

Prisoners' Advice Services Success Stories:

Older Prisoners and Improved Health Services

Case Study A

We were contacted by a housing charity based in a prison. They had an elderly prisoner (Prisoner A) shortly due to be released street homeless. He suffered from physical problems – Prisoner A was a wheelchair user and incontinent and also long standing mental health problems. The charity had referred him to his home local authority for a community care assessment but this was not forthcoming. We sent a Pre-Action Protocol letter to Adult Social Services reminding them of their legal duties and the duty to assess his needs. He was allocated a social worker who visited him in prison to assess him prior to release. He then found him a suitable supported accommodation placement that he was released to.

Case Study B

Prisoner B was an elderly disabled prisoner who was going to become homeless upon release. He was suffering from a range of disabilities and health issues including Korsakoff's syndrome, depression, alcoholism, and physical disabilities (including mobility issues) as a result of a failed leg operation. We wrote a pre-action protocol letter to the Social Services and Housing Department of Kingston Council, requesting an assessment of Prisoner B's community care needs. Following our intervention, Prisoner B was offered a suitable placement in a hostel that could cater for his disabilities and that also specialises in rehabilitation from alcoholism.

Case Study C

Our Community Care Caseworker acted for Prisoner C, who was in his eighties. The case has been referred to us by his parole solicitor. The parole panel had indicated that they wished to direct his release, but no suitable accommodation had been found. The second parole hearing date was approaching and still no suitable housing had been identified. Prisoner C was a frail, elderly man with his left leg amputated above the knee; he was a wheelchair user. He had serious underlying health conditions including bowel and bladder cancer. His family had contacted the local authority, asking for him to be placed near them so they could provide support. The Probation Service made no referrals, to no avail. This matter was resolved by our Caseworker through pre-action correspondence. Thanks to our involvement, an adequate community care assessment was conducted and a suitable address in a care home was found. The parole board then directed Prisoner C's release.

Case Study D

Prisoner D was an elderly amputee prisoner with diabetes. He was experiencing severe mobility difficulties and health issues after he had his electric wheelchair taken away from him by the prison. This resulted in problems accessing the showers and sores caused by his diabetes that significantly worsened due to his being effectively bed bound. We wrote a letter to HMP Wandsworth requesting that the prisoner have his electric wheelchair returned. Following our intervention, Prisoner D had

his electric wheelchair returned. He stated that he was also being treated better as a result of our letter and that he was no longer suffering in adequate care and disability discrimination.

Case Study E

Prisoner E is an elderly vulnerable prisoner who had not received the urgent medical attention that was necessary to treat his multiple health issues including: headaches to one side of his head, bleeding from an eye, a lump in his eye and confusion stemming from his memory problems. We wrote a pre-action protocol letter to the Head of Healthcare at HMP Oakwood requesting that the prisoner be taken to an external hospital Accident and Emergency department for the necessary diagnostic tests and be reviewed by a specialist. We also asked the Parole Board to direct his assessment at hospital and they have done so. We now expect the assessment to take place in the near future.

Case Study F

Prisoner F suffers from a hereditary eye condition. Retinal detachment in 2012 led to permanent blindness in his left eye. He now lives in fear of losing sight in his right eye. In prison, he suffered the same symptoms in his right eye which led to pain, redness, black spots and flashing lights in his vision. Although the prison was aware of his condition and that he was under the care of Moorfields Eye Hospital in the community, his repeated requests to see a doctor and for urgent treatment were not acted on. Nothing happened for seven days, during which time he suffered significant pain and anxiety. The prison had also been cancelling his appointments due to "security reasons." Our Caseworker managed to ensure that Prisoner F received sight-saving treatment by writing letters pressing the prison to honour their legal duties to take him out for hospital treatment.