David Hanson Speech for 'Doing Time', the Launch of the Prison Reform Trust's work on Older Prisoners

Thursday 10 July at 11.30am, HM Prison Wandsworth, Heathfield Road, London SW18 3HS

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Thank you for inviting me to speak today. I am delighted to be here and to be given this opportunity to speak to you about the important issue of older prisoners, which is an increasing sector of the growing prison population.

I would like to thank the Prison Reform Trust for their work and the governor for hosting today's event.

We have a real challenge in dealing with the diversity of the prison population, and the varied challenges they present to the staff that care for them.

One of these challenges is, of course, the management of older prisoners.

- Over 7000 of the prisoners currently in custody are over 50 years of age;

- Of these more than 1800 are in their 60s, and a further 450 plus are 70 or above; and
- The majority of these are male, but more than 300 of the prisoners over 50 years of age are women.

The prison population is aging.

Let me say at the outset the within it the needs and challenges will be different - the 4500 under 65 may have different needs. This is partly due to longer sentences, and partly because some offenders are being convicted later in life due to improved detection methods. As you know, some authorities define older prisoners as people over 50 because it is recognised that prisoners suffer more health problems and function at an older physical age than the general population. I think that we need to focus on the needs of the individual - we should not make the mistake of seeing older prisoners as a specific group.

The key must be that older people are not discriminated against purely on the basis of their age and that the recognition that they may have special needs should be done on the basis of their individual circumstances.

The older prison population is itself complex and diverse with a wide range of needs determined in part by their offence and length of sentence but also by their state of health, including their mental health. They therefore have differing needs in terms of health and personal care, suitability of regime allocation to and within establishments and in their resettlement plans. In general, they are less likely to have family connections – sometimes because of the length of time they have been in prison and this can make resettlement plans more problematic.

So how do we address their needs? Currently it is National Offender Management Service Policy to address the needs of the individual, rather than try to address issues for a whole group who may have similar but by no means identical problems or needs. This approach is mirrored by health policy which puts the patient at the centre of an individual care plan – I think that is a good thing.

The limitations of the prison estate also play a part in our approach. No two prisons are alike due to the role of the prison, the demographics of the population and the age of the facility. Therefore, a strategy for older prisoners must allow for these differences. Notwithstanding this however, efforts are being made

to accommodate the physical needs of older and of disabled prisoners, for example some prisons such as HMP Maidstone provide electric wheelchairs to enable prisoners with severe mobility problems to move around the site rather than be restricted to their cell. Furthermore, our efforts over the course of the last year have clearly produced positive developments, for example:

- Many prisons now engage with voluntary and community agencies to deliver support and provide information on resettlement issues;

- Together with the Department of Health we are currently looking at all issues surrounding the health and social care needs of older prisoners - Mark Freeman has already commented upon the joint Departmental initiatives around delivery of social care support for activities of daily living, prisoners as carers and resettlement work;

- Furthermore, Prison Service Order 2855, entitled Prisoners with Disabilities, has been reviewed and reissued. The Order now has a dedicated chapter on older prisoners which promotes good practice and highlights the need to adjust

standards to suit their needs. This requirement is being met through the development of the older prisoners care pathway which puts the standards identified in the NHS National Service Framework into a prison context. The care pathway is available as good practice and we encourage local PCT/Prison Partnerships to implement it.

And for the particular needs of women in prison, I mentioned earlier that more than 300 prisoners over 50 years of age are women. Women make up only 5.5% of the total prison population, and about 4% of the older population. But the issues affecting them are often very different to those for male offenders.

The Government knows how important it is to deliver a distinct response to the needs of women. That is why we accepted the majority of recommendations in the report by Baroness Corston, on Women with Particular Vulnerabilities in the CJS. We are working to improve community interventions and services for women and reduce the use of custody where appropriate. Of course, custody will remain the right sentence for those few women who commit the most serious or violent offences or who pose a threat to others. For those women, we must ensure that

regimes and services are appropriate to their needs, and take into account the effects of an aging population, and we have recently introduced Gender Specific Standards to promote this approach.

We also know there are a significant numbers of disabled prisoners, and with the aging of the prison population we are facing an increase in those disabilities which come with age. Since 2006 the public sector has had a statutory duty to promote equality of opportunity for disabled people. This includes prisoners, staff and visitors. This presents significant challenges for prisons but we are working hard to ensure that disabled prisoners are able to access all aspects of prison life. The numbers of prisoners with disabilities are not accurately known because declaration is voluntary. This means that, while staff may easily identify some physical disabilities, we recognise that there are a lot of prisoners with learning difficulties or disabilities who are less easy to identify and may not be receiving the services they need.

Of course, not all older prisoners are or will see themselves as disabled, but as for most of us with age comes certain frailties which affect day to day living. Where health services may not be

required there may be issues of social care and we need to be ensuring that links are established with the community and that support will be available in preparation for the prisoner's release. This is not easy with social care services stretched but this is an area where we need to do more.

However, we also need to consider the very real prospect that a number of these elderly prisoners will end their lives in prison. The Department of Health is working with the National Offender Management Service to develop an End of Life Strategy. This will aim to fully reflect the efforts being made in the wider community to provide choice and maintain dignity for every individual as care arrangements are made for their final days.

All of the social problems I mentioned earlier together with the exclusion experienced by particular groups of prisoners have an impact on prisoners' mental health needs, and also their risk of suicide or self harm. 90% of prisoners have some history of mental ill health and/or substance misuse; and a much higher proportion than in the community have been admitted to hospital for psychiatric treatment. Women prisoners report higher levels of suicidal thoughts and attempts than male prisoners. And concerns

around dementia and Altzeimers diseases obviously affect how we manage an aging population. The Department of Health has recently announced an initiative to improve services in this area and we will be working together to improve early identification and appropriate care for prisoners developing these conditions.

A number of other recent developments will benefit the older prisoner population. In particular responsibility for commissioning healthcare for prisoners passed to primary care trusts in 2006. We are also investing £20m annually for in-reach mental health services to prisons. This has led to significant reductions in the waiting time to transfer prisoners to hospital, in cases where their mental illness is too severe for prison. We have also invested £600,000 in mental health awareness training for prison staff. This is an important step as it helps to ensure that prisoners are assessed on reception – to identify mental health and other healthcare needs and also to offer support to those at risk of self harm or suicide.

We must also remember that a high proportion of prisoners are vulnerable and have experienced negative life events prior to custody that we know increase the risk of self harm or suicide.

These include factors such as substance misuse, family and relationship breakdown, mental health problems and social disadvantage. These vulnerabilities are often exacerbated by feelings of isolation and prison staff work very hard to reduce those anxieties.

Having heard what I have today, it is clear that the National Offender Management Service and the Department of Health, together with the voluntary and healthcare sectors, have done, and continue to do, a great deal of important and useful work to address the issues which arise from the older prison population, and this event is an excellent example of collaborative working. While old age clearly is not a medical condition in itself, it does bring a range of issues which pose challenges to both the prison regime and the delivery of Health Services. Because of this it is vital that we continue to work together at all levels to address the challenges presented by the increasing number of older prisoners in the system.

Before I finish I would like to thank you for the work you do in many different ways to care for prisoners. This is shown by so many staff dealing with prisoners on a day to day basis. They are

frequently the first to identify problems and the need for health care or other support. Staff will always remain the most important resource for identifying and resolving the various care challenges presented by older prisoners. I have appreciated the opportunity to talk to you today about these important issues and the diversity of the prisoner population. I now have a few minutes to take any questions you may have.