Social care or systematic neglect?
Older people on release from prison

Prison Reform Trust and Restore Support Network

By Neil Cornish, Kimmett Edgar, Alex Hewson, and Stuart Ware
INTRODUCTION

People aged 60 and over are the fastest growing age group in the prison estate. There are nearly three times as many as 15 years ago.\(^1\) People aged 50 and over currently make up 14\% of the prison population. On 31 December 2015, there were 12,335 people over 50 in prison in England and Wales.\(^2\) Most of these people will return to the community, but many will struggle to cope with life outside.

In 2010, the Prison Reform Trust report, Doing Time, found that 59 out of 92 prisons had nothing specific in place to support the resettlement needs of older people.\(^3\) More recent research by Paul Senior et al., funded by the NHS, showed that older people who had been in prison felt that planning for their release was inadequate\(^4\) and the majority felt that their release had not been planned at all.

Since that time, the Government introduced radical changes to probation support for people on release from prison, extended post-release supervision to 45,000 additional offenders, and passed the Care Act 2014, with its wide-ranging implications for the care of older people.

Supported by the Drapers Company, the Prison Reform Trust set out to monitor the impact of these changes on the resettlement of older people from prison. To do this, we have worked closely with Restore Support Network (Restore SN).
Restore SN was established in 1996 as an older prisoner users’ group, representing the needs of older prisoners and older reformed offenders in the community. Restore SN works to deliver social care programmes in a number of prisons in the southwest. Restore SN is a founder member of the Age UK Older People in Prison Forum. It represented service user interests on the Older Prisoners Action Group (OPAG) which produced “Pathways to care for older offenders: a toolkit for good practice” published by the Department of Health in 2007.

PRT and Restore SN conducted preliminary evidence-gathering on the experience of older people on release from prison. The samples are small, and therefore all findings are indicative. However, this scoping study provides important feedback on the implementation of the Care Act 2014 and, more broadly, the impact of changes in resettlement provision on older age groups. Further research is needed to follow up the indications in this briefing about the kinds of problems older people face while in custody and after prison.

In particular, the study was designed to contribute to resettlement for older prisoners by:

- Ensuring good resettlement and improving policy and practice for this group of people in prison and after release
- Increasing knowledge about the situations older people encounter on release and help them to cope
- Enabling older people to participate in, and take responsibility for, their own resettlement
- Assisting the National Offender Management Service (NOMS) to improve its response to the resettlement needs of older people.

This briefing is based on the post-custodial experiences of 14 older people. It also draws on two focus groups, which gathered the views of a further 18 older offenders. The data gathering was the work of peer researchers from Restore SN. They provided feedback about the content of the interview questions and received training in conducting sociological interviews. They drew on their personal experience of resettlement to investigate the challenges older people face after custody.

Prison Reform Trust also gathered evidence about the needs of older people from five prisons, as well as the challenges of preparing older people for resettlement and meeting the requirements of the Care Act 2014.

The briefing begins by listing the challenges for older prisoners; it looks at resettlement services available in prison; and then the social care needs of older offenders. The interviews indicate the problems older people encounter back in the community, including lack of safe housing, social isolation and debt. We discuss the lack of a national strategy for older offenders, and conclude with some recommendations for improving the resettlement provision for older people in custody.
What specific challenges are faced by older prisoners?

Many older people in prison have a physical health status ten years greater than their contemporaries in the community, often the long-term effects of rough sleeping and addictions. They are likely to be institutionalised to a considerable degree. A lack of daily living skills is common. Many have lost contact with friends and family, and often do not have a home to return to on release.

Older people in prison comprise four distinct groups. Knowledge of their situations explains many differences in their health, social care and resettlement needs:

- First time in prison/long sentence
- First time in prison/short sentence
- Repeat offences with recurring experiences of custody
- Long-term or indeterminate sentenced person who has grown old inside.

A study by Hayes et al. found that 64% of older prisoners had a mental health problem(s), which included:

- 34% had experienced a major depressive episode
- 33% had a substance misuse disorder
- 20% were identified to have a personality disorder
- 7% were identified to have a cognitive impairment (likely an under-estimate)
- 3% had a psychotic disorder.

In 2013, the Mental Health Foundation estimated that:

Over 80% of older prisoners have a serious illness or disability, with cardiovascular and respiratory diseases the most common. Disabilities associated with chronic disease are more common in incarcerated older people than those living in the community.

Estimates of the prevalence of dementia in prison range from one to five percent. This would mean that the number of people in prison with dementia ranges between 850 and about 4,200. Professor Seena Fazel estimated that is similar to this age group in the general public.

The study by Hayes et al. also provided insights into older people’s experience of custody:

- 63% had been worried/confused on arrival
- 45% were held outside their home region
- 40% had no visits
- 18% had no organised activity
- 17% reported unmet psychological distress.

Elaine Crawley found that older prisoners were particularly worried about release from prison, as they felt uncertain about the problems they would face or where to turn for help.
How are older people prepared for release while serving a sentence?

According to HM Chief Inspector of Prisons’ Annual Report for 2014/15:

Provision for older prisoners varied between prisons and the lack of consistency over basics – such as unlocking retired prisoners during the core day or requiring retired prisoners to pay for their televisions – pointed to the need for a clear, uniform strategy setting out minimum requirements for their care.¹¹

The Mental Health Foundation’s 2013 report described good practice. Ten of the 14 prisons they surveyed ran carer schemes whereby younger prisoners provided care for people with cognitive or physical disabilities. For example, RECOOP¹² provided dementia training for prison staff and prisoners in two prisons.

In October 2015, Prison Reform Trust asked eight prisons for feedback on the resettlement needs of older prisoners. Five responded and while none of the managers responding said they had a specific strategy for older prisoners, all said that they had an older prisoners’ forum. In addition, one establishment provided for age-specific mentoring by older prisoners or recently released volunteers. None of the five prisons identified any specific services for older prisoners from Black, Asian and minority ethnic groups.

Two prisons provided housing support through a charity (St Giles Trust) and a third manager stated:

They have direct access to local authorities sheltered accommodation.

One of the five prisons said they provided age-related training opportunities for older prisoners. In a second prison, the manager stated that prisoners’ education and training needs were considered ‘on an individual basis’, but they were also planning an educational programme to be delivered on their older prisoners’ unit. One prison said it provided: “[A] selection of large print books which are age appropriate from the library service. Also DVDs, and requests are taken.”

Two of these prisons worked with a charity, the Ormiston Trust, to help maintain relationships with families. In another prison, the safer custody department was informed of any prisoner who had no family contact. This precaution should be widespread practice, given that older prisoners are more likely to be socially isolated and experience depression.

One prison made specific provision for the particular mental health needs of older people:

All prisoners here are triaged upon release. There is a dedicated nurse on the older prisoner unit and all unit staff have received additional training in dementia awareness. The staff are dedicated to the unit and work in close partnership with the mental health service.
Three of the five prisons said that their health care centre helped older prisoners to register with a GP on release. One wrote:

All prisoners are provided with an NHS direct card to assist upon release, further assistance is given upon release. The provision of an NHS card is helpful, but it is not the same as directly contacting a GP surgery to ensure that the person is registered by the surgery.

Staff in one prison stated that people are provided with a care plan prior to their release.

Asked to describe the best work done with older people in their establishment, three prisons provided examples:

We have a dedicated unit which is structured and adapted for older prisoners. A wide range of peer support is available. We encourage an ethos of independence and not dependence which is created and accepted in the prison community.

An older prisoners (over 50) unit. Specific gym sessions for older prisoners. Older prisoner focus group, managed by healthcare colleagues. Older prisoner forum. Pensions advice - in partnership with Age UK.

Elderly offenders receive regular visits from Age UK and the ‘forget-me-nots’. Bi-monthly over 50s forum. Dedicated over 45s gym programme.

Can older people benefit from release on temporary licence?

A key part of preparing people for release and in particular, people who have spent long periods in custody, is release on temporary licence (ROTL).

ROTL makes important contributions to preparing people for their return to society, especially those likely to have been institutionalised by a stay in prison. HM Chief Inspector of Prisons summarised the roles it performs in preparing for resettlement:

ROTL is an important and cost effective part of preparing prisoners for release. For low risk prisoners, it enables them to put something back into society while completing their sentences, through community placements or paid work, and helps them to maintain important family and other community links. For prisoners who are coming to the end of longer sentences for serious offences, ROTL, properly managed, contributes to their acclimatisation to life beyond prison walls and tests their readiness to live in the community without reoffending. As such,
ROTL has an important part to play in protecting us all from the harm offenders might do if they reoffend because they have been released from prison at the end of their sentences without adequate preparation.\textsuperscript{13}

There are risks, but ROTL very rarely goes wrong: Data show the rate of arrests of people on ROTL to be approximately five arrests per 100,000 releases.\textsuperscript{14} ROTL provides: genuine reasons for people in custody to comply and to use their time constructively. It is a vital part of resettlement for many, providing a monitored re-introduction to the responsibilities they will face after prison.

ROTL must be for a specified purpose, linked to the person's resettlement plans. ROTL can mean day release, to enable the person to do community work, attend courses and spend time with their families. But it's also possible to earn an overnight release, usually to stay at the location to which the person will be released. Often, a prison officer accompanies a person on their first ROTL.

As a result of changes introduced in 2013, the use of ROTL has fallen dramatically. A recent briefing jointly produced by Clinks and PRT surveyed voluntary sector organisations who hosted ROTL placement. The organisations reported that almost two-thirds had seen decreases in the use of ROTL; over two-thirds said that people in prison reported difficulty in getting approval; and four in five said the process took longer.\textsuperscript{15}

One of the five prison managers who responded to our questions explained that the decrease in ROTL had affected family ties:

\textit{Maintaining family ties have been reduced from four per month to two per month. Home Leaves (R.O.R) can only now be accessed in the last nine months of sentence for non-restricted prisoners. These changes have affected all prisoners.}

A recent analysis of government data by PRT found that in local prisons, where people are meant to spend time immediately prior to their release, ROTL is almost never used. Among the prisons where ROTL is used, there are huge disparities. In two open prisons, the proportion of people on ROTL ranged from 53\% to 95\%.

Government and prison governors need to appreciate the unique benefits of ROTL for the resettlement of most people in custody. It should be normal for prisoners to take education courses in community colleges and return to the prison to sleep at night; for people nearing release to be able to spend afternoons with their loved ones; for apprenticeships in the community to begin before release to be completed afterwards at the same firm; to begin work with an employer during a sentence (contributing to the victims fund and paying tax) before reporting to the same employer on the day of release.
What special arrangements exist for the resettlement of sex offenders?

For some men and women who have sexually offended, trying to re-settle into the community, particularly following a period of imprisonment, may be a daunting prospect. They may feel isolated and fearful, and in need of practical support; for example in finding work or managing their money. They may also struggle to rebuild a full and meaningful life whilst managing their ongoing and potentially risky behaviour.¹⁶

42% of men in prison aged over 50 have been convicted of sex offences.¹⁷ A sex offence has significant implications for resettlement, because it carries particular requirements. The sex offender notification requires anyone convicted of a sexual offence to tell the police their details within three days of release.

People who have been convicted of sexual and serious violent offences are supervised by the National Probation Service under a Multi-Agency Public Protection Arrangement (MAPPA) team. These teams coordinate the police, probation services and prison service to manage the risk posed by serious offenders. Other agencies, such as social services, health services and work and pension departments, have a duty to cooperate with the MAPPA team.

It is likely that having been convicted of a sex offence increases the stigma and social isolation people experience after prison. A report by Leeds University found that, on release, people convicted of sex offences:

Recounted the discomfort, uncertainty and fears that their ‘new’ status as sex offenders gave them. Many had lost family, social networks and the familiarity of a home town. In the wider context this isolation could be amplified by adverse press reporting and moving to towns or cities where they knew no-one. The result was often a self-imposed restriction to the home and a withdrawal from the community.¹⁸

MAPPA interventions are primarily aimed at managing and reducing the risk of reoffending. Through the probation services, they can, and do, provide much-needed practical help to find suitable accommodation and links to jobs. However, a focus on risk can also increase social isolation. Often it falls to voluntary sector organisations, such as Restore SN, to help the person build social networks and find useful activities.

A voluntary sector intervention which has demonstrated that it can reduce isolation is Circles of Support and Accountability (COSA). A ‘Circle’ comprises about six volunteers from the community who befriend, guide and support people, while holding them accountable for their behaviour. Within criminal justice, COSA works in partnership with the NPS, MAPPA, and the police to prevent future sex offending. They help the person to reintegrate while enhancing community safety. In 2015, the winner of the Robin Corbett award for prisoner rehabilitation was the Safer Living
Foundation, a COSA project in Nottinghamshire. The evaluation of a COSA by Leeds University found that circles were very effective in reducing the social isolation experienced by sex offenders after release:

*Asked to reflect on their time in CoSA, the vast majority of Core Members reported feeling more confident, had gained a wider social circle, were becoming more appreciative of themselves and many said their working relationship with statutory agencies such as the police and probation had improved. Some felt they had gained new perspectives on their lives and more self-awareness as a result of their participation in CoSA.*

**What are older offenders’ social care needs?**

The Care Act 2014 has wide-ranging implications for the care of people and the families of people with social care needs. For the first time, responsibility for social care for people in prison has been clearly set out. From 2015, the local authority in which the prison is situated is responsible for assessing and meeting the social care needs of all people in prison, including those with a disability and older people.

The Care Act 2014 requires local authorities and prisons to work together to respond to the social care needs of prisoners.

To be eligible for social care, a person should meet three criteria:

1. Have needs arising from a physical or mental impairment
2. Be unable to achieve two or more items on a list of ten outcomes
3. Be likely to experience a significant impact on their daily lives as a result of being unable to achieve those outcomes.

According to guidance on the implications of the Care Act 2014:

Older people with eligible needs are entitled to the same quality of social care in prison as they would obtain outside.

Local authorities are responsible for the assessment of all adults who are in custody or approved premises in their area and who appear to be in need of care and support, regardless of which area the individual came from or where they will be released to.

Prisons and/or prison health services should inform local authorities when someone they believe has care and support needs arrives at their establishment. People in prison, their families or anyone else can make a referral on behalf of an older person, though others should always try to discuss a referral with the older person first.
Where it is clear the person has urgent needs, the local authority should provide appropriate types of care and support prior to completion of the assessment. Where a local authority is required to meet needs it must prepare a care and support plan for the person concerned and involve the individual to decide how to have their needs met. For individuals with communication support needs, an advocate may be necessary.

When someone would have substantial difficulty in being fully involved in the assessment, care planning and review processes, the local authority will need to arrange for an independent advocate for the person.

The Government estimated that 3,500 older prisoners are likely to meet the eligibility criteria for social care from local authorities. Social care for prisoners is expected to cost £9.4 million per year — with £7.4 million of this for people over 50. £11.2 million of ‘new money’ will be dedicated to support local authorities in delivering social care to people in prison.

The Association of Directors of Adult Social Services (ADASS) monitors social care activities in prisons and approved premises. In the three months after April 2015, when the Care Act 2014 came into effect, the 75 prisons covered by the local authorities responding to the ADASS survey had referred an aggregate of 542 people for social care assessments. On average, 45% of those referred were found to be eligible for social care.

The Care Act also has a prevention agenda: As part of the central focus on wellbeing, the Care Act emphasises the importance of taking a preventative approach, so that:

…at every interaction with a person, a local authority considers whether or how the person’s needs could be reduced or other needs could be delayed from arising.

While they are in custody, older people hold the same rights regarding social care as others in the community, except that they cannot choose where they live or receive direct payments to pay for their needs to be met.

The prison managers who responded to our questions were all aware of the Care Act and were corresponding with their local authority:

All prisoners here have been screened to establish any level of social care requirements. Full partnership working in place with Social Services and the council. Literature published to 211 prisoners. Conferences and clinics in place for heightened assessment.

The process will start with the Care Act referral which will come from the healthcare screening and basic screening tool. The drug and alcohol agency will then be informed and assess the prisoner and decide whether they meet the criteria. Prisoners will also be able to self refer.
How do prisons manage the needs of people who are dying?

End of life care “helps those with an advanced, progressive, incurable illness to live as well as possible until they die. . . . Palliative care is the total care of patients whose disease is unresponsive to active medical treatment.”

As the prison population ages, more prisoners may die of natural causes while in prison. In 2014, 107 people aged 50 or over died in prison of natural causes, an increase of nearly 50% in the last decade.

NOMS (the National Offender Management Service) requires a structure that provides:

- An end of life care plan
- Coordination among different services
- Communication with, and involvement of families
- Respect for the patient’s wishes, including ‘do not resuscitate’
- Palliative care
- ROTL and early release on compassionate grounds
- Restraint and security
- Support for staff.

In 2013, the Prisons and Probation Ombudsman (PPO), Nigel Newcomen, published a bulletin which summarised the treatment of 214 people who were terminally ill and in prison.

The PPO’s report found, overall, widespread good practice. For 85% of the people whose treatment was reviewed, the PPO investigators judged that the care was equivalent in quality to that available in the community. Further, where there was a palliative care plan, almost all of these prisoners had input into the plan.
However, Nigel Newcomen added that:

... Over a quarter of prisoners in the sample of foreseeable deaths had no palliative care plan, support for families was variable and greater efforts could have been made to obtain temporary or compassionate release to allow prisoners to die with dignity in the community. Above all, as I have reported numerous times, prisons need to achieve a better balance between care and security in the use of restraints on the terminally ill. 29

NOMS’ stated policy about involving the family sets a balance between reaching out to families and recognising the detained person’s right to decide not to involve them.

For those prisoners who may not be released before they die, it is important that prisoners are able to maintain closely contact with their family or a nominated person. With the prisoner’s agreement, the family should be kept informed and updated on the prisoner’s condition particularly if there is deterioration in their condition. 30

Thus, policy encourages prison staff to allow, subject to the person’s wishes, close contact with the family. The end of life care guidance states that contact with the family should begin as soon as possible. The PPO review found that among the people receiving palliative care in prison, 50 had families who were not involved at the time. Even allowing for personal decisions (on either side) not to meet, this suggests that some families are being arbitrarily excluded.

The PPO Bulletin recommended that choices about the possibility of an early release should be discussed as soon as possible after a terminal diagnosis is made. An early release differs from release on temporary licence, in that it changes the person’s sentence status. Early release requires a decision by the Secretary of State for Justice, and is normally not considered until death is within three months away, subject to the difficulty in making an accurate prediction. In the PPO study, 78 people were considered for compassionate release, of whom 13 were granted it. 31

One reason for an early discussion about the possibilities of early release or release on temporary licence is that health professionals, prison managers, officers should seek the views of the dying person. As the end of life approaches, communication is likely to become more difficult. In addition, the PPO’s report found that delays in the early release decisions often meant that the applicant died in custody. Of the 78 who were under consideration, 26 people died while the decision was pending.

The PPO reserved his most profound criticism for the practice of detaining very ill people in restraints while outside the prison for medical care:

Unquestionably, protecting the public is the principal role of prisons, but this is not achieved by inappropriately chaining the infirm and dying. Too often I have had to criticise prisons for failing adequately to balance security with humanity when restraining the terminally ill: a failure which is unlawful, as well as inhumane. For example, in a study of 886 investigations into natural cause deaths, we assessed the level of restraints as the prisoner neared death as inappropriate in 51% of cases. Too
often, restraints were used routinely and justified on the prisoner’s historic risk not their current state of health. As a result, restraints were left on too long, even to the point of death. A terminally ill prisoner should never need to die in restraints, nor should any escorting officer have to go through the trauma of being chained to a prisoner as he or she dies. With a rapidly ageing population, visits to hospitals and hospices will only increase, and with them daily test of the humanity of our prison system. 

How is the statutory framework intended to support the resettlement of older offenders?

Since February 2015, resettlement services, formerly delivered through probation trusts have been handed over to Community Rehabilitation Companies (CRCs) and the National Probation Service. The 21 CRCs supervise low and medium risk offenders including people who have served prison sentences of 12 months and less.

In 2013-2014, the Justice Committee conducted an inquiry on older offenders. The Government set out its aims for the new resettlement service in response to the Justice Committee’s Inquiry.

Under the government’s Transforming Rehabilitation proposals, all prisoners should benefit from resettlement services and genuine continuity of provision ‘Through the Gate’ from custody to the community. The provision of essential resettlement services in custody to all prisoners will be delivered irrespective of potential payment by results, ensuring that all prisoners, including older prisoners, will receive a level of resettlement services regardless of reoffending and potential employment.

Clinks, the umbrella organisation for voluntary sector groups involved in criminal justice, published a guide to good practice in resettlement. The Clinks guide explained that the CRCs will have to balance the needs of older prisoners against the other eight protected characteristics to ensure that they do not discriminate. While each group requires some specialised support, with experience in working with that client group, the CRC is likely to focus on mainstream resettlement provision.

The Justice Committee raised concerns about the lack of continuity in providing health care to older people before and after release from prison:

The failure to register an older ex-offender with a community GP after release undermines any productive work that is done to manage or improve their healthcare in prison. All older prisoners, in their preparation for resettlement, should be provided with necessary documentation and instruction to register themselves with a GP in advance of their release; when an older prisoner is unable to do this themselves it should be done on their behalf by resettlement services.
In response, the government promised:

The partnership agreement between NOMS and NHS England includes an undertaking to work together to support continuity of care. This could include an expectation that the health provider will support GP registration for those who have a return address in the community. . . . The introduction of resettlement prisons and through the gate services, as well as statutory supervision for all prison leavers, under Transforming Rehabilitation will also support better transition from care in custody to care in the community.

The Justice Committee also called for better arrangements for the social care of vulnerable older prisoners on release. The Care Act 2014 provides the legislative structure to ensure that social care needs which have been identified during custody continue to be met after release from prison.

The government’s response to the Justice Committee included this commitment:

The Care Bill includes clauses that will ensure continuity of care between local authorities. When someone is released from a prison located in one local authority, back to their community in another local authority, that local authority will be notified and their care provision will continue.

What assessment do older people make of their resettlement support after prison?

Restore Support Network interviews

Restore SN conducted peer research interviews with 14 people over 50, all of whom had been in prison. This small sample provides some indication of the levels of need among this group, as well as the problems they faced in accessing the post-release support they needed, after release. Restore SN also conducted two focus groups to discuss what prisons did to prepare older people for resettlement – one comprised 7 people and the other had 11.

A few characteristics help to describe the group of older ex-prisoners who consented to an interview:

- 12 were men and two were women
- 12 were white and two came from a Black, Asian and Minority Ethnic background
- Three were not from the southwest; three had spent their entire lives there; and the remainder had been in the southwest between one and 25 years
- Eight had been in prison before (one, more than 15 times) and five had not been to prison before their recent sentence (one did not say)
- The majority (nine) had been out of prison for over a year; four had been in custody when the Care Act 2014 came into effect
- Seven were currently on licence (including three on life licence) and seven were not
- All but one had been released from a prison in the southwest of England.
Personal stories

Resettlement support is often provided in silos. Distinct interventions for housing, employment, personal finances, drug dependency, and family relationships, if not well co-ordinated, can result in a lack of coherence for the offender. Breakdowns in communication and conflicting objectives can make resettlement a riskier and more unsettling process. This report considers practical problems under separate themes, but these are experienced by people coming out of prison as inter-related.

Mr A was 69 and was released after an 18-month sentence, his first time in custody. He reported that the prison had helped him with his family relationships, and to find accommodation, and with physical health problems. He explained that he was ‘not interested’ in education, training or employment.

While in prison he said he was supported by some of his family:

Relatives, at least those who had not shunned me.

Now that he was out, he felt socially isolated and stigmatised. He believed that one solution would be for him to ‘get out more’. However, he explained that he was:

. . . limited where I go out due to fear of being recognised by people who have known me for years.

He had social care needs, but had not been referred for help. He had been released before Transforming Rehabilitation was introduced, and was grateful for the support he had received from Restore SN and the probation service.

Ms B was 67 and had been released after serving a sentence of six weeks – her fourth time in prison. She felt the prisons had been ‘very helpful’ on preparing her for release. While there, she received help from probation, RECOOP, and women’s workforce. She was very appreciative of peer mentoring:

A great idea, because it works.

She was also supported, while in prison, with an alcohol problem, but received no help with this after release. She had recently started attending meetings of Alcoholics Anonymous. She told us that she had received no help or support for accommodation, education and training, or personal finances. She believed this was in part due to the short length of her sentence:

There’s no accommodation [support] for short sentenced.

No one in prison had helped her to sign on with a local doctor’s surgery. Asked if she had received help from the local authority social services, she replied:

I feel overlooked as an older person who has been homeless with drink problems in the past.
Resettlement needs

The older people were asked about what the prison had done to prepare them for release. Five said the prison had been helpful, while eight said the prison had done ‘nothing’ or ‘very little’, and one could not remember. Two who expressed dissatisfaction pinpointed a lack of reliable information about resettlement:

No one knew anything for sure.
No one gives any correct answers.

A lack of information for prisoners in preparation for their release caused high levels of anxiety and was also a cause for concern in the study by Senior et al. Many people reported minimal or no contact from probation workers or offender managers while in custody.35

Nine of the 14 people interviewed by Restore SN felt that the prison had not adequately prepared them. Common concerns included delays, a lack of information, and a failure to arrange support for them after release:

Everything takes so long to sort out.

[A] social worker came to do the assessment, but I returned to [the southwest] with no accommodation or care support except [from the charity] Footprints.

The Restore SN interviews some who felt that they were prevented from taking steps independently to prepare. Six of the 14 said that they tried to resolve problems prior to release, but were unable to do so.

I tried to speak to offender management, but was not able to see anyone.

The interviews explored what kind of help people would benefit from on release, and whether they got help.
Accommodation
Accommodation problems on release were cited most often, by 12 of the 14. Two-thirds of them said they were helped to find accommodation by probation, housing agencies, or their family. Some who said they received no housing support were able to make temporary arrangements through family links.

The likelihood of having accommodation on release from custody decreases the older a person is. Older people on release may not understand how to manage their finances, access benefits or use technology. Some older people will be released to unfamiliar areas where they have no networks to support them.

Education, training and employment
Nine of the 14 said they needed help with education, training or employment. Yet, only one person said that they had been given help. Many of the people interviewed felt training and employment (both in prison and after release) are targeted at young men.

[There is] not much, unless you are younger.
No one seems interested in helping. Probation does not do anything regarding employment.

The focus groups confirmed this view. One focus group participant said: “Activities in this area, which are few, are aimed at young offenders.”

Having said this, six of the 14 said that they were taking steps to find employment or hold onto a job. One said they were volunteering in order to gain experience and an employment reference.

Finance, benefits and debt
Other areas of need they cited were drug treatment, physical health, and personal finances. Of these, the need for personal finance advice and information was unlikely to have been met. One focus group made the comment that there was very little help for personal finances in the prison ‘that would help our age group’. Six of the 14 interviewed said they did not know of any help available locally for personal finance problems; four said there was none, or it was patchy. Two mentioned Restore SN. Asked who they might turn to for financial advice, the three most common responses were: Restore SN, a mentor, and the Citizens Advice Bureau.

Finances remained an area of unmet need. Reflecting the overlaps among areas of need, one man described how his finances contributed to his social isolation:

It’s hard. With so little money, there is nowhere to go.

A small number of interviewees mentioned mental health problems, but those who did described debilitating conditions, such as post-traumatic stress disorder or self harm.
**Personal story: Mental Health**

One person described how his rehabilitation and resettlement had been affected by his loss of memory.

“I don’t know why I forget, but I assume it is to do with my history of drugs and alcohol.”

He explained that, due to his disability, he was unable to take part in rehabilitation programmes while in prison:

“No one bothered, because I keep forgetting.”

After release, his memory loss continued to create problems for him. He said he was . . . “unable to get around, and forgetting appointments.” He added, “Someone needs to believe me when I forget.” He did not think that mental health services had been helpful, but he had been supported by Alcoholics Anonymous and Narcotics Anonymous. Other crucial support came from his peer mentor: “I would not have survived without him.”

The peer mentor perceived a decline in his memory during the five months they were in touch. As a result, the man was assessed for supported housing. However, a week later, he was taken into hospital following a suspected stroke. Ten weeks later, he was still in hospital, as social services were struggling to locate a suitable care home.

**Physical health and social care**

The Hayes study cited above found that over 80% of people they surveyed stated they had physical health needs. The Restore SN interviews asked what the prison healthcare service had done to link the prisoner with a local doctor’s surgery. Thirteen of the 14 interviewed said that there had been no referral to a local surgery.

*I was released with no documentation. No one asked if I had a GP.*

Despite the small size of the sample, it is apparent that, for these people, staff in prison consistently failed to communicate adequately with local GPs to ensure medical care post-release. One of the focus groups heard of a man who asked for help finding a GP surgery, as he was due out in a month. He was told to find a GP after release.

Nine of the 14 said they had social care needs; only one of these said that they had received help from social services, and one other said it was ‘still in progress’. Restore SN tried to support a seriously ill person who had trouble washing and dressing. They reported that a social worker had assessed his care needs as high, but then had not visited him for two months.
Half of the people interviewed said that their physical health had an impact on their resettlement. One said:

_I was living on a second floor and I had problems with my knee. I could not get anything [accommodation] on the ground floor._

Another described himself as ‘not capable of caring for myself.’

**Social isolation**

We asked these older people, who had experienced life in the community after prison, if they felt socially isolated. Ten of the 14 said they did. While in prison, eight kept in touch with family or friends. After prison, eight also said they had kept in touch. The proportion who had no family or friends appeared to be high, confirming the sense of social isolation.

Doing Time found that some people had spent so long in prison that it was there that they had an established social network:

_I committed my last offence to get back inside. . . . Trust is, I have no relations or friends on the outside, and no interests – they’re all here. . . . 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 am in my 70s and ‘back home’ and this is where I am going to die – not that I want to spend the end of my life in prison, but what else is there for me?[^37]_

One of the people interviewed for this study echoed this experience. He said he had committed . . .

_Petty theft to break licence and get back to prison for my support and buddies._

Broken family ties were common. One person said:

_My family will have nothing to do with me._

Another, asked if the prison could have done more to help to maintain family ties, said: “No, because I have messed up my own life.”

One person said, “I wish my family would forgive me. I would like to put this right before I die.”

Linked to social isolation, the vast majority of these older offenders (13 of the 14) said that they felt stigmatised:

_Friends have dropped me._  
_Police keep arresting me as they don’t believe I am crime-free._
The people interviewed raised a number of suggestions about what could be done to reduce social isolation and stigma among older ex-prisoners:

- Be more aware of our needs and listen.
- Maybe run ex-offender groups.
- More pre-release ROTL [release on temporary licence].
- Need far more buddies on release, who I can trust.
- Getting back to work via my trade.

Peer support and peer mentoring was cited as a source of practical help, such as providing advice. Of the 14 interviewed, 12 thought peer mentoring was a good idea. One said it was “a great idea, because it works.” Peer mentors also reduced social isolation and stigma. One said of his peer mentor:

I would not have survived without him.

**Transforming Rehabilitation**

The interviews were conducted in late 2015. The new system of through the gate supervision, Transforming Rehabilitation, had been in place since February, 2015. The 14 interviews were conducted between July and October and explored how the new system had affected their resettlement. Seven of the 14 were on licence when interviewed.

Half were unaware of what Transforming Rehabilitation entailed. In one of the focus groups, none of the eleven participants knew what effect it would have. Typical comments by those interviewed included:

- It’s too early to tell.
- I have been very much aware that cutbacks in staff in prison and probation have greatly affected the older age group.

However, almost all of the people interviewed identified agencies in the voluntary sector who had helped them (only two of the 14 reported receiving no help.) Common sources of support (in addition to Restore SN) were churches, Alcoholics Anonymous and Narcotics Anonymous, Footprints, and the British Legion. Statutory agencies were also mentioned, as some respondents felt that the police and probation officers had provided them with support.

**Why isn’t there a national strategy for meeting the needs of older people in prison?**

In 2003, the Prison Reform Trust argued that there was a need for a national strategy for older people in prison.\(^3^8\) PRT repeated this call in 2008 and in 2010 (Doing Time). In 2007, Elaine Crawley reported on the needs of older people in prison, and commented that it appeared
‘scandalous’ that there was no national strategy. In his 2008 thematic report on older offenders, HM Chief Inspector of Prisons called for a national strategy.

In 2013, in his written submission to the Justice Select Committee inquiry into older prisoners, HM Chief Inspector of Prisons repeated his recommendation:

* A national strategy should ensure that prisons are able and expected to meet the needs identified above and set out minimum standards. . . . It should set out a clear framework for delivery, define the responsibilities of the prisons and other agencies involved and include a common system for assessing the needs of older prisoners. 

The Justice Committee’s report on older prisoners concluded:

* It is inconsistent for the Ministry of Justice to recognise both the growth in the older prisoner population and the severity of their needs and not to articulate a strategy to properly account for this. The Ministry of Justice should produce a national strategy for the care and appropriate regime for older prisoners to provide for minimum standards that produce effective and equitable care.

In its response, the government rejected the idea of a national strategy. It argued instead, that older people in prison should receive help based on their individual needs, and that mainstream services should ensure that they do not discriminate against older people.

**What needs to be done?**

A national strategy for older offenders is required to offset the risk of unjust disparities in the way they are managed by NOMS. Such a strategy should be informed by research evidence about older people’s specific needs and consultation with older offenders and relevant voluntary sector organisations.

A national strategy for meeting the health, social and rehabilitative needs of older people in prison would:

- Establish older people as a priority group
- Define minimum standards
- Respond to the ever-increasing numbers of older people
- Profile different groups of older people in prison, so that their age-specific needs can be identified and met
- Target resources much more efficiently
- Prevent further inconsistent treatment and discrimination
- Contribute to improved inter-departmental collaboration
- Help to ensure fairer treatment.
Report recommendations

Government should:

1. Produce a national strategy, jointly agreed by the Ministry of Justice, the National Offender Management Service, the Department of Health, NHS England, and the Association of Directors of Adult Social Services, to include:

   - A descriptive profile of older people in prison
   - Standards for their care and treatment in custody, highlighting the practical implications of their legal status
   - Specific guidance for older people and prison staff on appropriate work, leisure, and learning activities
   - Training for all staff in contact with and responsible for the care of people in prison
   - Mandated requirements for prisons holding people who are over 50, to include the duties of the senior management team, health care, and social care providers to ensure age-appropriate treatment and services during custody and consistency of care post-release
   - Information sharing protocols, for example between discipline staff and health care
   - The responsibilities of prisons and local authorities in the provision of daily living aids and occupational therapies
   - Age-specific guidance on working with families
   - Instructions about end of life care, early release on compassionate grounds
   - Suggestions for ensuring the regime provides for older persons, especially in terms of preparation for release, and
   - Guidance on effective alternatives to custody for older people for whom imprisonment has become a double punishment.

2. Review the impact of the Care Act 2014

   The Care Act 2014 provides a clear and much-needed structure to ensure proper support for vulnerable older people. It also requires local authorities to provide advice and information, and possibly services, intended to prevent, reduce or delay social care needs developing. The triple duties – assess, provide services, and prevention – suggest that implementation must be carefully scrutinised.

   The Prison Reform Trust and Restore SN recommend that the government commissions a study on the impact of the Care Act for people in prison and on release.

   We also recommend that the Care Quality Commission, the independent regulator of health and social care, reviews and revises its role and guidance on care in the criminal justice system.

   Government should establish routine screening for social care needs for all prisoners 60 years and older.
The National Offender Management Service should:

3. Publish a Better Outcomes Guide for older people in custody

   The guide should:
   • Review the research evidence about older offenders
   • Describe the health and social care needs of older people and the services required to meet them
   • Describe how to target interventions so they fit their needs
   • Build on the recommendations made by HM Chief Inspector of Prisons and the Prisons and Probation Ombudsman
   • Empower older people to find safer, more fulfilling roles during custody and post-release.

4. Ensure that the equality strategy provides tailored provision for older people, to include:
   • Monitoring compliance with Disability Discrimination Act and equalities legislation
   • Health and social care for infirm people in prison and on release to ensure continuity of care and effective resettlement
   • Adjustments to accommodation and regimes to tackle the requirements of the retired and people with mobility disabilities
   • Improved palliative care facilities and services for those not allowed - or unwilling - to die in the community and ... 
   • Better training and support for prison and probation staff – and prisoner supporters – in the signs of depression or dementia, social care needs of older people, and end of life care. 44

5. Make greater use of voluntary sector expertise

   NOMS should establish a best practice forum to monitor the performance of prisons and CRCs in meeting the care and support needs of older people. In prison establishments, governors/directors should pro-actively welcome organisations such as Age UK, RECOOP, Restore SN, and others with expert knowledge. Peer support programmes, which reduce social isolation, should have sustainable funding.

6. NOMS should develop and promote a job description for peer carers:
   • to clarify the limits of such roles (including training needs, duties of maintaining confidentiality)
   • stating when peer support is not suitable
   • to define the legitimate expectations of prisoners receiving such care, and
   • to establish lines of accountability within management team.
7. Exercise greater flexibility in decisions about early release on compassionate grounds

NOMS should review the current compassionate early release policy to provide greater flexibility for prison governors to release older prisoners nearing death. The policy should provide choice for terminally ill prisoners about where they will be cared for and what they need.

Doing Time\textsuperscript{45} recommended that eligibility for compassionate early release be extended so that people diagnosed with up to one year to live can apply. We repeat that recommendation.

Governors/Directors and prison staff should:

- Continue to develop methods of consulting older people in custody about their needs.
- Provide policies and action plans that explain to staff their duties and aims for this group.
- Consider developing an activity (activities) aimed at older prisoners to include physical activity and mental stimulation.
- Try to offer quieter areas for older prisoners (offering choice).
- Properly resource adaptations within the prison to meet mobility needs of people with a disability.\textsuperscript{46}
- Appoint a manager for older prisoners – to lead and coordinate provision for older people.
- Make greater use of release on temporary licence (ROTL). ROTL has unique benefits for the resettlement of older people following custody and can enable the person to work or volunteer in the community and to re-establish links with their family.
Endnotes


2 Table 1.3, Ministry of Justice (2016) Offender management statistics quarterly, June to September 2015, London: Ministry of Justice


Seena Fazel, Perrie Lecture, June 2015


RECOOP is “an independent charity delivering support services and resettlement programmes for older prisoners in the South West of England. We also carry out capacity-building work on behalf of NOMS with prisons, probation trusts and third sector organisations across England and Wales to improve the range and quality of interventions, support and services available for older offenders and ex-offenders.” (Justice Select Committee, 2013-2014, written submission Ev 55-60.)


http://www.circles-uk.org.uk/about-circles/purpose-and-values;


Thomas, Thompson and Karstedt, Ibid.

Note that meeting people’s non-eligible needs remains the responsibility of the prison, under its duty of care.


By the end of October, 2015, the number of people referred totalled 966 in 58 local authorities covering 59 prisons. Personal communication, ADASS, 16 March, 2016.

Care and Support Statutory Guidance, page 3, 1.14c


Ibid.


46 Note that the new UN Standard Minimum Rules for the Treatment of Prisoners, the Nelson Mandela Rules, 5.2 state: “Prison administrations shall make all reasonable accommodation and adjustments to ensure that prisoners with physical, mental or other disabilities have full and effective access to prison life on an equitable basis.”
Acknowledgements

The Prison Reform Trust and Restore Support Network are grateful to the Drapers Company for supporting us in producing this briefing on older people in prison and on release. The authors would like to thank the older people who provided their views and explained their circumstances, some of which were distressing. We also thank the peer researchers who conducted the interviews, including Veronika Wyse, and Bernadette MacDonald Raggett who facilitated two prison focus groups. The authors are grateful to critical readers whose feedback improved the text, including Ian Anderson ADASS Associate, Care and Justice, Peter Dawson, Juliet Lyon, Mary Piper and Jenny Talbot.