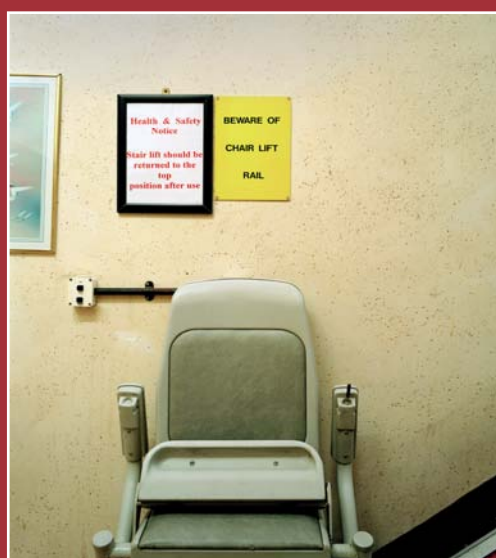


Doing Time

Good practice with older people in prison - the views of prison staff

Francesca Cooney with Julia Braggins



The Prison Reform Trust works to create a fair and decent prison system. We do this by looking at how prisons are working, giving information to prisoners, staff and people outside and by asking the government and officials to make changes.

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For more information contact the Prison Reform Trust

15 Northburgh Street
London
EC1V 0JR

020 7251 5070

www.prisonreformtrust.org.uk
info@prisonreformtrust.org.uk

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– the views of prison staff

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Introduction

The prison population is ageing. People over 60 are the fastest growing age group in custody. The last eight years have seen increasing evidence of the needs of older people in prison. This has led to a developing awareness among prison staff and prisoners of the difficulties faced by older people and a greater understanding that the current response is often inadequate, and prisons ill-equipped, to meet their needs.

This report is mainly based on a survey of staff in prison establishments throughout England and Wales. The high response rate demonstrates a willingness to share information and improve practice in work with older people in prison.

The experiences of prison staff detailed in this report lead to important questions about the appropriateness of the prison environment for some of the people in their care. Diversion from prison could be used more regularly for people who are low risk, or whose age makes them less of a risk. Training for probation officers on the age, health and social care factors that impact on risk is essential, as is more appropriate provision in the community for older people who offend. A review of compassionate release on health and welfare grounds would also be timely.

Some older people in prison will develop terminal illnesses. Prisons are not a suitable location for them. There are serious problems providing care in prisons for people who are dying. Individual prison establishments and offender health are developing end of life services. However, NOMS should consider an overarching policy on this, so that decisions about care are taken with proper consideration and support, there is adequate time to access risk and there are clear referral links with hospices and care homes.

Prisons are developing more age-specific services than ever before. However, the increased awareness of the complex needs of older prisoners has served to highlight the inadequacy of much current provision. As one respondent to this staff survey says, 'the best work we do is finding out what we NEED to do'. Increased use of needs assessments and use of prisoner forums, councils, advocacy and peer support work to identify needs gives older people in prison an opportunity to let the staff really know what is happening. The flip side of this is that it uncovers the complex, multiple needs of a prison population and the prison may not have the resources to meet these.

The needs of older people in prison are now firmly on the agenda, although clearly there is still a long way to go. This has happened for a number of reasons, some of which are largely pragmatic. The prison service has had no option but to respond to these needs in the face of the changing profile of the current population, (both the ageing population and increased numbers) and additional legal duties under the Disability Discrimination Act (DDA).

From information gathered from research for *Doing Time: the experiences and needs of older people in prison* and from prison visits, the Prison Reform Trust has become aware of many efforts to improve both treatment and conditions for older prisoners and a number of good practice establishments. However, it was clear that these are not always known about outside the particular prison. Many staff and governors told the Prison Reform Trust that they feel they are working in isolation to manage the needs of their older populations.

The findings of this report show clearly that while prison staff are making real efforts they are still struggling to fulfil their duties to older people in their care. A lack of central direction with few clear policies and standards, the difficulties accessing training and support and the budgetary constraints coupled with regimes, buildings and systems designed for younger inmates all conspire to render the job of caring for older prisoners incredibly difficult. Older prisoners are often doubly punished – along with the loss of liberty they are frequently struggling to cope in a system that is not set up to recognise their needs.

Despite time and resource constraints, many prisons are implementing innovative and exciting ways of working with older people. This report seeks to highlight the areas where the Prison Service is doing good work, often on the initiative of individual officers or colleagues from other agencies such as Age UK.

The Prison Reform Trust understands that many of these approaches can be developed or varied in other prisons and be equally effective.

Aims

The aims of this report are to:

- summarise existing provision and activities
- define and describe what good practice is when working with older people in prison
- recognise and identify the good work many staff are doing
- offer an analysis and description of a selection of projects
- inspire and motivate staff to try new approaches in their prisons
- provide a framework for policy and practice development.

This is a unique study, focusing on the views prison staff on the work they do with a specific and growing section of the prison population. The Prison Reform Trust hopes that the prison service will gain a greater understanding of the pressures staff are facing, the value of initiatives across the estate and the steps that need to be taken to turn good practice into common practice.

Methods

In summer and autumn of 2009, the Race and Equalities Action Group at the National Offender Management Service (NOMS) distributed a survey on behalf of the Prison Reform Trust. This was

emailed to governors in all adult establishments. Staff were asked about their work with older people and to describe the practice they were most proud of in this area.

Staff were asked to outline their procedures for involving older people in the life of the prison, from consultation to activities and regimes. Staff were also asked about any changes that they had made to be able to care for this population or specific services they were able to offer. Lastly, the survey asked about the work that they felt most proud of and what would enable them to do more of this. Staff were also asked for a 'rating' to see how they perceived the work that they did.

The Prison Reform Trust received completed surveys from 92 prisons which gives a participation rate of three quarters of all eligible prisons (those holding older people).

| Number of surveys | Type of establishment |
|-------------------|---------------------------|
| 6 | Female closed/semi-closed |
| 2 | Female open |
| 8 | Male A category |
| 25 | Male B local |
| 7 | Male B training |
| 29 | Male C category |
| 13 | Male D category |
| 1 | Holding centre |
| 1 | Cluster B to D category |

All categories of prison are well represented and a response was received from all high security prisons. Respondents from prisons included governors, other members of the senior management teams, heads of diversity, disability liaison officers and senior officers. This report therefore reflects the depth and breadth of work happening with older people in prison.

During the year, several prisons were visited by Prison Reform Trust staff to observe work in progress: HMPs Albany, Channings Wood, Dartmoor, Downview, Erlestoke, Ford, Guys Marsh, High Down, Maidstone, Shepton Mallet, Wandsworth and Whatton,

For the purposes of this report 'older' people includes anyone aged 50 or over. This is for the following reasons:

- Some older prisoners will have a physical health status of 10 years older than their contemporaries in the community. This can be due to a previous chaotic lifestyle, sometimes involving addictions and/or homelessness.
- Fifty is used in NHS health care and services for healthy ageing start at this age.
- Age UK and other organisations working with older people start their services at fifty.
- Changes in national demographics and numbers sentenced mean that the prison service will have to work with people on their preparation for old age, and on preventative health measures, so policies need to be in place before people need support and/or reach later old age.

- There are significant differences between the needs of younger people in prison and the needs of people in later life and this needs to be reflected in regime provision.

When reviewing the surveys it became very clear that different prisons had different ideas about the age at which a prisoner became 'older'. Some discussed prisoners over 65 only, whilst others commented on provision for everyone over 50. It was interesting that many of the prisons that put on specific gym sessions for their older population had brought the age limit for participation down even further, to 40.

Key facts and findings

- ▷ On 30 June 2009 there were 7,532 prisoners aged over 50 in England and Wales, including 1,999 aged between 60 and 69 and 539 over 70.
- ▷ People aged 60 and over are now the fastest growing age group in the prison estate. The number and proportion of men aged over 60 sentenced to prison by the courts has increased significantly. Between 1995 and 2000 the number of elderly males given custodial sentences increased by 55%.
- ▷ On 30 June 2009 there were 2,008 people aged 50 and over serving life sentences. 3,224 were serving sentences of more than four years, but less than life.
- ▷ Thirty two prison staff (over a third of the survey respondents) explained that a forum, focus group or committee for older prisoners was running in their establishment.
- ▷ Nearly two thirds of the 92 prisons in the survey (60%) reported that some specific age related assessments or arrangements were in place.
- ▷ 93% of prison staff made no mention of any social service involvement in their prisons.
- ▷ Prison staff's own estimates of DDA compliance showed that six of the 92 respondents felt they were fully compliant, 30 almost, and 54 prisons recognised that they were less than half way to compliance.
- ▷ Respondents from thirty prisons (almost a third of the survey) noted that there was some form of prisoner to prisoner support in the prison for older people.
- ▷ Over a third of prisons (38%) have some outside organisations providing some services to older prisoners.

Background and context

Numbers of older people in prison are growing

Numbers of older prisoners at the time of the survey

Population of prisoners aged, 50 years and over, by age and sex
England and Wales 30 June 2009

| | Men | Women | Total |
|-------|-------|-------|-------|
| Total | 7,184 | 349 | 7,352 |
| 50-59 | 4,716 | 277 | 4,994 |
| 60-69 | 1,935 | 64 | 1,999 |
| 70+ | 532 | 7 | 539 |

This total of 7,352 would make up around 9% of the then prison population of 83,000, or over one in 11 who are 50 or over. This is a significant percentage and with this number expected to rise, it is a matter of concern that NOMS has no policy on the treatment of this sizeable group.

Prisoners aged over 60 are the fastest growing age group in prison. The population of men over 60 is nearly three times the number in 1996, having risen from 699 then to 1,935 in June 2009.

There are various reasons for the increase in numbers but it is largely due to sentences becoming harsher and longer. Therefore, the number of older prisoners will continue to grow until there are changes in sentencing trends.

The number of women prisoners aged over 50 in June 2009 was 349, up from a population of 92 in 1996. Nearly half of these women are foreign nationals and many are serving disproportionately long sentences for drug importation.

Concentration in vulnerable prisoner units and high security prisons

A significant proportion of older prisoners have been convicted of a sexual offence, with 40% of men in prison aged over 50 falling into this group. They are therefore likely to be accommodated in vulnerable prisoners units or in prisons dealing with this population. Prisons will allocate people to vulnerable prisoners units if they believe they could be at risk of assault from other prisoners. This has led to an accumulation of older men in a number of prisons. In turn, this has meant that individual prisons have had to respond to the needs of their ageing population by providing age appropriate services and units. This has sometimes led to the need for significant and expensive adaptations to residential accommodation. Although NOMS has not issued an official policy on older prisoner units, in practice there are already a number of these around the country and OCA (observation, classification and allocation departments, that process and transfer prisoners) officers will transfer

older prisoners with mobility or social care needs to other establishments that they believe can accommodate them appropriately. This means that older people in prison are more likely than other prisoners to be held far from home.

Legal duties

The Disability Discrimination Act (DDA) 2005 came into force in 2006. It poses huge challenges for the prison service which is struggling to meet its legal obligations. Under DDA provisions, prisoners with disabilities should be enabled to participate fully in all areas of prison life and access all services provided by the prison. However, awareness of what qualifies as a disability and who could be therefore statutorily entitled to additional support is lacking. It is particularly difficult for prisons to identify people with a learning disability or difficulties, long term conditions, and serious enduring mental health difficulties, all of whom could qualify as having a disability under the DDA.

The Equality Act 2010 has yet to be enforced but is designed to strengthen and clarify the duties of public bodies to disadvantaged groups. Age is a protected characteristic. Therefore, once the act is enacted, staff in prisons will have a duty to consider whether older people in prison receive the same outcomes of services and regimes as other prisoners.

Age discrimination and policies within NOMS diversity strategy

Age is one of the seven diversity strands in the NOMS Single Equality Scheme (alongside race, disability, gender, gender identity, sexual orientation, and religion and belief). The scheme focuses on all areas of service delivery within NOMS. The work on equalities is coordinated by the Race and Equalities Action Group (REAG) who work from NOMS headquarters. Prisons are expected to consider the needs of the age groups within their prison when writing their diversity strategies and action plans. Prisons, apart from contracted out prisons, are also expected to carry out equality impact assessments to ensure that their existing and planned services are in line with their responsibilities to ensure equality of access.

NHS involvement in prisons

The NHS assumed responsibility for prison health care in April 2006. This has led to a much welcomed, and long overdue, improvement in standards of health care for people in prison. However, the standards of care for the prison population remain below equivalence and specialist health and social care for older people is not routinely available.

The Department of Health has produced a tool kit detailing a structured pathway for health and social care professionals to provide better support to older offenders. It includes individual assessment tools for health and social care in a prison context and an assessment tool to aid with resettlement. Offender Health is also working on a policy for end of life provision to assist prison healthcare units to provide good quality end of life care and manage the particular challenges of the prison environment.

Involvement of the older people's sector

In 2005, Age Concern England (now Age UK) started the Older People in Prison Forum. This brings the criminal justice sector and older people's sector together, and has enabled the expertise of the older people's sector to be shared with prisons, which has proved invaluable to them in improving services. It is also useful to have specialist policy advice and input from outside the criminal justice sector, in addition to bringing concerns to the attention of wider civic society groups.

Ex-armed forces prisoners

There is a high level of media interest in and public empathy for prisoners who have previously served in the forces, particularly where a lack of support on leaving the forces has contributed to offending. 3% of the overall prison population are ex-forces personnel and many of these are older than 50 although the statistics are not yet known. The Ministry of Justice is undertaking further research into the characteristics of former service people in prisons and the Howard League for Penal Reform has also initiated a commission of enquiry.

Compassionate release

Recent high profile cases have raised awareness of the restrictions on compassionate release and led to increased calls for changing the existing compassionate release provisions. Currently, people with a diagnosis of three months or less to live can be considered for compassionate release. The Prison Reform Trust maintains that this should be extended to up to one year. It also argues that there should be no political involvement in decision making on release. The rules changed in 2009, when the Secretary of State's power to veto release of those serving 15 years or more applying for compassionate release was taken away. This decision now lies with the parole board.

Current policy position

Increased attention from health and voluntary agencies has not led to the much needed guidance and direction from the centre. There is now a section on older prisoners in Prison Service Order (PSO) 2855 on prisoners with disabilities and a section on older women in the PSO 4800 (that provides guidance on working with women). However, these are guidance only and do not contain significant mandatory requirements for prisons to follow or national minimum standards to which to adhere. This has a direct impact on prison staff, without knowing the standards that are expected and the policies they should work to, staff in prisons are being placed in a difficult position.

A reluctance from NOMS to issue mandatory guidance to prisons and a lack of resources within REAG has meant that this work has been given insufficient priority. Staff on prison wings are struggling to manage the complex needs of these prisoners without appropriate information or support from headquarters. In addition, many prisoners and their families remain unclear about what they may be entitled to and what rights they have for support.

In the face of growing and repeated requests for support from senior managers, it is difficult to understand why older prisoners still appear low on the policy and strategy agenda. The level of need, as described in reports from Her Majesty's Inspectorate of Prisons gives no excuses for this area to

remain neglected. Indeed, the continued overcrowding and ageing population predictions mean that these problems are going to increase and prisons will face additional pressures. Despite this NOMS have not yet issued a Prison Service Instruction (PSI) or national standards.

Offender Health has been key in driving through some policy changes in health and social care. However, further joint working between Offender Health and NOMS is necessary if older prisoners are to receive equivalent health and social care in a decent humane regime.

Growing Old in Prison and Doing Time the experiences and needs of older people in prison

In 2003 Prison Reform Trust published a report jointly with the Centre for Policy on Ageing; *Growing Old in Prison*. This highlighted the nature and extent of the problem and led directly to the setting up of the Evergreen service in HMP's Gartree and Leicester by the local Age Concern.

In 2008, Prison Reform Trust received funding from the Lloyds TSB Foundation for England and Wales for a programme of work called *Doing Time*. The first briefing produced for this programme, *Doing Time, the experiences and needs of older people in prison*, asked older prisoners about their experiences.

The briefing found that older prisoners, in a population dominated by younger and fitter people, can be rendered invisible – or worse, bullied. This is illustrated in the following quote from *Doing Time, the experiences and needs of older people in prison*.

On our wing... the younger ones get the best cells, beds and chairs whereas we are stuck down the end with the leftovers. 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....

Consulting older people in prison

The Inspectorate's thematic review on older prisoners *No Problems – Old and Quiet* (2004) set out the difficulties that older prisoners can experience in getting their needs identified and met. The authors explain their title as follows:

No problems – old and quiet' was an entry that we found in an older prisoner's wing history sheet in the course of our fieldwork for this report. It aptly summarises the situation of many of the 1,700 older prisoners now held in our prisons. In general, older prisoners pose no control problems for staff. But, because of that, prisoners' own problems, particularly as they grow older and less able-bodied, can easily be neglected. (HMCIP 2004)

It is therefore fundamentally important that older prisoners are given every opportunity to explain their needs and make suggestions on their care and treatment. Consultation is crucial if older prisoners are going to be treated properly. The statutory and voluntary sectors now use consultation regularly, but the Prison Service has some catching up to do before user consultation is informing the majority of decisions on services, accommodation and regime.

However, many prisoner councils have now been established. The Prison Reform Trust report *Having Their Say: The work of prisoners' councils* found that councils brought to light policies that did not fulfil prisoners' needs or expectations. This level of consultation ensured that management could make changes more smoothly and effectively. It is to the credit of many prisons, and to the hard work of many staff and prisoners, that they run such councils and forums. This is not mandatory and no resources are centrally allocated for such work.

Older prisoner forums, focus groups and committees

Prison staff were asked specifically how they consulted older prisoners about their needs. Thirty two prison staff (over a third) explained that a forum, focus group or committee for older prisoners was running in their establishments, and a further 13 described plans for such arrangements were in hand or under discussion. A further 13 noted that matters relating to older prisoners were discussed in diversity or other consultative groups.

Other prisons have also established prisoner councils or forums for their older population. These are concerned with prison matters and at best, give older people in prison the opportunity to have a direct input into policy and operational matters. Older prisoner forums were cited by 12 prisons as examples of the best work with older prisoners undertaken in the establishment.

Undoubtedly the best work we do with older people consist of the older prisoner forums, these forums enlighten us to the issues and problems and assistance required by, or can be offered to, the older prisoner. (HMP Lindholme)

We hold a senior prisoners' forum on a weekly basis where issues of concern to the senior prisoners are addressed by the Head of Residence, Healthcare, Probation and the Decency Team.(HMP Usk/Prescoed)

We held our first Nifty over Fifty forum and ran our first consultation exercise this month. The exercise highlighted a number of areas we can improve and this has been added to the single equality plan. The aim is to hold a Nifty over Fifty forum once a month.(HMP Winchester)

Other prison staff described older prisoner focus groups rather than forums but both appeared to offer structured opportunities for older prisoners to be consulted and to put forward their views.

Regular older prisoners focus groups are held on D block (this is the unit where the majority of our older prisoners are located). There is also an older prisoners committee, which is attended by managers and community representatives. (HMP Parc)

Some prison staff also described older prisoners' committees. These sometimes involve prisoner representatives, together with staff and managers, rather than being open to all, and can be more likely to be decision-making bodies. For example:

The Older Prisoners' Committee is the most important work that is done with older prisoners. This is a key mechanism in order of obtaining the real views and needs of older people within custody at HMP Parc. Prisoners' views are represented and they are able to talk directly to senior staff in relation to their specific needs. Action is then taken in order to provide against those needs. (HMP Parc)

Although staff are always present at these meetings, it is sometimes the case that the prisons can set the agenda and organise the meeting themselves.

They have an active committee with regular committee meetings, where they discuss issues relevant to them. These are compiled by the Chairman, (who has a full time job as Over Fifties Orderly). (HMP Dartmoor)

Senior citizens/older people's forums

A few prisons have now set up senior citizens/older people's forums, which are linked into Help the Aged's national scheme of forums for older people in the community. They are part of a national network of older people who work to voice their concerns with policy makers. These forums are

independent organisations that give a collective voice to older people in order to influence decision makers on matters affecting them. All members are volunteers and elect their own officers and decide their own agenda. They are therefore different to traditional prisoner councils that concentrate on feedback about the particular prison they are running in and have a wider agenda. The importance of these forums for prisoners is that they are not just about local prison concerns but a

HMP Leyhill Seniors Forum

HMP Leyhill set up the first forum in summer 2008, which was initiated by Age Concern Older Offenders Project (ACCOOP) and received a start-up grant from Help the Aged.

The committee has learnt to run itself transparently and democratically and the chair has regular meetings with the governor. Over 90% of the eligible prisoners have joined the group. They have initiated purposeful activity for older people within the prison such as an allotment and access to computers. They are also members of the South West Seniors Forum (SWSF) and Speaking Up for Our Age (SUFOA).

This enables people to engage with issues outside prison and they have facilitated two forum responses to government consultations. The first of these was on the dementia strategy and the second was on the government proposals to fund social care. There are now five prison forums of this kind, all in the south west.

way of connecting with concerns outside of prison as well.

As has been explained above, 12 respondents from prisons cited their older prisoner forums as examples of the best work they did. Other responses showed that a variety of consultation techniques and tools were in use, of which the prison was proud. For example:

Older prisoners are encouraged to give their point of view on their needs and requirements in person, through their wing officer, in meetings, in forums and by filling out questionnaires. (HMP Bedford)

Where an older prisoners' policy was in place and was consulted on, it proved possible to identify some 'quick fixes' relatively simply, as the response from HMP Downview and HMP Send illustrated:

The over 50s policies have helped – a number of quick fixes were applicable which included fruit and milk provision and ensuring that older women could access the services that they required.

A new older prisoners' policy was put in place in April 2009. Focus groups are now held for older prisoners bi-monthly to assess their needs. (HMP Gloucester)

HMP Sudbury also cited consultation as their example of 'best practice', and key to their developing work with older prisoners:

All of our older prisoners are very independent and in the main they play a full part in the prison regime. It is important however that the few who may have health or age related issues which may restrict their access to services, regimes, activities etc are identified and reasonable support and adjustments made. The key to this is through consultation and listening to their needs.

In recent months we have seen the launch of the Older Prisoners Forum and further consultation has been conducted through the work of the diversity team (diversity manager, prisoner reps etc).

Finally, this frank assessment from HMP Dartmoor showed how much was yet to be done, once the needs and difficulties had began to be identified, through work with Age Concern Older Offenders Project (ACOOOP):

**The best work we do is finding out what we NEED to do!
Since ACOOP came into the prison, we have identified so many areas of concern; health, wellbeing, isolation, socialisation, resettlement, training and work/volunteering opportunities are among the most frequent ones.**

Developing and improving these strands is an enormous task, and we haven't discovered all the issues yet!

The opportunity for us to explore the needs of older prisoners and give them a voice has made us realise that we still have a lot to do, just to provide the same service for them as we do for the rest of the younger prison population – that's before we begin to provide "age-specific" services!

Prisoner surveys

Twenty six respondents specifically referred to annual or more frequent questionnaires to seek prisoner feedback. It was not always clear from responses whether these were distributed to the general population, or to older prisoners only.

At one prison (HMP Highdown), the head of learning and skills appeared to be leading on needs analysis, and they also monitored the population weekly, on an age-related basis. This prison appeared to have excellent facilities for prisoners with disabilities in their new education centre, but had few offending behaviour programmes, and limited work available. It may be that education was thus seen as the best source of purposeful activity. In any event, education was described as the 'best work' this prison does with older prisoners.

Six prisons referred to the 'Single Equality Impact Assessment' as an example of prisoner consultation – which either had taken, or was soon to take place. This was designed to highlight age as one strand of the NOMS diversity strategy. For example, at HMP The Mount, all prisoners over 50 were to 'be consulted', to 'enable the prison to analyse the needs of older prisoners at a deeper level'.

Staff from 11 prisons (12% of the sample) explained that they had links with Age Concern, including ACOOP who work with prisons in the south west. Where these links were mentioned, it appeared that work with older prisoners had a higher profile in the prison.

One staff member detailed Age Concern's dignity audit, which had generated resource packs and recommendations for high security prisons. This appears to have encouraged at least one respondent from a high security prison '... to work more closely with Age Concern on a regular basis'. (HMP Full Sutton)

Five prisons (Eastwood Park, Gartree, Leicester, Shepton Mallet and Whatton) have people employed by Age Concern who worked regularly in their prisons.

HMP Gartree has an Older Prisoner Advocacy Coordinator employed by Age Concern. This innovative service... was the first of its kind nationally (2004-present). (HMP Gartree)

Many people from prisons who were perhaps not already at the forefront of work with older prisoners acknowledged that they had plans to introduce further consultation methods in the near future. For example, HMP Ashwell noted:

We plan on evaluating the current disability policy in the coming months. For this process we will look at provisions for older prisoners, including forums.

HMP Bedford also explained:

Older prisoners and disabled prisoners have been invited to join the prisoner diversity reps group, and focus groups are due to take place throughout the rest of the year.

HMPs Elmley, Highpoint, Leeds, Lincoln, Lowdham Grange, and Pentonville all planned to introduce older prisoner forums.

The evidence of this survey suggested that where a prison had an older prisoners policy, or a formal link with Age Concern the needs of the older prisoner population and arrangements to meet those needs, had a much higher profile within the establishment. Where there were no such arrangements in place, any older prisoners in that prison's population could become invisible.

Good practice recommendations:

- The prison has some regular and ongoing process in place for consulting prisoners directly on their needs, for example through an older prisoners' forum
- Older prisoner representatives are appointed to any pre-existing consultative forums (for example to diversity and Race Equality Action Teams or prisoner councils) to express the views of their peers

Physical environment

As the HMCIP report (2004) notes ‘Prisons are, in the main, built for young, able-bodied prisoners’. At that time the inspectorate found that, ‘Only at HMP Leyhill had wide-ranging measures been taken to meet the requirements of the Disability Discrimination Act’.

They also found that many areas of the prison (including visits, association, education and the library) were either difficult to access or inaccessible to those with mobility problems; that very few units had lifts; that the location, accommodation and furniture for older prisoners was frequently unsuitable for their needs; and that arrangements for exercise were often inadequate.

In the Prison Reform Trust’s earlier review of older prisoners’ views, a number highlighted the inadequacy of the physical environment in which they were held:

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.....

Prisoner from Doing Time: the experiences and needs of older people in prison

In this survey, staff were asked whether the prison they worked in had made any physical alterations (e.g. benches in exercise yards, or ramps) and about access to different areas for those with mobility difficulties. Respondents were also asked about any changes they may have made to residential accommodation in the interests of older prisoners.

Physical alterations

Eighty seven responses out of 92 said that there had been physical alterations (such as ramps and benches) to accommodate older or less mobile prisoners. This demonstrates the significant amount of work that prisons have already undertaken to try and make the establishments accessible and comply with the DDA.

A further 70 stated that the establishment had made changes to the residential accommodation. Sometimes, prisons had not needed to be adapted because they had only recently been built. For example:

Physical adjustments to the site were made with the current legislation in mind whilst the prison was being built (we are only two years old)’. (HMP Kennet)

Three noted that their establishment was not considered suitable for prisoners with major mobility difficulties, and that prisoners with these difficulties would not be allocated to them. For example,

Shepton Mallet does not cater for prisoners in wheelchairs. However reasonable adjustments are made for disability issues as they arise.

Part of Blundestone’s criteria is that we do not facilitate prisoners who should be ‘locate flat’.

HMP Buckley Hall’s location on a very steep hillside precludes prisoners with any form of coronary/breathing or mobility problems. As such, whenever a prisoner reaches 60, a transfer is automatically offered to HMP Wymott.

Eleven staff said that changes had been made, without giving details.

The following changes had been made to the physical environment.

- 47 prisons (over half of the sample) have had benches put in at least some exercise yards, or in the grounds (where there were no exercise yards)
- 24 prisons (just over a quarter) have at least one lift for prisoner use
- 23 prisons (a quarter of the sample) have had handrails or grab-rails installed in some places
- 10 prisons have stair lifts installed in at least one location in the prison.

In addition, one prison had installed a ‘stair chair climber’ (HMP Bristol) and another a stair hoist (HMP Wymott).

‘Locate flat’ - access for prisoners with mobility difficulties

‘Locate flat’ is the term entered in a wing file for a prisoners who needs to be located on the ground floor of a building due to mobility or health difficulties. Respondents were asked whether all areas of the prison were accessible. A third (32) said that all or most areas were accessible. This however still leaves 60 prisons (two thirds of the sample) where significant difficulties in accessing some areas of the prison could be anticipated for any older prisoners who were less mobile, or might find stairs a problem.

Staff gave the following examples of areas in their prison that were inaccessible for some prisoners:

| Area | Number of prisons |
|----------------------------|-------------------|
| Education unit | 7 |
| Chapel or multi-faith room | 2 |
| Some workshops | 3 |
| Gym | 2 |
| Health care centre | 2 |
| Reception centre | 1 |
| Library | 1 |

Clearly, despite efforts, there is still considerable way to go in providing access across the prison estate, and in complying with the requirements of the DDA. On prisons' own estimates, only six were fully compliant, whilst 30 considered they were almost so. This left 54 prisons (two did not answer this question) recognising that they were only half way or less to full compliance.

A number of respondents detailed some of the difficulties of converting older prison buildings, many of which were not purpose built. They also described other problems relating to the size or nature of the sites on which they were built. Specific difficulties included the following:

- The age of the building (for example the many Victorian prisons still in use, with numerous staircases, often with narrow stairwells which would make the provision of stair lifts impossible).
- The design of some more recently constructed prisons, which were not built with access issues in mind. For example: 'Access to areas of the prison is significantly hampered by the fact that the prison is on two levels'. (HMP Full Sutton).
- The previous role of the building: for example HMP Lindholme was previously an RAF base, and prisoners are housed in accommodation that had been built as barracks.
- Heritage issues. A few prisons such as HMP East Sutton Park and HMP Lancaster Castle occupy listed buildings and planning permission for modifications is that much more difficult to obtain.
- The site on which the prison was built could also create difficulties – whether because it was very large, thus necessitating a good deal of walking between buildings (e.g. HMP Haverigg), or built on a slope (e.g. HMP Buckley Hall, which is built on 'a very steep hillside'. In that case, when prisoners reached 60 they were automatically offered a transfer to neighbouring HMP Wymott).
- However the most commonly cited obstacle in the way of change was the lack of funding.

When asked about changes to residential accommodation, a few members of staff described changes in the healthcare centre. For example, in response to this question HMP Manchester noted:

Adaptations have been made to the Healthcare Centre:

- ***bath with electric powered chair to enable access***
- ***chairs to use in the showers***
- ***lift between floors***
- ***2 adapted cells for disabled prisoners***
- ***identifiable cell cards in case of fire***
- ***hoist***
- ***wheelchairs***
- ***evacuation chair.***

Seven specifically mentioned new buildings and noted that they had been or would be constructed so that they were compliant with the DDA in respect of access and facilities for those with mobility problems. A few confirmed that certain facilities were designed for prisoners who were identified as needing accommodation that did not involve stairs ('locate flat'), for example: 'The new build have 'locate flat' cells (wide for wheelchairs).'

A new unit is currently under development which will include x5 fully adapted disability cells as per Prison Service standards. The unit will also include disabled bathroom facilities. (HMP Holloway)

The construction of new buildings to DDA standards applied to more than residential accommodation and some encouraging illustrations were given. For example:

The Stephen Prior Education Centre was specifically designed to accommodate wheelchairs....There is a lift for disabled prisoners to use: disabled toilet facilities are also available. Adjustable desks are installed to accommodate wheelchairs. (HMP High Down)

A number mentioned adaptations to shower facilities, for example hand and grab rails in showers, shower chairs, non slip flooring. One respondent noted that 'Timers have been added to some showers as the high temperature of the water has been an issue for some older prisoners.' (HMP High Down')

Another noted that the prison 'only has one cell with a self contained wet room at present. However we are awaiting funding to convert two more.'

Dedicated provision for older prisoners

There were nine examples of wings or units specifically for older prisoners, and these normally contained at least some specially adapted cells. For example HMP Frankland has an enhanced unit for over 55s, which accommodated 12 prisoners, and HMP Norwich has an Elderly Lifers' Unit. In addition, HMP Leyhill has an 'elderly prisoners' unit' whilst HMP Risley had a designated wing for elderly prisoners. HMP Frankland celebrated its specialist unit as the best work done in the prison, mentioning also its 'hand-picked staff'.

This makes the point that relationships can be as important as physical adjustments in making prison life tolerable for older prisoners.

HMP Wymott also writes of its 'elderly disabled community' wing as an example of the best work done in the prison.

'The EDC (elderly disabled community) wing unit is recognised by the area office as a highly successful unit with highly dedicated and self motivated staff. This in turn allows for offenders to live and work in a safe and secure environment and provides for their health and social care needs.

The over 50s specific unit at Downview has allayed a lot of the fears of this older population – the atmosphere is quieter and more settled. There's not the night time noise and we have been able to provide extra mattresses, bedding and clothing for their specific needs... We issued kettles to women to allow those who sleep badly to get up in the night and make a hot drink'.

This last example demonstrates that the provision of separate accommodation can be as much about providing a ‘quieter and more settled’ environment for older prisoners as about catering for mobility difficulties. The recognition that older women may well sleep badly, and feel the cold and discomfort of prison life more than younger, fitter inmates, must also be doubly welcome. Such small touches may cost little and mean a great deal.

However all prison accommodation can be vulnerable to changing needs and demands – whether local or national. One staff member explained that, although it had had a designated unit for elderly prisoners and those with mobility problems, this had ‘now been turned into a super enhanced wing for all prisoners’. This demonstrates the problems prison face trying to manage and respond to the needs of an ever changing population when people can be moved due to overcrowding and re-rolling measures.

Converted residential accommodation

There were also several descriptions of accommodation specifically converted for prisoners with disabilities, who may include older prisoners. For example HMP Ford has a ‘dedicated impaired offenders unit’, and HMP Frankland noted it’s ‘disabled and specific needs landing’, accommodating 36 prisoners.

Fourteen staff noted that their establishment had one or more specially adapted cells suitable for those with disabilities. Sometimes there was limited scope to convert existing accommodation, given the age and layout of the prison. For example:

One ground floor cell is currently being modified for use by prisoners with moderate mobility restrictions. It will have the option of a raised toilet pan, grab rails and a straight backed chair. (HMP Lancaster Castle)

In another prison, for example, ‘doors (have been) widened for wheelchair access on one landing, 24 rooms, disabled toilet and washing facilities’ (HMP Leyhill).

Whilst in another ‘every residential unit has a cell with a wider door to facilitate wheelchair access’. (HMP Rye Hill)

HMP Standford Hill, an open prison, has ‘one specific dorm which has rooms which are designed specially for wheelchair users and which have toilet and showers which are wheelchair-user friendly’.

Two mentioned the provision of single cell accommodation for older prisoners.

However, once again, changes in the use of the prison’s accommodation could result in some unfortunate wastage, as this example shows:

Two disability cells have been adapted with wide access able to accommodate two prisoners in each cell with wheelchairs. One on each residential unit, HB1 and HB4. One cell with ordinary door on HB5. No longer in right places since wings have recently been re-roled.(HMP Elmley)

A few respondents outlined other things that had been done: for example four mentioned that steps had been highlighted with special paint to warn visually impaired prisoners, and one mentioned that lighting had been upgraded. Four also mentioned the provision of hearing loops. A further three mentioned special furniture that was or could be made available in cells for older prisoners such as more comfortable chairs, straight backed chairs and hospital style beds.

Three also described strategies for managing older prisoners in the event of a need to evacuate the building. One mentioned an 'evacuation chair' and two others mentioned special signs. For example:

We have recently introduced a system where a sign is put on vulnerable prisoners' doors that would require help in the event of an evacuation. (HMP Littlehey)

Sometimes funding appeared to have been released as a result of independent 'access audits'. Seven prisons mentioned either having recently undertaken one of these, or being about to do so. For example:

HMP Maidstone commissioned an independent access audit to be carried out and continue to address the recommendations made as part of an on-going action plan. Numerous alterations have been made as part of this on-going work including ramps to access buildings, stairlifts, accessible showers and toilet facilities, hearing loops, handrails. This list is not exhaustive.

During a recent SCOPE audit only one area was found to be lacking in facilities and adjustments. To my knowledge this work is to be completed in the near future. (HMP Wakefield)

With the publication of the DIAL access report, 'Works' have made many alterations already. The Head of Works has been to an older and disabled prisoner forum and has discussed alterations with the user group. (HMP Woodhill)

These encouraging developments, however, should not detract from the situation in a significant number of the older establishments where the environment for older prisoners with any kind of mobility problem remains very difficult. As one respondent put it:

We have put grab rails and equipment in an individual cell but the rest of the prison remains a nightmare!

Plans and work in progress

A total of 25 (over a quarter of the sample) had plans for physical improvements of one sort or another. This ranged from lowered cells bells and new lighting systems to the provision of day centres or separate residential units for older prisoners. However, 11 of these noted that acquiring the funding to achieve these hoped-for changes was the major hurdle to progress.

As one member of staff pragmatically stated:

The natural barrier to plans of any description is funding. Some things can be done with little or no funding but others can't.

Staff from nine prisons explained that they had recently received, or hoped to receive, funding to make specific improvements (for example HMP Full Sutton had received funding to 'make adaptations for both prisoners and visitors, (which) will include benches/grab rails along secure corridors and adapted ramps for wheelchair access inside the prison'.

Others were hoping to acquire funds to provide lifts or stairlifts:

***'Wings A-C are not accessible upstairs although we are now looking to purchasing and installing a Stanna lift in C wing.'* (HMP The Verne)**

Others again were at earlier stages of the process. For example, at HMP Shrewsbury, one of the older Victorian prison buildings, they were 'currently looking at putting together a business case to look at a possible alteration of accommodation.'

However, as HMP Channings Wood responded, financial constraints were tight:

'We have huge dreams but obviously the financial situation curtails this'.

As well as the examples given above, some other prisons celebrated some of the alterations they had achieved to the physical environment as their 'best practice'. For example, HMP Bullingdon wrote that:

The peer support unit on Dorton unit provide enhanced facilities to those older prisoners to ensure their needs are catered for including:

- ***shower chairs available to aid with showering.***
- ***high backed comfy chairs in association areas***
- ***a large screen TV with subtitles so prisoners with hearing and visual difficulties can watch TV***
- ***trays are available to help with the collection of meals.***
- ***walking aids are available where necessary***
- ***the buddy system operates to assist in safe evacuation of older prisoners in the event of a fire.***

There were some good examples of lateral thinking about disability access and communication issues, as this example from HMP Shepton Mallet shows:

‘Red Amber Green (RAG) rating of disability list to show level to which prisoners can access services i.e. red no or very limited access, Amber some access, Green Full access.’

In general, there were a series of improvements that could be facilitated. Some of these could be made with little outlay, and yet could still greatly improve the lives of older people in prison. However, some changes, for example to allow access to all parts of the prison and to provide at least some cellular accommodation fitted out to accommodate those with mobility problems can have huge financial implications for cash-strapped prisons. These remain essential if the prison estate is to meet its responsibilities under the Disability Discrimination Act.

Good practice recommendations:

- Dedicated provision in units for prisoners with mobility and care needs is necessary and prisons with these populations need additional resources to adapt and maintain these units.
- Prisons that organise their accommodation around their population’s needs, and try to offer quieter or more peaceful environments improve prisoners’ quality of life.
- Adaptations for mobility and access have to be prioritised and adequately resourced so that all prisoners can participate fully in prison life and prisons are more DDA compliant.

Needs assessments and support with daily living

More than 80% of older male prisoners have a disability or a chronic health condition. Although many of these people will be able to manage their conditions with no or little input some people will need significant support with day to day living. For a prison that is not set up to cope with serious health or social care needs, even having one or two prisoners with significant needs can be a huge stretch on resources.

It is important that realistic assessment strategies and arrangements are in place to allow prisoners to take as full a part as possible in the life of the prison, as well as to ensure their direct health and social care needs are met. Otherwise, they may suffer the unintended consequences of neglect. The survey therefore asked prison staff to describe how they found out about older prisoners' needs.

More than a third of respondents referred only to arrangements made at reception and induction to determine the needs of any new prisoner. This would usually involve a staff-led initial needs assessment. Staff were also asked whether there were any special assessments or arrangements made for older prisoners in their establishments in respect of work, education or training; sentence planning and offending behaviour programmes.

Reception and Induction

The majority of those who had any age related assessments in place illustrated their practice at reception and induction. For example, HMP Lincoln reported that:

As part of the reception/induction process older prisoners are asked to complete a 'disability/older prisoner' q/a to ascertain any needs or requirements. Older prisoners may be referred to the Health Centre for reassessment if there are mobility issues etc.

Most referred to physical requirements (mobility, access) and health care screening. A minority described First Night assessments.

On arrival we give each person a 'first night needs assessment'. Diversity type questions are asked, such as if older what are their needs. (HMP The Verne).

One prison (HMP Hollesley Bay) confirmed that they had an induction process for the over sixties, but gave no details.

Age-related assessments

Very few prison staff explained that they used assessment and screening tools to establish the overall needs of older prisoners or for assessments relating to work, education and training. Most prisons do not have specific assessments for older people but will use the same assessment model for all prisoners.

However, there were a few examples of assessments which particularly considered ageing such as HMP Wakefield's Single Assessment Process and HMP Woodhill's individual care plans for those over 65. In addition, two thirds of the prisons in the survey (60%) reported that there were some specific age related arrangements in place for allocation to education, work and training.

Others reported the general arrangements for assessing prisoners' suitability for work, training and education that were adopted in their establishment. Of those, 21 (22%) asserted that 'individual needs' were taken into account, and 'reasonable adjustments' were made to education, work, training and offending behaviour programmes 'where possible'. Few were specific as to what these were, or what might be possible, other than saying that, for example, 'There have been occasions of moving group rooms to accommodate older prisoners with mobility difficulties etc.' The same respondent noted that: 'there are adjustments made in terms of attendance at other regime activities such as healthcare appointments made outside of session times wherever possible.'

Five prison staff made a point of saying that to differentiate in respect of age would be to 'discriminate' against older prisoners. However where there is no policy or process in place to highlight assessments for this potentially vulnerable group, there is every chance that older prisoners could fall through the net of the prison's care system, and thus suffer a more damaging type of discrimination.

Ongoing assessment

A few explained that their prison had on-going individual consultation and assessment structures. The response from HMP Wakefield, with the highest percentage of elderly prisoners of those who responded to the survey described the most comprehensive assessments:

Self Referral Form – This form is completed by the individual in the reception area upon his arrival into the establishment. This will give indications to the Disability/Elderly Coordinator of any medical/mental issues that he may have. It will also pin point any 'reasonable adjustments' that may be required.

Secondary Assessment – This assessment will be carried out by a member of the team in conjunction with the prisoner. He will be given the opportunity to discuss areas of concern and any actions to be taken at this time will be with his full knowledge.

Biannual Assessment – This assessment is carried out twice a year. The interview takes the form of an informal 'chat'. Any issues that the prisoner may have at this time will be discussed and if necessary any changes that are required will be made at this time.

Care File – This is a live document that is raised for any man who has a disability or is over the age of 60 years. Any issues arising of adjustments to be made will be recorded here. At any time the prisoner can make application to see this document and express any opinions or concerns he may have.

Single Assessment Process – SAP is a tool kit that is used in the community and was introduced into the establishment by the Coordinator and the PCT lead of Care for the Elderly. Initially piloted in Wakefield it proved to be highly successful in identifying social needs/desires of the individual. Today this in-depth document continues to be used with men over 60 years. It is a personal record and as such the prisoner is given the opportunity to keep it in his cell.
(HMP Wakefield)

On the same theme, HMP Winchester noted:

We do a care needs assessment each year and are one of the few prisons that include prisoner focus groups, inc. a BME focus group as part of that process. Older prisoners are included in this process'

Another model of one-to-one consultation is provided by the staff member from HMP Long Lartin who writes:

I meet with all prisoners with disabilities every quarter. If the older prisoner does not have a disability I am informed by regimes when they reach 65. I then discuss with them whether they wish to retire or continue working.

The same respondent, writing about the best work the prison does with older people, noted:

As part of my job I meet with them to ensure they are receiving a good service from the establishment. (HMP Long Lartin)

Finally, as an example of their best work, HMP Whitemoor cited:

One to One work. Some Personal Officers have a huge talent for talking to and helping to encourage prisoners with specific support needs.

Developing professional relationships with the prisoners and undertaking consultations with them'.

And in addition, HMP Highpoint planned, 'An annual questionnaire for all older prisoners to assess their needs better'.

It is clear that regular and ongoing assessment is crucial because needs will change and in particular health and social care needs will vary over time.

Social care and social service support

Respondents were asked about arrangements for social care assessments, social care help and daily living aids. They were also asked if there were any formal local arrangements with social services for providing these.

The vast majority of prisons - over 93% - made no mention of any social service involvement. From the prisons that did mention local arrangements:

- two prisons explained that an occupational therapist would come in and assess prisoners when requested
- one prison said they were hoping that an occupational therapist would be coming in soon
- seven prisons described getting this kind of assistance from their local Age Concern (now Age UK)
- three prisons said that the social services would come in to assess prisoners and would provide aids when needed

- two prisons, HMP Wymott and HMP Leyhill described having specific social care staffing provision.

Two social care staff are employed to complete basic social care assessments and provide support as required. This can include tying shoelaces, getting dressed and preparing to bathe. (HMP Wymott)

Other prisons commented:

Social Services will not provide equipment for communal use or fixtures and fittings- they will only supply individuals – this has caused some problems!

The prison has been endeavouring to develop links with social services. Unfortunately these endeavours have not proved fruitful up until this period of time.

Nothing formal – the local authority do not currently engage with the prison.

However some prisons explained that they were able to get support from other agencies. Other agencies that were included as assisting with this or with organising this were Citizens Advice Bureaux, Multiple Sclerosis Society, British Lung Foundation, Red Cross and Nacro.

Isle of Wight

Older prisoners assessment project

The Isle of Wight has a social worker based in the health care unit, covering the cluster of three prisons. This is resourced and managed by the local social services. The project has developed a formal integrated health and social care assessment process for older prisoners. This mirrors the social care model used by social services teams in the community.

Staff can refer any prisoner over 50 years of age who needs support or guidance in

- managing personal care
- lessening social isolation
- maintaining life skills.

Prison staff can also approach the social worker for advice and support on caring for prisoners.

The benefits of the project are many but one key advantage is that having a social worker who can carry out a single assessment process means that other agencies do not need to duplicate the work. Information can be gathered from various sources reducing the work load of other staff carrying out overlapping assessments. This information can also be fed into Oasys and Mappa reports.

In addition, reablement (exercise, therapies and support) for older prisoners reduces the level of care needed in the future which has a long term benefit for prisons, health and local authorities.

Who should provide daily living aids?

Currently the law is not clear about whether social services have a responsibility to provide social care services or daily living aids in prisons. There can also be confusion amongst people working within prisons as to whether this should be resourced by the prison or the local primary care trust, through the health care unit. Over one third (35 out of 92) of respondents did not specify which department within the prison would hold responsibility for this.

While there will be older people in prison who need health care involvement in their day to day care, it seemed that health care was often being used as the default provider for these social care services. When asked about providing social care or daily living aids, 44 out of 57 prisons that identified a responsible department stated that healthcare would be involved in or lead on this.

Healthcare clearly has a role to play in the care of many older people in prison. However, there are many difficulties with this if it is seen as primarily health care's responsibility:

- this approach shores up the 'medicalisation' of older age
- it does not take account of a social model of disability
- it makes inappropriate use of health care resources.

Twenty five respondents mentioned the DLO in this context with 18 prisons saying that the DLO (or diversity manager) would take primary responsibility for assessing the need for organising or purchasing daily living aids.

Many prisons responses suggested that (internal) multi-disciplinary work was happening:

Walking aids are provided by the DLO who consults with the local hospital (loan basis).

Daily living aids can be provided through our healthcare department or the disability liaison officer.

Ten prisons said that providing daily living aids this would be organised as part of a care plan approach to a prisoners' needs. Typically this is a care and action plan, agreed with the prisoner. It details all aspects of the care and assistance with daily life needed, along with the person responsible, how regularly the task should be carried out and when the care plan should be reviewed.

Providing support with day to day living also has an impact on wing staff and can add to their already busy workload. However, they are often crucial in providing support in this area as demonstrated by these two responses:

The staff on the units will make the living areas useable for the older prisoners.

Wing assistance available when required.

However, the demands of working in a prison can mean that it is more complicated to bring in daily living aids as and when required. Risk assessments may have to be carried out before they can be given to a prisoner.

Three prisons staff explained that security have to clear the aids before they can be used by prisoners. National guidance on this might be useful.

List of daily living aids detailed by prison staff

| | |
|-------------------------|-------------------------------|
| Telephone amplifiers | Handrails |
| Mobile hearing loops | Washing loofahs |
| Wheelchairs | Sock aids |
| Crutches | One handle trays |
| Walking sticks | Larger print or talking books |
| Walking frames | Teletext tvs |
| Raised toilet seats | Lift |
| Shower chairs | Vibrating alarm clocks |
| Liquid level indicators | Scooters |

Prisons sometimes showed an inventive approach to the challenge of acquiring daily living aids for their prisoners.

Medical Loans Service is used for daily living aids, some items purchased locally. (HMP Wellingborough)

We can get items in an emergency from our local Red Cross – this is a formal arrangement for short term loans. (HMP Woodhill)

Prisons either have a system where laundry can be done on the wing or it is taken off the wing to a central laundry. Wherever possible, access to a washing machine in a residential area can increase autonomy. It also means more privacy and dignity.

Many prisons have laundry orderlies or peer supporters who will do the washing for all other prisoners, including any older prisoners. This is discussed later in the report. In addition, physical aids may be necessary and may need to be purchased:

***Incontinence aids have been provided
Commodes have been provided
(HMP Blantyre House)***

Assistance with laundry would be arranged on a one to one basis depending on the individual needs. For example prisoners who are incontinent have access to dissolvable laundry bags and are able to have additional washes as required.

(HMP Maidstone)

We have had older prisoners who have difficulties with toileting and have provided them with single cells if necessary for decency, provided extra clothing and laundering in case of accidents etc and have had men on main wing who have stomas. These men can manage their stomas themselves with advice and assistance from healthcare.

(HMP Winchester)

Resettlement and contact with social services

Some prisons saw social services having a role only in release assessments and resettlement of prisoners, rather than during the sentence. Resettlement is discussed further in the outside links chapter.

Probation service will make any required arrangements for social care prior to release. (HMP Kirklevington Grange)

The PCT arrange through their local services a needs assessment prior to release. Resettlement has a discharge board that has a multi-agency approach to assist in identifying prisoner needs (HMP Shrewsbury)

Resettlement needs analysis is carried out on all prisoners (HMP Pentonville)

The link with social services may be difficult particularly because prisoners at Shepton come from all parts of the UK and abroad. (HMP Shepton Mallet)

Personal care

Staff were asked about arrangements for people needing help with showering and using the toilet.

Ten prison staff members explained that the need had never arisen or that their prisoner population did not currently contain anyone needing this assistance. A further five explained that they had allocation criteria that meant they would not accept for transfer anyone with this level of need.

Showering facilities varied massively and some staff were trying to improve poor facilities:

Showering facilities are not good and I have raised this at every meeting. Many older prisoners prefer to wash in the basin in their cells.

However, in many other prisons showers had been modified to be accessible on certain wings or units.

The VPU have baths as well as showers and prisoners can use this facility as and when they like. (HMP Channings Wood)

There are allocated cells on House Blocks 5 and 6 that are compliant with the DDA and have self-contained shower units. (HMP High Down)

The unit showering facilities have removable ramps for access with wheelchairs; mobile shower chairs are available on all residential units. (HMP Rye Hill)

Accommodating personal preference is also a factor:

There is accommodation specifically for men with individual physical needs. This billet has also been identified as accommodation for older people. HMP Kirkham are trying to make this more attractive for men to want to live there. There are men located on this billet that can support men and assist with any difficulties.

However, well over one third; (39 prisons) gave detailed examples of specific facilities available. This ranged from adaptations to residential accommodation to special units.

Prisoners who require assistance with showering have been provided with a shower seat for extra support and stability also a high rise toilet seat has been provided also both areas have been fitted with several hand rails for extra support. (HMP Ranby)

We have showers which have been modified for wheelchair users (steps removed and replaced with ramps) and hand/grab rails in place. Hand/grab-rails in place in toilet areas. (HMP Birmingham)

Impaired elderly offenders may be located within our dedicated physically impaired offender unit, which is a newly refurbished 14-room unit adapted with wider wheelchair accessible doors, fully incorporated shower/wet room and toilet area. Each room has a fall alarm to call assistance from the staff office. (HMP Ford)

Location on health care

The reality is that some people with social care needs will be placed on health care units. Five prisons told us that this would be the normal allocation policy.

This is acceptable in cases where people are also receiving ongoing medical treatment and need to locate in healthcare for clinical reasons.

If intimate needs are to be met, would be located in healthcare for help from professionals.

Those who are dependant in these respects would normally be catered for on healthcare where appropriate facilities and assistance are available.

However, the inspectorate has criticised the practice of locating people with disabilities in health care purely for social care reasons. In addition, prison service policy supports this position. PSI 31/2008 clearly explains that health care is not an appropriate location for someone whose needs are not clinical.

Using health care space to accommodate people with personal care needs can be detrimental for the individuals concerned. It can have a negative impact on sentence progression and access to regimes and facilities as well as impacting how someone with social care needs integrates into the life of a prison.

For prisons and PCTs, it can mean that health care beds are 'blocked' when needed for patients that are ill or whose health conditions need a lot of monitoring. It can also leave prisons open to challenges under the DDA.

In many other establishments, people can live on other wings and be offered bathing facilities on healthcare.

Any prisoner with mobility issues can be offered a bath or shower in the healthcare. There is a lift up to healthcare, so the prisoner does not need to climb stairs; there are handrails in some cell toilets and a pulley system for use in healthcare. (HMP Bedford)

Care planning

Good practice happens when needs are identified with prisoners' involvement and ongoing strategies are put in place and reviewed regularly.

They would be seen by the DLO and a case conference would be arranged to identify needs. An action plan would be generated, ensuring that the offender is afforded the same equality and opportunity as others. His personal officer would report on progress, and this would be recorded in the history sheet. (HMP Canterbury)

The benefits of working in this way are:

- Multi disciplinary assessment/involvement
- Aim to promote inclusion and involvement in prison life
- Personal officer is on the wing and has almost daily contact with the prisoner so can monitor progress
- All action is recorded and reviewed.

Some prison respondents explained that they wanted to support independence:

It has to be noted that ‘self-help’ is promoted in the establishment. This is an initiative currently being used in the community with the reintroduction of district nurses. Prisoners are encouraged at all times to maintain a maximum amount of independence, therefore this will reflect in the work loads of the carers. (HMP Wakefield)

The diversity manager is also the DLO, and ensures any prisoner needing support is assessed; she also liaises with healthcare department for medical support and advice. This diversity manager oversees the prisoner diversity reps, and ensures that help is provided on wings regarding daily living issues. Special equipment can be provided, such as shower chairs, hand rails, emergency wheelchairs, washing loofahs, sock aids and one handle tray for collecting food, also help can be provided with cell cleaning on request. Larger print or talking books provided on request through library. Many other items provided on an individual basis of need. (HMP Featherstone)

Good practice recommendations

- Age appropriate assessments ensure that prisoners’ needs are met and should be routine practice.
- Governors should work with health care to actively engage with local social services and establish local arrangements for support and resettlement.
- Joint health and social care assessments are needed for older people who may have social care needs.
- Multi-disciplinary work in assessments and care planning ensures regular review of needs and action and can inform all other assessments.

End of life care at HMP Whatton

HMP Whatton is a category C prison holding people convicted of sex offences. Many of the population are elderly. The prison healthcare staff were aware that providing palliative care within a prison environment was extremely difficult and they were not always meeting health care standards that would be expected in the community. They also wanted to support staff and prisoners better, given the level of trauma for prisoners and staff when someone dies.

Historically, the prison had often tried to move terminally ill prisoners into a hospital or a hospice to die, risk assessment permitting. However, in practice this meant that people were dying in an unknown environment without the support of prisoners and staff that they knew.

The health care, security and residence staff at HMP Whatton have worked in partnership to develop end of life care procedures. They meet monthly when they are caring for a prisoner receiving palliative care. Wing based staff have received awareness training and are given the option of whether to be involved in caring for someone in this position or not.

The new policies mean that people can stay on the wing if they wish to. The prison has successfully managed the security considerations and the practical considerations such as fitting the large medical equipment into a prison cell. The care plans will be updated daily, and the prisoner care system is extended to palliative care patients. One of the most impressive aspects of the policy is that the prison can organise a visits protocol for the family. This means that they can come into the cell to be with the prisoner for a visit.

The benefits of this way of working are many but in particular:

- People can choose to die in an environment they know
- Prisoners and staff attitude to palliative care and management is more positive
- Holistic support is in place for staff and prisoners
- Multi disciplinary working
- Prison staff have increased empathy for prisoners and their families.

HMP Whatton is hoping to develop an end of life suite and a garden for the use of prisoners and their families.

Peer support

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... we would be stuck without their help.
Prisoner in Doing Time: the experiences and needs of older people in prison

Prisons describe and define their working practices and prisoner to prisoner support differently. In this section, any form of care, buddying or social support from prisoners for older prisoners is covered. Prisons may describe this as peer support, carers or buddies. Some prisons draw a distinction between a buddy (emotional and social support) and a carer (physical and practical support). This section of the report considers support for older people with social care and daily living but does not include other schemes such as listeners or education peer support schemes.

Over the last five years, many more prisons have implemented peer support programmes for their older prisoners, this has been a direct response to the need of the ageing and less mobile population. Other key reasons for the development of these schemes are the recognition that not only do wing staff have limited time but also that prisoners have talents and time to offer.

The benefits of these schemes are many and it has been seen by some prisons as a good way of developing the skillset of one group of prisoners while meeting some of the daily living needs of others. There are also add-on benefits in terms of reducing isolation and increasing socialisation. In addition, prisoners taking part in peer support schemes find their time is used productively and their skills are increased, as well as experiencing the positive emotional benefits that come from volunteering.

Respondents were asked whether there were any peer support programmes (formal or informal) in their prison.

Thirty prison staff (almost a third) said there was some form of prisoner to prisoner support with social care or daily living in the prison for older people. Six further staff explained that this was being looked at as a model of working.

Twenty four prison staff explained that assistance with laundry or other care support would be part of a buddies/carers role. Washing clothes and bedding, or taking it to be washed, is often part of the buddy's role in supporting an older prisoner or prisoners with a disability.

For prisoners who need assistance on normal location (any area other than Health Care Centre) there is a prisoner carer system in place. Full training is given to men who have been ‘employed’ by the coordinator and undergone rigorous assessments and security checks.

On employment the carer will be introduced to his ‘client’ and a care plan will be agreed by both.

The carer will not shower his client but will give him every assistance to enable him to shower personally i.e. movement to shower area etc. (HMP Wakefield)

Prisoner support with personal care

Obviously, there are many security and safeguarding concerns about prisoners offering personal care to other prisoners.

Two prisons said that a prisoner could have help from another prisoner for using the toilet and showering as long as they were trusted and risk assessed.

There are a number of concerns that are raised when prisoners carry out personal care and prisons are well aware of their duties to prevent bullying and abuse. It also appears that the local authority has a legal responsibility in these areas, as social services are charged with safeguarding all in their area. It is worth noting that prisoners are automatically counted as vulnerable adults under the new safeguarding authority.

The Listener scheme is a model of support-giving to vulnerable prisoners that has been well established and is now part of the fabric of most prisons. There are many safeguards and risk assessments in the processes prisons and local Samaritan branches use to assess, train and supervise listeners and these lessons can be transferred to peer support work.

Informal and formal arrangements

Some prison respondents explained that this work happened informally:

- **No formal procedures in place. We do currently have a couple of prisoners being assisted by others through an informal agreement between them.**
- **Peer support tends to occur informally. This is an area for development and is highlighted in the Age Concern research.**

Other prison staff explained that it happened on an individual basis.

- **Peer support can be given if required. It was provided to a disabled offender, and one of 72 years of age, last year.**
- **We currently have one prisoner in need of help with personal and social care. A ‘buddy’ from the same landing has been appointed to assist him with collection of meals, canteen and laundry exchange, cleaning and getting to the shower. The buddy is paid for this service.**

However other prisons had more established schemes:

a. Dorton unit have a peer support unit within the prison; if staff feel that an older prisoner, with his consent, needs to be on the PSU he will be considered. On the unit he will receive extra help and support from both staff and prisoner peer supporters.

b. Edgcott employ prisoner community carers to assist older prisoners and are paid a wage due to the high volume of older prisoners on the unit. (HMP Bullingdon)

Informally, our Over 50’s Club members are very good at supporting and looking after each other. They help address bullying, and tell me if they think any of their group is experiencing any problems.

I have just introduced a buddy” system, with prisoners helping to look after older, frail or disabled prisoners. I have enclosed a job description, and part of their remit is to actively seek out and engage with any prisoners who appear isolated or are struggling with the prison routine. (HMP Dartmoor)

Offender peer supporters are an integral part of the diversity team. There is a dedicated peer supporter who is located in the impaired offender unit and is able to assist with the mobility of impaired offenders and there is also a dedicated peer supporter who acts as a liaison between older offenders and the diversity and race equality officer and carries out such tasks as ensuring the availability of library books to offenders who are unable to ascend stairs. (Our library is on the first floor). (HMP Ford)

The ‘churn’ or throughput of prisoners can make it difficult to sustain schemes, particularly for local prisons. One local prison respondent explained;

We do provide prisoner buddies who will fetch food or assist in making beds or cleaning cells but have not yet made this an official job. We have talked to other prisons that do have official prisoner carers and are looking into introducing this in the future. Because we are a community prison the through flow of prisoners makes it difficult to build up a team of more experienced prisoner buddies compared to prisons who have a more stable population but we are interested in the NVQ in caring when it is rolled out. We have discussed this with the PCT provider of our healthcare services and they are also interested in this scheme.

Training

St Giles Trust have received funding from Offender Health to implement the NVQ in care support in prisons. The pilot to train 25 prisoners (in each participating prison) to NVQ level in Carer Skills started in April 2009. A pack was developed ready to use and NVQ trainers were found. However the take up has been lower than expected and up to April 2010 only HMP Shepton Mallet was running the scheme.

The low take-up is surprising considering the number of prisons that are using prisoners as peer supporters already. However many prisons have appeared concerned about drawing attention to this, particularly those prisons containing sex offenders. There is also an argument that some prisoners will not be able to use their skills on release as they will be excluded from social care work.

It is concerning that more prisons did not feel able to take up the opportunity to train their peer supporters in a professional way, particularly as the funding was coming from outside the prison service. It would be helpful to explore the reasons for the low take-up. As peer support is happening in many prisons informally anyway, it would protect prisoners giving and receiving support, as well as the prison itself, if this could be on a formal and trained basis. Prisons could also be in danger of breaching prison rule 31 (4) which states that: "No prisoners shall work in the service of another prisoner, or for the private benefit of any person....without the authority of the Secretary of State."

There is a wide range of activities that peer carers or buddies can do:

| |
|--|
| Assisting with carrying meals, making tea or sandwiches |
| Reading the newspaper or a book to someone |
| Assisting with mobility needs (pushing wheelchairs) |
| Making beds or cleaning cells |
| Encouraging activity participation and running activities |
| Menu/activity orderlies help complete applications for meals/canteens/activities |
| Laundry including carrying clothes/bedding there and back |
| Assisting with getting to the shower or toilet |
| Advocacy and raising staff awareness of needs |

It is essential that prisons formalise and supervise the arrangements already in place. Seven prisons clearly recognised the need to formalise their existing arrangements and to access training.

An informal 'buddy' scheme operates with plans to formalise the scheme with a qualification in social care.

It is intended to have an orderly in the prisoner's day room who will receive training in relation to older prisoners. (HMP Shepton Mallet)

Consideration is being given to the introduction of a 'Buddy' scheme where disabled or older prisoners will be partnered with other prisoners. At the moment this scheme does operate in an informal capacity but it is felt it would work better if formalised. Proposals are currently being drawn up. (HMP Sudbury)

HMP Whatton

Wheelchair training scheme

The prison has trained a number of prisoners to push wheelchairs. Unlike other prisons the supporter prisoners are not assigned to an individual with mobility needs. Instead, they act as a 'taxi' service and wheelchairs with trained supporters can be picked up at various places around the prison as needed.

The prison has put a lot of thought into the training to ensure that prisoners needing to use a wheelchair are treated in a respectful and dignified manner. As part of their training, as well as learning about appropriate care the supporters sit in a wheelchair and experience how it feels to be pushed by someone one who is not interested in them and does not speak to them.

This is a very positive area of work and one that many prisons are developing. The potential benefits for prisoners needing support, other prisoners giving support and staff are enormous. However, many prisons are managing this work informally and are also wary of developing more formal schemes because of concerns about risk and public scrutiny.

National support for this work, roll out of training opportunities, guidelines and policy guidance would assist prison to develop this work further and utilise these opportunities productively.

Good practice occurs when peer supporters have a job description or contract and this is drawn up in consultation with the person/ people needing care. Ideally this will include a description of role (and limits of role), the hours and pay and details of the staff responsible for supporting the work.

Information packs for peer supporters could contain the following:

- contact details for staff who can advise and support peer supporters
- advice on supporting and encouraging prisoners in their care to be as independent as possible
- information about what to do if someone is deteriorating and reporting any deterioration in mood or sociability to a member of staff
- general information about the health conditions or disabilities of the people they are caring for.

Good practice recommendations:

- Prisons with a significant number of prisoners with care needs or mobility difficulties should look into the possibility of using peer support.
- In prisons where peer support is happening whether formal or informal, prison staff should explore systems so that prisoners needing care are consulted and prisoners giving support are trained, monitored and paid for their work.

Outside links

Community and voluntary sector support

The survey respondents were asked whether any voluntary or community organisations provided any services to older prisoners. Over a third of the prisons that responded (38%) said that some outside organisations were providing a service to their older prisoners.

Some prison staff explained that the voluntary sector was involved in their prison providing support to their general prison population, including older people.

We have no external groups that are specific for older prisoners although we have a comprehensive community engagement strategy which older prisoners would also be able to benefit from such as resettlement employment and voluntary work.

Many also expressed confidence that they could call on their community relationships as and when needed:

Should a need arise concerning an older person, we have the necessary links and relationships in place to arrange support for them.

Age UK

The organisations most commonly mentioned were local branches of Age UK, (formerly Age Concern and Help the Aged).

Twenty eight prison staff (over one quarter) explained that they were already working with Age Concern or Help the Aged local groups. (These two organisations merged in April 2009 but prisons may be working with local groups using one or other of the names).

We have regular interventions from Age Concern Older Offenders Project. One day per week which include focus groups, consultations and coffee mornings. (HMP Eastwood Park)

The majority of these organisations are individual Age Concerns. However, in the south west, there is a regional model, ACOOP, Age Concern Older Offenders Project. This works with the Prison Service and other agencies through partnership arrangements and offers social care, advice and support to older offenders and their families.

ACCOOP run groups in prison using their staff, volunteers and guest speakers. They also assist prison staff to develop services for older prisoners such as forums. They offer information, advocacy and practical support to older people within prisons and to those supporting and working with them.

ACCOOP have revolutionised the way we look after the needs of older prisoners here. Without the outstanding hard work of their staff, we would still have isolated and unmotivated older prisoners. (HMP Dartmoor)

All the men consulted (including those over 70) said they had never considered contacting Age Concern as they did not consider themselves elderly but when shown the range of work the charity was involved in and some of the advice sheets available they were interested in linking with them in the future. (HMP Winchester)

There was a clear recognition that using the voluntary sector's expertise to get information and advice could be useful. At best, this can assist a prison to develop working practices and services.

Age Concern's Evergreen 50+ service works in HMP Leicester and HMP Gartree

The service works on an advocacy model, finding out what an older prisoner needs and enabling them to take their concerns forward with the prison. The project also provides support for older people in order to improve their conditions and assist them to access services.

The older prisoners coordinator can identify a prisoners needs and ensure that prison staff are aware of them. This work can be complex and many of the service users need long-term support or have numerous concerns that need addressing.

This project has the following benefits for older prisoners:

- Helps to alleviate anxiety and isolation among older prisoners
- Links people with agencies that can support them on release
- Helps to improve prisoners mental and physical well being
- Increases pro-social behaviour and prisoner participation.

The project is also a valuable resource for staff who can use the expertise of the older prisoners coordinator in their daily work with the older people they support.

HMP Manchester has contact with Age Concern who have been helpful with support or advice. (HMP Manchester)

We have and do work with Age Concern and also Disability Stockport when asking for advice and ideas relating to disability and age. (HMP Styal)

MS Society – giving advice and guidance to men who may develop this condition British Lung Foundation- this organisation is new to the establishment but already have given a greater insight to the coordinator. (HMP Wakefeld)

Barriers to working with voluntary groups

Prison staff were also asked whether they had experienced any barriers in setting up contacts with or services from, voluntary groups:

Barriers have included availability of staff for training and lack of resources from the charities.

Barriers are lack of funding, security clearance which often takes a long time to process and our service level agreement.

Have discussed this but funding restrictions are main problem for lack of community engagement.

Some staff had tried to engage community groups but had been unable to because of the outside organisation's priorities:

Majority of the work is done in-house. It is difficult to engage with external stakeholders.

A potential barrier to this would be the demand for such a service: currently, many of our offenders are from other areas of Yorkshire: a local community organisation may not be able to provide services to offenders from other areas.

Some expressed frustration with the situation:

I have contacted the local branch of Age Concern on numerous occasions and received no response.

No, we contacted Age Concern locally but did not receive any response from them regarding working with our establishment.

Organisations providing services for older people in UK prisons

Local Age UK branches, as previously mentioned were the main group working in this area. However, a diverse group of organisations also provide services to older people in prison.

| | | |
|---|---|--|
| Support Samaritans Alcoholics Anonymous Circles of Support | Mental Health Rethink Hafal Wales | Support with Disability Disability Resource Centre Centre for Integrated Living Red Cross |
| Ex-services organisations SSAFA Royal British Legion War Pension Welfare Centre | Chaplaincy links Prison visitors Mothers Union Quakers Cyrenians | Statutory services Benefits agency Job Centre Plus Department of Work and Pensions |
| Resettlement and advice Nacro St Giles Trust Southside Partnership Shelter CAB Akwaabe Ayeh PRIME Eco-actif | Local organisations Disability Stockport Nepacs Cornhill Classics Equality South West Humberside Criminal Justice Diversity Panel | Health based voluntary Alzheimer's Society Multiple Sclerosis Society British Lung Foundation |

Further developments

Nearly a quarter (24%) of prisons expressed an interest in having voluntary sector involvement, or in developing their existing services with the voluntary sector more, with the hope of improving their services to older people.

Sixteen surveys from prisons gave us specific details of action they were taking and organisations they were liaising with or had been in contact with.

This is something that we are introducing along with the care pathways and necessary palliative care packages in light of the ageing population. Age Concern has recently conducted a dignity audit and there have been resource packs and recommendations for all high security prisons as a result of this. We are planning to work more closely with Age Concern on a regular basis. We also work with the Humberside Criminal Justice Diversity panel that have age specialists amongst their consultative team. (HMP Full Sutton)

Currently there are no organisations providing services but we have a voluntary sector coordinator who is currently in discussion with Age Concern to partner prisoner forums specifically for older prisoners to enable their needs to be heard, acted upon and also the possibility of bringing in speakers. (HMP Hewell)

At this moment in time disability manager is looking into a few network organisations being involved with prisoners with disabilities and older prisoners.

Help the Aged, Dial, Portland Training College, DWP also looking at other organisations. (HMP Ranby)

Prison staff also talked about how the involvement of the voluntary sector was organised and reviewed:

We have just started to have contact with the voluntary sector through sentence management group. These include war pension welfare service/Nepacs/Chaplaincy link/Prison visits/Royal British Legion. As DLO, I will be part of this group - at the moment held quarterly. (HMP Frankland)

There are two organisations working in conjunction with the prison Health Care and Occupational Health, who offer services to older prisoners. Cyrenians – Voluntary Organisation offering a wide range of support. Hafel – Mental Health Services.

Continuity of care arrangements are offered from any identified appropriate organisation (HMP Swansea)

The impact of the voluntary sector in improving services for older people in prison and enabling staff to develop regimes is considerable. 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 should be doing.

Visits from family and friends

Older people are less likely to get visits than other prisoners. The inspectorate found that only a quarter of older men in prison were located within 50 miles of their homes. Prison staff were asked whether they ran grandparents' visits or whether this was considered.

Nearly half of the prisons (45 out of 92) already have some sort of extended family visit, which was open to any eligible prisoner of any age. Common themes were that these were for enhanced prisoners only and happened a few times a year.

One respondent explained that the nature of the population meant they were considering older people's visits.

Plan for older people's visits (without children) as many older prisoners are sex offenders.

One respondent had tried to hold grandparents' visits but the take up had been low. Another commented that there was not a need for grandparents' visits as they had too few older people. Two members of staff explained that grandparents found visiting too difficult because the visitors centre and visits hall building was not completely accessible. However staff also described the changes made to the visits area:

Staff also described the changes made to the visits area:
'Visits has a toilet altered for those in visits to use who have a disability or who are older. Also in place is a portable ramp for getting up kerbs. There is a ramped area into the gate and reception area for those staff, prisoners and visitors who use that area.' (HMP Stanford Hill)

Resettlement

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'
Prisoner, from Doing Time: the experiences and needs of older people in prison

The resettlement needs of older prisoners often need specialist support and this is still an area that prisons are not able to respond to adequately.

HMP Bedford has great connections with Age Concern, for resettlement needs and a care plan to help assist older prisoners whilst in custody.

Staff were asked if their prisons had any age appropriate services for their older prisoner population. Almost two thirds of the sample (59 out of 92) explained that nothing specific was available to support the resettlement needs of this group. Many of these stressed that their resettlement procedures were 'needs led' or targets on an 'individual basis'.

Six prison staff (all either high security or category B training prisons) explained that very few prisoners, if any, were released from their establishments so they had no procedures in place.

Responses from six other prisons described a staff member with a specialist role such as the older prisoners' liaison officer, who would work with older prisoners on resettlement plans.

Resettlement support from outside agencies

A number of prison staff reported productive links with external agencies, Age Concern in particular (13 prisons). Four respondents discussed the work of ACOOP, and its help with 'housing, benefits and pensions' was particularly appreciated.

Another Age Concern project (from AC Leicestershire and Rutland), the Evergreen 50+ Advocacy Service, was described as being particularly helpful with resettlement issues in HMP Leicester.

'The resettlement team are the link between the prisoners and (the Evergreen 50+ service) and take a very pro-active stance in supporting older prisoners. They have actively sought funding in the past to ensure that older prisoners are released into suitable accommodation i.e. sheltered housing, hostels etc. Needs identified through the Age Concern Advocacy Service that relate to resettlement can be noted in prisoners' resettlement passport folders should the prisoner request

The member of staff from HMP Leicester regarded the resettlement team's joint work with Age Concern as their 'best work with older people' in the prison.

Another staff member described Age Concern's assistance in supplying a placement for an older prisoner nearing release, via the prison's 'working out' scheme. (HMP Standford Hill)

Respondents also stated that other external agencies were particularly helpful with resettlement arrangements for older prisoners. These were the Citizens Advice (particularly in respect of benefits and pensions advice) and the British Legion and SSAFA (for forces veterans).

Statutory agencies were described less frequently, although three said they referred older prisoners with individual needs to their local probation services, and three more said they involved social services where necessary.

In the majority of cases there was no specific provision for the older prisoner population. In so far as any specific issues were noted, accommodation was the main concern. Three prisons explained that sheltered or supported accommodation might be explored. For example HMP Coldingley noted that: 'when making arrangements for housing, sheltered housing is also considered for over 55s.'

It can be particularly difficult to find accommodation for older people leaving prison. The combination of support needs and necessary risk assessments can mean that very little hostel or shared supported accommodation is appropriate. For instance, there is very limited provision for people convicted of sex offences in the community. In addition, one member of staff wrote in detail on some of the particular difficulties in housing older people returning to their communities, particularly in relation to other crimes of which they may have been convicted:

‘The difficulty comes when trying to house the elderly, especially as they may have higher support needs..... Arson convictions mean sheltered housing or rest homes are reluctant to house individuals, and private landlords are reluctant due to insurance restrictions. Burglary convictions can make it difficult to house individuals in sheltered housing where other vulnerable residents may need to leave their doors open....’ (HMP Winchester)

The same staff member also noted that there could be difficulties for older returners in accessing drug treatment in the community too.

ACCOOP resettlement training

ACCOOP's resettlement course was designed and written by an ex-prisoner.

The course contains information on all aspects of life and the difficulties that older people may encounter on release from prisons. In particular, it focuses on accommodation, including hostels, pensions, benefits, insurance, health, finances and tax. It is designed so that different units can be focused on as relevant to the group.

The course is designed to signpost and identify agencies and sources of support on release. The aim is that it will be rolled out across the country and used with groups of over 50s prisoners as they near release.

‘ It is worth noting that when CARATS (drug intervention programme) are making referrals to tier 4 treatments in the community (e.g. residential detox and rehab programmes) most programmes have a cut off of 60’.

These two examples illustrate just two of the hidden difficulties that may attend this growing group of ex-prisoners, on release, and further serve to illustrate the need to highlight additional age-sensitive provision.

Good practice recommendations

- Prisons should actively seek to engage external agencies who can offer expertise and services to their older population.
- Prisons should ensure that their visits processes do not exclude older visitors.
- Resettlement work needs to link with appropriate agencies and housing agencies in the community.

Regimes and social 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.

Prisoner, from Doing Time: the experiences and needs of older people in prison

Work

In line with national policy, as set out in Prison Service Order 4460, prisoners over the state pension age are not required to work. They may work for standard rates of pay if there is suitable work available. They can also be required to take part in activities for their sentence plans and would be paid at standard rate for these sessions.

A fifth of all prison staff (18 prisons) reported that prisoners past retirement age were not required to work, but could continue to do so if they wished. This is prison service policy, however, so perhaps other staff took this as read.

Two prisons also reported that risk assessments were undertaken for those in this position who did want to continue working.

It is important that prisons have activities for older people and that they are not automatically considered unable to work. Indeed, the respondent from HMP Wakefield noted that:

‘Under the EHCR rulings there is no stipulation on the upper age limit of retirement from work or education. This ensures that he (the older prisoner) is given every opportunity that any other prisoners may be afforded. Any training needs will be identified as standard practice and the age of the individual will be immaterial unless adjustments need to be made by the coordinator to ensure domestic issues are dealt with i.e. wheelchair access for long distance travel to workshops/education etc. Any employee may make reference to social care plans etc held by the coordinator.’

A number detailed activities which were deemed particularly suitable for older prisoners. These included working in a Braille unit, becoming a peer supporter in education, training to be a Toe-by-Toe mentor or Listener, or ‘remedial duties’ (unspecified). However, there was no direct mention of part-time work being available for prisoners who still wanted to work.

One prison explained that special help was available from other prisoners, for those prisoners with mobility difficulties:

‘Prisoners apply for work in the usual way, however we have trained prisoners who push wheelchairs and assist prisoners to and from their area of work’. (HMP Lewes)

Four staff members specifically explained that ‘retired’ prisoners were unlocked during the core day. Two prison staff mentioned that their prisons facilitate special access to the library, with one describing the provision of large print books and audio tapes for older prisoners.

Pay

The Prisons’ Inspectorate has recommended that older prisoners be paid at a rate that they can manage on without external financial support. This is because older prisoners may not have families who can support them and experience higher rates of poverty than other prisoners. In addition, the benefit of a higher rate of pay for older prisoners preserves independence and means they can make small dietary choices that may maintain health.

A number of staff members referred to ‘retirement pay’ without specifying the level at which this was set. Some prisons pay £3.25 per week, the lowest rate stipulated by national guidelines.

Four prisons reported higher levels of ‘retirement pay’ for those who were not working: this varied from £10.50 per week at HMP Wakefield, to £7.50 per week (‘equitable to the payment for individuals who are long term sick’) for those who were 60+ (HMP Downview and HMP Send and £.6.00 at HMP Birmingham).

Two establishments offering £7.50 also stated that they had a ‘dedicated policy for over 50s and a toolkit for good practice’. (HMP Downview and HMP Send)

In cell education or work

Five respondents explained that their prisons have one-to-one or in-cell education on offer to older prisoners who had difficulty accessing first or second floor class rooms. A further two facilitate in-cell work for those unable to access workshops.

Although in-cell study and work can be useful ways for less mobile prisoners to earn additional income and occupy their time, there are difficulties associated with this practice. The first is that prisoners who are spending a lot of time in their cells can become isolated and de-socialised. The second is that prisons have an obligation under the DDA to make sure prisoners can access all areas of the prison.

Education

Whilst only one member of staff described a ‘mature student assessment’, a small minority reported that specific classes, courses or activities had been set up for older prisoners. Two said that third age courses were available in their prisons and another staff member hoped to be able to set up a ‘pre-retirement course’.

Other prison staff members explained that the education department was involved in providing social activities (see later section). A few people working in prison also detailed a range of courses and sessions such as indoor bowls, art, and vegetable growing, which appeared to have been set up or planned specifically for older prisoners. One respondent described certain classes which were particularly popular with older (women) prisoners:

Our curriculum includes art, crafts, textile crafts and knitting classes, all of which are popular with older women if they wish to join sessions with the main population.’ (HMP Holloway)

HMP Risley has dedicated educational development for older prisoners and HMP Bullwood Hall explained that students are given the opportunity to attend education on a part time basis.

The respondent from HMP Highdown described a regular education assessment:

On a weekly basis the Head of Education monitors the age groups in the establishment; over a period of months there has been a slight increase of over 65-year-olds. Using a snapshot, there were 11 prisoners over the age of 65, one was in Health Care and five were vulnerable prisoners. All the VPs have some form of activity and the three remaining prisoners were on a normal location but were not working. (HMP Highdown)

HMP Wakefield have the following resources in their education department

- Large size keyboard for persons with limited sight
- Larger computer monitors for those with limited sight
- Large print dictionaries are available in classrooms
- Offender mentor scheme giving support to the individual
- Resources can be flexibly produced with different font sizes to suit different needs
- A ‘portable hearing loop’ in the department that can be used in classes where there are students with hearing difficulties.

Close ties with Learning & Skills ensure that any prisoner who may not be able to attend education receives in cell work and is supported by the learning & skills team. Learning & skills are notified of any older prisoner or those prisoners with a disability. (HMP Gloucester)

One staff member explained one of the difficulties is that it may be harder to find education funding for older prisoners (who may not be doing qualifications or work based learning):

I would like to see more specific activity for older prisoners as well as hobby and craft courses although these impact on the education provision by not being accredited courses and therefore not funded through LSC's. Perhaps we could look at bringing in outside agencies to talk about age related topics.

Sentence planning and offending behaviour programmes

Many longer sentenced prisoners experience difficulty progressing through their sentences. The increase in sentence lengths and in particular the numbers of indeterminately sentenced people mean that active and appropriate sentence planning is essential. Long term and indefinite sentences are particularly difficult for people to cope with emotionally and may result in mental health difficulties. The Inspectorate found that half of all elderly prisoners were suffering from a mental illness. The most common of these was depression which can occur as a result of imprisonment.

Another concern is that risk assessments do not often take account of health and social care needs. Further multi-disciplinary work and awareness training is needed.

Long term and indefinite sentences are particularly difficult for people to cope with. Despite this, in the vast majority of prisons, no specific arrangements for older prisoners were reported in relation to sentence planning. In addition there was no mention of offending behaviour courses specifically designed, or adapted for older prisoners.

Older prisoners have an individual assessment carried out by the DLO (disability liaison officer). The resulting care plan will inform sentence planning. (HMP Shepton Mallet)

Several respondents explained that sentence planning was 'needs-led' but gave no examples.

Some prisons enjoyed the support of advocates funded externally, usually from Age Concern, who could liaise with prison staff on behalf of this prisoner group. For example, in HMP Gartree:

'The older prisoner advocacy coordinator discusses with the Head of Psychology and Programmes any issues her clients raise about OB courses or other psychological issues.'

In HMP Shepton Mallet older prisoners have an individual assessment carried out by the DLO (disability liaison officer). The resulting care plan will inform sentence planning.

Additionally, specialists are brought in to write reports, for example reports were recently commissioned for a prisoner with hearing and speech impairment.

Nurses have received training in dementia and age related ailments. A programme of awareness about older prisoners' issues is being rolled out with staff currently attending mental health awareness, ACOOP; hope to carry out further awareness training with staff on older prisoner matters.

Assistance is based on their needs that they would need to discuss with their offender supervisor prior to sentence plan board or offending behaviour programmes.

However, this was exceptional. The usual response was that older prisoners were treated no differently from the rest of the population.

They are treated like everyone else with politeness respect and dignity.

Some prison staff were aware that older prisoners may have difficulty accessing or participating in courses.

Five noted hearing loops could be provided where necessary.

'Many senior offenders attend offending behaviour programmes, they are offered the use of the 'hearing loop' as this is a common challenge'. (HMP Manchester)

One explained there were potential difficulties of access:

'All prisoners are risk assessed for courses though there is a problem of getting prisoners with mobility issues up the stairs to the programmes unit.' (HMP Usk/Prescoed)

Others explained that similar problems had been overcome, either by the use of stair lifts, or the provision of ground floor accommodation for courses.

Two described the capacity to provide large print documentation where required.

Apart from the provision of such accommodation or aids, there appeared to be very little provision made for the specific needs of older people in sentence planning, or offending behaviour programmes.

Social Activities

Prison staff were asked about the social activities that their prison organises for their older population. Respondents from 80 prisons explained that they had at least one activity for older people in their establishment. The activities were many and varied and ranged from walking groups and tai chi to ukulele lessons and horticulture.

Gym provision

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. Prisoner in Doing Time: the experiences and needs of older people in prison

Gym sessions were discussed most regularly, with 66 prisons (over two thirds of the sample) explaining that they ran gym sessions that were suitably adapted for older people. There appeared to be much enthusiasm and appreciation of these sessions both among staff and prisoners. In fact, 16 prisons told us that the gymnasium sessions were among the work they were most proud of.

Two women's prisons told us that exercise classes for their older women had not been well attended. However,

HMP Downview has a specific over 50s exercise session every morning at 8.30- they have turned their radio on to a softer music station and bone strengthening exercise and weight loss exercises are completed targeting the areas that older women prefer.

In addition HMP East Sutton Park and HMP Send both have walking groups for the women.

Nine prisons had over-40s groups at the gym, while others ran the groups for over 50s.

There is an over 50s class ran at the gymnasium, this is held weekly and it consists of light weights and general keep fit exercises. They also get blood pressure and BMI taken. (HMP Acklington)

Some prisons showed that the gym instructors were working in tandem with the health care team to support prisoners in keeping healthy.

They do gym sessions for prisoners referred by the doctor this includes older prisoners and those wanting to lose weight. (HMP Ashwell)

The gym have a lesson specific to people over the age of 50, providing

programmes and individual exercise regimes. These also include medical referrals, mental health and remedial issues. (HMP Haverigg)

HMP Full Sutton also has a gym session where the mental health in-reach nurse works with gym staff to offer men additional support

Gyms in prison can be intimidating environments. This was clearly understood by staff, who acknowledged the need to provide alternative sessions for older prisoners.

Another issue raised during the consultation exercise was the older prisoners' reluctance to use the gym facilities when younger men were accessing them. The possibility of exercise sessions for older or disabled prisoners is being considered. (HMP Winchester)

Older women sometimes have similar concerns:

The specific gym classes were helpful as older women felt intimidated exercising in front of younger 'lycra clad' women. Now, they are able to have personal programmes written specific to their needs – the yoga has helped their menopause symptoms significantly. (HMP Downview)

Social groups

We have run one 'nifty over fifty' group and intend to run this once a month.

Currently here at HMP Wymott the chaplaincy department run a group activity called Cameo (Come along and meet each other) which is basically a meeting forum to develop their life skills and discussion groups.

We hold meetings every two weeks, where they all meet together if they choose, to hear a guest speaker about practical and social topics, where they can relax and enjoy a coffee. (HMP Dartmoor)

We run a mature ladies forum (monthly). We also run a groups called the 'Golden Oldies' named by themselves, this runs fortnightly in their own association time. (HMP Styal)

Social activities currently facilitated by prisons:

Exercise - walking, tai chi, yoga, pilates, bowls
 Creative - art classes, guitar lessons ukulele lessons, music club
 Craft - model making, sewing group, knitting circle, cooking
 Life skills, budgeting, cooking, resettlement training
 Games, cards and dominoes
 Gardening and horticulture
 Social groups (conversation) coffee morning, natter groups
 Groups :guest speakers and education sessions, quiz and memory/nostalgia groups, book groups.

HMP Norwich has an elderly lifers' unit which 'has been recognised as a centre of excellence.' Whilst there is limited work and education/training available 'due to medical constraints, we have an area where older people can grow their own vegetables. In addition, art classes take place on a weekly basis. A £500 donation from our chaplaincy team will allow the purchase of IT equipment and relevant software, for example voice typing' (this is technology that enables a user to speak rather than write into a computer).

Day Centre model

The day centre or (day room) model is acknowledged as good practice. This is where prisons do their best to replicate day centres in the community that offer a range of activities for older people. Space is always at a premium in overcrowded prisons but many prisons have been able to locate a suitable room that can be used as a day centre. Some prisons have been able to access funding and resources from the local pct or from Age Concern.

Some day centres will have a prisoner orderly who is responsible for keeping the room tidy and collating or updating information resources available. They also usually have tea and coffee making facilities, games and activities, newspapers and books.

Older person's dayroom/library where they can sit and relax and have time away from the younger population. (HMP Channings Wood)

It can be particularly difficult for staff to find space in busy local prisons as this respondent noted:

I would like to facilitate an older prisoners forum and perhaps quiet association area. This may be difficult due to the layout and shortage of association space.

A few prison staff explained that they were looking into this as an area of development – and coming up with creative solutions:

We are turning the chapel into a daily drop-in centre so that older prisoners can turn up even when there are no structured events going on. (HMP Usk Prescoed)

We are currently planning to provide the prisoners with a drop in centre. This will be a quiet area where retired prisoners can go during the day. (HMP Maidstone)

Some staff clearly saw the benefit that having a day room or day centre for their population would bring.

I would like to see a special OAP wing with a day room with their own exercise area.

Staff in the following six prisons (HMP Channings Wood, HMP Leyhill, HMP Shepton Mallet, HMP Wandsworth, HMP Woodhill and HMP The Verne) described existing day rooms or similar arrangements:

I am looking forward to all the work we are introducing to do with the older person's Day Centre and liaising further on their needs and what they would wish to see in their Centre. Currently we are not experiencing undue difficulties. We have received a sum of money from the Kings Fund to assist with the day Centre.
(HMP The Verne)

HMP Channings Wood noted, as an example of its best work, its:

Older person's day room/library in which they can sit and relax and have time away from the younger population.

HMP Woodhill reported that:

We are developing an Off Wing Club for those over 50 that runs alongside gym sessions. This is a sedentary area where they can play board games and interact with each other as well as doing exercise to suit if they choose. (HMP Woodhill)

HMP Wandsworth spoke about the day room they had created on the Onslow Unit.

Likewise, the HMP The Verne respondent noted that:

We are also setting up, with the help of a grant from the Kings Fund, a day centre for the older prisoners where they can interact and socialise with others of their age group.

A further four prisons explained that they had plans to set up day centres or drop in centres.

Good practice recommendations

- Work and education should be adapted so that people can work or study part time, if they wish to.
- Older prisoners who are not in work or education should be unlocked during the core day and provided with a selection of activities.
- Retirement pay should be increased in line with those who are working.
- Risk assessments should take account of health and social care needs, if necessary in consultation with clinical staff.
- Offending behaviour programmes should be adapted for those with disabilities or age-related frailties (such as dementia, memory loss or visual impairment). This might include the training of carers or peer mentors to support the older learner's progress.
- Prison staff should pro-actively sentence plan with those who are not motivated or appear depressed.
- In prisons with a number of older prisoners, day centre/ day room work should be developed to create a positive social and educational environment for older people, reducing isolation.

Staff and prisoners

Roles and responsibilities

Prisons vary in how they organise the services for older people and who takes on lead responsibility for these. Often, the work will be under the remit of the head of diversity (sometimes a governor) who will be responsible for the all equalities work under the NOMS single equality strategy. Therefore members of the diversity team may carry out this work in addition to carrying out other equalities work and indeed in addition to wing or other duties.

Many older prisoners have disabilities and there is some overlap between this work. Therefore it is often the disability liaison officer who will take on responsibility for ensuring that the older people in prisons mobility and support needs are met. Other prisons may describe the work differently and, sometimes the work is within the remit of a safer custody officer or a social inclusion officer.

Six prisons had older prisoner officers, who acted as the staff point of contact to see that the needs of older prisoners were met.

***The older prisoner officer works in partnership with healthcare and residential staff and any concerns relating to social care needs can be directed to her as they occur. She will then work in consultation with the prisoner to identify any specific needs and to put systems into place to ensure those needs are addressed.
(HMP Maidstone)***

Prisoners also take on work in this area; the main roles are representatives, orderlies or peer support workers:

- Representatives attend meetings, consult with other prisoners and take up their views and concerns with prison staff and managers.
- Orderlies are prisoners trusted with additional responsibilities such as assisting staff in a specific area of work, such as a disability orderly, older prisoners orderly or health orderly.
- Peer supporters directly assist another prisoner or prisoners with the help they need for daily life and coping in the prison. Peer support work is discussed earlier in this report.

Staff training

Prison staff were asked whether they or any staff members had received training on working with older people or people with a disability. Thirty establishments (nearly a third of the sample) said that some training was given, without specifying what it was, or whether it related to older prisoners directly.

A wide range of disability training was discussed, especially for disability liaison officers, and there were seven who explained that staff in their prison had participated in the week-long Disability Champions courses. Nurses and healthcare staff had also often received some specialist disability training. However there was little mention of any training specifically for the care of older prisoners.

Twenty three prisons (a quarter of the sample) said there was no training at all – presumably in either category. A number of staff described their disappointment that no formal training on working with older prisoners was available from the Prison Service.

No this is a sore point for me as there is no training given to HMPS that I know of.

Official training for staff is needed. None available at the moment.

We are not aware of any dedicated defined training in relation to the older prisoner.

Although few prison staff had taken part in training for working with older prisoners, there were some indications of work in development:

This area is being developed between the prison, Age Concern and Leicestershire PCT. (HMP Gartree)

Prisons where there was already support from Age Concern appeared to be further ahead with this. For example, at HMP Shepton Mallet:

‘Nurses have received training in dementia and age related ailments. A programme of awareness about older prisoners’ issues is being rolled out with staff currently attending mental health awareness, ACOOP; hope to carry out further awareness training with staff on older prisoner matters’.

Where there was an advocacy and liaison associate in place it was more likely that some training in working with older prisoners would feature as part of on-going staff development.

‘Our OPAL representative provides awareness training to all staff as part of our training schedule’. (HMP Whatton)

Once again, prisons with an older prisoners policy in place were more likely to have an accompanying action plan on which training would feature.

Disability training

There were many individual reports of attendance at disability awareness workshops and sessions, including learning disability and learning difficulties. These had mainly been attended by disability liaison officers. There was also some evidence of in-house training for a range of other staff members. For example:

All our workshop instructors have received training in supporting people with learning difficulties and disabilities....we have run training sessions on understanding the social exclusion faced by people living with HIV and other blood borne viruses, deaf awareness, mental health awareness, and learning disabilities. Eight staff recently completed their BSL (British Sign Language) stage 1. (HMP Winchester)

Other examples given included RNID deafness awareness and RNIB visual impairment awareness training, PEEP training (personal emergency evacuation plans) and people moving and handling risk assessment training.

Six explained that working with older prisoners and prisoners with disabilities was covered in the generic diversity training in their establishments. A further four staff noted that it was part of the general staff induction to the prison.

A few establishments had taken initiatives of their own to address the shortfall, and were devising constructive solutions with outside agencies. For example:

'In 2009, the Alzheimer's Society have done dementia training for staff, the CIL are doing disability awareness training for up to 90 staff and the Red Cross are writing a training package for us on the use of disability equipment. A colleague who signs is liaising with our local RNID to put together a package on caring for profoundly deaf prisoners. I also have packages on mental health from Rethink MK and 'Fit as a Fiddle' from Age Concern. Staff working on the older prisoners' wing will be prioritised to receive this training and it will also be adapted for prisoner carers' (HMP Woodhill)

Other staff and establishments were committed to working on their own solutions too - although it was not always clear from their responses whether they were talking about disability awareness training, or training for working with older prisoners. Frequently it appeared that just one or two staff had attended training courses.

There is no formal training but the DLO for HBI-6 attends as many conferences, training and awareness functions as he can. (HMP Hewell)

However it was clear that a number of establishments were prioritising this, and for more than just the disability liaison officers:

Training by NHS North Lancashire is scheduled for early next year. (HMP Lancaster Castle)

We have started a training programme. The SMT have all been trained as have a small number of discipline staff. This work is ongoing and we have taken on a consultant to help us with this.

Staff working in the Disability/Elderly office have attended numerous courses, seminars and workshops covering their area of work. The coordinator has delivered awareness training to staff and it is envisaged that this training will continue on recognised training days'. (HMP Wakefield)

One disability liaison officer demonstrated a particular commitment to the role:

I funded myself to do a disability course and passed it. (HMP Styal)

Good practice example:

Nacro's Working with Older Prisoners Resource Pack

In 2009, Nacro developed and wrote a resource pack for working with older prisoners. This was funded by offender health. The pack is aimed at peer support workers, disability liaison officers, and wing officers. The content can be used to implement good practice and set up activities in prisons.

Nacro also runs workshops in different areas annually; the workshops are aimed at staff working in prisons where there are many prisoners aged 50 or over.

The pack contains sections on health and ageing, good practice ideas, information and advice, activities and resettlement.

Staff commitment

The respondents to the survey were clearly impressed by the work and dedication of their colleagues:

At the moment the best work I can see, is done by the gymnasium staff, who put a lot of work and effort into organising a good regime for the prisoners. (HMP Acklington)

One-to-One work. Some personal officers have a huge talent for talking to and helping to encourage prisoners with specific support needs. (HMP Whitemoor)

The staff member as HMP Shepton Mallet commented that there was:

Excellent support from wing staff when prisoners need additional support.

A number explained that their colleagues were motivated and chosen to work on particular units because of their abilities:

The EDC (Elderly Disabled Community) wing unit is recognised by the area office as a highly successful unit with highly dedicated and self motivated staff. This in turn allows for offenders to live and work in a safe and secure environment and provides for their health and social care needs. (HMP Wymott)

HMP Frankland also said their best work was the ‘older and specific needs landing’ where the staff were chosen for their capabilities.

Another staff member added:

Comments from a residential officer - as people of an older generation are more pleasurable to work with, it is always good to see them in the peer advisor positions and indeed imparting their experience and knowledge on to the younger prisoners. (HMP High Down)

Good practice recommendations:

- A manager should be designated to lead and coordinate work with older prisoners
- Prison staff working with older prisoners require specialist training and support .
- Adequate time and resources need to be allocated to senior managers and disability liaison officers, older prisoner officers or other specialist staff to enable them to fulfil their duties.
- Action plans and policies can assist staff to understand the outcomes they should work towards and the standard they should work to.

Conclusion

This report demonstrates that there is much good practice with older people in prisons in England and Wales. However, overall the general picture remains varied and some prisons still have a considerable way to go. There is much to be learnt from the prisons that have already developed their services successfully and this knowledge could be rolled out systematically amongst other establishments.

Summary of findings

Among the many examples of good practice work found in prisons were significant levels of links with the community and voluntary sector involvement. Other examples included multi-disciplinary working, day centres, forums, older prisoner policies, advocacy work, peer support schemes, appropriate adjustments to the physical environment and older prisoner units.

There are common themes from prisons that are operating good practice:

- **Real consultation** is essential to ensure that older peoples' views are heard and needs are met. The prisons that are using inventive ways of consulting, such as forums have seen clear benefits, sometimes leading to quick wins. In addition, there have been significant tangible changes in practices and services following improved communication with older prisoners.
- **Older people policies and action plans** can enable staff to understand their duties and responsibilities in this area. At best, they can ensure that staff are working towards shared aims. In addition, staff have a reference point for the standards of care and services expected of them.
- **Multi-disciplinary assessments** that bring health and social care needs together can be used to cover every area of prison life. This avoids different departments duplicating work. This can also help in ensuring that reasonable adaptations and arrangements are made in planning regimes and activities.
- **Involvement from external agencies**, particularly Age UK. The impact of the voluntary sector on this work is significant and clearly valued by prisons. Prisons working in partnerships with the voluntary sector have developed some impressive models of good practice. The voluntary sector can also bring in resources from outside the prison.
- **Proactive, rather than reactive approach to work with older prisoners.** High security prisons, with a relatively stable population and higher staff levels often appear to be more able to plan for the needs of their population more systematically.
- **Regime changes.** The vast majority of prisons had at least one activity that was suitable for older people. Prisons demonstrating good practice ensured that older people could participate as fully as possible in the regime and facilitated social and educational activities.
- **Staff have undertaken training.** In prisons where staff had been given time and resources to undertake awareness training, there was an increase in staff confidence and expertise.

Areas of concern and work needing development

There are also areas of concern where prison staff need further encouragement and resources to be able to meet the needs of the older population.

The two areas where prisons were weakest were sentence planning and resettlement. Sentence plans and offending behaviour work very rarely take account of age. Resettlement departments need to build further links with outside agencies and develop age-specific resettlement work. Both of these areas are crucial to public protection and reducing reoffending and as they are central to the NOMS agenda, they should be given a much higher priority.

Good practice currently often depends on the good will and enthusiasm of individual staff. This, coupled with concerns about future cuts suggests that this work may not be sustainable without proper policy input and mandatory requirements from NOMS. Increased budgetary restraints could mean that this work is sidelined leaving older people without the support they need and prisons open to challenge under equalities legislation.

It is clearly not right to expect prison staff or prisoners to be care workers. At the moment some take on elements of this role and, while this can be constructive, it should only be done in a trained and supervised manner. Some older people in prison are going to continue to need social care and support with daily living and these numbers are likely to increase. Decisions need to be taken at a national level about how to manage and respond to this need.

Although the pressures on prison staff are partly due to population and resource pressures, another contributing factor is the lack of involvement of other statutory services that are not fulfilling their obligations to the prison population. Social services have to divert some resources to work in prisons.

Good practice is spreading but it is not built into the fabric of the prisons system. There needs to be structural change for this to happen.

Staff training is crucial if the needs of this population are to be met. In some prisons staff remain unclear about their duties and are concerned that treating older people differently may be seen as preferential or discriminatory treatment. The message must be that outcomes should be as equal as possible and that age appropriate services are needed.

Recommendations for prison staff and managers

Consultation

- The prison should have a regular and ongoing process in place for consulting prisoners directly on their needs, for example through an older prisoners' forum.
- Older prisoner representatives should be appointed to any pre-existing consultative forums (for example to diversity and race equality action teams or prisoner councils) to express the views of their peers.

Physical environment

- Dedicated provision in units for prisoners with mobility and care needs is necessary and prisons with these populations need additional resources to adapt and maintain these units.
- Prisons that organise their accommodation around their populations needs, and try to offer quieter or more peaceful environments, improve prisoners quality of life.
- Adaptations for mobility and access have to be prioritised and adequately resourced so that all prisoners can participate fully in prison life and prisons are more DDA compliant.

Assessments and support with daily living

- Age appropriate assessments ensure that prisoners' needs are more likely to be met and should be routine practice.
- Governors should work with health care to actively engage with local social services and establish local arrangements for support and resettlement.
- Joint health and social care assessments are needed for older people who may have social care needs.
- Multi-disciplinary work in assessments and care planning ensures regular review of needs and action and can inform all other assessments.

Peer supporters

- Prisons with a significant number of prisoners with care needs or mobility difficulties should look into the possibility of using peer support.
- In prisons where peer support is happening whether formal or informal, prison staff should explore systems so that prisoners needing care are consulted and prisoners giving support

are trained, monitored and paid for their work.

Outside links

- Prisons should actively seek to engage external agencies who can offer expertise and services to their older population.
- Prisons should ensure that their visits processes do not exclude older visitors.
- Resettlement work needs to link with appropriate statutory and voluntary agencies in the community prior to release.

Regimes and social activities

- Work and education should be adapted so that people can work or study part time, if they wish to.
- Older prisoners who are not in work or education should be unlocked during the core day and provided with a selection of activities.
- Retirement pay should be increased in line with those who are working.
- Risk assessments should take account of health and social care needs, if necessary in consultation with clinical staff.
- Offending behaviour programmes should be adapted for those with disabilities or age-related frailties (such as dementia, memory loss or visual impairment). This might include the training of carers or peer mentors to support the older learner's progress.
- Prison staff should pro-actively sentence plan with those who are not motivated or appear depressed.
- In prisons with a number of older prisoners, day centre/ day room work should be developed to create a positive social and educational environment for older people, reducing isolation.

Staff roles and training

- A manager should be designated to lead and coordinate work with older prisoners.
- Prison staff working with older prisoners require specialist training and support.
- Adequate time and resources need to be allocated to senior managers and disability liaison officers, older prisoner officers or other specialist staff to enable them to fulfil their duties.
- Action plans and policies can assist staff to understand the outcomes they should work towards and the standard they should work to.

Alongside recommendations for good practice that staff in individual establishments can implement, national agencies also need to take action.

Recommendations for Directors of Offender Management and regional health leads

- NOMS Directors of Offender Management should investigate the scope for diversion or transfer to regional units for people needing high levels of health or social care.
- Regional leads on diversity should provide standardised training for staff working with older people in prison or resource local organisations with relevant expertise to do this.
- DOMS should work with strategic health authorities and primary care trusts in their area to improve age specific health provision and build working links with social services.
- Adult social services should work in prisons systematically to assist with social care assessments, provide social care and daily living aids and support with resettlement.
- Regional partnerships models for work between voluntary sector organisations and prisons and probation services should be explored.

Recommendations for National Offender Management Service

- The Assisted Prison Visits Unit should reinstate the policy of reimbursing visitors for taxi fares if they have mobility or disability difficulties.
- Compassionate early release regulations should be reviewed so that people diagnosed with up to a year to live can apply for early release.
- Standardised training is essential for staff doing work with older people in prison. If the prison service is unable to provide this, another organisation should be resourced to do this.

Recommendations for Ministry of Justice and other government departments

- The Ministry of Justice, Department of Health and the Department of Work and Pensions need a joint strategy to meet the needs of older offenders in the criminal justice system.
- The Ministry of Justice must ensure that prisons fully comply with the Disability Discrimination Act and other relevant equalities legislation.
- The Ministry of Justice and the Department of Health should ensure that vulnerable older people, for example those suffering from a chronic illness or dementia, are accommodated in an appropriate setting.

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Appendix 1

This report was based on a survey of 92 prisons and additional prison visits. Prison staff were asked to make an assessment of their services for older people. Out of 92 surveys received, one prison did not answer this question.

The rating ranged from 1, where older people fully participated in all areas of prison life to 5, demonstrating a prison where there were few activities for older people and little participation. The prison staff surveyed identified the quality of their services for older people like this:

| Prison own rating | Numbers of prisons (out of 91) |
|-------------------|--------------------------------|
| 1 | 6 |
| 2 | 25 |
| 3 | 37 |
| 4 | 19 |
| 5 | 4 |
| | 91 |

Respondents were also asked whether their prison was compliant with the requirements of the Disability Discrimination Act. A rating of 1 indicated a prison that is considered by staff to be fully compliant and a rating of 5 is a prison that the staff believe is currently unable to comply with the requirements of the DDA.

| Prison own rating | Numbers of prisons (out of 90) |
|--------------------|--------------------------------|
| 1 fully compliant | 6 |
| 2 | 30 |
| 3 | 37 |
| 4 | 13 |
| 5 unable to comply | 4 |
| | 90 |

N.B. - Six prisons said their prison was fully accessible when we asked the questions about the built environment

Appendix 2

Pages from PRT's Bromley Briefings prison factfile June 2010

Older prisoners (aged 50 and over)

On 30 June 2009 there were 7,532 prisoners aged over 50 in England and Wales, including 1,999 aged between 60 and 69 and 539 over 70.

People aged 60 and over are now the fastest growing age group in the prison estate. The number of sentenced prisoners aged 60 and over rose by 142% between 1998 and 2008.

In 2008 there was one woman and 25 men in prison aged over 80. HM inspectorate of prisons noted that the oldest prisoner at HMP Hewell in November 2009 was 91.

More than one in ten older prisoners belong to a minority ethnic group, far higher than the proportion of the general population.

40% of men in prison aged over 50 have been convicted of sex offences. The next highest offence is violence against the person (26%) followed by drug offences (14%). For women, the most common offence was drug offences (36%).

On 30 June 2009 there were 2,008 people aged 50 and over serving life sentences. 3,224 were serving sentences of more than four years, but less than life.

The number and proportion of men aged over 60 sentenced to prison by the courts has increased significantly. Between 1995 and 2000 the number of elderly males given custodial sentences increased by 55%. In 1995 fines accounted for the majority of sentences (31%). By 2000 imprisonment accounted for the majority of sentences (31%) and fines accounted for 24%.

The significant rise in the number of male prisoners aged over 60 is not matched by a corresponding rise in the number of men convicted by the courts for indictable offences. Between 1995 and 2000 the number of convictions for this age group increased by only 8%.

The increase in the elderly prison population is not explained by demographic changes, nor can it be explained by a so-called 'elderly crime wave'. The increases are due to harsher sentencing policies which have resulted in the courts sending a larger proportion of criminals aged over 60 to prison to serve longer sentences. This has particularly been the case in relation to those convicted of sex offences and drug trafficking.

A report by the Prisons Inspectorate has indicated ‘little evidence of multidisciplinary working’ and found it ‘disappointing that the social care needs of older and disabled prisoners were still considered the responsibility of health services only.’

Over 90% of prison staff responded to a survey conducted by Prison Reform Trust said that social services had no involvement in their prisons. Only five prisons reported that an occupational therapist came in to the prison when required and would provide daily living aids.

Some older prisoners will have a physical health status of 10 years older than their contemporaries in the community.

PRT research has found that services for older people in prison did not meet those that would be available for the elderly in the community.

The report expresses concern that some older people entering prison had the medication they were receiving in the community stopped.

More than half of all elderly prisoners suffer from a mental disorder. The most common disorder is depression which often emerges as a result of imprisonment.

HM Inspectorate of Prisons has identified ‘a complete lack of staff training in identifying the signs of mental health problems among the elderly.’ Few prisons had a designated nurse for older prisoners.

In 2007, 35 people aged 60 and over died of natural causes whilst in prison.

98 people died from natural causes in prison custody in England and Wales during 2008.

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.

Most older prisoners are held more than 50 miles from home, and a third are more than 100 miles away from home. This causes particular problems for visitors, many of whom are themselves older people.

40% of prisons responding to the recent PRT survey reported that no specific age related assessments or arrangements were in place. No specific arrangements for older prisoners were reported in relation to sentence planning, and no respondent mentioned offending behaviour courses specifically designed, or adapted, for older prisoners.

However, PRT's recent survey does indicate areas of good practice. One quarter of respondents are working with Age UK local groups or other voluntary sector organisations to provide services.

Prison staff identified the availability or lack of funding and the age or design of prison buildings as the main barriers to change.

Four years after a thematic review of older prisons, HM Chief Inspector of Prisons stated that 'eight of [their] key recommendations have not been implemented.' This is while 'the issues older prisoners pose are likely to become more acute, as an increasing number of long-sentenced prisoners grow old and frail in prison.'

In her most recent annual report, HM Chief Inspector of Prisons noted that not all prisons had policies that reflected the specific needs of older men and women.

Despite the dramatic rise in the number of elderly prisoners, the Prison Service does not yet have a Prison Service Order or national strategy for older prisoners, although this is being considered. The Department of Health has developed 'a pathway to care for older offenders: a toolkit for good practice. The Disability Discrimination Act (2005) now applies to prison.

Appendix 3

Core Day unlock policy at HMP Wakefield

Core day unlock

Some of the older prisoners on the wings can become very isolated and tend to spend a considerable amount of time in their cells during association times; this is because of noise levels and feeling intimidated by some of the other younger and more agile offenders on the wing. This is why core day unlock was put into place. Core day unlock is from when the roll is given correct both morning and afternoon. This is intended to give the older prisoners time to associate with others that are unlocked during the core day unlock. It is not a standard association period so therefore applications, DHL queries and collections of toiletries is not permitted. However if the prisoners wish to shower in this time that is permitted. This facility is only during general unlock periods.

What is the purpose of core day unlocked?

Core day unlock is to improve the standard of care and to display decency to people who through, disability or age, might otherwise spend a considerable amount of time alone in their cells.

What is the criteria for core day unlock?

- Any prisoner aged 60 years and over and who has chosen to retire from work.
- All applications received are subject to a risk assessment.
- Access to this can be suitably reviewed if the system is abused or privilege is abused.

How do I apply for core day unlock?

- The prisoner has to make an initial application to the wing Disability Liaison Assistant/Wing Manager.
- The application will then be passed on to the Disability co-ordinator who in turn will liaise with HCC department to determine suitability in accordance with stipulated criteria. HCC will make a comment on the form.
- The form is then passed on to the security department for a risk assessment to be done and their comment to be added to the form.
- The form is then returned to the Disability co-ordinator.
- The final decision is then made by the Wing Manager and the Disability Co-ordinator.

CORE DAY UNLOCK

A Guide to Caring for the Elderly and Disabled In HMP Wakefield

During the course of a prisoner's sentence they may well reach the age of retirement or for the less fortunate, suffer some debilitating illness that precludes them from normal every day activities. Either of these could be a possible major factor in the health and well being of long term serving prisoners and is a well recognised problem that has been addressed in some way by our implementation of the Core Day Unlock programme being run throughout the Establishment.

The aim of this programme is to give prisoners the opportunity to be out of their cells and socially interact; this may simply be sitting and talking to another person or playing board/table games. The initiative promotes motivation and avoidance of isolation. Men who are at risk of becoming reclusive are encouraged to interact with their peers and improve the social facets of their lives.

Monitoring the Core Day Unlocked

DLA Officers will actively interact on a weekly basis with offenders on their wing who have been assessed and granted Core Day Unlock.

It is important that these individuals make good and proper use of the facility granted to them. DLA staff will offer support, advice and encouragement to ensure full benefits can be enjoyed. Staff interaction is an integral part of the success of this programme. DLA Officers will actively monitor this group.

Regular monitoring by the DLA's will be documented in relevant case notes

Individuals awarded Core Day unlock and representatives of the wing will be recorded. This record will allow DLA Officers from other wings to identify offenders who have previously required support and may do so again.

Appendix 4

Extract from HMP Bedford Care Plan

HMP BEDFORD OLDER PRISONER/DISABLED PRISONER CARE PLAN

| | | |
|----------------|------------|-----------------------|
| Prisoners Name | Number | Location |
| Age | Disability | Is Care plan required |
| | Yes/No | Yes/No |

Locate Flat YES/NO

Single cell YES/NO

Assistance required YES/NO

| | |
|--|--|
| <u>Initial Care Plan Targets</u> | <u>To be set by healthcare within 48 hours of reception</u> |
| <p>.....</p> <p>..</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> | |

| | | | |
|---------------|--|------|--|
| Initiated by: | | Date | |
| Grade | | Date | |

A copy of this care plan to the wings and a copy to the Diversity Manager

Monthly reviews

| DATE | TIME | LOCATION | NEXT REVIEW | CONDUCTED BY (SO OR ABOVE) | CAREMAP UPDATED |
|------|------|----------|-------------|----------------------------|-----------------|
| | | | | | YES/NO |
| | | | | | YES/NO |
| | | | | | YES/NO |

CARE PLAN REVIEW (14 DAYS AFTER OPENING)

| | | |
|-------|-------|-----------|
| DATE: | TIME: | LOCATION: |
|-------|-------|-----------|

| | | |
|------------------------------------|------------------------------|--------------------------------------|
| Prisoner Name: | Prisoner Number | Personal Officer |
| Review conducted by: (SO or above) | Prisoner attended: Yes/No | Personal Officer attended: Yes/No |

Summary of review:

.....

.....

.....

.....

.....

.....

Care map updated YES / NO, as no new actions

MONTHLY CARE PLAN REVIEW

| | | |
|------------------------------------|------------------------------|--------------------------------------|
| DATE: | TIME: | LOCATION: |
| Prisoner Name: | Prisoner Number | Personal Officer |
| Review conducted by: (SO or above) | Prisoner attended: Yes/No | Personal Officer attended: Yes/No |

Summary of review:

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Care map updated YES / NO, as no new actions

ON-GOING RECORD
(OF SIGNIFICANT EVENTS, CONVERSATIONS AND OBSERVATIONS)

MINIMUM OF 1 QUALITY ENTRY PER WEEK

| DATE | TIME | COMMENTS | SIGNATURE |
|------|------|----------|-----------|
| | | | |
| | | | |
| | | | |

Know your Responsibilities for Older Prisoners and Disabled Prisoners Case Manager/Wing SO

- 👤 The Wing SO is the Case Manager.
- 👤 Hold Care Plan reviews on time. Firstly, 14 days after care plan is opened, then monthly, updating targets if needed.
- 👤 Ensure that the care map summary is completed, including any discussion between the Case Manager and Prisoner in the case review.
- 👤 Ensure that the action on the care map are updated and relevant referrals made.
- 👤 Ensure that the Personal officer has at least one quality interaction with the prisoner each week, and comments have been noted in the care plan.
- 👤 Ensure that all wing staff are aware of the prisoners on Care Plans, and the care needs of the prisoner.
- 👤 Familiarise yourself with A Pathway to care for Older Offenders Toolkit, and know where it can be found. (Z Drive)

Know your Responsibilities: Caring for Older Prisoners and Disabled Prisoners - Wing Officers

- 🗂 Know all prisoners on the wing who are on Older Prisoner/Disabled Prisoner Care Plans.
- 🗂 Know their issues in the CARE MAP.
- 🗂 At the very least, the personal officer needs to interact with the prisoner once a week, ensuring that a quality entry is made in the care Plan.
- 🗂 An interaction should include a summary of the actual conversation you had with the prisoner and their demeanour.
- 🗂 Entries should include comments on how the prisoner is interacting with the regime or with others.
- 🗂 The Personal Officer must make sure they attend as many case reviews as possible. (Staffing permitted).
- 🗂 Familiarise yourself with A Pathway to Care for Older Offenders Toolkit, and know where it can be found. (Z Drive)

Appendix 5

Checklist for prison staff

| | Yes | No | Action |
|--|-----|----|--------|
| Are the needs of older people assessed on induction? | | | |
| Are there specific age related assessments for education? | | | |
| Are there specific age related assessments for work? | | | |
| Are older people consulted regularly? Is this ongoing? | | | |
| Are older people unlocked for the core day? | | | |
| Is the prison regime accessible to all older prisons? | | | |
| Are adapted offending behaviour programmes available? | | | |
| Are age appropriate activities available? | | | |
| Are there good links with local community groups? | | | |
| Are there good links with social services? | | | |
| Are adult social services alerted at least 12 weeks in advance before release of an older person with health or social care needs? | | | |
| Do prison staff do any awareness training on older people's needs? | | | |

Appendix 6

Survey



Good practice work with older people in prison

Prison Reform Trust has received funding from LloydsTSB to carry out a two year programme of work on older people in prison. This was launched by David Hanson, Minister for Prisons at HMP Wandsworth with our briefing paper 'Doing Time – The Experiences and Needs of Older People in Prison'

We are now trying to find out about examples of innovative work and good practice within prisons.

Governor:

Prison:

Contact person and job title:

Date:

Numbers of prisoners on date survey completed:

50 and over

60 and over

70 and over

Numbers of older prisoners from BME groups:

50 and over

60 and over

70 and over

1) How do you consult older prisoners about their needs?

- 7) Are there any peer support programmes (formal or informal) for older people in your prison?

- 8) Do you have any groups or specific social activities for older people? Eg forums, exercise classes?

- 9) Are any voluntary or community organisations providing services to your older prisoners? If not, have you experienced any barriers to this?

- 10) Are you able to offer extended visits to older visitors or grandparents' days?

- 11) Have you made any physical alterations to the prison? E.g. benches in exercise yards, ramps etc?

- 12) Are all areas of the prison accessible to people with mobility difficulties?

- 13) Have you made any changes to your residential accommodation? Please describe these

14) Have any of your staff received any training on working with older people or disability?

Please describe the best work you do with older people in your prison.

Please outline any future plans or work you would like to see in your prison and if there are difficulties doing this, please describe these too:

On a scale from 1 to 5, please rate your prison's services to older people. 1 is an establishment where older people fully participate in all aspects of prison life and also have specific activities and opportunities targeted at their age group; 5 is a prison in which many older prisoners cannot fully participate in prison life and the prison provides few activities specifically for older people.

On a scale from 1 to 5 please rate your prison's compliance with the Disability Discrimination Act, (see chapter 2 of PSO 2855 for further information of the terms of the Act) where 1 equals full compliance, with all areas of the prison being accessible and all activities and services meeting DDA standards, and 5 being a prison which is currently unable to meet the terms of the DDA.

If you have any leaflets or documents relating to older people in your prison, please attach them with your survey.

Relevant PRT Publications

Growing Old in Prison: A Scoping Study on Older Prisoners 2003

The Decision to Imprison: Sentencing and the Prison Population 2003

Time to Learn: Prisoners Views on Prison Education 2003

Having Their Say: The Work of Prisoners Councils 2004

Troubled Inside: Responding to the Mental Health needs of Men in Prison, 2004

Keeping in touch: the case for Family Support Work, 2005

Barred from Voting - the right to Vote for sentenced prisoners, 2005

The Impact of Volunteering, 2006

Prisoners Pension Rights, 2006

No One Knows: identifying and supporting prisoners with learning difficulties and disabilities: the views of prison staff, 2007

Mitigation: the role of personal factors in sentencing, 2007

Indefinitely Maybe? The indeterminate sentence for public protection, 2007

Prisoners Information Booklet, Male Prisoners and Young Offenders, 2008

Doing Time: the experiences and needs of older people in prison, 2008

Information Book for prisoners with a disability, 2009

Bromley Briefings Prisons Factfile, June 2010



This report presents the findings of a survey with staff working of older people in prisons in England and Wales. It describes how prison staff involved older people in prison life, consulted them and assessed their needs. It is a unique insight into the challenges and experiences that prison staff face in trying to fulfil their duties to older people in their care.

It is clear from this research that there is much good practice with older prisoners in England and Wales. However, this is not yet systematic across the prison estate and many prisons have some way to go if they are to meet the needs of this population. Many excellent initiatives are highlighted in the research and it is hoped that this report will support staff who feel isolated in this work and encourage further development of good practice.

The report concludes with a series of recommendations for prison staff and managers, Directors of Offender Management and regional health leads, National Offender Management Service and the Ministry of Justice.

