Meeting the needs of older prisoners

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Author: Gabrielle Garton Grimwood
Section Home Affairs Section

In recent years, the population of older prisoners (defined variously as those aged over 50, 60 or 65) has increased dramatically. The Department of Health's *National Service Framework for Older People* applies to prisoners as it does to older people in the community and emphasises the need for partnership working between the NHS and the prison service. Nonetheless, concerns have been expressed that the National Offender Management Service (NOMS) is ill-equipped to deal with an ageing prison population. Although HM Inspectorate of Prisons and others have found some instances of good practice, concerns remain that the physical fabric of prisons, their regimes, their provisions for health and healthcare and arrangements for release and post-release care are geared towards the young and the able-bodied and do not adequately meet the needs of older prisoners.

This note discusses some of the issues raised by the growing number of older offenders in prison in England and Wales, such as the availability (or not) of suitable accommodation for those with mobility problems and the involvement (or not) of social care agencies in providing appropriate care and services.

Contents

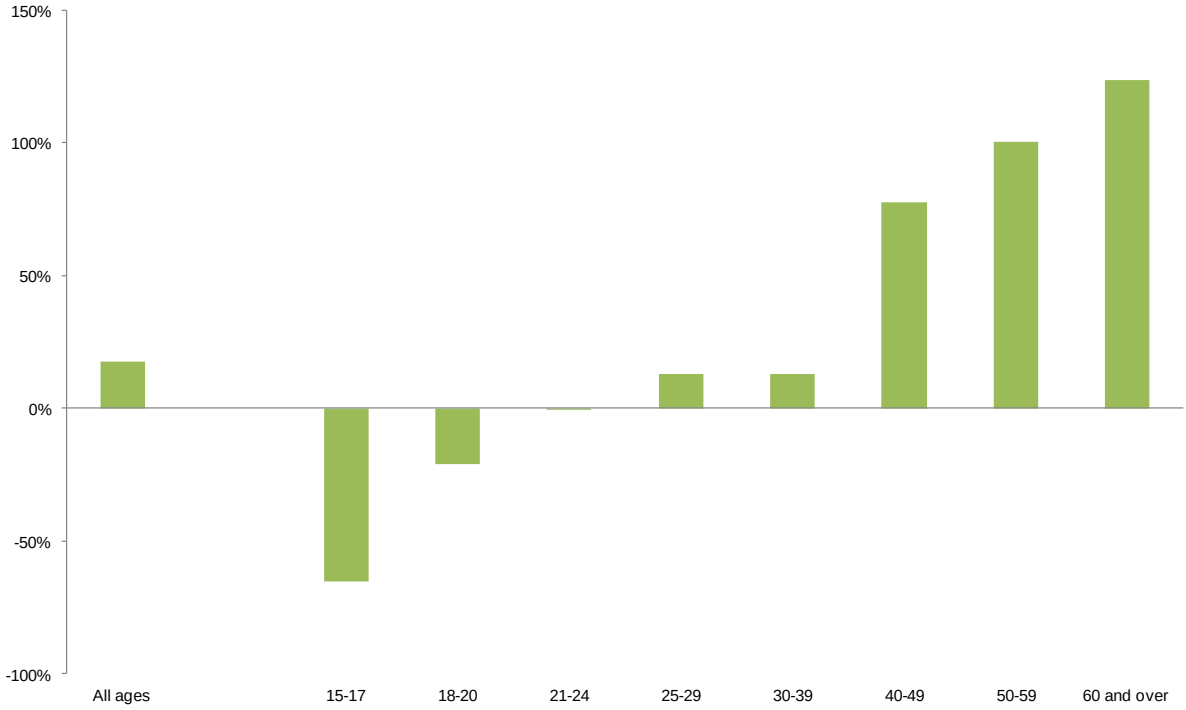
1 Prison demographics: older prisoners in England and Wales

On 31 March 2013 there were 83,769 prisoners in prison establishments in England and Wales – a fall of 4% on the year earlier – but while the number of prisoners in all other age groups fell, the number aged over 50 increased by 5.5%, exceeding 10,000 for the first time.

On 31 March 2013 there were a record 3,381 prisoners aged 60 or over in prison establishments, representing 4% of the total prison population, the highest recorded proportion.

As the chart below shows, the group of prisoners aged 60 and over is the fastest-growing in the prison population.

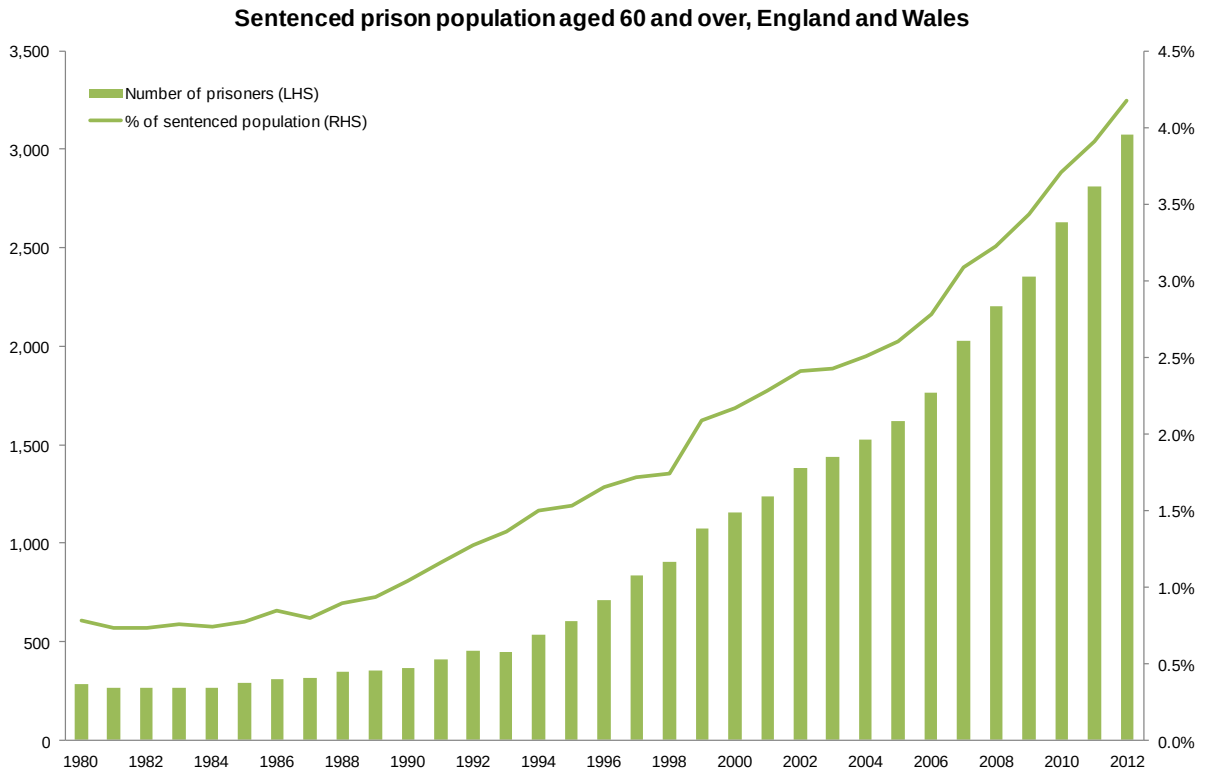
% change in prison population by age group, June 2002 - March 2013, England and Wales



While there have been falls in the juvenile and young adult population there have been large increases in the older prisoner population, with the number of prisoners aged 60 and over more than doubling since 2002.

For a longer time-series we can concentrate on just those prisoners who are under sentence, rather than including those on remand.

The following chart shows how the number of sentenced prisoners aged 60 and over has increased from less than 300 in the early 1980s to over 3,000 in 2012.



The proportion of sentenced prisoners aged 60 and over was steady at around 0.8% for much of the 1980s. However it has increased in each of the 25 years since 1987 to stand at 4.2% by 2012.

At 30 June 2012 the majority of sentenced prisoners aged 60 and over (57%) were serving sentences for sexual offences. This is compared to 12% of all other age groups.

In 2012 a total of 85,322 offenders were received into prison under an immediate custodial sentence, of which 1,434 were aged 60 and over, the highest annual number of receptions for this age group, representing 1.7% of all receptions.[1]

The Prison Reform Trust has observed that

- On 31 March 2011, the oldest prisoner was 92 years old and 42 prisoners were aged 81 or older. [2]
- Between 1995 and 2000, the number of elderly men given custodial sentences increased by 55% and, over this time, the majority (that is, most common) sentence shifted from fines to imprisonment.[3]
- The rise in imprisonment was not matched by the rise in the number of men convicted of indictable offences. Nor was it explained by demographic changes or by an "elderly crime wave": the increases were (the Prison Reform Trust argued) due to harsher sentencing, particularly in the case of sex offending and drug trafficking.[4]

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1 Sources: Offender Management Statistics, Ministry of Justice; Prison Statistics, England and Wales, Home Office

2 Prison Reform Trust Bromley Briefing June 2012: page 47

3 Prison Reform Trust Bromley Briefing June 2012: page 47

4 Prison Reform Trust Bromley Briefing June 2012: page 47

- Some older prisoners have a level of physical health that would more usually be found in people 10 years older than them in the community.[5]

An analysis published by the *British Medical Journal* has remarked that

- In one study, the vast majority (85%) of male prisoners over 60 had at least one chronic illness recorded in their medical notes and 83% reported at least one longstanding illness.[6]

- Mental health problems are five times more prevalent among older prisoners than in a similar sample in the community.[7]

In discussing the needs of older prisoners, though, care must be taken not to confuse terms. Although some older prisoners may be frail or have acute or chronic health problems, that is not the case for all older prisoners; despite the observed ageing effects of imprisonment, not all older prisoners are disabled or infirm.

An article in the *Economist* looked at the growing number of elderly prisoners in the UK, Germany, New Zealand and the USA and the implications for how prisons are run and services provided.[8]

2 What is the strategy to address the needs of older prisoners?

There is no single overarching strategy for meeting the needs of older prisoners, but there have been various documents and reviews which have (to varying degrees) sought to define appropriate standards and to assess how far older prisoners' health and other needs are being met, both in prison and on release.

2.1 National Service Framework for Older People

The *National Service Framework for Older People* was published by the Department of Health in 2001. It said that the NHS and the Prison Service were working in partnership and good liaison between prison and health and social care services would be essential:

> 15. The NHS and Prison Service are working in partnership to ensure that prisoners have access to the same range and level of health services as the general public. (...) Over 1,000 people aged over 60 leave prison every year. It is important that there is good liaison between prison healthcare staff and their colleagues in health and social care organisations in the community to ensure that prisoners who are being released are assessed for and receive services which meet their continuing health and social care needs.[9]

2.2 Thematic review by HM Inspectorate of Prisons

Nonetheless, in its thematic review in 2004, HM Inspectorate of Prisons (HMIP) remarked that there was no overall strategy throughout the prison estate to assess or provide for the needs of older prisoners:

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5 Prison Reform Trust Bromley Briefing June 2012: page 47

6 Stephen Ginn *Analysis: Healthcare in Prisons: Elderly prisoners* BMJ 2012: 345: e6263

7 Stephen Ginn *Analysis: Healthcare in Prisons: Elderly prisoners* BMJ 2012: 345: e6263

8 "Geriatric prisoners: In it for life" *The Economist* 2 March 2013

9 Department of Health *National Service Framework for Older People*, 2001, page 4. The Department of Health also published *A pathway to care for older offenders: A toolkit for good practice* in 2007.

> Prisons are primarily designed for, and inhabited by, young and able-bodied people; and in general the needs of the old and infirm are not met.[10]

HMIP recommended that the National Offender Management Service (NOMS) should, with the Department of Health, develop a strategy for older and less able prisoners. That strategy should conform to the requirements of the National Service Framework for Older People and the *Disability Discrimination Act 1995* (the DDA).[11] The strategy should (HMIP went on) be informed by further research and should, amongst other things, cover

- a phased programme to provide enough suitable and accessible accommodation in each prison
- implementation and monitoring of the DDA and the Prison Service Order on managing prisoners with disabilities[12]
- the development of standards of care for older prisoners and individual care plans to cover health and welfare needs
- regime differentiation and training for staff
- the development of a carers scheme (like the Listeners scheme[13]) under social services supervision and
- more inter-agency working to support older prisoners in prison and on release.[14]

In its follow-up report in 2008, HMIP observed that there had been some progress ─ not least, in the active involvement of non-governmental organisations such as Age Concern ─ but NOMS had not done as much as HMIP had hoped. There was still no national strategy for older prisoners and HMIP's key recommendations had not all been implemented:

> By contrast, however, the response from the National Offender Management Service itself has been disappointing. The new legal requirement in relation to disability has had some effect, though there is still some way to go. However, apart from short sections in the Prison Service Orders on disability and women, there remains no national strategy for older prisoners as such, supported by mandatory national and local standards. Eight of our key recommendations have not been implemented.

The care of older prisoners was, HMIP remarked, too often left to the prison's health care department and local authorities' social services departments were not involved to the extent that they should be:

> There is still far too much reliance on the unsupported initiative of particularly committed officers, and too great an assumption that the care of older prisoners, including their social care, is a matter for health services and not for the whole prison. Similarly, the contribution of local authorities, with statutory responsibility for social care, remains under-developed. There is still a significant dislocation between the

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10 HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page v

11 Superseded by the *Equality Act 2010*

12 Relevant Prison Service guidance is now found in *Chapter 8: Prisoners with Disabilities* (April 2008) of *Prison Service Order 0200: Standards Manual* and Prison Service Order 2855: Prisoners with disabilities

13 A scheme whereby prisoners, trained by Samaritans volunteers, offer confidential emotional support to other prisoners. More details are available on the Samaritans website.

14 HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page xi

> government's overall strategy for an ageing population and the treatment of older prisoners, particularly in relation to resettlement.[15]

Amongst its recommendations, HMIP repeated its call for a national strategy for older prisoners, supported by national and local standards.[16]

2.3 Prison Service Order 2855: Prisoners with disabilities

In the absence of a comprehensive strategy, NOMS published a Prison Service Order – *PSO 2855: Prisoners with physical, sensory and mental disabilities* – which had a chapter on older prisoners.[17] The PSO pointed prison governors towards the National Service Framework and the standards of care it defined:

> 7.3 All governors and staff should ensure that specific Needs Assessments are carried out for such groups and look to make adjustments to routines for those older prisoners who have reached 55 and require help. The National Service Framework for older people sets out the standards of care.[18]

It also stated that all prisoners should have access to offending behaviour programmes and opportunities for education, training and employment:

> 7.4 As part of the Reducing Re-offending Action Plan all prisons are responsible for ensuring that Offending Behaviour Programmes as well as Education, Training and Employment Opportunities are available for all prisoners. The DDA applies and Governor's and their representatives should look to make reasonable adjustments where appropriate.
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> 7.5 Accommodation of older prisoners may be particularly difficult and it is essential that there is a clear distinction drawn between security and health needs. Governor's should develop a clear understanding of the issues and consider:
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> - Setting up an older prisoner committee with prisoner representatives;
> - Setting up a day room where older prisoners could go during the day, away from their cells and the wing environment;
> - Appointing a member of staff to take the lead on considering the needs of older prisoners.[19]

PSO 2855 is no longer in force. It has been superseded by *Prison Service Instruction 32/2011: Ensuring Equality*. This Instruction says that age is a "protected characteristic" under the *Equality Act 2010*[20] and that age (including younger and older offenders) is one of the issues against which any policy should be screened when conducting an equality impact assessment.[21]

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15 HMIP *Older prisoners in England and Wales: a follow-up to the 2004 thematic review by HM Chief Inspector of Prisons,* June 2008: page 5

16 HMIP *Older prisoners in England and Wales: a follow-up to the 2004 thematic review by HM Chief Inspector of Prisons,* June 2008: page 10

17 3 April 2008, available on the website of the prison newspaper *Inside Time*.

18 Page 9

19 Page 9

20 Annex A

21 Annex I

2.4 Prison Service Order 4800: Women prisoners

Prison Service Order 4800 on women prisoners has a chapter on older women prisoners.[22]

It is stated as a "required outcome" that the "different needs of older women are understood and addressed". To this end, the PSO offers gender-specific guidance:

> Older women (i.e. over the age of 50) should be consulted (at least once a year) to determine their need for particular activities, regimes and programmes. Managers and staff should be aware of the specific problems older prisoners and their older visitors, may face and consider these in allocation and all other decisions.
>
> Health
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> Older women in prison should receive all the same services including health promotion and preventative treatment such as health screening for cancers, as older women in the community. Some older women will need support and assistance as they go through the menopause. Some older women may have particular needs such as special diets, dental care, eye care, physiotherapy, help with personal care or long term medical care.
>
> ETE [Education, training and employment]
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> ETE provision should take account of the needs of older women
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> The pace of learning needs to be comparatively slow and the noise factor in classrooms may hinder learning. Some older women may wish to learn in small groups perhaps with their peers.
>
> Families
>
> Older women are often mothers even though their children have grown, and they are often grandparents. Opportunities to help older women in these roles should be provided – perhaps by provision of special "grandparents" visiting days. This can be particularly beneficial for the children concerned.
>
> Influence on Younger Prisoners
>
> When older prisoners are used with their consent, to support other prisoners they should receive official recognition and reward. They are often seen as a calming influence on young prisoners. It should be understood however, that being constantly surrounded by young prisoners, can be very stressful for older women.[23]

How far NOMS meets these aims and aspirations is, though, contested.

3 What provision does NOMS make for the needs of older prisoners?

3.1 How well does prison provide for the needs of older prisoners?

In its 2004 thematic review (conducted some four years before PSO 2855 was published), HMIP examined older prisoners' needs arising out of the prison environment, regimes and relationships, healthcare and resettlement and the extent to which those needs were being met.

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[22] PSO 4800, 28 April 2008

[23] Page 48

On **environment**, HMIP found that some establishments had dedicated provision, but there was no overall strategy for accommodating older and/or less able prisoners. The only national initiative had been the creation of a unit for 15 older and infirm male prisoners at Norwich prison. Some prisons had made minor adaptations ─ for example, accessible phones and adapted cutlery ─ but older prisoners' accommodation needs, such as being located on lower landings or lower bunks in double cells, were not always being met.[24] The design and layout of some prison made them inaccessible to prisoners with mobility problems – few units had lifts. Staff were reluctant (and were not trained) to push wheelchairs. Only Leyhill prison had taken wide-ranging steps to comply with the DDA.[25]

On **regimes and relationships**, HMIP found that some prisons provided work on the wings for older prisoners, but generally there were no separate regimes for them and so some were excluded from activity because they could not get to it. Further confusion surrounded prisoners who were retired; many prisons were unsure of the retirement age, there were wide variations in retirement pay and (despite some clubs or groups) insufficient provision for the one-sixth of older prisoners who were retired. Some retired prisoners in closed prisons were locked up for most of the day. Roughly half of the male prisons surveyed offered PE sessions for older prisoners, but many did not take part and some male prisoners did not take their daily exercise because of their physical limitations.[26] Most older men and most older women in prison felt safe, but more than a third (37%) of older male prisoners surveyed said that they had been victimised by other prisoners and roughly a sixth (17%) said that they had been victimised by staff.[27] Staff responsibilities were not well-defined: although many staff showed concern for older prisoners, personal officer schemes varied in their quality. No staff outside healthcare had been trained in dealing with older or frailer prisoners and nobody held specific responsibility for policy and practice.[28]

On **healthcare**, HMIP observed that the National Service Framework for Older People (published three years previously) should apply to older prisoners, but only a minority of prisons were using it to inform practice. Outside healthcare, there was little social care for older prisoners. Not enough contact was being made with community-based services, but even where aids were provided, they were not often used and in some instances were even prohibited. Older prisoners were more prone than the general older population to chronic physical disease, but management of chronic disease varied (and could be undermined by prison moves). Mental health problems may be going unrecognised.[29] Nonetheless, there was some evidence of good practice, such as palliative care and dedicated clinics for leg ulcers.

In similar vein, a more recent review in the *British Medical Journal* commented that prison was a particularly difficult place in which to be old. Older prisoners' health, social and resettlement needs were still not completely understood and policy tended to be local and responsive. Many older prisoners were at the bottom of the prison's social heap, in part because, as older prisoners were over-represented amongst sexual offenders, other prisoners may assume that an older prisoner was a sexual offender. Although prisons ought

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[24] HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page vii
[25] HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page viii
[26] HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page viii
[27] HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page ix
[28] HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page ix
[29] HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page ix

to be complying with the *Equality Act 2010*, the age of some prisons left them unable to meet the needs of older or disabled prisoners.[30]

HMIP noted further difficulties surrounding older prisoners' **resettlement**. Some older prisoners could not progress through the system because category C prisons without 24 hour healthcare were reluctant to take prisoners with medical conditions, even if those conditions did not require 24 hour care. Most older prisoners were in prison more than 50 miles from home, which made it more difficult for their visitors (themselves often older people) to visit them. National Service Framework standards for social services and social care were in general not being met, whether in prison or outside, and some social services departments refused even to assess older prisoners. Pre-release courses were aimed at younger prisoners and there was no preparation for retirement on release. The provision for sex offender deniers was inadequate. Although close to half (44%) of women in the sample were foreign nationals, the resettlement needs of foreign national women were not being addressed.[31]

The report of the thematic review highlighted the provision in the three English prisons that were providing special accommodation for older prisoners ─ Frankland (the only prison with a published policy on its 'specific needs unit'), Kingston (the only lifer centre[32] with special accommodation for older prisoners) and Wymott (which had a wing solely for older prisoners and infirm, vulnerable prisoners of any age).[33] By contrast, in North America (HMIP remarked), significant steps had been taken towards housing older prisoners in specialised accommodation. Many prisons in the United States had wings for older prisoners and more prisons there also had hospices.[34]

3.2 What progress has been made since HM Inspectorate of Prisons' thematic review in 2004?

HMIP followed up its thematic review in 2008. It found that a number of practical initiatives had been triggered by the 2004 thematic report, aimed at developing services for older prisoners. Amongst these:

- The Older People in Prison Forum had been set up by Age Concern and the Prison Reform Trust in 2002 and had in 2005 met with the Director General of the Prison Service[35]
- NACRO[36] and Age Concern had run some pilot training sessions for voluntary agencies new to working in prison[37]
- Age Concern had published a good practice guide[38]

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30 Stephen Ginn *Analysis: Healthcare in Prisons: Elderly prisoners* BMJ 2012: 345: e6263
31 HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page x
32 That is, a prison designated for prisoners serving a life sentence
33 HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: pages 2-3
34 HMIP *No problems – old and quiet: Older prisoners in England and Wales* 2004: page 1
35 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 13
36 Formerly the National Association for the Care and Resettlement of Offenders
37 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 13
38 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 13

- The Care Services Improvement Partnership had been formed in 2005 to integrate the provision of health and social care initiatives and had overseen some further initiatives in the South West and West Midlands[39]

- The Older Prisoners' Action Group had been formed in 2007, as an offender health-led initiative focused on addressing "the specific health and social care inequalities for elderly offenders".[40]

- The Lloyds TSB Foundation for England and Wales had funded the Prison Reform Trust for two years, to highlight the needs of the ageing prisoner population.[41]

HMIP pointed out, however, that NOMS had rejected (and continued to reject) the recommendation for a national strategy for older and less able prisoners, arguing that it was more appropriate to manage prisoners on the basis of individual need, rather than age. HMIP criticised the inclusion of a short section on older prisoners in PSO 2855, on prisoners with disabilities, arguing that this gave the misleading impression that the section applied only to older prisoners with disabilities rather than (as intended) all older prisoners. Furthermore, there was a loophole here as not all older prisoners with a disability as defined by the DDA would self-identify and, besides, the definition within the Act was too narrow as it would not cover all age-related impairments.[42]

HMIP concluded that

- In 29 inspection reports, only two provided examples of older prisoners' needs being identified on reception into prison.[43]

- Older prisoners, though, were generally more positive about their residential units than younger prisoners.[44]

- Three prisons had a policy on the management of older prisoners and one had a draft policy.[45]

- There was little evidence of individualised care planning.[46]

- Older prisoners were more likely than younger prisoners to report feeling safe (and more so than they had in the earlier review) and to report good relationships with staff, even

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39 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 13

40 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 15

41 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 15

42 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 16

43 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 9

44 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 9

45 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 9

46 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 9

though they were also more likely to report having been victimised by other prisoners because of a disability.[47]

- There were examples of good healthcare provision for older prisoners, but this was often provided by health care staff in isolation and there was little evidence of multidisciplinary working.[48]

- There were some good examples of social care, although HMIP was disappointed that this still fell under the remit of health services.[49]

- There was still very little specific resettlement help for older prisoners.[50]

HMIP therefore reiterated its call for a NOMS national strategy, supported by local and national standards, and made further recommendations around training, use of inpatient facilities, adaptations and facilities, care plans and regime activities.[51]

More recently, an article in the *Prison Service Journal* discussed the concept of "institutional thoughtlessness" in overlooking the needs of older prisoners. The authors examined all HMIP reports for adult male and female prisons over 6 years from January 2003 to December 2008 (sources, therefore, of secondary data). Analysis of these reports indicated that HMIP were taking seriously their interest in older prisoners and were judging prisons by their management of them. The increasing number of recommendations was (the authors suggested) indicative of a commitment to follow up on the thematic reviews. The authors remarked, too, that the tone of HMIP's reports became more positive in 2007 and 2008, suggesting that prisons were acting on HMIP's criticisms and recommendations, even though there was no formal necessity to do so.[52]

In its equalities report for 2011/12, NOMS acknowledged that its services had traditionally been geared towards younger prisoners. NOMS indicated that services would be developed during 2012/13 and that a stakeholder group had been set up:

> (...) Following an open competition, we awarded a grant to Resettlement and Care of Older ex-Offenders and Prisoners (RECOOP), a voluntary sector group who have worked successfully with prisons in the South West on the resettlement and care of older prisoners, to improve the capacity of prisons, probation trusts and voluntary sector organisations across England and Wales in working with older offenders. This work will continue in 2012/13.
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> During 2011/12 NOMS also worked with Offender Health to form a Social Care Policy and Implementation Group that brings together key stakeholders from the Department of Health, the Association of Directors of Adult Social Services and the voluntary

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47 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 9

48 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 10

49 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 10

50 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: page 10

51 HMIP *Older prisoners in England and Wales: A follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* June 2008: pages 10-10

52 Adrian Hayes and Jenny Shaw "Practice into policy: The needs of elderly prisoners in England and Wales" Prison Service Journal 194, March 2011: pages 38 - 44

> sector, with the aim of devising and implementing a plan for the provision of social care in prisons.[53]

In a House of Lords debate on the place and contribution of older people in society, Lord Ramsbotham, the former HM Chief Inspector of Prisons, pointed to the lack of progress since HMIP's thematic reviews:

> Although statistics suggest that more than half such prisoners are suffering from a mental disorder, staff training in mental health awareness is poor. Few have the ability to identify the early onset of dementia and, although most prisons have special clinics for older prisoners, few have a special lead nurse in place. A number of older prisoners with mobility problems are unable to use the showers, or have difficulty accessing top bunk beds. However, on the positive side, 85% of older prisoners state that staff treat them with respect, and 84% state that they have a member of staff whom they can turn to with a problem.
>
> (...)
>
> In sum, because the problems of older prisoners are often not visible and since they are less likely to complain or make trouble, it is too readily assumed that everything with and for them is satisfactory. However, it is clear from the evidence that that is far from the case and that too many of their well documented specific needs and concerns are not being recognised or met.[54]

Responding, government minister Baroness Warsi observed that "a person, a Minister or a single commissioner [was] unlikely to resolve the diversity issue or a range of issues faced by older people in prison and why those needs need to be mainstreamed".[55]

Recently, HMIP's inspection of Winchester prison has painted a bleak picture of the basic needs of some elderly and disabled prisoners not being met:

> Two older, severely disabled men who shared a small cell, built by the Victorians for one, were not untypical. (...) Neither man was able to work so they spent 23.5 hours a day in their cell. Although there was a shower on the landing, it had not been adapted for use by people with disabilities and so they were unable to use it. Neither had had a shower for months but did their best to wash in their cell. They relied on other prisoners for help with tasks such as collecting meals. Wing staff were unaware of these problems when we brought them to their attention.[56]

HMIP assesses prisons against four tests of a "healthy prison" – safety, respect, purposeful activity and resettlement. In assessing Winchester's performance in relation to respect, HMIP noted that provision for older prisoners was scant:

> HP25 Provision for older prisoners was limited to a recently introduced social group and dedicated recreational PE sessions. The needs of prisoners with disabilities were not properly met. They endured particular hardships relating to access, and several men told us that they had not taken a shower for over four months. Personal emergency evacuation plans were generally up to date and available to wing staff, but care plans were not available on the wings and there were no formal identified carers.[57]

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53 NOMS Equalities Annual Report 2011/12, 25 October 2012: page 7
54 HL Deb 14 December 2012 c1319-20
55 HL Deb 14 December 2012 c1327
56 HMIP *Report on an announced inspection of HMP Winchester 15–19 October 2012*, March 2013: page 6
57 HMIP *Report on an announced inspection of HMP Winchester 15–19 October 2012*, March 2013: page 15

4 How might policy and practice be improved?

In its ideas for practice, the charity Age UK suggested that little had changed and provision for older prisoners was still inadequate:

> Prison is a poor place in which to grow old. The physical environment is often inadequate. Offending behaviour programmes and release and resettlement programmes are designed to meet the needs of younger people, which means that older prisoners suffer age discrimination.[58]

Age UK went on to argue that, even where they had been convicted of serious offences, older prisoners should not receive sub-standard support:

> Age UK acknowledges that many older prisoners have been found guilty of serious crimes, and that the public has a right to expect protection from them where this is appropriate; but equally this is not a reason for them to receive sub-standard support. We would like to see better care, resettlement and rehabilitation of offenders and ex-offenders, through the provision of support services, advocacy, financial advice, mentoring on issues such as employment and training, and advice on housing and health. This support enables older prisoners to take control of their lives on release, helps to prevent re-offending and reduces the risk of these older people becoming socially excluded.[59]

The ideas for practice were grouped around themes of time out of cell; providing information, advice and advocacy; supporting health and wellbeing; through-the-gate services and participation in the prison regime (senior forums).

NACRO and the Department of Health have published a resource pack for working with older prisoners, aimed at wing-based prison staff, disability liaison officers, peer support workers and others working with older prisoners.[60]

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[58] Age UK *Supporting older people in prison: Ideas for practice*, June 2011: page 3
[59] Age UK *Supporting older people in prison: Ideas for practice*, June 2011: page 6
[60] 2009