Justice Select Committee

Older Prisoners

1) The Prison Reform Trust, established in 1981, is a registered charity that works to create a just, humane and effective prison system. The Prison Reform Trust aims to improve prison regimes and conditions, defend and promote prisoners' human rights, address the needs of prisoners' families, and promote alternatives to custody. The Prison Reform Trust's activities include applied research, advice and information for people in prison, education, parliamentary lobbying and the provision of the secretariat to the all party parliamentary penal affairs group.

2) Background. The number of sentenced prisoners aged 60 and over rose by 103% between 2002 and 2011. There are around 3,300 people in prison aged 60 or over. This rise is not matched by a rise in convictions. The increase in the elderly prison population is due in part to an ageing population and in part to harsher sentencing polities and risk averse early release (e.g. parole) decisions that mean people stay in prison longer. This has led to a stacking effect with long-term and life sentenced prisoners accumulating in prisons, particularly those with vulnerable prisoner units or these in the high security estate.

3) The definition of an older prisoner varies but 50 and over is more often used by the department of health and NOMS because some prisoners age prematurely as a result of chaotic lifestyles and poor health. We are aware that the Justice Select Committee is looking at people over 60 in prison. Please note that the PRT research quoted in this submission refers to the age group of 50 and over. Unless otherwise stated, the information in this submission is from queries received to our advice and information service, conversations with prison staff and prisoners during visits and our publications: *Doing Time: the needs and experiences of older people in prison Doing Time: Good practice with older people in prison- the views of prison staff* and *Bromley Briefings Prison Factfile November 2012.*
http://www.prisonreformtrust.org.uk/ProjectsResearch/Olderpeopleinprison

Responsibility for mental health care in prisons

4) The **responsibility** is clearly defined, as from 2006, the NHS has had a duty to provide health care equivalent to that in the community. However, the **practice** of assessing and **provision** of care for all prisoners with mental health needs is more complicated and often somewhat patchy. The findings of the prison inspectorate about the mental health care of older prisoners are troubling. The acknowledged levels of mental health disorder do not appear to be picked up in clinical records. The inspectorate report 'No Problems: Old and Quiet' found that mental health issues were mentioned in only 23% of male prisoners' records and in the great majority (43%) of cases, this referred to depression or reactive depression as a result of trial or imprisonment.

5) There is a lack of awareness of the need to conduct mental health checks regularly to detect symptoms that may vary. Many prison officers do not have the expertise needed to identify specific conditions and refer someone to health care. When referred to healthcare, few health care teams have specialists in mental health

of older people or dementia. The reception assessments for mental health focus on immediate risk and not long-term conditions. In addition, there is little research or understanding, particularly amongst prison staff, of the impact of long-term or indefinite imprisonment on mental health needs.

Responsibility for physical health care in prisons

6) Again, the **responsibility** for physical health is clearly defined as the NHS having the statutory duty to provide care equivalent to that in the community. Formerly, the Department of Health (Offender Health Unit) used to resource OPAG, the Older Prisoner Action Group, which supported and developed health care for older prisoners. Following resource cuts in 2011 this no longer operates and there is now no national oversight of the health of older people in prison. It is not yet clear how the new commissioning arrangements for prison health care will work in relation to groups needing specialist care. Currently, prisoners can find it hard to access specialist health care and the clinics that exist in the community.

7) There may be aspects of the prison regime that mitigate against older people being able to maintain health. Being locked up for a long time and not receiving much natural daylight, lack of access to exercise outside and poor diet may have an impact. Sometimes security decisions do not take account of medical needs. A recent Prisons and Probation Ombudsman report demonstrates that restraints and handcuffs are used too often for people going into hospital who are fragile or are terminally ill. A few prisons are developing end of life care suites but there is no national coordination or standards for this work. Compassionate release is not used often enough for people who are chronically ill and deteriorating and cannot have their health needs fully met in prison.

8) In addition, the nature of the social environment in prison makes it even harder to grow old in prison rather than in the community (Wilson and Vito 1986). In prison there is a premium on physical strength and endurance and older prisoners may have an increased sense of vulnerability in prison. When imprisonment becomes a ‘double punishment’ for an older man or woman, a system of secure care for the elderly in the community could be developed. The prison service’s inability to cater for the complex personal physical and mental needs of the 83% of older prisoners with chronic or disability conditions (OCPS 1994, Fazel et al, 2001) are likely to cause additional psychological distress and vulnerability.

Social care responsibility in prisons

9) The statutory responsibly for social care for prisons is unclear. Legislation does not specifically include or exclude people in prison under the local authorities duty to provide social care. The Law Commission (Adult Social Care, 2011) and the University of Birmingham (in a report for the Care Services Improvement Partnership: Adult Social Care in Prisons: A strategic framework, 2007) have identified major shortcomings in the provision of social care in prison. These reports rightly identified a lack of clarity on who is responsible for assessing and providing social care support to prisoners. The reality of this is confusion over provision of daily living aids, personal care and occupational therapy. We were told ‘*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'.

10) The Prison Reform Trust would like to see clarification of the relative responsibilities of local authorities and the prison service. We would also like to see assessments being shared between prisons as prisoners move around the prison estate, and shared from community into prison; and from prison back into the community. Currently, there is no equivalence of social care for prisoners and for people in the community with similar care and support needs. The Prison Reform Trust would like to see a statutory duty placed on local authorities to commission/provide social care in prisons, and a regulatory framework that would hold them to account. We would like the local authority in which the prisoner is located to hold responsibility for commissioning social care in that prison, as currently happens with health care. One prisoner told us' *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.'*

11) We believe there needs to be a clear workable definition explaining when care and support is to be provided by the prison service under 'duty of care' and 'reasonable adjustment', and where social care becomes the duty of the local authority. Prison Reform Trust would also welcome a statutory duty on local authorities to cooperate with prisons and probation staff to ensure continuity of social care.

12) We understand that the draft Social Care Bill will include a commitment to equivalent provision in social care for people in prison. However, this legislation is not expected until after the next election and we remain concerned about provision for people with social care needs in the mean time. One older prisoner explained that 'I *have bladder trouble especially at night and I often wet my clothes and bedding. I am very embarrassed 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 too and can't get to the toilet…. because it is locked. Some of the younger men and officers are teasing me'.*

Environment and regime

13) Although we do not have prisons for older people, in the male estate many older prisoners have accumulated in the high security prisons and in prisons holding people convicted of sex offences. There are many examples of wings or units specifically adapted for older people. However, there is no national guidance about what constitutes an 'older prisoners unit' and what conditions, environmental changes or services could be provided on such a unit. These are set up by individual prison establishments to meet the need of their population. Some older people would prefer to be in a separate unit but many wouldn't. The ideal is allocations based on individual need and wherever possible, preference.

14) It is also important that there is provision for people with a disability/social care need at all levels of the prison estate. At the moment, women who have a disability cannot be located in open prison conditions, even if they have been categorised as appropriate for the open estate. This clearly disadvantaged them as they are held in

a more secure regime with fewer opportunities to have more autonomy. It is clear that dedicated provision for people with mobility and care needs is necessary but prisons do not always have the resources needed to adapt and maintain these units. National oversight of this, following an analysis of the needs of the current population and possible future needs for accommodation, could ensure that resources were utilised more effectively.

15) People who are deemed too elderly or unfit to work, or who choose not to work because they are past pension age may find they are locked in their cell during the day. In some prisons, people will be unlocked during working hours. These changes to the daily regime can make a massive difference to quality of life.

16) Education and work are not always adapted so that people can attend part time or do lighter duties. Very few education departments have specific classes course or activities for older people. Some prisons have in-cell education or work provision. Although this can mean people are occupied, it can also reinforce isolation and desocialisation. The day centre model is acknowledged good practice by the prison inspectorate and others. Some prisons, often in conjunction with a voluntary organisation attempt to replicate day centres in the community that offer a range of activities for older people.

Sentence planning and offending behaviour programmes.

17) Many older prisoners are long or indefinitely sentenced and experience difficulties making progress through their sentence. Active and appropriate sentence planning is necessary. Our research has shown that no specific arrangements are in place for older prisoners. Risk assessments do not often take about of health and social care needs or reduced risk due to frailty or age. Offending behaviour programmes are not adapted for those with disabilities or age related frailties such as dementia, memory loss or visual impairment.

The effectiveness of arrangements for resettlement of older prisoners

18) Our research showed that two thirds of prisons have no age appropriate resettlement services for the older prisoner population. Programmes preparing people for outside life may focus on employment and training opportunities that are not suitable for older people. The Pension Agency will support people applying for pension before leaving prison but this is not widely known or systematically used. Social services have the duty to assess people leaving prison who are returning to their area, if it is believed they may have social care needs but this does not happen in practice. It is anomalous and arguably unfair that people with private prisons often receive this whilst in custody whilst those on state pensions cannot receive this once in prison.

19) In additional, housing is scarce, many former prisoners do not qualify for priority social housing and it can be particularly difficult to place people convicted of sex offences. Some people are required to live in approve accommodation managed by the probation service. It is difficult to find sheltered accommodation for people who have convictions for serious offences. Most of this accommodation is inappropriate for people with care and mobility needs. The likelihood of having accommodation on

release from custody decreases the older a prisoner is. In 2010-2011 the proportion of positive accommodation outcomes were lower for those aged 50-59% (81%) and 60 and over 79% than the average of 86%.

Compliance with equality and human rights legislation

20) Although the Equality Act applies to all aspects of prison life and service provision, conditions and regime, the prison service is currently unable to fulfil its duties to older people. The legislation regarding disability and age discrimination pose huge challenges for the Prison Service and it is struggling to meet its obligation. All prisoners should be enabled to participate fully in all areas of prison life and access all services provided by the prison. It is particularly difficult for prison staff to identify hidden disability, long-term conditions, and serious enduring mental health difficulties. There is not equality of access and care, regime or activities.

21) The longer sentences mean that older people are systematically discriminated against in allocation polices. Most older prisoners are held more than 50 miles from the home and a third are more than 100 miles from their home. This means that they are experiencing a disproportionate punishment. One prisoner told us **'***I started my sentenced before my grandchildren were born and because I've been moved around so much I have not seen them or my daughter for over six years'.*

Staff training

22) The basic level training for staff takes six weeks. Previously, this had included an hour specifically on older people. From this year, a pilot is running that integrates all diversity training so there is no focused training on the needs of older people. Our research shows that training for working with older people is sporadic and often based on staff taking a personal initiative. Prison staff are more likely to undertake local training often via a voluntary sector partner. There are no national minimums or standards concerning the training an officer should have when working with older people. The challenge for the prison service is that officers could be sent to different prisoners where the needs of the population vary massively.

Voluntary sector involvement

23) Our 2010 research showed that over a third of prison had voluntary sector organisations providing services to their older prison population. The organisation most commonly cited were local branches of Age UK and RECOOP (Resettlement and Care of Older Ex-offenders). NOMS funds RECOOP to build capacity in this area. The contribution of these organisations is clearly appreciated and valued by prison staff. In some situations, it appears that the prisons and voluntary sector are picking up work that other statutory services, particularly social services, but also housing pensions and benefits agencies, could provide.

National strategy

24) There is a clear need for guidance and direction from the centre. Current prison Service policy, Prison Service Instruction 32/2011 Ensuring Equalities, describes general duties but does not contain significant mandatory requirements or minimum

standards. Staff are struggling to manage the complex needs of this group. This work has been given insufficient priority. Adaptations for mobility and access have to be adequately resourced so that all prisoners can participate fully and prisons can become compliant with equalities legislation.

25) A national strategy could include:

- Standard allocation policy and a national allocation strategy, that includes units that are a national resource for people with mobility/care needs and end of life care units
- Mandatory regime requirements that set basic standards for the care of older people such as core day unlock, adapted work and education opportunities and appropriate activities
- Clear unified processes for individual prisoner needs assessments, needs analyses when developing services and information sharing between departments in prison, other agencies such as health and social care and when people move prisons as appropriate
- Clear standards and conditions that include rates of pay,
- Individual establishments have action plans that consult regularly with prisoners
- Named lead on work with older prisoners in each prison
- Extension to compassionate release provisions
- Commitment to explore the options for an intermediate estate e.g. supervised accommodation, secure care homes, half way homes and other supported living options and end of life care in the community

26) Examples of good practice:

Forums and older prisoner groups

The Retreat, HMP Whatton
End of life care suite providing palliative care to meet expected health and social care standards in the community. Prisoners can receive support from other prisoners and visits from their families.

The Lobster Pot, HMP Leyhill
RECOOP run a day centre for older prisoners. This work is fully integrated into the prison. Various activities take place in the centre, including poetry, gardening, and memory groups. These are organised and chosen by the prisoners. RECOOP also lead on social care assessments for HMP Leyhill.

Single Assessment Project HMP Isle of Wight
The Isle of Wight has had a social worker based in the health care unit covering the three prisons. They have developed a formal integrated health and social are assessment process, mirroring the social care model used by social services in the community.

Dignity Tool HMP Wakefield

Elderly and disabled prisoner team encourage people to undergo individual needs assessments, which are updated regularly. The prison has worked with Age UK on a dignity tool that details the social concerns and needs of older prisoners.

Resettlement work HMP Norwich
Age UK provide advice and support on resettlement, including finance benefits and accommodation.

Gym provision
PRT research from 2010 showed that two thirds of prisons ran gym sessions that were suitably adapted for older prisoners. We found much enthusiasm and appreciation of these sessions both amongst staff and prisoners.

Core Day Unlock
Many prisons have 'core day unlock' for their prisoners who are too elderly, ill or have disabilities that means they are unable to work. We are told by prisoners that the opportunity to be out on the wing, rather than locked in their cell during the time other prisoners are at work, is incredibly valuable.

Peer support. Around a third of prisons holding older people have some form of peer to peer support. This varies from assistance with reading a newspaper to someone, to tidying a cell or assisting with pushing a wheelchair. National support, training opportunities and guidelines would assist to further develop this work**.**