House of Commons
Justice Committee

Older prisoners

Fifth Report of Session 2013–14

Volume II

Additional written evidence

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The Justice Committee

The Justice Committee is appointed by the House of Commons to examine the expenditure, administration and policy of the Ministry of Justice and its associated public bodies (including the work of staff provided for the administrative work of courts and tribunals, but excluding consideration of individual cases and appointments, and excluding the work of the Scotland and Wales Offices and of the Advocate General for Scotland); and administration and expenditure of the Attorney General's Office, the Treasury Solicitor's Department, the Crown Prosecution Service and the Serious Fraud Office (but excluding individual cases and appointments and advice given within government by Law Officers).

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Powers

The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk

Publication

The Reports and evidence of the Committee are published by The Stationery Office by Order of the House. All publications of the Committee (including press notices) are on the internet at www.parliament.uk/justicecttee. A list of Reports of the Committee in the present Parliament is at the back of this volume.

The Reports of the Committee, the formal minutes relating to that report, oral evidence taken and some or all written evidence are available in a printed volume. Additional written evidence may be published on the internet only.

Committee staff

The current staff of the Committee are Nick Walker (Clerk), Sarah Petit (Second Clerk), Gemma Buckland (Senior Committee Specialist), Helen Kinghorn (Committee Legal Specialist), Ana Ferreira (Senior Committee Assistant), Miguel Boo Fraga (Committee Assistant), Holly Knowles (Committee Support Assistant), George Margereson (Sandwich student), and Nick Davies (Committee Media Officer).

Contacts

Correspondence should be addressed to the Clerk of the Justice Committee, House of Commons, 7 Millbank, London SW1P 3JA. The telephone number for general enquiries is 020 7219 8196 and the email address is justicecom@parliament.uk.

List of additional written evidence

(published in Volume II on the Committee's website www.parliament.uk/justicecttee)

Written evidence

Written submission from Prisoner A[1]

Dear Sir,

Instead of closing D'moor—as it should be (having been built to hold Napolean's men)—this prison is being turned into the V.P. unit (vulnerable person) of the south-west. It is fast filling up with elderly men, due to "Historic Cases". Perhaps the MoJ hopes that the terrible cold and damp climate here will kill us off. The buildings must cost a Prince's Ransom (I believe he owns the place) to heat but even so, D'moor plays havoc with your asthma and arthritis. Some sort of headwear would be nice in this freezing weather. Some of us have coats due to "Recoop". But there are not enough to go round. [...]. For this area says she experiences hostility from some of the staff. One of my fellow inmates, [...], was diagnosed with prostate cancer last July but has received no definitive treatment yet. "Healthcare", here—as in most British prisons—is an "oxymoron." I have prostate symptoms: like all sufferers, I need to sit down and RELAX to be able to urinate. Here at D'moor there are no curtains that can be drawn around the toilet. How can one relax when a female officer can look through the spy-flap at anytime? Such degradation would not be tolerated in a women's prison. At ..., when your door is open, using the toilet is impossible and you must "cross your legs" until lock-up time (there are no communal toilets available).

The showers are not properly screened—with female staff around.

Being in a wheelchair as I am, D'moor is particularly bad: the education bloc van only be accessed via a multi-flight, outside fire escape. When I couldn't get up it, I was placed on punishment for 10 days for "Refusing to Work". The other education bloc has steps but no ramp; corridors are very narrow and the toilets inaccessible to me because the doorways are too narrow. All round D'moor, conditions are terrible for a w/ chair user: distances are immense; ramps (eg library indoor ramp) are ridiculously steep and open areas are not only steep but have ... in all directions.

Yours faithfully,

January 2013

Written submission from Prisoner B[2]

Dear Sir,

I am writing this as a submission to your enquiry into elderly prisoners in custody. I am a 47 year old male prisoner serving a 12 year sentence in HMP Wakefield, a high security prison.

I am not elderly, but am friends with many elderly prisoners, say 70 years plus. These people have an awful time in prison, and I hope through your enquiry you can help their decency and rehabilitation. You could also save the prison service a lot of money.

(a) Elderly prisoners often are carers for their elderly spouses—so when an old man is jailed his elderly wife struggles to run a household, attend hospital appointments and hold a family together. In more enlightened countries such as Sweden elderly prisoners are generally sentenced to a form of tagged house arrest, thus not creating a victim of the spouse. Costs are far less than being in jail.

(b) Many elderly people are in Wakefield, a high security prison that is much more expensive than at a cat-c or cat-d prison and is designed to prevent the escape of the most determined prisoners. A lot of the elderly prisoners struggle to walk 10 yards, so the thought of them jumping 30 foot walls and dodging Alsatian guard dogs is farcical. The prison service should take account of an elderly prisoner's ability to escape when categorising them to a high or low security prison.

(c) Medical care "in prison" is only ever obtained by extensive lobbying form filling and extensive advocacy. Elderly prisoners often give up and fall through the cracks. There is no joined up medical care, and especially no specialist elderly professionals. The Prison Service should examine creating specialised residential and medical units for the elderly.

(d) The elderly in prison to not get as many visits from their spouses. Family visits are vital to a prisoners mental health, and their successful reintegration to society. But 70 year old spouses find the long journey across country to a remote prison and the intrusive security to get into the visit hall, too intimidating so simply give up visits. There is also the cost of fares etc. Which are rarely refunded by the prison service. I would suggest NOMS needs to come up with a plan to increase family visits for the elderly.

(e) Many elderly prisoners are in prison for historic offenses that happened, say, 30 years ago. During that 30 years the prisoner has lived a crime free life. But the Prison service and

[1] Redacted for publication. Redactions are signified thus: "[...]"

[2] Name redacted for publication.

> Probation service treats the 70 year old prisoner as the same as if they were 30 years old and had committed their rape etc. A few months before. They should look at the whole picture and give credit for not re-offending for 30 years. That must count for something in terms of risk assessment!

This ends my submission. I hope my submission is used, I would very much appreciate a note acknowledging receipt of my submission. If you were able to send me a copy of your report when completed I would be doubly grateful.

January 2013

Written submission from Prisoner C[3]

Esteemed and Respected Committee members,

Thank you, I write in response to your article published in "Converse" January 2013 edition. Thank you for this opportunity to voice concerns.

You speak of "mental and physical health and social care of older prisoners the effectiveness with which the particular needs of older prisoners— are met, and examples of good practice."

As regards "examples of good practice" = NIL!

"The effectiveness of training given to prison staff to deal with— including mental illness and palliative care." = NIL!

When I was in Lewes Prison, the terminally ill were looked after, with the prisons authority, but by untrained, unqualified, but good hearted inmates. This included washing and dressing of the patient.

In this prison, Dartmoor, there are men with mental problems that roam on the wings. They are not shunned, but most people try to be kind and helpful. Generally none of us are trained to be of any help or assistance to these poor afflicted souls. The impression we gain from the staff here is "couldn't care less."

To my knowledge there are these three if not four men with terminal cancer. Am I qualified to use the term "terminal?" Yes! Why? As none of these folk have any treatment their cancer is bound to grow and increase in its insidious, pernicious, virulent progress. None of these men here with cancer have access to chemotherapy nor radiotherapy. One man with cancer of the prostate gland had a complete blockage or retention. NO help was forthcoming from the authorities here and he had to catheterize Himself. Cancer patient taken to health centre by the education staff. Health centre nurse said "that man is NOT seeing a doctor today!" A fellow prisoner said to the nurse "You know this man has cancer and can see he is agony. Please give him my appointment and I will make application for a fresh appointment for myself." The nurse snapped her reply "You can cancel your appointment if you wish, but that man is NOT seeing a doctor or having medical attention today."

My doctor has prescribed me medication for "dangerously high blood pressure" His words, not mine. 29 of January I went for repeat prescription. Nurse snapped at me "Your medication cancelled 19 January!" Many of us older folk here take daily aspirin 25mg. However we are frequently told, "Out of stock!" My doctor has prescribed me olive oil drops. In five months I have only had three 10ml bottles. I am meant to use the drops each morning and evening for four weeks. Not been able to do that cycle once in five months.

Good Folk, I could easily double the length of this letter but will forbear. Sincere thanks for raising very valid point concerning OA Pensions.

Yours appreciatively, thankfully and sincerely,

January 2013

Written submission from Prisoner D[4]

I am writing in regards to the article in the Converse for January 2013. This article is about an Inquiry being launched about elderly prisoners in reference to their treatment while in prison.

I am an 85 yr old prisoner and since April of 2010 when I had a severe heart attack and also with one lung not working properly. I have to use a wheelchair to get around this establishment even going any distance. The problem I have is this if I have a visit no officer will push me up any incline or even if I have to go to the health care centre where there is an incline I have to come up after leaving this centre. By the time I reach the top I am breathless.

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[3] Name redacted for publication
[4] Name redacted for publication

There is one other problem that elderly prisoners has here that is our prison retirement pay up to six years ago we got £5 per week less £1.00 for our in cell television. That leaves us with only £4.00 to spend at our canteen and the canteen prices are dearer than those in the shops outside these prices are set by NOMS.

Also for some wheelchair users their cell doors are not wide enough for their chairs to go through also they have a step outside as well.

If you are a "Cat A" prisoner you cannot have a cell that has been made for wheelchairs. They are for "Cat B" prisoners only this I believe is wrong.

I also believe that when you reach retirement age when not in prison and receive the state pension then when you come into prison it is taken away from you. I strongly believe we should be allowed to our pension as many prisoners has no family to help them out with money being sent into them. We are not treated humanely here. I sincerely hope this information may help you on your Inquiry.

February 2013

Written submission from Prisoner E[5]

I would like to submit for your committee's attention some articles, papers I wrote last year when at HMP Pankhurst. They're self-explanatory and are rooted within the end-of-life-care (palliative) environment/sphere.

Whilst at Parkhurst on the Isle of Wight I was treated with dignity and respect by the health care staff there in that prison. Whilst there, on 4 July 2012 I was diagnosed with cancer. I was offered the full support for that diagnosis within that environment by the end-of-care-life team and seen by doctors within three days of presenting with a problem/query. Nurses there would deal with any problem immediately. This was the case right up until I gained C cat status and moved here to HMP Dartmoor. That's when my "nightmare" began and to date is still being experienced/lived.

The healthcare regime here is nothing short of "hell-on-earth". Even with my diagnosis I've not yet seen a McMillan pain-relief nurse to ease my constant pain. Enclosed is a letter dated 22/01/13. This was requested for (the appt.) on the 05/01/13. This is 17 days wait. It showed on that day so my appt was not honoured. I requested a re-booking to get my pain-relief sorted and was given a new one (after specifically pointing out I'd already waited 17 days) that is appointment dated 15 February 2013. That all told to see a doctor is 26 days between the two appointments, plus the original 17 days between booking the first appt and getting the appt of the 22/01/13!! That makes it from the 05/01/13 to 15/02/13 to get to see a doctor (with a diagnosis of cancer and complications of asthma and heart problems not being treated and prev. Diagnosed). 41 days all told! Surely that can't be right and within equality and human rights legislation?

I have had a "care-plan" written by the deputy manager here called [...] and that's about it. She has been spoken to by me on several occasions about pain-relief and seeing the McMillan pain-relief nurse but all her answers have never come to fruition. The same goes with certain B wing officers here at HMP Dartmoor. One, an [...] has threatened me with physical violence, and another [...] has seen fit to withdraw my washing facilities. It's abuse of power and punitive, targeted bullying, which is systemic within a prison that is renowned for "brutality". It's 2013 but it's still happening with the governor "looking" the other way condoning it with a truly astounding level of indifference.

To summarise: I have cancer but am not getting proper treatment or pain relief.

If I complain I'm ignored totally. My next-of-kin has been show the exact level of contempt as I have ([...] letter has been enclosed).

*Good dental and eye care here at Dartmoor. No McMillan pain-relief nurse has been near me since I left Parkhurst on [...].

My/The "care-plan" isn't worth the paper it's written on.

I have to wait to date for a full doctors surgery a total of 41 days with only a brief doctor/patient/inmate interaction on the 22/01/13 to issue emergency catheters.

My medication last month was five days overdue which sent me into "urine retention" in the first instance. This "late" dispatching of monthly medicines is used as a "punitive-message" to stop causing outside agencies to "look-in" at what's "not" going on for me.

All medication/hospital visits/healthcare should be covered by PSI's to set legal levels of standard treatment country wide. I look forward to your recommendations.

January 2013

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[5] Redacted for publication. Redactions are signified thus: "[....]"

Written submission from Prisoner F[6]

On the 28 June at 08:00 I had a stroke here in my cell. What happened was, I woke up at almost 8:00 am with what I thought was a severe cramp in the calf of my left leg. I got over to my cell door to ring my cell bell when my door was unlocked by the day-staff, a warder [...]. I told her that I thought I had a stroke and to ring the Health Care. She asked if I could get back onto my bed and I said yes so she locked my door and left. At 8:50 am [...] came to my cell. He took my blood-pressure and I told him that I wanted to see the GO. He never gave me my morning meds. I asked him when I was seeing the GP and he said that I did not need to see the GP that he would sort me out. He then left my cell. At 11:50 am I again asked landing staff [...] if I could see the GP and she said she would ring Health Care. At 3:30 pm [...] came back to my cell. I asked when I was seeing the GP. He said you never asked me to see the GP. You must have asked someone else but not me. I was annoyed at his ... and told me to leave my cell. At about 9:00 am the 29th a GP and a nurse came to my cell. After the examination a wheel-chair was wheeled into my cell, I was strapped into it and taken to Health Care and then put into an ambulance and taken to outside hospital.

I went through several tests out there and was put on tablets which I'm still on. There are Atorvastatin 80mg once a day and Clopidognel 75mg once a day. I can't walk without a stick, when I leave the wing I have to go by wheelchair. I've been given various aids to help me in my daily life. Needless to say I'm not able to go to work. I'm not allowed to go out on exercise because there is a step out into the exercise yard. I can't go upstairs at all. I have lost so much since my stroke but my biggest loss was not being allowed to see the GP on the 28th. The "Golden Hour" was denied to me by [...]. I've read that if a person is seen by a GP an hour or so after a stroke almost all of the patient will be saved. The longer one is denied medical attention the less you save of them. I was denied seeing a GP for over 24 hours, much too late to save me. I now walk like a crustacean, my left arm/hand does not perform as normal. I will be on medication for the rest of my life just because a medic was too lazy to get me to a GP. That he was negligent is beyond question. Two Physiotherapists came into examine me. They tested me on a stairs and said that I could use them but to go slowly and take my time. They also tested me going out to the exercise yard. Again they said I could use the yard but to go easy. The prison won't allow me either, they won't accept responsibility in case I fall. I have to use an ankle brace because I have "Dropped foot".

I am 68 years old and I'm now living with one foot in the grave. I don't get nor have I ever gotten physiotherapy here in the prison. Maybe it would help, maybe not. Either way I think that I was very badly treated by prison staff here. How long must cases like mine go unanswered. Surely there must be a way to stop the likes of this. [...] is still working as a medic as if nothing happened. He is answerable to no one apparently. Who does a prisoner turn to? I am not seeking revenge but I would like justice.

February 2013

Written submission Prisoner G[7]

I am [...]. Long before I came to prison I had existing health problems, rheumatoid arthritis in my knees, hips and now my back. I have plantar [...] a condition of painful heels. I have an undiagnosed uncontrollable falling problems of which I was transferred to this prison for as my diagnostic treatment is at a ¾ stage and this is at Stafford General Hospital. I basically came to HMP Stafford to continue my diagnosis. ... month on I'm now further backwards than before ... to prison, I had an MRI booked by E.N.T. dept at S.G.H., Healthcare have cancelled it so many times. Cannock Hospital cancelled it completely, four months later I go to have a MRI but on my brain not my ears as order by ENT dept., Healthcare have rebooked it through a neurologist, she said there's nothing wrong with your brain, quite rightly, but when I go to the ENT Dept the doctor asks where's my MRI, this is no good, wrong area, wasted appointment. I had a appointment to collect a sleep [...] machine from Cannock Chase Hospital in September 12 still not got it. In December 12 I went to rheumatology appointment, Doctor ordered [...] on my legs up to now it has not been allowed or mentioned. In December I went to Royal Orthopaedic Hospital in Birmingham with an ongoing problem with my hand, the left one, the doctors ordered MRI on it, scans, ultrasounds and electro conductive tests on it. Last week they took me back before I left HMP Stafford I stated it's a waste of time as I have not received those tests or MRI, on arrival at R.O.H., Doctors wanted to know why I was back without the tests and MRI, my escort or me could not answer. Only to ask Healthcare at HMP Stafford, no one admits any wrong doing, so I involved I.M.B. Healthcare did admit to them they had cancelled my MRI and tests at R.O.H. in Birmingham because they thought I did not need them. A I had a MRI at Cannock. I will (no) longer go to healthcare as they are ruining my health and am no seeing a mental health nurse because of my depressed state over all my cancelled, delayed and abandoned appointments.

I cannot speak to anyone about it, the healthcare manager, the doctor just don't listen to anyone [...] I have tried to explain what's gone wrong, they don't want to know or seem to care. The nurses are complete angels, always helpful and understanding but management and doctor do not care at all. In five months I have over 20 episodes of uncontrollable falling and uncontrollable eye movement and balance. I had getting more infirm and losing the will to live because no one cares enough to realise or ask how ill I am.

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[6] Redacted for publication. Redactions are signified thus: "[....]"

[7] Redacted for publication. Redactions are signified thus: "[....]"

The prison regime is not made for old people. The nurses here did an assessment on my health and needs and said I must no work in workshops or any place I'm in danger of falling and I should be put in Education. So the next day the wing officers put (me) in a workshop and told if you don't go to work, you'll be [...] and lose all privileges, so I go, I don't want any trouble or problems with staff. 16 weeks [...], I've tried two curses but I could(n't) one because I'm nearly deaf and the other I'm too infirm. I was promised to go to education to find courses I could do with my disabilities but over a week no joy. I'm back in a workshop where I started in September 12. I'm going round in circles. I have made several app's to a disability officer, no answers.

Both me and my wife are disabled. On visits she books a disabled visit for extra leg room and because of my poor hearing, but with always have problems as they stick us in the middle where there's most noise and shortest legroom, some officers will move us to an outside table or the disabled tables but not always as it's a lot easier to say no then yes.

The health problems of the older prisoners are many folds, stairs are a big problem, not so much walking up and down but add food, [...] and [...], and their problems because older people need to be able to hold hand rails. Walking distances are a major problem, I'm last in workshops and last back to the wing through infirmity, it's no fun ... officers dirty looks at my slowness.

In another prison I miss(ed) mealtimes on three occasions because of my deafness, I [...] on report for refusing to go on the 4th floor in the top bunk with a smoker. I'm [...] flat bottom bunk and NON SMOKING but because your old they try to bully you. I'm a big lad I don't do bullying either way I would not do it. And I don't except especially from staff at any level. But some officers, only some officers take pride in bully boy tactics, if only [...] conflict and [...] amongst weaker, infirm and older prisoners a little understanding would go a long way. Most older prisoners have health problems and to be paraded around a hospital in handcuffs only causes more anguish and its very depressing. And how over 60s would escape anyway. Most of us have been on bail knowing a prison sentence coming but the prison service treats us as A Cat prisoners 3 man escort from a C Cat prison 3 fit and healthy officers for a frail old man unable to walk far, let alone run away, but that's prison for you. They are quick enough taking handcuffs off if it involves X-rays, MRI, or electro conductive tests. Security goes out the window then, double standards? Ha. I'm a retired, infirm, non violent person, I'm treat(ed) with no respect, no dignity or compassion!! I'm classed as a medium security risk where does that come from.. it must be from another planet as it is not reality. Me a security risk, I'm not new to prison and I've never been a security risk. I've worked for the ... governor in B cat prisons and in the officers security training wing I'm a B cat prison but here and now I'm a security risk, unbelievable. These old Victorian prisons have not caught up with modern times and they never will.

What's needed are regional prisons built with old and infirm in mind not multi floor monster prisons run by private money with profit in mind but a single story medically based centres where old, ill or disabled prisoners can live out their sentences with compassion and care not seen as a source of ridicule by uncaring officers and staff. [...] numerous small hospital health centres and semi suitable premises lying idle waiting for a new use? Incarceration is not always the answer to non violent prisoners. You're probably not interested and no one can blame you, we're prisoners, the scum of the earth, no worth any consideration.

February 2013

Written submission from Prisoner H[8]

After reading an article in Converse (a prison newspaper) with reference to the treatment of the elderly who are held in prison, I felt I would write to you at the Justice Select Committee with some of my particular issues. My first and major issue with the government is in regard to my state pension. I came in prison aged 68 years and prior to that was in receipt of D.L.A. and state pension plus a small private pension on which I was paying tax. At the age 15 back in 1958 I started work and paid my N.I. contributions on a weekly basis. It was explained to me that the contributions were for social welfare and a contribution toward my state pension. If I made sufficient payments throughout my life I would, when I reached 65 years old be entitled to a state pension as of right.

It was further confirmed to me the contributory nature of the state pension when in the late 60s early 70s the Government of the day introduced what I think was called a graduated pension. This was an additional weekly payment taken over and above tax and NI payments and shown separately on my wage slip. It gave for every £7.00 paid in six old pence per week extra on your eventual pension at age 65. I feel that this clearly shows that the pension was a compulsory contribution based separate entity to the benefit system. I have no argument with the loss of my DLA as the prison service to a greater or lesser degree care for me with regard to my health and mobility issues. I do though think that to take away my pension, after me paying the contributions demanded by the state, with me having no right to stop the contributions is nothing short of theft.

Please show me where and how I was informed of the major change in the pension contract (and it was a contract) that informed me of the change that said, you will get the pension you paid in for, unless you go to prison. I was not informed of this, nor given the right to withdraw from the contract if I did not agree with

[8] Name redacted for publication.

this major change of conditions in the contract. This right to withdraw would be allowed to happen in any normal contract.

With regard to the treatment of the elderly in prison I can only say that here they are treating me properly as a disabled person. Given the circumstances of a prison building they have kept me on the ground floor and ensure I am kept warm and fed. Therefore I have minimal areas of complaint. It is though the way you can be treated by the NHS that raises real questions of concerns especially with regard to dental treatment. Also if you have to visit an NHS hospital then the treatment given falls well below any acceptable standards. I was actually physically abused at the hospital in Dorchester and physically forced to undergo an internal exam despite refusing to allow it to happen.

While conditions for the elderly in prison does require so minor changes, 1. ensuring the elderly are kept on ground floor 2. Finding and keeping some form of work to enable them to pay their own way in prison rather than sponging off their elderly wives or partners 3 ensuring that all the facilities required are also on the ground floor 4. Ensuring all officers understand that we are physically slower.

I wish your committee all success in attempting to make OAPs lives a little easier.

February 2013

Written submission from Prisoner I[9]

I am a prisoner here at Albany, IOW, I am now seventy years old and I work on the ... cleaning course. I choose to work rather than receive the £4.00 per week unemployment/pension money, as an enhanced prisoner I am paid £15.00 per week for my wage.

I have no option but to work if I am to be able to afford the little extras I need, salad cream, pickle, vinegar sauce to make my food more palatable and phone money to ring my other half who is living in Spain.

These phone calls alone cost me £5.00 per week on average, there are other things too such as birthday or Christmas cards and stamps to send to my friends and relatives on the outside. As you can see the £15.00 is needed £4.00 per week would just not do it!

All this is because my pension for which I paid in contributions all my life has been *stolen* from me.

Besides my normal work, I act as a "buddy" for other prisoners who are disabled, I fetch their meds, stores, canteen and reception, (foods coming in from Argos etc.), I also clean their cells for them once a week on Saturdays. All this '...' is done on a voluntary basis, I am not paid for it at all!

There is a recognised community contributor pay of £2.50, a bonus payment which was originally supposed to be paid to the "buddys" on each wing but the requirements for this pay are continually moved to the point now where it is a requirement to do as a level two maths course, a level two literacy course and a peer mentoring course.

Three courses to qualify for a £2.50 bonus for work we are doing already!!? This is just a scam to make money for the Education Department. I will continue to do my work on a voluntary basis, I am not doing it for the prison, I am doing it to help my fellow inmates. I have been doing this for two years now.

I am the chairman of the Albany prison over 50s forum from which we lobby for "extras" for the older prisoners such as use of the gardens for sitting out in during exercise periods, the use of a different garden and greenhouse for inmates to grow vegetables to supplement the inmates diet. Wheelchair training and free TV for pensioners unable to work etc.

All this is done to try to improve the quality of life for the older and disabled prisoners some of whom are kept in cells with no toilet facilities. Here at Albany they operate a '...' system, there are no toilets in the cells and it is necessary to press a button to get let out to use the toilet facilities, there are a number of older prisoners who cannot operate this system because the cannot read the numbers it needs to check back in or in other cases they do not have enough time to get to the toilet and back and do what is needed in the seven minutes allowed.

For these prisoners it is necessary to urinate or defecate into a bucket. The wings operating this system are A-E. There are two new wings F&G which have toilets and showers but the queue to get onto these wings is too long.

The prison is only allowed to have a certain number of disabled prisoners on these wings because of fire regulations, this is some 28 prisoners, all the rest must wait in cells with no facilities.

Recently a prisoner with advanced cancer who had trouble standing was found by an officer doing his rounds lying on the floor of his cell having fallen down, [...] who was also suffering from incontinence had been trying to use the porta-potti he had been supplied with, he had fallen, messed himself both ends and was unable to get up off the floor, was not able to reach his medication and had to lie there until an officer came around he had no way of calling for help. I am pleased to say that personal alarms are now being introduced for disabled

[9] Redacted for publication. Redactions are signified thus: "[....]"

prisoners. But it is too late for [...] who died later that day, he'd been waiting for months for a move to F&G wing where he would have toilet facilities.

Another prisoner who died from emphysema recently had spent years in a cell riddled with damp. [...] did smoke and how much this contributed to his death I don't know for sure but the damp will not have helped. This damp is caused by a broken gutter which has been that way for four years to my knowledge. The prison cannot get the funds it needs to fix the gutter. This renders that particular cell and also the one next to it UNFIT FOR HUMAN HABITATION!

The prisoner who is now in this cell is seventy five years old and already has some breathing problems, he has done his very best to dry it out using newspapers to soak up the excess water but this will only last until the next heavy rain. He could insist upon being moved but this would only result in another "mug" inmate being put in there.

We have campaigned to have this cell sorted out but were told "don't hold your breath" a request for this work to be done has been logged on the computer. To sum it up these wings A-E are not suitable for disabled prisoners, work could probably be done on some of the ground floor cells to install toilets and ... pipes but of course there is 'no money'.

This prison is probably a lot quieter than most. The population is over 50% of prisoners aged 50+ the officers are generally good, a few are excellent and [...] the "older prisoners lead" does work constantly to help

It is her work that has got the personal alarms, walking sticks, high back chairs, dinner trays and other aids for the elderly prisoners, some of the officers are a bit indifferent to the prisoners, in general their role is more like that of welfare workers than that of "wardens".

With the ... style of campaign against people being accused of historic cases of child abuse or rape there is going to be more need to cater for elderly, infirm and disabled prisoners now that there is no need for evidence to confirm these allegations and only an "if you believe it may have happened" asked of the Jury many more allegations are being made, many of these are false but the Justice system is paying huge sums of money to anyone who makes an allegation and obtains a conviction (no evidence required) and no need of a 'beyond reasonable doubt' anymore.

In conclusion I will point out that other civilised countries have stopped paying compensation "rewards", Germany and Sweden if I recall correctly, and also in civilized countries inmates are thrown out of prison at the age of seventy as their government/justice system has decided that "Prison is no place for a seventy year old," but in this barbaric and vengeful country some people are being thrown into prison at 90 years plus in order for a corrupt justice system to show off. HISTORY WILL SHOW YOU FOR WHAT YOU ARE!! There is unfortunately no interest in Justice, only convictions to the extent that you have changed the laws to cater for your own corruption.

The British have reputation in this world for being "bullies" there are only a handful of countries in the world we have not invaded at some stage or the other our massacres of innocents are legion and we are famous for our "Witchfinder General" even we its own citizens are not safe nor have we ever been.

You should wake up and take a look at yourselves.

If there are any points you would like me to expand on please don't hesitate to write to me.

February 2013

Written submission from Prisoner J[10]

As wing Rep of the Older Persons Unit (OPU) at HMP Parc I write in response to your request in the Inside Times for input into your proposed enquiry of prisoners over the age of 60 yrs.

The OPU at HMP Parc comprise of 30 single cells. Each cell is furnished with WC, shower and sink with constant hot water, TV and in cell telephone. It is staffed by sic specially selected officers on a rota basis, with each officer being given approximate training for the various difficulties of the older inmate.

Healthcare is provided by local GPs supported by trained nursing staff. The GPs care for the older prisoners cannot be faulted. Both excellent and courteous treatment supplied on a daily basis equals the care given to outside patients. The nursing staff are on call 24/7. The only criticism can be when occasionally they find themselves under manned. Other healthcare services such as dentistry, chiropody, optician and psychology regularly attend clinics at this prison albeit the chiropodist, who only attends one day a month for 1,400 prisoners retains an inordinate delay with some inmates waiting over six months for an appointment. This delay is particularly difficult for the older prisoners whose need for foot care are perhaps more obvious than that of the younger inmate.

The recent death of a terminally ill patient allowed me to observe the palliative care given by medical and wing staff. Everything that could be done, was done, with doctor and nursing staff constantly in attendance.

[10] Name redacted publication

Every courtesy was extended to the family including 24 hour access to this persons bedside, with wing staff, led by the unit manager taking it in turns to remain on the wing overnight to support the family and allow 24 hour access to the inmate.

With regard to activities, there are three part-time teachers who specialise in art and crafts. Every inmate on the OPU is encouraged to participate with items being successfully submitted to the Koestler awards.

All in all there can be no criticism of the way that this unit is run but (and there is always a "but") there is unfortunately a "fly in the ointment"!

With regard to hospital visits the protocol of category "B" inmates being double cuffed and category "C" inmates being single cuffed is strictly adhered to with no consideration given to elderly and/or infirm inmates. It is fully accepted that there has to be security issues for inmates visiting hospitals in the community. However the discomfort and indignity of elderly and/or infirm inmates being double cuffed is, in my view, totally unnecessary. I give as an example the instance of one particular OPU resident being double cuffed—he was 84 years old. Another example was an 85 year old resident being discharged from hospital after treatment and who is 100% blind, 90% deaf and who used a zimmer frame. Was it really necessary to cuff these residents? On a personal level I have declined cardiologist appointments after my last experience of attending the local hospital after I was made to sit double cuffed in an A&E cubicle for 4 1/2 hours. I have yet to meet anyone who returns from these visits without bearing bruises or pinch marks around their waists. It is to be hoped that the issue of double cuffing elderly or infirm "B" category inmates can be addressed during your enquiry.

I trust the above mentioned issue may assist you and I would be most grateful if you could acknowledge receipt of this letter.

February 2013

Written submission from Prisoner K[11]

I am a 68 year old prisoner who has been in prison since [...]. Like the increasing majority of prisoners over 60, I have been (falsely) convicted of historic sex offences. With the current witch hunt, the large sums available in compensation and no "presumption of innocence" for sexual offences, I can only see, in the future, prisoners over 60 taking up more than 50% of the prison population in this country.

In addition to my age, I also have a paralysed left arm and suffer severe chronic nerve pain. Generally, I have found there is nothing in place to reflect the needs of elderly and infirm prisoners and often their problems are ignored by the Governor and Officers, who have a duty of care. I am sure that you will have seen a copy of the Prison Reform Trust's "Doing Time—Good Practice with Older People in Prison—the Views of Prison Staff" 2010, so I will just tell you of a few of my experiences in the five prisons I have been in.

My first prison was HMP Bullingdon. I was quickly welcomed by other prisoners as there was a system of carers in place for the elderly and infirm. However, the officers paid no heed to age or disability. I was given an IEP warning for failing to obey a shouted order because of my hearing problems. This was not accepted as a reason why I did not obey the order. Healthcare was initially very bad but improved with a change of GP. All my on-going hospital appointments were ignored. The worst thing this original doctor did concerned a 64 year old man who was on remand for serious historic sex-offences. Because of his serious mental turmoil this man had been on tranquilisers, vital for his sanity. Upon his arrival in prison, he was immediately denied this essential medication. It was easy to tell that without these pills the prisoner was a serious suicide risk. You could see it in his facial expression. The officers were aware of his state of mind but paid no heed to it. He was placed in a cell with another man. When that man had a visit, he hung himself, I gave a statement to the Ombudsman and the police, but we never heard anymore. Even the investigating Ombudsman was not asked to go to the inquest. Then there was a 78 year old man with terminal cancer. Most of his stomach had been removed. In spite of this, he was put on a SOTP course. Later when he was bedridden, he had no heating for a week, in freezing winter conditions. Despite his terminal condition, no clemency was shown him. He was finally removed to a hospice as he was dying to save the prison a lot of paperwork. He died the next day.

The heating was regularly switched off in mid winter. It failed regularly with no hurry to repair it. Often officers, whose rooms were always heated, would open all the wing skylights. The more they were asked to shut them, the longer they stayed open.

I have toenails that are too thick for the toe clippers available on the canteen, I was refused the clippers that I brought in with me. At HMP Wandsworth they were thrown into a bin by a reception officer, still in their original packaging. Despite a stomach condition that requires a wholemeal diet, it took 18 months to get it. In 8 months at HMP Wandsworth, I was never given it. At Maidstone, I have eventually been given it regularly for sometime, if it is not taken by the servery workers. There were single cells at Bullingdon, but they were only given to young troublemakers. The elderly were always twoed-up. Wandsworth was even worse and Brixton worse again. Only HMP Maidstone offers single cells to the elderly, absolutely essential for any quality of life.

[11] Redacted for publication. Redactions are signified thus: "[....]"

I was taken from Bullingdon to an appointment in St Thomas' Hospital in central London. It was a day trip. The two officers ignored me throughout the day. Lunchtime they both ate packed lunches that they'd brought with them. Other patients looked on in surprise when I was given nothing to eat. I should have had a lunch pack too.

Later, I was unexpectedly shipped to Wandsworth with no possessions and denied pain killers for a month. The first night I was denied a pillow and only had one blanket. Later, the pillow I was given was like a slab of concrete and I had to fill the pillow case with clothes instead, This lasted most of my time there. Throughout my eight months there, I was never given the correct amount of painkillers. I was two-ed up with a lifer who'd already done 27 years. None of my medical records followed me and my possessions left a Bullingdon, as I was told I'd be returning, took 2½ months to reach me. Some possessions had been removed by Bullingdon reception officers. When I arrived I was denied my special sleeve and glove for my paralysed left arm/hand. They were finally returned to me sometime later. Then, every time I went to court they would be taken off me by reception. Nurses would have to get them returned. During my 6 weeks at Brixton I was never allowed them. On hospital appointments, my wrists were handcuffed together, causing me great pain. It should have been obvious to officers that my shrivelled up left arm should not be handcuffed. They said there was nothing on my records so they had to apply the handcuffs and were not allowed to use common sense. On my regular court appearances, I was always shut in a cell without heating and denied my pain killers. There was no heating in the buses, either. The day after spending 16 hours like this, I was forced to plead guilty despite my innocence because I couldn't stand anymore cold and pain. In my whole time at Wandsworth, I was only allowed gym on four occasions, despite constant requests. The gym officers would only unlock the younger prisoners whom they could better relate to.

I was only at HMP Brixton for six weeks. The regime was 22 hours bang-up. The needs of the elderly were ignored. I did not get wholemeal bread and had to share, for a while, with a prisoner with mental health issues. During my time there, legal mail was lost, delayed or opened, with documents removed.

When I was transferred to Maidstone, the bus left too late for us to get there within the allotted hours. We spent three days at Elmley in a freezing cell with only one blanket and no pillow or kettle (for the first night). Once I got the kettle I had to boil it continuously to keep warm. When leaving, a reception officer removed my special safety pin holding my sleeve in place and threw it away.

At Maidstone there is no system in place to care for elderly or infirm prisoners. There are no social activities for them. Most are unable to join the gym/outside activities for the younger prisoners. We are put downstairs, which is the coldest part of the wing as often doors and windows are left open. The D.L.O. officer is useless and has ignored all my requests to see him. It seems the elderly are regularly subjected to M.D.T.'s though they know we will be negative. I have also been made to put all my possessions in the volumetric control boxes over lunch and unpack them immediately. They were not interested in checking I had all my stuff packed. My letters to friends and family have been passed to the police. My complaints have been ignored. After a cell search, my table was removed as my personal officer said I could use the broken leg as a weapon. It was broken when I moved in. I was then forced to rely on a table that was too small to get close to which made eating and letter writing difficult for a one-armed person. All attempts, including an application to the DLO were ignored.

The worst nightmare of all for us are the regular "transfers" to other prisons, often sprung upon us with little time to pack, phone family, cancel visits or say goodbyes. We are expected to carry all of our bags, despite our physical inability. We are then forced to travel and wait hours in those terrible and claustrophobic "bus" cells with no access to toilets, proper seats or seatbelts. Upon arrival at the new prison we are back to square one, without many of our possessions. None of the needs or achievements at previous prisons follow us; only the bad things. We are back to one (head) pillow, one blanket and few extra clothes. To get back to the gym takes ages; much longer if you tell them about your medical problems. I thought "NOMS" was intended to make transfers easier?

Officers often expect the elderly to remain in their cells and not join into any activities that are available. Access to computers for the elderly to write legal letters is extremely limited and impossible at Maidstone. Copying papers is another impossibility which means all legal letters have to be written twice. Water to drink is often unavailable, even for the elderly and someone like me who needs to drink regularly because of medication side effects. Elderly dementia sufferers are even worse off because they are left living in their own, sad little worlds.

I hope that what I have written will be taken seriously by the reader. I have not written this for my own benefit, but in the slender hope that what I have written may help other elderly prisoners, older and more infirm than me.

Please acknowledge receipt of this letter so that I know my efforts to send you my input have not been in vain.

February 2013

Written submission from Jen Geary, Dr., LLB

Executive Summary

This submission is linked to the treatment of older prisoners and equality and human rights legislation. Currently University based research is being conducted between researchers in Australia and Canada. This research is concerned with understanding the needs and service responses of older people in prison. The participation of professionals from Western nations including those linked to prison, parole, psychology, social work, the clergy, counseling and law are currently being sought for the purposes of this research. The objectives of this research are to:

— generate new knowledge about the needs and situations of older prisoners to devise means to enhance their well-being whilst developing the public safety.

— expand on existing literature, for example, Aday (2003), Human Rights Watch (2012), Mann (2012), Wahidin (2004).

— give information about the legal, pragmatic and ethical challenges faced by corrections professionals who work with or are involved with older prisoners.

— provide recommendations to guide corrections professionals in their efforts to meet the legal, treatment, rehabilitative and reintegration needs of older prisoners.

Introduction

1. Older inmates have been identified as the fastest growing segment of federal and state prisons (Abner, 2006), and the costs of incarcerating older prisoners are estimated to be triple that of younger inmates. The American Civil Liberties Union (2012) have argued that "a growing number of life sentences have effectively turned many of our correctional facilities into veritable nursing homes" (p. i) and it has been suggested that "failure to begin addressing the problems and costs associated with older inmates may lead to a corrections crisis similar in proportion to that of the early nineteen nineties concerning the availability of inmate beds" (Florida House of Representatives Criminal Justice and Corrections Council Committee on Corrections, 1999).

2. The research adopts a human rights perspective. An object of the Victorian Charter is to safeguard and to develop human rights by understanding that all people are "free and equal in dignity and rights" (Department of Education and Early Childhood Development, 2012). The Charter may lessen incidents of inequalities and promote equal opportunities (Department of Education and Early Childhood Development, 2012). When the State is making decisions it should not do so in a way that offends the Charter [*Charter of Human Rights and Responsibilities Act 2006* (Vic)]. The Charter can develop dignity and equality of, for example, disadvantaged and vulnerable individuals.

3. Older prisoners are widely considered to be particularly vulnerable and at risk of victimisation in institutional settings (Abner, 2006; American Civil Liberties Union, 2012; HM Chief Inspector of Prisons, 2004; Human Rights Watch, 2012; Passau, 2008). Human Rights Watch (2012) attests "While human rights law does not preclude imprisonment of older offenders, the incarceration of the elderly nonetheless raises two major human rights concerns" (p. 87). The first is whether or not the imprisonment has conditions that are in keeping with human rights requisites; the second is whether or not the conditions are proportionate or inhumane. According to the Equality and Human Rights Commission (2009) a human rights approach can deliver "real improvements and drive systemic change in public services" (s. 10); with others observing that the approach may assist in the development of quality and consistency in service provision (eg, Crook, 2001).

4. This research seeks to explore human rights issues as understood by correctional professionals (prison officers, parole officers and Board members, psychologists, social workers, the clergy, counsellors and lawyers). These may be linked, for example, to the safety, dignity, education, privacy and well-being of older prisoners. Safety can be an issue for older prisoners who seek to resist bulling or violence by younger prisoners (Cruise, 2012, p. 3; Davies, 2011, p. 6).

5. The underlying objectives of this research are to generate new knowledge about the needs and situations of older prisoners, understand more about the legal, pragmatic and ethical challenges that are faced by correctional professionals who work with or are involved with older prisoners, and to provide recommendations that can guide correctional professionals in their efforts to meet the legal, treatment, rehabilitative and reintegration needs of older prisoners. There are three research questions:

1. How can correctional professionals address the needs and rights of older prisoners? These needs include:

   emotional,

   physical and

   social.

   Examples of correctional professionals include prison officers, parole officers and Board members, psychologists, social workers, the clergy, counsellors and lawyers.

2. How do correctional professionals understand the rights and needs of older prisoners?

3. How do correctional professionals who have had contact with older prisoners, understand their role with these prisoners?

Definition and Numbers of Older Prisoners

6. A starting point for this research is to understand how older prisoners are defined, and consider how many prisoners might be labelled as elderly under these definitions. In the United States and Australia, for example, individuals over the age of 50 may be considered to be "older" (American Civil Liberties Union, 2012; Grant, 1999), although considerable differences exist between jurisdictions in both policy and practice. For example, Gubler and Petersilia (2006) refer to prisoners over the age of fifty-five as being older. In Canada, inmates who range from fifty to sixty four years may be labelled as being older. In the United Kingdom, prisoners who range from sixty to sixty five years are often classified as being older (see United Nations Office on Drugs and Crime, 2009).

7. What is clear is that the number of older prisoners is increasing in most western jurisdictions (Collins & Bird, 2006; Correctional Service of Canada, 2009; Grant, 1999; United Nations Office on Drugs and Crime, 2009). Abner (2006), for example, has observed that "some estimates suggest that the elder prisoner population has grown by as much as 750 percent in the last two decades" (p.8–9). During the period from 2007 to 2010, "the number of sentenced state and federal prisoners age 65 or older [in the US] increased by 63%" (Human Rights Watch, 2012, p. 6). As Howse (2002) notes: "the majority of prisons (90%) have at least one prisoner of pensionable age, though in most cases the numbers are small—between one and five prisoners" (p. 45).

8. The apparent rise in the number of older prisoners is thought to be a result of individuals tending to live longer and thus having more opportunities to commit crime. It may also be because more offenders are being imprisoned and the mechanisms for early release are less available than they were previously (Human Rights Watch, 2012, 25). Retributionist laws, for example, three strikes legislation may also contribute to the influx of older prisoners (Abner, 2006, American Civil Liberties Union, 2012; Human Rights Watch, 2012; United Nations Office on Drugs and Crime, 2009; Williams, McGuire, Lindsay, Baillargeon, Cenzer, Lee & Kushel, 2010).

Groupings of Older Prisoners

9. Although older prisoners share common concerns and interests with other prisoners including, but not limited to "racial, ethnic, geographic, governmental, regional, social, cultural, partisan, or historic interests; county, municipal, or voting precinct boundaries; and commonality of communications" (Alabama State Legislature, 2011), they do have distinctive needs. It has been suggested, for example, that the loss of social relationships including through the death of family members and associates also takes a toll upon the mental health of some older prisoners. According to Murdoch, Morris and Holmes (2008) one of the most profound negative effects of prison on older prisoners is depression.

10. Needs may, nonetheless, vary between groupings of older prisoners who committed offences at different ages (Tomar, Treasaden & Shah, 2005). For example, those who committed violent crimes at a young age and who have been incarcerated for a lengthy period of time often struggle to preserve and develop social and work-related links. Another example is chronic, or repeat, offenders who have been repeatedly imprisoned throughout their lives and have diminished communal and work-related supports. Finally, those who have been found culpable of having committed offences, including sex crimes, later in life. The American Civil Liberties Union (2012) identify four groupings of older prisoners:

1. those who were first imprisoned when they reached 50 or older for such crimes as homicide and sex-related crimes.
2. those who were first imprisoned before they reached the age of 50 and have remained in prison for 20 years for offences such as petty crimes or drugs.
3. chronic offenders who have served manifold periods of imprisonment and who were imprisoned under the age of 50 for offences including unlawful entry into premises, robbery or drugs.
4. those who were imprisoned for a sole offence prior to the age of 50 and who have not yet served 20 unbroken years for an offence including unlawful entry into premises, robbery or drugs.

Human Rights

11. In this research, particular attention is given to those aspects of human rights that are linked to dignity, privacy, education and equality (Manitoba Law Reform Commission, 1999; *Madrid International Plan of Action on Ageing*, 2002). These provide a useful lens through which to view the current way in which services respond to the needs of older prisoners. For example, Principle 12 of the *United Nations Principles for Older* Persons (1991) recognises the rights of older persons to be autonomous, and members of staff are responsible not to act in an arbitrary manner and to respect the autonomy of prisoners (Human Rights Watch, 2012, p. 62). Thus, at all times correctional professionals and prisoners should be treated with respect for their personhood (Human Rights Watch, 2012; United Nations Office on Drugs and Crime, 2009).

12. There are, of course, competing rights including those linked to individual and community rights. There are tensions between the rights of the community to be protected and personal ones (HM Chief Inspector of

Prisons, 2004; Vess, 2010). The risk to the public in releasing some older prisoners may, however, be negligible. In their 2012 report, The American Civil Liberties Union recommend the use of conditional release for older prisoners who constitute minimum risk to the public, including the use of what has been termed "medical parole" for those who may not be expected to live longer than twelve weeks (HM Chief Inspector of Prisons, 2004).

Dignity and Privacy

13. The dignity of older persons may be negatively impacted in prison (Strupp & Wilmott, 2005, p. 56). Respect for the inherent dignity and privacy of persons are key human rights principles (Article 8 of the European Convention on Human Rights, 1950; *United Nations Principles for Older* Persons, Principle 17; United Nations Office on Drugs and Crime, 2009). Older prisoners may not always enjoy the benefits of these rights. For example, prisoners who age in institutional care are likely to lose privacy.

Social and Political Liberties

14. The right to education is recognised by the United Nations (Basic Principles for the Treatment of Prisoners UN Doc A/RES/45/111 (1990) *s* 6; Office of the High Commissioner for Human Rights, 2009, [4]-[6]). The United Nations Office on Drugs and Crime (2009) has suggested that "staff bias against the participation of older prisoners in prisoner programs has been noted in some research… …factors that are associated with this bias include misconceptions that older prisoners are not likely to progress and resources to assist them are likely to be wasted" (p.125). On release in the community the educational and employment prospects of success are limited. Older prisoners may be too sick or disabled to find gainful employment or may not be eligible for work-related assistance because they have inadequate employment histories. Statistics suggest that "75% of ageing parolees will not have a high school diploma upon release and that 100% of ageing parolees will be unemployed due to illness (65%) or lack of work (35%)" (American Civil Liberties Union, 2012, p. xv).

Equality

15. Often human rights are linked to equality. Ward and Birgden (2007) refer to "equality before the law, and freedom from discrimination on the grounds of religion, gender, disability, or some other feature considered to be irrelevant for the ascription of individuals' moral status" (p. 631). Each individual without being subject to discriminatory practices should enjoy liberty, security of person, confidentiality, a satisfactory living standard, health maintenance and instruction (Council on Social Work Education, 2008, *s* 2.1.5). Both older and younger prisoners should enjoy security of person. The State has a duty of care to safeguard older prisoners from attacks from younger prisoners (Abner, 2006; Human Rights Watch, 2012; United Nations Office on Drugs and Crime, 2009). Older prisoners may not have the physical, cognitive and emotional strength to defend them against bullying and could be victimised by younger and other prisoners and staff (Human Rights Watch, 2012). Care also needs to be taken in the allocation of older prisoners to provide for their safety (United Nations Office on Drugs and Crime, 2009; Wilson, 2005). For example, older prisoners may become isolated, be unable to contact staff through a call system in their cells or hear staff call their names (HM Chief Inspector of Prisons, 2004). Adequate clothing should also be provided to give opportunities for older prisoners to participate in exercise programs (HM Chief Inspector of Prisons, 2004).

Safety and Wellbeing.

16. Broadly human rights include the right to life, not to be subject to violence, torture, degrading or discriminatory treatment (Brooke, 2001; Human Rights Watch, 2012; Kindred Saunders, Brunnee, Currie, McDorman, deMestral, Mickelson, Provost, Reif, Toope, & Williams, 2006; Singh, 2001; United Nations Office on Drugs and Crime, 2009). Prisoners, staff and the public have the right to be safe (HM Inspectorate of Prisons, 2004; Human Rights Watch, 2012; Scott & Ward, 2001; United Nations Office on Drugs and Crime, 2009; Wilson, 2005).

17. In conclusion, in this submission rights including dignity and privacy, social and political liberties linked to older prisoners have been outlined. This submission is an excerpt from University based research that joins researchers in Australia and Canada.

February 2013

References

Abner, C (2006). *States Face Challenges of an Aging Inmate Population.* USA: The Council of State Governments.

Aday, R H (2003). *Aging Prisoners Crisis in American Corrections.* USA: Praeger Publishers

The Alabama State Legislature (2011). *Reapportionment Committee Guidelines for Congressional, Legislative, and State Board of Education Redistricting.* Retrieved 29 August 2012, from Alabama Legislature web site: http://www.legislature.state.al.us/reapportionment/Guidelines.html

American Civil Liberties Union (2012). *At America's Expense. The Mass Incarceration of the Elderly.* USA: American Civil Liberties Union.

Basic Principles for the Treatment of Prisoners UN Doc A/RES/45/111 (1990).

Brooke, (2001). The European Convention on Human Rights: A Judge's Perspective. In The Howard League for Penal Reform (ed), *Human Rights and Penal Issues.* London: The Howard League for Penal Reform, 4–8.

Charter of Human Rights and Responsibilities Act 2006 (Vic).

Collins, Rónán & Bird, Rachael (2007). *The Penitentiary visit—a new role for geriatricians?* Retrieved 29 August 2012 from Oxford Journals web site: http://ageing.oxfordjournals.org/content/36/1/11.full >

Correctional Service Canada (2009). *Forum on Corrections Research* 6 (2). Ottawa: Correctional Service Canada. Retrieved 29 August 2012 from Correctional Service of Canada web site: http://www.csc-scc.gc.ca/text/pblct/forum/e062/e062j-eng.shtml

Council on Social Work Education (2008). *Educational Policy and Accreditation Standards.* USA: Council on Social Work Education.

Crook, F (2001). Foreword. In The Howard League for Penal Reform (ed), *Human Rights and Penal Issues.* London: The Howard League for Penal Reform, 2–3.

Cruise, C (2012). In the Voice of America (ed), *Longer Prison Terms Mean More Seniors Behind Bars.* Retrieved 14 November 2012 from Voice of America web site: http://learningenglish.voanews.com/content/meeting-the-needs-of-elderly-prisoners-148505265/611101.html

Davies, M (2011). The Reintegration of Elderly Prisoners: An Exploration of Services Provided in England and Wales. Internet Journal of Criminology. Retrieved 14 November 2012, from Internet Journal of Criminology web site: http://www.internetjournalofcriminology.com/Davies_The_Reintegration_of_Elderly_Prisoners.pdf

Department of Education and Early Childhood Development, The Victorian Charter of Human Rights and Responsibilities, *Implications and advice for schools.* Retrieved 12 October 2012, from The Department of Education and Early Childhood Development web site: http://www.education.vic.gov.au/studentlearning/programs/multicultural/tchhrcharter.htm

Equality and Human Rights Commission (2009). *Report of the Equality and Human Rights Commission.* UK: Equality and Human Rights Commission.

European Convention on Human Rights (1950) opened for signature on 4 November 1950 (enacted into force 3 September 1953).

Florida House of Representatives Criminal Justice & Corrections Council Committee on Corrections (1999). *An Examination of Elder Inmates Services An Aging Crisis.* Florida: Florida House of Representatives. Retrieved August 29, 2012 from University of Illinois College of Law web site: http://www.law.illinois.edu/elderlaw/issues/vol_11/num_2/pdf/Burrow.web.pdf

Grant, A (1999). *Elderly Inmates: Issues for Australia.* Canberra: Australian Institute of Criminology.

Gubler, T and Petersilia, J (2006). *Elderly Prisoners are Literally Dying for Reform. CA:* Stanford University

HM Chief Inspector of Prisons (2004). *No problems—old and quiet. Older prisoners in England and Wales.* London Home Office.

Howse, K (2002). *Growing Older in Prison A Scoping Study on Older Prisoners.* UK: Centre for Policy and Ageing and Prison Reform Trust.

Human Rights Watch (2012). *Old Behind Bars. The Aging Prison Population in the United States.* USA: Human Rights Watch.

Kindred, HM, Saunders, PM, Brunnee, J, Currie, RJ, McDorman, TL, deMestral, ALC, Mickelson, K, Provost, R, Reif, LC, Toope, SJ & Williams, SA (2006). *International Law Chiefly as Interpreted and Applied in Canada (*7th ed). Canada: Emond Montogomery.

Madrid International Plan of Action on Ageing 2002. Retrieved 14 October 2012, from United Nations web site:

http://social.un.org/index/Ageing/Resources/MadridInternationalPlanofActiononAgeing.aspx

Mann, N (2012). Doing Harder Time? *The Experiences of an Ageing Male Prison Population in England and Wales.* England: Ashgate Publishing Company

Manitoba Law Reform Commission (1999). *Informal Assessment of Competence.* Manitoba: Manitoba Law Reform Commission.

Murdoch, N, Morris, P & Holmes, C (2008). Depression in elderly life sentence prisoners. *International Journal of Geriatric Psychiatry* 23, 957–962.

Office of the High Commissioner for Human Rights (2009). Prisoners' Right to Education > Retrieved 29 August 2012 from United Nations web site: http://www.ohchr.org/EN/NewsEvents/Pages/Prisonersrighttoeducation.aspx

Passau, C K (2008*). Germany: Prison Specializes in Older Prisoners*. Retrieved 29 August 2012 from Seniors World Chronicle web site: http://www.seniorsworldchronicle.com/2008/03/germany-prison-specializes-in-older.html

Scott, J & Ward, D (2001). Human Rights and the Probation Service. In The Howard League for Penal Reform (ed), *Human Rights and Penal Issues.* London: The Howard League for Penal Reform, 31–36.

Wahidin, A (2004). *Older Women in the Criminal Justice System Running Out of Time.* England: Jessica Kingsley Publishers

Singh, G (2001). Criminal Justice, or Criminal Injustice. In The Howard League for Penal Reform (ed), *Human Rights and Penal Issues.* London: The Howard League for Penal Reform, 19–23.

Strupp, H & Wilmott, D (2005). *Dignity Denied. The Price of Imprisoning Older Women in California.* Retrieved 14 November 2012 from California Endowment web site: http://www.calendow.org/uploadedFiles/dignity_denied.pdf

Tomar, R, Treasaden, I H & Shah, A K (2005). Is there a case for a specialist forensic psychiatry service for the elderly? *International Journal of Geriatric Psychiatry* 20, 51–56.

United Nations Office on Drugs and Crime (2009). *Handbook on Prisoners with special needs.* New York: United Nations.

United Nations Principles for Older Persons (1991). Resolution 46/91.

Vess, J (2010). *Risk Assessment and Risk Management with Sex Offenders. Community Protection v's Offender Rights.* Vic: Deakin University Centre for Offender Reintegration.

Ward, T & Birgden, A (2007). "Human rights and correctional clinical practice", *Aggression and Violent Behaviour*, 12 (207) 628–643.

Williams, B A, McGuire, J, Lindsay, R G, Baillargeon, J, Cenzer, I S, Lee, S J, & Kushel, M (2010). Coming Home: Health Status and Homelessness Risk of Older Pre-Release Prisoners.

Wilson, D (2005), *Death at the Hands of the State*. London: The Howard League for Penal Reform.

Written submission from the Criminal Justice Alliance[12]

Executive Summary

- People over the age of 60 are the fastest growing population in prison.
- This increase in the ageing prison population is mainly due to the fact that more people are being sent to prison and they are being sent to prison for longer.[13]
- The health and social care needs of older prisoners are not consistently met in custody and upon release, though there are good examples in some prisons.
- A cross-government strategy on older prisoners should be published without delay. This strategy should include a commitment to halting the growth of the number of older people in custody. For those older people who must be in custody, responsibility and guidance for addressing their health and social care needs must be defined.

Introduction

1. On 31 December 2012, there were 6,503 prisoners aged 50–59 in England and Wales and 3,377 prisoners aged 60 and over.[14] These numbers have steadily increased over the last decade, so that prisoners aged 60 and over are now the fastest growing age group in the prison population. The number of sentenced prisoners aged 60 and over increased by 103% between 2002 and 2011.[15]

[12] The Criminal Justice Alliance (CJA) is a coalition of 70 organisations—including campaigning charities, voluntary sector service providers, research institutions, staff associations and trade unions—involved in policy and practice across the criminal justice system. The CJA works to establish a fairer and more effective criminal justice system. Two CJA members—Nacro and Prison Reform Trust—have undertaken a significant amount of work in the area of older prisoners and this is referenced throughout this response.

[13] Ministry of Justice, (January 2013) Story of the Prison Population, 1993—2012, London: Ministry of Justice http://www.justice.gov.uk/downloads/statistics/mojstats/story-prison-population.pdf

[14] Table A1.8, Ministry of Justice (2013). *Offender Management Caseload Statistics (Quarterly) July to September 2012*. London: Ministry of Justice.

[15] Table A1.11, Ministry of Justice (2012). *Offender Management Caseload Statistics 2011.* London: Ministry of Justice.

2. In 2004 Her Majesty's Inspector of Prisons found that the needs of older prisoners were not adequately assessed or provided for.[16] Four years later in a follow up review, it was again found that there was still significant room for improvement.[17] Since 2004, progress has been made in some prisons. However, there remains no national strategy or mandatory standards for the treatment of older prisoners, and as a result the quality of treatment provided for older prisoners can differ significantly across the prison estate.

3. The CJA acknowledges that the Justice Select Committee has for the purpose of this inquiry, defined older prisoners as those prisoners aged 60 and over. However, many organisations who have undertaken work in this area define older prisoners as those who are aged 50 and over.[18] Therefore, unless otherwise stated, the research and statistics referred to in this document relate to prisoners aged 50 and over.

Are responsibilities for the mental and physical health and social care of older prisoners clearly defined?

4. Since 2006, the provision of healthcare in all public sector prisons has been the responsibility of the NHS through Primary Care Trusts. However, the responsibility for the provision of social care has not been clear. In the 2011 report on adult social care, the Law Commission stated that the legal framework did not explicitly exclude prisoners from the social services provided by local authorities. However, in practice, prisoners were excluded on the basis of other provisions in legislation, such as the residency rules.[19] The Law Commission recommended that the government's position on social services involvement in prisons be made clear.

5. Section 29 of the Health and Social Care Act 2012 now creates a duty on local authorities to support public health in prisons. This permits local authorities and prisons to delegate public health functions to each other. The Health and Social Care Act 2012 does not specifically mention social care and older prisoners, and not all reforms have been fully implemented at this stage, so it is not yet clear what effect this legislation will have for this sector of the prison population.

6. There are some examples of governmental willingness to address the particular needs of older prisoners. For example, the Older Prisoners Action Group was established in 2007 and the Department of Health has provided a toolkit for dealing with older prisoners, including assessments for health and social care, and on re-settlement.[20] The NOMS Single Equality Scheme requires that all prisons consider age when coordinating their diversity strategies and action plans, and Prison Service Orders 2855 and 4800 provide limited guidance. However, it remains that there is no national strategy or national mandatory standards defining who is responsible for the health and social care of older prisoners or how it should be provided.

Are the particular health and social care needs of older prisoners met?

7. Older prisoners have a range of particular health and social care needs. More than 80% of older male prisoners have a disability or chronic ill health.[21] They have a higher prevalence of alcohol and smoking related diseases, cerebrovascular and vascular diseases, respiratory problems and infectious diseases.[22] More than 50% of all older prisoners suffer from a mental illness, the most common being depression which may emerge while the prisoner is in custody.[23] Incontinence has also been highlighted as a serious problem for many.[24]

8. The particular health and social care needs of all older prisoners are not effectively met across the prison estate. It has been suggested that this is partly because older prisoners are often a compliant group in the prison population, so there particular needs are easily overlooked.[25]

9. Many prisons do not have adequate assessment processes to identify and monitor the health and social care needs of older prisoners.[26] Research undertaken by Prison Reform Trust found that when some older prisoners entered custody, the medication they were taking in the community was stopped.[27] In addition, 93% of prison respondents made no mention of social service involvement in their prisons.[28] Some prisons saw social services as only having a role in resettlement, as compared to daily life in prison.[29]

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[16] Her Majesty's Inspectorate of Prisons (2004). "No Problems—Old and Quiet": Older Prisoners in England and Wales. A Thematic Review by HM Chief Inspector of Prisons. Retrieved 25 January 2013, from www.justice.gov.uk.

[17] Her Majesty's Inspectorate of Prisons (2008). Older Prisoners in England and Wales: A Follow-up to the 2004 Thematic Review by HM Chief Inspector of Prisons. Retrieved 25 January 2013, from www.justice.gov.uk.

[18] This is for a number of reasons, including the fact that many prisoners have a physical health status 10 years older than those of the same age in the community. The NHS also use age 50 as the starting age for health care and services for healthy aging: see Cooney, F. & Braggins, J. (2010). *Doing Time: Good Practice with Older People in Prison—The Views of Prison Staff.* London: Prison Reform Trust.

[19] The Law Commission (10 May 2011). *Adult Social Care (Law Com No 326)*. London: The Stationery Office.

[20] Department of Health (2007). A Pathway to Care for Older Offenders: A Toolkit for Good Practice.

[21] Cooney, F & Braggins, J (2010), above n 6.

[22] Docherty, J L (2009). *The Healthcare Challenges of Older People in Prisons—a briefing paper.* Prison Health Research Network. Retrieved 1 February 2013, from www.ohrn.nhs.uk.

[23] See Hayes, A (2010). *The Health, Social and Custodial Needs of Older Men in Prison.* PhD; University of Manchester, And Her Majesty's Inspectorate of Prisons (2008). *Annual Report 2006–2007.* London: The Stationery Office.

[24] Hayes, A (2010), above n 11.

[25] Le Mesurier, N (2011). *Older People in Prison: A Monitoring Guide for IMBs.* London: Age UK.

[26] Cooney, F & Braggins, J (2010), above n 6.

[27] Ibid.

[28] Ibid.

[29] Ibid.

10. There are very good examples in some prisons of work that is regularly carried out to ensure the health and wellbeing of the older prison population. However, Age UK has highlighted that it is not consistent and depends on the goodwill and motivation of particular individuals in each prison.[30] The Age Concern Older Offenders Project (ACOOP) offers social care, advice and support to older prisoners. The project has been recognised as an excellent example of working with older prisoners and was rewarded with an Una Padel award in 2009.

What environment and prison regime is most appropriate for older prisoners and what are the barriers to achieving this?

11. The CJA maintains that prison is not appropriate for many older people, particularly those who do not pose any risk of harm to the public, and those whose health concerns are so serious that their needs would be better met in the community.

12. The reasons for the increase include legislative and policy changes have made sentence lengths longer for certain offences (eg through the introduction of indeterminate sentences for public protection, mandatory minimum sentences and increased maximum sentences) and increased the likelihood of offenders being imprisoned for breach of non-custodial sentences or recalled to custody for failure to comply with licence conditions The drivers for increasing numbers of elderly people in prison should be addressed in any strategy on older prisoners.[31]

13. Those older people who must be detained in custody are entitled to the same level of health and social care they would receive in the community. The CJA endorses "A Resource Pack for Working with Older Prisoners" published by Nacro, in partnership with the Department of Health.[32] This has also been endorsed by Her Majesty's Chief Inspector of Prisons as a document that should be referred to in every prison's diversity strategy.[33]

14. Prison Reform Trust has detailed a series of "good practice recommendations" around several themes including consulting with older prisoners, developing policies and action plans specifically for older people, multi-disciplinary assessment of health and social care needs, involvement of the community and voluntary sector, changes in the prison regime to provide activities targeted at older people, and adequate training for staff.[34] Prison Reform Trust has also highlighted the need for prisons to make adaptations for mobility issues to ensure full compliance with the Disability Discrimination Act (DDA) 2005, and enable older prisoners to participate fully in prison life.[35]

15. Age UK has also published a document with "Ideas for Practice". This highlights the importance of providing activities to ensure that older prisoners have time outside their cell, as well as providing information and advocacy, supporting health and wellbeing and resettlement.[36]

16. Overcrowding and stretched resources are issues that have been identified by many prisons as serious concerns in relation to their ability to adequately provide for the health and social care needs of older prisoners. In their survey of 92 prisons in 2009, Prison Reform Trust found that prisons were concerned about budget cuts and their ability to continue providing the services they were already providing.[37]

How effective is the training given to prison staff to deal with older prisoners, particularly in relation to mental health and palliative care?

17. Age UK has highlighted the lack of adequate training for prison staff in the needs and rights of older prisoners.[38] Prison Reform Trust also found in their research that a quarter of the prisons sampled provided no training in working with older or disabled prisoners. Of those that did provide training, many focussed on disabled prisoners and it was not clear that the particular health and social care needs of older prisoners were addressed.[39]

What is the role of the VCS and private sector in the provision of care for older people leaving prison?

18. In their survey of 92 prisons in 2009, Prison Reform Trust found that the examples of good practice all involved a significant amount of involvement by the community and voluntary sector, particularly Age UK.[40]

[30] Le Mesurier, N (2011), above n 13.
[31] Ministry of Justice, (January 2013) Story of the Prison Population, 1993—2012, London: Ministry of Justice http://www.justice.gov.uk/downloads/statistics/mojstats/story-prison-population.pdf
[32] Nacro (2009). A Resource Pack for Working with Older Prisoners. London: Nacro.
[33] Her Majesty's Inspectorate of Prisons (2008), above n 5.
[34] Cooney, F & Braggins, J (2010), above n 6.
[35] Ibid.
[36] Age UK. (2011). *Supporting Older People in Prison: Ideas for Practice*. London: Age UK.
[37] Cooney, F & Braggins, J (2010), above n 6.
[38] Le Mesurier, N (2011), above n 13.
[39] Cooney, F & Braggins, J (2010), above n 6.
[40] Ibid.

19. There is excellent work undertaken by charitable and voluntary organisations in the provision of care for older people in resettlement. However, the CJA believes it is important that the overall responsibility for these services remain with the public health system to ensure continuity of care upon release.

How effective are the arrangements for resettlement of older prisoners?

20. Like the provision of health and social care in custody, the provision of care in resettlement appears to be dependent on the unique arrangements at any given prison. In their survey of prisons in 2009, Prison Reform Trust found that resettlement was one area where there was significant room for improvement.[41]

Does the treatment of older offenders comply with equality and human rights legislation?

21. The Disability Discrimination Act (DDA) 2005 requires that prisoners with disabilities should have full access to prison services and be able to participate fully in prison life. Research undertaken by Prison Reform Trust found that staff in many prisons lack an understanding of what qualifies as a disability under the legislation.[42]

22. Age is a protected characteristic under the Equality Act 2010. Thus, prisons are required to promote age equality and outlaw harmful age discrimination. However, prison programmes and activities are often developed for younger prisoners, excluding older prisoners. In addition, older prisoners may not be able to participate, even if they wanted to, due to health and/or mobility issues.

Should there be a national strategy for the treatment of older offenders?

23. The CJA believes that a national strategy for the treatment of older prisoners should be established and published without delay. Any such strategy should contain measures explicitly targeted at halting the growth of the number of older people in custody. The problems outlined with regard to meeting the needs of older prisoners will continue to increase unless overcrowding and the growth in the older prisoner population are addressed.

24. A review of the guidelines for compassionate release on health and welfare grounds is recommended. The current position that anyone with three months or less to live may be released on compassionate grounds is considered too strict, particularly because it can be very difficult for specialists to predict how long someone has to live. The CJA supports Prison Reform Trust's view that this should be increased to one year.[43]

25. Prisons must comply with their requirements under the DDA 2005 and Equalities Act 2010 by promoting activities and specifically targeted at disabled and older prisoners, to allow them to actively participate in prison life.

26. Training guidelines and processes should be developed for all prison staff in the identification and assessment of the particular needs of older prisoners.

February 2013

Written submission from the British Psychological Society (BPS)

Introduction

The proportion of older prisoners in England and Wales doubled in the decade from 1994 to 2004 (Home Office, 2005). This trend can be seen in Western Europe and the United States. The increase is seen in both men and women, the number of older women prisoners rising by 48% in the four year period from 1996 to 2000. (Wahadin, 2003). Older prisoners have poorer physical and mental health; Fazal et al. (2001) found that 83% of older prisoners reported at least one chronic illness at interview. Older prisoners are also more prone to vascular disease than the general population. Psychiatric morbidity is high with a third having potentially treatable mental health problems with depression being the most common. Fazal et al. (2001) found that 53% of older prisoners had at least one diagnosable psychiatric condition, and 30% had depression, including 17% who had experienced a major depressive episode. These figures are much higher than those found in comparable populations in the community. It is against these demographics that the responses to the questions are framed.

Fazel and colleagues surveyed the health records and self-reported health status of 203 men in prison aged 60 and over. They found that 85% of older prisoners had at least one chronic illness recorded in the medical notes and 83% reported at least one long standing illness in interview. The most common complaints were psychiatric, cardiovascular, musculoskeletal and respiratory disorders (Fazel et al., 2001a). Three quarters were prescribed a range of medications, but only 18% of those with psychiatric illnesses received any psychiatric treatment (Fazel, et al., 2004).

Mental disorders are particularly common amongst prisoners of all ages (Birmingham, 2003; Rickford & Edgar, 2005), and there is some evidence this may be especially so amongst older prisoners. Fazel and

[41] Ibid.
[42] Ibid.
[43] Cooney, F & Braggins, J (2010), above n 6.

colleagues' survey found that 53% had at least one diagnosable psychiatric condition, and 30% had depression, including 17% who had experienced a major depressive episode (Fazel et al., 2001b). These figures are much higher than those found in comparable populations in the community (Fazel, 2001a).

1. Questions

Whether responsibilities for the mental and physical health and social care of older prisoners are clearly defined.

Comments:

The Society believes that there is lack of clarity of responsibility regarding the mental health needs of older prisoners. This is primarily due to:

- The high demand on prison in-reach teams, few of which contain practitioner psychologist as an integral member.
- The absence of older adult specialists within those teams.
- That these teams are normally based outside the prison estate; The generally poor liaison between prison psychologists and in-reach psychologists, with some notable exceptions.
- The significant cultural differences between the prison service and the NHS which leads to frequent misunderstanding and poor or non-existent liaison.

It is essential that links are made between practitioner psychologists working with older people in the community and prison psychologists to ensure greater awareness of the health and social care and third sector support available when people are discharged.

Since 2000, a number of reports and papers have drawn attention to these needs of this population and argue for their better recognition. Perhaps the most significant of these reports was, *No Problems, Old and Quiet: Older prisoners in England and Wales: a thematic review*, published in 2004 by Her Majesty's Inspector of Prisons. In October 2007 a toolkit for good practice in the care of older offenders was published by the Department of Health (DH, 2007), and in June 2008 HMIP published a follow up to the 2004 review (HMIP, 2008). From a very low level of awareness there is an increasing understanding of the high levels of mental and physical health problems experienced by older prisoners. Nevertheless, many prisons remain poorly equipped to meet the health and social care needs of older prisoners, most of whom will be released after many years of institutional living, often with very little in the way of community support. As more people enter prison in old age with long sentences, increasing numbers of older prisoners may be expected to die in prison of natural causes, some of whom will require palliative care in the last stages of their lives.(Le Mesurier, N. et al., 2010)

2. *The effectiveness with which the particular needs of older prisoners including health and social care, are met; and examples of good practice.*

Comments:

The NHS has had responsibility for prison health care since 2001 but prison mental health in-reach teams seem to have generally a low priority for commissioners particularly in the current economic climate. Increasingly posts are lost or reduced, therefore making the application of NICE approved psychological treatment for those in need increasingly problematical. Many teams do not have a practitioner psychologist as an integral member. There is also a lack of expertise in the teams concerning the psychological and neuropsychological problems of older prisoners. The prison culture of containment rather than treatment means that prisoners with psychological problems are often never referred for assessment. Physical illness is better understood but psychological problems among older prisoners remain hidden or marginalized.

The Society believes that teams should include practitioners with the best knowledge base and therapeutic skills for working with older prisoners as well as the neuropsychological skills to assess people with stroke, Parkinson's disease and dementia. Teams should also be made aware of community psychology initiative eg bibliotherapy and stepped care which might offer support in early stages of distress. They should also work in a systemic way to involve families in possible discharge plans and support whilst in prison.

As part of their investigation into older prisoners, the Prison Reform Trust (Cooney & Braggins, 2010) conducted a survey of prisons throughout England and Wales and found that although gyms can be physically inaccessible (ie reached by stairs) or intimidating for older people, when reporting social activities that were organised specifically for older prisoners, more than two thirds of the prisons surveyed reported that they ran gym sessions adapted for older people, which were met with enthusiasm and were often the aspect of their work that staff were most proud of. Areas of good practice that were identified in the report included instances of gym staff working in tandem with physical and mental health care professionals, and the development of groups specifically targeting older prisoners (for example, a 'nifty over fifty' group).

3. *What environment and prison regime is most appropriate for older prisoners and what barriers there are to achieving this?*

Comments:

Many prisons are now setting aside special units on the estate for older prisoners where their health and social needs can, potentially, be addressed holistically. This is consistent with the report of HM Inspector of Prisons (2004). Further guidelines have been published since then including a useful toolkit by the Department of Health (2007). This is to be welcomed as it permits a focus on those needs both within the estate and in preparation for discharge. However much more needs to be done especially in the area of palliative care as many older prisoners may live out their lives and die in prison.

Older prisoners might be best served in family type support units where they can develop self care skills and make contact with family and friend who might support them on discharge. The combination of mental and physical health problems and poor literacy/numeracy/financial management will make them vulnerable in the community unless they build skills when inside. Older men are particularly at risk of suicide if unsupported. Single cells and punitive/custodial regimes and mind sets are not best suited to enabling people to develop the social skills they might need on release.

4. *The effectiveness of training given to prison staff to deal with the particular needs of older prisoners, including mental illness and palliative care.*

Comments:

Prison staff require training in psychological mindedness and the recognition of changes in mood and behaviour which may be indicative of psychological problems. Regular supervision would be required. Eg withdrawn behaviour—depression; panic in anxiety disorder; challenging behaviour in dementia—not to be seen as attention seeking or acting out behaviours.

Discussions about end of life needs and palliative care are difficult if staff don't have the psychological mindedness or regular supervision to cope with the challenges this raises for their own fears about mortality.

5. *The role of the voluntary and community sector and private sector in the provision of care for older people in leaving prison.*

Comments:

Development of the "through the gate" rehabilitation and mentoring services provided by the private and voluntary sector, and currently being piloted in Doncaster and Peterborough prisons could, if successful, be extended to older adult prisoners.

The Society believes that it could be successful to train people to understand both the forensic and clinical facets of this. There are risks to workers with limited skills and training who might become over involved with vulnerable people who may then exploit them/or even physically harm them., Again, specialist training and ongoing supervision and support are needed.

6. *The effectiveness of arrangements for resettlement of older prisoners.*

Comments:

Resettlement is a major problem and is particularly difficult for prisoners who may have served long sentences and so have lost contact with family and friends and whose home environment will have completely changed. Ideally a seamless service with care-planning and a formal hand-over should occur but this can be difficult or impossible if the prisoner is not near his or her home. A released older long-term prisoner will need a lot of support. Those on license will regularly see their probation officer but others may simply disappear from sight. Perhaps the Probation Service or its successor(s) could be given responsibility for the over-sight of all released older prisoners and be able to access or 'buy-in' services for them. All released prisoners could be banned from moving around the country until their rehabilitation programmes are completed as suggested by Chris Grayling, the Justice Secretary, this could have some benefit for older released prisoners as it would ensure continuity.

7. *Whether the treatment of older prisoners complies with equality and human rights legislation.*

Comments:

The Society has concerns about this area and, in particular, has concerns that the mental capacity of older prisoners is often not assessed when it should be and as a consequence may be denied access to processes to establish best interests.

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

Comments:

The Society believes that a national strategy for England and Wales does need to be developed. This may seem straight forward but is actually quite difficult. A balance will need to be struck between recognising and safeguarding their human rights and recognising that they are a 'special' group within the estate who probably will require closer supervision due to their relatively poorer mental and physical health. It has been suggested that if the Mental Health Act applied to prisons this would ensure that older prisoners can receive timely and appropriate treatment. The setting up and development of units within the estate for older adult prisoners seems to be a good way forward and will allow for the recruitment of specialist staff, including specialist psychologists, and for their efficient and effective utilization.

Such a plan needs to extend beyond the prison gates with good pre-release planning including liaison with local services at the prisoner's ultimate destination in order to provide a seamless aftercare service tailored to the prisoner's physical and psychological needs.

The development of an accurate data base to record mental and physical conditions of older prisoners is needed. Data that includes information about whether people have a known mental health condition and what that is, whether they have a learning disability and or literacy/numeracy problems; previous abuse history; whether they have cognitive problems in relation to dementia, head injury, stroke or other neurological conditions needs to be recorded. The database should also record physical health conditions and what the impact of these are on the older prisoner's mental health; whether they have any family and social support and what form that takes; whether they have sensory disabilities and whether they have gender/race/spirituality considerations that need to be taken into account.

A strategy should contain information about the best forms of psychological/neuropsychological assessment and intervention/therapy for this age group to be available and run by appropriately trained and supervised staff and offered at the relevant steps of a stepped car model.

Good pre discharge planning and liaison with community and voluntary services; good care planning good and ongoing post discharge support.

March 2013

References

Birmingham , L (2003). The mental health of prisoners. *Advances in Psychiatric Treatment*, **9**, 191–199.

Grayling, C Rt. Hon. MP, Lord Chancellor and Secretary of State for Justice, Oral Evidence to House of Commons Justice Committee, 27th February 2013 from 9.31am-11.09am—http://www.parliamentlive.tv/Main/Player.aspx?meetingId=12683

Cumming, I and Wilson, S (Eds). (2009). *Psychiatry in Prisons: A Comprehensive Handbook.*

Department of Health. (2007). *A Pathway to Care for Older Offenders: A toolkit for good practice.* www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publications Policy and Guidance/DH_079928

Fazel S, Hope T, O'Donnell I, et al. (2001). Hidden psychiatric morbidity in elderly prisoners. *British Journal of Psychiatry,* **179**, 535–9.

Fazel, S et al. (2001). Health of Elderly Male Prisoners Worse than the General Population, Worse than Younger Prisoners. *Age and Ageing*, **30**, 403–407

HMIP. (2008). *Older Prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons*

HMIP. (2007).*Time Out of Cell: A short thematic review.* www.justice.gov.uk/inspectorates/hmi-prisons/docs/time-out-of-cell-rps.pdf

Home Office. (2005). Offender management caseload statistics 2004. *Home Office Statistics Bulletin*,**17/05**. London, Home Office

HM Inspector of Prisons. (2004). *No Problems, Old and Quiet: Older prisoners in England and Wales: A Thematic Review, identifying older prisoners.*

Le Mesurier, N et al. (2010). *A Critical Analysis of the Mental Health Needs of Older Prisoners, Staffordshire University & South Staffordshire Primary Care Trust.* www.nicklemesurier.org/old-age-inprison.html

Rickford, R and Edgar, K (2005). *Troubled Inside: Responding to the Mental Health Needs of Men in Prison*. London: Prison Reform Trust

Wahidin, A (2004).*Older Women in the Criminal Justice System: Running Out of Time.* Jessica Kingsley Publishers

Wahidin, A (2003). Doing Hard Time: Older Women in Prison. *Prison Service Journal*, **145**, 25–29

Written submission from Nick Le Mesurier

SUMMARY OF EVIDENCE

— Many older prisoners are serving long sentences, during which some may become institutionalised and lose touch with changes in society and lose crucial self-help skills.

— Resettlement involves engaging with a number of complex systems, such as banking, benefits or pensions, housing, and personal finance. Many older prisoners are released on licence, which also requires them to manage a range of restrictions and obligations.

— Preparation for release is often poor. Resources do exist in prisons to help older prisoners prepare for a new life in the community, but it is unclear why these are not consistently and effectively applied.

— Many older prisoners leave prison on licence or at the end of their sentence without family, friends or community to return to or help them. They need to have arrangements made in advance of release to ensure they have access to financial and housing facilities.

— Very little primary research has been done into the experience of older prisoners.

— Though it is well known that almost 10% of the prison population is aged 50 and over, there is a lack of essential quantitative information on the process and experience of release. We need to know how many older prisoners are released each year, under what conditions, where to, and with what consequences, including rates of recidivism, life expectancy after prison, and presentation of serious health needs.

1. In order to improve its services I am assisting RECOOP in an exploratory study of the experiences of older prisoners released to hostels and other locations in Devon. To date nine offenders (in three bail hostels) released on licence, and ten ex-offenders who have completed their sentences and were living in supported housing have been interviewed. In addition, hostel managers, staff and community voluntary sector care providers have also been interviewed.

2. I have encountered the following descriptions of problems relating to resettlement:

I. If a prisoner is to access the help that might be available he has to understand when and where to ask for it. Some older prisoners are not good at being proactive or are unaware of what they have to do to prepare for release. For some the thought of release is so frightening they prefer to ignore the prospect. Others simply don't know or understand how to ask for help.

II. Every prisoner has a personal officer to whom they can bring problems and raise queries, but many prison officers are not trained in resettlement or the needs of older prisoners and are perceived as unable or unwilling to help.

III. Some prisoners are released to No Fixed Abode (NFA). The reasons are unclear, but may include late or no referral to housing agencies.

IV. I have heard stories of wheel chair users being released without a wheelchair, and of older prisoners being released without adequate clothing for the time of year. Many seem to lack information or understanding of what support might be available in their new location. Information or guidance on how to cope with being homeless appears to be lacking.

V. I have heard many stories of prisoners being released without photo ID, without benefit application in place or knowledge how to access their pension. They thus risk having no income for weeks or months. Some have said they had no bank account or post office account and didn't know how to get one. Many said they didn't know how to use basic IT. Some are prevented from using the internet as a condition of their licence

VI. There appears to be no obligation to refer a prisoner to a community doctor or dentist. Some lack the knowledge or necessary documentation to help them make their own arrangements.

VII. Some older ex-offenders are vulnerable to exploitation by private landlords. I have heard accounts of poor housing conditions, and of some landlords charging a premium for coins or tokens for electricity meters.

VIII. Private accommodation is usually sought through letting agencies which can charge high fees. For example we heard of one man who had moved to private accommodation at short notice who said he had just paid £120 agency fees from his fortnight benefits payment. (£140). This left him just £20 and no food or furniture or heating for the following 2 weeks. I understand that £140 is a modest fee for a letting agent and charges can be a lot higher.

IX. A minority of older offenders have described positive experiences of release in which resources and information were appropriately available. Those who have family or friends willing and able to help are more likely to have a positive experience.

3. I have heard suggestions for improvements. These have included:

I. It should be recognised that individual prisoners' needs and abilities vary considerably, and that resettlement cannot be effectively provided on a "one size fits all" basis. The opportunity to discuss personal needs is valuable

II. The sorts of preparation for release should include
   (a) The nature and implications of licence conditions.
   (b) Self-help skills training, including basic cooking, managing finance, keeping well.
   (c) Benefits and pensions rights and obligations.
   (d) Information on how to access medical and other help.
   (e) Information on volunteering and other opportunities, particularly those that are open to people released on licence.
   (f) Information on how to manage disclosure.

III. Such preparation can be affectively applied in group sessions, though 1:1 support may be needed in some cases

IV. Some sort of screening process should be in place in prison to identify obstacles that are likely to affect older prisoners' resettlement plans. As some individuals are not confident in presenting their needs, or may not realise they have them, it should not be left to the individual to speak up for himself.

V. Suitably approved, trained and supervised mentors in prison can be an effective way of sharing information and advice

VI. There needs to be better access to housing facilities including short term housing with a planned move onto supported housing

VII. There should be reliable mechanisms in place to ensure that appropriate photo ID is provided for every prisoner before release. It should not be left to the prisoner to realise that he needs an ID

VIII. Arrangements should be made to ensure that benefits and pensions are available within a week of release, and bank accounts set up in advance

IX. Telephone help support line should be available

X. Accommodation should be arranged in advance of release. No Fixed Abode should be a very last resort, only after all other avenues have been followed up. In such cases the offender should be registered as NFA before release.

XI. There are long waiting lists for local authority housing. Those leaving prison to NFA need letters of support produced in advance of release.

XII. Unless otherwise prohibited offenders should have Release on Temporary Licence (ROTL) for visiting and settling into hostel and housing placements, and for arranging access to volunteering placements

XIII. There should be more opportunities for effective community sentencing

3. These findings suggest that:

I. There is clearly no universal standard of quality or quantity in preparation for release. Some respondents described positive experiences, but others described experiences that suggest serious shortfalls in preparation. It is not clear why such variations occur or what factors cause people to be released in a vulnerable state. There is a need for more research into the reasons why the system appears to fail some older prisoners on release.

II. Those particularly vulnerable include those who are released after having served their full term in prison. They are thus "free" citizens, but this does not mean they are capable of coping with the demands of living in society after having been removed from it, in some cases for many years. Those who are released on licence and/or are in contact with hostel, probation or with drug and alcohol support, mental health or other support services seem at least to have the advantage of being visible to some degree and to have some sort of structure provided for them, though this does not in itself confer adequate resources for living independently.

III. Some older prisoners are extremely vulnerable to exploitation from private sector landlords and agencies.

IV. We do not know how many older people are in positions of vulnerability, but comments from hostel managers and other service providers suggest that the number is likely to be higher than might be expected. One hostel manager commented that about a third of the people using her service are aged over 50.

V. Payment of benefits at fortnightly intervals is likely to end in April 2013. Some people will find managing a monthly income very difficult.

VI. Providing the sorts of support that can help older prisoners resettle into the community is not "soft" treatment. A prison sentence is itself a punishment, but it would seem that for many a penalty has to be paid in suffering long after the sentence is over. We do not know the impact

of poor resettlement provision on reoffending, but it would not stretch the imagination to suppose that if some people find themselves unprepared and ill-equipped to live in the community they might consider re-offending as a way to ensure their own well-being.

March 2013

Written submission from Louise Ridley and Charlotte Bilby, Senior Lecturers in Criminology, Northumbria University

SUMMARY

— This submission is based upon work we have carried out, and work we are currently undertaking, with professionals in HM Prison Service North East, the National Offender Management Service and associated professionals from healthcare and elder care organisations.

— The aim of the work is to share information about the punishment, management and needs of the older prison population.

— The work is focusing on the activities in the North East of England, but the information will draw on national and international practice and be disseminated nationally.

— Both statutory and third sectors agencies are involved in the work, with the goal that the needs of older prisoners are outlined and ultimately met.

— To date we have both data and information that can be used in order to inform a national response to the needs of older prisoners.

1. Our current work is focusing on North East regional prisons. However, the nature of the prison estate in the region is such that findings developed as part of this current project could be applied to other locations. The geography of the region sometimes makes practice for stakeholder organisation difficult, which is an element that will be missing elsewhere. The positive working relationships that the applicants have with staff from each of the region's prisons, and NOMS, means that both a breadth and depth of support to the working partnership is guaranteed.

2. There are seven prisons situated within the North East region, holding 4500 prisoners, with 70% of this number being discharged into the local community. Although this is a relatively small number, the North East holds a wide variety of prison types. There are two large male category B prisons (holding over 1000 prisoners each): HMP Holme House and HMP Durham. Within the North East region there is also a women's prison (HMP/YOI Low Newton), a semi-open resettlement prison (HMP Kirklevington Grange), a young offenders' institution (HMYOI Deerbolt) and a high security prison (HMP Frankland). Within HMP Frankland is the Westgate Unit: holding dangerous and severe personality disordered offenders. This unit is self-contained and has its' own separate regime. Similarly, HMP Low Newton also runs the Primrose Project; a programme for dangerous and severe personality disordered women offenders. In addition to these five prisons there is a large category C training prison, HMP Northumberland. This prison was recently created by amalgamating HMPs Acklington and Castington, giving it an operational capacity of 1,348 prisoners.

3. Both Bilby and Ridley are established criminologists with many years experience of both teaching and research. Ridley has worked for the past five years developing a well-regarded student placement scheme in the region, with support from all prison governors and business managers. There are currently students engaged in research work with the older prisoner population at HMP Northumberland. Bilby and Ridley curated an exhibition of prisoners' art work in Summer 2011 and Autumn 2012 hosted at Northumbria University's Gallery North. This meant working closely with the region's Offender Learning and Skills Service (OLASS), the service who implements all training and education programmes in prisons. Art is an area that many older prisoners find they can engage with during their prison sentence. Other areas of education offer little interest to the older age group who feel that there is little to be gained from the more formal education courses on offer. The success of the event has meant that the University will host annual exhibitions until 2014. Ridley is also a member of the PORSCH (Prison and Offender Health Research in Social Care and Health) management team.

4. The prison population in England and Wales is not only increasing, but it is ageing. During the past 15 years the up-tariffing of sentences, increased use of life sentences, and the creation under the 2003 Criminal Justice Act of indeterminate sentences of Imprisonment for Public Protection (IPPs) means that the number of older prisoners is growing. Ten percent of the prison population is over the age of 50 and the over 60s are the fastest increasing group within the prison estate. Between 2000 and 2010 this age group grew by 128% (Prison Reform Trust, 2011). It is generally accepted that the experience of imprisonment speeds the ageing process in terms of physical and mental health. High security and category C prisons that hold longer term and life sentence prisoners at different stages of their sentence have, of course, a higher percentage of older prisoners. In some cases up to 15% of inmates are 60 and over (HMIoP, 2008).

5. Just as with an ageing general population the ageing prison population brings with it challenges for support and medical services. Within prisons these pressures and problems might be said to be more acute. Prisons are not only built for men, they are built with young, able men in mind, and are not always able to cope with chronic illness, mobility needs, emotional support and the recreational requirements of an older male

or female prison population (PRT, 2008). The most recent report from HM Chief Inspector of Prisons (2011: 7–8) notes that the manner in which older prisoners are held and treated is lacking: "work on diversity strands other than race and religion was limited... The sight of frail, older prisoners shoved aside in the meal queues or prisoners in wheelchairs struggling to move up a slope because, we were told, prison officers had not had the necessary health and safety training to push them, was disturbing". Only five prisons were identified as working positively with groups of older prisoners; providing them with activities during periods that younger prisoners were working, or developing mentoring programmes to encourage pro-social behaviour on wings.

6. Where prisons identify older prisoners in their diversity documentation, it is normally in association with the needs of disabled prisoners (HMCIP, 2011), which may be seen as a rational decision given that 80% of older prisoners have long term illness or are disabled (RECOOP, nd). While ageing may mean an increase in the number of episodes of ill health and an increased likelihood of living with the impact of a disability, the needs of older prisoners may differ significantly from younger ill and disabled prisoners. It is also worth noting here that there must be an agreement on what constitutes an older prisoner, as at the moment there are different ages used to define the "older prisoner". We note that the Committee is suggesting 60 and over. Most prisons now work on the basis that 55 and over constitutes an older prisoner. Whilst an acknowledgement here to the impact on resources must be made should the age of an older prisoner remain at 55, any inquiry must consider if 60 is the appropriate point at which to start addressing the needs of the older prisoner.

7. HM Prison Service does not have a national strategy which addresses the experiences or needs of older prisoners, and it is possibly this which contributes to the "institutionalised thoughtlessness" (Crawley and Sparks, 2005) in some local practice. Where policies are developed, there are often not the human resources to manage work, and where capital is spent, there are often not the on-going funding arrangements to keep activities running. For example, Mann (2010) notes that many of those involved in the running of education, training and skills programmes could identify ways in which activities could be improved for older men, but were not asked to implement any change. The ageing prison population, and the resultant social and healthcare needs, must be addressed so that all offenders continue to be managed with humanity and respect.

8. Despite research and practice that addresses the specific needs of older prisoners, it must also be acknowledged that older prisoners may not identify themselves as a homogenous group and may not feel that they have a collective identity which is different from younger prisoners. It is our observation, from the work that we have carried out to date, that the vulnerable prisoner group age more rapidly and are more comfortable with the label "older prisoner" at an earlier stage of their incarceration than the prisoners held in main conditions. This raises the question of physical health resource provision for this group during their incarceration. Activities which aim to research or map the needs of an identifiable group of people need to ensure that they themselves have input into any changes in policy or practice. It is also true that practice may differ between the types of prison and the category of prisoner.

9. In the current political and economic climate, with cuts being made to services provided in prisons, the number of staff being reduced, and the proposed "rehabilitation revolution" how HMPS works with older offenders will be tested once again. This current research will consider how prisons in the North East of England manage and deal with the impact of punishing, rehabilitating and looking after older prisoners, and will enable good practice to be shared outside of the region for potential national impact on policy and practice. More broadly these proposals will contribute to the Government's aim of reducing crime, tackling re-offending, tackling poverty, reducing worklessness, promoting growth and opportunity and will help to deliver the objectives and targets of NOMS.

10. Current activities include two planned workshops (April and July 2013) on sharing best practice and identifying knowledge, policy and operational gaps from within and outside of the region, and a review of the academic and policy and practice literature. Each workshop has a key note speaker, the first is Mary Piper (Offender Health Team, Department of Health) and the second is Nigel Newcomen (PPO). In addition to this, there are a number of other current activities exploring the views of the older prisoners themselves (looking at social care and wellbeing, provision of care for those leaving prison) taking place in HMP Northumberland.

11. The scheduled workshops will share information on a number of topics relating to the social and health well-being and care of older prisoners. They will consider how HMPS and partner organisations such as health care trusts and organisations, such as Care UK, local authorities and third sector organisations, including the Samaritans and Age UK, address issues associated with older prisoners and will share this knowledge within the North East prison region.

12. These extensive activities will, through a variety of events, develop and maintain an informational infrastructure between academic researchers, HMPS staff with strategic and operational responsibility for older prisoners, and other public and third sector staff with responsibility for older people. By ensuring that HMPS activities to address the needs of the NE region's older prisoners, are informed by both the latest academic understanding of issues and the practice of professionals with expertise in older people, lifestyles may be altered. Older prisoners will experience their incarceration without the added pain (Sykes, 1958) of old age.

13. Our current activities will address four main areas of concern; *punishment and rehabilitation; health, social care and well-being; strategic and partnership objectives; operational issues, practices and concerns.* It is clear that these categories overlap, but the following broad breakdown outlines the areas of concern to which we seek responses:

(a) *Punishment and rehabilitation*

— Within a regime where the rehabilitation revolution is of paramount importance, how do ideas of resettlement function for older prisoners?

— If prisoners are not to be released, what is the role of resettlement and rehabilitation? Is it simply to address their behaviour so that the number of adjudications is kept low?

— Are there differences between older and young prisoners in terms of educational and recreational needs and if so, how are these being addressed?

— Are there differences between older and young prisoners in terms of addressing offending behaviour and thinking patterns about offending, and if so, how is this being addressed?

(b) *Health, social care and well-being*

— Are there differences are there between the older and younger prisoners in terms of medical (physical and psychological) needs? If so, how are these being addressed?

— Are there differences between older and younger prisoners in terms of social and well-being support? If so, how are these being addressed?

— How are older offenders supported with mobility, visual and hearing issues?

— How are chronic and long-term illnesses associated with ageing managed and addressed?

— Are there any specific issues associated with diets for older prisoners?

— How are issues of dying and death dealt with in prisons?

— How do prisons regimes identify the support that they need to address these needs for older prisoners?

(c) *Strategic and partnership objectives*

— How do prisons identify and allocate resources to older prisoners?

— How do prisons identify, develop and maintain strategic relationships with outside organisations with expertise in the needs and identities of older people?

— Are there differences in meeting the needs of older offenders based on prison categorisation or is it based on individual offender risk?

— How much staff time is taken strategically to address the needs of older prisoners?

— What sort of physical resources are needed to meet the needs of older prisoners?

— Are these resources only used by the older prison population?

— Are there physical changes that need to be made to the prisons estate? Do cells or health care areas need to be altered?

— How are older prisoners' concerns and needs raised between partner organisations?

— How is information shared between partner organisations?

(d) *Operational issues, practices and concerns*

— How do prisons identify, develop and maintain operational relationships with outside organisations with expertise in the needs and identities of older people?

— How much operational staff time is taken to address the needs of older prisoners?

— Are older prisoners housed in separately from younger prisoners? If so, are they housed within vulnerable prisoner units?

— If older prisoners are housed all together, what impact does this have on managing the wings?

— Are staff specifically allocated to older prisoner wings?

[44] Centre for Mental Health and the Mental Health Foundation are two independent national charities. We have provided evidence jointly from our different perspectives about the mental health needs of older prisoners. Our evidence responds to the questions the Committee has set for the inquiry where our charities have relevant evidence from our research work.

— If older prisoners are housed with other prisoners, what impact does this have on managing the wings?

March 2013

Written submission from the Centre for Mental Health and the Mental Health Foundation[45]

BACKGROUND

Mental ill health is the norm among prisoners in England and Wales. The most reliable prevalence data (Singleton et al, 1998) suggest that 8% of prisoners have a psychosis, 66% personality disorder and 45% have depression or anxiety. Rates of drug and alcohol dependency are also very high, at 45% and 30% respectively. Overall, recent estimates suggest that about a quarter of prisoners have a serious enough mental illness to require specialist treatment (Centre for Mental Health, 2011)

There are no reliable data about the age distribution of these mental health problems. There is, however, no reason to suppose that prevalence rates among older prisoners are very different. The main additional concern for older prisoners is dementia. The prevalence of dementia among prisoners is, however, undetermined (Moll, 2013).

In the UK as a whole, some 800,000 people have dementia, of whom 30% also have depression. The prison population tends to age more quickly than average, as a result of which it is estimated that five% of prisoners aged over 55 would have dementia (Moll, 2013).

RESPONSES TO SPECIFIC QUESTIONS

Whether responsibilities for the mental and physical health and social care of older prisoners are clearly defined

Responsibility for mental health care in prison was transferred to the NHS in 2006. Since that time the number of mental health teams has risen sharply. All English prisons now have an "inreach" team. These are designed mostly to support prisoners with severe and enduring mental illnesses though an increasing number are diversifying the support they offer. This does not typically extend to supporting older prisoners with dementia, however.

The biggest gap in the provision of mental health support within most prisons is in primary care. Depression and anxiety are common among prisoners of all ages yet provision of psychological support is limited (Durcan, 2008).

The social care needs of prisoners of all ages are currently not well met. The Care and Support Bill affords an opportunity to define more clearly how these needs should be met and who is responsible for ensuring that this occurs.

The effectiveness with which the particular needs of older prisoners including health and social care, are met; and examples of good practice

The Mental Health Foundation report *Losing Track of Time* (Moll, 2013) identified a number of shortcomings in the provision of support to prisoners with dementia. Identification of prisoners with age-related impairments was poor because of:

— A lack of screening for prisoners with age-related difficulties, including cognitive impairment;

— A lack of awareness of dementia among prison staff, including healthcare workers;

— Deficiencies in communication between prison officers and healthcare staff.

The report also identified examples of prisons taking positive steps to overcome these barriers, including:

— HMP Isle of Wight has a clear "pathway" for prisoners having difficulties with memory including assessments and specialist services. It also provides a "buddy" service for older prisoners.

— HMP Stafford provides assessments for care services in the community two months prior to older prisoners' release dates to ensure continuity of care when they leave.

— HMP Whatton has appointed a lead nurse to coordinate the care of older prisoners.

— HMPs Exeter and Dartmoor provide dementia awareness training to both staff and prisoners, delivered by the Alzheimer's Society.

[45] Centre for Mental Health and the Mental Health Foundation are two independent national charities. We have provided evidence jointly from our different perspectives about the mental health needs of older prisoners. Our evidence responds to the questions the Committee has set for the inquiry where our charities have relevant evidence from our research work.

What environment and prison regime is most appropriate for older prisoners and what barriers there are to achieving this

Many older or disabled prisoners require alterations to the standard prison regime in order to participate fully in rehabilitative activities. A number of studies have evidenced the intimidation felt by older inmates around their younger peers and the risk of isolation such an environment creates. Initiatives launched by several prisons to counter it have included:

- Alternative times to attend the gym (HMP Stafford).
- Alternative exercise classes (eg Tai Chi at HMPs Dartmoor and Exeter).
- Older prisoner clubs offering alternative activities and a safer environment (HMPs Leyhill, Whatton and Shepton Mallet).
- Forums for older prisoners to have a voice at governance level (HMPs Isle of Wight and Wakefield).
- Physical adaptations to counter mobility issues (HMP Exeter).
- Activities for older prisoners with cognitive impairment (HMPs Dartmoor, Exeter and Channings Wood).

The majority of the listed alterations are low in cost but have required the initiative of individual prisons to implement. A national strategy on older offenders should offer clear guidance and instruction on how each establishment, regardless of size or security classification, can make their regime more accessible for older prisoners. Utilising the expertise of relevant voluntary sector agencies could be critical in transforming both the provisions available and attitudes towards ageing in prisons.

The effectiveness of training given to prison staff to deal with the particular needs of older prisoners, including mental illness and palliative care

While Moll (2013) identified a number of promising examples of training being provided and developed, particularly by specialist charities, awareness of dementia among prison staff is poor. The report identified a fatalistic attitude to the cognitive abilities of older prisoners.

Prison officers now receive training in mental health as part of their initial training but many existing staff report feeling under-equipped to support prisoners' mental health needs.

The role of the voluntary and community sector and private sector in the provision of care for older people in leaving prison

The voluntary sector is well positioned to share its expertise on issues around ageing. Most establishments highlighted as examples of good practice in working with older prisoners had forged strong partnerships with local and national charities, including RECOOP, Age UK and the Alzheimer's Society (Moll, 2013). With appropriate support, such organisations could play a major role in addressing relevant resettlement issues in partnership with statutory services or private providers.

The effectiveness of arrangements for resettlement of older prisoners

Resettlement is a major concern for prisoners with mental health needs. Research by Centre for Mental Health (Durcan, 2008) found that apprehension about release was widespread but that prisoners in contact with "inreach" teams were less anxious than those who did not receive this support. Many inreach teams, however, have found it difficult to make arrangements for prisoners to receive continued health and care support after release. Accommodation was also an issue that aroused considerable anxiety for older prisoners without an address to return to, as many felt hostels were a threatening environment where their chances of victimisation from younger occupants were high (Prison Reform Trust, 2008).

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

We believe that a strategy to meet the needs of older prisoners would be beneficial. Older prisoners have distinctive needs from a range of different organisations that are being met inconsistently and with wide variations from one prison to another.

March 2013

References

Centre for Mental Health 2011, Mental health care and the criminal justice system. London: Centre for Mental Health

Durcan G 2008, From the Inside. London: Centre for Mental Health

Moll A 2013, Losing Track of Time. London: Mental Health Foundation

Prison Reform Trust 2008, Doing Time: The experience and needs of older people in prison. London: PRT

Singleton *et al*, 1998 Psychiatric morbidity among prisoners in England and Wales. London: Office for National Statistics

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Written submission from Dr Elaine Crawley

1. The evidence presented here draws directly on the findings of research I have conducted since 2002 on the experiences, perceptions, and needs of older male prisoners (ie prisoners of retirement age and above), in particularly the impacts that their imprisonment has on their physical health, and on the psychological and emotional impacts of their imprisonment. The research began from a recognition that the number of older men in prison in England and Wales had risen sharply over the course of the last decade. This increase has been a sustained one and has significantly outpaced the general rise in the prison population over the same period. My colleague (Professor Richard Sparks) and I set out to grasp the prison-level consequences of this hitherto relatively un-remarked development through a systematic programme of observation and interviews with staff and prisoners with the following objectives:

- To explore the social and emotional impacts of imprisonment on the older prisoner and to examine the coping and survival strategies which older prisoners adopt in coming to terms with custody and with the cultures, routines, rules and practices of the prison.
- To explore how physical ageing (and the decline in physiological effectiveness that accompanies it) is experienced in prisons, and the implications of the ageing process for prison management (including health and social care).
- To explore how the older prisoner (especially the long-term prisoner) views his eventual re-entry into the community, and to examine current practice in preparing older prisoners for re-settlement and social integration.
- To explore how uniformed staff who work with older prisoners see their role, given that they work with a group of prisoners who, by virtue of their age, are likely to have markedly different attitudes, needs, problems and experiences from the general the prison population.
- To illuminate the resource, regime and policy implications of the confinement of older people.

2. The first achievement of this study was to have gathered new data that informed each of these points. Second, it was possible to develop analytic frameworks that productively link these discoveries with extant traditions of inquiry in the social analysis of imprisonment and with other social scientific resources.

I feel it is important to emphasise that I encountered exceptionally high levels of distress amongst the prisoners throughout this study, and have subsequently been able to pose questions about how the generic "pains of imprisonment" may be amplified by advancing age.

Unexpected Findings

- I did not expect to find so many elderly men serving relatively long sentences for "historic" offences (usually—but not in every case—sexual offences allegedly carried out up to five decades ago).
- Bearing in mind the requirements of current and forthcoming Disability legislation, I did not expect such a "patchy" approach to meeting the health and social needs of elderly prisoners, many of whom are immobile and chronically ill.
- I did not anticipate such a contrast between national policy (virtually non-existent) and local practice (often innovative and sensitively carried out).
- I did not anticipate the divergence of elderly prisoner preferences as to whether older men should be "mixed" in with, or "segregated" from younger, fitter prisoners.

3. There is disagreement about who constitutes the "older prisoner". Some countries, and some authors, define prisoners over 50 years as "older", and when compared to the general population they are indeed older. In my own view, however, our retirement age for men (65 years) is the age at which most people, both within and outside the prison community are starting to "feel old". I do not accept the generally held view that prisoners are generally 10 years older, both physically and mentally, than his counterpart in wider society. This was not borne out during my research: rather people from all walks of life age differently. The "older" prisoners I have interviewed in the period 2002 to the present have been aged between 65 years and 84 years.

4. I am in agreement, however, with the numerous agencies which have striven, for over a decade, to press for a National Strategy for the proper management of older prisoners. Of the prisons selected for the project

(the range was selected precisely because they held relatively large concentrations of older men), the differences in the extent to which prisoners' age-specific needs were being addressed (or not) was quite striking. In HMP Wymott, for example, prison officers were generally more aware of these needs, and had put in place, with the support of the Governor-in-Charge, various "local" innovations such as more comfortable chairs, anti-slip mats and grab grails in the showers, and had engaged a very friendly husband and wife team (both Captains in the Liverpool branch of the Salvation Army) who, once a month, held the CAMEO (Come Along and Meet Each Other) Club. This club, set up and run by the couple, was extremely well-attended, giving upwards of 40 older men the opportunity to play dominoes, listen to an outside speaker, take part in a quiz or just sit and talk. With a mug of tea in one hand and three biscuits in the other, one man told me that "When you come here, for a couple of hours you can forget you're in a prison." Despite the kindness and resourcefulness of many officers, it remained the case that a number of the more elderly men, especially those suffering from health problems such as poor mobility, incontinence, hyper-tension, lung diseases, arthritis and Parkinson's were still not able to engage in the activities available to their much younger counterparts. While most prisoners of pension age do not wish to go to the gym to lift weights, they very often do wish to visit the chapel, or the library, or to simply go out for a little fresh air. Unfortunately, for a number of older prisoners, this was simply impossible, even at Wymott. In each of the four prisons in the study, older and infirm prisoners were, formally at least, subject to the same regime (same time-tables, same physical layout, same practices, same rules and same activities) as younger men in the same establishment, most of whom were in their 20s and 30s. When I asked my interviewees whether officers generally made any concessions (in the regime/time-table) for the ageing and less mobile, they overwhelmingly said that this was not the case. For example, one man in his seventies remarked that:

> "..they still expect us to do things within the same time frame as younger men, such as get to the gate in time for the exercise period….things like that. If we're too slow, the gate's shut and we're sent back to the wing. Others that can manage to get there alright don't go either, because there's no toilet in the yard so if want to go you're stuck."

5. Neither were "cell-bound" prisoners in other prisons able to relax, even in their own cells, since hard, wooden schoolroom chairs were the only type available to sit on. It was alarming to see that one man in his late 70s spent all day sitting on the edge of his bed with his back unsupported and his legs dangling while doing his "in-cell work" (an embroidered cushion cover). When I asked if he was "comfortable like that?" he said that he hadn't much choice because "when I sit on that chair it makes my bottom hurt". Not only was the lack of support to his back likely to cause back pain, the lack of support for his legs was likely to lead to thrombosis.

6. Moreover, unlike (however problematically) women, young offenders or psychiatric patients, older prisoners are still scarcely recognized at the policy level as a distinctive or special group. No imperative exists therefore to vary the regime or timetable to meet their needs or abilities, if it is inconvenient to do so. My research colleague and I termed the resulting acts and omissions that impinge negatively on the older prisoner "*institutional thoughtlessness*". Ten years on, while there have been *some* developments and improvements (eg a 20 bed unit was established at HMP Norwich, and most of the prisoners I had interviewed in HMP Kingston's "Elderly Unit" were transferred there when the Unit was deemed unfit for purpose by an incoming Governor-in-Charge. It is arguable, however, that seen in the bigger picture of the less-than-legitimate treatment of older prisoners, these changes are relatively modest, both in their character and their scope.

7. The participant observational work which was central to this study allowed me to understand how older prisoners negotiated their way through and around the requirements of everyday life under the prevailing regimes—their daily tactics, innovations and tricks for survival, and their methods of coping with the challenges of (largely inappropriate) buildings and the exigencies of the prison timetable. At HMP Kingston I regularly observed elderly men unsteadily negotiating a stair-lift whilst balancing plates of food and a walking stick. At prisons without stair-lifts we saw elderly prisoners struggling up stairs or remaining in their cells during the exercise period as they were too immobile to walk to and from the yard in the time allowed. Importantly, my observations also allowed me to recognise the heterogeneity of this elderly prisoner group; while many in their late-seventies were largely immobile, forgetful and depressed, others enthusiastically took computing classes, wrote essays or went to the "Seniors" exercise class.

8. A one-size-fits-all regime for older and elderly prisoners would also be inappropriate.

Asked if they would like to move to a wing dedicated to older prisoners, a large number of the men I have spoken to said words to the effect that it would "be my idea of hell". Although they were old and frail in their bodies, in their minds they remained in their thirties and forties, and liked to chat with younger prisoners, liked their company, their wit, and their music. They felt that it kept them young. In stark contrast, other older men said that a dedicated wing for older men would be "bliss" because they could get away from noisy prisoners and the possibility of personal possessions being taken from them by much younger, stronger men, who found it easy to bully the more frail and compliant prisoners out of goods such as their tobacco, biscuits and tea. It was interesting that a large numbers of older male prisoners have, over the years, suggested *a compromise* in terms of their living environment. This entailed being able to go and visit younger prisoners in different parts of the prison if they wished, but being able to "return to a safe haven at night".

Release and Resettlement

9. Most prisoners *are* eventually released, and so they must make preparations for resettlement. Prison Service Order 2300 (para.1.12) states *inter alia* that account must be taken of the diversity of the prisoner population and the consequent differences in resettlement needs, and that specific sections of the prison population (eg elderly prisoners) may need to be catered for in different ways. However, I found that elderly prisoners due for release often have intense anxieties about, and an inadequate understanding of the resettlement process. Two issues seem to give elderly prisoners the most concern; first, the lack of clarity from prison and probation staff as to where they are going to live, how they are going to get there (with limited money and poor mobility) and whom they will be living with. We were also struck by prisoners' fears (by no means always fanciful) for their personal safety once in the community.

10. Anxieties about what release would bring were especially strong for those serving sentences for sexual offences against children. Several of our interviewees said that they had had to flee their homes, leaving all personal possessions behind, because of threats from neighbours to kill them or burn their houses down. In cases where offenders had expected to return home after the court hearing but had, instead, received a prison sentence, they had to rely on relatives or friends to retrieve personal possessions and this was not always possible. In numerous cases where the prisoner had been living in council-owned accommodation, it transpired that the housing office, upon hearing of the prisoner's conviction, had entered the property and thrown everything out, including personal papers and family photographs. A key recommendation to be made here would be for arrangements to be made for those elderly prisoners with few friends (many prisoners find that their friends have died or moved to a care home whilst they had been in prisons) and no family (or a family who had no interest in them) to make arrangements for the safe-keeping of sentimental items and important paperwork. Otherwise, released elderly prisoners feel they have lost their past, and as such see no future.

11. Sadly, many prisoners who have grown old in the prison most have lost touch with the outside world, lost touch with family and friends, doubt their ability to make independent decisions and, in many respects, view the prison as home Some of these men can barely remember how long they have been in prison; one of my interviewees thought it was "about 30 years" while another thought he had come into prison when he was "about 40" (at the time of my interview he was 62). A third, an Alzheimer sufferer, neither knew where he was, how long he had been there or what he was there *for*. Fellow prisoners had the idea of sticking a large picture of a frog to the door of his room so that he could find his way back "home". Amongst long-serving prisoners, the claim that there is "nothing and no one to go out to" is not uncommon. I was also struck by the number of elderly men who, although not particularly wishing to stay in prison, were, nonetheless, anxious about release. In some cases this was hardly surprising, given that, although only two or three weeks away from their release date, they had still not received confirmation from Probation as to where they were going to live or who would support them once they were out. For elderly, relatively frail men, fears of hostel life were intense. They were unsure if they could cope with the nature of hostel life or with the behaviour and attitudes of other (mostly younger) ex-prisoners already living there. Reflecting the prison population as a whole, those who are released from prison to hostels are usually relatively young men. Many have histories of violence and problems of alcohol and drug abuse and, as such, are seen by elderly men as threatening.

Blurring Role Boundaries: What many Officers feel about Working with Elderly Prisoners

12. The content and duration of training given to prison officers who work with elderly prisoners, particularly those who have diseases such as dementia or who are particularly frail is grossly insufficient. Officers tell me that when a prisoner falls down or ignores an instruction, they simply do not know what to do, For this reason, many officers, perhaps especially younger men, do not want to work with elderly prisoners. They do not regard them as "proper" prisoners because they are in the most part unchallenging and compliant ie not "proper" prisoners. By extension, they believe such work is not "proper" prison officer work. This attitude needs addressing: it relates to a long-standing and enduring macho culture. That is why I would argue for a a drive toward greater professionalization within the Service, ie something akin to the Norwegian model (KRUS) where prison officer training, which includes modules on penal philosophy and the ethics of imprisonment is completed in two years and not six weeks as in England and Wales.

Concluding Remarks

Presently, the treatment of older prisoners does not comply with equality and human rights legislation. At present, the focus is often equality (everyone gets the same) but all too often equality = unfairness and the breaching of human rights. A national strategy for the treatment of older prisoners should certainly be established. It should define the minimum expectations for how to care for elderly prisoners appropriately; effective training for officers and the effective monitoring of health and social care need. Such a strategy does not leave the proper treatment of older prisoners to chance.

March 2013

Written submission from Solicitor A[46]

PREFACE

I am an individual and make these submissions as such. I do not represent any body or organization. I am a 59 year old solicitor who is not practising at present due to disability. I am also the ex wife of an elderly prisoner. Briefly, his was an Historic Sexual Abuse case for which he was found guilty in 2010 and sentenced to nine years nine months in prison. He has always protested his innocence and his case is under Appeal.

I wish to make it clear at the outset that this submission is not a complaint about the way my ex husband is treated in prison nor is it to be treated as such. It is intended to be treated as a "case study" which illustrates the kind of problems older people in prison face and which need to be addressed.

1. EFFECT OF PRISON UPON OFFENDERS

Any attempt to assess the needs of offenders (of any age) must take into account the ways they are damaged by imprisonment.

I attach a link to the Prison Reform Trusts paper "Prisons can seriously damage your health" which I urge the committee to read.

http://www.prisonreformtrust.org.uk/uploads/documents/Mentalhealthsmall.pdf I am unable to copy the article here.

The facts in this paper are compelling and indisputable.

2. OLDER PRISONERS SUFFER AGE DISCRIMINATION: CASE STUDY

1. *Isolated*

Because of his age, (65) and his ill health (diabetes and angina) Mr T is refused permission to work. He has worked all of his life, been a good, hard worker. He is a qualified commercial electrician and it is totally alien to him to be sitting around for 24 hours out of every 24 in a cell, with nothing to do but watch tv or read. He is often locked up for 23 hours per day. In a small cell on his own. He is isolated, bored and lonely. He is unable to go out for exercise because he has to go to Health Care each morning at the same time as prisoners are let out for exercise. He is not allowed to do both, He is given a stark choice "Health Care, or exercise". Of course he has to choose Health Care because he cannot survive without his heart medication and insulin for his diabetes. This continual locking up is having a serious effect upon his already poor mental health. He is beginning to forget thing and showing early signs of dementia.

2. *Health Care*

It is very unclear who has actual responsibility for health care in prisons.

"Health Care" is an inappropriate description for what actually happens. Mr T has suffered repeated urinary infections and continues to do so, yet the Health Care staff cannot seem to get antibiotics to him for nearly a week, by which time his kidneys are being damaged and he is suffering severe pain. This is worsening his diabetes.

Prior to prison he was under the care of a consultant heart Cardiologist at Oxford John Radcliffe Hospital […]. He eventually got an appointment to see him at 11 am on …… and was taken by prison staff to the appointment. He was double handcuffed and chained to two officers and taken in a prison van to the hospital. He was made to wait in reception with other members of the public, two of whom verbally insulted him. By 11 am the doctor was running 10 minutes late. When the officers were told this, they refused to wait further and took him back to the prison without being seen. He is still, to this day, waiting for another appointment.

These are just two examples of problems with health care and there are many many more. I understood the Oxford health Trust were responsible for health care at the prison. However, when I contacted them, they did nothing. They did not return my calls.

There is a 93 year old man in Mr T's prison. He needs nursing care. He cannot wash himself, is forgetful and cannot remember to eat. He needs prompting with that. He needs assistance with toileting and medication. In short, he needs to be in a care home or nursing home not in a prison cell. It makes no difference to him at this age. But it does make a difference to the other prisoners. They are locked up for longer on the wing whilst the prison officers have to spend their time caring for this elderly man. It is a drain on their resources. There ought be a maximum age at which persons can be sent prison, men or women. There is a minimum age, and we all know that with incidence of Alzheimer's is increasing amongst the elderly, those people are unable to understand the purposes of prison or participate in courses, work, rehabilitation etc. It is a total waste of money and inhumane and degrading treatment to put such people in prison and this country should be ashamed of itself for doing so.

[46] Redacted for publication. Redactions are signified thus: "[....]"

3. Statutory Limitation on Historical Abuse Allegations

I hope that the Committee will look at the possibility of legislation to introduce a Statutory Limitation Period on claims of Historical Sexual Abuse. These cases are on the increase. These cases affect elderly men, many of whom are being accused of abusing children many years ago, in some cases 30/40 years ago. These are hard cases because memories fade or become distorted and the truth is impossible to find. Documents are no longer available such as work records, school records, medical evidence forensics, etc. Laws have been changed over the last decade or so, so that corroboration is not necessary, hearsay evidence is admitted, and in fact it is not now necessary to prove the offence occurred. It is simply down to who the jury believes. This is the briefest of précis. The arguments for a statutory limitation period are too lengthy to deal with here. I urge the Justice Select Committee to hold a separate enquiry into cases of historical sexual abuse and into the numbers of men who have been wrongfully convicted of such crimes. The present and the previous governments seem to believe that it is better for one innocent man to go to prison than to allow a guilty man go free. No innocent man should go to prison.

Prison affects not just the prisoner, but his wife, children, nieces, nephews, sisters, brothers, parents & friends. They all suffer.

4. Pension

We are out of step with Europe.

Most elderly prisoners have worked all of their lives and fully paid their taxes and National Insurance Contributions. Yet when they are sent to prison they lose their State Pension. This has a knock on effect. It means they have little money for phone calls to family and their wives suffer the loss too. They lose their rights to Pension Credits. They come out of prison with nothing. This is doubly punishing them. They have already lost their freedom. The wife of an elderly prisoner also suffers the loss of the pension, through no fault of her own.

I quote an article (See Annex 1) which argues for pensions to be available to elderly prisoners, which I urge the committee to take into account.

It would make sense to pay such prisoners at least the minimum pension. If that is , say £60 per week the over one year, they would save £3120. That would pay for a deposit on a rented home and rent for a few weeks until they get back on their feet again. Over 10 years it would be £31,200. They would have to live on that money as it would take them out of benefits until reduced to the allowed amount of savings , which money would cover the cost of their funeral and could leave a small sum to their next of kin. I would urge the Committee to commission a study and report into a costs/benefits excercise of paying prisoners their state pensions. But please put time limit on it and treat it as a matter of urgency.

Yet nothing appears to have been done to address the issues that are identified here. Select Committee after Committee have looked at these issues and paid lip service to them. Nothing ever appears to be properly put in motion to eliminate the damaging effects of prison upon a persons mental health, which in turn, leads to recidivism. I firmly believe that the people who are sent back to prison time after time are so damaged by prison that they become institutionalized and dependent upon it to survive at all. They are completely unable to live a normal life outside of prison.

It is not difficult to break these cycles, it simply needs someone with a good understanding the prison system who has common sense, who is independent of any political party

5. National Strategy

There ought to be a national strategy for the treatment of older prisoners. I start with the suggestion that the Justice Select Committee looks at the Prison Reform Trust's work and recommendations relating to elderly prisoners and puts them into effect. There is no point them doing all this work to reform prisons, just to be ignored.

There ought to be a maximum age at which a person can be sent to prison. I would suggest 70 years of age. I appreciate there will people who could argue it should be younger or older than that, but we should set a precedent here.

I would argue that the government should set up secure Care Homes for elderly prisoners who have or who develop dementia. Somewhere where care is available but escape impossible. These people will need extra help upon release, to ensure they have a home to go to.

March 2013

Annex 1

PENSIONS FOR PRISONERS

By Paul Sullivan, from *insidetime* issue February 2009

The denial of prisoners' pension rights is an issue about which we are increasingly out of step with the rest of Europe. Former prisoner Paul Sullivan reports on the support of the National Pensioners Convention.

There are now over 2,400 prisoners aged over 60 in England and Wales, including 493 over 70 (as at August 2008). Most of these prisoners would have paid enough National Insurance contributions to enable them to receive a full State Pension; however under section 113 of the Contributions and Benefits Act 1992 these people are refused their pension. The Act says that anyone in "lawful custody" loses their pension right. The only other exception used to be pensioners in hospital, but that has now been removed—leaving prisoners as the only section of society that has their pension right removed.

The National Pensioners' Convention (NPC), Britain's biggest pensioner organisation representing over 1,000 local, regional and national pensioner groups, with one and a half million members, believes prisoners should not lose their pension rights. In a statement to Inside Time, Neil Duncan-Jordan, National Officer of the NPC stated:

> *"The NPC considers the state pension to be a right rather than a benefit and as it is currently based on a contributory principle, should be paid to prisoners according to their contribution record in the same way as to any other contributor. The NPC would go further and argue that the disqualification provision in section 113 of the Contributions and Benefits Act should be withdrawn from the statute book. We have been arguing for some time that persons living outside the UK should receive the state pension based on their contributions and up-rated annually in the same way as those living in the UK. This is the first category for disqualification. The second category for disqualification is imprisonment or detention in legal custody. We can see no argument for withholding the state pension on these grounds as;*
>
> > It is based on contributions made to the NI scheme and payments withheld by the state are lost to the individual concerned forever;
> >
> > If the argument is that the state is recouping some of the money spent on detaining someone in prison then why are older prisoners the only category subjected to this 'charge'? This is discriminatory;
> >
> > Occupational pensions are paid to prisoners whilst in prison;
> >
> > The withholding of state pension to people in hospital is being stopped (this is the only other example of the state withholding the pension that we know of);
> >
> > Prisoners have now won the right to vote (removal of a disqualification in another Act);
> >
> > This leaves the withholding of the pension as a very antiquated and anomalous form of punishment.
>
> *Therefore we urge the removal of the whole of the disqualification provision in section 113 of the Contributions and Benefits Act."*

Elderly prisoners have little provision made for them by the Prison Service, as set out by Charles Hanson in the January issue of Inside Time. In some prisons, if they refuse to work past retirement age they are classed as "unemployed". Similarly, in certain prisons they may get a "retired rate" but remain locked up twenty or more hours a day. The rate of pay for prisoners who are long-term sick or of retirement age who are not working is £3–25p per week.

PSO 4460, which covers prisoners' earnings, states in Para 5 that:

> *"Prisoners of state retirement age are not normally required to work. They may work for standard rates of pay if they choose, provided there are suitable activities available in the establishment".*
>
> *"Prisoners of state retirement age can, however, be required to participate in other purposeful activity as identified by the sentence/training plan or learning plan. They should be paid at the standard rate for these sessions. Unreasonable refusal renders them liable to be classified as 'unwilling to work' and therefore not to receive any pay".*

One of the crazy situations elderly prisoners may find themselves in is that, according to Para 2.8 of PSO 4460, if the retired prisoner "earned over the tax threshold" (maybe with work pension, investments etc) he would be liable for National Insurance contributions whilst, at the same time, being barred from receiving the benefits paid for by the contributions.

It is now exactly 100 years since the first "Old Age Pension" was drawn under the Old Age Pensions Act of January 1909. In those days, the pension was five shillings (25p) and recipients had to be over 70 years old: anyone who had been in prison during the preceding ten years was barred from receiving it. We live in a more enlightened age and now, a century later, it is time for the issue of elderly prisoners' pensions to be remedied and due respect shown to those who may not only have contributed to their pension throughout their lives, but may also have fought for the country in conflicts in order to keep us free from repression and allow power to

the very politicians who now seek to impose further financial punishments on them. Both the Prison Reform Trust and Age Concern have expressed dismay at the continual denial of prisoners' pension rights.

It is not only the prisoner himself who may suffer. Many women of this age have no entitlement to a state pension in their own right and so, if their husbands in prison have pension rights removed, wives at home, guilty of no crime, also suffer. As Gordon Lishman, director general of Age Concern England points out; "England, which has a higher number of elderly prisoners than most European countries, is increasingly out of step with Europe on this issue and the continued denial of pension rights can only harm reintegration on release".

How much would it cost? Based on a minimum pension of £54.35 per week, the total cost would be under £7 million each year. The cost per prisoner would be just £2,800—equivalent to the cost of keeping them in prison for three weeks.

The Prison Service might huff and puff about how it would be paid, but that is simple; either into the prisoner's own bank account or monthly into the prisoner's Private Cash account and transferred into "spends" at the prevailing rate; dependent upon IEP.

Written submission from the Prisoners Education Trust

Introduction to our Inquiry Response

In responding to this inquiry, we draw on our expertise in the field of prison education and prisoner feedback to make comments relating to the learning needs of older prisoners and how they should be met.

People aged 60 and over are now the fastest growing age group in the prison estate. Yet, there is no national strategy for the education provision of older prisoners,[47] as a result older prisoners' experience of prison education policy and provision can vary greatly.

This inquiry response is primarily informed by our recent survey of 31 older prisoners[48] from our learner voice panel. The survey asked these older learners about their experience of learning in prison, how their learning needs might differ from the general population, and whether these needs were being met by the current provision. We received much interest in the surveys, with one prisoner even distributing copies to other older men at his prison, indicating that many have strong opinions on this subject. The quotes that you find throughout our evidence are from older prisoner learners themselves.

Overview: One-size does not fit older prisoners

Older prisoners' voices must be listened to in order to understand what their needs are and allow them an opportunity to shape prison education policy and practice.

As can be seen from our evidence, provision for older prisoners must take full account of their individual learning needs and provide facilities to meet them. Older prisoners have told us that, whilst the current focus and investment in basic numeracy and literacy skills under the current learning and skills contracts (OLASS 4) may be appropriate for some prisoner learners, this provision does not provide for the many amongst this age group that have progressed beyond this level.

We stress the importance of recognising that older prisoners are not a homogenous group. While it is sensible to understand that they may have particular needs as a distinct demographic within the prison, older prisoners should not be dismissed as quiet or incapable. Many are highly skilled and capable of pursuing learning with little assistance.

> *"All types of learning benefit older prisoners. Older people face a lot of prejudice and discrimination. People say 'let's have a few art classes'—why not mountaineering!!" (Age not given)*
>
> *"This all depends on individual needs and wants, many older prisoners would like to achieve—they don't want to be pushed aside." (Age 65)*

Distance learning, peer mentoring and prisoner carers can play a vital role in meeting the needs of older prisoners, ensuring that they can engage with a wide variety of learning, both formal and informal.

Desistance theory suggests that all forms of learning are key in encouraging older prisoners to desist from offending by offering them a hook to change and allowing them the chance to shape a new identity distinct

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[47] Her Majesty's Chief Inspectorate of Prisons thematic review of older prisoners in England and Wales calls for a *"NOMS national strategy for older prisoners supported by national and local standards."* Prisoners Education Trust echoes this call, with the additional requirement that this national strategy includes specific guidance for the provision of education to older prisoners, such as the implementation of older prisoner learner forums across the estate.

[48] While we appreciate that, for the purposes of this inquiry, older prisoners are defined as those over the age of 60, we echo other organisations in suggesting that 50 is a more suitable age by which to define this stratum. Research suggests that older prisoners possess a physiological age of ten years in excess of their chronological age.65 Therefore many prisoners over the age of 50 may face similar issues as 60 year olds on the outside. For this reason, we include the voices of prisoners over the age of 50 in our response. The unanimity of views expressed between this sub-section (50–60) and those properly defined as older prisoners (over 60) further re-enforces the claim that these age brackets should be defined as one group.

from their label of "offender". Therefore learning must be allowed to play a fundamental part in the desistance of older prisoners.

Summary of Evidence and Recommendations

— *Listening to older prisoner learners*—Section 1.0
Older prisoners should be properly consulted as a distinct group within the estate to ensure that their voices are heard and their needs are properly met. We recommend a national implementation of older prisoners' councils, and older prisoner reps.

— *Learning is of real benefit to older prisoners*—Section 2.0
Older prisoners perceive a wide range of benefits including improving mental and physical health, developing family relationships and providing activity that helps them to stay positive through their prison sentence. Despite this, support for distance learning has significantly reduced across the prison estate under recent learning and skills contracts.

We recommend that distance learning is supported in prisons.

In their response to our survey, older prisoners highlighted the following issues regarding their learning needs and learning provision across the estate:

— *Access to learning*—Section 3.0
Older prisoners are more likely to struggle to access learning facilities inside prison due to physical barriers, staff perception of their learning needs and emphasis on providing places to younger prisoners, and the focus on learning for employment at a national policy level. We call for all estates to ensure that learning facilities are accessible to older prisoners and that staff are properly trained to support their access.

— *Higher levels of learning*—Section 4.0
Whilst basic literacy and numeracy skills are appropriate for some older prisoners, most are likely to have progressed beyond this level of learning, either during their sentence or before custody. A broader provision of high levels of learning is necessary to allow prisoners from this age group to progress.

— *Peer mentoring*—Section 5.0
Older prisoners are a huge resource of knowledge, experience and skills that should be properly utilised. They often act as mentors or classroom assistants, helping others with learning. We recommend a more formalised process of utilising this resource towards peer mentoring and learning assistance, with proper accredited qualifications and embedded learning and support for mentors.

— *Prisoner carers*—Section 6.0
The increase of older persons in prison requires a greater provision of age-specific care and support. We recommend a formalised system of trained prisoner carers, to support care professionals within the prison and ensure that older prisoners are given the necessary assistance to fully engage in formal and informal learning.

— *Arts-based learning*—Section 7.0
Older prisoners are approaching retirement, with some having retired before release. For this reason, an employment focused approach to learning does not meet their needs, and proper arrangements should be made to ensure they have greater access to informal and arts-based learning.

— *ICT & digital inclusion*—Section 8.0
Many older prisoners told us that they need further IT training. They see learning in this area as essential in giving them the best opportunity to re-integrate into society once released. We recommend that age-specific ICT training is implemented across the estate to ensure that older prisoners can up-skill in an appropriate learning environment. We also believe that mentoring is an effective way for prisoners to support others to develop their ICT skills.

Evidence and Recommendations

1.0 *Listening to older prisoners*

Prisoners Education Trust works to enable prisoner learners' voices to influence prison education policy and practice. Learner voice refers to *"developing a culture and processes whereby learners are consulted and proactively engaged with shaping their own educational experiences."*[49]

Our Brain Cells 2 report demonstrates that prisoner learners want the opportunity to engage in a more participatory way in shaping their learning provision.[50] 28% of those who responded to our survey wanted to take part in a learner forum, 56% wanted the chance to meet with policy makers directly, and 27% wanted to receive training in participation skills to help them to better communicate their views.[51]

[49] Rudd, Colligan & Nalik, *"Learner Voice: a handbook from Futurelab"*, 2006
[50] Champion, N. *"Brain Cells Second Edition: Listening to prisoner learners"*, Prisoners Education Trust, November 2012
[51] Idem

Some good practice is already taking place across the estate; more than 30% of prison staff asked in a 2010 survey by Prison Reform Trust indicated that a forum, focus group or consultation for older prisoners was running in their establishment.[52]

"We have an excellent older prisoner forum that gives great benefit." (Age 63)

However, given the ageing prison population, these pockets of good practice should be replicated across the prison estate, fully engaging older prisoners to ensure their views are heard and they can influence prison policy and practice.

"Older prisoners are quiet and therefore systematically forgotten." (Age not given)

RECOMMENDATIONS

1. All prisons with older prisoner populations should implement age-specific prisoner councils that give older prisoners an opportunity to voice their needs and influence their learning provision.
2. Older prisoner representatives should be enrolled across the estate and invited on to other forums and consultations in the prison to ensure that they can feed the perspectives of their cohort into broader prison practice.

2.0 *Benefits of learning for older prisoners*

Through our service provision supporting prisoners into distance learning, and by listening to the voices of learners themselves, we continue to believe in, and gather evidence of, the benefits of learning for older prisoners.

These benefits were also recently recognised by the Minister of State for Universities and Science when, referring to older people and education, he said *"Education is such a good thing—it is not reserved for younger people. There will be people of all ages who will want to study. There is great value in lifelong learning."*[53]

Research that we undertook in 2011 showed that of a sample of prisoners of all ages who had recently completed distance learning supported by PET:

— 81% were confident that distance learning had a positive impact on them as individuals;

— 75% were applying to do further study as a follow up to their learning;

— 58% had become involved in volunteering roles in prison as a result of their learning experience; and

— 33% had applied for prison work as a result of their learning experience.

11% of those prisoners we supported last year were over the age of 50, showing a clear will to engage with learning at high levels and in a variety of subjects.

Those older prisoners that have applied to us for distance learning have emphasised that learning in prison can have a wide range of other benefits for older people including improving their mental and physical health, developing family relationships and providing them with an activity that helps them to stay positive through their prison sentence.

"It (education) helps to create a calmer environment. I hope that with time it will enable me to reduce my medication, to the extent that I will be able to cope without it." (Applicant for art materials)

"When I leave prison I will be 65 years old and will be retired. Continuing with the Open University will give me a positive purpose in life and will occupy me."
(Applicant for Making Sense of the Arts Open University course)

"I am diabetic and my eye-sight is deteriorating. I am unable to read for more than 10 minutes. I enjoy painting, it will keep me from vegetating and I do not need glasses to do it." (Applicant for art materials)

Despite this wide range of positive effects, support for distance learning has been significantly reduced across the prison estate under OLASS 4, with many learners who were being supported now no longer able to continue.

RECOMMENDATIONS

3. We recommend that distance learning, as a means to obtaining level three and above qualifications, is supported in prisons.

[52] Cooney, F & Braggins, J. *"Doing Time: Good practice with older people in prison—the views of prison staff"* Prison Reform Trust, 2010

[53] http://www.guardian.co.uk/society/2013/feb/21/david-willetts-old-people-university

3.0 *Access to learning for older prisoners*

Older prisoners told us that there are a number of issues relating to their access to learning:

3.1 Physical environment

The National Offender Management Service is subject to the requirements of the Disability Discrimination Act. It is required to promote disability, equality and eliminate unlawful discrimination in all the prisons in England and Wales. Disability, as defined in the Act, covers a range of impairments, both physical and mental, including learning disability.[54]

Research indicates that 83%% of older prisoners have a serious illness or disability.[55] As the Chief Inspector of Prisons recognised:

> *"Given an ageing prison population, disability is an increasingly important issue for prisons."*[56]

Physical disabilities may prevent older prisoners from attending learning facilities without assistance from staff or other prisoners, respondents told us that this can often act as a barrier to learning.

> *"Not all needs of the older prisoners are met. This is mainly due to access problems as the older prisoners quite often suffer from mobility problems. With the education department located on two floors with no lift it is not possible for some to take part in some classes." (Age 67)*
>
> *"I feel that older prisoners differ in many ways, first I believe that health is an issue, more time if any should be spent in identifying individual needs—hearing, manual dexterity." (Age 65)*
>
> *"One barrier at this prison to access learning in the education department is the amount of steep stairs that have to be climbed; for some senior people this is impossible." (Age 63)*
>
> *"I only go to the over-50s when I can get there, as I am disabled and on crutches all the time."(Age 75)*

A survey of prison staff by the Prison Reform Trust supported these prisoners' comments, finding that the Education department was the area that was most likely to be inaccessible to prisoners with mobility difficulties.[57]

These finding were also confirmed in the thematic report on disability by Her Majesty's Inspectorate of Prisons, which noted that:

> *"Prisoners who said that they had a disability reported less access to activities and association than those who did not, and were less likely to say that they had been involved in work, education and vocational or skills training."*[58]

In the research that we undertook for our report Brain Cells 2, 20% of prisoners self-identified as having a learning difficulty or disability. The report questioned whether *"sufficient measures are being taken to enable these prisoners to take part in learning activities. For example, those with back problems may find it uncomfortable to sit for long periods of time and may require equipment such as back rests. Given that people over 60 are the fastest growing age group in the prison estate, this barrier to learning may well be an area that needs some attention."*[59]

As prisoners with disabilities, including 83% of older prisoners, may be unable to work or may have retired, education offers a vital form of purposeful activity, and acts as an important rehabilitative tool. The physical environment of prisons should allow these prisoners to access a full range of learning facilities.

Recommendations

4. Education facilities should be adapted so as to be accessible to older prisoners with disabilities, both to ensure compliance with the Disability Discrimination Act and equality legislation, and to maximise access to this important pathway of desistance from crime.
5. Staff should be fully trained to ensure that older prisoners with disabilities can access education and learning facilities eg libraries
6. A formal system of trained prisoner carers should be implemented nationally to provide support to care professionals working in the prison and ensure that older prisoners have maximum access to learning (see below).

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[54] Howse, K (2003). *"Growing Old in Prison: A scoping study on older prisoners,"* Centre for Policy and Ageing & Prison Reform Trust Centre for Policy and Ageing & Prison Reform Trust

[55] Idem

[56] Her Majesty's Inspectorate of Prisons, "*No problems—old and quiet": Older prisoners in England and Wales, a thematic review by HM Chief Inspector of Prisons'* September 2004

[57] Cooney, F & Braggins, J. *"Doing Time: Good practice with older people in prison—the views of prison staff"* Prison Reform Trust, 2010

[58] Her Majesty's Inspectorate of Prisons, *"Disabled prisoners: A short thematic review on the care and support of prisoners with a disability"* March 2009

[59] Champion, N. *"Brain Cells Second Edition: Listening to prisoner learners"* Prisoners Education Trust, November 2012

3.2 Employment-focused learning

Many older prisoners felt that the current focus on employment under OLASS 4 encouraged prisons and learning providers to enrol younger prisoners in to education at their expense. They often felt that they were denied access to learning due to their age.

> *"Younger prisoners get priority; I was automatically put on the retired list when I entered this prison." (Age 70)*
>
> *"There seems to be an ideology in place that says 'push the younger guys into education and training to keep them occupied and out of trouble, the old blokes can play chess, dominoes or do jigsaw and stay out of the way." (Age 68)*
>
> *"The new education contract actively works against older prisoners." (Age not given)*
>
> *"Older prisoners are often looking for recreational learning to keep their mind stimulated, not to enhance their chance of employment when released." (Age 67)*
>
> *"The focus on employability impacts negatively on older prisoners, programmes are 'lower-skill' based and nothing is provided for those who already have employment experience and qualifications." (Age not given)*

Furthermore, many older prisoners told us that they wanted to learn for reasons other than to gain employment, as they were due to retire either before, or shortly after, release.

> *"The primary benefit of education is not the awards and skills per se, but more the personal improvements in maturation and psychological self-belief that serve to push offenders away from criminal impulses." (Age 58)*
>
> *"The needs of older prisoners differ from those of the general prison population in that [prison] education is directed at helping prisoners back into the world of work. Older prisoners require courses or hobbies that keep their faculties stimulated and occupy their time productively, both in prison and on their release." (Age 64)*

Our experience suggests that learning in itself can be vital in encouraging prisoners to desist from crime, by acting as a hook for change[60] and encouraging learners to form a new "pro-social" identity[61]—a prisoner becomes a student, a plumber, or an artist. Therefore we strongly support those older prisoners who tell us that they want to pursue learning for its own sake, regardless of whether it will strengthen their employment options.

> Recommendations
>
> 7. We recommend that specific provision is made for older prisoners to engage in the full range of learning provision, regardless of their employment prospects.

3.3 Age-specific learning environments

Some prisons have provided clubs for older prisoners, where they can engage in activities and arts-based or informal learning. Those prisoners that are in establishments running older prisoners' clubs tend to speak highly of them, valuing a space away from younger prisoners in which they could interact with others their age and learn.

> *"We have a club for people over 60. We play dominoes, cards, bowling and do light chair exercises." (Age 70)*
>
> *"Here the learning needs of older prisoners I feel are not met as everybody is usually put in the same class, where many older prisoners find it difficult to concentrate in what is usually a noisy environment." (Age 65)*
>
> Case Study—The Rubies Project
>
> *"The Rubies project for women prisoners who are over 50 has been running in HMP Eastwood Park since the summer of 2010. Run by a Project Worker from Resettlement and Care for Older Ex-Offenders and Prisoners (Recoop), a national project working with older offenders in prison, there are two group meetings every week devoted to an enormous range of discussions and activities.*
>
> *Topics have included: love, being in prison, being an older woman, overcoming difficulties, food, humour, different cultures, Christmas, Valentines Day and Chinese New Year. They also read poems, short stories, articles and reviews with the support of an additional volunteer from Prison Reading Group (PRG), embedding literacy skills and soft skills such as concentration and communication.*
>
> *One prisoner 'L' learnt to knit, crochet and read English with the group."*[62]

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[60] Giordano *et al*, *"Gender, crime and desistance: Toward a theory of cognitive transformation"*, American Journal of Sociology, 107, 990–1064, (2002)

[61] Maruna, S. *"Making good: How ex-convicts reform and rebuild their lives"*, American Psychological Association Books, (2001)

[62] http://www.recoop.org.uk/pages/home/news.php?story=154

RECOMMENDATIONS

8. We recommend an increased provision of age-specific classes, both for formal and informal learning (such as reading groups). However, there should also be opportunities for those wishing to use their knowledge and skills for the benefit of younger prisoners, through mentoring or classroom assisting (see section 4 below).

4.0 *Older prisoners need higher levels of learning*

The older prisoners that sent us responses to this inquiry expressed frustration at the lack of opportunities for progression on to higher levels of qualifications and learning.

> *"In my experience the educational needs of older prisoners differ greatly from younger illiterate prisoners. For this reason I have to say learning in prison is far from fulfilling or rewarding." (Age 61)*
>
> *"Generally I would expect [older prisoners'] learning requirements to exceed the level taught in prisons." (Age 61)*
>
> *"What job awaits an ex-prisoner with Level 2 Maths and English in this present day climate? None." (Age 65)*

The need for higher levels of learning was recognised by the House of Commons Education and Skills Committee in their 2005 report on prison education:

> *"An over-emphasis on basic skills driven by key performance targets has narrowed the curriculum too far. Whilst aiming to meet the basic skills needs of prisoners, the government must endeavour to broaden the prison education curriculum and increase flexibility of provision to meet the much wider range of educational needs that exist within the prison system."*[63]

This issue was also confirmed by our report Brain Cells 2, which highlighted both a lack of accurate data regarding prisoners' educational profiles, and the need to include higher level qualifications in the prison learning offer:[64]

> *"The government should use OLASS 4 as a timely opportunity to collect, collate and analyse up-to-date data on the educational profile of prisoners, including their qualifications... [this] should then be used to establish the appropriate spectrum of further education qualifications...The use of distance learning, modules and e-learning should be explored to enable prisons to offer wider provision and enable progression."*

RECOMMENDATIONS

9. We repeat our recommendation that more research and data gathering should be done to attain better data on the educational profiles of older prisoners, to ensure their learning needs are being met.
10. Distance learning can meet older prisoners' learning needs once they have progressed beyond the basic literacy and numeracy available in prison. We recommend that all older prisoners that have achieved basic literacy and numeracy be offered and supported to undertake this form of learning.

5.0 *Peer Mentoring*

Older prisoners tell us that they have a wealth of experience, knowledge and skills that they are keen to utilise to support younger prisoners to learn, providing both parties with purposeful activity and new skills. A significant minority of those who contributed to this response were already enrolled in peer mentoring learning, or acting as classroom assistants to support younger students, and many more expressed their desire to use their knowledge to support others in learning.

> *"It always suited me to share my learning, to help and encourage others and to be a good example of what may be achieved in all of us. Older people can be more patient and understanding, and having the 'lived experience' are prime candidates to be the most positive, effective, communicative mentors." (Age 58)*
>
> *"Older prisoners have, usually, a wealth of experience, which needs to be first identified then channelled in a positive direction." (Age 65)*
>
> *"You are never too old to learn. It has enabled me to be a better mentor and co-ordinator for Diversity & Equality, and given me a lot more confidence. It is good to have the opportunity to interact with people of various ages and learn about their perspective on things. It has enabled me to help other women, especially working with foreign national prisoners—and by this, you learn about their culture." (Age 63)*
>
> *"Older prisoners benefit from mental stimulation, keeping the mind active and not going into stagnation. It gives them a purpose in life and a goal to aim for. A classroom environment gives*

[63] House of Commons Education and Skills Committee *"Prison education: Seventh Report of Session 2004–05"* March 2005
[64] Champion, N. *"Brain Cells Second Edition: Listening to prisoner learners"*, Prisoners Education Trust, November 2012

them association with others. I found my course enjoyable. I had to push myself, and I was encouraged through the course. I am now able to pass onto others what I have learnt." (Age 67)

As well as broadening the training and enrolment of older prisoner peer mentors, prisons should look to identify those that are highly skilled in a specific field, who should then be encouraged to share their expertise with younger prisoners. This would increase the diversity of the prison learning offer and further make use of older prisoners' experience in assisting other inmates.

"Older prisoners could benefit the younger generation in prison as most of us have years of knowledge. For instance, I am a landscape and garden designer with two RHS diplomas and over 35 years of experience in all aspects of gardens, plants and soils. This could help the younger generation to look at another job when released." (Age 63)

The need to utilise the knowledge, skills and experience of older prisoners and ex-prisoners as mentors was recognised by the Justice Secretary in the debate in the House of Commons on 9 January 2013:

"In my view the former offender turned good—the former gang member gone straight—is the best way of making sure that a young person coming out of jail does not go back to the same ways.

This is about getting a mix of high qualifications, of the kind we find in our public probation service, in people who have turned away from crime and who are helping others."

RECOMMENDATIONS

11. We recommend the implementation of a national, formalised system of older prisoner mentor training, with accredited qualifications and embedded learning

6.0 *Prisoner carers*

The increase of older persons in prison requires a greater provision of age-specific care and support. In their thematic review of disability in prison, the Chief Inspector of Prisons proposed *"a formal system of prisoner carers, to risk assess, train, support and formalise peer support"*[65] for older prisoners and those with disabilities. As the thematic review of disability also recognises that:

"Over 40% of disability liaison officers said that they did not have the time to discharge their responsibilities, many also reporting a lack of training and support. Crucial social care support was difficult to secure in prisons, and to plan for after release."[66]

These carers could provide additional support to professional care staff to ensure that they have the time to properly discharge their duties.

Age UK also supports such a scheme in their report *"Supporting older people in prison: ideas for practice"* where they state:

"Buddy schemes recruit, train and monitor selected prisoners to offer one to one help to disabled older people in prison, thus enabling to take on a responsible role under supervised conditions and to enable older disabled prisoners to take a fuller part in the regime."[67]

A formal system of accredited prisoner carer training could provide a further learning pathway for younger and able-bodied prisoners looking to train as carers, ensuring that additional provision of care is in place to support care professionals while enabling older prisoners with disabilities to access learning facilities. However, it is vital that prisoner carers do not replace professional staff, but act as a support to them in the discharge of their duties.

RECOMMENDATIONS

12. We echo the Chief Inspector of Prisons' call for a formalised, national system of prisoner carers. While supporting older prisoners to access formal and informal learning, prisoner carers should be able to achieve accredited qualifications in the field of health and social care under the guidance of professional staff.

A system of trained older prisoner mentors, coupled with a formal system of trained prisoner carers for older and disabled prisoners could provide a mutually re-enforcing environment of intergenerational learning. This would increase both groups' access and engagement with learning and provide vocational opportunities upon release, while also improving the quality of service to older prisoners and ensuring that they have maximum access to activities and learning opportunities. Training programmes could also include embedded literacy and numeracy for those developing their basic skills.

7.0 *Importance of arts-based learning*

Of the prisoners over the age of 60 that have been supported by Prisoners Education Trust in the last year, 64.5% have been for arts-based courses or materials. This strong interest in art amongst older prisoners across

[65] Her Majesty's Inspectorate of Prisons, *"Disabled prisoners: A short thematic review on the care and support of prisoners with a disability"* March 2009

[66] Idem

[67] Age UK *"Supporting older people in prison: ideas for practice,"* June 2011

the estate is also reflected in the responses that we have received from them; which highlighted the importance of arts-based learning in meeting their learning needs in prison.

> *"Yes, there isn't enough learning for older prisoners, to keep our mind and brains active, such as art and crafts. Even the gardening is given to the younger prisoners." (Age not disclosed)*
>
> *"As I was retired due to disability at the time I went into prison, I could see no benefit from doing studies that I would not use or feel comfortable with the level I had. Art based learning was an area I wanted to improve and it was something I could carry on with and progress even on release from prison." (Age 67)*

Art was considered by these learners to play an important role in keeping their minds active, providing a social space to spend their time, and offering them an opportunity to learn skills that were not primarily employment focused—as many older prisoners do not expect to find outside employment before retirement.

This significance of arts-based learning was also acknowledged in the *"Review of Offender Learning"* by the Department of Business, Innovation and Skills:

> *"We recognise the important role that the arts can play in the rehabilitation process through encouraging self-esteem and improving communication skills as a means to the end of reducing re-offending…. Engagement in the arts with the possibility of fresh vision, or at least a glimpse of a different life, often provokes, inspires and delights."*[68]
>
> RECOMMENDATIONS
>
> 13. We recommend that age-specific provision of arts-based learning be made available to older prisoners, particularly those who are unable or unlikely to find employment once released due to their age.
> 14. We know that distance learning is a valuable medium through which older prisoners can gain access to arts-based learning and strongly recommend that support for distance learning is maintained across the estate, to provide older prisoners with this valuable opportunity.
>
> *"Distance learning, with correct support, is by far the best." (Age 63)*

8.0 *ICT and digital inclusion of older prisoners*

Prisoners Education Trust believe that there is a the digital inclusion of prisoners of all ages is an issue that needs to be addressed across the estate. We are working with the Prison Reform Trust to publish a report on the digital inclusion of prisoners later in the year.

There are also issues regarding the digital inclusion of older prisoners which need to be addressed. On a recent prison visit, one prisoner learner told us:

> *"Here we have an aged population—so they have particular IT needs and skills. For some, IT is a new world and it's very intimidating. People who have spent years inside aren't familiar with computers at all. Some of us have expertise, why can't we share it with others? There's loads of scope for mentoring in PC skills." (Prisoner learner, HMP Kingston)*

In their response to this inquiry, many older prisoners also referred to ICT training as a vital part of their learning that would help them to integrate into society once released.

> *"One subject older people would benefit from is IT, as everything is going that way. Older people, myself included, are afraid of computers." (Age 70)*
>
> *"I have learnt how to use a computer, which will be a great help to me on release." (Age 66)*
>
> *"At 81 years of age, I started a Level 1 IT course; I possess neither a computer nor a mobile phone at home, but I wished to bring myself into line with the thinking of younger folk. I am the oldest in the IT class" (Age 81)*

Many of the older prisoners that we spoke with had been able to access basic ICT training appropriate to their needs. However, some felt that they needed longer to learn these skills than younger prisoners in their class. For this reason we recommend age-specific ICT learning, and ICT mentoring between prisoners.

> RECOMMENDATIONS
>
> 15. Age-specific ICT classes should be implemented across the estate, to allow older prisoners to learn these skills, which they see as vital to their progression both inside and out, at an appropriate pace.

[68] Department of Business, Innovation and Skills, *"Making Prisons Work: Skills for Rehabilitation—Review of Offender Learning"* May 2011

16. Prisoner mentors with good IT skills should be trained and enrolled to help older prisoners to develop their skills.

March 2013

Written submission from prisoner spouse A[69]

I have read in Inside Time, the newspaper for prisoners, that the Justice Select Committee has asked for written evidence for its enquiry into the treatment of older prisoners. My husband is 73 years old and has been in the Category A (high security) HMP Long Lartin for 4 years, even though he is classified as Category B. This is his first ever conviction of any offence whatsoever, and he continues to maintain his innocence. We have both been appalled to discover the lack of common courtesy and basic needs in prison, particularly for the elderly, and I hope my description of the following examples will be of help to you in your investigation.

SANITATION

As reported by the IMB, the practice of "slopping out" is still daily routine for around 2,000 prisoners. My husband is located on a VP (vulnerable prisoner) wing where, unlike the wings for mainstream prisoners, there is no in-cell toilet or even a sink to wash their hands after using the bucket. A fair proportion of prisoners on VP wings are elderly and/or infirm, and access to a toilet is often a matter of great importance.

Prison governors will tell you that adequate provision is made for access to toilets, but this is not so. There is a system called "nightsan" for access after lockdown but it is unreliable, and pressing the button for your turn in the queue can still mean a wait of several hours. In a parliamentary discussion a couple of years ago, Lord McNally said "Prison authorities redeploy guards so that ... when, occasionally, the system breaks down, it can be operated manually". That has never happened in my husband's experience, though he tells me the guards can be heard chatting and laughing together, well away from the landings.

Lack of access to toilets is also a problem during long periods of lock-down, as "nightsan" is never turned on during the day. The only way to ask for access to the toilets then is by ringing the all-purpose in-cell alarm button. The officers did not take kindly to this, and threatened my husband with an IEP if he did it again. There have been instances of 5 days or more (sometimes in hot weather) when there has been no access to toilets other than for the daily slopping out routine, and no time allowed for washing hands before collecting the meal and returning to the cell to eat it. On at least one occasion, the long queue of prisoners emptying buckets resulted in blockage of the sluice, and the area was awash with raw sewage. It was these conditions my husband returned to following a facial operation, to find he was not allowed out to wash his hands before applying ointment to the unhealed wound on his face.

Earlier this week, due to staff shortages, some prisoners were allowed out while others (including my husband) were kept locked in their cells. Suffering from a bladder infection, after some hours he rang the bell and asked the young female prison officer if he could be unlocked to go to the toilet as he was in some discomfort. It is, for a man of his age, humiliating to have to ask permission from a girl 40 or 50 years younger. Her refusal, accompanied by the comment "just because you're 73 it doesn't make you special" is a classic example of the attitude of prison staff to older prisoners.

STAFF ATTITUDE

The attitude I have just described is rife amongst both male and female officers, who appear to delight in treating elderly prisoners with contempt.

My husband was recently called to Healthcare for a blood test, and the officer in charge called out "Here's [...] for his voluntary castration" to the great delight of the other officers.

On another occasion, he went to collect his daily dose of warfarin but his name had been omitted from the list. The officer in charge expected him to just go away meekly, but when my husband explained politely that it was essential he had his tablet immediately due to a heart condition, he was again refused entry. He was subsequently given an IEP warning because the officer falsely claimed he had been argumentative and refused to follow orders. Anyone who knows my husband recognises that he is always polite and well-behaved. He has never been otherwise.

Similar examples are common, and appear to satisfy the officers' need to humiliate and degrade the elderly prisoners in their "care". This is their job satisfaction, and they will continue to do it as long as they can get away with it. Creating training courses or putting up notices about discrimination is a waste of time if no-one takes any notice. It is a failure of prison management, because they do nothing to stop it.

HEALTHCARE

There is no efficient healthcare in prison for the elderly, whose need is often more urgent than for younger prisoners. The instances I've described above are just a few examples.

[69] Redacted for publication. Redactions are signified thus: "[....]"

My husband is known to suffer from a skin condition, and soon after he arrived at HMP Long Lartin in 2009 he sought help for a persistent ulcer on his face and after much delay, it was eventually agreed that he needed to have a simple operation at the local hospital to remove it. There followed a long period of enquiries by my husband, and complaints from me via prisoner-focused organisations and even our MP before the operation was eventually carried out more than a year later, in July 2010. The delay was apparently the result of hospital appointments having been cancelled by Prison Security, and then not re-booked. By the time the operation was carried out, the affected area had increased so much that a skin graft was necessary, needing 19 stitches instead of the original estimate of 2, and his face is now permanently disfigured.

He is currently awaiting a six-month follow-up appointment at the same hospital, also for a dermatology problem. This was due before the end of 2012 and, at the time of writing, he is still waiting to be seen in spite of having made the proper enquiries at healthcare.

He has experienced numerous other instances of inefficiency and lack of care.

Nutrition

Decent food properly prepared is essential to the health of the elderly, wherever they are. In prison, food is largely inedible and a great deal is thrown away. Yesterday, my husband's lunch consisted of half a bowl of "soup" which was little more than flavoured water with some pieces of carrot. Fresh fruit is scarce, salad is limp, potatoes are inedible, vegetables are overcooked and pies contain nothing resembling meat. Most of the food he eats he buys himself from the prison supplier, at extortionate prices, with money which I (a pensioner myself) send to him regularly.

The elderly remain the only group of prisoners expected to pay for the privilege of enduring such an appalling standard of living. It is funded by confiscation of the state pension, this being classified as a "benefit" notwithstanding 50 years of continuous compulsory contributions.

I hope you will find this information helpful to your enquiry.

Written submission from the Prison Reform Trust

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

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

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

Responsibility for Mental Health Care in Prisons

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

5. There is a lack of awareness of the need to conduct mental health checks regularly to detect symptoms that may vary. Many prison officers do not have the expertise needed to identify specific conditions and refer someone to health care. When referred to healthcare, few health care teams have specialists in mental health of older people or dementia. The reception assessments for mental health focus on immediate risk and not

long-term conditions. In addition, there is little research or understanding, particularly amongst prison staff, of the impact of long-term or indefinite imprisonment on mental health needs.

Responsibility for Physical Health Care in Prisons

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

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

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

Social Care Responsibility in Prisons

9. The statutory responsibly for social care for prisons is unclear. Legislation does not specifically include or exclude people in prison under the local authorities duty to provide social care. The Law Commission (Adult Social Care, 2011) and the University of Birmingham (in a report for the Care Services Improvement Partnership: Adult Social Care in Prisons: A strategic framework, 2007) have identified major shortcomings in the provision of social care in prison. These reports rightly identified a lack of clarity on who is responsible for assessing and providing social care support to prisoners. The reality of this is confusion over provision of daily living aids, personal care and occupational therapy. We were told "*I could only obtain one small walking stick to help me get around. It took healthcare staff over six weeks to find me two longer sticks to support myself*".

10. The Prison Reform Trust would like to see clarification of the relative responsibilities of local authorities and the prison service. We would also like to see assessments being shared between prisons as prisoners move around the prison estate, and shared from community into prison; and from prison back into the community. Currently, there is no equivalence of social care for prisoners and for people in the community with similar care and support needs. The Prison Reform Trust would like to see a statutory duty placed on local authorities to commission/provide social care in prisons, and a regulatory framework that would hold them to account. We would like the local authority in which the prisoner is located to hold responsibility for commissioning social care in that prison, as currently happens with health care. One prisoner told us "*I'm a lifer and I have disabilities. The social services where I should be resettling don't want to know and say they can't do an assessment."*

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

12. We understand that the draft Social Care Bill will include a commitment to equivalent provision in social care for people in prison. However, this legislation is not expected until after the next election and we remain concerned about provision for people with social care needs in the mean time. One older prisoner explained that "I *have bladder trouble especially at night and I often wet my clothes and bedding. I am very embarrassed and don't want to be a nuisance. When I mentioned this to my officer he laughed and said that we all have problems like that as we get older. But now I'm wetting myself in the daytime too and can't get to the toilet… . because it is locked. Some of the younger men and officers are teasing me".*

Environment and Regime

13. Although we do not have prisons for older people, in the male estate many older prisoners have accumulated in the high security prisons and in prisons holding people convicted of sex offences. There are

many examples of wings or units specifically adapted for older people. However, there is no national guidance about what constitutes an "older prisoners unit" and what conditions, environmental changes or services could be provided on such a unit. These are set up by individual prison establishments to meet the need of their population. Some older people would prefer to be in a separate unit but many wouldn't. The ideal is allocations based on individual need and wherever possible, preference.

14. It is also important that there is provision for people with a disability/social care need at all levels of the prison estate. At the moment, women who have a disability cannot be located in open prison conditions, even if they have been categorised as appropriate for the open estate. This clearly disadvantaged them as they are held in a more secure regime with fewer opportunities to have more autonomy. It is clear that dedicated provision for people with mobility and care needs is necessary but prisons do not always have the resources needed to adapt and maintain these units. National oversight of this, following an analysis of the needs of the current population and possible future needs for accommodation, could ensure that resources were utilised more effectively.

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

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

Sentence Planning and Offending Behaviour Programmes

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

The Effectiveness of Arrangements for Resettlement of Older Prisoners

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

19. In additional, housing is scarce, many former prisoners do not qualify for priority social housing and it can be particularly difficult to place people convicted of sex offences. Some people are required to live in approve accommodation managed by the probation service. It is difficult to find sheltered accommodation for people who have convictions for serious offences. Most of this accommodation is inappropriate for people with care and mobility needs. The likelihood of having accommodation on release from custody decreases the older a prisoner is. In 2010–2011 the proportion of positive accommodation outcomes were lower for those aged 50–59% (81%) and 60 and over 79% than the average of 86%.

Compliance with Equality and Human Rights Legislation

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

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

Staff Training

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

Voluntary Sector Involvement

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

National Strategy

24. There is a clear need for guidance and direction from the centre. Current prison Service policy, Prison Service Instruction 32/2011 Ensuring Equalities, describes general duties but does not contain significant mandatory requirements or minimum standards. Staff are struggling to manage the complex needs of this group. This work has been given insufficient priority. Adaptations for mobility and access have to be adequately resourced so that all prisoners can participate fully and prisons can become compliant with equalities legislation.

25. A national strategy could include:

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

26. Examples of good practice:

Forums and older prisoner groups.

The Retreat, HMP Whatton

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

The Lobster Pot, HMP Leyhill

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

Single Assessment Project HMP Isle of Wight

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

Dignity Tool HMP Wakefield

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

Resettlement work HMP Norwich

Age UK provide advice and support on resettlement, including finance benefits and accommodation.

Gym provision

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

Core Day Unlock

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

March 2013

Written submission from Prisoner L[70]

WRITTEN EVIDENCE TO THE JUSTICE SELECT COMMITTEE

Biographical Detail: Admitted to HMP Manchester [...]. First time in prison for historical crimes. Seeking leave to appeal. [...]

Formerly local councillor, head teacher, Chair of Governors at [...] University College. Disabled prisoner with poly-... poly-arthritis with rheumatoid factor, asthmatic, suffers from tri-geminal neuralgia, eczema, hiatus hernia. Aged 66 on entry to prison. Member of Prison Racial Equality Group, attends Equality Action team the Governor, attends Wing meetings, mentor for Shannon Trust "Toe by Toe" reading programme.

Personal Prison Mantra: Understand, Accept, Embrace.

Introduction: It is my intent in offering this written evidence to the Select Committee to concentrate on areas that might prove helpful to your deliberations.

(a) The mental and physical health care needs of older prisoners.

(b) Identifying and meeting need.

(c) The prison environment and regime.

Additionally there is a reading list and 2 appendices.

The observations that form the basis of this evidence have been developed from my personal experiences, those of prisoners that I have listened to, discussions with officers (formal and informal) and my reading of reports, policies and other material available in the library at HMP Manchester. I am also indebted to Judith Caie MSc for sight of her MSc dissertation "Biopsychosocial Risk Factors for Common Mental Health Problems in Older Male Prisoners" (i) I quote from this 2012 dissertation with the permission of Ms Caie.

Section (a): The Mental and Physical Health Care needs of Older Prisoners

Because of the pernicious nature of Jack Straw's 2003 Act more and more older prisoners are entering the prison estate, often condemned by evidence from a complainant without corroborating police evidence. Many of these prisoners have no experience of prison life and have to develop coping strategies in old age for a life regime that runs counter to their previous experiences. The current pattern of extremely harsh sentences means that many will anticipate that they will die in prison. Many of the prisoners are either innocent or have not committed an offence for twenty or thirty years. The element of shock must not be understated. In (i) above Judith Caie notes that the research indicates that there is a link between entering prison and a worsening of physical health complaints. Often on admission to custody older prisoners are already experiencing poor physical health and the conditions within prison worsen this. Caie draws connections between problems of physical health and significant mental health issues. She finds that 'risk of developing primary mental health problems may be increased by chronic physical ill-health.

Additionally she draws attention to Crawley's (2010) "notion of " institutional thoughtlessness" (that) can be potentially damaging to the mental health of older prisoners." Thirdly, she finds that "depression can go largely undetected in the older male prison population." If this depression is largely undetected she finds that older male prisoners are unlikely to have their depression diagnosed or treated whilst in custody.

At this point it might prove valuable for me to offer my personal observations on the physical and mental health condition of prisoners of age on E-wing at HMP Manchester. The vast majority of prisoners of 50+ on E wing have regular physical health problems-some have chronic conditions and require ongoing medication; others have short-term illnesses that require an immediate response. Prison is a partially closed community and thus once a virus enters the wing it has an immediate impact, particularly on those prisoners with damaged immune systems and those prone to chest infection. The prisons initial response is always "drink plenty of

[70] Redacted for publication. Redactions are signified thus: "[....]"

water and take paracetemol." I shall have much more to say on identifying problems and responding to them in Section b. A significantly high proportion of older prisoners have mental health issues. Many regularly see members of the Mental Health In-Reach Team and it has been brought to my attention that many receive medication to help them with their problems. Mental health issues are discussed less frequently which may reflect a situation in the wider community. There are disabled older prisoners on the wing; disabilities such as deafness are easily recognised whilst chronic conditions such as arthritis are generally ignored. Because E Wing has a significant number of motivated and highly professional prison officers inmates with problems receive a supportive and sympathetic response. From discussions with prisoner representatives on other wings this situation appears to be unique to E-Wing. This wing has the highest proportion of elderly prisoners in HMP Manchester, probably running at over 50% of the wing population.

In this part of my evidence I have attempted to reflect my observations and how they fit into the wider research carried out by Caie and others. The proportion of older prisoners is rising and so is the length of sentences; there is also an increased number of innocent inmates ant those have committed "historical" offences. Older prisoners are more likely to have physical health issues and prisoners, particularly older prisoners, with such issues are more likely to suffer from depression and mental illness. In the next section I will look at the identification of needs of older prisoners hand how HMP Manchester deals with those needs.

Section (b): Identifying and Meeting the Needs of Older Prisoners

The Ministry of Justice through PS1 32/2011 requires that the prison estate carries out the provisions of the Equality Act 2010. The Act recognised a number of protected characteristics. Annex A describes the characteristics and those include "Age", thus:

> *Age*
>
> A.5 "This refers to a particular age group, whether this is a particular age or a range of ages."
>
> Annex D gives prisons the responsibility to collect and monitor on the protected characteristic groups including "Age".
>
> D. 6 "The general principle is that prisoners should be asked for this information where information is already available to staff with responsibility for collecting it, prisoners should be asked to check that it is accurate."

The collection of age data at HMP Manchester is both simple and automatic as prisoners are asked to confirm their date of birth at entry in Reception. Other information such as disability and chronic ill-health are also collected at that point. Many prisoners, particularly older prisoners, arrive at Reception in a state of shock. HMP Manchester recognise this and in its Prisoner Disability Policy (June 2010) it points out that "data is collected from Declaration of Disability forms done at reception as well as routine wing census and responses to request forms. An "Excel" database is managed by the Disability Liaison Officer (DLO) and data is shared across functions." Information and recognition of age and disability are collected and recorded at prisoner reception. Some prisoners may have chronic health conditions including those with pain as a significant factor. It is not clear that those conditions are recognised and recorded. Discussions with wing officers appear to indicate that whilst they are made aware of older prisoners that come on to the wing the only action that is required is to ensure that an OAP sticker is placed above the door to ensure that older prisoners are "opened up" for additional association time that is offered mornings and afternoons (Monday to Friday lunchtime) to older prisoners.

In December 2012 the prison established an Elderly Prisoner Forum with links to Healthcare and to include the DLO. The forum has not met since its initial meeting. Some elderly prisoners are keen to have another forum meeting so that matters can be raised that they consider both important and urgent. In its HMCIP Action Plan the prison is developing an elderly prisoner community with appropriate facilities on A wing. The target date for completion is March 2013. A risk assessment has been carried out on the showers on level 3 at E Wing; grab rails for older prisoners have been ordered.

HMP Manchester is starting to take the first faltering steps in recognising that older prisoners are part of a protected characteristic and have special needs that need to be met. At this point it might prove valuable to identify those matters that prisoners have raised as serious concerns in discussion. Undoubtedly the issue that is mentioned most frequently by older prisoners is the recognition and treatment of physical health conditions and illnesses.

The first and most frequent point of contact with the health care system is the nurse(s) who come on the wing to administer medication that prisoners are not allowed to hold in their cells and to give to prisoners the medication that has been ordered on (repeat) prescription. Older prisoners are unanimous in their praise for the vast majority of nurses; not only are they totally professional but most of them show kindness and concern for their patients, regularly calling them by their first names. Older prisoners are treated with dignity by the nursing team. Since September 2012 I have only seen poor quality behaviour by nurses on two occasions. Nurses also assist doctors at the Health Care Centre. The nursing team are unable to prescribe except for soluble paracetamol at the wing health room. It would be truthful to say that when most elderly prisoners tell the nursing staff that they have a chest infection they are given paracetamol and told "drink large amounts of water". Some nurses advise prisoners to apply to see a doctor. It often takes a week or more before prisoners receive their appointments. Emergency appointments, whilst available, are fairly rare.

Doctors see patients in the treatment rooms located in the Health Care Centre. The procedure applies to all prisoners but the negative impact of the process falls more heavily older prisoners. The notice of an appointment is short. Usually, but not always, a notification is posting into a cell during the night, often quite late, before the appointment. The appointments give details of which service is to be seen but not the name of the doctor or health care specialist involved. For morning appointments prisoners are told to be ready by 9am and are usually collected by an officer between then and 10am.

Vulnerable prisoners (E wing and A wing) have their own waiting room. It has recently been decorated to a high standard and has a flat-screen TV that shows DVDs. "Porridge" is particularly popular with older prisoners. Unfortunately the waiting room has no heating. The adjacent toilet has a small radiator but this is ineffective in heating the waiting room which has an external door that lets in cold air in winter. The waiting room has about a dozen chairs, but there are regularly more than twelve visitors awaiting appointments. Prisoners wait until everyone from their wing has been seen and are then returned to their cells. The time spent in the waiting room is often two hours. It should be noted that many elderly prisoners forgo a visit to the Health Care Centre in winter as they feel that sitting in a cold waiting room is likely to lend to a deterioration in their health.

Most prisoners who attend for a GP appointment see a locum. The overwhelming view of older inmates is that they are treated by the locum as a prisoner, not a patient. The Health Care medical provision is provided by the local NHS Primary Trust. The Trust has the responsibility to treat everyone as a patient. Older prisoners have expressed concern that they are not believed and have had to draw the locum to their detailed NHS records which are held on the computer on the desk in the treatment room. Locum doctors seem very reluctant to take executive decisions and some have, or appear to have, a fear of prescribing. The sole exception to the culture described above is the NHS Prison Head of Medicine, [...]. His reputation is exceptionally high among older prisoners; he treats everyone as a patient and does so with respect, dignity and humour and this is much appreciated by his patients. Serious medical cases are treated as in-patent on the ward in the Health Centre; some are transferred to outside hospitals. Most elderly prisoners that I have listened to have said that in-patient care is good. They say that they feel safe and secure and are treated with respect.

The Health Care Centre provides a number of other medical services and I shall deal with these in turn. Dental services have an excellent reputation; the waiting times for an appointment are reasonable and the quality of service is excellent. All elderly prisoners that I have spoken to about the service claim that the outcomes are comparable with NHS dental services outside prison. Optician services are also considered to be good; whilst there is a delay in receiving appointments once the optician has been seen there is only a brief delay, a matter of a few days, before prescription glasses arrive on the wing. Most prisoners agree that prescription is accurate but concerns have been expressed at the quality of the frames. Spectacles are not individually fitted on arrival. The general quality of Podiatry Services available in the Health Centre is recognised by older prisoners as good; however there are significant delays in managing appointments. Prisoner M has been waiting from the middle of November for an appointment and Prisoner C since the early part of December. Worryingly both prisoners still have not seen the podiatrist. The physiotherapy service offered by the Primary Trust is dire. The physiotherapist is a private practitioner. It is almost impossible to find an older patient who has had a satisfactory service or reasonable experience. The reputation of the service is so poor that many older prisoners would rather remain in significant pain than see the physiotherapist. A number of prisoners have complained that advice given runs contrary to that they have received from long-term physiotherapists on the outside. Many prisoners have complained to me about the abrupt, almost brutal, response given by the physiotherapist. It has been noted by many that she does not discuss with patients but delivers monologues. When challenged she appears to lose her temper and raise her voice . Older prisoners are most dismissive of the physiotherapy service. The Health Centre also offers "Stop Smoking" and "Sexual Health Clinics". I have not met an elderly prisoner who has made use of the services.

Sometimes prisoners attend outpatient clinic appointments at local hospitals. I think it might be valuable for me to describe my recent outpatient appointment at [...] Hospital. I am due to have a cataract operation on my left eye. This kind of surgery is likely to become more frequent as the prison population ages. Without any advance warning an officer arrived at my cell at 9am on Wednesday February 6th. I was told that advance warning is not given for security reasons. I was taken to the prison reception were I was strip-searched. I was then double-handcuffed. This means that my hands were handcuffed together and then with a second pair of handcuffs I was handcuffed to an officer. The handcuffs caused some considerable pain and I did not get back the feeling or use of the thumb on my left hand (the double-handcuffed hand) until Tuesday February 12th. Three officers and a driver took me to [...] Hospital in a minibus. At this point I need to stress the professionalism and pleasantness of the officers. They were only following security procedures. However, I remained in handcuffs throughout the four and a half hours that I was with the security team. My hand-to-hand handcuffs had to be removed during parts of the pre-operation examinations, so that the nurses and technicians could carry out their work. The staff at the hospital were excellent; they treated me with respect and dignity throughout. A nurse carried out a medical history interview. She asked me if I had visited a hospital in the previous six months; this question related to my being a possible carrier of MRSA. Whilst I explained to her that I hadn't been in hospital that I shared a cell with another prisoner. She seemed quite shocked when I told her that we ate in our cells which also contained our shared toilet. The nurse asked me to repeat the facts again. I did so. She then explained that I would have to be tested for MRSA on the day of my operation. A brief word on the security set-up: I am a 66 year-old man in poor health; I have asthma and rheumatoid arthritis

with particular pain in my hips, knees and wrists; I would find it hard to run to save my life; I had three young, fit officers accompany me the whole time; I have not committed an offence for almost 22 years; I am embracing my time in prison to do all that I can to improve and reform for the benefit of officers and prisoners. The security provision was ridiculously overblown for an unwell, elderly prisoner. I was given a leaflet by the nursing staff at [...] Hospital relating to the cataract operation. I have already had a cataract removed my right eye so I have experience in dealing with pre-and post-operative risk. I have written to [...] to ask how the Primary Care Trust intend to manage the risks, particularly the post-operative risk of infection from open eye surgery.

The Mental Health Care service in the prison appears to elicit variable responses from elderly prisoners. The Prison has a Day Care Centre and on Wednesday mornings elderly prisoners (in this case 50+ years) spend a two hour session with two mental health nurses. The session is not limited to prisoners with mental health records but all 50+ prisoners can attend on application; the Wednesday sessions are specifically for vulnerable prisoners from A&E wings. This facility is considered to be valuable for and by attendees.

The Mental Health Nurses act as facilitators for wide-ranging discussions; they are excellent in maintaining a warm and relaxed atmosphere. Many of the older prisoners that attend describe the Wednesday morning experience as the highlight of their week. Clinics are also held for one-to-one sessions with prisoners who have registered mental health issues. No elderly prisoner has ever discussed the value of such sessions.

At this point I wish to deal with the issue of the recognition of their needs by the elderly prisoners themselves. Provision is currently triggered by applications written by prisoners. Cell furniture is very basic. Older prisoners may find the wooden or plastic seats to be extremely uncomfortable for sitting for long periods. There seems to be little understanding how decisions for requests for padded seating are considered. In an attempt to formalise the process I spoke to the DLO. He told me to put in (an) application to see a GP. I saw a locum who explained that as it was an "executive decision" she would have to refer the matter to [...], Head of Medicine. [...] told me that he was not qualified to make such a decision and made and appointment for me to see the physiotherapist. The physiotherapist told me that there was no medical reason for me to have padded furniture as an aid to easing pain. She told me to stand up and stretch every twenty minutes. Amusingly every seat in her waiting room was padded. Many older prisoners take the opportunity to work full-time or part-time. The general view is that there are three advantages to working: there is a small wage which contributes to purchases made from the "Canteen", effectively the prison shop; workshops are located a considerable distance from the wing and some prisoners "enjoy getting off the wing twice a day".—a quote from prisoner G; the issue of boredom is significant for many older prisoners and whilst for most their work is not intrinsically interesting however many prefer it to being "banged up". Older prisoners' association time is regular on E-wing but the actual amounts are variable. I have enclosed and analysis of association time (my cell door opening) for the month of February 2013. During association time prisoners may remain in the cells should they wish, they can chat with colleagues and officers or play cards, pool, board games etc.

Some older prisoners choose to attend education classes taking qualifications or certain classes, such as art, for relaxation. The wing "Read and Relax" weekly sessions have a significant number of older prisoners in attendance. Older prisoners tend to make good use of the prison library.

Older prisoners on E-wing undoubtedly play an important role in setting the tone on the wing. I have seen wonderful examples of older prisoners regularly talking to young men about their situations and listening to concerns and worries. This is vital for the younger prisoners in that they can speak to older men with confidence and in confidence, rather than to raise similar issues with officers. It is obvious that this is appreciated by members of staff. In contrast, many (not too many) older prisoners have younger prisoners as their dedicated carers. This normally means that the younger men collect the older prisoner's meals. It is HMP Manchester policy that they can make beds if necessary, and carry out other minor tasks. This reciprocity works well and recognises the symbiotic nature of prison life.

My impression is that there are a significant number of older prisoners who choose not to consider themselves "older". Perhaps it would be more accurate to say that they are only prepared to consider themselves older when they have problems that need solutions. When problems are solved and frustrations reduce they move from the older category to being just prisoners.

Much of the work, indeed I would probably say most of the work, in recognising, assessing and meeting the needs of older prisoners fall on the broad and professional shoulders of the wing staff. On E Wing at HMP Manchester the wing staff are of the highest quality. They are constantly observing the prison population; they are normally the drivers of the "Carer" programme and will approach older prisoners to ask them if they need carer assistance; if the response is positive then arrangements are swiftly put into to place to address the need. The best officers ensure that older prisoners are called by their Christian name, their nickname or they use the form of address "Mister". I am certain that this regime delivers dignity and adds to prisoner self-esteem.

As a member of both the [...] Team and the [...] Group I have the opportunity to assess the attitudes and ethos of the governorship of the prison. Whilst my experience in limited there is no doubt that I have found governors and other senior managers are focussed on problem-solving and reforming practices that will maintain and improve standards; their attitudes to achieving more equal outcomes for protected characteristic groups is focused and excellent use is made of risk assessment; actions follow assessments.

The most obvious flaw in the management process is the difficulty in communicating information and policy changes to P.Os, S.Os and wing officers. I am regularly told that I have more information than the officers; my fellow prisoner Committee members and wing officers confirm that they have the same impression. Large organisations are regularly criticised for communication failures; but with new electronic technology there should be no reasons why critical information could be steered on i-pads or similar pieces of hardware. Officers complain that office walls are well papered with memos and notices; just to replace this with e-technology would be pointless, however a thoughtful analysis of the targeting of information on a need to know bases. The prison might agree that targeting is their aim however observed outcomes suggest that improvements can, and need, to be made. For the prison to react swiftly to the needs of elderly prisoners communication methodology needs to be reviewed. A final comment: as we get older we look for sameness and consistency in our lives; newness is often regarded as a threat and is deeply uncomfortable for older prisoners. Constant changes of S.O and Prison Officers on the wing does not help. Older prisoners would prefer that shift patterns would enable a core officer group to be available so that consistent relationships develop a broader and deeper understanding of the needs and concerns of those prisoners. Movement between wings is seen as disruptive and prisoners, particularly older prisoners, are put in the position of rehearsing their needs and concerns again and again. Movement between prisons needs to be well-prepared and older prisoners should be given an indication of the regime and facilities available at the receiving prison. Prison R was informed that he was to be transferred to Buckley Fall Prison in Rochdale. Prison R is over 80; HMP Buckley Fall specifically stated that it is unsuitable for older prisoners as it has a hilly environment. Fortunately this dispersion decision was changed before a move could be made.

Section (c): The Prison Environment and Regime

The evidence submitted is purely based on my stay in the Vulnerable Prisoner section of a Category A wing in a shared local/Category A prison. I shall divide this section into a number of sub-sections.

Inclusiveness or Isolation; the most common view that has been expressed by older prisoners is that they prefer to be housed on a wing that includes middle-aged and younger alongside older prisoners. The reasoning behind this widely-held view is that older prisoners can perform useful mentoring roles with younger prisoners, and even with some middle-aged men. The view is also expressed that a wing of mixed ages has a more natural feel to it; some older prisoners have said that having some of the "lads around keeps me young"—a quote from Prisoner M. However concerns are expressed when the balance of ages is altered particularly when too many younger prisoners are allocated to the wing. As E-wing at Manchester is tightly managed and incidents are few and far between no concerns are expressed by older prisoners about their safety or security. Interestingly, and perhaps obviously, older prisoners then to associate with older prisoners in card games but mix with younger middle-aged prisoner to chat and play pool. Many of the relationships between the older population and the twenty-somethings are based on mentoring, advice sessions and banter about football and other shared interests. Older prisoners on E-wing who are due to be transferred to HMP Wymott generally show an interest in moving into the older persons' accommodation at the prison (here I am referring to prisoners aged 70+).

It follows from the above observations that thoughts has to be given as to the amount of influence that prisoners have in whether they are placed on an age-specific wing or are housed on a mixed age wing. I am certain that in the best run establishments officers ask prisoners their opinions on placement and do their best to respond compassionately. As mental health and physical health affects each other it can be presumed that the placement of older prisoners is crucial to their time in prison.

Cell allocation would appear to be particularly important. E-wing as Manchester has a shared cell arrangements with an in-cell toilet with a vanity curtain. The majority of the prison population in the Estate will be in simple cells. It is my intention to comment on the shared cell situation. My impression is that older prisoners value their dignity greatly. Many find toilet-sharing to be Victorian in nature and a thoroughly unpleasant experience. There are also health considerations; older prisoners are susceptible to infection and this should be taken into account when cell allocations are made. Older prisoners often prefer to share cells with other older prisoners. Whilst this may have social benefit it also raises the issue of upper and lower bunk arrangements. It is my view that prison establishments should carry out risk assessments when cell-sharing is considered. On E-wing HMP Manchester I have neither seen nor heard of evidence of bullying of older prisoners by younger cell-mates. Sometimes the pairing of prisoners of different generations can offer positives; a number of them have been referred to above.

I now wish to deal with the controversial subject of furniture and furnishings. As members of the Select Committee will be aware prison cells contain the most basic of furniture. Prison bunk-beds, mattresses, pillows are of a standard design. Whilst some older prisoners might be given an additional mattress by sympathetic wing officer the system appears to have little tolerance of older prisoners with sleep-related pain problems; older prisoners are expected to use beds designed for young fit offenders. Whilst it appears that cupboards and table have slight variety (apparently due to their age) chairs come in two forms; the white plastic moulded chairs have a low-seat base and the majority of older prisoners consider them to be viable only for short-term seating. The wood and metal upright chairs are hard and uncomfortable; the prisoner psychiatrists advises that they should be used with pillows and blankets as softeners; the padded chairs in her consulting room are exceptionally comfortable but don't appear to be available for use on the wing or in cells. It is my view that

prisoners over 50 should be offered a choice from a variety of chairs to allow them to be pain-free the same should apply to disabled prisoners and those with long-term painful conditions.

HMP Manchester has a clear policy to provide aids to living for disabled and older prisoners. No cells on E-wing have been offered to meet the needs of prisoners with protected characteristics. However, it would appear that no prisoners currently housed on the wing are in need of cell adaptations. Following concerns expressed by older prisoners and a carer the showers on level 3 are to be fitted with grab rails and a specialist shower seat is to be provided. This follows similar programmes on other wings. The number of wheel-chair users at HMP Manchester is small; the prison building is poorly suited to wheel-chairs and whilst there are plenty of ramps much of the prison is 11-storey and thus internal movement between floors is challenging. It would take substantial finances to rectify that current situation and in the current climate that is hardly feasible. A more pragmatic solution might be to move severely disable prisoners and wheel-chair users to nearby prisons which clearly cater for their needs.

The prison has a number of aids for partially hearing prisoners, particularly for use in making telephone calls. The DHO responds swiftly to meet those needs. Prisoners requiring hearing aids are tested and fitted outside the prison.

Prisons have the responsibility of achieving the maximum amount of "Purposeful Activity" for the prison population; this applies to older prisoners as well. Firstly, a comment on the concept of purposeful activity. Prisons are a semi-closed environment and offer, or should offer, real opportunities to prepare prisoners for their release into society. However the mix on offer is limited and the amount of "bang-up" (behind locked doors) time is excessive. Prisoners claim that boredom is a significant factor in their concerns about their personal mental health. Huge amounts of time are wasted. If government is serious about re-offending rates then it needs to put real resources into the prison estate. The current menu for vulnerable prisons at HMP Manchester is limited: the prison print shop, the laundry, wing cleaning, education. These activities are open to applications for all prisoners, including older prisoners. There are semi-skilled posts in the print shop, however most prisoners are employed in repetitive menial tasks. Older prisoners are encouraged to take education classes if they rejected work. Older prisoners (65+) do not have to take work of sign up for education classes. They have the opportunity for part-time work and many will work several mornings in a week. Some develop a time-table of mixed economy.

Some older prisoners are able to develop a whole week of purposeful activity but much of it was/is based on informal and yet most valuable activity. It might be helpful if i spent a paragraph on the activities in which i engage in prison. Quite a lot of this activity take place behind locked doors. On arrival in prison i chose not to work and the principle reason for this was the state of my health. I was determined to embrace my time in prison and chose as one of my principle objectives was to help prisoners and staff in any way that I can. I write letters and applications for prisoners who lack writing skills, read letters for those with reading difficulties. I am regularly asked for advice; sometimes on prison matters, again on legal issues (I always pass these questions on to those with more appropriate skills) on family matters; indeed and listen to prisoners who wish to talk about a plethora of matters. I am also involved in the format representation on prison committees where I am able to use my skills developed over a lifetime to present to the administration the hopes and fears of prisoners on E Wing. Visits are among the most purposeful activities in which prisoners engage. As an enhance prisoner I am entitled to six visits per calendar month. Maintaining relationships with family and friends is an aid to mental and physical health and is essential for the success of the post-prison experience. I telephone my family daily, even though this is expensive. Some older prisoners do not receive money from the outside. On entry into prison the old age pension is stopped. In lieu of this OAPs are given £4.40 per week to spend; sadly most OAPs who are new are not automatically paid this amount and have to apply for it.

Older prisoners are in a special position when it comes to allocation of prison at dispersement. The partners of older prisoners tend to be within the same age band and thus will experience difficulties in travelling to visit. Along with course required within sentence planning the issue of easeness of visiting should be a major priority when dispersement takes place. Prisoner R was offered a place, if "offer" is the right word as HMP Buckley Hall. However Prisoner R is over eighty years old and HMP Buckley described itself as unsuitable for older prisoners. Prisoner R was most concerned about this but was told that it was an error in the system and that he would be dispersed to a more suitable prison. It is essential that the prison estate would quickly towards providing places for elderly prisoners in establishments that have been redesigned to meet their needs. Newly designated elderly prisoner units need to embrace regimes that area suitable for older people and place dignity towards the top of their priorities. It is awful to hear officers call elderly people by their surname. HMP Manchester had a policy whereby prisoners may choose name designatories. The majority of staff on E-wing adhere to this policy however a small number of officers do not take the trouble to the courteons. Being in the right place (properly adapted) prison with the right regime in the right geographical location would greatly help the resettlement and physical and psychological health of elderly prisoners. I would like to make one final point on this matter. Dispersement is a traumatic experience for all prisoners but especially those who are older. Minimum dispersement will allow prisoners to understand their environment and to feel at ease, knowing that they will have a period without major change. Re-categorisation of prisoners is an important precursor to dispersement; elderly prisoners, particularly those who are disabled and/or historical offenders should have the opportunity for swift re-categorisation so that they can be settled for the major part of their sentence in a prison that is appropriate to their needs. Whenever possible older prisoners and their families should be engaged in

all discussions relating to dispersement; this should include geographical location, category, choice of course and the regime of the receiving prison.

There at HMP older prisoners have the opportunity to help and support others. We are currently attempting to formalise such mechanisms. The Prison Reform Trust's Time Well Spent (2011) provides an excellent template for the prisoner led process there is no doubt that many older prisoners have the experience and skills to play a full role in the development of such a scheme. These opportunities need to be recorded as purposeful activity and the underlying trust in prisoners that is essential to the success of such programmes needs to be celebrated by prison regimes. Active citizenship needs to be transferable between prisons and will provide a firm foundation for older prisoners when they are released. Active citizenship can become the basis for older prisoners when they move on and out into the "free" world. Prisoners that have allowed voluntary work to become part of their prison experience are likely to take up such opportunities when they leave prison. It is fundamental to such an approval that the prison authorities, probation and the voluntary sector work together to develop active citizenship plans for older prisoners as they reach sentence end.

Whilst I am firmly of the opinion that a national strategy is needed to meet the needs of older prisoners as there will be far reaching financial consequences, i am also certain that the drivers need to be regionally-based and the thrust needs to come within individual prison establishment. Prisoners must play a full role in these plans and that role must be embraced by all stakeholders. HM Inspectorate of prison needs to take an active part in monitoring the success of such a strategy and I also believe that the Justice Select Committee needs to continue with its excellent work in shining a light onto current practice. I could have based my evidence on theoretical publications and whilst I have under-pinned this evidence with the opportunity to read widely, it was always my intention to offer practical evidence from the point of view of a new prisoner entering the world of prison from the first time. However I am including below the seminal publications that have offered me background knowledge against which to present my personal experience and opinions.

I am more than happy to respond to written questions from the Select Committee or to discuss any matter by video-link. The Committee would need to seek the permission of the Governor of HMP Manchester if a follow-up would be useful. I am most grateful for the opportunity to give written evidence to the Justice Select Committee and would like pay tribute to our Governor for responding so positively to my request:

Support Reading List:

(i) Report on an unannounced full follow-up inspection of HMP Manchester 1–9 September 2011: HM Chief Inspector of Prisons.

(ii) Ministry of Justice P51/32/2011 Ensuring Equality: NOMS Agency Board.

(iii) Prisoner Disability Policy, HMP Manchester, Updated July 2010, HMP Manchester.

(iv) The Equality Act 2010. Securing Equality for all in Britain July 2010; Equality and Human Rights Commission.

(v) Prisoner Wheel Chair Policy, HMP Manchester, Issued November 2009, Review Date: December 2010.

(vi) Biopsycholosocial Risk Factors for Common Mental Health Problems in Older Male Prisoners. 2012 Judith Caie.

(vii) Thematic Report: Disabled Prisoners, March 2009. HM Inspectorate of Prisons.

(viii) Doing Time; Good Practice with Older People in Prison the Views of Prison Staff: Prison Reform Trust 2010.

(ix) Time well Spent: A practical guide to active citizenship and volunteering in prison. Prison Reform Trust 2011.

(x) Locked Up Potential: A strategy for reforming prisons and rehabilitating prisoners: A report by the Prison Reform Working Group: The Centre for Social Justice 2009.

Appendix 1: Data Extraction Table from (vi) Thesis above

February 2013

APPENDIX

DATA EXTRACTION TABLE

	Day	*Association*	*TIME*		*Elderly Prisoner*	*Total*
			hours	*min*		
1	Friday	G.A	2	16	OAP 1.53	4.09
2	Saturday	G.A	5	52		5.52
3	Sunday	G.A	6	13		6.13
4	Monday	G.A	2	08	OAP 2.14	4.22
5	Tuesday	G.A	2	02	OAP 2.43 HC	4.45
6	Wednesday	G.A	2	15	OAP 6.31 HA R.R	8.46
7	thursday	G.A	0	00	OAP 3.40	3.40

	Day	*Association*	*TIME*		*Elderly Prisoner*	*Total*
			hours	*min*		
8	Friday	G.A	2	02	OAP 1.16	3.18
9	Saturday	Not Recorded				= =
10	Sunday	G.A	2	34		4.49
			2	15		
11	Monday	G.A	2	09	OAP 3.19	5.28
12	Tuesday	G.A	1	58	OAP 2.38	4.36
13	Wednesday	G.A	2	06	OAP 4.05 HC	6.11
14	Thursday	G.A	0	00	OAP 1.52	1.52
15	Friday	G.A	2	28	OAP 2.11	4.39
16	Saturday	G.A	6	12		6.12
17	Sunday	G.A	6	06		6.06
18	Monday	G.A	2	10	OAP 2.05	4.15
19	Tuesday	G.A	2	07	OAP 3.14	5.21
20	Wednesday	G.A	1	58	OAP 4.09 DCC RIR	6.07
21	Thursday	G.A	0	00	OAP 0.00	0.00
22	Friday	G.A	3	18	LL OAP 0.00	3.18
23	Saturday	G.A	4	36	OAP	4.36
24	Sunday	G.A	4	47	OAP	4.47
25	Monday	G.A	2	01	OAP 3.46	5.47
26	Tuesday	G.A	1	57	OAP 4.54	6.51
27	Wednesday	G.A	1	47	OAP 3.59 DCCRIR	5.48
28	Thursday	G.A	0	00	OAP 3.16 MOAPF	3.16

Key

OAP = Elderly prisoner
GA = General Association
HC = Health Care Appointment
MOAPF = Meeting OAP Forum
HA = Hospital Appointment
R.R = Read & Relax
V = Visit
DCC = Day Care Centre
LL = Library Legal

Explanation of key

OAP—Association for Elderly prisoners not in workshop or Education.
G.A—General Association time for all prisoners.
H.C—Health care visit—normally waiting in HC room for up to 2 hours.
H A—Hospital Appointment at Withington hospital referred to in main text.
V—Visit I take my visits at 3.45pm which means that I return after OAP or GA bang-up.
LL—Library legal visit for prisoners who are studying for appeals etc.
R&R—Read and relax- a charity programme for a small group (8 prisoners) to read and discuss short stories and poetry.
DCC—Day care centre (8–10 prisoners) specifically for older prisoners. Facilitated by Mental Health workers where prisoners can talk and have tea, coffee and toast. Part of the prison Mental Health programme.
MOAPF—Meeting of OAP Forum—mostly to discuss matters relating to the needs of older prisoners.

Association time

The daily figures show the time that one elderly prisoner spends out of his cell each day.
Taking Monday 18 February association with all prisoners 2.10 Association with OAPs including one hour visit 2.05 total associations 4.15 times locked up in cell 19.45.

Further Note

On Thursday February 28 2013 a meeting was convened of the OAP Forum for vulnerable prisoners. Vulnerable prisoners must be kept away from general location prisoners and have their own forum meetings. Eight prisoners from E wing, two prisoners from a wing and three members of the prisoner's staff attended including the Disability liaison officer. The OAP Forum also deals with matters relating to disabled prisoners.

Matters discussed included

— Provision of wheelchair.
— Carer job descriptions and rates of pay.

— Carer responsibilities.
— Duvets for purchase by OAP and Disabled prisoners.
— Elderly prisoner room on A wing.
— Toilet for VP prisoners at visits.
— Shower adaptations on E wing.
— Designated Disabled cells.
— Advanced notice of meeting with offender., management unit, Job Centre Plus etc.
— Automatic payment system for 65+ prisoners who choose not to work.
— Activity and employment of elderly and disabled prisoners.

77.5% of prisoners at 65+ years are in purposeful activity—work or education.

Of that figure 40% are employed in workshops.

80.6% of declared disabled prisoners are in purposeful activity.

Written submission from Prisoner M[71]

I will answer the questions you ask for your Select Committee that are in the Inside Times as best I can.

1. The responsibilities for mental/physical health and Social Care could be defined a lot better. One has long waits for the amenities: Doctor and others but the doctor is a long wait. Social Care we never hear of that in here.

2. The needs of older prisoners could be met a lot better. If disabled as I am and many more on my landing we have a long time to wait for any aids such as shaped pillows, walking sticks etc. Wheelchairs some are broken and when told about this nothing done we also have a large wheel chair that has to be shut when brought onto wing. As a wheelchair user one has to get out and in it to get through the wing door even on wing. Staff told nothing done.

3 The environment and regime.

We have to follow same regime as anyone else. The environment is just normal prison environment our doors are left open for most of the day which gives one contact with other OAPs. There is gym for OAPs if one can make it. There is dominoes cards etc twice a week but time seems to be getting shorter each session.

So there is not much for OAP to achieve in the High Security Estate. The wing staff do not get any training here that is effective. They won't push wheelchairs. I'm maybe lucky that I have an inmate carer who fetches my food (meals) as I can't do stairs as the wings in here are upside down. One come is upstairs and comes into wing upstairs if one lives downstairs down they go. All OAP who are disabled live upstairs as easier to get to healthcare. As for staff although I still have my wits about me I have been called a senile Bas—rd. As the rest of us have. Some officers helpful.

4. I'm leaving prison in ten months and I haven't heard anything from the voluntary and community and sector in what's going to happen to me care wise when released. I do know i'm going into a hostel for a bit beside druggies and bullies which OAPs can do without.

5. This one I don't know if it complies with Human Rights more could be done.

6. Yes a National Strategy should be made. It should contain reasonable places to live not HOSTELS. That aids are needed are sorted out eg I need a nebuliser. Pensions and Disability Living Allowances should be ready for one on release not waiting for cash Housing Benefits council tax as the prison gets to know where ones going a Doctor and Hospital should all be arranged for us OAPs.

There is quite a lot prison could do for OAPs. For instance re-categorisation. I waited here just over three years for my C cat to move on to a prison a C cat prison for rehabilitation for release. Nothing like that here.

I finished all my courses on 14 Dec 09 and have had no more interventions to do. At my sentence plan the last three years it's been consolidate consolidate consolidate.

Why can't OAPs like me although there are many here get their C cat and moved on to a better prison for rehabilitation and release instead of kept in high security?

My C cat is not any benefit to me now as it takes up to a year to get a move. One is supposed to go to a prison near their home town for release it doesn't happen.

So you see there is a lot that can be done for OAPs especially disabled ones.

[71] Redacted for publication

I hope this helps you and you and can do something to make things better for OAPs in prison and help them on a better road to recovery.

March 2013

Written submission from Prisoner N[72]

I am the […] orderly at HMP Stafford and I have a good insight into the daily regime into the lives and problems faced by older prisoner here at HMP Stafford. The fact that older prisoners are coming into the system is due to many factors but the main one seems to be the bringing of historical charges and the Justice system of removal of section 23 of the criminal justices act has made convicting people with no prosecution corroborating evidence other than the complainant's statement much easier and in fact since this change the conviction rate of rape has gone from 6% to 60%. This makes the government's conviction rate more acceptable to a public who think that the police and CPS are doing a better job. In fact the prison population of older prisoners since 1996 has in reality trebled in size.

HMP Stafford is an old prison and the part of the prison where the largest group of older prisoners are housed (VP wing) is nearly 200 years old. This brings its own problems with there being no lifts and no access other than staircases to reach the three upper levels. There are also no cells in the entire prison designed for disabled prisoners. I will expand on these problems in answer to the bullet points in your mandate. Cellular confinement on the ground floor is exceedingly limited.

Are the responsibilities for mental and physical health and social care clearly defined?

The mental health care of older prisoners can vary from individual prisoners due to their needs. Why are prisoners with mental health care needs kept in prisons in the first place? Prisons and prison officers are not equipped to deal with these problems. I have completed the mental health course that prison staff attends and it is extremely limited in its content. You cannot expect prison staff to be health care professionals. With limited mental health care staff in the healthcare department, help is somewhat narrow, although the help that is available is best practice.

Physical care is also extremely limited for those who have mobility problems, which is probably around 75% of older prisoners. The gymnasium is only available once a week on a Saturday but is a long way from the wing. "Chairobics," are not available or practiced. For prisoners who do not work, long periods of cell confinement are all that is available. When I arrived at HMP Stafford in 2011 there were only one wheel chair, worn tips on crutches and walking sticks and when glasses went for repair inmates could have no reading glasses for weeks. Since 2012 with the help of the Equality Group there are now new wheel chairs, boxes of tips for walking aids and glasses are exchanged for temporary fixed focal length glasses until repairs are carried out. Social Care is non existent. In society the focus is upon the individual within a social framework, rather than the framework within which the individual is operating. Its concern is with the cognitive and affective processes by which individuals interpret information. In prison the opposite is true. The framework determines, and dominates individuals and a non-thinking regime occurs. This is unhealthy and reverses the process of social interaction.

The effectiveness with which the particular needs of older prisoners, including health and social care are met and examples of good practice!

The difficulty in older prisons to meet the demands of older prisoners is insurmountable due to the infrastructure of the prison and the problems with the structure of older buildings! The fact that no wheel chair access in cellular confinement is possible is due to walls not being able to be moved due to cost, and building work access and building construction plays a major part in where older prisoners can be housed. Showers are not available until association times and many older prisoners do not like, or feel safe showering with younger prisoners and the fact that only one disabled shower per landing is available. Roads within the prison are not conducive to wheel chair access and no training is available to people helping wheel chair users by pushing them. Prison officers will not do this due to health and safety issues. Health care itself is approached by six steps and the wheel chair access is through a wing on the main population of the prison and is not viable to vulnerable prisoners. Work tends not to be available to older prisoners due to health and safety and access. A lot of older prisoners do not have the mobility of their hands to do manual work.

HMP Stafford has a Senior Support group who meet daily in a Portacabin that has good facilities and a work ethic that allows inmates to make up packs for the kitchens. This has advantages as it gives the prison economic relief and allows older prisoners to be a part of a working environment, increasing their self worth and forming a community within the group. I have seen a great change in the mental health of some prisoners who are working in this environment and they get paid for their labours. There is down time for these inmates when they can play pool and communicate with each other and the health champion (an inmate who is trained in taking blood pressure, weight, and dietary needs, trained by the prison) comes over weekly to note and deal with any problems. This group is definitely best practice and well supported. More work/activity is planned for the near future and is supported by the Senior Management Team.

[72] Redacted for publication. Redactions are signified thus: "[....]"

What environment and prison regime is most appropriate for older prisoners and what barriers there are to achieve this?

Low level units and over 60's wings are best practice in some prisons. Lots of older prisoners do not come out on association due to feeling intimidated by the exuberance of younger prisoners plus the high volume noise levels. Over half of all older prisoners suffer from some form of mental illness and a proportion of older prisoners have a physical health status of ten years older than their contemporaries on the outside. Healthcare is limited by the amount of prisoners and only one doctor available at any one time. There is no health care cover at night. Access to healthcare in a physical manner is dealt with at HMP Stafford by staff trying to deal with older prisoner's needs on the wing rather than them having to walk to healthcare. Discrimination does exist within the service as the amount of older prisoners who have an IEP status of standard as they find it difficult to get overachieves, which is the only way to get enhanced status here at HMP Stafford. Isolation is an obvious feature of the older prison due to having few family members who support them due to only having few family members still alive or the cost of the crimes that they have committed. Older prisoners tend to be model prisoners but receive no recognition for this. The arrangement of some prisons to have older prisoners accommodated together is definitely best practice and should be the way forward. Counselling is virtually impossible due to funding. Older prisoners in prisons far from their homes are facing loneliness and isolation due to the distance from family who may not be able to travel far.

The effectiveness of training given to prison staff to deal with the particular needs of older prisoners, including mental illness and palliative care.

The training for prison officer is limited and only covers a one day course on mental health and first aid. No palliative care or older prisoner strategies are taught or discussed. It seems to be down to whichever officers have a humanitarian belief or previous training in another working environment. Officers are already stretched to breaking point and the future reduction in staffing levels will obviously have a detrimental effect as fewer officers will be having to deal with the more needy or disruptive elements of a wing.

The role of the voluntary and community sector and private sector in the provision of care for older people in leaving prison.

The communities and voluntary sector play very little part in the resettlement here at HMP Stafford and we do not have visits from these sectors to communicate their opportunities that they can offer nor do they seem to know the needs of older prisoners, including convicted sex' offenders whereby communities shun them or the "not in our backyard" mentalities. It is difficult to get hold of lists of housing associations or direct contact with housing officers from local councils. Some older men do not know where they are going to live until the day of their release. If they are on recall and their licence has finished then no help is available and they can be returned to the community homeless.

The effectiveness of arrangements for resettlement for older prisoners.

As in the previous paragraph resettlement seems to be only looked at close to release dates. This can be extremely worrying for some older prisoners due to disability needs. Pensions on release can take up to six weeks to re-instate and no help was available. The government have now started an advanced state benefits loan which covers pensions. The resettlement officer here at HMP Stafford seems to be proactive and very helpful but is limited due to staffing. The removal of the community care grant has left long term older prisoners with difficulties of obtaining clothing as the clothing that they originally came in with no longer fits. The Department of Works and Pensions seem to have no prior notice of prisoners being released to their area and a "fast track" information leaflet with release papers from the prison should allow the staff at these departments to re-instate pensions without the long delays that are causing some concern.

Whether the treatment of older prisoners complies with equality and human rights legislation.

The most alarming of the legislative shortfalls is the Disability Disadvantages Act omissions. We have men 70 plus being accommodated on upper landings and on top bunks. There was numerous complaints put in about a partially sighted visitor (registered blind) being seated in visits rows back from the, refreshments area and he had to go and get hot drinks for his son. This has now been sorted but it shows the lack of this type of care. It is an offence under the DDA to give an advantage to an able bodied person over a disabled person. Who does the culpability lie with? Very few jobs are available to older prisoners and Enhanced status is also difficult to obtain. There seems to be no guide lines as to who the legal responsibility lies with. There is absolutely no reason why inmates could not be trained to help prisoners with disabilities, under supervision. The ECHR is a minefield and needs legal representation but funding is almost impossible and there is no help from within the prison. The PEEPs system (Personal Emergency Evacuation Procedure), is in place but no training of the handling of older prisoners is available. Access to the prison chapel is not available to disabled prisoners due to there only being a Stannah stairlift, but that is in the education department and works sometimes or the key is not available.

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

A national strategy should be established as the humane treatment of older prisoners should be paramount. We have strategies for most other strands and as the older prisoner strand is the fastest growing strand. If the prison has no national strategy then they do not have to comply or make special needs adjustments to conform to it. Cellular accommodation should house like for like inmates. The accommodating of men who are retired with younger prisoners can have a serious detrimental mental health effect on them and the bullying of older men, whether it is something as simple as the manipulation of a remote control of a television set, to serious bullying of canteen goods.

Noise pollution by younger prisoners can also be a problem for older prisoners as the younger prisoners play loud music in their cells. This seems to be ignored here at HMP Stafford and night staff seem to be blasé about the problem. A policy whereby older or infirm prisoners are located on ground floors although this has proved not the case in the past. Prison staff should on categorisation and allocation record relevant health problems or disability factors. There are no wheel chair accessible cells and there should be, where possible accommodation wings for older/disabled prisoners. Prison staff should have minimum training to deal with older prisoners and made aware of the needs of older prisoners.

Enhanced status should be made easier for older prisoners to achieve as it prevents them from advancing in the system. There is a wing here at HMP Stafford (G Wing), where Enhanced status prisoners can apply to be housed. There are only 40 spaces and only 4 older prisoners which is 10% filling the available spaces. A set standard pay grade for older prisoners should be set. These prisoners cost the government less than any other prisoner as their pension are stopped when they come to prison. The government are saving approximately £1,500,000 per week, calculating £150 per week per prisoner and approximately ten% of the prison population is accurate. This is around £78,000,000 per annum. This equates to approximately the cost of running 2.5 prisons. The physical and mental health and social needs should be paramount for the humane care of older prisoners.

Access and equality should be accomplished to avoid discriminatory practices. Staff should monitor more closely the activities or lack of activities of older prisoners. There should be more integration with the community based organisations for the elderly and some of the funding available in the community should be directed to the welfare and resettlement of these older prisoners. These prisoners are amongst the men who served in our Armed Forces and are the financial backbone of the country's pension fund due to the years of contributions that they have made. Risk assessments should take account of health and social care needs. Sentence planning should include appropriate requirements so that older prisoners with learning difficulties or mental illness such as dementia are supported if asked to do offending behaviour courses. Older prisoners should not be prevented from moving to lower category prisons due to adjustments for mobility or health problems not being made.

I hope that you find this an honest and fair view of this establishment.

March 2013

Written submission from Prisoner O[73]

I am giving this statement via my MP Rt Hon Edward Vaizey MP in the hope that despite its being handwritten and received at the end of the consultation period, the Committee will accept it as the honest personal views of someone who, at the age of 62, found himself in prison for the first time in his life. The information and experiences recounted herein are personal in that they relate either to my own experiences or to things I witnessed: prisons are, inevitable, full or rumour and hearsay but this statement excludes all of those. I have attempted to address the points as I understand the Committee to be addressing them, and apologise again that my understanding of this may not be totally correct as it is based on recently-read newspaper articles.

1. *Are the requirements regarding mental/physical health & social care of older prisoners clearly defined?*

As is often the case, they are reasonably well defined, but that is not the same as them being consistently applied. As other have stated, there is a complete separate rule book of provisions for Young Offenders but not a single provision regarding over 60s. The main provision that covers health care is Prison Rule 20 which provides a direction to prison governors to provide all prisoners with service generally commensurate what that provided to the public by NHS. The Rule is very rarely applied in principle or practice. The Committee may care to examine the 2013 edition of the Prison Handbook, in particular the frequent references in individual prison entries and IMB and inspection reports to failings in those area. I have been on medication for clinical depression since prior to imprisonment, but have not managed to be see anyone specialising in mental illness at any level. Waiting times for opticians (10 months) and dentists (4 plus 6 months) in my case but not atypical.

[73] Redacted for publication. Redactions are signified thus: "[...]"

2. *Are needs of older prisoners being met, especially for health and social care, what examples are there of good practice?*

On a positive note, Bullingdon's Edgcutt wing had an officer designated as having responsibility for older and disabled prisoners, and he discharged that responsibility very well, sometimes in the face of internal opposition. If the Committee wishes to interview someone, they could not do better than speak to [...].

At Parc there is a dedicated ground floor wing for Older Prisoners, but it is woefully inadequate in size but from what I have seen provides good day to day service to the older prisoners who have limited mobility. There was a sad unfortunate death there before Christmas: I knew [...] quite well being on an interventions course with him; I know there is an investigation into his death but can only say that in his last few days he was increasingly frustrated at the prison's inability to get him to hospital to have a plaster cast removed from his ankle.

In general, prisons are expected to do the same physical work at age 60, 70, or 80, as at 25 unless they have a defined condition that designates them as unfit for manual work. There are gym facilitates and in particular a "rehab gym" class with a physiotherapist in attendance, but it has been my personal experience since October that less than half of the scheduled two half hour sessions each week actually take place—reasons given centre, as so often, around staffing shortages, operational difficulties, of the weather. This class is for all prisoners designated as needing "rehab" but, as with other points in my statement, affect older prisoners disproportionately.

At Bullingdon there was an outreach team dealing with Mental Health Issues; I did approach them and had two interviews. I found them completely ineffective in securing any assistance or support.

3. *What is the most appropriate environment/regime for older prisoners, and what are the barriers to achieving it?*

I can only comment on this, as other, aspects from the viewpoint of a VP (Vulnerable Prisoner); it is my perception that a much higher proportion of VPs are over 60 than are other "mains" prisoners; this of course can be confirmed from national statistics.

The most appropriate arrangements are of course ones which combine the defined purposes of imprisonment (AS a punishment, not FOR punishment, to quite well-worn expression) with decent, humane, appropriate care of older prisoners. Once the points I have made elsewhere about how over—60s are treated are taken into account, there remains one huge barrier to achieving that aim that may lie out with the remit of this enquiry but I feel needs to be addressed alongside any attempts to improve the situation: that is the sheer number of older VPs in custody.

First, there is the bail question. This may seem an unfair observation, but it seems that one can be granted bail as a 48 year old actor facing multiple charges over many years, but not as an ordinary male in his 60s or 70s facing a single, historical set of allegations, viz a recent case of a man of my own age recently acquitted after well over a year on remand and after a second re-trial.

That brings me to the difficult question of historic offences. I have no personal axe to grind here, my own offences were not historic, but it is inevitable that if people are to be imprisoned for offences that took place 20, 30, 40 or more years ago, the chance of those prisoners being over 60 increases rapidly and extensively. I do suggest that when people are to be sentenced for this type of crime particularly, a lore more should be done to consider that mush used word "Risk". What is the risk of a 70 year old who has surrendered his passport fleeing bail? Greater than that for the actor, presumably.

If we are to be imprisoned, what of "risk" then? What is the chance of a 60 year old heart bypass patient assaulting an officer of a fellow prisoner, or of him attempting to escape en route to hospital? Much is made of the rehabilitative purpose of prison, but where is the rehabilitation in a prison regime that prevents older prisoners receiving gifts, however innocuous, from friends/family on their birthdays/religious festivals? If imposing visiting regimes that assume that we all have supporters who can help on a bus to visit us for one at a time? Of expecting a man in his 80s, imprisoned for offences 40 years ago that he can barely remember, to undertake intensive psychologically based group therapy interventions that even younger group members find emotionally draining? How does that reduce the risk of that person re-offending?

Separate from issues around whether or not the present (or under the proposals announced today, more) older VPs will need places, what can be done to improve conditions and treatment? A very few prisons have separate VP older wings or landings, and ever fewer take advantage of the prison IEP system to separate out older, better-behaved, less combative "enhanced" VPs. It is positively dreadful that the only prison doing this successfully is one of the six scheduled to close, to be replaced by more places here at Parc where only a small percentage of the families advertised as being available in the prison (see the glowing picture painted in the multi-page entry in the Prison Handbook) are available at all to the approx 25% of the prison population are VPs. What is worse, only a small percentage of that small actually happen with any regularity. I know that the MQPL inspectors who visited last month had this pointed out to them, and I hope their report will reflect this. Older prisoners, whether VP or "mains" need more contact with family, friends, the outside world, and reality, not less.

4. *Effectiveness of prison staff training, re: older prisoners' needs*

With the exception of the good practice at Bullingdon detailed elsewhere, I have seen very little evidence of such training, let alone its effectiveness. There is no evidence here that, with the exception of the staff of the special unit for older/disabled prisoners who seem dedicated and caring, no one seems to recognised any difference in the needs of prisoners as we get older. I have had experience of rules being broken though alleged misunderstanding leading to the removal of items I needed for recuperation following a fall, a fellow prisoner who had a heart attack just before Christmas was only able to occupy a cell on the ground floor special unit for a few weeks before having to return to the first floor. The often-quoted maxim of "I don't make the rules" is used to justify any action whether it is in accordance with or defiance of the rules.

5. *Role of the voluntary, community, and private sectors in the care of older prisoners on release*

6. *The effectiveness of arrangements for resettlement of older prisoners*

I can only comment briefly on these two points as I have never been released from prison and do not see direct examples of it in practice. What I have seen is worrying levels of recidivism and institutionalization with older men released on licence finding no chance of effective resettlement and deliberately flout their licence conditions to regain imprisonment without committing and provisions that released older prisoners *know* they can access reliably. If someone is fortunate enough to have a safe haven to which they can return or take up, and can meet their reporting etc, requirements, why should they be compelled to live in a hostel first? The present arrangements appear to reflect an attitude towards older ex prisoners that are more towards fear or blame if s/he does go on to re-offend than it does to the *actual* rates of re-offending amongst older ex-VPs.

7. *Treatment of older prisoners: compliant with equality and human rights legislation*

I cannot comment significantly on human rights legislation since I am unaware of provisions that outlaw particular treatment on age grounds.

Equality is a different matter. As a former Human Resource Management professional and Chartered MCIPD, I believe that current practice represents indirect discrimination against older prisoners; older male VPs in particular. Current policies that increase the incidence of prosecution for historic offences with or without corroborative evidence will inevitably lead to a greater proportion of older people in prison, and staying there well into their 70s and 80s. If conditions in prison are unsuitable for people of that age range, is this not indirect discrimination?

8. *Need of a national strategy; contents thereof*

There has to be a national strategy and, more importantly, national standards for dealing with older prisoners that meets the legitimate need for offenders to be punished however ancient their offences, provided of course they are guilty, without acting in an inhuman way. Before setting out some thoughts, I will make it clear that I have of course some degree of personal interest. I am due to be released on licence in my late 60s and remain under supervision for a lengthy period thereafter. However, I firmly believe that these views are unchanged from those I held prior to my imprisonment. It is difficult to avoid supervision that this is "just another sex offender leading off about how unfair it all is"; all I can say is that it is irrelevant to my feelings that a greater percentage of VPs will be affected; that is down to factors outside prison walls.

Bail: it should be the exception for anyone over 60 to be refused bail, and there should be a need for clear defined reasons for this to be the case. Risk (see below) needs to be clearly identified.

Historic Offences: if an offender has lived a blameless life for a lengthy period between offence and conviction, much more account should be taken of the effect of imprisonment on current family members, and an over 60 offender should only be given a custodial sentence in truly exceptional cases. The arguments I have heard put forward that s/he "might just not have been caught" is an outrageous contravention of all the principles of justice.

Risk: one of the facets of prison life that has surprised me, and continues to confuse me, is the way the word "risk" is bandied about with a dangerous lack of definition. In particular there is confusion between risk in prison (of escape, of violence, of self-harm) and the risk of re-offending after release. Both need better definition and perhaps a different word could be found for one, to create separation? What is crystal clear is that the blame culture has taken over so much from common sense and fairness that judgement has largely been abandoned. I really hope that this can be addressed not only for older prisoners, not only for VPs, but for the whole prison population.

IPPs: finally, the practice of setting indeterminate sentences for public protection has been widely criticised and extensively condemned, and should be terminated. I am aware of the recent statements that seek to limit it use, but I am also aware that IPPs are still handed down, and that there are many hundreds of prisoners still behind bars years over their "tariffs" through no fault of their own. This harmful, hateful policy needs to be stopped, entirely, and quickly. I will finish this submission by quoting a desolate, dispirited IPP prisoner at my former prison, a man in his 70s. He asked me what I considered to be the worst thing that prison took away

from someone on an IPP. We went through the more obvious options = freedom, family, career, reputation etc, all of which he rejected. In his view, the answer is simply Hope. The absence of a target date, a goal at which to aim an objective, is destructive enough at any age—for an older prisoner, it is the like a life sentence without parole. USA has found that with the harmful effect of the 99 years sentences: I hope we can learn from that.

April 2013

Written submission from Prisoner P[74]

PRODUCTION TO COURT OF ELDERLY PRISONERS

RE: WANDSWORTH AND OTHER CAT B/C LONDON RECEPTION AND DISTRIBUTION PRISONS

Required "Production" to court of a convicted person for further trial or POCA confiscation hearing causes particular problems for elderly prisoners. In my case, I am 66 years old, with heart problem and sleep apnea. The sleep apnea means that I require a single cell. I am due to go to Southwark Crown Court for a confiscation hearing on [...] in front of [...]. The hearing is expected to take six to eight weeks and I will be expected to give evidence over five to seven days. During my lengthy trial in front of [...], I was taken to hospital twice for serious heart issues.

My problems with production are:·

- 3 Hour lick in. (in the approx two week lead up to hearing and at weekends).
- As I require a single cell (due to sleep apnea), this usually means that I stay on the Induction wing.
- Induction wing is very noisy, with young prisoners becoming very distressed and suicidal.
- Constant banging of doors, shouting, kicking doors, threats and abuse are every day events and very disturbing for the less resilient elder prisoner.
- Warning alarms are mostly ignored. Prisoners are aggressively warned by officers, NOT to use alarms unless they have a real medical emergency.
- Telephone access is only during association which is a maximum of 40 minutes. With only three telephones per landing, queues are long and fractious.
- No computer access.
- No library access.
- No access legal books.
- No facility for cleaning/washing clothes.
- Daily medication is a real problem. One or two days of interrupted routine of taking vital pills to lower blood pressure, control gout, thin blood to reduce the possibility of a stroke, is probably OK but six to eight weeks could be a death sentence. How on earth can a prisoner be expected to give evidence in such a prison service induced high level of stress, expecting, at any minute to have a heart attack or stroke.
- On the days of production to court, all belongings need to be packed up to accompany prisoner to court as the allocated cell may be changed and kit stolen.
- Personal belongings have to be manhandled by prisoner from reception to induction wing every morning and every evening. Really tough and stressful for an elderly prisoner.
- Court production times (depends on transport) are 7am to 19.00pm.
- Court food is "Westlers" pre-packed microwave food, choice of one of two types offered. No special dietary meals, or special meals to meet religious needs. Probably OK for one or two days, but no fruit and no supplements. After a problem in prison with scurvy I am anxious to ensure vitamin "C" intake. Six to eight weeks of this regime is criminal neglect of vulnerable elderly prisoners, ensuring that the prisoner CANNOT defend himself/herself against charges or POCA compensation claims.
- No outside exercise (except on weekends for 20 minutes, basically a maximum of 40 minutes outdoor exercise per week depending on weather).
- Returning from court, every day of production, to a different filthy cell requiring immediate cleaning, but no access to cleaning equipment as wing is in lockdown.
- Going to court is too early to allow showers.
- On return from court, no access to showers as the wing is in lockdown.
- No chance of prison kit change as it happens during court time.
- Stairs are a particular problem in induction as the high turnover of young prisoners; murderers, GBH, ABH, druggies and gang members add a significant risk to elderly prisoners who cannot move at the double.

[74] Redacted for publication. Redactions are signified thus: "[...]"

— Induction wings require prisoners to eat in-cell; moving plates of hot food up and down stairs is an additional high risk activity. Pushed and shoved by the younger prisoners and shouted at by guards.

— Being moved to and from court is highly stressful for the elderly. The prison van seating is hard plastic with NO seat belts. So slipping, sliding, falling off seats and occasionally being thrown against the wall as the driver brakes suddenly. *OK for young but highly dangerous for the old.*

— So arriving in court in a state of high stress, heart problems, stinking, and filthy and being expected to present your case in cross examination of matters some 10 years past is grossly unjust.

— Pension pay at Wandsworth is only £3.50 per week. No chance of work to increase funds (Pensioners are classified as NEL, ie "Not Eligible for Labour"). So basically no funding for legal phone calls, phone calls to very worried family members, letters or dietary supplements.

This inhumane, degrading, humiliating treatment of elderly prisoners is in contravention of Human Rights article 3 and Human Rights article 6 as the elderly are being deprived of their right to a fair trial.

Rumours that full funding at Southwark is directly related to conviction rate of 90% causes considerable concern that a fair trial or hearing is out of reach.

Surely, in this day and age, humanity dictates that elderly prisoners should be allowed to give evidence by video link from their "home prison".

Prison Governors have a duty of care, personally and corporately, it is therefore imperative that they realize that my family and friends are fully aware of my concerns as listed above and will hold the Governors and Prison service responsible in the event of my demise, or mental and physical damage due to their neglect.

If the Government is determined to keep the elderly in prison, then serious consideration should be given to elderly only accommodation. Or be sensible and release first offence, non-violent, non-sexual convicted elderly prisoners to home detention, community service and/or TAG after a maximum of a short sharp shock sentence of imprisonment.

"Civilisation is judged by the way it treats its elderly."

May 2013

Written submission from NEPACS

Introduction

NEPACS and its forerunners have been working in the north east of England to *"Build bridges for prisoners, their families and the community"* for 130 years. During this time, the structure of the organisation and the activities we undertake have changed, but our commitment to helping people affected by imprisonment remains constant.

— NEPACS works in prisons across the north east of England and we welcome over 100,000 visits through our centres each year.

— NEPACS provides tea bars and staffs play areas within the prison visits rooms and organises special visits for children so they can spend quality time with their parent, learning through organised play activities.

— NEPACS helps about 500 offenders and/or their families each year with a small grant to help them through financial difficulties and get their lives straight.

— NEPACS provides free caravan holiday breaks for up to 40 families with a relative in prison each year.

— NEPACS promotes good practice in resettlement through our Annual Awards and raises awareness through public lectures and events.

Much of our work is delivered by volunteers, who bring energy, warmth and friendship and ensure a warm welcome to all.

Summary

— NEPACS organised a national conference on "The Isolated Prisoner" in April 2009 (see report on our website www.nepacs.co.uk) which recognized this as a growing issue in our prisons.

— The age profile for prisoners has increased, partly due to the conviction of sex offenders who may have committed their offences many years ago. Those prisoners who lose or perhaps never have had contact with family of friends can face years of incarceration with no visits and no support outside the prison, and this makes release a daunting prospect.

— Prisoners can "retire" from work at 55, and subsequently have little "purposeful activity".

— Some excellent initiatives have been recognised through NEPACS' awards scheme.

— Good practice exists in pockets—for example, lifer days and adult only visits—but a reliance on charity (eg NEPACS grants) for basic needs is not good enough. A policy decision must be made on whether the duty of care for frail and elderly prisoners falls on the prison, social services or healthcare providers.

— There is scope to develop schemes which address social isolation and help advocate for appropriate support on resettlement—but will resources be forthcoming if this isn't a "reducing reoffending" priority?

1. *Examples from NEPACS' work in prisons in the north east*

Many prisoners find it hard to cope with the noise on main locations and in the gym with loud music etc. HMP Frankland and Northumberland have developed "older" (over 55) wings, specific times for going to the gym and now special/quieter visits sessions including "Lifer Days" at which prisoners without any family visitors can enjoy relaxed time out of their cell with social activities like quizzes and bingo etc.

One prisoner who attended the more relaxed "older visit" said "I just want to be able to choose a nice cake." (For my Mam).

HMP Frankland has a "nostalgia group" for older prisoners.

There is a significant issue with health/disability/personal care. Many prisons rely on fellow prisoners/ Buddies performing tasks such as getting meals, laundry, pushing wheel chairs etc. for their peers. One example is of prisoner with a colostomy bag who is taken down to health care once a week to have a shower and clean change of clothes. Whose job is this? It is not within a Prison Officer job description but it is part of daily care—the prisoner should not and would not want to spend the rest of his life on the health care unit.

2). *North East Offender Health report*

North East Offender Health have produced a report on the Social Care Project at HMP Frankland (Angela Craggs June 2012).

Recommendations included:

Occupation/Activity

— There is a clear need to develop occupation and activity for those with identified needs who are excluded from current provisions. This should also be available to those of retirement age to ensure they are socially included and mentally stimulated. The development of sessions which is accessible to all including those with mobility issues, which is meaningful, purposeful and rewarding. A joined up approach from services could deliver such a service.

— Development of an Activities coordinator for over 55's and those with specific needs, who are excluded from any other activity, who could develop and implement an activity program

Equipment

— The DLO currently provides the majority of equipment; they have no formal training in this area. The securing of an Occupational Therapist to undertake assessments of daily living, who could also to support with equipment provision and location on wings of items such as grab rails, access, appropriate chairs, stairs assessment. This could provide a prompt service.

— Disability Equipment budget is limited and some items provided are accessible through Home Loans, having a specialist assessment could be cost effective to the Prison service and equipment can be returned when no longer required.

— It was identified that in the event of a fall either on the wing or in the cell, there is no current mobile lifting equipment to assist a prisoner up. This could have implications for Health and Safety if staff were expected to assist someone following a fall. One solution would be to purchase a Mangar, which is portable inflatable lifting device.

— Consideration needs to be given in the event of a prisoner requiring access to minicom or Braille, at present there is no provision for this.

Prison

— It appeared that there was a general lack of awareness and understanding by disciplined staff regarding disability and old age, and the impact this has on daily living. Development of a training session to raise awareness on disability and age related issues would be advantageous; this could be undertaken as part of the induction program which every staff member undertakes upon entering the prison.

— Currently there is no training program for those taking on the Buddy role, this could be developed to enhance the role and reduce risk. Currently the Buddy scheme is undertaken by a member of disciplined staff on a voluntary basis, support in developing this role further would be advantageous to staff, prisoners and those undertaking the role of Buddy's.

— Ideally an environment which is specifically for older prisoners and those with disability which is functional and capable of meeting identified needs. Ideally a progressive wing which would enable a pathway to accessing specific needs unit if and when disability or needs require. Alternatively adapt all bottom one landings to allow for developing older and disabled population with disabled access on the wing and into the exercise areas.

Social Care

— Generally prisoners did not feel that disability was assessed and supported upon entering the prison, nor did they feel that needs were addressed through care planning or shared with appropriate agencies within the prison service. Development of a Social Care Pathway would ensure that needs are assessed at point of entry and supported throughout the duration of time spent in Frankland Prison.

— There is also clear anxiety regarding moving on from prison into the community, The social care pathway would allow for joined up working to address needs prior to release and liaison with the local authority to ensure provision is in place. It could also assist in the securing of benefits to ensure financial stability upon release. Social care would also be able to act in an advisory role when specialist care/environments are required to support individuals on release.

— Further concerns are when prisoners are transferred to different prisons and they are fearful that their needs will not be acknowledged or addressed. The Social Care Pathway would provide the opportunity for information in relation to their assessed needs being shared with the receiving prison.

— There is limited support for families whilst they have a relative in prison and on progression to the community. A role specifically to deal with disability and older prisoner issues and liaison for family, this role could link in with NEPACS or take referrals from them when issues arise.

3. *What happens on release?*

There was a time when older prisoners were released to approved accommodation where they would get the necessary support and assistance, but now the criteria for approved premises is high risk only.

A recent example of an application to the NEPACS grant scheme was from a Probation Officer on behalf of a 74 year old gentleman on life license. He was recalled to HMP Durham from his home in Preston. When due for release in December 2012 he owned no coat or winter clothing since the prison only supply T shirt and jeans.

He suffers from severe arthritis in both hands and feet and also has problems with his memory. As he has been unable to work within the prison he has no savings, nor has he any family support. NEPACS were able to supply winter clothing, but prison staff expressed their anxiety as to his ability to reach a hostel in the north west without assistance. Eventually it was agreed to transfer him to HMP Preston and organise transport from there, but the concern is that he may offend again with a view to returning to the security of a prison environment.

Another example is a 61 year old gentleman who has been in custody since 1974—39 years. He suffers from emphysema and has thus been unable to work in custody.

He is currently at HMP Kirklevington and is due for home leave. However, having no family support he will spend this time in St Cuthbert's bail hostel in Gateshead. NEPACS have agree to support him with a small grant for each leave. He remains very vulnerable, with no contacts in the community.

4. *Dealing with (natural) deaths in custody*

A nationally acknowledged example of best practice (which was honoured with a NEPACS award) is the partnership between HMP Frankland, Care UK and MacMillan nurses, who have developed an "end of life" care pathway for long-term prisoners who will never be released.

The aim of the pathway is to provide:

— Timely assessment of need, care planning and review.

— Seamless patient pathways of care.

— Excellent palliative and End Of Life Care.

— Equity of access to services.

— Standards that include effective systems and processes.

— Workforce development appropriate to all staff and patient need.

The learning from this project is now being applied at other prisons in the north east.

5. *Ideas for future developments*

Social care needs of prisoners should be picked up by local authorities as they would be in the community, however, there is a disconnected "host and home" issue to deal with. This is analogous to the experience NEPACS has with engaging with local authority Children's services to support children of prisoners.

The voluntary sector could provide a greater role in befriending older prisoners and providing social support. This could happen via developing and supporting peer support/buddying schemes within the prison; Official Prison Visitors maintaining contact with individuals, and agencies such as NEPACS recognising the diversity of family structures (eg developing adult only visits sessions) and replicating the special sessions which families can enjoy for those without family to enable some social stimulation and connection with the outside world.

The key question is whether there will be a policy commitment to address these issues and invest the resources required.

March 2013

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