights and ongoing treatment plan.
6. Vocational rehabilitation.
7. Establishing an ongoing review process.

Outcomes:

1. Requirements of the Care Act (2014)¹⁴ were met and Ray's needs were addressed.
2. Ray has built a positive rapport with his carers and engages with his rehabilitation and the advocacy services.

Service Example

Warrington Borough Council, Bridgewater Community Healthcare and HMP Risley.

Within the integrated health and social care scheme, occupational therapists assess support needs (primarily self-care) of prisoners in HMP Risley (category C relocation prison) and HMP Thorncross (category D open prison). This includes release planning, acceptance planning, environment assessments, equipment and adaptations.

Impact

The occupational therapist input is integral to the management of some of the most vulnerable prisoners in custody in Warrington.

Minimising risk to Vulnerable Prisoners

Deploy occupational therapists to review health and social care provision in prison to address gaps and minimise risk to vulnerable prisoners.

In response to the need to manage a growing prison population living with long term conditions, occupational therapists are already assessing for care and support needs, providing equipment and adaptations and advising on strategies and techniques to manage personal care and other activities of daily living within the prison environment.

Prisons utilising occupational therapists' skills at a wider level benefits the whole prison population. Occupational therapists are able to advise on broader issues such as managing risk, safeguarding and unmet health and social care needs across the prison.

Occupational therapists within prison services:

- 1. Provide cost effective solutions for prisoners' care (single-handed care, telecare, prison design advice).**
- 2. Forge partnerships with prison healthcare services to identify current and unmet needs of the prison population living with long-term conditions.**
- 3. Promote an enabling ethos within care and support plans for prisoners with long-term conditions.**

Case Study

Jake was left with paraplegia following a road traffic accident and has a history of pressure sores. The occupational therapist observed an 8cm in depth ulcer which was warm to touch with white / yellow slough and tunnelling.

Healthcare staff at the prison lacked knowledge in regards to Jake's history and current needs and the service was not providing sufficient support. The team recognised that this was a safeguarding issue and arranged an urgent referral to the Tissue Viability [TV] nurses. They advised the prison healthcare staff on management of the wound and ongoing medical management of Jake's condition. The occupational therapists arranged for the provision of a profiling bed, pressure care mattress and cushion, and safe access to toileting and showering equipment.

Impact

Jake's tissue viability needs are now managed.

Service Example

Royal Borough of Greenwich

The Prison Social Care Assessment Team (PSCAxT) comprises of two occupational therapists, a case management assistant and is based with the Commissioning Service in the Health and Adults Department.

Inclusion of clinicians in the commissioning process has ensured the contracts awarded and service level expectations of providers reflect an enabling ethos and guarantee safeguarding.

Impact

The occupational therapists have evidenced the level of support services require, support hours used by the commissioned service, and in the first two years made a cost saving of about **£80,000** on the social care contract.

Prisoners assisting prisoners

In the Royal Borough prisoners assisting other prisoners are called Care & Support Orderlies (C&SO). Under the Care Act (2014)¹⁵ and the Prison Service Instructions 2016¹⁶, C&SO's can only assist with non-personal care tasks. To ensure that C&SO's understand the boundaries and responsibilities of their role, the senior occupational therapist has devised and delivers a two day training course.

Impact

Over 55 C&SO's have been successfully trained.

Advocacy

Previously, services had not been commissioned by the local authority to in-reach to prisoners. The PSCAxT liaised with advocacy services to attend case conferences and medical appointments for vulnerable prisoners.

Impact

The council now offers advocacy services.

Safeguarding

The team have drafted a Framework for Safeguarding in prisons and bail accommodation. This has been circulated and shared with partners of the prison services..

Impact

The advancement of collaborative safeguarding practices.

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How participating in an occupation can support wellbeing



Voice of Release (an award-winning choir) was set up as a recovery project working across custody to the community for women and young men at Hydebank Wood young offenders institute and prison (Belfast) after on-site occupational therapists highlighted the health benefits of singing. Regular monitoring of choir members has demonstrated improvements in mood and stress levels. The choir has put on performances and released a CD (RCOT, 2017).

Voice of Release has been a very successful project in providing meaningful and purposeful recovery based activity for some of our most vulnerable and at-risk students. There have been recognisable and visible improvements in health, mood, stress and even aggression for many of the individuals involved.

Bria Morgan, Director of Prison Health Care in the South Eastern Trust

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