

DOING TIME:

the experiences and needs of older people in prison

a Prison Reform Trust briefing

I never realised until I came into prison what the term 'doing time' meant. I've been marking time now for almost 30 years – ticking the days, months and then years off.... I've seen so many others come and go and although they say they will keep in touch when they get out, only one or two ever have.... The world I used to know has gone and my only view of the world is what I see on TV or read in the papers. All I have are the fading memories of a lonely childhood and my wild youthfulness of the 1940s and 50s.... I don't know if any of my relatives are alive and I have no friends to visit me.... I increasingly feel I am slowly dying away – 'dead man walking' as the saying goes.

KEY FACTS AND FIGURES

- **Prisoners aged over 60 are the fastest growing age group in prison. The increase in numbers is largely due to sentences becoming harsher and longer. The number of older prisoners will continue to increase unless there are major changes in sentencing trends. Despite this, there is currently limited understanding of the needs of older people in prisons in England and Wales.**
- **In March 2008, there were 6,661 men and 316 women aged over 50 in prison in England and Wales, a total of 6,977. This includes 454 people over the age of 70.**
- **The population of men over 60 is more than three times the number in 1996, rising from 699 then to 2,242 in March 2008.¹ This compares to a one and a half times increase among the under 60s prison population.²**
- **The number of women prisoners aged over 50 years has more than trebled, rising from 92 in 1996 to the current population of 316. Nearly half of these women are foreign nationals (44%) and many are serving long sentences for drug importation.³**
- **Over half of all elderly prisoners suffer from a mental illness, the most common being depression which can emerge as a result of imprisonment.⁴ Some older prisoners will have a physical health status of ten years older than their contemporaries on the outside.**
- **A University of Oxford study found that more than 80% of sentenced male prisoners aged 60 and over suffered from a chronic illness or disability.⁵**

BACKGROUND

The Prison Reform Trust (PRT) is publishing this briefing to launch our programme on older people in prison. This work, kindly supported by the Lloyds TSB Foundation for England and Wales, runs until September 2009. During this time we will seek to improve the treatment of older people and their conditions whilst imprisoned and to raise relevant questions about diversion from custody and resettlement. The programme aims to effect changes in policy and practice that will lead to a real difference in the quality of life of older people in prisons in England and Wales. The programme will also support prison staff to make positive changes. A further briefing, highlighting good practice will be published in 2009.

The needs of older people can be hard to detect and other groups of prisoners may find it easier to access services. The increase in numbers of people needing significant health and social care input has created huge challenges for prison, probation, health and social service staff. Despite improvements in this area and pockets of good practice, these needs remain largely unmet. Older people in prison experience discrimination and isolation far too often.

Some older prisoners are serving life sentences or other long term sentences and may have grown old whilst in prison. Others are in prison for the first time, many of whom have been convicted of sexual offences committed earlier in their lives. There are also people serving short sentences of a year or less, meaning prison establishments have to respond to their needs promptly.

This briefing aims to give older people in prison a voice. To develop more effective ways of working with older prisoners, an important first step is to hear directly from them.

CURRENT SITUATION

The difficulties older people face in prison have been highlighted by a number of organisations. In 2003, the Centre for Policy on Ageing and the Prison Reform Trust published 'Growing Old in Prison'. Her Majesty's Prisons Inspectorate report 'No problems – old and quiet', (2004),⁶ outlined the diverse and complex needs of this population, whilst also recognising the difficulty prison staff face in identifying their needs.

In 2005, Age Concern England launched the Older People in Prison Forum with representatives from the statutory, voluntary and community services. A number of local Age Concerns are piloting work with older people in prison. Nacro, Age Concern and the National Offender Management Service (NOMS), produced a training and resource pack in 2005.

The Prison Service has rewritten Prison Service Order (PSO) 2855 on disabilities to include a section on older people in prison.⁷ PSO 4800 on women includes guidance on working with older women.⁸ The disability equality duty contained in the Disability Discrimination Act came into force in 2006 and requires statutory authorities to promote disability equality. The Department of Health has issued a toolkit that details pathways to care for older prisoners and also has an Older Prisoners Action Group that is driving forward improvements in prison health and social care. These initiatives are very welcome but there remains no overarching policy framework joining together the work of the Prison and Probation Services and Department of Health. There is no strand in the NOMS resettlement pathway that meets these needs. A strategy is essential if the needs of older prisoners are to be met effectively across the estate.

KEY FINDINGS

These findings are based on interviews with 78 men in prison, 18 ex-prisoners, two focus groups with women prisoners and letters received by the researchers and PRT's advice and information service.

- Healthcare in prisons is improving following local primary care trusts taking over healthcare units
- Although healthcare has improved, screening and preventative healthcare (particularly for women) is poor
- There are examples of good practice in working with older people, particularly through agencies such as Age Concern
- Many older people are not having their social care needs assessed or adequately met and social services involvement in prisons is sparse
- Some older prisoners benefit from informal or formal peer support, particularly schemes that assist people with reduced mobility
- Overcrowding, risk averse decision making and subsequent difficulties in sentence progression are affecting the morale of older prisoners serving long sentences
- Poor regimes and lack of engagement with older people are leading to isolation
- Lack of planning for resettlement means that older people do not get the services they need on return to their community and experience anxiety about the future.

I. HEALTHCARE

Older people in prison raised concerns with PRT researchers about a range of unmet health needs. The Prisons Inspectorate report, 'No Problems - Old and Quiet'⁹ found that there was no differentiation in the range and standard of healthcare available to older prisoners, in comparison with other prisoners. However, many healthcare staff were not aware of the guidance on assessing older prisoners' needs. Healthcare staff did not have access to sufficient resources to deal with social care needs, particularly aids for daily living.

The NHS took over full responsibility for the provision of healthcare in prisons in 2006. This has led to improvements but not all healthcare units have specialist services for older people. Screening and preventative health care is not routinely available.

We were particularly concerned that some older people entering prison had the medication they were receiving in the community stopped. More than one woman explained that hormone replacement treatment had been withdrawn.

I came in and they took the HRT off me – I was suicidal anyway – it was terrible.

Three men also confirmed that ongoing treatment had been terminated without referral to a consultant on arrival in prison. In one case prostate treatment was stopped until a new referral was made to the local hospital – after a delay of six months.

[When I came in] I was given no health check during the induction programme. I told them that I was being treated for high blood pressure by my GP and I had also been referred to a consultant for my prostate check-up, although that had to be cancelled because of my sentence. But because I did not have my medication with me and the prison had no records about

my health I was told I would have to wait until I could see the prison doctor. Someone did make a note on a form but I was given no health check or blood pressure was taken – even though I could tell it was high because of what I was going through... It took a few weeks before I was transferred from that prison to this one that something was done...the nurse was great and gave me a good examination. I saw the doc' within a couple of days... he was furious that I had not been checked earlier. He then gave me a prescription and I'm coping much better now and he is also looking at getting me an appointment for my prostate.

A few prisoners interviewed suffered from incontinence and had trouble accessing sanitation facilities outside of their cells. As there appears to be few health assessment procedures during the prison sentence, as well as variations between each prison establishment, it is unlikely that this sensitive matter would be diagnosed.

I have bladder trouble especially at night and I often wet my clothes and bedding. I am very embarrassed about this and don't want to be a nuisance. When I mentioned this to my officer he laughed and said that we all have problems like that as we get older. But now I'm wetting myself in the daytime and can't get to the toilet quick enough in education because it is locked. Now some of the younger men and officers are teasing me about my body smell and the stench in my cell. Is there something that can be done for me?

Lack of palliative care for the terminally ill is a major concern. Apart from HMP Norwich there is no hospital/hospice facility for the terminally ill within the prison system. When a place is found in an outside unit, security sometimes dictates that the person cannot be moved, or is not moved quickly enough.

We all loved X on this wing – even the screws got on well with him He was quiet and kind to everyone especially the new ones and any who felt low or suicidal.... We were cut up when he told us he had terminal cancer and only had a short time to live. The health team were great and they told me that they were arranging for him to go into hospital as they thought he only had a couple of weeks left.... About a week later we heard through the grapevine the prison security would not allow him to go to hospital.... We sat with him in his cell when we could and helped him to move and the nurse kept popping in to see him – she was upset that he had to stay there. He wasn't allowed any morphine to kill his pain and died a few days later in agony in his cell and all alone.

The current rules for compassionate release state that people with a terminal illness and a prognosis of three months or less may be released following a risk assessment. However, it is often difficult for consultants to predict accurately how long someone has left to live.

Recommendations:

- Older people should receive equivalent preventative healthcare to those in the community, including regular monitoring and screening
- Prison Service area managers should investigate regional units for people needing high levels of healthcare and also improve links with hospices
- Mental health in-reach teams should have training on the specific mental health needs of older people
- The compassionate early release restrictions should be reviewed so that people diagnosed with up to a year to live can apply for early release.

2. SOCIAL CARE

PRT interviewers found that older prisoners experience a range of problems regarding daily living. Standards of accommodation services and care for particularly frail and ill prisoners fell far short of the standards for care homes. More generally, services for older people did not meet those that would be available in the community. They noted that significant improvements would require active partnerships between the Prison Service and local health and social services department authorities.

Currently the legal responsibility for social care provision in prisons is unclear and largely unmet. Very few social service departments provide support to prisoners and it is difficult for prison staff to find out who has the duty to provide services.

I'm a lifer and I have disabilities. The social services where I should be resettling don't want to know and say they can't do an assessment. The prison say they can't find another social services near here that will carry out an assessment. So, what am I to do?

Despite the introduction of PCTs into prison, difficulties have been experienced by older people with disabilities in obtaining equipment, such as walking sticks and wheelchairs. Although most prisons have appointed disability liaison officers (DLOs) there are still major difficulties implementing the Disability Discrimination Act in prison establishments.

I've been having trouble getting in and out of my bed due to my back problems and wanted to see the disability officer - which I was told this prison had when I first came in. He [prison officer] said he did not know who it was but would find out. He has not come back to me, so I'm going to go to healthcare to find out what can be done.

In general prison and healthcare staff have been found to be very caring and concerned about older prisoners with disabilities. However, there is a lack of advice and information for staff and older people regarding access to disability equipment.

As a tall heavily-built 53 year-old with serious knee-joint problems, I could only obtain one small walking stick to help me get around. It took healthcare staff over six weeks to find me two longer sticks to support myself.

Recommendations:

- Adult social services should work in prisons systematically to ensure the delivery of social care to older people
- In the longer term, legislation should be introduced to clarify legal responsibilities for social care provision
- Prisons with a significant number of prisoners with physical disabilities should look into the possibility of schemes where trained prisoners provide support under supervision as an addition to social care provision
- Joint health and social care assessments should be undertaken routinely for older prisoners with social care needs
- There should be clarity about practical provision of resources and whether social services, the PCTs or prisons are responsible for providing items such as walking sticks and services such as repairing wheelchairs.

3. SENTENCE PROGRESSION

Many longer sentenced prisoners experience difficulty progressing through their sentences. Our researchers found that questions about future plans were often met by a sense of hopelessness and despair. The Prison Service and Parole Board are taking a more risk-averse approach to decision making which impacts directly on prisoners' progress.

The Inspectorate found that although some sentence plans included excellent contributions, many were cursory, showing little knowledge of prisoners or identification of their needs. Some personal officer contributions focused primarily on obedient behaviour, meaning real needs escaped the attention of the staff.

At my last [parole] hearing I was told I was not ready to go out but they would consider me again in two years time. What's the point in that? I've done all that they have asked me to do for over 20 years and I am tired of going on in the hope that if I do one more course I will be released to spend my last few years in freedom.... We lifers have sussed them out and the threat that unless we take a course we will not be considered for open conditions or release no longer mean anything to us.... We don't trust them.... I don't care any more and they can leave me here to die.

Risk assessments do not always take enough account of health and social care needs. Many people need support to be able to reduce their risk.

When I had my [parole] review they just talked about my risk reports.... I was expecting something might be said about my deteriorating health that is messing about with my memory... When I am told something I just forget and get confused.... No one from the health centre... In fact one of psychologists laughed at me when I

told her I could not remember things. I don't think she believed me and was only using it as an excuse.

So few staff understand what it is like to be menopausal, we end up being punished for forgetting things.

Long term and indefinite sentences bring their own problems, particularly with overcrowding and scarce resources making transfers and offending behaviour courses difficult to obtain.

I'm not the only one getting pissed off by being messed around by these review panels. I've just had another knock-back from the Parole Board.... I have to do another course but there are only two prisons that offer it in the country and I will have to wait at least a year. So I am refusing to take the course and although they tell me I will not get out unless I co-operate I don't believe them anymore. Up until now I've done everything they have asked of me but I don't see the point of carrying on if there is no light.

I lie awake at night listening for the boots of the officers coming down the corridor to take me back to closed conditions. That happened to my friend a few weeks ago and I know he did nothing wrong for this to happen. Who will be next?

Some people are anxious that they will never be released. This has a huge psychological and emotional impact and can lead to feelings of hopelessness at being 'stuck in the system'.

None of us can be sure if or when we will ever get out. They keep asking me to do another course before I can go before the Parole Board but I can't get on that course for at least another six months... I now think they will never let me out... I only wish they would tell me the truth.

Thirty seven long sentence prisoners were interviewed. There was a consensus of despair and dejection about their situation. Many believe they are being held back from release due to scaremongering in the popular press and the more risk averse nature of the Parole Board. A lifer nearing his release date told us:

*We lifers are used to doing everything that is asked of us in order to move on toward our release and know that if we do not comply that we will be knocked back and never get to an open prison. Now we are no longer confident that these forensic psychologists – or whatever they are called who assess us. They don't give a **** about us... The Prison Service relies on us to cooperate but they can't continue to take us for granted. At our age we have nothing to lose; so they can threaten me with being sent back to a closed prison or even never getting out.... 'Old and quiet' we might be thought as but we can also be 'old, cussed and angry'.... There's a time-bomb ticking away inside some of us and we are not willing to lie down quietly and do nothing.*

Recommendations:

- Risk assessments should take account of health and social care needs
- Sentence planning should include appropriate requirements so that older prisoners with learning difficulties or mental illnesses such as dementia are supported fully if asked to do offending behaviour programmes
- Prison staff should make extra efforts in sentence planning with older people who seem demotivated and may be depressed
- Category C and D prisons should make adjustments so that older people with mobility or health problems are not prevented from transferring to lower security conditions.

4. REGIMES

We did not find that older prisoners were specifically excluded from activities in establishments. Any exclusion was likely to arise because of older prisoners' inability to get to activity places. However PRT was concerned by the number of complaints about bullying and intimidation and a lack of safety and respect.

The Inspectorate found that none of their sampled prisons had a separate regime for older prisoners. Retired prisoners had not been asked about what they wanted to do during the working day. Many older prisoners are fit and healthy and able to participate in education, exercise and work.

As a 60 year old I pride myself that I can keep up with the younger ones - that includes down at the gym and on a prison work training programme. I don't want to be written off yet – there's still plenty of life in the old dog!

Some prisoners would be able to participate in work or activities if minor adjustments were made to the regime or to activities.

We work in the kitchen but it is tiring – you are on your feet all day – the older women do more work than the young ones! But we do this because it is more money.

I can't move around like I used to and until recently I could earn a little bit by working in my cell. But now that work has dried up. So all I get now is my prison pension of £3.25 [mandatory minimum] and when you take £1 off for television I have little left to spend from essentials from the canteen. Unlike some of the others I have no one who can send me any money.

Some older people also need adjustments to be able to exercise or have time in the open air.

I can't keep warm when I go out for exercise in the winter, so I tend to stay inside. This means that I not only lack regular walking exercise round the circuit to keep my joints in good order but I get little fresh air for months on end.

I am trying to keep mobile and use a stick for walking. It becomes a struggle, but I am determined not to become bedridden. The lack of exercise here is appalling, being allowed out in the yard in the daytime on Saturday and Sunday afternoons, weather permitting. Also, only occasionally in the evenings between 6.30 to 7pm - but of course it is usually dark and very cold. Sadly, no-one is allowed for exercise during daytime in the week. Most of the youngsters are either working or can get to the gym - which we can't.

I started yoga and it was great. Then they said it was detox yoga. Most of the women with drug problems are younger. I started doing meditation and the same thing happened - it became detox meditation!

Overcrowding and younger inmates dominating prison regimes are leading to longer time in cell and less recreation/association with less exercise time for older prisoners.

On our wing [VPU - vulnerable prisoners unit] the younger ones get the best cells, beds and chairs, whereas we are stuck down the end with the left-overs. At mealtimes some of them push us aside in the queue and we have to wait to last. At exercise time we are often unlocked the last and by the time some of us have struggled to get out there is little time left to stretch our limbs.

Sometimes staff seem unsympathetic to older people needing extra resources. One woman explained:

It feels like you have to fight for everything, beg for an extra mattress when your bones ache.

Almost half (48%) of the men interviewed had experienced bullying or intimidation either by staff or, more frequently, inmates. Over 60% of the male respondents felt unsafe.

Due to overcrowding we now have to double-up in our cells. The younger guy who moved into my cell insisted on using the bottom bunk and that I had better move to the top one - or else. He took my mattress and I had to make do with an old one. Since then my hip joints have been keeping me awake most nights.... I am afraid to complain but did have a quiet word with Mr X [prison officer] but he told me to sort it out myself and not make an issue of it, otherwise it could be worse for me.

The older guys on X Wing are afraid to go out of their cells because of some young bullies making their lives hell. The POs seem to turn a blind eye. But we keep an eye out for them.

I am threatened on my wing by a few others who demand six bars of chocolate each week. I only have my small prison pension to buy treats.

Women did not complain of bullying but felt some staff lacked respect for older people.

You see the officers joking with the younger girls; if you don't want to join in they ignore you.

Some of this was seen to be cultural:

In British life, they don't respect older people.

Women also felt that they were treated differently to younger women, perhaps because they were seen as less of a control issue.

Some of the rules work for youngsters but just make life difficult for us.

We are the ones that don't give them any problems.

Recommendations:

- The minimum prison pay rate for older people who cannot work should be increased to be in line with the average prison rate for those working
- Prison regimes should take into account the particular physical, health and social needs of older people. Where activities are not accessible, alternatives should be provided to avoid discriminatory practice
- All allegations of bullying of older prisoners should be responded to quickly and effectively
- Staff should engage actively with older prisoners to involve them in activities and regimes and monitor their involvement
- Community based organisations with experience of working with the elderly should be encouraged and funded to contribute to prison regimes.

5. ENVIRONMENT AND CONDITIONS

The Prison Service faces a huge challenge in complying with the Disability Discrimination Act. The Inspectorate found that in the initial categorisation and allocation documents they looked at, there were no sections for staff to record relevant health or disability factors. All prisons sampled had informal arrangements so that prisoners with mobility problems are located on the ground floor, although no prison had a policy outlining this.

In addition, there are huge challenges for the Prison Service in accommodating this population. Many prisons with a high number of older prisoners try to allocate accommodation that is appropriate for the elderly, frail or those with disabilities. However the design of many cells, particularly in older prisons is inappropriate for their needs.

I can't get my wheelchair through the door of my room and I have to try and get from the entrance to my bed. When it's mealtime someone has to collect my food and bring it to me... I've been told that officers are not allowed to push me. I would be lost without the support of my friends who look after me on this wing.

I am waiting for another hip replacement. My narrow bed and hard mattress mean I am unable to get much sleep at night. Because the bed frame is also bent in the middle it is also difficult to lie on during bang-up in the daytime... I can't sit for too long on the wooden chair.

Personal hygiene, safety and privacy were concerns for a number of older people and those with disabilities. This was particularly apparent for a number of newly sentenced prisoners over 60 years of age who had never done time before.

I don't like to shower as the younger prisoners make rude comments about my body. There's no privacy, so I often go for weeks without one and have a strip wash instead.

Because of my physical disability [requires walking sticks to help him move around] I can't have a shower because I might slip and there is nothing to hold on to or chairs to sit on. I have to wait for someone to help me get to a bath in the wing and it is usually a friend who does it as there seems to be no officer or nurse willing to help me.

Women also experienced difficulties because of the limited facilities.

I have night sweats because I am going through the menopause. The sheets are soaking and we can only change them once a week.

Some prisons train other prisoners to provide support to people with mobility problems.

I can't move around without the help of the wing 'buddy' who helps guys like me to get around in our wheelchairs, collect our food and library books if we can't get them ourselves.... We would be stuck without their help.... If there was a fire other guys on this wing are allocated to go straight to those in wheelchairs to help with their emergency evacuation.

We have a policy here to encourage prisoners to look out for others who might need help.... Those with disabilities who tell me they can't cope by themselves are asked to choose a 'buddy' to help push their chairs, fetch meals, collect books from the library or collect clean clothes during the weekly

clothing exchange. The only thing they are not allowed to do relates to personal hygiene such as washing.... There is a weekly list of named 'buddies' and the names of those they are supporting in each wing office.... 'Buddies' are paid £2 enhancement.

Recommendations:

- Allocation policies need to take account of mobility and other health and social care needs
- Improved laundry facilities and bathrooms with appropriate aids would help to provide a decent environment
- Adequate time and resources need to be allocated to senior managers and disability liaison officers so that they can fulfill their statutory duty to promote disability equality.

6. RELATIONSHIPS

The Inspectorate found that most male prisoners were far from home with only a quarter located within 50 miles of their home areas and a third more than 100 miles away. Many had friends or family members of a similar age or older and some had difficulty travelling or could not travel at all.

People expressed their sadness about not being able to spend time with their family.

I started my sentence before my grandchildren were born and because I've been moved around so much and now am at the other end of the country; I have not seen them or my daughter for over six years.... We write occasionally but as time has gone on it has become less.... Now that X has left

her she has to bring up the kids all by herself and there is little chance she could get here to see me. I should get out when I am 72 years old and I would love to live nearby and help out. She did say that she would love to have me near home but that was some time ago and she may not want me as we have not seen each other for a long time now.... It might help if I could be moved nearer home before I get out so she could come and see me so we can talk it over face to face.

rooms we rarely are allowed to move around the VPU and visit friends in their rooms – the officers keep us locked up all day until those who can work return at meal times and for association later.... There are days when they do not let us outside into the grounds for some fresh air.... So I spend most of my time by myself.

Women were very aware of the difficulties that their relatives had visiting them.

I can't see my Mum, she's 88 and in Cornwall.

I wouldn't bring my granddaughter here – it's filthy.

My parents are elderly; they can't stand and wait for a visit. There's no where for them to sit.

Isolation and loneliness also have an impact on older people in prisons.

My one big fear is dying in prison and all alone. Sadly, X, who you met last time you were here, was rushed off to hospital but returned yesterday. He was found dead in his cell this morning. We are all depressed over this but no one, including the Chaplain, has been round to talk with us. We have been banged up all day.

I've never been inside before this conviction and I feel so cut off from my older wife and grandchildren. Because of my heart condition and the need for walking sticks to help me get around I can't get to the library or education, so I have to stay in this unit all day long. Although we have keys to our own

Recommendations:

- Prisons should encourage family contact through the use of extended visits for people who cannot visit often and grandparents' visits days
- Visitors' centres and visits halls should be accessible and have appropriate facilities for older and disabled visitors
- Prisons should consult older prisoners, provide social activities and ensure that less mobile prisoners can access chaplaincy and library facilities
- Official prison visitors and pen pal schemes should be encouraged for older prisoners.

7. RESETTLEMENT

The NOMS Reducing Re-offending Pathways, through which most resettlement services are now delivered, do not reflect the needs of older people. Yet many older prisoners are probably the most institutionalised of all those released, finding it hard to respond to change. Lack of support before and after release can have devastating effects.

The Inspectorate found that over a quarter (28%) of the prisoners sampled would be at least 70 years old on release. They would be unlikely to be seeking employment. Many will require health and social services support in addition to having to adjust to the outside world.

Vulnerable people are sometime released from prison without accommodation. Hard-pressed resettlement staff do not always have the time or resources to make appropriate referrals to local social services and housing authorities. However, many older prisoners cannot be successfully resettled without the support of community agencies.

As a lifer [in Cat D] I have been told to get my name on the housing list of [Southwark] council where I will be returning to live on release. But they are refusing to help and put me on the list because they already have a long waiting list. I've tried neighbouring councils and get the same answer. I don't know what to do and my PO is not much help.... I don't know what to do or who to turn to for help. I am sure this will knock me back when it comes to my review parole hearing and may be sent back [to closed conditions]... I don't see the point in trying anymore.

They don't want to know. I have to make myself homeless on my release before I can be found a place.

On release many find that mixed age hostel accommodation is like prison, dominated by younger people. Some complain about loud music, and the prevalence of alcohol and drugs. Some felt that hostel or probation staff failed to understand the problems they were having coping.

I tried reasoning with xxx [hostel worker] but he told me to shut up or else he would make sure I went back inside... I raised it with my probation officer when I saw her next but she advised me to do the best I could and that was it.

You should try living here [sheltered accommodation for the elderly] where

I am constantly being picked on by the manager. If I do not stop complaining about the conditions of my one-bedroom flat, he will see to it that my licence is broken and that I am recalled back to prison.... I also know he has told other residents about my criminal record without first consulting with me.

I am so afraid of what I might expect when I have to go into a hostel where younger men maybe use drugs and the staff will not know about my hearing problems.

A minority of the over 60s interviewed indicated they would prefer to stay inside as they had no one else on the outside or home to go back to. One man told us:

I committed my last offence to get back inside – I didn't really do any crime – just couldn't be bothered to turn up to see my probation officer, which I knew would get me recalled. Truth is I have no relations or friends on the outside and no interests – they're all here. I have spent most of my life inside that by the time I was given my parole I had great difficulty surviving by myself. I was also getting so ill trying to cope... there wasn't anybody there to help or support me. So now I'm in my 70s and back 'home' and this is where I'm going to die – not that I want to spend the end of my life in prison but what else is there for me?

Resettlement work in prisons is usually aimed at younger people seeking work or training. People also expressed fears about trying to gain employment. One woman said:

Who's going to employ me? I'm three years away from my bus pass.

There is no national guidance for resettlement units working with prisoners who are trying to manage health and social care needs. Making arrangements for resettlement can be difficult and can impact on the likelihood of being released.

Look at this letter I have just received. It tells me that I cannot be considered for release because I have not yet found supervised work outside [this open prison] and until this happens there will be no parole hearing. I have tried to find work. There's little chance of me getting it at my age [59 years].... I'm in a catch 22 situation: I can't find work to achieve the parole requirements for release and until I find work I won't be considered for release.

Poverty is also a problem for many older prisoners, particularly those without family support or outside networks. Older people unable to work receive a payment from the prison that can be as little as £3.50 a week.

How are we pensioners going to survive when we get out? I have not been able to save any money inside on my £3.50 'pension' from the governor – let alone pay for some of the basics I need.... I don't even know how to claim my state pension when I get out and whether I would be entitled to any benefits at my age.

This is my flat. It's got everything I need but I'm so lonely and had more friends back in prison... Yes, I do see a mate of mine from the old days but he lives miles away, so we can only get together about once a month... Except when I go shopping I stay here most days because I can't mix with the others here [old peoples' sheltered

accommodation with a warden] and I have been told I must not speak to them... In any case most of them seem to sit around all day sleeping in their chairs. I wish I was back inside.

Recommendations:

- Resettlement work should link to healthcare services in the area of release. Prisoners should leave prison having been given the opportunity to register with their local GP
- Some older prisoners will require social care in the community. They should be routinely referred to their receiving local authority for a social services needs assessment
- Resettlement officers need training to recognise appropriate agencies to refer older prisoners to prior to release
- Accommodation provided on release should take account of age, disability and social care needs
- Prisons should link with voluntary agencies in their area so that isolated older people have a support network on release.

Conclusion

Many prisons are trying to meet the special needs of older prisoners and there are examples of individual good practice across the estate. However, many prisoners face daily difficulties trying to cope in a prison environment. Social services and healthcare as well as the Prison and Probation Services have particular responsibilities to older people in prison and on release.

OVERALL RECOMMENDATIONS

General

- Prison staff working with older prisoners require specialist training and support
- NOMS, the Prison and Probation Services, Department of Health and the Department for Work and Pensions need a joint strategy to meet the needs of older offenders in the criminal justice system.

Healthcare

- Older people should receive equivalent preventative healthcare to those in the community, including regular monitoring and screening
- Prison Service area managers should investigate regional units for people needing high levels of healthcare and also improve links with hospices
- Mental health in-reach teams should have training on the specific mental health needs of older people
- The compassionate early release restrictions should be reviewed so that people diagnosed with up to a year to live can apply for early release.

Social care

- Adult social services should work in prisons systematically to ensure the delivery of social care to older people
- In the longer term, legislation should be introduced to clarify legal responsibilities for social care provision
- Prisons with a significant number of prisoners with physical disabilities should look into the possibility of schemes where trained prisoners provide support under supervision as an addition to social care provision
- Joint health and social care assessments should be undertaken routinely for older prisoners with social care needs

- There should be clarity about practical provision of resources and whether social services, the PCTs or prisons are responsible for providing items such as walking sticks and services such as repairing wheelchairs.

Sentence progression

- Risk assessments should take account of health and social care needs
- Sentence planning should include appropriate requirements so that older prisoners with learning difficulties or mental illnesses such as dementia are supported fully if asked to do offending behaviour programmes
- Prison staff should make extra efforts in sentence planning with older people who seem demotivated and may be depressed
- Category C and D prisons should make adjustments so that older people with mobility or health problems are not prevented from transferring to lower security conditions.

Regimes

- The minimum prison pay rate for older people who cannot work should be increased to be in line with the average prison rate for those working
- Prison regimes should take into account the particular physical, health and social needs of older people. Where activities are not accessible, alternatives should be provided to avoid discriminatory practice
- All allegations of bullying of older prisoners should be responded to quickly and effectively
- Staff should engage actively with older prisoners to involve them in activities and regimes and monitor their involvement
- Community based organisations with experience of working with the elderly should be encouraged and funded to contribute to prison regimes.

Environment and conditions

- Allocation policies need to take account of mobility and other health and social care needs and officers need training in identifying local authority responsibilities to discharged prisoners
- Improved laundry facilities and bathrooms with appropriate aids would help to provide a decent environment.
- Adequate time and resources need to be allocated to senior managers and disability liaison officers so that they can fulfil their statutory duty to promote disability equality.

Relationships

- Prisons should encourage family contact through the use of extended visits for people who cannot visit often and grandparents' visits days
- Visitors' centres and visits halls should be accessible and have appropriate facilities for older and disabled visitors
- Prisons should consult older prisoners, provide social activities and ensure that less mobile prisoners can access chaplaincy and library facilities.

Resettlement

- Resettlement work should link to healthcare services in the area of release. Prisoners should leave prison having been given the opportunity to register with their local GP
- Some older prisoners will require social care in the community. They should be routinely referred to their receiving local authority for a social services needs assessment
- Resettlement officers need training to recognise appropriate agencies to refer older prisoners to prior to release
- Accommodation provided on release should take account of age, disability and social care needs
- Prisons should link with voluntary agencies in their area so that isolated older people have a support network on release.

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Relevant PRT publications

- Troubled Inside: Responding to the mental health needs of women in prison, 2003 - £9.00
- Growing Old In Prison – a Scoping Study on Older Prisoners, 2003 - £10.00
- The Decision to Imprison: Sentencing and the Prison Population, 2003 - £9.00
- Time to Learn: Prisoners' Views on Prison Education, 2003 - £10.00
- Lacking Conviction: the Rise of the Women's Remand Population, 2004 - £9.50
- Having Their Say – The Work of Prisoner Councils, 2004 - £8.50
- Information Book for Disabled Prisoners, 2004
- Troubled Inside: Responding to the mental health needs of men in prison, 2005 - £12.00
- Keeping in Touch: the Case for Family Support Work in Prison, 2005 - £7.50
- Barred from Voting: the Right to Vote for Sentenced Prisoners, 2005 (Briefing Paper)
- The Impact of Volunteering: a Review of the CSV national day release prisoner volunteering project, 2006
- Prisoners' Pension Rights, 2006
- No One Knows – identifying and supporting prisoners with learning difficulties and learning disabilities: the views of prison staff, 2007 - £10
- Mitigation: the role of personal factors in sentencing, 2007 - £12
- Indefinitely Maybe? The indeterminate sentence for public protection, 2007 (Briefing Paper)
- There when you need them most: pacts first night in custody service 2007 - £10
- The children and families of prisoners: recommendations for government (Briefing Paper with APF, pact and CLINKS)
- Prisoners' Information Book, Male Prisoners and Young Offenders, 2008 (with NOMS)
- Bromley Briefings: Prison Factfile – June 2008

The work of the Prison Reform Trust is aimed at creating a just, humane and effective penal system. We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing parliament, government and officials towards reform.

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