

## Diversity in older age – Older Offenders

### Demographic overview

In June 2016 there were 12,700 older people (aged 50 and over) in prison in England and Wales of whom around two thirds (65%) were aged 50-59, one quarter (24%) aged 60-69 and just over one in ten (11%) aged 70 and over.<sup>1</sup> Older prisoners made up 15% of the total prison population of England and Wales.<sup>1</sup>

The over 60 age group is the fastest growing prisoner age group having seen a 10% rise in the year to March 2016. The 50-59 age group is the second fastest growing group, with the numbers rising by 6% over the same period.<sup>1</sup> From 2002 to 2016 the number of older prisoners aged 50-59 has more than doubled with 25 older prisoners in 2016 for every 10 in 2002. From 2002 to 2016 the number of older prisoners aged over 60 has nearly trebled with 29 older prisoners in 2016 for every 10 in 2002.<sup>2</sup> [Figure 1]

Older prisoners are predominantly (96%) male with, in England and Wales in March 2016, just over 500 female prisoners aged 50 and above.<sup>1</sup>

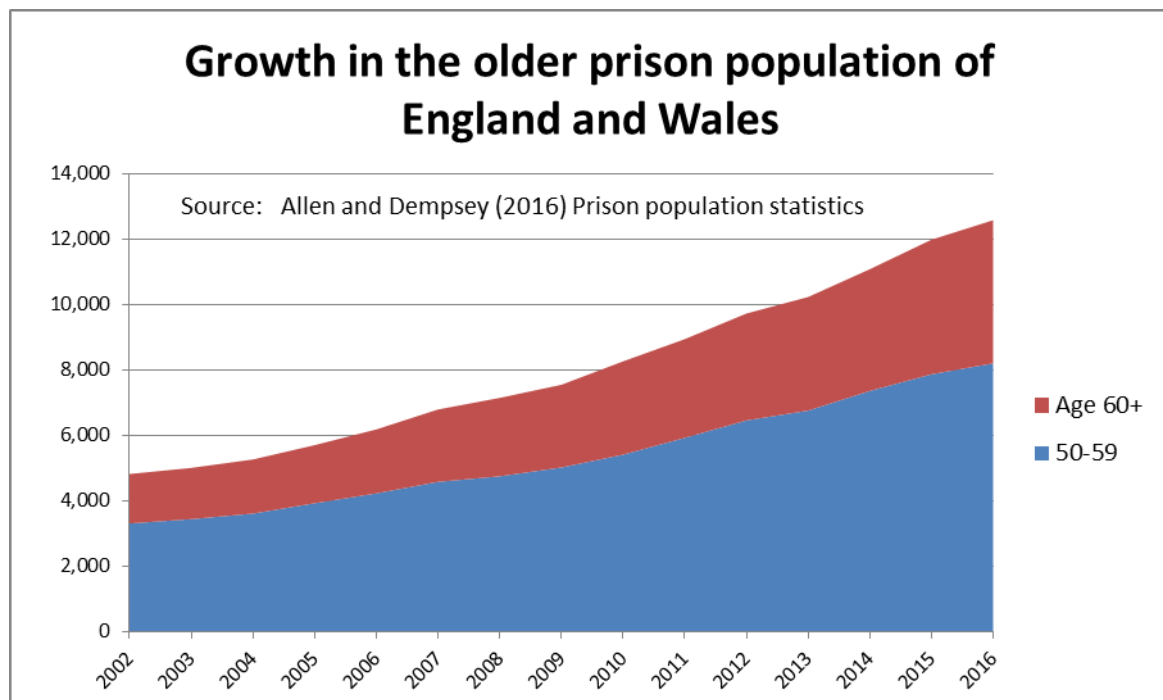


Figure 1

Overall, older prisoners have predominantly been convicted of sexual offences and violence against the person, although the pattern is very different for men and women. [Figure 2, Figure 3] In June 2013, for male offenders, one third (34%) of the 50-59 age group and 59% of over 60s in prison in England and Wales were sexual offenders. Overall, for men and women together, 28% of the 50-59

<sup>1</sup> Ministry of Justice - Offender Management Quarterly Statistics, April 2016

<sup>2</sup> Allen G and Dempsey N (2016) *Prison Population Statistics*, House of Commons Library Briefing Paper

age group and one fifth (20%) of those aged 60 and above had been convicted of violence against the person with, in each case, just over one half of those imprisoned for this type of offence having been convicted of murder.<sup>3</sup>

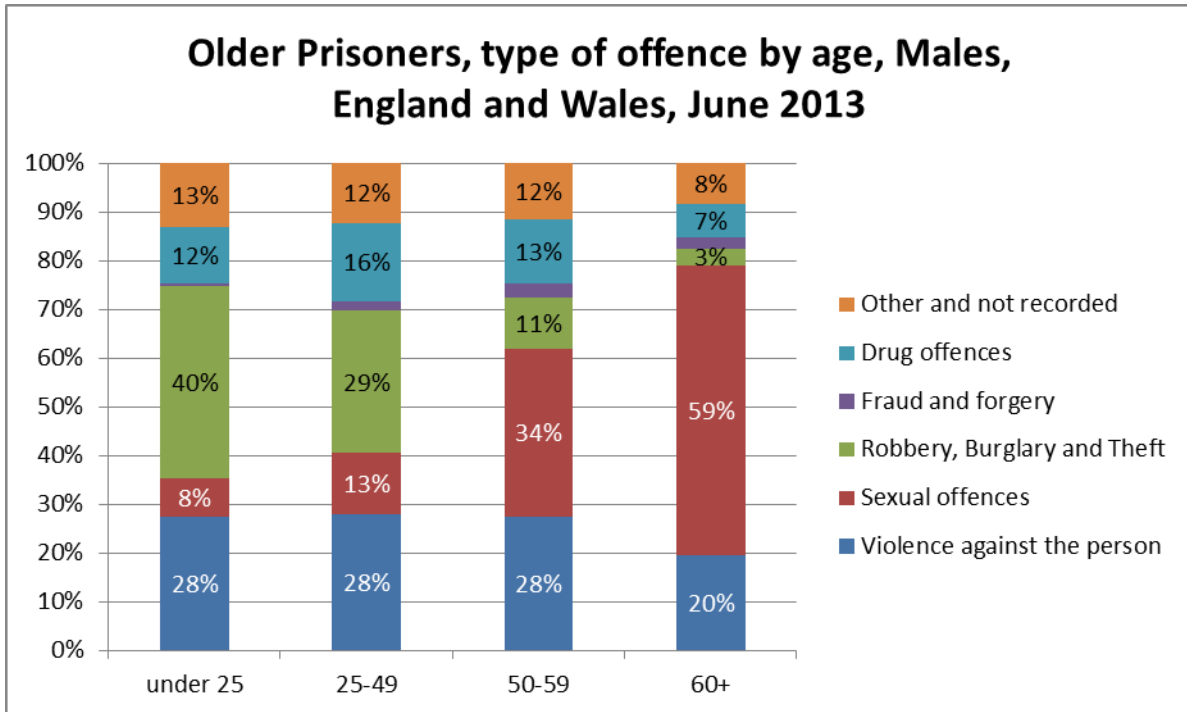


Figure 2

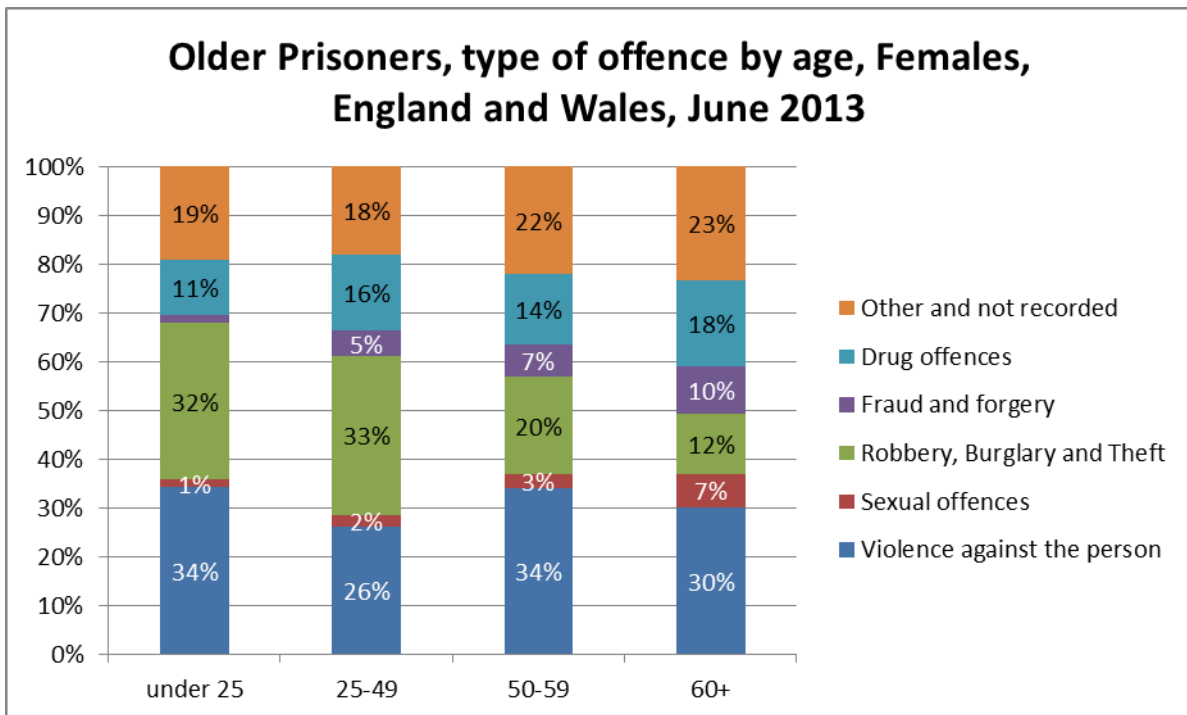


Figure 3

<sup>3</sup> Ministry of Justice (2014) Offender management annual tables 2013

### Meeting the health and care needs of older prisoners

Older prisoners are more likely to have a health disorder than either younger prisoners or older people outside prison. A 2012 study of older male prisoners found that over 90% had a physical health problem, most commonly osteoarthritis or hypertension, and 61% had a ‘mental disorder’ - most commonly mood disorders or major depression or substance misuse and alcohol misuse related disorders.<sup>4</sup> Younger older prisoners (aged 50-59) are the most likely to have a mental health problem with 90% of those aged 50-54 having a mental disorder of some kind.<sup>4</sup>

A further study, published in 2013, found that over half of older male prisoners in England and Wales were suffering from depression (31% mild and 23% severe). Of these, 17% were receiving treatment in the form of antidepressants and just 12% had early contact with a mental health nurse.<sup>5</sup>

The unmet health and social service care needs of older prisoners are particularly noticeable at moments of transition, on entry and discharge from prison. The main areas of unmet need are in the provision of information, help with psychological distress, daytime activities, help with benefits and support for physical health.<sup>5</sup>

While the number of prison staff with a lead responsibility for older prisoners has increased, these ‘leads’ do not always appear to be active in their role and rarely receive specialist training. Despite it being government policy, many prisons (44%) do not have a written older prisoner policy.<sup>5</sup>

The same 2013 study found a lack of integration between health and social care services for older prisoners. The social care service with responsibility for an individual prisoner may be located a long way from the prison and coordination with local social services is poor.<sup>5</sup>

### The special needs of older prisoners

In the past the special needs of older prisoners have often not been recognised. Because they were ‘old and quiet’, causing no trouble, they were an invisible sub-group of the prison population and this lack of attention to their needs has been labelled ‘institutional thoughtlessness’.<sup>6</sup>

Older prisoners often do not feel safe and suffer from anxiety and a fear of bullying by younger prisoners.<sup>7,21</sup> This is exacerbated by the fact that nearly 60% of male prisoners over the age of 60 are sex offenders who may find themselves ostracised by the rest of the prison community.

Older prisoners have the same needs as younger prisoners in terms of social exclusion, the need to engage in meaningful activities and to feel involved as well as in coping with ‘entry shock’, adaptation and ‘psychological survival’. In addition older prisoners are likely to have a long-standing chronic illness or disability (80%); have been in prison before (50%) and are often more vulnerable because they find it difficult to cope with the physical and mental stresses and demands of prison.<sup>8</sup>

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<sup>4</sup> Hayes, Burns et al (2012) *The health and social needs of older male prisoners*, International Journal of Geriatric Psychiatry (27) 1155-1162

<sup>5</sup> Senior J et al (2013) *Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model*, NHS National Institute for Health Research

<sup>6</sup> Crawley E and Sparks R (2005) *Hidden Injuries? Researching the experiences of older men in English prisons*,

<sup>7</sup> House of Commons Justice Committee (2013) *Older prisoners: Fifth report of session 2013-14*

They may have no family or community links or have elderly spouses and parents who either have special requirements of their own or who need to travel miles to visit. Older prisoners are harder to resettle because they are more likely to become institutionalised and have more difficult resettlement needs, especially older sex offenders and those with disabilities. They may have not benefited from prison programmes which are geared to the needs of younger prisoners and have limited funds on release, and be more likely to experience anxiety about their future life.<sup>8</sup>

The 2013 House of Commons Justice Committee report *Older prisoners* highlighted the ‘variable’, ‘sparse’ or ‘non-existent’ social care provision in prisons for older prisoners with special needs, for example those with serious mobility problems.<sup>7</sup>

### Meeting the special needs of older prisoners

Time out of cell and social contact is an important aspect of prison life for all prisoners but may be more difficult to achieve for older prisoners, particularly those with mobility problems, who may become more reluctant to leave their cells. Some local Age UKs offer a visiting service to prison day centres for older lifers.

Buddy schemes promote prisoner to prisoner support for frail or disabled prisoners by, for example, bringing meals and cleaning cells. This may be formalised and rewarded and could lead to a recognised qualification such as an NVQ in Health and Social care<sup>9,12</sup>

Older prisoners’ forums, to provide feedback on whether the needs of older prisoners are being met, operate in a number of prisons.<sup>9</sup>

Age-segregated facilities, together with early release schemes and specialised accommodation for older released prisoners, offering a more focussed approach to the needs of older prisoners, have been tried in in the USA and Canada where the prison population is proportionately much larger. Age segregation may offer the opportunity for greater social interaction and cohesion, helping to overcome some of the issues associated with isolation as well as those of safety and bullying.<sup>10,11</sup>

In 2014 HMP Norwich opened the first purpose built older offenders unit in the UK providing 15 care home style beds at a cost of £1.5 million<sup>12</sup>. HMP Kingston operates a separate wing for older ‘lifers’. Locally known as ‘Death Row’ it has been criticised for inadequately addressing the needs of, and providing insufficient stimulus for, its older occupants.<sup>6,13</sup> Other prisons have adapted existing facilities for prisoners with disabilities and special needs including HMP Ford has a ‘dedicated

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<sup>8</sup> Nacro (2009) *A Resource Pack for Working with Older Prisoners*

<sup>9</sup> Age UK (2011) *Supporting older people in prison: ideas for practice*

<sup>10</sup> Rikard R and Rosenberg E (2007). Aging Inmates: A Convergence of Trends in the American Criminal Justice System. *Journal of Correctional Health Care* 13(3):150-162

<sup>11</sup> Davies M (2011) *The reintegration of elderly prisoners: An exploration of services provided in England and Wales*, *Internet Journal of Criminology*

<sup>12</sup> Lee C et al (2016) *Older prisoners and the Care Act 2014: An examination of policy, practice and models of social care delivery*, *Prison Service Journal* (224) 35-41

<sup>13</sup> <http://www.mojuk.org.uk/bulletins/burnedout.html>

impaired offenders unit’, and HMP Frankland which has a ‘disabled and specific needs landing’, accommodating 36 prisoners.<sup>14</sup>

The House of Commons Justice Committee ‘Older Prisoners’ report did not recommend an expansion of segregated facilities.<sup>7</sup>

*“The integration of prisoners of different ages in prisons has potential benefits for all elements of the prison population and management. In general, we do not see that there is a need for the expansion of segregated older prisoner units or wings. This, however, places greater emphasis on the need within the general prison environment to establish day centres and regimes that provide for the needs of older prisoners.”*

Under the provisions of the Care Act 2014, since April 2015, the Local Authority within which the prison resides has become responsible for the assessment of need and provision of social care services if a prisoner meets eligibility criteria. Although additional central government money has been provided towards meeting this responsibility, it is doubtful that it will go anywhere near meeting the full cost of likely demand.<sup>12</sup>

The current cost of imprisonment in England and Wales is just under £37,000 per prisoner per year but it is estimated that the cost for prisoners aged 60 and over is up to three times this level.<sup>12,15</sup>

To address the issue of older prisoners there has been a call for a national strategy for older prisoners, better communication within and between organisations, improved and purpose-built environments for older prisoners, and a national debate about the sentencing of older prisoners.<sup>7,21</sup>

### **Medication**

More than three-quarters of women prisoners (77%) and a half of men are on medication when they enter prison. Three quarters of older prisoners are on medication and there is an issue with diverted medication.<sup>19</sup> *“Medication may be held by and administered by Healthcare staff at treatment times and while this may improve compliance it does not encourage independence. In addition the prison day is very short and twenty four hours of medication may be administered over an eight hour day. Night time medication is particularly problematic as there are security issues around nurses distributing medication after the prison has closed down for the night”.*<sup>16</sup> Where feasible, relatively small changes, such as the installation of medication lockers in each room, can make a significant difference to the lives of older prisoners.<sup>21</sup>

### **Release planning**

Prison resettlement programmes need to recognise the special needs of older prisoner, for example longer term prisoners, due for release and past retirement age may never previously have claimed

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<sup>14</sup> Cooney and Braggins, Prison Reform Trust (2010) Doing Time. Good practice with older people in prison - the views of prison staff

<sup>15</sup> Mann N (2012) *Doing Harder Time?: The Experiences of an Ageing Male Prison Population in England and Wales*,

<sup>16</sup> Docherty J L (2006) *The Healthcare Challenges of Older People in Prisons – a briefing paper*, Prison Health Research Network

pensions or benefits. Some local Age UKs already offer advocacy and information for older prisoners due for release.

Older long-term prisoners may have lost contact with family, particularly if their crime was against a family member and a view commonly expressed by older prisoners is that there is ‘nothing and no one to go out to’.<sup>17</sup> It is very common for older prisoners, close to release to either feel that there is no release plan in place or to feel anxious about that plan, particularly in respect of probation service approved ‘hostel’ accommodation which they fear is full of younger people and ‘smack heads’.<sup>5,17</sup>

The Canadian RELIEF programme for the care of older and frail ex-offenders includes employing current offenders on parole or day-release and providing them with formal care training.<sup>11</sup>

### End-of-life care and deaths in prison

After taking into account the fact that the prison population is predominantly male and younger, mortality in prison is 40% higher than for the general population.<sup>18</sup>

The number of deaths in prison from natural causes has increased by 70% in the decade from September 2005 to September 2015.<sup>18</sup> [Figure 4]



**Figure 4**

For those older prisoners who reach the end of life while still serving a prison sentence, who have spent a long time in prison and may have lost contact with friends and family, dying in prison may be

<sup>17</sup> Crawley E and Sparks R (2006) *Is there life after imprisonment? How elderly men talk about imprisonment and release*, *Criminology and Criminal Justice* 6(1) 63-82

<sup>18</sup> Ministry of Justice statistics bulletin (October 2015) *Safety in Custody Statistics England and Wales*

the most appropriate and humane course of action. Although prisoners assessed as being within 3 months of death, can be released on compassionate grounds this has only ever happened fewer than 50 times.<sup>19</sup> Between 2007 and 2012, the majority (54%) of prisoners who died from natural causes did so in hospital, around one third (30%) died in prison and 15% died in a hospice.<sup>7</sup>

Self-harm and suicide are also issues in prison. After peaking in 2007, the number of suicides in prisons in England and Wales fell until 2012 but since then has risen to a new high in 2015. [Figure 5]

A 2013 study of self-harm in prisons determined that, although self-harm is more prevalent among younger and female prisoners, major risk factors for suicide after self-harm in male prisoners are *older age* and a previous self-harm incident of high or moderate lethality.<sup>20</sup>

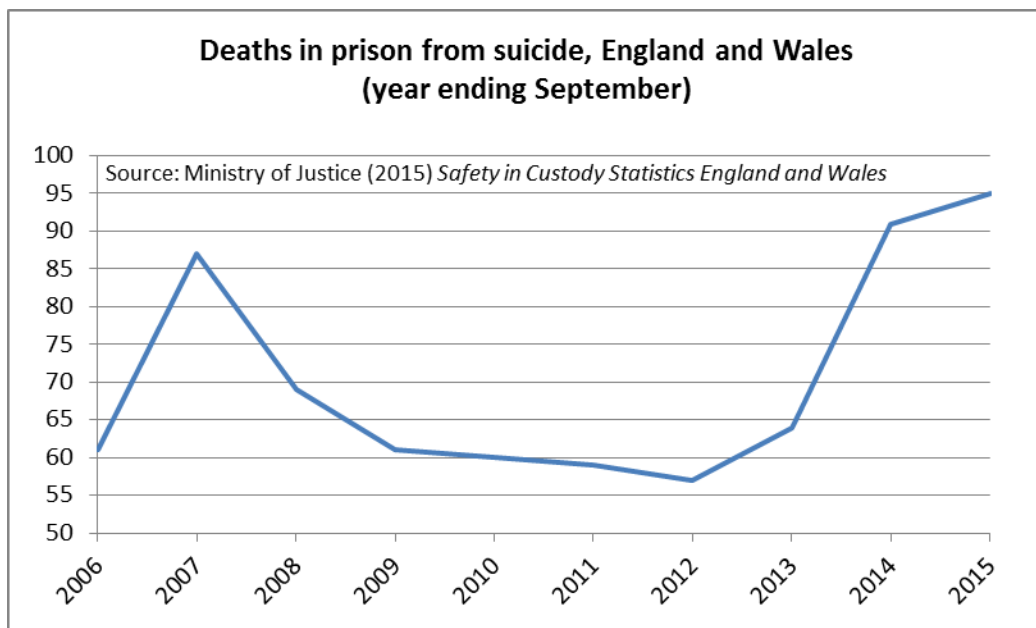


Figure 5

Comparing the total number of self-inflicted deaths over the period, with the average prison population between 2004 and 2013, for different age groups shows that younger older prisoners (aged 50-59) have the highest risk of suicide at 13.4 self-inflicted deaths per 1,000 prisoners. [Figure 6]

The prison ombudsman has been critical of the inappropriate use of restraints on frail older prisoners, who have been transferred to hospital for treatment, but has also recognised the high levels of palliative and end-of-life care offered to prisoners by some prisons, with end-of-life care plans in place and specialist input from palliative care specialist nurses and hospital palliative care teams.<sup>7,21,22</sup> A 2011 evaluation of end-of-life care in prisons in Cumbria and Lancashire highlighted

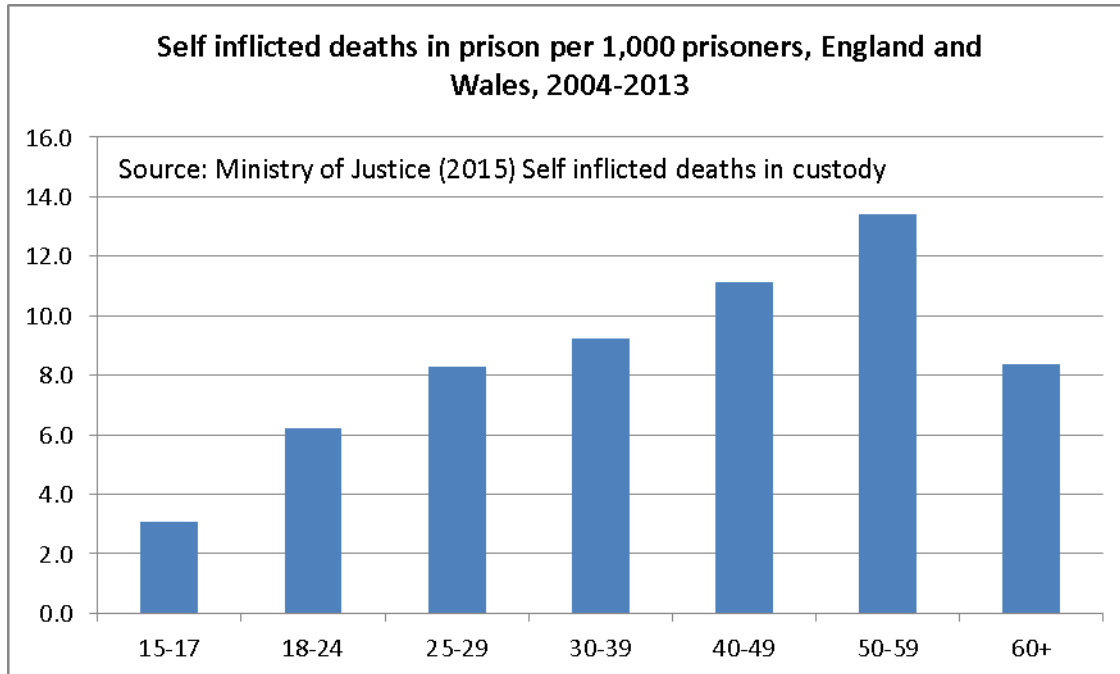
<sup>19</sup> Bromley Briefings Prison Factfile, Autumn 2015

<sup>20</sup> Hawton K et al (2013) *Self-harm in prisons in England and Wales- an epidemiological study of prevalence, risk factors, clustering, and subsequent suicide*. The Lancet

<sup>21</sup> Turner M and Peacock M (2016) Improving palliative care for prisoners: The 'both sides of the fence' study, Prison Service Journal (224), 42-47

<sup>22</sup> Prisons and Probation Ombudsman (2015) Annual Report 2014 – 2015. London: The Stationery Office

tensions between the philosophies of care and custody and revealed low levels of staff confidence in areas of end-of-life care such as bereavement support and spiritual support.<sup>21,23</sup>



**Figure 6**

### **In conclusion**

In its response to the House of Commons Justice Committee's 2013 report *Older Prisoners*, the Government plausibly suggested that "*prisoners should be managed on the basis of individual needs not on the basis of their age*".<sup>24</sup> This should not however be used as an excuse for inaction in addressing the special needs of this identifiable and growing group of older prisoners.

<sup>23</sup> Turner M, Payne S, Barbarachild Z. (2011). Care or custody? An evaluation of palliative care in prisons in North West England. *Palliative Medicine* 25(4), 370-377

<sup>24</sup> Ministry of Justice (2013) Government response to the Justice Committee's Fifth Report of Session 2013-4 '*Older Prisoners*'.



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