

Ageing prison population inquiry

Justice Committee

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Key points and recommendations

- A national strategy for older prisoners should be developed in partnership with organisations that work on their behalf, making sure it takes the diversity of the older prison population into account.
- Older prisoners should have the same level of basic health and social care provision as non-prisoners, to improve their health and general wellbeing.
- Although the legal duty for providing social care lies with local authorities, they should work with HM Prisons and Probation Services to make sure the social care needs of prisoners are met.
- Prisons should ensure that Officers and health care staff deliver high-quality end of life care for prisoners. Being in prison should not replace the right to a dignified death, to meet the needs of both the individual and their families.
- As part of the Government's rehabilitation programme, guidance should be developed on practical matters such as pension advice, housing and accessing health and social care ahead of release.

About Age UK

Age UK is a national charity that works with a network of partners, including Age Scotland, Age Cymru, Age NI and local Age UK's across England, to help everyone make the most of later life, whatever their circumstances. In the UK, the Charity helps more than seven million older people each year by providing advice and support. It also researches and campaigns on the issues that matter most to older people. Its work focuses on ensuring that older people: have enough money; enjoy life and feel well; receive high quality health and care; are comfortable, safe and secure at home; and feel valued and able to participate. Some local Age UKs work in prisons, and we also submitted evidence to an earlier 2013 Inquiry by the Justice Committee, on Older Prisoners.

Introduction

As at June 2019, there were 13,609 prisoners aged 50 and over in England and Wales.ⁱ This group makes up 17 per cent of the total prison population and is the fastest growing section of the prison population in England and Wales. However very few of the systems within the prison service are designed with older prisoners in mind. A 2013 Inquiry by the Justice Select Committee, to which Age UK gave evidence, found that in too many cases older prisoners were being held in establishments that could not meet their basic needs, were not being provided with essential social care and were being released back into the community without adequate support.

Age UK is concerned that older prisoners are facing significant barriers to accessing basic health and social care; participating in the prison regime e.g. leisure and work activities; and accessing suitable support and resettlement post release.

1. What are the characteristics of older prisoners, what types of offences are they in prison for and how is this demographic likely to change in the future?

- 1.1. Older prisoners are defined by Age UK and other organisations as those aged over 50, due to the accelerated ageing associated with being in prison. For example, older prisoners suffer more health problems than their age group equivalent within the general population.
- 1.2. 46% of older men in prison have been convicted of sex offences which often means they are serving long sentences and require specific information and support while in prison and during the resettlement process.ⁱⁱ
- 1.3. It is important that the specific needs of female and BAME prisoners are recognised and accounted for when developing policies for older prisoners. The evidence on BAME and female prisoners is summarised below, but it is a concern that there is no specific evidence on older female and older BAME prisoners, or indeed older prisoners living with other protected characteristics such as disabilities. The needs of prisoners with multiple characteristics should be specifically considered.
- 1.4. Prisoners from the Black, Asian and Minority Ethnic (BAME) communities make up 27% of the general prison populationⁱⁱⁱ, and face specific challenges whilst in prison. Overall, BAME prisoners have a less positive experience of prison life. For example, their mental and health care needs are less likely to be identified and they often have poorer relationships with prison staff and experience higher levels of discrimination across all aspects of prison life.^{iv}
- 1.5. Women make up 5% of the total prison population, however this number has doubled since 1993. On average female offenders commit less serious offences with many serving sentences of less than 12 months.^v Women's needs are different to men as many have higher levels of mental health problems and histories of abuse^{vi}.
- 1.6. By 2023 the number of older prisoners is projected to stand at 12,500, with those aged 70 and over reaching 1,800.^{vii} This is due to the decrease in prevalence of sexual offences cases being heard in court over the 2018 calendar year. The increase in prisoners aged over 70 can also be attributed to the fact that people are generally living longer.

2. What challenges do older prisoners face, what services do they need and are there barriers to them accessing these?

- 2.1. Older people in prison should receive the same basic level of social and health care support as those not in prison, but a 2018 thematic report by HM Inspectorate of Prisons and the Care Quality Commission highlights that there remains widespread variation in the provision of social care services in prisons^{viii}. The report also recommended that a national strategy for the provision of social care in prisons be created to meet the needs of current prisoners, as well as to prepare the system for future demand.
- 2.2. With dementia remaining as a largely overlooked issue in prisons, and older prisoners being reluctant to draw attention to their symptoms, diagnosis can occur at a much later stage of the disease. Prison staff need to be trained to work alongside people living with dementia so that they can provide better responses to their needs.

- 2.3. Under the Care Act 2014 local authorities are responsible for assessments of need and provision of social services for people who meet the eligibility criteria. Making sure assessments are carried out by the local authority at registration and throughout a prisoner's sentence will improve access to social care.
- 2.4. Resettlement programmes tend to be designed to meet the needs of younger people, which means older prisoners often miss out on taking part in these programmes. Many older prisoners also find it hard to reintegrate back into society, particularly if they have either been convicted of sex offences or have served a long sentence. Older prisoners need practical and effective support when they are preparing to re-join society through information sessions and guides particularly with regard to health and social care, technology, housing, benefits, and general wellbeing.
- 2.5. We are also concerned about support for family members of older prisoners, who may also be ageing. Maintaining family links can be vital for an inmate's well-being, but these are difficult to maintain if an inmate is imprisoned far away from their family. This is further compounded if the family member is older and suffering with mobility, health or financial issues.
- 2.6. These issues have been significantly compounded by cuts to HMP services and budgets resulting in funding for programmes either being reduced or only gaining funding on a short-term basis, as resettlement programmes are not seen as a priority area within prisons. Combined with the insufficient amount of housing placements available and the possible need for accessible and adapted accommodation, this can sometimes result in prisoners being released without having a fixed abode; making the right guidance and support for resettlement critical.

3. Is the design of accommodation for older prisoners appropriate and what could be done to improve this?

- 3.1. Older prisoners have different needs that should be reflected in the design of prison accommodation, with 54% estimated to have a disability.^{ix} The current design of prison cells in mainstream wing environments is not suitable for older prisoners, many of whom have mobility problems associated with a physical disability. Many prisons have either limited availability or no accessible cells for those prisoners with mobility issues and as a result older prisoners often face increased physical isolation and marginalisation.^x When designing new prisons or updating existing ones an 'Age-friendly prisons' concept should be developed. This would focus the design of prison cells and communal areas so that they are suitable for every stage of a prisoner's sentence, making it easier to adapt cells throughout the life course of a prisoner, rather than expanding the amount of specialist wings exclusively for older people. Encouraging greater contact between different age groups within the general prison population would also reduce loneliness and the marginalisation of older prisoners.

4. How do older prisoners interact with the prison regime and what purposeful activity is available to them?

- 4.1. There is widespread variation across the prison estate in terms of whether prison 'regimes' are specifically adapted for older prisoners' needs. The result is that many older prisoners

are excluded from the various work, social and leisure programmes on offer to prisoners. Prisons need to offer adaptation in the working environment to give older inmates the opportunity to continue to work; but they also need to provide alternative activities for those that cannot work.

- 4.2. Several local Age UKs are running programmes in prisons that offer sociable activities to older prisoners. The purpose of these programmes is to decrease the social isolation experienced by older prisoners and improve their general wellbeing.

An example of good practice

At HMP Wakefield, a category A prison for men aged 18 and over, 55% of the population are over 50.

Age UK Wakefield are working in partnership with local health and social care providers and Grey Matters, an older prisoner discussion group, to improve services for older prisoners. Age UK Wakefield also provide support for prisoners and training for staff and peer support workers as part of the wider HMP Wakefield prisoner well-being strategy.

They provide sessions three times a week for prisoners who are isolated on wings or who want to participate in bespoke activities similar to those experienced in a community centre for older people i.e. jigsaw, craftwork and board games. A small information and advice service is also provided, including signposting to other organisations across the country as many prisoners have links outside of the local area.

They have also trained prisoners to act as Older Prisoners Peer Support Workers, working in partnership with carers, healthcare staff and other prison staff who work with older prisoners. They work in groups and individually, providing activities when Age UK are not there.

One attendee said 'coming to the Age UK session is the highlight of the week. It helps to normalise life. Age UK staff create a warm, welcoming and friendly atmosphere which greatly helps with feeling cared for.'

5. Does the provision of both health and social care, including mental health, meet the needs of older prisoners and how can services be made more effective?

- 5.1. Older prisoners commonly suffer poor mental health, physical health and have specific health and social care needs associated with older age that are exacerbated by the experience of being imprisoned. There is variation in the delivery of social care packages with the standard of care being a 'postcode lottery' dependant on the prison an inmate is sent to. The social care needs of older prisoners are often not identified at reception or during a prisoner's time in custody. Good practice between local authorities and prisons is patchy and generally occurs in areas where a memorandum of understanding is in place between organisations.^{xi} Having an agreement in place between local authorities and prisons can help improve social care provision in prisons and improve collaborative working between organisations.
- 5.2. Age UK is concerned that dementia diagnoses remain largely overlooked in prisons, with only a 5% diagnosis rate in the 55+^{xii} prison population, compared to 68.7% diagnosis rate in the general population in over 65's^{xiii}. Older prisoners typically pose less of a problem than

younger prisoners which means the symptoms of dementia often go unidentified. Identifying symptoms is often made more difficult by the reluctance of prisoners to draw attention to their health needs and lack of staff training and understanding of dementia symptoms. As a result, diagnosis often occurs at a much later stage of the disease and dementia is not picked up at all in many older people, meaning that rates of dementia are likely to be higher than data suggests. This is despite the fact that people living with dementia in prisons may have harsher experiences, which can exacerbate their symptoms.^{xiv} Prison staff need to be trained on how to care for older prisoners so they are able to better support prisoners with care needs.^{xv}

- 5.3. Older prisoners account for over 50% of all prisoners who die in custody.^{xvi} Prison Officers and health care staff need support to deliver high quality end of life care for prisoners. Being in prison should not replace the right to a dignified death, meeting the needs of both the individual and their families. As the average age of the prison population rises it is inevitable that the number of natural deaths in custody will also increase, hence there is a need to make sure that prisoners are given genuine choice about how they want to be cared for in the last few months of their lives.

An example of good practice

HMP Northumberland is a category C prison for men aged 18 and over, holding 1348 inmates.

Age UK North Tyneside have been commissioned by NHS England to run a programme in HMP Northumberland, consisting of three sessions a week for prisoners over the age of 50. This focusses on improving prisoners' mental health and wellbeing through opportunities to socialise and to undertake exercise at a dedicated gym session.

The sessions encourage prisoners to engage with each other, to lead and decide what sessions will cover i.e. bingo, quizzes and darts. They also provide Age UK's information leaflet which lists useful Freephone numbers and prisoners can request booklets on a number of services; prisoners are also directed to local Age UKs for when they are released from prison.

Gym sessions offer vulnerable prisoners the opportunity to exercise, as many will not attend gym sessions where the general prison population can attend, providing the opportunity to improve health and wellbeing of prisoners by getting them active.

One attendee said the programme is 'invaluable within the prison, and gets people off the unit.... it's a social club without the beer and alcohol.'

6. Do prisons, healthcare providers, local authorities and other organisations involved in the care of older prisoners collaborate effectively?

- 6.1. Co-ordination between prisons and voluntary organisations is inconsistent across the estate. Gaining access to prisons to run programmes can be time consuming and surrounded in bureaucracy and a lack of communication, often meaning that organisations do not know what other organisations are working within the same prison. Charities and civil society organisations suggested that streamlining processes for organisations to gain access to

prisons and improving communication between prisons and other organisations working in the same prison could foster more collaborative working within the prison.

- 6.2. We acknowledge that there are successful partnerships in place working between some prisons and those organisations involved in providing care for older prisoners. However, the quality of these partnerships varies across the prison estate. Some prisons have developed memorandums of understandings with local authorities over social care provision which have made service provision more effective.

7. Are the arrangements for the resettlement of older prisoners effective?

- 7.1. Resettlement programmes do not tend to reflect the needs of older prisoners, who are often institutionalised because they are serving long sentences. For instance, knowing how to use a smartphone or finding accommodation can be very daunting for older prisoners upon release. A lack of support at this stage can have devastating effects, with some older prisoners being released without accommodation or the knowledge of how to use technology resulting in them falling through the gaps, often into homelessness. Licence conditions combined with the insufficient amount of housing placements available and the possible need for accessible and adapted accommodation make finding suitable accommodation upon release harder for older prisoners. More guidance and practical tools are needed to support and prepare older prisoners to re-join society, particularly with regard to health and social care, technology, housing and benefits.

8. Does the treatment of older prisoners comply with equality legislation and human rights standards?

- 8.1. The Equality Act 2010 enforces a duty on all public-sector bodies to promote age equality. Compliance with the legislation for older prisoners is varied across the prison estate, as older prisoner needs continue to be inadequately addressed. Prisons must ensure that they meet their Public Sector Equality Duty under the Equality Act 2010, for example by ensuring that accommodation is suitable for prisoners with mobility or other support needs and by providing age specific regimes for prisoners.
- 8.2. Funding for older people's social care in the UK has suffered devastating cuts in recent years leaving the provision of this care in a state of crisis. This is exaggerated for older prisoners with the provision of social and health care lacking in many prisons.

9. Whether a national strategy for the treatment of older prisoners should be established; and if so what it should contain?

- 9.1. It is important that the needs of older prisoners, who account for 17% of the total prison population, are recognised by the prison system. At the same time it is equally important that those who are released receive the right support necessary to aid their integration back into the general population.
- 9.2. A national strategy must reflect the diversity of older prisoners and their needs. The recent 2018 *Model of Operational Delivery for Older Offenders Toolkit* provides a good basis for a national strategy. There are many organisations representing older prisoners who could

contribute to the development of such a strategy and we hope Government consults widely as part of this process.

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