Monitoring Hidden Disabilities

This is the first of several focussed papers providing IMB members information on monitoring diversity[1]. It focuses on Hidden Disabilities.

> The Disability Discrimination Act (DDA) defines disability as 'a physical, sensory, learning or mental impairment which has a long-term (12 months or over) and substantial effect on an individual's ability to carry out normal day to day activities'.
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> Prisons, as public bodies, have a duty to actively promote equality of opportunity for disabled people. Contracted IRCs also have this obligation, but there are fewer specific regulations about how they should do this.

To many people 'disabled' conjures up someone in a wheelchair, but there are many hidden disabilities such as asthma, autism, asbergers, ulcerative colitis, crohn's disease, angina and Meniere's disease, all disabling illnesses for the people who have them. Hidden disabilities can be physical (conditions such as arthritis can be painful and physically limiting but not always visible); sensory (including hearing or visual impairment); learning (such as autism or dyslexia); or mental (including depression, schizophrenia and Parkinson's disease).

The Information Book for Disabled Prisoners and Too Little Too Late, un indepdendent review of unmet mental health need in prsion, both prepared by the Prison Reform Trust are useful sources of information. Although about prisons, they raise issues that are also relevant to detainees.

You cannot hope to be an expert on every hidden disability you meet, but a list is appended with website links to help you find out more. You may wish to add to the list. IMB members have several advantages: you are independent, you are not there to be a medical expert but to LISTEN, LOOK and ASK ASK ASK. Ask yourself if prisoners or detainees with hidden disabilities can take an equal part in all activities – they have talents too. Remember what Beethoven achieved in spite of his deafness.

Hidden Disabilities Amongst Prisoners / Detainees

Studies suggest that disabilities can adversely impact, or even be the cause, of a person's offending behaviour. As such responding to hidden disabilities is crucial to the success of rehabilitation programmes.

There has been little research on hidden disabilities in IRCs. However, a 2007 study of mental health among detainees in UK detention centres by Dr Katy Robjant concluded that detainees are "highly vulnerable to psychological

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[1] There are two general papers on Monitoring Diversity also available on the IMB website 1. Monitoring the Establishments Response to Race & Disability (add web link); and 2. Developing an Independent Approach to Monitoring Diversity (add web link). Both papers are covered on the Experienced Members course.

distress, and detention may itself be a risk factor for anxiety, depression and post-traumatic stress disorder."

The following observations made by various organisations provide some indication of the range of hidden disabilities within prisons and IRCs, and the challenges they raise.

- Some 75.8 per cent of detained asylum seekers had levels of depression high enough to need clinical help compared with 26.2 per cent of the control group who had never been detained. For anxiety the figures were 71.9 per cent of detained asylum seekers against 50 per cent for the control group. (Robjant study)

- An estimated 1 in 11 prisoners have served in the armed forces many with untreated post-traumatic stress disorder – sudden aggressive behaviour can be the result of combat stress. [www.napo.org.uk]

- Some 20% of the prison population have some form of hidden disability adversely affecting performance in education and work settings [www.dyslexiaaction.org.uk]

- 72% of male and 70% of female sentenced prisoners suffer from two or more mental health disorders [www.prisonreformtrust.org.uk].

Be Alert to Sensitivities

It is sometimes hard to concentrate your attention when the disability has a distinct physical manifestation, such as bad facial scarring or a stammer, but it is important to look the person in the eye – it is worse for them than for you. Remember that medical information is confidential and many people do not want to discuss their disabilities, conversely there is no stopping others! Some illnesses such as Parkinson's, multiple sclerosis or epilepsy can start at any time, vary in severity and do not always start with obvious symptoms. Some individuals may not be aware that they have a disability or even that their condition is classed as a disability.

Prisoners or detainees may not declare their disability for fear of being bullied if they stand out as different. This should be respected. **At the same time you should satisfy yourself that the establishment is doing what it can to make individuals comfortable in coming forward about their disabilities.** The following are some things to look out for and questions to ask.

Local Policies or Statements

All prisons *and IRCs following Prison Service guidelines* are required to have a local disability policy. *Those IRCs that don't follow Prison Service guidelines still need to fulfil their obligations under the DDA.*

Some policies are weighted only to dealing with physical disabilities. Do you feel the wording and commitment outlined in the policy is balanced in its

understanding and responsiveness to the full range of hidden disabilities? How familiar are staff and prisoners / detainees with the policy? Is the policy highlighted and discussed in staff training and prisoner / detainee induction? Is it widely publicised and on display in all areas of the establishment? Are you satisfied that prisioners or detainees who cannot read well, have nonetheless had the policy explained to them? Does the policy include a clear plan of action? How regularly is it reviewed and who is involved in this process (management, staff, prisoners / detainees)? When asking these questions consider whether meetings and action points are balanced to the full range of disabilities and don't lapse in to an understanding that views disability as someone in a wheelchair.

Disability Liaison Officer
All prisons – and prison-run IRCs – are required to have a Disability Liaison Officer (DLO). It is not a legal requirement in contracted IRCs, but could be regarded as best practice *. Check if the individual has been given sufficient time and training to fulfil their duties. Are staff and prisoners / detainees familiar with the DLO, or IRC equivalent, if present. The DLO should be used as a central point of information but the responsibility for promoting disability equality lies with all staff – do they understand this? Boards may find it useful to invite the Disability Liaison Officer to attend a meeting to speak about the types of hidden disabilities most likely to be met in your establishment.

Data Collated by the Establishment
The DDA requires establishments to be proactive in identifying and responding to the needs of disabled prisoners and detainees. This means processes should be in place, (in particular at reception and induction) to actively encourage individuals to declare any disabilities. Prisons are now required (under PSO2855) to collate data on disabled prisoners. Some IRCs have begun to do this out of good practice and to demonstrate that they are fulfiling their obligations under disability legislation.

Ask the establishment for the most recent statistics on disability amongst the prisoner / detainee population. How often is the data updated and who is responsible to ensure this happens? What types of hidden disabilities does the data indicate exist amongst the prisoner / detainee population? Have you come across any hidden disabilities amongst prisoners / detainees that aren't reflected in the data? What process is in place to pass relevant information to staff or departments who will be working with disabled prisoners / detainees?

Are you getting prisoners or detainees whose medical or mental health needs cannot be met? Are you recording this? Look out for individuals whose aggressive behaviour may be linked to a mental illness and who end up in the care and separation unit without appropriate provision for their mental health needs. Prisoners suffering from acute mental illness can end up in a Cat A prison (even though their crime warrants a lower category establishment) as the higher category establishments are more likely to have Type 3 healthcare. Equally, we are aware of at least one case where a detainee in Harmondsworth, who had serious mental health problems, was moved into a

prison, because his mental health needs could not be met within the detention estate.

You may be told such situations are down to lack of resources or finance BUT you should still monitor and record the impact on the individual(s) concerned. Inform the Area Manager and Prisons Minister or the IRC Forum and Immigration Minister of your concerns and keep doing it – if they don't act at least you will have fulfilled your duty.

Induction and Reception

Remember prisoners or detainees who have become used to concealing their disability for fear of prejudice will not suddenly disclose it and they cannot be forced to. In your monitoring you are looking to satisfy yourself that the establishment is proactive in promoting an atmosphere to encourage individuals to be open about any disabilities. If this is done consistently then over time more individuals will come forward.

Check processes at reception and induction: Do staff appear to understand the full definition of disability? Do they reference examples covering the range of disabilities including physical, learning, mental and sensory? Are they consistent in explaining this to prisoners and detainees? Are questions inviting prisoners and detainees to declare their disability asked in a sensitive manner?

If someone at reception or induction is not responding to verbal or written communication what alternative methods are used to ensure the individual(s) fully understands the information given to them. Foreign nationals or detainees may speak several languages. There is an absolute duty on establishments to ensure disabled prisoners / detainees receive the same information as able prisoners / detainees. There must be an adaptable induction course that can be delivered without delay. For example individuals who are hard of hearing may require information in typetalk, or sign language, or in a room with loop system. Those who are visually impaired may need documents in braille, moon, audio or large print formats. Those with learning disabilities such as dyslexia or autism are likely to find documents more accessible in pictorial or audio-visual formats.

Quality of Life

If you are aware of particular prisoners / detainees with hidden disabilities and they are willing to speak openly with you, ask how much time they spend in purposeful activity? Are there any issues of access preventing them from being involved in particular activities? Is the sentence planning for prisoners with hidden disabilities comparable to other prisoners? If in doubt always ask yourself: do they have the same opportunities as other prisoners / detainees? If you have reasons to be concerned, the following are some questions you might ask to develop your enquiries:

<u>Medication, Diets or other Special Arrangements</u>

Some hidden disabilities will require access to medication or food outside of 'normal hours'. For example, diabetics may need access to food in-between

meal times. Some conditions require taking medication or treatment (for example individuals with asthma may need access to their inhaler or pump at all times) outside of the times normally allocated for administering medicine. Are staff and departments aware of prisoners / detainees with such needs and what arrangements are in place to allow them access to food or medication? Are these arrangements made in a way so that, as far as is feasible, individuals can remain involved in activities such as education, gym etc?

Education
Ask in your Education Department how many prisoners or detainees have been identified with a learning disability such as dyslexia or autism? Does this match the data collated by your establishment? Is there any learning support for prisoners with learning disabilities? Does the establishment run or has it considered running the "Toe by Toe" project which encourages prisoners to help others with their reading so they both gain in confidence. For those hard of hearing is a portable induction loop system available that can be used in the class?

Library
What materials are available in the library? Do partially sighted prisoners / detainees have access to talking newspapers? Are there enough alternative format books (e.g. audio, large print, Braille, video) catering for the range of hidden disabilities and is the material in them attractive? Are books supplied for the Care and Separation Unit? How often are books changed?

Visits
Establish whether individuals with hidden disabilities get visits – how often? With respect to Visits the establishment has a duty to respond to disabilities of both prisoners and visitors. This may require investment in a portable loop system; or arranging for the visit to take place in a more accessible location; or allowing prisoners / detainees with learning disabilities or speech impediments longer visits or phone-calls. Check what literature is available in your Visits Centre so the prisoner's / detainee's partner, family or friends know where to go for help. Can visitors read it? Is it attractive, clear, in simple vocabulary, perhaps with pictures? Is it available in the languages spoken in your establishment?

Gym
Are gym staff aware of individuals with hidden disabilities? How often do prisoners / detainees with hidden disabilities make use of the gym – is this comparable to other prisoners? Is your asthmatic or arthritic prisoner / detainee able to access gym on days when s/he is well enough?

NB Where establishments make special arrangements to respond to particular hidden disabilities, are you satisfied that such arrangements have been made with full consideration to inclusion. For example, if there are individuals with learning disabilities or hard of hearing do they have separate classes just for them, or is the feasibility of having learning support within existing classes explored. Sometimes having a separate arrangement for a

particular group may be the only or best option but it should only be made if options for providing support within the existing class are not feasible.

Complaints
Making complaints in a written format is not accessible to many individuals with hidden disabilities especially those with sensory or learning disabilities. This can further aggravate their frustration or anger if they already feel excluded from many activities then find they can't complain. It is imperative that establishments have alternative complaints processes – these may be in large print or audio format, or particular staff designated to provide assistance in completing forms. Are individuals with hidden disabilities aware of these alternative complaint formats or support? Is the framework and timescale for dealing with complaints from prisoners using these alternative formats comparable to similar complaints made using normal complaints forms?

Discipline
Prisoners / detainees are not exempt from discipline because of their disability. At the same time all prisoners / detainees should fully understand and be able to participate in the disciplinary process. With reference to hidden disabilities this is most likely to affect individuals who are hard of hearing and will require a sign language interpreter.

During 2008 the IMB at Brixton came across a deaf prisoner in adjudication who was visibly frustrated at not being able to understand what was going on. When the IMB challenged the adjudicating governor his immediate response was to identify another prisoner who could sign. When it became clear the prisoner being disciplined could not make sense of the other prisoner's sign language the IMB challenged again and the adjudication was adjourned. IMBs should object to other prisoners being used in matters of discipline where the establishment should ensure a professional is present to fill the role.

The prisoner who comes with an application for something seemingly trivial may have a hidden agenda. S/he may put in a confidential application concerning a newly discovered disability. One IMB had one whose child had just been diagnosed with an inherited and incurable disease; the prisoner, who appeared healthy, found out he was a carrier. He was rapidly given expert help and offered counselling for him and his family, but he asked to see the IMB member to talk through his pain and fear of rejection with someone independent.

Disabilities you may encounter and websites providing more information:

Aphasic (unlocking speech and language) – www.aphasisc.org.uk
Alzheimer's – www.alzheimers.org.uk
Anaemia (shortage of red blood cells, may present as tired & listless)
Angina

Arthritis (osteoarthritis and rheumatoid arthritis) – www.arthritiscare.org.uk
Artificial limbs
Asthma – www.asthma.org.uk
Autism – www.nas.org.uk
Bi-polar disorder (also known as manic depression) – www.mdf.org.uk
Blindness and partial sight - www.rnib.org.uk; talking newspapers, www.tnuk.org.uk
Cancer – www.cancerbacup.org.uk
Cerebral palsy (may be severe enough to require the use of a wheelchair – or have relatively milder symptoms, affecting speech and causing involuntary movements) – www.cpsport.org
Cleft lip and palate – www.clapa.com
Colostomy – www.bcass.org.uk
Crohn's disease and ulcerative colitis (both have very distressing uncomfortable conditions and the prisoner may have had a colostomy) – www.nacc.org.uk
Deafness – www.rnid.org.uk
Diabetes (Type 1 (from childhood), Type 2 (more likely in older people). May affect prisoner's sight and cause loss or lead to loss of sensitivity in hands or feet)
Dyslexia – www.bdadyslexia.org.uk
Easting Disorders – www.edauk.com
Epilepsy (may be mild or severe enough to cause regular fits. It will usually be picked up on at induction, but some people are reluctant to declare it. It can be managed with medication) – www.epilepsy.org.uk
Eczema (can be very distressing and triggered by a variety of things) www.eczema.org
Ex-services Mental Welfare Society – www.combatstress.org.uk
M.E. or post-viral fatigue syndrome – www.meassociaton.org.uk
Meniere's disease (problems with vertigo and balance) – www.menieres.co.uk
Migraine (can vary in severity, may be triggered by certain foods) – www.migrainetrust.org
Multiple sclerosis (M.S.) (good days and bad, can cause fatigue, balance problems, sight difficulties) – www.mssociety.org.uk
Kidney problems – www.kidney.org.uk
Osteoporosis (thinning of the bones, more common in women) – www.nos.org.uk
Parkinson's disease – www.parkinsons.org.uk
Psoriasis (painful skin complaint) – www.psoriasis-association.org.uk
Schizophrenia (which may include "hearing voices) – www.schizophrenia.com
Stoke – www.stroke.org.uk
Tourette's syndrome – www.tourettesyndrome.net

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