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

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Introduction

'No problems – old and quiet' was an entry that we found in an older prisoner's wing history sheet in the course of our fieldwork for this report. It aptly summarises the situation of many of the 1700 older prisoners[1] now held in our prisons. In general, older prisoners pose no control problems for staff. But, because of that, prisoners' own problems, particularly as they grow older and less able-bodied, can easily be neglected.

In 2001, the Department of Health issued a National Service Framework for the care of older people[2]. It specifically referred to the 'wide range of health and social care needs, both while in prison and on release' of prisoners over 60 (of whom there were then only 700), and to the need for partnership between the NHS and Prison Service to meet health and social care needs. This report shows that this is not yet happening.

The main findings of this report are based on fieldwork in 15 male prisons[3]. We surveyed 442 men over 60 (38% of the over-60 male prison population); and we held focus groups in all prisons. We also interviewed staff, including healthcare managers.

We found a few prisons that were taking seriously the special needs of older prisoners; and some examples of individual good practice in many more. At national level, a new unit for 15 older and infirm prisoners is being set up at HMP Norwich. But there is no overall strategy throughout the prison estate for assessing or providing for the needs of older prisoners, whose number trebled between 1992 and 2002 (see appendix 2). 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.

By no means all older prisoners are disabled or infirm. Although we refer to older prisoners as a group, they are not to be stereotyped. We encountered many who were active and independent; others were resilient and determined to survive despite poor health and limited mobility. However, for a small minority of prisoners, every day meant a struggle to do even the simplest of tasks. Some had become wholly disengaged from staff and other prisoners, as a consequence of physical or intellectual degeneration, or mental health problems. And, for the majority of older prisoners, health, mobility and hearing became less robust with age: particularly as studies have shown that prisoners tend to age up to 10 years more than their biological age. In general, the older a prisoner, the more barriers there were to active life, the greater their mental and physical health needs, and the less likely it was that they would be able to live and function in dignity. We stress throughout the report that there should be an assessment of individual prisoners' needs for health and care, which will inevitably vary: but we found little evidence that those individual needs were being assessed, or provision made for them.

Since October 2004, prisons have been subject to the Disability Discrimination Act (DDA). This requires them to take all reasonable steps to ensure that prisoners with disabilities can access services; and the Prison Service has issued orders (PSO 2855 and PSO 8010, ch.6) setting out the steps prisons should take. There is also the Department of Health's National Service Framework (NSF) for older people referred to above, with its strictures on the need to provide for the health and social care needs of prisoners over 60. It is evident from this report that few prisons were reaching the standards required in legislation or guidance, though some were making valiant efforts.

As well as ensuring safety and decency, prisons need actively to engage with older prisoners. This report shows that in many areas, from activities to offending behaviour programmes and preparation for release, this was not taking place. Nor does the National Probation Service have a strategy for dealing with older offenders.

But the proper treatment of older prisoners is not just an issue for prisons and probation. The NSF places duties upon social service and healthcare departments, in relation to the assessment and support of those in need of special care. Increasingly, there is a move towards a single assessment of health and social care, to define all needs. However, we found that, in general, local authority social service departments were extremely reluctant even to carry out assessments of older prisoners, still less to offer support either during or after imprisonment. In other areas, such as healthcare and child protection, outside agencies now accept that their responsibilities do not cease simply because someone is in prison. The same should apply to services for older and disabled prisoners.

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1 Number of prisoners over 60, as at November 2004

2 Department of Health (2001)

3 See Methodology

There are, as yet, few women over 60 in the prison population. But there is a growing number of middle-aged women, significantly older than the normal prison population, some of whom are serving long sentences and who will grow older in prison. As part of this study, we examined their specific needs, in fieldwork carried out with women over 50 in three prisons, including a survey of 31% of the over-50 female population. Our findings can be found as a separate section in each chapter of the report, and we make some additional recommendations, specific to women, in relation to healthcare and resettlement.

By definition, we found fewer age-related and mobility problems among this group of women. But they exist, and will increase as the population ages. We found, however, that feelings of isolation and depression were very strong; and that their particular healthcare needs, such as regular mammography screening, were not always met. And the fieldwork revealed that a disproportionate number of middle-aged and older women – nearly half of our sample – were foreign nationals, usually new to prison and serving long sentences for drug importation. These women were doubly isolated by their age and their imprisonment in a foreign country. Few prisons were alert to all their needs, particularly in relation to resettlement.

The number of older people in our prisons as a whole will continue to grow, as sentences lengthen and more indeterminate sentences are passed. Many older prisoners have committed serious offences, including sexual offences, for which they will spend a considerable time in prison; some will not be released until they can show that they no longer pose a risk to others. Prisons need to protect the public; but, in doing so, they must gear themselves to meet the needs of an older and ageing population, some of whom will, in practice, spend the rest of their lives in prison. At present, as this report shows, the prison system in general is ill-equipped to meet their needs and its responsibilities, and is not being actively assisted to do so by outside agencies. Our key recommendations, therefore, are that the National Offender Management Service and the Department of Health should agree a strategy for the care and treatment of older prisoners; and that prisons should develop and implement standards for the care of older and less able prisoners. That strategy, and those standards, can build upon our recommendations and findings of good practice.

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Anne Owers
September 2004

Executive summary

ES1 The report describes the conditions for and treatment of older prisoners, their healthcare and resettlement, in the light of the requirements of the Human Rights Act, the Disability Discrimination Act and the National Service Framework for older people.

ES2 It comments on:

- the built environment and facilities for older prisoners
- regimes and relationships with staff
- health and healthcare provision
- preparation for release and post-release care

and makes recommendations and identifies examples of good practice.

ES3 The main sections in each chapter are based upon research and fieldwork in 15 men's prisons, of various types, which held the greatest number of men over 60. We used surveys, focus groups and semi-structured interviews with prisoners and staff, as well as our own observations and examination of relevant documents. 442 prisoners (38% of the over-60 male population) were sampled.

ES4 Each chapter also contains a separate section on middle-aged and older women prisoners, based upon research and fieldwork in three women's prisons, using the same techniques, and surveying 47 women over 50 (31% of the over-50 female population). This fieldwork enabled us to examine the specific problems facing this age-group, a few of whom are over 60, but all of whom are older than the great majority of women in prison, and will face increasing difficulty as they age in prison.

Environment

ES5 This chapter describes the environments in which older prisoners were housed. It considers the design of prisons, identifies where adaptations have been made for those with mobility problems and considers the impact of the Disability Discrimination Act. An example of provision in one state in America is contrasted with the lack of systematic provision in England and Wales, though four local initiatives are noted that have the potential to become the special units of the future. Several case studies illustrate the difficulties that many older male prisoners experience and the ad hoc nature of the solutions that have been found for their needs.

Findings

- Prisons are, in the main, built for young, able-bodied prisoners
- There is no overall Prison Service strategy for housing older and/or less able prisoners
- Three prisons – Frankland, Kingston and Wymott – had special provision for such prisoners, as a result of local initiatives
- The only national initiative was the setting up of a unit for 15 older and infirm men at Norwich
- Elsewhere, some prisons had made minor adaptations, such as accessible telephones and adapted cutlery, but these were isolated instances
- There is not yet anything akin to the special units to be found in some states in the USA and Canada
- Older prisoners' accommodation needs were not always met. For example, they were not always located on lower landings, or lower bunks in double cells
- Chair and seating design did not recognise issues such as back problems
- Prisons with electronic night sanitation systems presented considerable problems for prisoners suffering from incontinence

- Only at Leyhill had wide-ranging measures been taken to meet the requirements of the Disability Discrimination Act
- Design and physical layout made some areas inaccessible to those with mobility problems
- Very few units had lifts and not all older prisoners were encouraged to use them
- Access to exercise, association and visits could be difficult or arduous for some older prisoners
- Access to education or library facilities was sometimes impossible for those with disabilities
- Showers were usually extremely hazardous for less able prisoners, and lacked privacy. Older prisoners who were mobile had good access to showers, but among those with mobility problems, we found some prisoners who were able to shower only every month or two. Few baths were available in residential wings
- Some prisoners had difficulty accessing stored property, which could include essential but non-standard items, such as reading glasses, or additional clothing for foreign nationals
- Very few establishments provided suitable outdoor clothing for bad weather
- Staff were reluctant to push wheelchairs, and were not trained to do so
- Prisoners often helped one another, but prisoner helpers received no training or support. In some cases, staff ignored the fact that older prisoners had to 'pay' helpers, and did not help sufficiently themselves
- The lower age range, and the physical design of women's prisons, meant that fewer women experienced mobility problems
- There were, however, shared concerns, for example seating, and little evidence that women's prisons were prepared for increasing physical limitations as women grew older in prison

Regimes and relationships

ES6 This chapter deals with the activities available for older and retired prisoners, and their relationships with other prisoners and staff. It considers the regimes available, and access to work and education, library, exercise and PE. It looks at the arrangements for retired prisoners, including pay and activities. Older prisoners' perceptions of safety are analysed. Staff–prisoner relationships are discussed, including prisoners' perceptions of their safety and treatment, and the extent of staff engagement with prisoners' individual needs.

Findings

- There were no separate regimes for older prisoners and some were excluded from activity due to physical inability to get to activity places
- Some prisons provided work on the wings for older prisoners
- There was insufficient provision for the 17.5% of men who were retired, or preparation for retirement, though some prisons provided groups or clubs. Many prisons were unsure of the retirement age, and there were wide variations in retirement pay which was often insufficient to live on
- Women prisoners, and men in open conditions, were out of their cells most of the day. Elsewhere, this was at the discretion of wing staff and some retired prisoners were locked up for most of the day
- Some male prisoners did not go on exercise, because of physical limitations; and younger prisoners often dominated access to equipment on association
- At seven of the 15 male prisons, PE staff provided sessions for older prisoners, but many did not participate

- Most older men felt safe, but 30% overall said that they had felt unsafe, and this percentage varied considerably between prisons
- 37% of men said that they had been victimised by other prisoners, and 17% that they had been victimised by staff: again, there was considerable variation between prisons
- The great majority of men (83%) said that there was a member of staff they could turn to with a problem, and 85% said most staff treated them with respect; however only 58% said that most staff were aware of their individual needs
- 84% of the women in our survey had not been in prison before
- Most women felt safe, but a third of those in our survey said they had felt unsafe, and a third said they had been victimised by other prisoners; though those to whom we spoke did not express fear of intimidation
- 80% of women had a staff member they could turn to; and this was the case for all those whose first language was not English; 83% of women said that most staff treated them with respect, but only 39% said that most staff were aware of their individual needs
- Staff and managers in many establishments showed genuine concern for older prisoners, but personal officer schemes, which should ensure attention to individual needs, were variable in quality
- Many older prisoners expressed the feeling that their age and experience were not sufficiently respected and their intelligence underestimated
- No staff outside healthcare had received specific training in dealing with older or frailer prisoners
- No staff member was specifically responsible for policies and practice on older prisoners

Healthcare

ES7 This chapter assesses the extent to which the healthcare needs of older prisoners and the Department of Health's National Service Framework (NSF) standards for older people are met in prison. It examines access to healthcare, assessment of needs and the provision of appropriate services, mental health issues and the promotion of health and well-being. It also looks at the management of medicines, and provisions for palliative care and early release for the terminally ill.

Findings

- The National Service Framework for older people should apply to older prisoners; but staff in three of the 18 prisons were unaware of the NSF and only five healthcare managers in our sample were using it to inform practice
- In most prisons, there was no lead healthcare professional for older prisoners, nor were staff aware of the need to separately assess the needs of older prisoners
- There was little 'social care' available outside healthcare, for example, for incontinent prisoners or those who needed assistance with personal hygiene; in some prisons, staff only noticed a deterioration in personal hygiene when other prisoners drew their attention to it
- Insufficient contact was made with community-based services in most prisons, with two exceptions. Aids that were provided were often not used, or even prohibited
- The Department of Health and Prison Service strategy for mental health in prisons does not specifically deal with older prisoners. Mental health problems may be going unrecognised, with attention given to younger, more vocal prisoners
- There is a greater prevalence of chronic physical disease among older prisoners than within the general older population. Management of chronic diseases varied, and could be undermined by prison moves. There was insufficient promotion of hepatitis B vaccination

- There were some examples of good practice, for example, designated leg ulcer clinics
- Regular reviews of medications for those over 75 were not being carried out and there was too little contact between patients and pharmacists
- The government's campaign 'Keep well, keep warm', to protect older people, was largely ignored
- There were some good examples of palliative care
- Early release on medical grounds, for terminally or severely ill prisoners, is subject to very restrictive criteria, and could be informed by the system operating in France
- Women prisoners could miss out on mammography and other regular healthcare screening
- Of those who had mental health problems, 78% were experiencing depression or reactive depression as a result of imprisonment

Resettlement

ES8 This chapter deals with the resettlement and rehabilitation of older prisoners. It examines older prisoners' progress through the prison system, looking at sentence planning and offending behaviour work and the factors that hamper older prisoners in moving through the system, and closeness to home. It considers preparation for release, particularly of retired prisoners, and the role of external agencies, such as the National Probation Service and social service departments.

Findings

- The great majority of older prisoners were more than 50 miles from home. This caused particular problems for visitors, many of whom were themslves older people
- Older prisoners were sometimes prevented from progressing through the system because category C prisons without 24-hour healthcare cover were reluctant to take prisoners with medical conditions, even when these did not require 24-hour care
- Many sentence plans lacked meaningful targets, or assessment of individual needs
- There was little evidence of drug abuse. Where offences were alcohol-related, there was no record of follow-up action
- There was an inadequate response to sex offender deniers, who were too often left alone without efforts either to challenge the denial or offer alternative mechanisms to reduce risk and were therefore unable to progress through the system
- There was no preparation for retirement on release; courses were geared to younger prisoners
- Public protection measures, where needed, were universally good; but there was difficulty in finding suitable accommodation, particularly for sex offenders, many of whom were isolated and far away from home areas
- The National Probation Service had no strategies for older prisoners
- NSF standards in relation to social services and social care were in general not being met, either within or outside prison, and some social service departments refused even to assess older prisoners
- The national minimum standards for the care of older people in the community or in care homes do not apply in prison
- 44% of women in our sample were foreign nationals, and 84% were in prison for the first time
- Resettlement needs of foreign national women were not addressed

Key recommendations

1. **The National Offender Management Service, in conjunction with the Department of Health, should develop a national strategy for older and less able prisoners that conforms to the requirements of the Disability Discrimination Act and the National Service Framework for older people.**

   The national strategy should include:
   - **A phased programme to provide sufficient suitable and accessible accommodation in each prison**
   - **Mechanisms for implementing and monitoring the requirements of the Disability Discrimination Act and the Prison Service Order on managing prisoners with disabilities**
   - **The development of standards for the care of older prisoners, using the national policy recommendations in this report, and building on the good practice identified**
   - **Regime differentiation for older prisoners**
   - **Training for staff, involving specialists from health and social care**
   - **The development of a prisoner Carers scheme (like the prison Listeners scheme) under social services supervision, whereby selected prisoners are trained, supervised and accredited in personal social care**
   - **Inter-agency co-operation between prisons, the NHS, probation, social services and relevant statutory and voluntary community agencies to support older prisoners in custody and on return to the community**
   - **Mechanisms for carrying out individual assessments of the health and welfare needs of older prisoners, and producing and implementing care plans, so as to ensure, both in prison and after release, an equivalent standard of care to that available in the community**

2. **The strategy should be informed by further research into:**
   - **The general health of prisoners aged 45 and over, to establish their likely healthcare needs if they remain in prison into old age**
   - **The extent of mental health problems in older prisoners**
   - **The specific needs of older women prisoners, taking into account the likely age profile of women in prison over the next five years**
   - **More appropriate and flexible ways of confronting offending behaviour**
   - **The resettlement needs of older prisoners**

Chapter 1: Environment

1.1 This chapter describes the environments in which older prisoners were housed. It considers the design of prisons, identifies where adaptations have been made for those with mobility problems and considers the impact of the Disability Discrimination Act. An example of provision in one state in America is contrasted with the lack of systematic provision in England and Wales, though four local initiatives are noted that have the potential to become the special units of the future. Several case studies illustrate the difficulties that many older male prisoners experience and the ad hoc nature of the solutions that have been found for their needs.

Special accommodation

1.2 The Prison Service has no overall strategy for housing older and less able prisoners. In most of the establishments we visited, they were in effect managed in the same way as other prisoners. No establishment fully met the needs of its older prisoner population: where good practice had emerged, it was often as a result of managers and staff striving to meet the needs of a particular individual. According to our survey, 78% of male respondents said they were sharing wings with prisoners who were significantly younger (see appendix 7).

The US experience

1.3 In North America, there have been significant moves towards housing older prisoners in separate and specialised accommodation. Many prisons in the US have wings for older prisoners in order to keep them together and to deal with their specific needs. By 1998, approximately 12 states had set up separate facilities; research found[1] that both older and younger prisoners favoured separate units. More prisons in America also have hospices.

1.4 One example is the special unit at the State Park Correctional Centre in South Carolina, which holds more than 400 men and women prisoners. Those requiring greater security can be housed in special units in a medium/maximum facility. Prisoners remain part of the mainstream population as long as they can function. Only when they can no longer cope in the normal prison environment are they transferred to the specialised unit, which also provides 24-hour medical care. To qualify for admission to the unit, a prisoner must have two of the following:

- an inability to provide self-care
- social and emotional maladjustment
- limited mobility
- an inability to provide self-direction
- chronic medical problems
- vision, speech or hearing problems
- a need for close medical supervision
- acute medical problems

1.5 Centres like this one have been established in various parts of the USA and Canada. In 1999, the Pacific region of the Correctional Service of Canada started a ‘reintegration effort for long-term infirm and elderly federal offenders’ as a means of assuming a larger, more constructive role in the community reintegration of old and infirm offenders.

1 Marquet et al (2000)

Three English prisons

1.6 We came across only three prisons in England and Wales that provided, or were in the process of providing, special accommodation for older prisoners. These were primarily local initiatives, where governors and staff had recognised that something had to be done and had made a start in assessing and addressing the immediate needs of their older and less able prisoners. They were to be commended for the initiatives taken – but in the absence of a national strategy, and funding, the work that could be done was inevitably limited. In addition, the Prison Service was in the process of constructing a new unit at HMP Norwich, in which it was planned to hold up to 15 older and infirm prisoners.

Frankland (specific needs unit)

1.7 Frankland was the only prison that had a published policy outlining arrangements relating to its 'specific needs unit'. The most impressive aspect of the policy was that it had been produced after full consultation with Age Concern, social services and older prisoners themselves. An occupational therapist had been enlisted to conduct an assessment of the unit's needs in terms of physical alterations and adaptations. The policy included proposed links with voluntary organisations and outlined suitable activities for retired prisoners. It also recognised the special skills required by staff to work in such an environment and sought, within the constraints of attendance patterns, to select staff to work there. An action plan formed part of the strategy document. Although some targets in the action plan had not yet been achieved, the project had evidently been approached in a planned and methodical manner.

1.8 The specific needs unit was situated on B1 landing and could take up to 36 prisoners in single cells. Access was restricted to vulnerable prisoners aged 50 or over and those with disabilities. At the time we visited, all prisoners on the unit had volunteered to be there and had been subject to a vetting procedure. Healthcare staff also assessed prisoners with disabilities. We were told that all the regular prison officers were trained in 'heart start' techniques and some additional training had been provided by Age Concern and Durham Primary Care Trust. The unit was still at an early stage and internal structural alterations were being undertaken.

Kingston (E wing)

1.9 Of our sample prisons, Kingston was the only prison designated for life-sentenced prisoners that provided any special accommodation for older prisoners. However, it was the conditions on E wing recorded in our 2001 inspection report, and in the unannounced follow-up inspection in 2002, which alerted the Prison Service to the need for a national strategy for older prisoners.

1.10 E wing was staffed by two prison officers. We were told that funding had been approved for a G grade nurse and healthcare senior officer to contribute specifically to the supervision and development of the wing. The wing housed prisoners aged over 55, and who were classified as category C, rather than category B, like the rest of the prison population. E wing's acceptance criteria were applied flexibly; for example, a 52-year old prisoner was located there at the time of our visit. We were told that he met the requirements for the unit because he had severe mobility problems, even though the expectation of prisoners on E wing was that they were able to dress and wash themselves without assistance.

1.11 Housed on three floors, the unit had steep staircases, although chair lifts had been installed. Its ground floor was in the healthcare centre and, even though it was not regarded as in-patient accommodation, prisoners with the greatest need were located there so that healthcare staff could keep an eye on them. All cell call alarms on E wing could be reached from prisoners' beds.

1.12 The ground floor mainly consisted of single cells with a few double cells. All other sleeping accommodation was on the third level, which had small dormitories, each housing two or three prisoners. Since our last inspection report, these dormitories had been decorated and the number of treble rooms had been reduced. Privacy in the dormitories was provided by partitions, which were approximately 6ft high. Prisoners' dormitories had their own courtesy key and a television that had to be used with headphones. We received many complaints from E wing residents about the disturbances caused by room mates at night; these usually related to snoring or trips to the toilet. The second floor of the unit comprised the main association area, servery, dining room, showers and toilets.

1.13 Kingston was in the process of publishing acceptance criteria for E wing, as a result of the many complaints raised by newly arrived prisoners, who had not been told that they would be in shared accommodation. These criteria would inform other establishments and the Lifer Review and Recall Section at Prison Service headquarters. Although placement on E wing was supposed to be voluntary, many of its residents complained that, once on the unit, they were not permitted to move off it.

Wymott (I wing)

1.14 I wing was used solely to house older and infirm vulnerable prisoners of any age. Four prisoners were unofficial helpers for the particularly infirm on the wing. During our recent full inspection in December 2003, we were told that policies and procedures for the wing were in the process of being prepared and that a report had been written by the local primary care trust's occupational therapy department. The report outlined what was required for the future though not in any detail. In addition to I wing, six downstairs cells in the healthcare centre were being developed as a unit for disabled and older prisoners. We were also told of plans to open a unit for prisoners with dementia in the future. The prison had links with Keele University, which was looking at older people in the criminal justice system.

Accommodation and furniture

Allocation

1.15 All the prisons in the study had informal arrangements so that prisoners with mobility problems, irrespective of age, were located on the ground floor. Nowhere did we find a policy that automatically offered older prisoners a cell on lower landings.

1.16 Leyhill's allocation procedures were based on mobility or disability rather than on age, and 24 cells had been set aside on B wing to house disabled prisoners. Of these cells, 12 had wider doors for wheelchair access. All cell doors had notices that drew attention to the fact that occupants would need assistance in the event of evacuation.

1.17 Most prisoners had to share cells, and sleep in bunk beds. One of the most common complaints was that many older prisoners ended up on the top bunk. At Rye Hill, allocation to a bottom bunk required a medical officer's authorisation. Some prisoners in the focus group at Usk told us that they had fallen out of the top bunks. They said that climbing in and out of a top bunk was both dangerous and undignified. Evidence of such accidents was found in an entry in one of the older prisoner's wing file: *'he does suffer with asthma and arthritis. He needs to be relocated to flat level as he fell off the top bunk when trying to exit his bed'*. Prisoners also told us that if they wanted a lower bunk, staff at Usk told them to sort it out with their cell mate.

1.18 Elmley staff said they had a policy of allocating the bottom bunks to older prisoners. However, prisoners in our focus group said that there was little chance of getting a single cell since these were routinely allocated to the much younger wing cleaners and servery workers.

1.19 At Ford, all the prisoners in our focus group were in single rooms apart from one man who was in a dormitory hut. He was extremely unhappy about it since many of the other younger prisoners kept unsociable hours and frequently disturbed his sleep.

Conditions

1.20 The design of building and category of prison often dictated the type of cellular accommodation available for older prisoners. For example, Usk had some old Victorian style cells that were extremely cramped. In contrast, at Hull all residential units used to house older prisoners were of recent modern style and each cell was fitted with safer furniture.

1.21 With the exception of cells specifically converted for disabled prisoners, there were generally no adaptations to the cells or rooms used for older prisoners. For example, none of the establishments we visited had facilities that enabled less mobile prisoners to switch on their cell lights without getting out of bed.

1.22 In contrast, the recently opened F and G wings at Albany provided excellent accommodation, including in-cell toilets and showers. At Parc, grab rails had been fitted adjacent to the in-cell sanitation in an adapted cell. Prisoners had their own room keys which allowed 24-hour access to toilets and showers at Leyhill, Ford and, in the majority of cases, at Wymott.

1.23 In our survey, 79% of male prisoners said that the layout, size and location of their cell or room was suitable for their individual needs (see appendix 7). But there were exceptions:

- *Cells can be dangerous due to being too compact; there is barely any space to move about. This is more of a problem for the elderly. I am constantly banging myself on the fittings and bruising myself. The beds are almost impossible to make properly as they are too near the walls and you can damage your fingers on the brackets which hold the beds to the wall, which I have done. If you have a bad back you will be struggling to make the bed*

1.24 We found some examples where cells had been properly adapted for use by disabled prisoners or special arrangements were being made for severely impaired prisoners. Rye Hill had one disabled cell on the ground floor of each residential unit; these cells had adapted sinks and wider doors for wheelchair access. The disabilities liaison officer at Kingston had arranged for a blind prisoner to be assessed by a social services rehabilitation officer for sensory impairment and deaf services. This special risk assessment included a review of the layout of the prisoner's cell and informed any consideration of the need for new furniture.

1.25 At some establishments, where prisoners had courtesy keys to access communal facilities, there were no in-cell call systems to summon staff in an emergency. This meant that older prisoners, who are more likely to have acute or chronic needs during the night, were reliant on other prisoners to raise the alarm. In other establishments, where older prisoners were in cellular accommodation, it was sometimes impossible for disabled prisoners to reach the call bell. At Parc, however, in one cell that had been adapted for disabled prisoners, the emergency call bell had been lowered. Overall, only 48% of male respondents to our survey reported that, if activated, their cell call bell was responded to within five minutes (see appendix 7).

1.26 Prisoners at some establishments complained that the abundance of metalwork used in the construction of the residential units made them extremely noisy and as a consequence they had difficulty hearing. Prisoners in several focus groups also complained that they could not hear staff calling them for the library or other activities because the wings were so large and there was no tannoy system.

1.27 The levels of noise were often mentioned in prisoner focus groups. Complaints were usually about younger prisoners being too noisy during association and playing their music too loud in their cells at

night, which prevented the older prisoners from resting and getting to sleep. Despite this, in our survey 79% of respondents reported that it was normally quiet enough for them to relax and sleep at night (see appendix 7).

Furnishings and adaptations

1.28 Seating in cells and elsewhere on the wings was often a problem for older prisoners. The seats in the cells of some of the more elderly and infirm prisoners were quite inappropriate. Apart from adapted cells in Hull, where cell chairs were free-standing and plastic, chairs in cells at other prisons were often low and their design generally varied between the standard wooden type and a slightly more comfortable upholstered version.

1.29 At Rye Hill and at Parc, standard cell seating was a stool that was fixed to the floor. This type of seating provided no back support and we were told that it was uncomfortable and caused back problems. It also meant that prisoners in double cells with bunk beds and low headroom had only the choice of standing up or lying down on their beds. At Parc, only prisoners with a diagnosed medical need could have a chair in their cell. Matters were made worse for retired and unemployed prisoners at Parc because, apart from mealtimes and association, they were routinely locked in their cells all day.

- *In the cell we have a stool fixed to the table. Unless you're about four foot tall, you can't get your legs to go anywhere. We need easy chairs for association and a chair in the cell. The seats here in association hurt my bottom after 10 minutes*
- *As I am disabled I cannot use the chair in the cell as I am unable to use my legs. I need a chair with arms so that I can lift myself in and out*
- *Apart from the lounge on D wing, which is only for its prisoners, we can't sit comfortably anywhere; we fold a blanket and put it on the chair*

1.30 Only two establishments, Risley and Parc, had set PIN telephones on the wings at a lower level for disabled prisoners. Leyhill had text telephone, but no other prisons had specially adapted telephones for prisoners with hearing difficulties. Risley had installed a hearing loop in the visits room and Leyhill also had a loop system; Hull and Usk provided televisions with teletext.

1.31 Frankland provided excellent examples of smaller scale adaptations such as wider grip cutlery, non-slip trays and long handled dustpans. Parc offered specially adapted cutlery, plates and bowls, after individual assessment and referral by healthcare staff. Education staff at Hull provided handouts in large print, magnifying sheets to place over printed work and thicker pens for prisoners with arthritic hands.

Decency

Sanitation

1.32 Apart from some wings at Albany, all other establishments we visited had either in-cell sanitation or unrestricted access to toilet facilities. Prisoners on A to E wings at Albany had to use a night sanitation system. This computer system allowed one prisoner at a time to visit the recess for a period of up to seven minutes. The system operated from 10.00pm, which was two hours after association had finished and prisoners were locked up until the following morning. At weekends the delay before night sanitation commenced was even longer, since association finished at 6.00pm. The system was programmed to allow prisoners a maximum of three visits to the recess every night.

1.33 Prisoners in our focus group at Albany told us that long queues built up to use the recesses and this was a particular problem for the older prisoners. One individual explained that he had a slight incontinence problem and found waiting to use the toilet facilities very stressful. Another prisoner

with mobility problems stated that the time restrictions for use of the night sanitation facilities were unrealistic and he never had enough time in the recess. An added complication was that night sanitation was barred to any prisoners who chose to remain in their cells during wing association. This included some older prisoners who opted to remain in their cells simply because of the noise levels on the wings.

Personal hygiene

1.34 For prisoners with good levels of mobility, access to showers was generally good. In our survey, 92% of men confirmed that they were normally able to have a shower each day (see appendix 7). However, for those who were infirm, communal showering presented difficulties in most prisons.

1.35 Baths were often only to be found in healthcare centres. Considering their daily use, showers were probably one of the most hazardous areas for older and disabled prisoners. We received complaints from prisoners that showers were slippery, particularly when they were wet. Even where a non-slip floor surface had been installed, we were told that older prisoners had fallen. In other establishments with no special floor surfaces and with no slip-mat provision, taking a shower was even more of a hazard. There was a general absence of 'grab rails' to assist prisoners with mobility problems.

1.36 A handful of prisons had well-designed showers for the disabled with incorporated seats, but even where these had been installed they were often not available on all units. At Frankland all residential units had special fold back shower chairs. Adapted cells on the new units at Hull had en-suite shower facilities, but the showers had not been fitted with seats. A prisoner at Hull told us that there were no shower chairs in any of the showers and older prisoners often took a wooden chair in with them.

1.37 Privacy was particularly important for older prisoners, many of whom were becoming increasingly self-conscious about their ageing bodies. In the majority of establishments we visited, showers were not effectively screened and this caused problems.

- *I suffer from diabetes and the physical signs of it are on my legs. I have not had a shower in 8 weeks because younger prisoners make comments about my legs and tell me that they don't want to see me in the showers*

1.38 Keeping clean was quite difficult for older prisoners and for those with mobility problems. Even though a blind prisoner we met had a helper, this did not extend to helping him have a shower. When we spoke to this prisoner, he told us that he had only had three showers in the previous six months.

Case study

A 70-year-old prisoner was generally confined to a wheelchair. One entry in his wing history file (October 2003) confirmed the problems he had in getting access to a shower: *'Arranged with healthcare for him to have a bath, last time was 4 weeks ago'*. When we spoke to staff about this entry they were defensive about it: *'we assume that he gets a shower, no one has said that he doesn't'*.

We spoke to the prisoner in his cell. He showed us his diaries which included specific entries whenever he was taken for a shower or bath because, he said, *'it's quite an event.'* Since arrangements had to be made to take him to healthcare to use the special facilities, the prisoner said that he had to make an application for a shower. Whenever he did this he was usually told that it would have to be organised, but he often heard nothing more.

His diary records showed that, between June 2003 and January 2004, he had been taken to the healthcare centre for a shower on seven occasions. We saw him three weeks after he had received

his last shower. Instead, he had to wash in his cell basin and had unofficially obtained a bowl in which to wash his feet.

As part of the procedures for reviewing a prisoner's incentives and earned privileges (IEP) level, prisoners were issued with a form on which they were asked to answer a set of questions about their perceptions of their behaviour. Completed forms were returned to the wing manager.

We saw this prisoner's response to one question about his personal hygiene:

Q: *'What is your personal hygiene like?'*

A: *'Undermined by difficulties experienced to coordinate access to disabled shower facilities. Only 7 showers within the past 12 months. Presently applying hydrocortisone cream to control skin infection, not easily cleared by strip washing'*.

Clothing and possessions

1.39 In our survey, only 29% of men stated that they were normally unable to get access to their stored property (see appendix 7).

- *As I have difficulty in tying my laces I use slip-on shoes. The ones that I am wearing are worn out and dangerous to me. I have new ones in my property but I am not allowed them*

1.40 At Rye Hill, staff were prepared to consider individual requests for specific items. Some other establishments also confirmed that if older prisoners required anything age-specific that was not available from the prison shop or through a catalogue order system, they would be permitted to have the article sent in.

1.41 Ninety-one per cent of men in our survey said that they were normally offered enough clean and suitable clothing each week. Additionally, 96% of them reported that they normally received clean sheets each week (see appendix 7).

1.42 In order to get additional clothing or bedding, including blankets and pillows, almost all establishments required prior authorisation from the medical officer. While most prisoners agreed that, as long as they sought permission, extra clothing or bedding would be provided, there were exceptions:

- *Mattresses give no comfort to old bones. Bed and cell warmth can be a problem, duvets would be advisable*

1.43 At Dartmoor, older prisoners told us they could get clean towels every day and the wing senior officer could authorise additional items of clothing or bedding. Similarly, older prisoners at Wymott confirmed that they could easily get additional items of clothing or bedding by simply applying on their wing.

1.44 At most of the prisons in our sample, we received complaints from older prisoners about the extreme difficulty of obtaining suitable outdoor clothing for cold and inclement weather. In some cases we were told that cold weather jackets were only issued to prisoners who were employed on outside parties. This meant that prisoners moving outside their units to attend exercise or moving to and from activities were not always appropriately dressed for the conditions.

1.45 At Rye Hill prison-issue warm clothing meant a sweatshirt. During our visit to Albany in January, we saw older prisoners on outdoor exercise. It was freezing and they were dressed in a thin T-shirt, jeans and sweatshirt. Although prisoners at Kingston and Ford said they were issued with donkey jackets for adverse conditions, they said that this did not keep them warm.

Mobility

1.46 From October 2004, the Disability Discrimination Act 1995 requires prisons to:

- make reasonable adjustments to policies, procedures or practices that exclude disabled people
- provide 'auxiliary aids and services' (such as providing information on cassette or installing a portable induction loop), to make it easier to use a service; and
- find a reasonable alternative where a physical feature is a barrier to a service

1.47 Prisons are now responsible for meeting the requirements of the Act in full. Where there is a physical feature that makes it impossible, or unreasonably difficult, for a disabled person to make use of a service, prisons have to take reasonable steps to remove, alter or avoid it, if the service cannot be provided by a reasonable alternative method: for example, by installing a permanent ramp to enable wheelchair users to gain access to premises previously reached only by steps.

Activities and visits

1.48 It is widely acknowledged that prisons are designed for an able-bodied and much younger population. Consequently, it was not surprising that we found many examples where the design and physical layout left areas inaccessible to some older prisoners and those with mobility problems. Many departments were situated up flights of steps with no aids to provide access. This situation varied across our sample of prisons but, too often, this meant that some older and less able prisoners could not get to activities such as education, library and chapel. For example, at Usk the education department was at the top of four flights of stairs. Even in other prisons where ramps or chair lifts had been installed, the walking distance to activities was often daunting.

1.49 In several establishments, wheelchairs were provided for prisoners with mobility problems; on one unit at Acklington a walking frame was also available. Without exception there appeared to be reluctance on behalf of prison staff to push prisoners in wheelchairs. Staff said that they were not trained to do so, but we noted an expectation by staff that untrained prisoners could push wheelchair users.

1.50 At Hull, getting to the visits hall meant a long walk for older prisoners, most of whom were located in wings furthest away from the visits area. It would take an able-bodied prisoner 10–15 minutes to walk there. Three wheelchairs, shared between two wings, had been provided to alleviate some of the problems, but this was not enough. Prisoners also complained that these wheelchairs were 'the wrong type' because they only had small wheels and required someone to push them. Since staff were reluctant to do this, other prisoners felt compelled to do so. Staff and prisoners had not been provided with any training on the safe use of wheelchairs.

1.51 At Wakefield, the distance to the visits hall was shorter, but older prisoners told us that staff refused to push wheelchairs. We also saw a memo from staff expressing concern about supervising one prisoner pushing another prisoner in a wheelchair because of staff's personal liability in the event of an accident. A quite different approach was adopted at Wymott in the case of at least one older prisoner who was allowed to receive visits on the wing because his poor health precluded him from attending the visits hall.

1.52 The residential units at Albany, which housed many older prisoners, were at the other end of the prison and furthest away from the visits room. Prisoners told us that they were not given any warm or wet weather clothing, so if it was raining, they were soaked by the time they reached the visits room. At Elmley, whenever one older prisoner who was confined to a wheelchair had a visit, he had to negotiate steps in the house block with the assistance of another prisoner on his unit.

1.53 This is an example of the effect inadequate arrangements had on one prisoner:

Case study

Mr A had had one lung removed in 1996, prior to his arrival in custody. He had extreme difficulty breathing, suffered from tuberculosis, Raynaud's disease, chronic obstructive pulmonary disease and bronchial asthma. He was also arthritic and was particularly badly affected with it in the joints of his hips, knees and shoulders. He told us that he did not like using the wheelchairs because he did not like to impose on other prisoners. During episodes when he was suffering badly with his breathing, he said that he would cancel a visit rather than have a fellow prisoner push him there and back; he said, *'no one wants to push the wheelchairs'*.

Residential units

1.54 Lifts were provided on all units at Hull. On two units at Wakefield, staff held the keys to operate the lifts on residential wings. However, prisoners told us that staff would not let them use the lifts and that they were made to use the stairs instead. E wing at Kingston was based on three levels and had installed chair lifts between them.

1.55 The following case studies illustrate the difficulties experienced by some older prisoners in simply moving around on their residential units.

Case study

We interviewed a 72-year-old life-sentenced prisoner. After two strokes, his speech and walking had been impaired. When he came on to the wing he had his walking stick but it was later removed from his cell. He asked healthcare staff for another but they said they did not have one. His cell was on the ground floor but wing telephones were on the upper landing and he found it difficult to climb the stairs. Staff would not let him use wing telephones on an adjacent wing which had telephones on the ground floor, even though there were no gates between the two wings.

Case study

A prisoner told us that he had arthritis in the neck and spine and pain in his legs.
'One of our senior officers told me that I had to move up from the ground floor to the third floor. I tried to explain that it would cause me pain to have to climb stairs every day, but he was not interested. He told me that it was an order.

I was not happy with that and said that I could not. He said I was disobeying a direct order and put me down to the segregation unit and I had to stay there overnight. I asked for my medication but it never came.

The next morning the doctor came round. I told him I was in pain, and without asking what sort of pain, he said he would sort it out. He never did and I had to wait until after adjudication before I could sort out my pills. I ended up getting cellular confinement suspended for three months.'

1.56 The design and layout of residential units meant that simply locating older and less able prisoners on the ground floor was not enough. Thus at places like Elmley, although the servery was on the ground floor, the wing office, where prisoners could often find staff and where applications had to be handed in, was on the first floor. Internal stairs were of the open type inset with square holes. One prisoner who used a crutch said that it got stuck in the holes and we were told that this also happened to walking sticks.

1.57 The ground floor of wings at one prison was designed on two levels that were connected by short, steep steps. The higher level had cells, showers and telephones; association areas and a shared servery were on the lower level. We were told that, because of these design factors, the prison would not normally accept anyone with mobility problems on these wings. Clearly there were exceptions, such as this prisoner:

Case study

After suffering two strokes, Mr X, aged 68, stayed in his cell for most of the time. He was also suffering from emphysema and consequently found it extremely difficult to move around the unit. When he did walk he needed the support of a walking stick but found it very tiring. There was no formal helper system in place and he had to rely on the prisoner in the next cell to collect his meals from the servery for him. His medical condition essentially restricted him to the area from the top of the ground floor steps and back to his cell. He used to attend Roman Catholic mass each week and also go out on exercise but this was no longer possible. He told us that no one had been to assess him or to discuss his disability.

1.58 We found only one prison, Leyhill, which had taken wide-ranging measures to meet the requirements of the Disability Discrimination Act. A disability committee met bi-monthly and the disability officer had been given four hours facility time per week for this task. Achievements included the installation of entry ramps, text telephone, loops for the hearing impaired, provision of adapted cutlery, altered pens, lower shelves for televisions, a disability office with information notice boards planned, and one notice board specifically for the over 60s. The disability officer had thought this through without any specific training.

1.59 Other prisons, too, had made some adaptations for older and disabled prisoners. At Rye Hill, the ground floor in each residential unit contained cells as well as a servery, association area, showers and wing office. The only exception was a wing treatment room on the first floor. We were told that nurses would see patients with mobility problems on the ground floor. Although several activity areas were situated at first floor level within the establishment, there were ramps and chair lifts in place. We were also impressed to find evacuation aids in these areas to assist those with poor mobility.

1.60 Wymott provided each residential unit with a collapsible wheelchair in order to assist in the event of an evacuation and for general movement around the prison, although there were no chair lifts even in the healthcare centre.

Special assistance

1.61 There was a general expectation among staff that prisoners would assist other prisoners with mobility problems. In some cases this was nothing more than an informal arrangement and was restricted to completing errands such as collecting meals. A few establishments had more formalised systems where nominated helpers were required to complete a range of tasks. In the vast majority of cases, nominated helpers were untrained and unpaid for the work they carried out. In comparison, younger prisoners held in the special unit in South Carolina, USA were trained to care for infirm prisoners[2].

1.62 Four prisoner helpers on I wing at Wymott, who were not allocated to assist specific individuals, undertook a variety of tasks. These included helping prisoners in and out of the bath/shower, dressing them, cell cleaning and the maintenance of personal hygiene for prisoners with incontinence problems. Helpers had received no training in first aid or manual handling techniques.

Case study

A prisoner we met had been blind since 2003. He appeared to get on all right with other prisoners but, due to his disability, spent most of his time in his cell. To help him, he was located in a cell on the ground floor on A wing near the wing office. He was also issued with a TV in his cell, free of charge, so that he could at least hear televised programmes.

2 Sheppard, R (2001)

A helper had been appointed to assist him, although the helper had received no training for his work. He helped the prisoner by completing his canteen/food order forms, rolling up his cigarettes, cleaning his cell, escorting him to the telephone (including dialling the number) and collecting his meals. The prisoner spoke highly of his helper; the only thing the helper could not do for him was to take him to the showers.

We spoke to the helper. He already had a full time job in the prison's print shop and had volunteered for the job, for which he received £5 each week. He said that he was pleased to help the older prisoner and, for 20 minutes or so, tried to call in during association to give him some company.

1.63 Wing cleaners at Risley were used as nominated helpers; again, this was on a voluntary basis. They were used for duties such as pushing wheelchairs, cleaning cells and collecting meals, for which they received an extra £1 per week. The disabilities liaison officer at Risley told us that prisoners used as nominated helpers received training in manual handling.

1.64 We encountered examples where establishments had simply left prisoners to their own devices, as the following case study shows:

Case study

A 70-year-old prisoner relied heavily on a wheelchair to get around. If the wheelchair, provided for general use, was taken he had to walk to use the telephone. This could only be achieved with assistance from one of his two unofficial helpers on whom he had to lean heavily. A helper also collected his meals for him. These services cost him six bars of chocolate per week.

1.65 We met an older prisoner at one prison who had such severe breathing difficulties that he wore an oxygen mask and had an oxygen cylinder in his room. He told us that he managed, and received help from other prisoners if he needed it. One look at the condition of his cell floor, which was filthy, revealed that staff had not taken any responsibility for ensuring that someone regularly, or even occasionally, cleaned his room.

1.66 Entries in the wing history files of an older prisoner at another prison illustrated a similar message:

4.10.03 Continues to spend most of his time in cell. Struggles to get around the wing.

21.11.03 Welcomed to C wing.

21.1.04 [prisoner] *started to complain about his treatment on the wing. He expects the officers to open his door and deliver his food and canteen. It has been explained to him that this is not going to happen and it is his responsibility to collect both.*

1.67 Using prisoners to help less able and older prisoners was a practical approach. Many wing officers did not see it as their job and abrogated their duty of care to these prisoners. Fortunately, there were also some staff who did what they could in small ways. In any event, prisoner helpers were often not trained, or paid, or assisted in other ways to do what was difficult, and sometimes thankless, work.

Women prisoners

1.68 Because of the nature of our sample, women were less likely to be physically disabled than the older male prisoners. That, and the better layout of women's prisons, meant that in most cases there were fewer problems. However, there were shared concerns, such as seating; and little evidence that women's prisons were prepared for increasing physical limitations as sentenced women grew older in prison.

Accommodation

1.69 In our survey, 91% of women respondents said they were sharing wings with prisoners who were significantly younger. The levels of noise were mentioned in some focus groups: most complaints concerned younger prisoners being too noisy during the late evening and playing their music too loudly in their rooms at night. Despite this, 78% of women said that it was normally quiet enough for them to relax and sleep in their cells at night (see appendix 6).

1.70 Residential accommodation was generally much better in women's prisons than in men's prisons. In our survey, 84% of women prisoners said that the layout, size and location of their cell or room was suitable for their individual needs. At all three prisons, women prisoners had courtesy keys to their rooms and could access communal facilities; there were no in-cell call systems. However, only 41% of female respondents to our survey reported that, if activated, their emergency cell bell was responded to within five minutes (see appendix 6). At Drake Hall the call system was located in the corridor of each residential unit; and women in our focus group there said that on unstaffed units they could not raise the alarm if there were hostile prisoners outside their rooms.

1.71 Like their male counterparts, women prisoners complained of poorly designed seating:

- *It may seem unimportant but a soft chair (other than the wooden one we have) would be so much better for back and relaxation. I leave for work every day at 8am and return at 6.30pm. A chair to sit on in my room would be so appreciated*

Decency

1.72 In the older units at Send there was no in-cell sanitation, but women prisoners had their own room keys, which allowed 24-hour access to toilets and showers. This was also the case at Drake Hall. Two units at Morton Hall (Fry and Windsor) had individual rooms with en-suite toilets and showers. For prisoners with reasonable levels of mobility, access to showers was generally good. In our survey, 96% of women confirmed that they were normally able to have a shower each day (see appendix 6).

1.73 In our survey, 49% of women stated that they could not normally get access to their stored property (see appendix 6).

- *I have been in the prison for two days and I have not been allowed to retrieve my reading spectacles, in-possession medication or hygiene requisites from reception. I am still wearing the same clothes that I wore when I arrived*

1.74 For security reasons some establishments have rules that prevent items of property being either sent in or handed in on visits. This was the case at Morton Hall, where women prisoners could only purchase authorised items, including clothing, from one of three catalogue companies. Women complained to us that only one of these companies provided a wide choice of styles for their age group and that items were too expensive.

1.75 Seventy-one per cent of women in our survey said that they were normally offered enough clean and suitable clothing each week. Additionally, 82% of them reported that they normally received clean sheets each week (see appendix 6). In order to get additional clothing or bedding, including blankets and pillows, almost all establishments required prior authorisation from the medical officer. While most prisoners agreed that as long as they sought permission, extra clothing or bedding would be provided, there were exceptions:

- *My bed is broken and I have a back problem. I applied to the doctor for an extra mattress one month ago and am still waiting*

Mobility

1.76 There was very little in the way of physical adaptation for those with disabilities. For example, at Send, the resettlement units, E and F wings, had no adapted cells. We were told that women had to be housed on these wings in order to work out in the community; though apparently it was possible to make special arrangements. However, all residential units at Send had a lift to the upper floor. There was also a communal dining room that had ramped access, but women prisoners housed in one part of the establishment had to pass through a gate that was too narrow for wheelchairs.

1.77 There was no formal nominated helper system and one woman prisoner commented on her survey form: *I have broken my leg and it is difficult to get sufficient help.*

Recommendations

National policy

- **Plans for special accommodation for older prisoners should be drawn up with advice from the NHS, social services and voluntary agencies**
- **Establishments holding older prisoners should have local policy documents outlining the arrangements and provision available to them**
- **There should be a policy, guidance and if necessary training to ensure that assistance is available for wheelchair users**

Local policy

- **Cell and bed allocation should take account of age and infirmity, and prioritise this unless risk assessments dictate otherwise**
- **Arrangements should be in place to ensure that older and less able prisoners are not disadvantaged because of their inability to reach other departments, or visit and exercise facilities**
- **Prior to a national scheme (see key recommendations) all prisons should encourage, train, support and reward nominated prisoner helpers to assist less able prisoners**
- **Cell and wing furniture should meet the needs of older prisoners, specifically:**
  - **In-cell light switches should be accessible from beds**
  - **Cells or rooms should have in-cell toilets and wash basins**
  - **Seating in cells and association areas should have lumbar support**
  - **At least one PIN telephone on each residential unit holding wheelchair users should be sited at lower level**
  - **At least one telephone on each residential unit should be adapted for prisoners with hearing difficulties**
- **Appropriate sanitary and hygiene arrangements should be in place, specifically:**
  - **There should be at least one bath with ‘grab’ handles on each residential unit**
  - **Older and less able prisoners who need help should be able to shower or bath each day**
  - **All residential units should have a shower cubicle adapted for use by older or less able prisoners**
  - **Showers should be effectively screened to provide acceptable levels of privacy**
- **Older prisoners’ personal needs should be met, specifically:**
  - **Easy access to permitted items from stored property**
  - **Provision of additional clothing or bedding without medical permission**
  - **Appropriate clothing for cold and inclement weather**

Good practice

General

- Leyhill had taken wide-ranging measures to seek to meet the requirements of the Disability Discrimination Act
- Frankland had set up and resourced a special needs unit

Adaptations

- Parc had fitted ‘grab’ rails adjacent to in-cell sanitation in one adapted cell; and had lowered the emergency call bell
- Risley and Parc had set PIN telephones at a lower level for wheelchair users; Leyhill had installed a text telephone; Risley and Leyhill had hearing loop systems
- Hull and Usk provided televisions with teletext
- Frankland provided wider grip cutlery, non-slip trays and long-handled dustpans; Parc had specially adapted cutlery, plates and bowls following referral by healthcare staff
- Education staff at Hull provided handouts in large print, magnifying sheets to place over printed work and thicker pens for prisoners with arthritic hands

Safety

- Wymott provided each wing with a collapsible wheelchair for evacuation or movement around the prison
- Kingston had undertaken a special risk assessment for a blind prisoner

Chapter 2: Regimes and relationships

2.1 This chapter deals with the activities available for older and retired prisoners, and their relationships with other prisoners and staff. It considers the regimes available, and access to work and education, library, exercise and PE. It looks at the arrangements for retired prisoners, including pay and activities. Older prisoners' perceptions of safety are analysed. Staff–prisoner relationships are discussed, including prisoners' perceptions of their safety and treatment, and the extent of staff engagement with prisoners' individual needs.

Regime differentiation

2.2 In none of our sample prisons was there any separate regime for older prisoners. Retired prisoners had not been asked about what they wanted to do during the working day. Where prisoner consultative meetings were held, they were for all prisoners, irrespective of age. The purpose of these meetings was to allow prisoners to voice their feelings and to make suggestions. They centred on specific issues related to existing regimes. These were likely to be points of detail that were relatively easily remedied. The likelihood of these forums resulting in any major variations to wing routines and regimes for older prisoners was remote.

2.3 Older prisoners were not specifically excluded from activities in any establishment. Any exclusion was likely to arise because of older prisoners' inability to get to activity places. For example, most of the older prisoners at Hull were housed on I and J wings, which were remote from the rest of the establishment. Activity areas were only accessible after a lengthy walk. Older prisoners in many other prisons were similarly disadvantaged (see also Chapter 1). These difficulties had been recognised at Leyhill, which was in the process of writing a draft policy in line with the National Service Framework for older people. The policy would include plans to promote an active, healthy life and to provide limited sedentary work for older prisoners who wanted something to do.

Activities

Employment and education

2.4 Allocation to work did not necessarily distinguish between prisoners of any age and was generally a matter of security, prisoner preference, and availability of spaces. We found a few examples where older prisoners' specific health problems were taken into account when allocating them to work:

- *During the CES [clothing and exchange store] tour … had to stop for breath on the return journey, not a major problem but will need to take his time when attending workshop*
- *Serious problem with dust in the workshop, issued nebuliser, nurse advises he should not work in this environment*

2.5 Of the 544 male prisoners in our sample population, 98 were retired, 25 were unemployed, 75 were in education, 59 were wing cleaners or doing equivalent domestic work and the rest were in workshops or, if in category D prisons, worked out in the community. Six prisoners, mostly at Usk, were Listeners. At Kingston, prisoners who helped older or disabled prisoners were paid £5 per week for this work and at Wymott, prisoners who helped to keep incontinent prisoners clean were given an extra £1 or £2 for the task (see also prisoner helpers in Chapter 1).

2.6 Prisoners in our focus groups had mixed feelings about doing work. Many of the more able-bodied were glad to be occupied and off the wing for much of the day. The less able-bodied appreciated being given the opportunity to work on the wing, if this option was available. Some told us that they had to work because the retirement pay was not enough to live on, particularly if no money was being sent in from outside.

- *The education department's remit is far too narrow and quite inflexible – many men are desperate to learn how to read and write and nothing is provided. Hobbies in cell are equally restricted which causes much frustration amongst us lifers*
- *As a disabled person, all I can do is sit in my cell and read or watch the box*

2.7 Some prisons provided 'on wing' work for older prisoners and for those whose disabilities confined them to the wing. For example at Elmley, the wing where most of these prisoners were housed, ran a postage stamp shop; and IT and art classes were run by the education department on the wing. Similarly, at Frankland there was a shop for sorting stamps and making rag mats. At Hull all prisoners, including older ones on I and J wings, could attend education classes on their wings. Education staff provided handouts in large print, magnifying sheets to place over printed work and thicker pens for those with arthritic hands. At Wymott, I wing housed older and frail prisoners and employment, such as preparing breakfast packs and packing combs, was provided on the wing.

Retired prisoners

2.8 In many prisons, neither staff nor managers knew the age at which prisoners could retire; in practice it was either 60 or 65. There was no consistency across male prisons; four of them operated retirement at 60 and 10 at age 65; on E wing at Kingston the retirement age was 55.

2.9 There was no guidance on pay for retired prisoners. Prison Service Order 4460 states that, 'prisoners of state retirement age are not normally required to work. They … can, however, be required to participate in other purposeful activity as identified by sentence/training plan or learning plan.' The PSO sets a mandatory minimum of £3.25 but does not specify an optimum or range of pay.

2.10 In practice we found wide variations in retirement pay across establishments. Weekly retirement pay ranged from £10 at Frankland to £3.25 at Elmley and Hull. Most other prisons paid between £3.50 and £5.50, although higher rates were paid at Leyhill (£7) and at Parc (£8.50). Prisoners' weekly pay was reduced by 50p or £1 for in-cell TV. The exceptions to this were E wing at Kingston and at Rye Hill where older prisoners were not charged for their TVs.

2.11 We identified three prisons where, in the period November 2003 to the end of January 2004, some retired prisoners had received no additional money from outside. One case was particularly stark:

Case study

A 69-year-old prisoner had made a formal complaint about getting higher retirement pay at his previous prisons. The reply on the complaint form explained that £4.50 was the rate for the prison and that *'if you feel fit and want a job, I'll try and find you one'.*

We spoke to this prisoner. He said that, prior to his transfer, he had received £10 retirement pay a week at both his previous prisons. He also said that he had suffered three heart attacks, and as a result, had been advised by the medical officer not to work. He had not received any private cash over the six years he had spent in custody. We checked his account over the previous three months and confirmed that no payments had been made.

Out of the £4.50 weekly income, he spent £2.93 for half an ounce of cigarette tobacco, £1.00 was deducted for his cell TV, and 45p for a TV guide. This left him 12p, which he saved for lighters from the prison shop. Although he was a pipe smoker, he could not afford pipe tobacco; instead he smoked cigarette tobacco in his pipe, which only lasted him about two days.

2.12 In no prison did we find any provision or specific preparation for retirement or recognition by managers that this was an aspect of resettlement and reintegration.

2.13 With little or no differentiation in regime, time out of cell for retired prisoners depended on the routines at each establishment. All male prisoners at category D open prisons were unlocked for much of the working day and early evening. There were no formal guidelines at most other prisons we visited as part of our fieldwork; in practice, wing staff let older prisoners out of their cells after the others had gone to work or education.

- *Plenty of time out of cell but nothing to do for older inmates*
- *As an OAP there is only TV as an option*
- *Informed I'm too old for education*
- *The important thing here is that the cell door is open. If I wish to walk about, I can and anyone who wishes to talk can visit me. There is no purposeful activity for me because I'm blind. I listen to my TV and that's it*
- *We socialise with friends, drink coffee, attend quiz nights and there's cricket in the summer*

2.14 At the other extreme, older prisoners who chose not to work at Parc and at Wakefield were only unlocked during the week for exercise, to collect their meals and for association, visits and other specific reasons. There were variations on this theme. For example, at Acklington retired prisoners on the enhanced level of the IEP scheme were unlocked during the working day, but their counterparts on standard regime remained locked up. At Hull some staff would not unlock a double cell unless both occupants were of retirement age. At Albany retired older prisoners would be unlocked whereas younger unemployed prisoners would remain locked up. According to our survey, 22% of older prisoners spent less than four hours out of cell on a weekday and 34% spent less than four hours out of cell on a weekend day (see appendix 7).

- *Being retired should not mean being locked in a box while other people are allowed to move about*

Recreation and exercise

Library

2.15 The library at Ford was situated upstairs; there was no lift or wheelchair ramp. Two older prisoners who used walking aids and had breathing problems told us that it was difficult for them to get to the library and there was no delivery service. In the focus group at Ford, one prisoner said that he had seen other prisoners carry a prisoner in his wheelchair up the stairs into the library. Older prisoners at Usk had to climb a narrow, winding staircase to reach the library. Though the prison acknowledged this and had arranged for a library orderly to deliver books in-cell to those prisoners, one prisoner told us that in some cases prisoners who could not get to the library had to ask their cell mates to get a book for them.

2.16 Some prisons had made alternative arrangements such as providing mini-libraries on the wings. At Parc, a library trolley service regularly visited the units to meet the needs of prisoners with mobility problems. On E wing at Kingston a similar system was in operation.

2.17 Visually impaired prisoners were generally provided with some large print books. These were usually fiction, and there were few legal and reference books in large print. A smaller number of prisons held a selection of audio tapes. Parc and Leyhill had large print books and audio tapes; Kingston had nothing suitable for its blind prisoner.

Exercise

2.18 Exercise was often the only time of the day when retired prisoners could regularly get fresh air. However, insufficient seating, lack of warm clothing and the inability to return to the wing until the end of the exercise period were disincentives to many older prisoners.

2.19 All older prisoners had the opportunity for daily exercise. Sixteen per cent said that they did not want to go outside for exercise (see appendix 7). In category D prisons there were no formal exercise periods. Instead, there were no restrictions on how long retired prisoners could remain outside walking in the prison grounds, which were often substantial. Exercise for prisoners in closed conditions was restricted to specific times and was controlled by staff. Exercise usually took place in enclosed concrete or tarmac yards adjacent to residential wings.

2.20 There was no flexibility about letting older prisoners have time in the fresh air for longer periods or at different times: for example, when other prisoners were at work. At both Usk and Hull older prisoners said they would like to sit outside in fine weather to read. During main activity periods at Albany, retired prisoners were at one time able to use an inner compound area, which contained some small gardens and benches. In fine weather, this provided a welcome opportunity for older prisoners to read or talk to their friends. Some prisoners told us that they were no longer able to use the compound and we received mixed responses from staff about this.

2.21 Some prisons provided a welcoming environment in which all prisoners could exercise and relax. At Dartmoor the exercise yard adjacent to F and G wings, which held most of the older prisoners, had a long, well-kept garden. There were no steps and any inclines had been fitted with ramps. All prisoners at Acklington had access to flat outside areas with grass and plants and H wing had well-tended gardens with a pond and bench.

2.22 In some prisons we found physical impediments to getting to exercise areas. For example, at Usk it meant negotiating three twisting steps that some older prisoners said they could not safely manage. A prisoner at Frankland told us that many older prisoners could not go outside for exercise because of steps and uneven surfaces.

2.23 There were three main problems for older prisoners in closed conditions: the lack of sufficient, or any, seating; the failure in some prisons to provide or allow prisoners to wear sufficient warm clothing during cold weather; and the inability to go indoors during the exercise period – even to use the toilet. Albany, Hull and Usk had no seats in the exercise yards; and at Albany older prisoners said that they had no access to toilets and occasionally had to wait for long periods before being let back on to the residential unit. A manager at Elmley said that no prisoners were allowed to wear hats or gloves and therefore some prisoners had taken to cutting off part of their jumper sleeves and wearing it round their heads.

- *Even though there are some seats in the exercise yards, the younger prisoners sit on top of the benches with their feet on the seats; one hour is a long time to be standing*
- *I do not go out on exercise because of abuse and have no winter jacket, and my hands freeze with my walking stick*

Association

2.24 Most prisoners in our sample group were offered five or more periods of association every week (see appendix 7). There was no major difference in the way older prisoners spent their time during association periods. Like prisoners of all ages, they watched TV in-cell, read, talked to other prisoners, played board games or took the opportunity to have a shower or use the telephone. However, older prisoners were less likely to be found using pool or snooker tables because *'younger prisoners put their names down and we don't get a look in; staff tried a rota system but it hadn't worked'.* Eight per cent of prisoners did not want to go on association at all.

2.25 Apart from usual daytime activities and work, some prisons had made special provision for separate groups or clubs that older prisoners could attend. We found weekly clubs at Albany, at Frankland and on E wing at Kingston. Elmley also ran a club for the over-50s that included going to the library,

watching a video and refreshments. Once a month, staff from Age Concern attended this club, mixed with participants, ran quizzes and answered any questions such as concerns about pensions. At Wymott, a CAMEO (come along and meet each other) group met every two weeks on I wing. There were different speakers depending upon what prisoners wanted to hear. Since many older prisoners were concerned about dying in prison and wanted to know what would happen in that event, the first speaker was an undertaker.

Gymnasium

2.26 All the prisons we visited had remedial gym sessions available for any prisoner who required them. The initial response of many PE staff about what they provided for older prisoners was 'remedial gym'. However, in seven out of 15 male prisons, PE instructors in fact provided more than remedial gym, in sessions specifically for the older population – which, by PE staff's definition, meant the over-50s. However, 30% of men who responded to our questionnaire said they did not want to go to the gymnasium (see appendix 7).

2.27 Some never went because they found it difficult to mix and keep up with younger prisoners. Others went regularly and were complimentary about PE staff who took time to work with them. The records of one 75-year-old prisoner in a local prison stated that he had injured his knee during gym, had fully recovered and had resumed attending the gym. In one category C prison, an 83-year-old had so enjoyed his first session of remedial gym that, on returning to his cell, he continued to exercise. Staff were so concerned about him that they had to stop him from overdoing it.

2.28 At virtually all prisons, healthcare staff checked older prisoners before allowing them to use the gymnasium. The sole exception to this was at Acklington. Here, healthcare staff were all from the local primary care trust and they only checked prisoners' suitability for exercise if they had been referred to them by the PE department who, in turn, only referred cases if a prisoner had mentioned health problems.

2.29 Special sessions for older prisoners at various prisons allowed them to participate in a wide range of activities such as badminton, cardio-vascular exercise, carpet and outdoor bowls, table tennis and darts. At Frankland, PE sessions were extended to include tea in the PE classroom followed by a quiz or video. PE staff also delivered 'taster' sessions from courses on stress management, healthy living and key skills in order to encourage prisoners to do these courses in full. At Kingston, older prisoners on E wing had their own mini-gymnasium with fitness equipment.

2.30 At Risley, PE staff had issued a questionnaire to all prisoners on E wing, which housed a large population of older prisoners, seeking their views on what activities they wanted. Choices offered to prisoners included wing-based quizzes, carpet bowls and bingo. There had been a poor response rate but there were plans to allocate one PE officer to each wing to promote PE. The PE officer on E wing had a specific remit, which was to identify older prisoners' needs and produce some options for them.

Safety

2.31 Overall, 66% of male prisoners who responded to our survey said they had not been in prison before; though 73% said that they felt safe on their first night in prison. Only 4% said they were not able to speak to a Listener when they wanted to (see appendix 7).

2.32 Most of the older prisoners we spoke to said that they felt safe on their residential units and in other areas of the prison. However, this varied considerably between prisons. Unsurprisingly, in open prisons, such as Ford and Leyhill, the great majority had never felt unsafe; but this was also the case in most of the closed prisons we surveyed. The noticeable exceptions were Risley and Wakefield.

2.33 Overall, an average of 30% of men said that they had felt unsafe at some time. The main danger areas were on wings, including wing showers, at mealtimes, association areas and cells:

- *While waiting on our wings before we move off to the dining room, we get jostled by younger prisoners who want to get there first; so we stand to one side and let them go*
- *We want separate recreation from younger prisoners to avoid being bullied by them during exercise, association and at the gymnasium*
- *Younger prisoners regard us as an easy target for stealing property and canteen, so we prefer to stay in our cells during association*
- *We feel unsafe; when meals are served on our wing, those who share cells go to the servery one at a time so that the other one keeps watch to make sure that nothing is taken from our cell, then when our cell mate returns we join the meal queue*

2.34 Some prisoners also expressed vulnerability because of their medical condition. Some were prone to falling down and others were almost totally reliant on other people for help simply to get through the basic routines of the day (see also paragraphs 1.61–7 in Chapter 1). From what older prisoners and residential staff told us, at no prison were we given the impression that staff took special precautions to ensure older prisoners' safety.

2.35 Prisoners in our focus groups in most of the prisons in our sample were generally complimentary about other prisoners on their wings. They had no problems with them and said that many of them would keep an eye on frail prisoners or those with disabilities. However, our survey also found that 37% of men said that they had been victimised (insulted or assaulted) by other prisoners in their current prison. Seventeen per cent of men said they had been victimised by staff in their current prison (see appendix 7). Again, these averages conceal significant discrepancies between different prisons. Three-quarters of prisoners surveyed at Elmley, and over half those at Risley claimed to have been victimised by other prisoners. At Wakefield, over half of the prisoners surveyed said they had been victimised by staff (compared with only 21% at Frankland and 15% at Usk).

2.36 Since the surveys were anonymous, we were unable to identify the root causes for this. However, prisoners in our focus groups told us that bullying by prisoners and staff took the form of verbal, rather than physical, abuse. Older prisoners generally felt more vulnerable if there were bullies on their wings.

2.37 During our fieldwork, only one older male prisoner was identified by staff as being a bully and was subject to anti-bullying measures. In the period July to December 2003, 16 prisoners had been on adjudication. The required paperwork was in order and those punishments that were awarded were not unduly punitive. In cases where it was clear that a prisoner was retired, there was no question of confinement to cell. No prisoners in our age group had been in a segregation or equivalent unit during this six-month period.

2.38 Across the same period, we looked at all formal complaints made by our sample prisoners. In each case we found the subject matter to be equally relevant to all prisoners, such as property, and no complaint was age-related.

2.39 Throughout the period of our fieldwork, only two older prisoners were on the basic regime of the incentives and earned privileges (IEP) scheme. In neither case was the basic regime over punitive. However, we did come across examples where older prisoners were penalised because of their age. In one prisoner's wing history sheet at Elmley it had been recorded that he had received a 'good' rating on all aspects except cleanliness of himself and his cell, for which he was rated 'acceptable'. The comment on his IEP report read: *'elderly prisoner who would have achieved "good" on all aspects of this review if he was not restricted by the limitations that his age put upon him'*. He was therefore unable to achieve enhanced status. At Wakefield, all prisoners had to be working and be committed to addressing their offending behaviour in order to achieve enhanced level. This meant that retired prisoners could never achieve enhanced status.

Staff/prisoner relationships

2.40 Staff treatment of and consideration for older prisoners generally reflected their dealings with all prisoners irrespective of age. Consequently, we record mixed views about staff, either in the prison generally or about some staff on wings. We encountered many managers and wing staff who displayed genuine concern for older prisoners, especially those who were less able to look after themselves, and it was clear from speaking to prisoners that prison staff often tried to help in small ways. In a minority of prisons, staff addressed prisoners by first name and title; it was more usual for them to be addressed by their surnames.

2.41 All establishments operated personal officer schemes, although their quality was very variable. All schemes involved wing officers, and we found no establishment where key workers were allocated from other disciplines in the prison. Staff complained that they did not get the opportunity to spend time with their allocated prisoners, as they were usually kept busy with routine duties. Many older prisoners complained that receiving appropriate attention and help often depended on who happened to be on duty at any particular time.

2.42 The main messages received from staff were:

- more could and should be done for these prisoners
- someone should be responsible for them; just as there were designated staff for race issues and for foreign national prisoners; and
- specialist training for staff was needed, particularly for those who had larger numbers of older prisoners on their wings or units

2.43 Many of the men in our sample group displayed illness and mobility problems; and they tended to be concentrated in certain wings. Several staff and managers told us that they felt powerless to help, except in small ways. Apart from the training given to some healthcare staff, no establishment provided any specific training in dealing with older prisoners who were especially frail or had long-term health problems; with the partial exception of Frankland, where staff on the specific needs unit had received 'heart start' training.

2.44 Nevertheless, according to our survey, 83% of male prisoners surveyed said that they had member of staff they could turn to if they had a problem. Overall, 85% said that staff treated them with respect; and nowhere was this figure lower than 64%. However, these figures concealed some common perceptions about staff attitudes. Only 58% of prisoners said that most staff were aware of their individual needs (see appendix 7). Prisoners in focus groups believed that age should command more respect. In addition, they felt that, because they were older, staff patronised, belittled or forgot about them. This is a cross-section of views:

- *Older prisoners get forgotten because they behave and all the attention goes to the younger prisoners who are more disruptive*
- *Staff are generally good, but they have a tendency to think we've 'lost our marbles' and talk down to us*
- *Most staff respect prisoners and are helpful, personal officers are OK*
- *Staff have no respect for you. If you are old and disabled they humiliate you, are offensive and aggressive. Also they are always bullying you and healthcare just does not care if you are taken ill in your cell*
- *I don't like being called by just my surname by people who are mostly younger than me*
- *Officers tend to speak to one as if speaking to naughty boys. Petty restrictions without any thought or intention to listen to reasonable argument*
- *Generally staff treat elderly prisoners without respect for their age – usually the younger officers. Some staff are totally apathetic, need re-training, especially some of the 'old school'*

2.45 Many entries in wing history sheets were comprehensive and informative, were completed regularly in some detail, and demonstrated that staff knew their prisoners, as the following examples show:

- *...still not had result of biopsy yet and is very worried, have told him that I will get ...to chase up hospital*
- *...spoke to his daughter-in-law who informed him of his wife's death. I talked to him and then he asked to be left alone. Nurse informed as well as night orderly officer and now awaiting chaplain's visit*
- *He is hard of hearing, staff should take that into account when speaking to him. He also had violent headaches and needs to rest in quiet sometimes*

2.46 However, the prisoner history sheets we found at Wakefield, Albany, Leyhill and Acklington were of variable quality. Some one-line entries were of no significance, while others detailed the prisoner's expressed concerns. These history sheets demonstrated insufficient managerial oversight of the quality and timeliness of comment, so that all staff were not expected to complete comments to the same standard. Managers at other establishments, such as Dartmoor, demonstrably carried out regular checks on wing history sheets.

2.47 Entries in history sheets were sometimes very poor, containing only limited or cursory information with little to demonstrate that staff were engaging with prisoners, even if they were. We found comments that were sometimes weeks or months apart. At Elmley, for example, two entries were two and five months apart; in another case no entry had been made for seven months.

2.48 Unsurprisingly, older prisoners' experiences of staff depended on their encounters with individual officers and managers. In that respect, they were no different from younger prisoners. In none of our sample prisons did older prisoners generally find most staff to be positive and helpful. In a few prisons, staff attitudes towards prisoners in general were particularly negative and unhelpful. Where staff did have an understanding of older prisoners it seemed to be because they had developed a personal interest in their welfare.

Women prisoners

2.49 Like their male counterparts, there was no separate regime for older women in any of the prisons we examined; nor were they specifically excluded from any activities because of their age.

Activities

2.50 Activity was not such a problem for women over 50 as it was for the over-60 men in our sample. This was partly because women were younger (only four were over 60); and partly because the regimes in these women's prisons were more relaxed for all prisoners, with greater opportunities for time out of cell.

2.51 As might have been expected because of their lower age, the great majority of the women in our sample were engaged in work or education; and none was retired. Of the 57 women sampled, four were awaiting employment allocation, six were in education, five were wing cleaners or doing equivalent domestic work and the remainder were in workshops or working out in the community.

2.52 Some women would, however, reach retirement age before leaving prison, and at none of the three prisons did staff or managers know what that age was. At Drake Hall and Send, it turned out to be 60. Morton Hall did not have a policy to cover that eventuality. Wages for women choosing to retire, at the two women's prisons that had retirement policies, were very low: £3.25 and £4 a week respectively.

2.53 All women prisoners, including older women, were unlocked for much of the working day and early evening. There were no formal exercise periods. In some prisons we found physical impediments to reaching permitted recreation areas. At Morton Hall several buildings had been fitted with temporary ramps; however, for wheelchair users, reaching the garden area via a pedestrian gate meant crossing a low foot bar in the gate. Although 5% of women prisoners said that they did not want to go on association, most of them were offered five or more periods of association every week (see appendix 6).

2.54 Most women prisoners were satisfied with their PE provision. This included line dancing and fitness exercises, which were suitable for older women, and they did not consider that anything different was necessary. However, we received complaints from women at Morton Hall who had particular difficulty in accessing PE sessions. Twenty-seven per cent of women who responded to our questionnaire said they did not want to go to the gymnasium (see appendix 6).

Safety

2.55 An even greater proportion of women than men (84%) said they had not been in prison before; however, 74% of them said that they felt safe on their first night in prison. Slightly more women than men (33%, compared to 30%) said that they had felt unsafe at some time; and a third said that they had been victimised (insulted or assaulted) by other prisoners in their current prison. Thirteen per cent of women said that they had been victimised by staff in their current prison (see appendix 6). These fears were not mentioned by many of the older women prisoners to whom we spoke on our visits; apart from one or two, most of them expressed no fear of intimidation.

2.56 No specific issues were raised by women in relation to complaints and the operation of IEP schemes: once again, their lower age meant that they would experience less difficulty accessing higher privilege levels.

Staff/prisoner relationships

2.57 Relationships appeared to be generally good in women's establishments, and more relaxed than in men's prisons. Staff and prisoners displayed humour and respect and it was usual for staff to address women prisoners by their first names or titles.

2.58 Since the majority of women worked off the wing during the day, all three establishments had minimal staff presence on residential units. Staff were aware that they had older women on the units but there was little recognition that their needs might be different from those of younger prisoners. Indeed, some of the women themselves did not believe that they were in any way different from their younger peers. Most women appeared to be more concerned about their general treatment than any treatment specific to their age.

2.59 According to our survey, 80% of older women prisoners said that they had a member of staff they could turn to if they had a problem. Interestingly, this figure was higher for women whose first language was not English, who all reported that they could turn to a staff member (see appendix 10). This may have been because these prisons had dedicated foreign national co-ordinators and support. Eighty-three per cent of all women said that most staff treated them with respect; however, only 39% said that most staff were aware of prisoners' individual needs (see appendix 6).

2.60 Some explanation of this was found when we examined every woman's wing history sheets at the three prisons to assess the quality of comment from personal officers and from staff generally. Morton Hall staff made regular entries in wing history sheets that were informative and demonstrated knowledge of the prisoner concerned. Managers made regular quality checks. The quality of entries at Send and at Drake Hall was so poor that if the front cover was removed it would be difficult to tell

one prisoner from another. At Drake Hall we found no management oversight of the entries, or expectation that comments would be written regularly and at least once a month. In two cases, comments were made three and five months apart and there was little evidence of any useful engagement between prisoners and staff.

2.61 In focus groups and in our survey about staff, women's comments were mixed, as the following examples show:

- *Don't feel treated any differently because of our age*
- *I have nothing but the greatest respect for staff here*
- *Don't feel safe or respected here. I feel left out and alone as all resources are gone by the time they get to the older quiet ladies*
- *A few officers are offhand and uncaring, making no allowance for age. Others are excellent*
- *The senior officers and officers do their best to help and are always respectful to me. This has personally helped me coming to terms with being in prison*

Recommendations

National policy

- **Retirement pay should be consistent across all prisons, and set at a level which is sufficient for those with no other source of income**
- **All prisons should be required to have a designated member of staff responsible for disabled and older prisoners**

Local policy

- **Older prisoners should be treated with respect**
- **Staff should ensure that older prisoners are safe from bullying and other forms of aggression**
- **Older prisoners with specific age and health related problems should have care plans as part of wing files and entries in wing history sheets should monitor the plans**
- **Steps should be taken to allow older prisoners access to activities, and plans for their participation in activities should take into account accessibility**
- **The IEP scheme and any assessments that determine privilege levels should not penalise older prisoners on the basis of age and health limitations**
- **In relation to retired prisoners, prisons should:**
  - **Consult them about activities during the working day**
  - **Have a formal system to allow time out of cell when other prisoners have gone to activities**
- **In relation to exercise, association and PE, prisons should ensure that:**
  - **Older prisoners can return to the wing before the exercise period ends**
  - **Seating is provided in exercise areas**
  - **Older prisoners have equal access to association equipment**
  - **Older prisoners have alternative and suitable options for physical exercise, about which they are consulted**
  - **All prisoners, and in particular older prisoners, are assessed by healthcare staff before using the gym or undertaking strenuous exercise**

Good practice

General

- Leyhill had a policy for over-65s that was in line with the National Service Framework for older people. It included plans to promote active, healthy life and to provide limited sedentary work for older prisoners

Work

- Several prisons took into account specific health problems when allocating prisoners to work

Activities

- Some prisons made special provision for separate groups or clubs for older prisoners:
  - Frankland had special PE sessions for older prisoners, including tea followed by a quiz or video; PE staff also delivered 'taster' sessions from courses on stress management, healthy living and key skills
  - Kingston had a mini-gymnasium on one wing for older prisoners
  - Rye Hill and the Kingston older prisoners' wing did not charge older prisoners for cell TVs
  - Parc had a library trolley service that provided books to prisoners with mobility problems

Chapter 3: Healthcare

3.1 This chapter assesses the extent to which the healthcare needs of older prisoners and the Department of Health's National Service Framework (NSF) standards for older people are met in prison. It examines access to healthcare, assessment of needs and the provision of appropriate services, mental health issues and the promotion of health and well being. It also looks at the management of medicines, and provisions for palliative care and early release for the terminally ill.

Background

3.2 In its report 'Forget me not'[1] the Audit Commission states that the number of people aged over 65 is predicted to rise by 10% by 2010; the greatest increase will be among those over 80 years old. Home Office statistics have also shown an increase in the number of older prisoners, many of whom are in the older age group on arrival and are experiencing prison for the first time (see appendices 6 and 7).

3.3 Over the past decade, there has been substantial published research about ageing in prison and about prisoners' physical and mental health. Older prisoners in England and Wales report chronic ill health at much higher levels than their peers in the community[2]. Older prisoners were also found to experience 'accelerated biological ageing' in prison: ageing approximately 10 years beyond the average citizen. Eighty-five per cent of older male prisoners had one or more major illnesses documented in their medical records and 83% reported at least one chronic condition when interviewed. The most common documented illnesses were mental health issues and cardiovascular, musco-skeletal and respiratory conditions. Of these, 10% of prisoners were 'functionally disabled in activities of daily living'[3]. If, as studies[4] suggest, younger prisoners have high rates of smoking, drug and alcohol use and poor diet, it is likely that as they grow old in prison there will be an increase in the prevalence of related diseases, such as ischaemic heart disease and respiratory conditions.

3.4 We based our findings on the results of semi-structured interviews with healthcare managers (see appendix 8) and on evidence contained in the medical records of 528 male and 54 female prisoners in our age group. We also used information derived from responses to our main questionnaire and from talking to prisoners about their health and their experience of healthcare provision.

3.5 In order to link our approach with some NSF standards, we particularly looked for evidence of the following in prisoners' medical records (see table at appendix 9):

- evidence of access to health promotion/prevention campaigns
- management of chronic diseases
- evidence of mental health needs and how they were being met
- evidence of physical disability

National Service Framework

3.6 The NSF sets standards for the care of older people across health and social services, under eight main headings. With the integration of public sector prison healthcare into the NHS, and primary care trusts (PCTs) becoming responsible for commissioning healthcare for prisoners by 2006[5], these standards are highly relevant. Although they are similarly relevant to prisons contracted out to the private sector, their status is less clear at present.

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1 Audit Commission (2002)

2 Frazer (2003)

3 Fazel et al (Dec 2001)

4 Bridgwood (1995)

5 National Partnership Agreement (2003)

3.7 A Prison Service Instruction (PSI) 21/2001 had been issued to all establishments drawing the attention of governors, healthcare managers and other staff to the NSF; a copy of which accompanied the PSI. Although there are no PCT equivalents in Wales, officials in the National Assembly for Wales were content for the PSI and NSF to be issued to prisons in Wales as a means of spreading good practice.

3.8 Our interviews with healthcare managers revealed that three out of 18 were unaware of the NSF. Although 12 of them had access to a copy of the NSF in their departments, only five were actively using it to inform and improve practice. A notable exception was Leyhill, which had a policy for older prisoners in line with the NSF and had developed an action plan to monitor progress as part of its health development plan.

NSF Standard 1

NHS services will be provided, regardless of age, on the basis of clinical need alone…

3.9 We found nothing to suggest that older prisoners were being denied access to healthcare services. Any difficulties they encountered in seeing a doctor, nurse, dentist or other specialist were the same as those experienced by all prisoners, irrespective of age.

3.10 However, according to our survey, 51% of men reported having physical disabilities. Placing a wider interpretation on this standard, to include the physical accessibility of services, many older prisoners said they found it difficult to make their way to the healthcare centre:

- *I find the experience of visiting healthcare so uncomfortable that I avoid it unless in extremes or I am commanded to attend*
- *It is hard for the elderly and infirm having so far to walk to healthcare*

3.11 At Elmley, healthcare staff were no longer based on the house block where the majority of elderly prisoners were housed. Consequently, the walk to the healthcare centre included several stairs and a cold, draughty corridor.

3.12 At no establishment did we find any differentiation in the range and standards of healthcare services available to older prisoners, compared with other prisoners. Most establishments did not have a lead healthcare professional for older prisoners, and healthcare staff were unaware of the requirement to separately assess older prisoners' needs, despite the fact that these were described as 'key interventions' in NSF Standard 1. Two notable exceptions were Risley and Wymott, which each had an E grade nurse who acted as co-ordinator for their older prisoners, although their interest was based on experience rather than any specific training. There was no forum for patients, let alone older patients, and age-based policies had not been reviewed. Arrangements at Leyhill were more impressive and included specific age-related well man clinics.

NSF Standard 2

NHS and social care services treat older people as individuals … through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services

3.13 Published research[6] has revealed that that some prison staff equate older prisoners with healthcare. This gives rise to the possibility of older prisoners being cared for within a healthcare setting as a matter of routine, rather than as a result of their individual needs as the following case study shows:

6 Frazer (2003)

Case study

An 84-year-old man arrived in prison in February 1999. He had ischaemic heart disease and asthma, and had also had a stroke in the past. He had had two knee replacements and now walked with a stick. He was also very deaf (as a consequence there was a note in his medical notes that stated it was difficult to assess his mental state). About one month prior to our visit, he had fallen and, because of poor mobility and lack of confidence, he had been located in the healthcare centre as 'a lodger'.

When we met him he was spending most of the time in his cell. We communicated with him by writing questions down and then he would speak to us. He told us that he slept all day because he had nothing else to do. Although he had a TV in his cell he did not enjoy watching it and he found reading difficult because of his failing eyesight. It appeared that neither staff nor other prisoners had made any attempt to communicate with him.

3.14 Prisoners' personal care was of concern to healthcare staff, discipline staff and prisoners alike. Some prisoners told us that they had incontinence problems, which was embarrassing for them, but they received little help and were expected to manage somehow. Healthcare staff told us that they often did not have sufficient resources to deal with prisoners who needed assistance with hygiene (see also Chapter 1). Nevertheless, residential staff still referred such prisoners to healthcare for assistance, as well as trying to give what help they could. Entries in prisoners' wing history sheets, such as the two below, were not uncommon:

- *Made to shower and change clothes. This is a regular event, [we] have decided to take him in hand to ensure he is looked after properly*
- *Very reluctant to shower and keep his bed space clean. If he doesn't improve then it might be worth trying to take his telly off him*

3.15 Older prisoners also believed that they should receive help from healthcare staff. In the absence of any alternative 'social care' arrangements provided by other departments in the prison, they could not think otherwise. In only a handful of prisons did we come across informal prisoner helpers who took it upon themselves to help less able prisoners (see also Chapter 1). In most prisons, older prisoners either managed somehow or their personal hygiene continued to deteriorate while departments argued about whose responsibility it was; none of them was prepared to address the needs of these individuals. Unfortunately, in some prisons, staff only noticed the unhygienic conditions reached by some older prisoners when other prisoners drew their attention to it (see Chapter 1).

3.16 By contrast, at Frankland we met a 73-year-old man in the healthcare centre who had the services of a 24-hour carer paid for by the Prison Service, in addition to healthcare centre staff. While in prison, he had developed a condition which had resulted in him becoming a paraplegic. He had a bath every day and had been given a hospital bed and chair with pressure relieving aids. When the healthcare centre had been refurbished he had been moved to a NHS respite care bed; '*I get better care in here than I would on the outside*', he said.

3.17 Healthcare centres in prisons have the potential to provide the equivalent of community-based services meant to promote rehabilitation and independence. Our survey of healthcare managers revealed that, in the majority of cases, this potential remained unrealised. There were few links with community services and a lack of access to aids for daily living, such as raised toilet seats, walking frames, commodes, bed cradles, cot sides, non-slip mats for plates, and adaptations for eating utensils. Healthcare staff relied on informal contact with community services, rather than any formal loan arrangements.

3.18 At Risley, however, we found a clear example of successful partnership working. The prison had links with the Warrington Disability Project which, as well as being able to provide a variety of aids, had also assisted the prison to complete its Disability Discrimination Act assessment.

3.19 Even when aids had been provided to patients, we encountered instances when either their use was prohibited or no checks had been made by healthcare staff as part of continuing care.

Case study

We met a prisoner who had recently returned to prison following major hip surgery. Despite a letter from the NHS occupational therapist setting out the specific requirements for his ongoing care and rehabilitation (such as a bed and armchair of a specific height) nothing had been put in place. The NHS hospital had provided him with a raised toilet seat. He showed it to us. It was still in its plastic covering, unused. He told us that, because he shared a cell, he was reluctant to inconvenience his cell mate. Healthcare staff appeared to be unaware of his specific needs.

3.20 There were other examples:

- *'…[there is a] need to restore his physical aids – walking stick, own back support, sock grabber…'* (correspondence from a psychiatrist to a prison medical officer about a 61-year old man, who had broken his back 12 years prior to entering prison)
- *Cannot walk or balance unaided i.e. without a walking stick, which was taken away from me on reception. I need a sunken bath because of poor mobility and blackouts. I fall over when getting in or out of the bath, no help available*

3.21 Staff at Wymott had identified a need for designated leg ulcer clinics for some prisoners. Staff had been trained in the management of leg ulcers, with the involvement of local district nurses, to ensure continuity of care. Prisoners' progress was monitored using Doppler studies and photographic evidence. A prisoner who used the service commented: *'I receive treatment and compression bandaging on my legs for vascular ulcers. It is regular and prompt with complete attention and dedication by the staff. I can only say superb'*.

NSF Standard 7

Older people who have mental health problems have access to integrated mental health services, provided by the NHS … to ensure effective diagnosis, treatment and support …

3.22 Older prisoners who were being discharged from prison into the community did not appear to be subject to the single assessment process meant to identify their specific needs as recommended in the NSF Standard (see Chapter 4: 4.41).

3.23 Mental health problems may be perceived by older people, as well as by professionals, as an inevitable consequence of ageing and not as health problems that will respond to treatment.[7] Standard 7 includes reference to depression and dementia, which are especially common in the older population. It also states that older people with mental illness require packages of care as set out in the National Service Framework for Mental Health, even though it is technically only applicable to people aged 16 to 65[8]. The Department of Health and the Prison Service strategy for developing and modernising mental health in prisons does not specifically mention older prisoners.[9]

3.24 Published research[10] comments that healthcare and prison staff were predominantly concerned about older prisoners' depression, disability and social care. Interviewees commented on high levels of depression and psychiatric illness among older prisoners. Staff were also aware that, in some cases, chronic conditions, such as breathlessness, reported by older prisoners might actually be

7 Department of Health (2001)

8 Department of Health (1999)

9 Department of Health & HM Prison Service (2001)

10 Frazer (2003)

symptoms of anxiety or depression. Researchers[11] also found that 45% of the most commonly recorded major illnesses were psychiatric and they uncovered significant unrecognised depression among older prisoners.

3.25 These levels of mental health disorder do not appear to be being picked up in clinical records that we examined. 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. We gained the impression that mental health services in prisons were, in the main, aimed at the more vocal, younger prison population. There is, of course, the overriding factor that life in prison is largely about control. Many older prisoners simply do not draw attention to themselves and are therefore ignored; if they do complain, they are more likely to be easily fobbed off. Time did not permit a detailed investigation into this issue, but we concluded that a lack of awareness, and the existence of other priorities, may be resulting in older prisoners' mental health issues being unidentified and unaddressed.

3.26 The 2002 Audit Commission review of progress against its earlier report[12] reported that many GPs did not have ready access to specialist advice for mental health issues in older people. The Commission recommends that PCTs and mental health trusts should ensure that all GPs and primary care staff are offered effective support and training in the management of mental health in older people.

3.27 We came across only one example, in this study, in which an older prisoner was being seen by a consultant in old age psychiatry. This had been fortuitous rather than planned, since the patient had been known to the old age psychiatric service prior to his imprisonment; and his consultant was employed by the local mental health service that worked within the prison concerned. Only two healthcare centres, Dartmoor and Frankland, had an agreement with, or access to, a consultant in older persons' medicine. The medical officer at Albany had previously been a clinical assistant in care of the elderly and had a current clinical placement at a care of the elderly unit.

3.28 None of the prisons that we visited had specific mental health protocols for older people, despite the NSF target that all health systems should have agreed protocols in place for the care and management of old people with mental health problems by April 2004. Most healthcare managers commented that prisoners could be referred to any consultant at their local trust or elsewhere; but in reality this was not occurring for the speciality of older persons' medicine.

NSF Standard 8

The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS ...

3.29 The administrative management of chronic diseases, in line with NHS best practice, varied among the prisons that we visited. Eleven out of 18 prisons had some form of chronic disease register, maintained either electronically or manually. Using the NHS 'EMIS' system that provided statistical information, Acklington could tailor its healthcare services to meet the needs of its population.

3.30 We found very high rates of chronic physical disease in our sample population as against the general population as found by the British Heart Foundation (BHF)[13] (see appendix 12). Some examples were:

- 25% of older male prisoners suffered from ischaemic heart disease compared to 8.6% (heart attack) and 9.1% (other heart complaints) of men aged 65–74 in the community

11 Fazel et al (2001a)

12 Audit Commission (2002)

13 British Heart Foundation (2000)

- 18% of older male prisoners had hypertension compared to 9.8% of men aged 65–74 in the community
- 15% of older male prisoners suffered from chronic or longstanding respiratory problems compared to 9.5% of males aged 65–74 in the community

3.31 Twelve healthcare managers told us that they had regular disease management clinics for conditions such as coronary heart disease, blood pressure management and hypertension. Others said that they ran clinics as required or as staffing allowed.

3.32 For a number of years, the government has run a campaign called 'Keep well, keep warm'. It urges older people to ensure that they keep warm at all times in order to avoid illnesses such as colds and influenza. They are encouraged to wear warm clothing, including hats, scarves and gloves, when outside. Prisoners are entitled to spend time in the open air for reasonable periods if the weather permits[14]. Prisoners also often have to go outside in order to reach various parts of the establishment such as the healthcare centre, visits hall and workshops. In a number of prisons we found that the issue of warm clothing required permission from healthcare (see also Chapters 1 and 2).

3.33 The Department of Health recommends that everyone aged over 65 and certain 'at risk' groups, such as those with asthma, heart disease or diabetes, should receive a yearly vaccination against influenza. All our sample prisons had undertaken an influenza campaign in 2003.

3.34 From available documentation and prisoners' medical histories, we found that 42% of men who were considered to be an 'at risk' group for influenza had received an influenza vaccination in the 2003 campaign. A further 20 (6%) either refused or did not attend for the vaccination. Risley had adapted the local PCT policy to ensure that any vulnerable patient who was in contact with someone with a diagnosis of influenza would receive a course of prophylactic treatment to reduce the risk of an outbreak within a small community.

3.35 The Department of Health[15] has stated that there should be a greater uptake of hepatitis B immunisation among risk groups, including all prisoners on reception into prison. Expected uptake of the three doses of vaccine in those not previously immunised should be 50% by the end of 2004. Of the 582 medical records we reviewed, only 55 recorded that the prisoner had received a full course of hepatitis B immunisation; 43 of them were male prisoners. A further 10 (2%) had been offered the immunisation but had not received it or had refused it.

Medicines management

3.36 As people get older, their use of prescribed medications increases. The NSF states that of people aged over 75, 80% take at least one prescribed medicine and 36% take four or more medicines.[16] In our sample prisoner population, 20% of male prisoners were over 70 and 81% of them were taking some form of prescribed medication (see appendix 7).

3.37 Multiple diseases and complicated medication regimes may affect patients' ability to manage their own medications. Therefore, the NSF recommends that, by April 2004, PCTs should have schemes in place for older people to get help from pharmacists in using their medications and all people over 75 should normally have their medications reviewed at least annually or six-monthly if they are taking four or more medicines.

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14 Statutory Instrument – Prison Rules 1999, para 30

15 Department of Health (2002)

16 Department of Health (2001)

3.38 The prescribing, dispensing and administration of medications was a main concern of prisoners in our focus groups and those who responded to our survey:

- *Repeat prescriptions are not always ready on time even when ordered a week in advance*
- *…need more consideration and urgency with repeat prescriptions. I had to go without my prescription for 10 days this month before someone finally looked into it for me. Not good for heart/urinary conditions to have to wait so long*
- *Problems with getting repeat prescriptions filled – nothing then a 'job lot'*

3.39 Across our sample of prisons, the review of patients' medications was carried out in a variety of ways. Since doctors only prescribed medications for a maximum of 28 days, most healthcare staff felt that medication reviews occurred by default when patients came to have their medication re-prescribed. When we pressed them on this, most conceded that it was not a full review and that more needed to be done by way of formal reviews. In our prison inspection reports, we continue to recommend greater involvement and contact between patient and pharmacist. During our fieldwork we found only one pharmacist at Risley who had undertaken a review, in line with NSF guidelines, of all patients over 65 who were taking prescribed medication.

Palliative care

3.40 A further consequence of the ageing prison population is that the number of prisoners dying of natural causes while in custody is likely to rise. Figures from the Prison Service for 2001– 2003* indicate that an average of 26 male prisoners over the age of 60 died from natural causes each year.

Deaths by natural causes while in prison custody[17]

(Occurring in prison or hospital, but not while on temporary release)

Age	2001	2002	2003*
60-64	8	5	11
65-69	5	7	7
70-74	6	4	6
75-79	5	6	1
80 and over	4	1	2
Total	**28**	**23**	**27**

**Up to 5th November 2003*

3.41 Palliative care is a comprehensive approach to the treatment of serious illness that focuses on the physical, psychological, spiritual and social needs of the patient. Prison healthcare centres are required to have a palliative care policy[18] in place and PCTs are also required to have standards for palliative care.

3.42 Of the 18 healthcare managers we interviewed, 11 had a policy, five did not and two were not sure. Rye Hill had experience of successful liaison with the local Macmillan team who offered

17 Home Office (2003)

18 Prison Service Standard 22 – Healthcare Standards

support to the patient and to prison healthcare staff. Wymott also had good relationships with the local hospice team.

3.43 A clear example of good palliative care was found at Frankland, which had both a policy and a copy of the Macmillan end of life care pathway for symptom control.

Case study

We were told of a 76-year-old life-sentenced male prisoner who had died on the morning of our visit. Healthcare centre staff were visibly upset. He had been in prison since 1995 and had developed metastatic cancer. He had received care from healthcare staff, Macmillan nurses and speech and language therapists (due to difficulty with swallowing). From the documentary evidence there was a clear support plan in place and he had received good holistic care.

Early release

3.44 In England and Wales there is a complex system for dealing with early release on the grounds of poor health or old age of prisoners serving sentences of four years or more. Release on compassionate grounds is addressed by way of a Parole Board recommendation to the Home Secretary (and in the case of lifers through the exercise of the Royal Prerogative of mercy). Such release may be granted on medical grounds when death is likely to occur within three months, if the prisoner is bedridden or severely incapacitated, or where further imprisonment would endanger the prisoner's life or reduce life expectancy. The Home Secretary also needs to be satisfied that there is no longer any risk of re-offending and that adequate arrangements are in place for the prisoner's care and treatment outside prison.[19]

3.45 An interesting comparison is provided by France, which introduced a new system of medical parole in 2002. Under this system, at any time during a sentence a judge can permit the early release of any prisoner suffering from a terminal illness, or whose health is incompatible with continued detention. This new legislation was successfully applied in the high profile case of *Papon*.

3.46 Two independent experts must separately concur in their diagnosis that the prisoner is seriously ill, or that his condition is incompatible with detention. The judge then decides if release is justified. At the judge's prerogative, the decision to release can be revoked if the parolee's condition improves, and the prisoner can be returned to prison. In practice, therefore, even prisoners who have been convicted of murder or other serious violent crimes are statutorily eligible for consideration for early release, regardless of the time they have already served. There is an implied assumption that, in view of the state of health of the seriously ill and/or elderly offenders, they do not, as a group, represent a danger to society.

3.47 In March 2003, a year after the enactment of legislation, 37 prisoners had applied for medical parole. Three of them who were critically ill and aged 50 and over were released[20].

3.48 Prison staff complained to us that in England and Wales the criteria for release on compassionate grounds are too restrictive. Several healthcare managers gave us examples where release on compassionate grounds had been refused because of the nature of the prisoner's offence or because healthcare staff were unable to satisfy the Home Office that death would probably occur within the specified time. Inevitably, this resulted in distressing situations where prisoners either died in prison, or in a hospital or hospice while still subject to full security measures, such as prison escorts and restrictions on visitors.

19 Criminal Justice Act 1991, Section 36

20 Steiner (2003)

3.49 A review of the restrictions on release on grounds of ill-health or old age in England and Wales appears to be overdue, in order to ensure an appropriate balance between the need for robust risk assessment and humane care for severely ill or very infirm prisoners. In particular, prisoners – whatever their crimes – deserve a dignified preparation for death.

Women prisoners

3.50 We examined the medical records of 54 women aged over 50. Given the age profile, fewer of them needed acute physical or palliative care. In the period 2001 to 5 November 2003, one woman prisoner had died of natural causes while in prison custody; she had been transferred to a local hospital shortly before her death. However, this need is likely to grow as long-sentenced women grow older in prison; and, even within our sample, there were age-related healthcare issues specific to women which were not being addressed.

National Service Framework

NSF Standards 1 and 2

3.51 We found nothing to suggest that women were being denied access to healthcare services; though equally, as in men's prisons, there was nothing to suggest that specific arrangements were made for the 35% of women in our survey who reported having physical disabilities. The only example of the provision of specialist services, in line with NSF Standard 2, was at Morton Hall, where the local primary care trust (PCT) had commissioned a full occupational therapy service that included the loan of specialist equipment for patients, if required.

NSF Standard 7

3.52 NSF Standard 7 requires effective diagnosis, treatment and support for older people with mental health problems; and evidence suggests that mental disorder is a serious issue in relation to older prisoners. As with male prisoners, in only a third of cases were mental health issues referred to in women prisoners' medical records. However, a much higher proportion of women's files – 78%, as opposed to 33% of men's – identified the problem as depression or reactive depression as a result of trial or imprisonment. As in men's prisons, no women's prisons had specific mental health protocols for older women, and there was no evidence of specific age-related psychiatric services. Here, too, there is clearly a need for improvement in the detection of signs of mental illness in middle-aged or older prisoners.

NSF Standard 8

3.53 The administrative management of chronic diseases in line with NHS best practice, as described in NSF Standard 8, fell short in relation to many older women prisoners. As with male prisoners, we found very high rates of chronic physical diseases in our sample population against the general population as found by the British Heart Foundation (BHF)[21] (see appendix 11). For example:

- 22% of older women prisoners had hypertension compared to 5.9% of women aged 45–64 in the community
- 13% of older women prisoners suffered from chronic or longstanding respiratory problems compared to 6.9% of women aged 45–64 in the community

3.54 There was also very mixed preventive care. Morton Hall was alone in having developed a system that flagged up when women were due to be recalled for health screening such as mammography. Only

21 British Heart Foundation (2000)

eight of the women in our sample (15%) had undergone mammography and only 20 (37%) had had a cervical smear within the previous five years. Many had been identified as requiring mammography or cervical screening, or had requested this themselves, when they were at their previous prison. Moving from prison to prison, often at short notice, meant that they missed screening appointments and it took months to reach the top of the next waiting list. One woman prisoner at Drake Hall said that in August 2003 she had been told she needed breast screening but was still waiting for an appointment three months later.

3.55 The government's 'Keep well, keep warm' campaign was clearly not being supported in prison. Ten per cent of women who responded to our survey specifically mentioned that they needed warmer clothing. For example, women at Morton Hall told us that they had insufficient clothing for inclement weather; they said they needed clothing such as body warmers, fleeces, warm shoes and boots.

3.56 From available documentation and prisoners' medical histories, we found that 37% of women who were considered to be an 'at risk' group for influenza had received an influenza vaccination in the 2003 campaign. Of the 54 medical records we reviewed, only 12 women prisoners had received a full course of hepatitis B immunisation.

Medicines management

3.57 Eighty per cent of women were taking some form of prescribed medication (see appendix 6). As we found with older male prisoners, the prescribing, dispensing and administration of medications was a main concern of women prisoners in our focus groups and of those who responded to our survey:

- *They need to be more prompt with monthly medication. Most times when my medication is finished and I go to healthcare they do not have my medication*
- *Due to having my own medication in my room, I was adjudicated and lost one week's pay as they said it was out of date. Surely healthcare are responsible for the dates they write on medication. Prescribed medication was taken from my possession and I'm not queuing everyday for it, so I'm not taking it now*
- *I suffer from high blood pressure and require tablets but had great difficulty in getting fresh supplies; healthcare staff kept putting me off rather than saying that the tablets had not arrived*

Recommendations

National policy

- **All prisons should have chronic disease registers and management clinics to ensure that prisoners with chronic medical conditions have care in line with best practice**
- **There should be specific mental health protocols for older prisoners**
- **All prison healthcare centres should have a palliative care policy which has been developed in partnership with local palliative care service providers**
- **There should be a review of the criteria for compassionate and early release on the grounds of old age or ill-health to ensure an appropriate balance between risk and humane care**

Local policy

- **Each healthcare centre should have a lead nurse or manager, with sufficient seniority and knowledge, who has responsibility for the overall care of older prisoners. S/he should ensure that:**
  - **The healthcare needs of older prisoners are separately assessed**

- **Age-based healthcare policies are reviewed**
- **In conjunction with the pharmacist, older prisoners' medications are formally reviewed at least every six months**
- **Prisoners prescribed long-term medications receive them on a continuous basis without gaps or delays**
- **Alternative arrangements are in place for delivering medication and medical treatment to older and less able prisoners who have difficulty in getting to the healthcare centre**
- **There is a review of older prisoners' medical records to assess whether aspects of mental health have been fully considered**
- **Prisoners who require it are given help with incontinence problems**

- **Training should be provided for all healthcare staff in dealing with older prisoners, including how to recognise the signs of mental illness**
- **There should be formal arrangements with local health agencies for the loan of occupational therapy equipment and specialist nursing advice**
- **There should be a patient forum with representation from older prisoners**
- **Patients and prisoners should not be deprived of mobility and health aids**
- **Older prisoners should be actively encouraged to have the hepatitis B vaccination as part of their initial health screening on arrival in prison**

Women prisoners: additional recommendations

- **Women who need it should have mammography screening and appointments should not be missed because of prison moves**
- **Regular health screening for middle-aged and older women prisoners should take account of moves around the prison estate**

Good practice

General

- Risley had links with Warrington Disability Project, which provided a variety of aids and also helped the prison to complete its Disability Discrimination Act assessment
- Morton Hall was part of a local PCT which commissioned a full occupational therapy service, including the loan of specialist equipment if required
- Risley's pharmacist had undertaken a review, in line with the guidelines in the National Service Framework, of all prisoners over 65 who were taking prescribed medication

Specific services

- Frankland had a palliative care policy and a copy of the Macmillan end of life care pathway for symptom control
- Leyhill had a specific age-related well man clinic
- Dartmoor and Frankland had agreements with, or access to, a consultant in older persons' medicine
- Acklington used the NHS EMIS system for statistical information, enabling them to tailor healthcare services to the needs of the prisoner population

Specific care

- Wymott had identified a need for designated leg ulcer clinics and staff had been trained in the management of leg ulcers, involving local district nurses to ensure continuity of care. Patients' progress was monitored using Doppler studies and photographic evidence
- Morton Hall had developed a system that alerted them when women were due to be recalled for health screening such as mammography
- Risley had adapted the local PCT prophylactic treatment policy to ensure that any vulnerable prisoner who had come into contact with influenza would receive a course of prophylactic treatment

Chapter 4: Resettlement

4.1 This chapter deals with the resettlement and rehabilitation of older prisoners. It examines older prisoners' progress through the prison system, looks at sentence planning and offending behaviour work and the factors that hamper older prisoners in moving through the system, and closeness to home. It considers preparation for release, particularly of retired prisoners, and the role of external agencies, such as the National Probation Service and social service departments.

4.2 Our figures showed that most male prisoners were far from home: with only a quarter located within 50 miles of their home areas; and over a third more than 100 miles away. Shorter sentenced prisoners were more likely to be located closer to home because they could be allocated to category C prisons. Those with longer sentences and considered to be higher risk were allocated to the fewer and more dispersed high security establishments (see appendix 11).

4.3 Those in high security and category B establishments were more likely to have come into prison on their current sentence when they were younger (under 60 years of age) and to have a history of offending; whereas those in local prisons were most likely to have come into prison when they were older (over 60 years of age), and those in category C prisons were less likely to have been in prison before. Sixty-six per cent of our sample were experiencing custody for the first time.

Categorisation and allocation

4.4 In the prisons we visited, the initial categorisation and allocation documents had no section that required staff to record relevant health or disability factors. In practice, we found that in some male prisons categorisation did take account of age, health and mobility; though this was not the case at Hull, Parc or Wakefield.

4.5 Prisoners were able to express a preference as to which prison they wanted to go to, but the constraints of population pressures often meant extensive waits before they could be allocated to their preferred prison, or to one which offered appropriate offending behaviour work.

4.6 Recategorisation is required at least once a year: prisoners' security category is reviewed in order to ensure that they are placed in the lowest appropriate category, dependent on an assessment of the risk of escape or the level of risk to the public. The lowering of a security category allows for progressive moves through the system, according to sentence plan targets designed to support gradual preparation for safe release. However, in the case of older male prisoners, we found that two factors militated against this process.

4.7 The first was the fact that the great majority of category C prisons no longer have full-time medical cover. Managers and staff at some higher security prisons expressed their frustration in being unable to persuade these establishments to accept older prisoners, for fear of being unable to meet their medical needs. Similarly, Kingston and Usk encountered problems in finding category D establishments prepared to take older prisoners with health and mobility needs. This impacted particularly on life-sentenced prisoners who needed to progress through the system to achieve their release.

4.8 We found that refusals to transfer on medical grounds were not always justified, as illustrated in the following case study:

Case study

A prisoner with diabetes at a category B establishment was recategorised to category C but had not been able to obtain a transfer for over 12 months. He was told that because of his medical condition he had to remain in an establishment that had full time medical cover. He was later downgraded to category D but continued to remain in the same prison. His medical record described him as a 'mild

diabetic' with limited mobility. Apart from collecting his medication, he hardly ever attended the healthcare centre and posed no problems from a healthcare perspective. In our judgement his medical condition was being wrongly used as a barrier to transfer.

4.9 The second barrier to progressive moves through the system was the fact that some older male prisoners were sex offenders who continued to deny their guilt, and were therefore ineligible for sex offender treatment programmes, and in some cases refused to take part in other offending behaviour programmes. For that reason, they were unable to demonstrate to the authorities and the Parole Board that they had made efforts to reduce the risk that they posed to the public. In the section on offending behaviour programmes below, we identify the need for prisons to work more flexibly and appropriately with this group of prisoners.

Contact with families and friends

4.10 In our prisoner survey, 74% of men said that they were serving their first prison sentence and had arrived in prison aged 60 or over. Thus a large proportion of our sample population had to come to terms with a lengthy separation from their families and friends for the first time. Access to the visits area is covered in Chapter 1.

4.11 On reception, 15% of respondents had worries about contacting their families and 6% were concerned with ensuring their dependants were being looked after; 16% had money worries.

4.12 Information derived from wing history sheets and sentence plans showed that some sex offenders had lost contact with their families. However, 80% of respondents to our questionnaire were in regular contact with their family and friends and many prisoners (75%) experienced no problems sending or receiving mail; 85% of respondents had no problems in getting to telephones (see appendix 7).

4.13 Many men had friends and partners of a similar age and some spoke of elderly parents and older siblings who had difficulty in travelling, or could not travel at all:

- *More consideration should be given to the fact that at our age it is quite possible that we have parents who are considerably older than we are, they may find very long journeys stressful*
- *I am depressed because I cannot see my family as I'm so far from home. Also my wife is very depressed because they keep saying I'm going to Rye Hill but never take me*
- *My wife visited once. She is in a wheelchair too and she had to be put into one of the prison's wheelchairs because of security but they were rude about it and just lumped her about*

Sentence planning

4.14 Sentence planning provides a framework to prepare the prisoner for safer release by ensuring that constructive use is made of the time spent in custody. Sentence planning documentation should provide a record of planned and completed resettlement work.

4.15 Sentence planning was an established process in all the prisons we visited. From our review of plans, those at Wakefield, Ford and Risley were well completed, mostly up to date and with relevant targets. Plans at Albany and Kingston were of particularly high quality and reviews at Kingston were well attended, with plans containing evidence that risk reduction and prisoner needs had been considered. Some prisons, in particular Elmley, had little or no contribution or input from other departments, so that the perceptions of the personal or wing officer, or chair of the sentence planning board, were critical to the decision. In other prisons some plans were overdue a review, and some were not properly completed, with targets missing. Some plans did not make any mention of age, even when the prisoner was considerably older than many in the establishment.

4.16 Although some sentence plans included excellent personal officer contributions, most were cursory, showing little knowledge of prisoners or identification of their needs. Overall, personal officers played little part in identifying need, formulating sentence plans and engaging with prisoners to meet set targets. In many inspections, we find that personal officer contributions focus principally on quiescence and conformity. Older prisoners often appear to fit this model, and to be 'no problem' prisoners; their real needs can therefore escape the attention of staff, who focus on prisoners with noticeable health problems or challenging behaviour. The following comments in wing history sheets (and indeed the title of this report) were typical examples of such an approach:

- *No adjudication problem, not a control problem*
- *Mature prisoner who poses no control problem and fully conforms to the regime*
- *Has settled well into his sentence. A model prisoner mixes well with staff and prisoners*

4.17 We found plans that contained health information that had been identified by departments other than healthcare:

- *Total deafness in right ear and inability to write. Currently on tablets for depression and he's deeply worried about being able to cope on SOTP course due to hearing loss and poor educational skills (Chaplaincy)*
- *High blood pressure, asthma, stomach ulcer. May not be able to undertake offending behaviour work (Probation)*
- *A vulnerable man in ill-health – two heart attacks, angina, bowel cancer (Probation)*
- *On medication for nervousness (Education)*

4.18 At Acklington, the sentence planning board was held upstairs which meant that some older prisoners found it difficult to attend. The establishment claimed that consideration was given to holding sentence planning boards elsewhere if necessary. But, as the comments below from sentence planning files show, this did not necessarily happen:

- *Unable to attend board for medical reasons, cannot climb stairs*
- *Mr X unable to attend board, as cannot manage stairs because he is infirm. He agrees with the targets set*

4.19 Many prisoners were subject to public protection measures and arrangements were in place to ensure that visits were vetted and telephone calls and mail were monitored. Where prisoners continued to deny their offence, sentence planning boards did not set targets that 'stretched' the individual in any way. In such cases, we found targets were often unchallenging:

- *Continue with good behaviour, remain at present incentive status*
- *Maintain contact with family, remain at current status level*
- *Continue with good behaviour, find a job in the gardens*

Offending behaviour programmes

4.20 Most (83%) of the male prisoners in our target group were serving sentences of four or more years and 78% were for sexual offences; a further 13% were for violence against the person. A sizeable proportion of sexual offences were reported many years or decades later. Over two thirds (67%) of our sample were aged 60 or over at conviction, of whom 10% were over 70 (see appendix 5).

4.21 All the prisons we visited offered some accredited programmes, designed to directly address offending related behaviour. They included enhanced thinking skills (ETS), reasoning and rehabilitation (R&R), and sex offender treatment programmes (SOTP). In addition, a range of accredited and non-accredited courses was available for drug-related offences. In the case of older prisoners, we saw little identification in wing files or sentence plans of drug misuse treatment needs,

either illegal or prescription. There were some cases, however, where alcohol was identified as contributing to the offence. It is known that alcohol can be a disinhibitor in relation to sex offending, and it is therefore of concern that there was no record of any follow-up action in these cases. We therefore concluded that opportunities for alcohol education and relapse prevention work were being missed.

4.22 Most men had access to a range of offending behaviour programmes (OBPs) within their current establishments. Wakefield was piloting a 'booster' SOTP and a 'healthy sexual living' course. All the men who agreed to do SOTP and had been assessed as suitable for it, had either completed a programme, were currently involved, or were awaiting a space on the next programme. From our survey, a third (34%) of male prisoners had done some offending behaviour work (see appendix 7). Age was not a barrier to the uptake of OBPs, although ill health and the location of course rooms did prevent some men from being able to complete them.

4.23 We came across some good examples of older prisoners being facilitated to attend group work. At Parc, one man was regularly brought over from the hospital wing, where he was located to undergo treatment, in order to attend the course and another had been provided with a Dictaphone machine because he found writing reports difficult. At Leyhill, several older prisoners had completed the SOTP course while undergoing treatments for various ailments and the OBP classroom had been fitted with a 'loop' system for those with hearing difficulties.

4.24 However, there were instances where severe medical problems made attendance at any formal meeting, let alone an intensive programme, impossible.

- *Had to cease education due to ill health. No courses due to poor English and poor health*
- *Identified ill health, left SOTP due to illness, has done ETS course*
- *Problems with health. I'll [personal officer] discuss possibility of 1-1 work with psychology, although not usually available*

4.25 A significant barrier to older prisoners' participation in OBPs was denial of responsibility for the offence. Sex offenders who deny their offences are ineligible for SOTP programmes; and they and other prisoners asserting innocence may also refuse to take part in other OBPs. In the establishments we visited we identified an average of a third (35%) refusing to undertake or being excluded from offending behaviour work, including a few who were not convicted of a sexual offence. At some prisons, often those of a higher security category, this average was exceeded by a long way: Albany (45%), Frankland (47%), Dartmoor (50%), and Wakefield (54%). From our survey 46% (203 men) said that they did not want to be involved in OBPs (see appendix 7).

4.26 This thematic is concerned with the treatment of and conditions for older prisoners, rather than the issue of sex offender denial. However, the two issues overlap, and the Prison Service needs to undertake much more research into how better to manage these prisoners, support them to confront their offending, encourage them to take up interventions that help demonstrate that they are reducing their risk to society, and design a wider range of interventions that do not simply exclude deniers. There are no easy answers in this contentious area, but neither can these prisoners be left to grow old without greater attempts to progress them through the system.

4.27 The environment and approach of a prison can encourage or discourage prisoners to engage in offending behaviour work. The experience of therapeutic communities such as Grendon and Dovegate show the positive effects such environments can have on even very serious offenders. Among the prisons in our sample, Parc prison was seeking to engage positively with those denying their offences. Two officers had received training as tutors for the rolling SOTP with the intention of one-to-one working as personal officers with prisoners who were suitable candidates. By contrast, at Kingston, prisoners who would not engage with SOTP programmes received little or no challenge

from staff and a combination of pressure of numbers, few programmes, and the need to meet key performance targets generally meant that they were left alone.

4.28 In Wakefield, where prisoners were assessed as suitable for OBPs, any medical considerations drawn to the attention of programme staff, usually by prisoners themselves, were referred to healthcare departments for comment, and older prisoners were often construed as good participants and a 'steadying influence' on groups. The programme unit and healthcare staff worked closely together to rebut a prisoner's claim to ill health as a reason for not participating in offending behaviour work:

- *He is adept at using real and imagined health problems to avoid offending behaviour work. There are no health reasons preventing X from attending offence-related work, providing that wheelchair access is available*

4.29 Elsewhere, where there were no formal links between programme units and healthcare staff, it was relatively easy for a prisoner in denial of his offence to prolong or indefinitely postpone attendance at OBPs on the grounds of ill health. At Wymott, especially in the unit that held prisoners who were frail or had continuing medical needs, some older prisoners were deemed to be not well enough to undertake OBPs, but it was unclear who had made the decisions or what consultation process validated such decisions. Similarly, where prisons such as Dartmoor, Kingston and Wakefield failed to link sentence planning and targets with the incentive and earned privileges (IEP) scheme, prisoners could enjoy the privileges of enhanced status while effectively 'keeping their heads down'. Sentence planning should be at the heart of the IEP scheme.

Reintegration

4.30 Virtually all prisoners, of whatever age, are released from prison at some time and their resettlement is a core function of the Prison Service. Over a quarter (28%) of our survey sample would be at least aged 70 on release. It is unlikely that these men will be seeking employment, and pension payments suspended during their time in prison will need to be reinstated. Those subject to public protection measures will initially be accommodated in approved hostels away from their home areas and their previous social networks. Some will require health and social services support in addition to having to adjust to release.

4.31 In the case of older prisoners, the Prison Service cannot successfully resettle them without the help of agencies based in the wider community, but the extent to which external agencies were involved, and older prisoners' access to reintegration services, varied from prison to prison. Most of the establishments we visited had resettlement strategies and many worked in partnership with some voluntary agencies in some capacity, though others operated virtually no resettlement schemes and the initiative was left with prisoners to ask for help.

4.32 The resettlement services provided in the establishments we visited were open to prisoners regardless of age, but courses were geared to the rehabilitation of younger prisoners with no account taken of the need for older prisoners to manage, often by themselves, with disability or illness, loneliness and isolation. There were no courses in preparation for, or continuation of, retirement, or to assist in the maintenance of good physical and mental health, and no specific courses on cooking or budgeting on a pension. The only exceptions were the twice-monthly visits by the Pensions Agency at Wymott and Rye Hill, and the healthy living and practical skills course, including cookery, that was offered by the education department at Wakefield, However, there was no national strategy to develop such courses for older prisoners or to ensure equality of access for this age group. An 80-year-old prisoner at one establishment told us that he had applied to join the pre-release course at his establishment but was told he was 'too old'.

4.33 The following responses were derived from our questionnaire in answer to the question whether men knew whom to contact to get help for specific problems (appendix 7):

	Don't want help	Yes	No
Preparation for retirement	32%	22%	46%
Finding a job on release	45%	18%	37%
Finding accommodation on release	33%	28%	38%
Help with finances in preparation for release	33%	23%	44%
Claiming benefits on release	24%	32%	45%
Contacting external drug/alcohol agencies upon release	67%	10%	23%
Continuity of healthcare upon release	26%	37%	37%

4.34 Comments from men due for release indicated that they had received little or no effective help and some did not fully understand the public protection systems they would encounter on release:

- *The only person helping us to sort out queries about pensions is the chaplain*
- *I am homeless and would like help to seek accommodation and financial help*
- *Difficult to arrange resettlement while in prison. Home leave would help to adjust and reintegrate into society and is resettlement. This is non-existent at the time of writing. No one from management seems to be interested in this aspect. Many prisoners are simply thrown out on to the street without phased resettlement and cannot cope with the sudden change. They feel the need to return to prison life causing them to re-offend. The system is to blame not the individual*
- *I am 65, I lost my flat when I came into prison. You cannot get help with anything like that and I have been told they are going to put me in a hostel so they can keep an eye on me whatever that means*
- *I am concerned about the mechanics of signing on the sex offenders register and the level of confidentiality on the part of the authorities, especially the police*
- *I will not be allowed back to my home area and at present time I have nowhere to go. I have been in touch with the Langley House Trust*

Probation

4.35 There is no National Probation Service strategy for the resettlement of elderly ex-offenders. However, a number of areas have joined with Prison Service areas to produce regional resettlement strategies (e.g. North West and Yorkshire and Humberside) but none address even the general needs of this age group. Many prisoners were held far from their home probation areas and pre-release contact with home probation officers was very limited, with low priority being given to welfare work inside prisons.

4.36 Many probation staff appeared to interpret their role as primarily one of public protection. For sex offenders this often meant accommodation in an approved hostel in a new neighbourhood where their movements and habits could be monitored: many older ex-offenders therefore faced relative isolation in an unknown community. There were difficulties with older men if they needed sheltered accommodation, nursing or social care. Nursing home places were scarce and there was a reluctance to give scarce places to ex-offenders. In two cases we were told of men who needed this level of care, but as no suitable accommodation was forthcoming they were accommodated in hostels.

4.37 Multi-agency public protection arrangements (MAPPA) are in place to assess and manage released prisoners who pose a high risk of harm. Those prisoners will be required to report to a probation officer either on the day of their release, or on the next working day. A home visit is undertaken and the person concerned is required to notify the police of his address. The minimum requirements for supervising probation officers are to see the individual weekly for the first four weeks (including home visits), fortnightly for two to three months and thereafter not less than every four months. These requirements can be higher depending on the level of risk, with some men experiencing higher levels of supervision and police surveillance. Release plans often involve several agencies including health, social services, probation, housing providers and the police.

4.38 We interviewed three men who had recently been released from prison and accommodated in an approved hostel until their licence expired. All residents had single rooms, and there was a communal dining room and separate TV lounge. Several older men were accommodated in rooms on the upper floors but there were no lifts available. The hostel was registered with a local medical practice that would see any man with a referral from the hostel. The doctor would inform the hostel of any prescribed medication, which was collected and stored in a secure cabinet in the hostel office.

Case study

Mr A, aged 64 had been released from a category B prison and was living in an approved hostel approximately 65 miles from his home area. He had served a sentence of 12 years and seven months. In prison, he had worked in the prison kitchen and had also managed to gain qualifications in computers and health and hygiene. He said he had received little pre-release assistance from his personal officer or from the establishment generally and that on release he 'didn't know what a £2 coin looked like'. He had been released in prison clothing and without a discharge grant as he had refused to sign the form before the amount he would receive was entered. He was told to wait outside the prison at a bus stop, but no bus came along. Not knowing the area where he was or to which he was going, he started walking to the station and eventually flagged down a taxi which he was able to pay for with his private cash.

Mr A was monitored closely by hostel staff of whom he spoke highly. He visited his probation officer on a weekly basis but received no other services. He was no longer in contact with his family, though he had some contact with a cousin who lived nearby. He had no other social support networks and spent most of his time walking around the city centre. He had worked as a drainage engineer and had registered at the local job centre. He told us that one of the disadvantages of living in a hostel was mixing with other ex-offenders, as some were very untidy. *'It's extremely difficult for older people to readjust, especially those serving long sentences.'*

Social care

4.39 The Department of Health's National Service Framework (NSF) for older people makes extensive reference to the need for social care, as well as healthcare, and this is reflected in annex A of the Prison Service Instruction (PSI) 21/2001. This presupposes the involvement of social services – both while an older person is in prison, and in the transition from prison to the community. Key elements of the PSI are:

- *Integrating the whole system of care*

  The NSF highlights the need for older people and their carers to experience well co-ordinated care and support… NHS organisations are responsible for addressing healthcare needs, as local councils with social service responsibility are for addressing social care needs… these two organisations must continue to develop their work in partnership with each other and with other agencies such as housing and prisons to develop joined up services, which address the full range of needs.

- *Single (one stop shop) needs based assessment*

  The NSF proposes a move towards a single assessment process across health and social care for older people. The assessment should be comprehensive to ensure people receive properly integrated needs based services both in prison and on release.
- *Interface between prisons and community health and social services*

  The Resettlement Standard requires that preparatory work for resettlement must be carried out in close consultation and partnership with the probation service, and with other statutory and voluntary agencies who can assist prisoners.
- *Liaising with social services*

  If a vulnerable older person has nowhere to live upon release, the prison must liaise with the local council within whose area the prison is located.
- *Developing the prison's partnership with local health services and local social services*

  Prisons, with their duty to provide prisoners with access to the same range and quality of services as the general public receives, need to develop their working relationship with local health, social and housing services.

4.40 In no prison that we visited did we find evidence of any national social care policies or strategies available to prisoners. In none of our sample prisons was a social services department actively working in partnership with prison staff to provide social care within the prison setting (see Chapter 2); or on release.

4.41 Older people within the community are entitled to a health and social care assessment to identify their needs. This establishes the level of support needed, whether in residential or community settings. The social worker then becomes the co-ordinator of input from the various agencies providing the support. For those in their own homes, it involves ensuring that help is provided by health and social services for 'supportive living', that is day to day care such as assistance with bathing, dressing, preparing a meal and using a toilet. As this report shows, this integrated model of care is not available to older people in prisons: the most that may be available outside healthcare, is support from unofficial and untrained voluntary helpers.

4.42 Moreover, local social services were often unwilling even to provide needs assessments, when asked by a prisoner or his or her representative. The reluctance often turned on a narrow interpretation of the local authority's duty towards older people in prison. We were told of one social worker who refused to undertake an assessment on the basis that the prisoner concerned was 'not in his home environment' and it was not, therefore, appropriate to visit him.

4.43 More generally, social service departments' responsibilities are towards those who are 'ordinarily resident' in the local authority area. It can be argued that prisoners, who are not there by choice, are not ordinarily resident, and therefore the responsibility should fall on their home area.
In practice, for many older prisoners, this is not realistic: they may have been in prison for many years, and may well be released to an entirely different area. Strictly applied, this principle simply leads to no one accepting responsibility: in the same way as the protection of children in prison has sometimes fallen through a gap, with local Area Child Protection Committees being reluctant to accept that children in prison are 'their' children.

4.44 However, local authorities additionally have a duty to other people, not ordinarily resident, who are present in their area and in urgent need. We believe that this principle should be applied to older people in prison. Assessments should therefore be carried out to establish whether they are indeed in need; and if so, arrangements should be made, in liaison with the prison, to co-ordinate their care within prison and with the area to which they are to be released.

4.45 Some older people in prisons are so frail that they would require residential care in the community. It is instructive to compare the regulation that would then apply with what is available in prison. Care homes are assessed against national minimum standards set out in the Care Standards Act 2000, and inspected by the Commission for Care Standards Inspection (CSCI). Those standards include:

- *Individual care plans*
- *Health and personal care (including dignity and privacy, dying and death, healthcare and medication)*
- *Daily life and social activity (including meals and timing, social contacts and activities)*
- *Environment (including premises, toilets and washing facilities, adaptations and equipment)*
- *Staffing (complement, qualifications, recruitment and training)*

4.46 Prisons do not come within the definition of a care home under the Act, and therefore those standards are not legally required, nor are they inspected. However, we believe that those standards should be a benchmark for provision: just as the principles of the Children Act form the basis for the treatment of children in prison, and demand co-operation between the Prison Service and local social service departments in relation to those children.

4.47 It is clear from this report that this is far from the case. Standards of accommodation, services and care for particularly frail and ailing prisoners fall far short of the standards required for care homes. In general, services provided for older and infirm prisoners do not meet those that would be available in the community under NSF standards. Significant improvements will require active partnership between the Prison Service and local health and social services authorities.

Women prisoners

4.48 Between 1997 and 2003, the sentenced population of women aged over 50 increased from 60 to 172. Older women were also serving longer sentences: the average sentence length had increased by 4.3 months between 1998 and 2002, to 26.1 months, with the largest increase (nearly six months) being in sentences imposed by Crown Courts (see appendix 3). This is undoubtedly a consequence of tough anti-drugs legislation, with lengthy sentences imposed on drug smugglers. A very high proportion of the older women in our sample – 44% – were foreign nationals, and most were serving long sentences for drug importation. The specific resettlement needs of foreign nationals are covered in this chapter.

4.49 In our prisoner survey, 84% of women said that they were serving their first prison sentence, and had arrived in prison aged 50 or over. Seventy-three per cent of women prisoners in our target group were serving sentences of four or more years. Drugs offences were predominant (63%) but most other offences were acquisitive crimes: burglary, robbery, theft, handling stolen goods, fraud and forgery (19%) (see appendix 4).

Categorisation and allocation

4.50 Categorisation and allocation documents usually stated women's ages and included some identification of health issues and mobility, but we did not find this in documents at Send. With fewer prisons in the women's estate, more women were serving sentences at considerable distance from home, and moves within the prison system could conflict with their preferences and needs.

Case study

One woman had been transferred to her current prison two days prior to our visit. She had an outstanding hospital appointment that had been arranged by her previous prison; her family lived in

the area near to where she had been held, she had been working out every day there and receiving town visits at weekends. She did not know why she had been transferred to an area where she had no family and felt she had to 'start over'.

4.51 Of those women whose home was in the UK, only 11% were within 50 miles of home; and 13% were over 100 miles away (see appendix 6).

Contact with family and friends

4.52 On reception, 17% of respondents had worries about contacting their families and 13% were concerned about ensuring their dependants were being looked after; 36% had money worries (see appendix 6).

4.53 Ninety-one per cent of women said that they were in contact with families and friends, and 61% reported no problems with sending and receiving mail (see appendix 6). However, several women prisoners at Morton Hall and Drake Hall expressed feelings of isolation and wanted to be in or around the London area where they had family and friends. Like men, many had older or less able partners or relatives:

- *My husband suffers with acute heart problems and this has not been taken into consideration in relation to my relocation, as travel from my house will take approximately three hours each way*

Sentence planning and offending behaviour programmes

4.54 Most women prisoners in our sample population had current sentence plans. The plans at Send were particularly up-to-date, relevant and had sensible objectives, containing detailed information to support the targets that had been agreed. Many sentence plans in the women's prisons we visited made mention of illnesses such as diabetes, or respiratory conditions.

4.55 The only accredited offending behaviour programme (OBP) available at the sample prisons was enhanced thinking skills at Drake Hall and Send. All women prisoners at Send had been identified, assessed as suitable, and had undertaken the programme or were awaiting a space for the next one. A woman at one prison, whose offences were against a child, was engaged in individual work with a counsellor.

4.56 According to our survey, the take-up of OBPs was low. One woman was engaged on a programme and another wanted to go on a programme; 19 women (79%) did not want a programme (see appendix 6). CARAT teams at all three women's prisons offered substance misuse and relapse prevention courses; a RAPt rehabilitation course was available at Send. In our limited time we could not explain the reluctance to engage in offending behaviour work and this is an area for future research.

Reintegration

4.57 At the time of our fieldwork, only three women would still be in prison at age 65 or older, most of them having served sentences of four years or more. Send had two wings for 'resettlement' prisoners, providing them with the opportunity of working out in the community. Two women due to be released from Drake Hall told us that they could obtain help with housing but had otherwise not been approached by any staff. Women at Morton Hall and Send told us that they had not been offered any pre-release assistance. Several women felt that realistic help and information was not generally available to them, although individual officers could be helpful.

4.58 NACRO workers and Job Centre Plus were either present in, or attended, all three women's prisons to assist with housing and employment. The Citizens Advice Bureau was also present at Send. CARAT services were available in all establishments. A worker from Lincoln Action Trust, a voluntary agency assisting with employment and training in the locality, was available for women in Morton Hall. A

money management course was run at Drake Hall but no specific course, such as managing debt, was available. This could have been of more use, since many women were convicted of drug related and acquisitive offences.

4.59 The following responses were derived from our questionnaire in answer to the question 'Do you know who to contact to get help with the following in this prison?'(see appendix 6):

	Don't want help	Yes	No
Preparation for retirement	47%	5%	47%
Finding a job on release	42%	21%	37%
Finding accommodation on release	43%	22%	35%
Help with finances in preparation for release	33%	26%	41%
Claiming benefits on release	39%	22%	39%
Contacting external drug/alcohol agencies upon release	53%	13%	34%
Continuity of healthcare upon release	29%	29%	42%

4.60 Although many women did not require help, more were in need of information than knew how to obtain assistance. In the resettlement section in the questionnaire (see appendix 6), 24% said that there was not enough information and advice available. Twelve per cent said that the resettlement advice they had received had helped to prepare them for release. Other comments included:

- *Access to age appropriate groups/advice we can write to*
- *When I get home I will have no money or clothes*
- *I have gained more knowledge as regards education, religion and vocational skills*
- *There should be more concern for inmates with elderly parents and possibility of home leave/overnight community visits. Most concern seems to be for inmates with young children*
- *We are not given pre-release information needed, but leaves it up to the individual to enquire e.g. pension rights, benefits etc. Do we get any money on release? A general information pack would be useful 3 months before release*
- *Definitely more advice on being re-housed. Besides bail hostels, as most of us are homeless when we leave and find it very hard on waiting lists at our time of life*

Black and minority ethnic prisoners and foreign nationals

4.61 All foreign national women who responded to our questionnaire said that they had never been to prison before (see appendix 10). Many of the women we met were single parents and first time offenders who said that they had been coerced into committing an offence, and who were now a long way from their homes and families.

4.62 Ninety-six per cent of older women from black and minority ethnic groups were in prison for the first time compared to 63% of white British women. Morton Hall held approximately 70% black and minority ethnic older women prisoners at the time of our fieldwork. Few of them were from the locality and many were foreign nationals mostly serving long sentences. Some were clearly experiencing cultural difficulties, in addition to the distance from home:

- *Some staff don't understand our culture and are quick to accuse us of being noisy and aggressive*
- *Officers should have more respect for their elders. Some are totally arrogant with more*

disrespect, and don't wish to know about anything we have to say for our minimal needs, so there's no point in talking or asking for anything else we wish to know

4.63 They also, inevitably, had difficulties in maintaining family ties and complained about the cost of international telephone calls:

- *It costs me £6 to telephone Brazil for 5 minutes so I cannot communicate with my family which gets me depressed. Like Foston Hall we should be allowed to receive reverse charge calls twice a month*
- *I think if foreign nationals only receive one visit a month we should still get foreign national phone card as some of us have children and family in England and Jamaica where we live. We still need to make contact back home*

4.64 The policy at Send was to give telephone credits irrespective of whether or not foreign nationals received visits.

4.65 Many foreign national women prisoners were without financial resources in this country; in addition, they often had dependants at home and most of their earnings were sent abroad at their own request. Consequently, the requirement at Morton Hall for all prisoners to purchase authorised items, including clothing, from one of three catalogue companies was a particular problem for foreign nationals:

- *I'd like to be able to receive parcels of clothes from my family and friends either through the post or on visits … we would like to start to receive parcels again if it is only once per month*

4.66 In terms of planning for their resettlement, sentence plans often identified the nationality of foreign national prisoners, but gave little or no detail of their home circumstances or any information about their dependants.

4.67 There were few appropriate interventions for foreign national prisoners. Most had not been in prison before and were therefore unlikely to have had previous convictions; most had been convicted of drug smuggling rather than drug use. In our survey, therefore, few expressed an interest in attending drug or alcohol courses, which they regarded as irrelevant. Only Morton Hall and Send offered a non-accredited drug importers' offending behaviour course.

4.68 We found that foreign national women from non-European Union (EU) countries were treated differently from those from the EU even though their offences were the same. Women from the EU were risk assessed for community visits and to work in the local community, but the same opportunity was not available to non-EU nationals.

4.69 Foreign nationals faced different problems on release, not least the deportation process, and re-establishing links with families who, because of distance, had not seen them since they left their countries. Many foreign national women appeared to be confused about the concept of resettlement and expected to receive little practical support and information. Staff at all three establishments also felt they had little by way of resources and assistance to offer these women. In the resettlement section in our questionnaire (see appendix 6), 24% of respondents requested additional information for foreign national women. Other comments included:

- *Foreign national prisoner will need information/assurance with issues/life in Jamaica. Need to know who foreign national co-ordinator is*
- *They should help more with foreign nationals as we need help to organise things for when we go home*

Recommendations

National policy

- **Categorisation and allocation procedures should recognise the needs of older and less able prisoners:**
  - **Categorisation documentation should include information on age, health and disability factors**
  - **Allocation should take into account medical needs, but should distinguish the need for 24-hour medical care from the need for social care and support**
- **The Prison Service should undertake research into how to manage those who deny sex offences, support them to confront offending and develop appropriate interventions and appropriate environments**
- **Social workers should visit prisons to assess older prisoners**
- **The Probation Service should monitor the progress of ex-prisoners released to hostels as a requirement of discharge, to ensure that health and care needs and benefits entitlements are being met**

Local policy

- **Establishments should be aware of the specific problems older prisoners, and their older visitors, may face and consider these in allocation decisions**
- **Sentence planning should take account of the needs of older prisoners:**
  - **Sentence plans should relate to individual needs**
  - **The quality of personal officer contributions should be monitored**
  - **Decisions should be informed by age and health factors, where relevant**
  - **An alternative suitable venue for sentence planning boards should be found for those prisoners unable to attend the normal location for boards**
- **The resettlement needs of older prisoners should be specifically acknowledged:**
  - **There should be pre-release courses or the equivalent specifically for older and retired prisoners**
  - **Prior to discharge, a single multi-disciplinary assessment should identify needs in order to make links with appropriate health, social service or voluntary services in order to assist older prisoners during their first weeks in the community**

Women prisoners: additional recommendation

- **The special needs of foreign nationals should be part of the resettlement process**

Good practice

- Parc had trained two officers as rolling sex offender treatment programme tutors so that they could work as personal officers with prisoners in denial of their offences with the aim of doing one-to-one motivational work with them
- Parc had provided a dictaphone for an older prisoner doing an offending behaviour programme, who found writing difficult
- Foreign national women at Send were given telephone credits irrespective of whether they received visits

Chapter 5: Recommendations and good practice

Key recommendations

1 **The National Offender Management Service, in conjunction with the Department of Health, should develop a national strategy for older and less able prisoners that conforms to the requirements of the Disability Discrimination Act and the National Service Framework for older people.**

The national strategy should include:

- **A phased programme to provide sufficient suitable and accessible accommodation in each prison**
- **Mechanisms for implementing and monitoring the requirements of the Disability Discrimination Act and the Prison Service Order on managing prisoners with disabilities**
- **The development of standards for the care of older prisoners, using the national policy recommendations in this report, and building on the good practice identified**
- **Regime differentiation for older prisoners**
- **Training for staff, involving specialists from health and social care**
- **The development of a prisoner Carers scheme (like the prison Listeners scheme) under social services supervision, whereby selected prisoners are trained, supervised and accredited in personal social care**
- **Inter-agency co-operation between prisons, the NHS, probation, social services and relevant statutory and voluntary community agencies to support older prisoners in custody and on return to the community**
- **Mechanisms for carrying out individual assessments of the health and welfare needs of older prisoners, and producing and implementing care plans, so as to ensure, both in prison and after release, an equivalent standard of care to that available in the community**

2 **The strategy should be informed by further research into:**

- **The general health of prisoners aged 45 and over, to establish their likely healthcare needs if they remain in prison into old age**
- **The extent of mental health problems in older prisoners**
- **The specific needs of older women prisoners, taking into account the likely age profile of women in prison over the next five years**
- **More appropriate and flexible ways of confronting offending behaviour**
- **The resettlement needs of older prisoners**

Recommendations for immediate action

Environment

National policy

- Plans for special accommodation for older prisoners should be drawn up with advice from the NHS, social services and voluntary agencies
- Establishments holding older prisoners should have local policy documents outlining the arrangements and provision available to them
- There should be a policy, guidance and if necessary training to ensure that assistance is available for wheelchair users

Local policy

- Cell and bed allocation should take account of age and infirmity, and prioritise this unless risk assessments dictate otherwise
- Arrangements should be in place to ensure that older and less able prisoners are not disadvantaged because of their inability to reach other departments, or visit and exercise facilities
- Prior to a national scheme (see key recommendations) all prisons should encourage, train, support and reward nominated prisoner helpers to assist less able prisoners
- Cell and wing furniture should meet the needs of older prisoners, specifically:
  - In-cell light switches should be accessible from beds
  - Cells or rooms should have in-cell toilets and wash basins
  - Seating in cells and association areas should have lumbar support
  - At least one PIN telephone on each residential unit holding wheelchair users should be sited at lower level
  - At least one telephone on each residential unit should be adapted for prisoners with hearing difficulties
- Appropriate sanitary and hygiene arrangements should be in place, specifically:
  - There should be at least one bath with 'grab' handles on each residential unit
  - Older and less able prisoners who need help should be able to shower or bath each day
  - All residential units should have a shower cubicle adapted for use by older or less able prisoners
  - Showers should be effectively screened to provide acceptable levels of privacy
- Older prisoners' personal needs should be met, specifically:
  - Easy access to permitted items from stored property
  - Provision of additional clothing or bedding without medical permission
  - Appropriate clothing for cold and inclement weather

Regimes and relationships

National policy

- Retirement pay should be consistent across all prisons, and set at a level which is sufficient for those with no other source of income
- All prisons should be required to have a designated member of staff responsible for disabled and older prisoners

Local policy

- Older prisoners should be treated with respect
- Staff should ensure that older prisoners are safe from bullying and other forms of aggression
- Older prisoners with specific age and health related problems should have care plans as part of wing files and entries in wing history sheets should monitor the plans
- Steps should be taken to allow older prisoners access to activities, and plans for their participation in activities should take into account accessibility
- The IEP scheme and any assessments that determine privilege levels should not penalise older prisoners on the basis of age and health limitations

- In relation to retired prisoners, prisons should:
  - Consult them about activities during the working day
  - Have a formal system to allow time out of cell when other prisoners have gone to activities
- In relation to exercise, association and PE, prisons should ensure that:
  - Older prisoners can return to the wing before the exercise period ends
  - Seating is provided in exercise areas
  - Older prisoners have equal access to association equipment
  - Older prisoners have alternative and suitable options for physical exercise, about which they are consulted
  - All prisoners, and in particular older prisoners, are assessed by healthcare staff before using the gym or undertaking strenuous exercise

Healthcare

National policy

- All prisons should have chronic disease registers and management clinics to ensure that prisoners with chronic medical conditions have care in line with best practice
- There should be specific mental health protocols for older prisoners
- All prison healthcare centres should have a palliative care policy which has been developed in partnership with local palliative care service providers
- There should be a review of the criteria for compassionate and early release on the grounds of old age or ill-health to ensure an appropriate balance between risk and humane care

Local policy

- Each healthcare centre should have a lead nurse or manager, with sufficient seniority and knowledge, who has responsibility for the overall care of older prisoners. S/he should ensure that:
  - The healthcare needs of older prisoners are separately assessed
  - Age-based healthcare policies are reviewed
  - In conjunction with the pharmacist, older prisoners' medications are formally reviewed at least every six months
  - Prisoners prescribed long-term medications receive them on a continuous basis without gaps or delays
  - Alternative arrangements are in place for delivering medication and medical treatment to older and less able prisoners who have difficulty in getting to the healthcare centre
  - There is a review of older prisoners' medical records to assess whether aspects of mental health have been fully considered
  - Prisoners who require it are given help with incontinence problems
- Training should be provided for all healthcare staff in dealing with older prisoners, including how to recognise the signs of mental illness
- There should be formal arrangements with local health agencies for the loan of occupational therapy equipment and specialist nursing advice
- There should be a patient forum with representation from older prisoners
- Patients and prisoners should not be deprived of mobility and health aids
- Older prisoners should be actively encouraged to have the hepatitis B vaccination as part of their initial health screening on arrival in prison

Women prisoners: additional recommendations

- Women who need it should have mammography screening and appointments should not be missed because of prison moves
- Regular health screening for middle-aged and older women prisoners should take account of moves around the prison estate

Resettlement

National policy

- Categorisation and allocation procedures should recognise the needs of older and less able prisoners:
  - Categorisation documentation should include information on age, health and disability factors
  - Allocation should take into account medical needs, but should distinguish the need for 24-hour medical care from the need for social care and support
- The Prison Service should undertake research into how to manage those who deny sex offences, support them to confront offending and develop appropriate interventions and appropriate environments
- Social workers should visit prisons to assess older prisoners
- The Probation Service should monitor the progress of ex-prisoners released to hostels as a requirement of discharge, to ensure that health and care needs and benefits entitlements are being met

Local policy

- Establishments should be aware of the specific problems older prisoners, and their older visitors, may face and consider these in allocation decisions
- Sentence planning should take account of the needs of older prisoners:
  - Sentence plans should relate to individual needs
  - The quality of personal officer contributions should be monitored
  - Decisions should be informed by age and health factors, where relevant
  - An alternative suitable venue for sentence planning boards should be found for those prisoners unable to attend the normal location for boards
- The resettlement needs of older prisoners should be specifically acknowledged
  - There should be pre-release courses or the equivalent specifically for older and retired prisoners
  - Prior to discharge, a single multi-disciplinary assessment should identify needs in order to make links with appropriate health, social service or voluntary services in order to assist older prisoners during their first weeks in the community

Women prisoners: additional recommendation

- The special needs of foreign nationals should be part of the resettlement process

Good practice

Individual prisons showed examples of good practice, which should be copied more widely

Environment

General

- Leyhill had taken wide-ranging measures to seek to meet the requirements of the Disability Discrimination Act
- Frankland had set up and resourced a special needs unit

Adaptations

- Parc had fitted 'grab' rails adjacent to in-cell sanitation in one adapted cell; and had lowered the emergency call bell
- Risley and Parc had set PIN telephones at a lower level for wheelchair users; Leyhill had installed a text telephone; Risley and Leyhill had hearing loop systems
- Hull and Usk provided televisions with teletext
- Frankland provided wider grip cutlery, non-slip trays and long-handled dustpans; Parc had specially adapted cutlery, plates and bowls following referral by healthcare staff
- Education staff at Hull provided handouts in large print, magnifying sheets to place over printed work and thicker pens for prisoners with arthritic hands

Safety

- Wymott provided each wing with a collapsible wheelchair for evacuation or movement around the prison
- Kingston had undertaken a special risk assessment for a blind prisoner

Regimes

General

- Leyhill had a policy for over-65s that was in line with the National Service Framework for older people. It included plans to promote active, healthy life and to provide limited sedentary work for older prisoners

Work

- Several prisons took into account specific health problems when allocating prisoners to work

Activities

- Some prisons made special provision for separate groups or clubs for older prisoners:
  - Frankland had special PE sessions for older prisoners, including tea followed by a quiz or video; PE staff also delivered 'taster' sessions from courses on stress management, healthy living and key skills
  - Kingston had a mini-gymnasium on one wing for older prisoners
  - Rye Hill and the Kingston older prisoners' wing did not charge older prisoners for cell TVs
  - Parc had a library trolley service that provided books to prisoners with mobility problems

Healthcare

General

- Risley had links with Warrington Disability Project, which provided a variety of aids and also assisted the prison to complete its Disability Discrimination Act assessment
- Morton Hall was part of a local PCT which commissioned a full occupational therapy service, including the loan of specialist equipment if required
- Risley's pharmacist had undertaken a review, in line with the guidelines in the National Service Framework, of all prisoners over 65 who were taking prescribed medication

Specific services

- Frankland had a palliative care policy and a copy of the Macmillan end of life care pathway for symptom control
- Leyhill had a specific age-related well man clinic
- Dartmoor and Frankland had agreements with, or access to, a consultant in older persons' medicine
- Acklington used the NHS EMIS system for statistical information, enabling them to tailor healthcare services to the needs of the prisoner population

Specific care

- Wymott had identified a need for designated leg ulcer clinics and staff had been trained in the management of leg ulcers, involving local district nurses to ensure continuity of care. Patients' progress was monitored using Doppler studies and photographic evidence
- Morton Hall had developed a system that alerted them when women were due to be recalled for health screening such as mammography
- Risley had adapted the local PCT prophylactic treatment policy to ensure that any vulnerable prisoner who had come into contact with influenza would receive a course of prophylactic treatment

Resettlement

- Parc had trained two officers as rolling sex offender treatment programme tutors so that they could work as personal officers with prisoners in denial of their offences with the aim of doing one-to-one motivational work with them
- Parc had provided a dictaphone for an older prisoner doing an offending behaviour programme, who found writing difficult
- Foreign national women at Send were given telephone credits irrespective of whether they received visits

Appendix 1: Methodology

A1 Research papers and publications written within the past 10 years were reviewed and a number of external organisations were approached for relevant information. An initial scoping study determined the extent to which a review could be covered in the time available and within limited staffing resources. Five key areas: the built environment, regime, staff/prisoner relationships, healthcare and resettlement, were identified as being essential components of any assessment of the treatment of older prisoners and the conditions in which they are held.

A2 Since older prisoners were located in nearly all adult establishments across England and Wales, it was impossible to visit all of them in the available time. Using Home Office prisoner population figures from August 2003, we initially identified all prisons that held at least 20 male prisoners aged 60 and above and all prisons that held 15 or more women prisoners aged 50 and over.

A3 From these initial criteria, establishments were separated into prison type i.e. high security, category B and category C training prisons, category D open prisons, local prisons and women's prisons. Using a robust statistical formula, the sample size of prisoners that would need to be surveyed within each prison type was selected. The statistical formula indicates the extent to which the findings from a sample of that size reflect the experiences of the whole target population. Decisions on sample size also took into account the need for a geographical spread of prisons across England and Wales and the inclusion of privately managed prisons.

A4 Our fieldwork took us to 18 prisons. Although it did not meet our selection criteria, we also went to Norwich because we heard of plans to open separate accommodation designed to house older prisoners who were particularly frail and required 24-hour medical and/or social care.

A5 A variety of methods were used to gather evidence. This involved a combination of: statistical information provided by each prison; speaking to staff; speaking to older prisoners; a survey of older prisoners; examining prisoners' wing files and their sentence plans; and observation. At all 18 prisons (excluding Norwich), every older prisoner was offered the opportunity to complete a questionnaire that had been specially designed for this thematic review.

A6 Comparisons of survey responses from sub-sets of male and women prisoners were conducted (see appendices 10 and 11). Where these are referred to in the main body of the report, they indicate a statistically significant relationship between the variables at a 95% confidence level. Thus, in subsequent surveys of the older prisoner population, if the same question was asked 100 times, one could be confident of obtaining the same result at least 95 times.

- Our sample size of male prisoners was 544, comprising 38% of the total population of all males aged 60 years and over in all prisons
- Male prisoners completed a total of 442 questionnaires, representing a response rate of 81%
- Our sample size of women prisoners was 57, comprising 31% of the total population of all women aged 50 years and over in all prisons
- Women prisoners completed a total of 47 questionnaires representing a response rate of 82%

A7 At each prison, inspectors met a focus group of older prisoners. Inspectors also talked to governors, senior managers in charge of regimes, residence, and resettlement and to prison officers who worked with, or had to manage, older prisoners. We asked them for their views on what they wanted from this thematic review. Using a combination of structured data retrieval and semi-structured interviews, healthcare inspectors also talked to healthcare managers and examined prisoners' medical records. Our overall judgements and recommendations are informed by international principles for the proper treatment of people in custody, set out in the European Convention of Human Rights, now incorporated into domestic law.

Prisons used for fieldwork

Prison	Prison Type	Number of older prisoners
Frankland	High security	43
Wakefield	High security	46
Albany	Category B training	82
Kingston	Category B training	21
Rye Hill	Category B training	29
Acklington	Category C training	48
Dartmoor	Category C training	24
Risley	Category C training	32
Usk & Prescoed	Category C training and Category D open	37
Wymott	Category C training	65
Ford	Category D open	24
Leyhill	Category D open	28
Elmley	Local	28
Hull	Local	25
Parc	Local	12
Drake Hall	Women semi-open	16
Morton Hall	Women open	23
Send	Women closed	18
Total		**601**

Appendix 2: Population trends over 10 years

Male prisoners

The sentenced population of prisoners aged 60 and over in the male estate has more than trebled over 10 years from 442 in 1992 to 1359 in 2002. This compares to a one and a half times increase for those aged 18-59, making those aged 60 and over the fastest growing population in the estate. In 1992 those aged 60 and above made up 1.3% of the male population over age 18, this compares to 2.6% in 2002.

Year	1992	1994	1996	1998	2000	2002
Population	442	522	699	896	1138	1359

Source: Home Office (2003) Prison Population and Probation Statistics. RDS

Women prisoners

The sentenced population of prisoners aged 50 and over in the female estate increased by two and a half times over 10 years from 60 in 1992 to 156 in 2002. This compares to a 2.8 times increase for those aged 18-59. In 1992 those aged 50 and above made up 5.2% of the female population over age 18, this compares to 4.7% in 2002.

Year	1992	1994	1996	1998	2000	2002
Population	60	67	92	128	118	156

Source: Home Office (2003) Prison Population and Probation Statistics. RDS

Appendix 3: Sentence length changes (1998–2002)

For male prisoners aged 60 and over, the average sentence length (excluding life- sentenced prisoners) increased by 2.3 months between 1998 and 2002 to 39.3 months. This compares to a 4.3 months increase for women prisoners aged 50 and over to 26.1 months.

For women prisoners aged 50 and over, sentences passed in the Crown court alone have increased by 5.8 months.

Older prisoners in England and Wales: Average sentence length of receptions into prison under sentence of immediate imprisonment[1]: by court sentencing and year of reception.

Males aged 60+ Court sentencing (2)	**Number of months** 1998	1999	2000	2001	2002
Crown Court	39.6	38.6	34.7	39.0	39.3
Magistrates' court	2.7	2.9	2.6	2.9	4.1
All courts	27.8	27.3	23.9	28.2	30.1
Women aged 50+ Court sentencing (2)	**Number of months** 1998	1999	2000	2001	2002
Crown Court	20.3	18.5	21.0	29.3	26.1
Magistrates' court	2.7	2.6	2.7	2.9	3.7
All courts	13.4	11.8	13.5	21.0	17.7

(1) Excluding those sentenced to life imprisonment and fine defaulters.
(2) Type of court originally imposing a sentence of imprisonment: further sentences may have been awarded at a different court.

1 Source: Home Office (2003) Prison Population and Probation Statistics. RDS

Appendix 4: Summary of statistical data – women's estate (3 prisons)

As part of the fieldwork for this thematic inspection, all prisons that were visited were asked to provide some statistical data on their older prisoners using the Local Information Database System (LIDS).

In total, three prisons; Drake Hall, Morton Hall and Send provided information on 59 women aged 50 and over. These statistics were given to us between November 2003 and January 2004. The number of prisoners to which these data relate does not necessarily match the number in each establishment at the time of our visit as the information presented here was provided prior to each visit and so some women will have been transferred or released.

Percentages have been rounded up or down and may not add up to 100%.

Current Age (n=59)

50–54 years	58%	(n=34)
55-59 years	36%	(n=21)
60-64 years	3%	(n=3)
65-69 years	1%	(n=1)

Age at conviction (n=59)

Under 45 years	2%	(n=1)
45-49 years	7%	(n=4)
50-54 years	63%	(n=37)
55-59 years	24%	(n=14)
60-64 years	5%	(n=3)

Age at expected release date (n=59)

50–54 years	25%	(n=34)
55-59 years	47%	(n=21)
60-64 years	22%	(n=3)
65-69 years	3%	(n=1)
Lifer (therefore unknown)	2%	(n=1)

What is the length of your sentence? (n=59)

(NB: All prisoners were sentenced)

Less than six months	0%	(n=0)
Six months to less than one year	5%	(n=3)
One to less than two years	8%	(n=5)
Two to less than four years	14%	(n=8)
Four to less than ten years	54%	(n=32)
Ten years or more	17%	(n=10)
Life	2%	(n=1)

Offence type (n=59)

Violence against the person	7%	(n=4)
Sexual offences	0%	(n=0)
Burglary	2%	(n=1)
Robbery	2%	(n=1)
Theft/handling stolen goods	10%	(n=6)
Fraud/forgery	5%	(n=3)
Drugs offences	63%	(n=37)
Other	8%	(n=5)
Not recorded	3%	(n=2)

Had an adjudication in 2003 (n=59)

Yes	17%	(n=10)
No	83%	(n=49)

Appendix 5: Summary of statistical data – men's estate (15 prisons)

As part of the fieldwork for this thematic inspection, all prisons that were visited were asked to provide some statistical data on their older prisoners using the Local Information Database System (LIDS).

In total, 15 prisons; Acklington, Albany, Dartmoor, Elmley, Risley, Ford, Frankland, Hull, Kingston, Leyhill, Parc, Rye Hill, Usk/Prescoed, Wakefield and Wymott provided information on 555 men aged 60 and over. These statistics were provided to us between November 2003 and February 2004. The number of prisoners to which these data relate does not necessarily match the number in each establishment at the time of our visit as the information presented here was provided prior to each visit and so some men will have been transferred or released.

Percentages have been rounded up or down and may not add up to 100%.

Prison Type (n=555)

Local	13%	(n=70)
High secure	16%	(n=90)
Category B training	25%	(n=136)
Category C training	37%	(n=206)
Open	10%	(n=53)

Current Age (n=555)

60–64 years	49%	(n=274)
65-69 years	30%	(n=169)
70-74 years	14%	(n=76)
75-79 years	5%	(n=29)
80 years and over	1%	(n=7)

Are they sentenced (n=555)

Yes	99%	(n=552)
No	1%	(n=3)

Age at conviction (n= 552)

Unsentenced/unconvicted	1%	(n=3)
21-29 years	1%	(n=7)
30-39 years	3%	(n=16)
40-49 years	4%	(n=21)
50-59 years	26%	(n=141)
60-69 years	57%	(n=314)
70-79 years	9%	(n=47)
80 years and over	1%	(n=3)

Age at expected release date (n=550)

Unsentenced/unconvicted	1%	(n=3)
60–64 years	22%	(n=122)
65-69 years	29%	(n=159)
70-74 years	19%	(n=104)
75-79 years	7%	(n=38)
80 years and over	2%	(n=11)
Lifer (therefore unknown)	21%	(n=113)

What is the length of the sentence? (n=552)

Unsentenced/unconvicted	1%	(n=3)
Less than six months	0%	(n=2)
Six months to less than one year	1%	(n=8)
One to less than two years	4%	(n=21)
Two to less than four years	10%	(n=55)
Four to less than ten years	43%	(n=237)
Ten years or more	20%	(n=113)
Life	20%	(n=113)

Offence type (n=555)

Violence against the person	13%	(n=73)
Sexual offences	78%	(n=433)
Burglary	0%	(n=1)
Robbery	0%	(n=1)
Theft/handling stolen goods	1%	(n=4)
Fraud/forgery	2%	(n=10)
Drugs offences	3%	(n=16)
Other	2%	(n=12)
Not recorded	1%	(n=5)

Had an adjudication in 2003 (n=555)

Yes	3%	(n=15)
No	97%	(n=526)

Appendix 6: Older Women Prisoners

Summary of survey responses

Three thematic visits to women's prisons took place between November 2003 and January 2004. All women prisoners aged 50 and over were asked to complete a survey.

Prison	Total prison population	Number aged 50 and over	Number of surveys returned	Response rate
Drake Hall	267	16	13	81%
Morton Hall	302	23	20	87%
Send	208	18	14	88%
Total	**777**	**57**	**47**	**82%**

In total, three women refused to complete the survey, four women did not return their surveys and one woman returned it without completing it.

Percentages have been rounded up or down and may not add up to 100%.

Section One: About you

1. What is your age? (n=47)

50-54	55-59	60-64	65-69	70-74	75-80	80 plus
55%	43%	2%	-	-	-	-

2. Are you sentenced? (n=46)

Yes	No - awaiting trial	No -awaiting sentence	No –awaiting deportation
98%	0%	0%	2%

3. What is the length of your sentence? (n=47)

Less than 6 months	6 months to 1 year	1 year to 2 yearsyears	2 years to 4 years	4 years to 10 years	10 years or more	Life
-	4%	6%	15%	51%	17%	-

4. What age were you when you came into prison on this sentence? (n=47)

21-29	30-39	40-49	50-59	60-69	70-79	80 plus
-	-	19%	79%	2%	-	-

5. Approximately how long do you have left to serve (if you are serving life, please use the date of your next parole board)? (n=40)

Less than 6 months	6 months or more
20%	80%

6. How long have you been in this prison? (n=44)

Less than 1 month	1 to 3 months	3 to 6 months	6 months to 1 year	1 to 2 years	2 to 4 years	4 years or more
9%	11%	23%	20%	14%	23%	-

7. Are you a foreign national? (n=44)

Yes	No
50%	50%

8. Is English your first language? (n=45)

Yes	No
73%	27%

9. What is your ethnic origin? (n=44)

White	Black or Black British	Asian or Asian British	Mixed Race	Chinese
36% British	23% Caribbean	2% Indian	2% White and Black Caribbean	0% Chinese
2% Irish	5% African	0% Pakistani	7%White and Black African	
9% Other White background	0% Other black background	0% Bangladeshi	0% White and Asian	
		7% Other Asian background	0% Other mixed race background	7% Other ethnic group

10. How many times have you been in prison before, either sentenced or on remand? (n=45)

None	Once	2 to 5	More than 5
84%	9%%	4%%	2%

Appendixes

Section Two: Reception, first night and induction

11. Did you have any of the following problems when you first arrived? (n=47)
(Respondents could tick more than one box therefore percentages do not add up to 100)

Loss of transferred property	26%	Drug problems	4%
Housing/accommodation	13%	Alcohol problems	4%
Contacting employers	6%	Health problems	49%
Contacting family	17%	Needing protection from other prisoners	6%
Ensuring dependants were being looked after	13%	Other	2%
Money worries	36%	Not had any problems	21%
Feeling depressed or suicidal	26%		

12. Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours? (n=41)

Yes	No	Not had any problems
48%	25%	22%

13. Did you feel safe on your first night here? (n=46)

Yes	No	Don't remember
74%	17%	9%

14. Please answer the following questions about the wing/unit you are currently living on

	Yes	**No**	**Don't know**
Is the layout, size and location of your cell/room suitable for your individual needs? (n=44)	84%	14%	2%
Are you on a wing/unit with other prisoners who are significantly younger than you? (n=45)	91%	9%	-
Are you normally able to have a shower everyday? (n=45)	96%	4%	-
Is your cell call bell normally answered within five minutes? (n=39)	41%	21%	38%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? (n=46)	78%	22%	-
Are you normally offered enough clean and suitable clothes for the week? (n=42)	71%	24%	5%
Do you normally receive clean sheets each week? (n=44)	82%	16%	2%
Do you normally receive cell-cleaning materials each week? (n=46)	65%	28%	7%
Can you normally get your stored property, if you need to? (n=45)	38%	49%	13%
Is it easy to get access to the library when you need to? (n=47)	77%	15%	9%

15. Are you able to speak to a Listener at any time, if you want to? (n=45)

Yes	No	Don't know
67%	-	33%

		Yes	No
16.	**Please answer the following questions about staff in this prison?**	Yes	No
	Do you have a member of staff you can turn to for help if you have a problem? (n=44)	80%	20%
	Do most staff treat you with respect? (n=46)	83%	17%
	Do you feel most staff are aware of your individual needs? (n=44)	39%	61%
17.	**Please answer the following questions about the last six months:**	Yes	No
	In the last 6 months, have any members of staff physically restrained you (C&R)? (n=46)	2%	98%
	In the last 6 months, have you spent a night in the segregation unit? (n=46)	2%	98%
	In the last six months have you had adjudication? (n=46)	13%	87%
18.	**Do you have any specific individual needs?** (n=42)	Yes 48%	No 52%

19. If yes, please state the needs? (n=20)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Medication.	20%	(n=6)
A mattress to support my back pain.	15%	(n=3)
Walking stick.	10%	(n=2)
Problems with family/children.	10%	(n=2)
More/warmer clothes.	10%	(n=2)
More phone money (family abroad)	10%	(n=2)

Other needs mentioned were: spectacles, to be close to home, CDs in my own country's language, to be allowed to receive parcels (family abroad), help with a broken leg and one woman said she had agoraphobia.

20. Do you have any comments you wish to make about respectful custody? (n=12)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Lack of respect from some staff	50%	(n=6)
Treated with respect	25%	(n=3)

Other comments included; personal officers being difficult to contact, no gym for over 50s, no jobs for older prisoners that they able to do, more tolerance for non-English speakers, rules should be translated, slow transfer of money between establishments and older prisoners healthcare not taken seriously.

Section Three: Healthcare

21. What do you think of the overall quality of the healthcare here? (n=47)

Not Been	Very good	Good	Neither	Bad	Very bad
-	9%	32%	21%	21%	17%

22. Is it easy to get access to the following people?

	Not needed to go	Yes	No
The doctor (n=47)	9%	45%	47%
The nurse (n=44)	7%	75%	18%
The dentist (n=43)	14%	23%	63%
The optician (n=43)	21%	19%	60%
Dispensing staff/pharmacist (n=43)	16%	51%	33%
Counsellors (n=42)	38%	31%	31%

23. Do you feel your needs are met by the following people?

	Not been	Yes	No	Partly
The doctor (n=45)	9%	44%	9%	38%
The nurse (n=43)	7%	49%	12%	33%
The dentist (n=40)	20%	25%	38%	18%
The optician (n=39)	31%	36%	15%	18%
Dispensing staff/pharmacist (n=42)	24%	45%	12%	21%
Counsellors (n=36)	44%	25%	19%	11%

24. Are you taking any prescribed medication? (n=46)

Yes	No
80%	20%

25. Do you have any physical disabilities? (n=46)

Yes	No
35%	65%

26. Do you have any comments you wish to make about any aspect of healthcare? (n=28)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Healthcare is good	21%	(n=6)
Difficult to get medication	14%	(n=4)
Poor dental treatment	11%	(n=3)
Healthcare is poor	11%	(n=3)
Lack of respect from staff	11%	(n=3)
Don't like to queue outside for medication/treatment when ill	11%	(n=3)
Nurses fob me off without seeing a doctor	7%	(n=2)
Difficult to get emergency dental appointment	7%	(n=2)
Need larger range of medication	7%	(n=2)
Outside appointments cancelled after waiting months	7%	(n=2)
More notice needed for hospital visits	7%	(n=2)

Other aspects of healthcare mentioned were; helpful staff, need more well woman care, not enough follow up, difficult to get appointments, doing their best but on the slow side, more used to dealing with addicts rather than routine medical problems, healthcare staff do not relate to older prisoners, they prefer to sell things from the canteen rather than prescribe and one woman said that she received an adjudication as medication in her room was out of date.

Section Four: Safety

27. Have you ever felt unsafe whilst at this prison? (n=43)

Yes	No
33%	67%

28. In which areas of this prison do you/have you ever felt unsafe? (n=43)

Everywhere	5%	At work	2%	In gym showers	0%
Segregation Unit	0%	At education	0%	In corridors/stairwells	5%
Association areas	2%	At meal times	9%	On your landing/wing	5%
Reception area	0%	At healthcare	7%	In your cell	5%
At the gym	2%	Visits area	0%	Other	0%
In exercise yard(s)	0%	In wing showers	7%		

29. Has another prisoner or group of prisoners victimised (insulted or assaulted) you here? (n=44)

Yes	No
33%	66%

30. What did the incident(s) involve? (n=44)

Insulting remarks (about you or your family or friends)	14%	Because you were new here	5%
Physical abuse (being hit, kicked or assaulted)	2%	Being from a different part of the country than others	2%
Sexual abuse	0%	Because of your age	14%
Your race or ethnic origin	5%	Because of your disability/health	2%
Drugs	0%	Other	2%
Having your canteen/property taken	5%		

31. Has any member of staff or group of staff victimised (insulted or assaulted) you here? (n=44)

Yes	No
14%	86%

32. What did the incident(s) involve? (n=44)

Insulting remarks (about you or your family or friends)	9%	Because you were new here	5%
Physical abuse (being hit, kicked or assaulted)	0%	Being from a different part of the country than others	2%
Sexual abuse	0%	Because of your age	5%
Your race or ethnic origin	2%	Because of your disability/health	2%
Drugs	2%	Other	5%

33. If you have been victimised by prisoners or staff, did you report it? (n=38)

Yes	No	Not been victimised
13%	21%	66%

34. Do you have any comments you wish to make about any aspect of safety? (n=18)

Feel safe	33%	(n=6)
Good staff/prisoner relationships	16%	(n=3)
Some prisoners are victimised	16%	(n=3)

Other comments about safety included; more attention needs to be paid to victims of bullying, dangerous ice on steps and near education, need safety shoes instead of men's safety boots, fear of falling, afraid to complain, no mats in shower and one woman said the floors were slippery.

Section Five: Purposeful activity

35. Would you like to be involved in any of the following activities?

	Already involved	Yes	No	Don't know
A prison job (n=37)	73%	19%	8%	-
Vocational or skills training (n=28)	36%	29%	36%	-
Education (n=33)	64%	15%	21%	-
Offending behaviour programmes (n=24)	4%	4%	79%	13%
Drug or alcohol programmes (n=28)	14%	14%	61%	11%

36. On average how many times do you go to the gym each week? (n=44)

Don't want to go	None	One to two times	Three to five times	Five times or more	Don't know
27%	36%	11%	18%	2%	7%

37. On average, how many times do you go outside for exercise each week? (n=42)

Don't want to go	None	One to two times	Three to five times	Five times or more	Don't know
14%	19%	10%	10%	40%	7%

38. On average how many hours do you spend out of your cell on a weekday? (please include hours at education, at work etc) (n=41)

Less than 2 hours	2 to 4 hours	4 to 6 hours	6 to 8 hours	8 to 10 hours	10 hours or more	Don't know
-	5%	15%	29%	22%	22%	7%

39. On average how many hours do you spend out of your cell on a weekend day? (please include hours at education, at work etc) (n=42)

Less than 2 hours	2 to 4 hours	4 to 6 hours	6 to 8 hours	8 to 10 hours	10 hours or more	Don't know
19%	17%	7%	14%	19%	19%	5%

40. On average, how many times do you have association each week? (n=39)

Don't want to go	None	One to two times	Three to five times	Five times or more	Don't know
5%	10%	8%	3%	67%	8%

41. What do you normally do during association times? (n=40)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Activity	%	n
Talk to other prisoners	43%	(n=17)
Read	13%	(n=5)
Knit/sew	10%	(n=4)
Write letters	10%	(n=4)
Library	5%	(n=2)
Play games (bingo, cards, quiz games and pool)	23%	(n=9)
Watch television	18%	(n=7)
Walk	10%	(n=4)
Stay in room	10%	(n=4)
Study	5%	(n=2)
Attend church events and meetings	5%	(n=2)

Other activities mentioned included; going to the gym, use the phone, listening to music, draw, attend evening classes, dance, only one pool table for 48 women, nothing, and one woman said there were only games for young prisoners.

Appendixes

42. Do you have any comments you wish to make about any aspect of purposeful activity? (n=13)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Should be able to do more in cell activities/study	23%	(n=3)
More to do at weekends for those not at work	23%	(n=3)
Need age appropriate gym	15%	(n=2)
Need craft/skill classes	15%	(n=2)

Other comments mentioned included; only get one hour at the library per week, not enough outlet for creative activity, education is important, need an association room in every house, would like to meet other older prisoners, access to age appropriate groups and advice, association is aimed at young people, older women and younger women should be separated and one woman said she needed more privacy.

Section Six: Resettlement

43. How far are you from your home area? (n=45)

Less than 50 miles	50-100 miles	Over 100 miles	Oversea	No fixed abode
11%	27%	13%	44%	7%

44. Are you in regular contact with family and friends? (n=44)

Yes	No
91%	9%

45. Have you had any problems with sending or receiving mail? (n=44)

Yes	No	Don't know
36%	61%	5%

46. Have you had any problems getting access to the telephones? (n=44)

Yes	No	Don't know
16%	84%	-

47. Do you know who to contact to get help with the following within this prison:

	Don't want any help	Yes	No
Preparation for retirement (n=38)	47%	5%	47%
Finding a job on release (n=38)	42%	21%	37%
Finding accommodation on release (n=37)	43%	22%	35%
Help with your finances in preparation for release (n=39)	33%	26%	41%
Claiming benefits on release (n=36)	39%	22%	39%
Contacting external drug or alcohol agencies on release (n=32)	53%	13%	34%
Continuity of healthcare on release (n=38)	29%	29%	42%

48. Do you have any comments you wish to make about any aspect of resettlement? (n=17)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Foreign national prisoners need information	24%	(n=4)
Not enough information/advice available	24%	(n=4)
It helps to get ready for release	12%	(n=2)

Other aspects mentioned included; the unit should be upgraded to the same conditions as an open prison, problems with outgoing mail, most rules in this prison are petty, it makes you think more positive about yourself, had a visit postponed which upset the visitors, need to learn skills to find employment on release, far from home and near to release and one woman said that those on community visits should be allowed some money and a mobile phone for security.

Section Seven: Final comments

49. What would you say are the most positive things for you at this prison? (n=31)
(Some respondents mentioned more than one thing therefore the percentages do not add up to 100)

Education	23%	(n=7)
Good staff	19%	(n=6)
Being on open unit	13%	(n=4)
Not being locked up/own key	10%	(n=3)
Own bathroom	6%	(n=2)
Go out to work	6%	(n=2)
Individual room	6%	(n=2)
More freedom	6%	(n=2)
Nothing positive	19%	(n=6)

Other positives mentioned were; friendly prisoners, large amount of gym, good teachers, association, good Independent Monitoring Board, vocational courses, religious activity, prison job, good food, close to home, community visits, Avon, everything is ok, good environment, and one woman said being able to maintain family contact.

50. What would you most like to see changed here? (n=34)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Be able to have parcels sent in	56%	(n=9)
Better food	18%	(n=6)
Low wages (not enough to send money home)	12%	(n=4)
Better hygiene	9%	(n=3)
Staff attitude to older women	9%	(n=3)
Some home leave	6%	(n=2)
More resettlement advice/help	6%	(n=2)
Warm clothes	6%	(n=2)
Not enough items on canteen list	6%	(n=2)
More provisions for foreign nationals	6%	(n=2)
More in cell activities	6%	(n=2)
Need baths on unit	6%	(n=2)
Nothing	6%	(n=2)

Other changes mentioned were; more Jamaican food, shorter wait for a sentence plan, inappropriate catalogues for age group, shorter wait for courses, better privileges for enhanced prisoners, reception, better probation staff, improvements in healthcare, a comfortable chair in cell, understanding of those with elderly relatives, better dentist, more access to education, better education, give older prisoners priority for jobs, need warm footwear, need prisoners of my own age to relate with, more television channels, outdoor furniture in summer, quieter music in the workshop, classical CDs in the library, better telephone system, postal system, cheaper canteen, phone calls abroad are too expensive, more to do on Sundays, quicker response to applications, need more than one pillow, better process for voluntary drug testing (VDT), fewer VDTs and better communication between departments.

Appendix 7: Older Male Prisoners

Summary of survey responses

Fifteen thematic visits to men's prisons took place between October 2003 and February 2004. All male prisoners aged 60 and over were asked to complete a survey.

Prison	Total prison population	Number aged 50 and over	Number of surveys returned	Response rate
Acklington	780	48	40	83%
Albany	517	82	63	77%
Dartmoor	607	24	22	92%
Elmley	977	28	25	89%
Ford	451	24	14	58%
Frankland	646	43	28	65%
Hull	1019	25	25	100%
Kingston	126	21	15	71%
Leyhill	495	28	21	75%
Parc	901	12	10	83%
Risley	1038	32	26	81%
Rye Hill	640	29	20	69%
Usk/Prescoed	379	37	34	92%
Wakefield	562	46	42	91%
Wymott	840	65	57	88%
Total	**9978**	**544**	**442**	**81%**

In total, 34 men refused to complete the survey, 43 men did not return their surveys and 15 returned it without completing it. In addition 10 men did not complete the survey as they were medically unfit. Four interviews were conducted for those who had literacy problems or were blind.

Percentages have been rounded up or down and may not add up to 100%.

Section One: About you

	Type of prison (n=442)	High Security 16%	Cat B trainer 22%	Cat C trainer 41%	Open 8%	Local 14%
1.	**What is your age?** (n=439)	60-64 49%	65-69 31%	70-74 13%	75-80 6%	80 plus 1%
2.	**Are you sentenced?** (n=445)	Yes 99%	No - awaiting trial 1%	No -awaiting sentence 0%	No –awaiting deportation 0%	

3. **What is the length of your sentence?** (n=442)

Not sentenced	Less than 6 months	6 months to 1 year	1 year to 2 years	2 years to 4 years	4 years to 10 years	10 years or more	Life
1%	1%	2%	4%	12%	42%	22%	16%

4. **What age were you when you came into prison on this sentence?** (n=402)

21-29	30-39	40-49	50-59	60-69	70-79	80 plus
3%	2%	3%	26%	60%	8%	1%

5. **Approximately how long do you have left to serve (if you are serving life, please use the date of your next parole board)?** (n=402)

Not sentenced	Less than 6 months	6 months or more
1%	18%	81%

6. **How long have you been in this prison?** (n=440)

Less than 1 month	1 to 3 months	3 to 6 months	6 months to 1 year	1 to 2 years	2 to 4 years	4 years or more
2%	6%	11%	15%	23%	26%	18%

		Yes	No
7.	**Are you a foreign national?** (n=443)	5%	95%
8.	**Is English your first language?** (n=431)	97%	3%

9. **What is your ethnic origin?** (n=439)

White	**Black or Black British**	**Asian or Asian British**	**Mixed Race**	**Chinese**
89% British	2% Caribbean	0% Indian	0% White and Black Caribbean	0% Chinese
3% Irish	0% African	1% Pakistani	0% White and Black African	
3% Other White background	0% Other black background	1% Bangladeshi	0% White and Asian	
		0% Other Asian background	1% Other mixed race background	0% Other ethnic group

10. **How many times have you been in prison before, either sentenced or on remand?** (n=440)

None	Once	2 to 5	More than 5
66%	15%	12%	8%

Section Two: Reception, first night and induction

11. Did you have any of the following problems when you first arrived? (n=434)
(Respondents could tick more than one box therefore percentages do not add up to 100)

Loss of transferred property	13%	Drug problems	1%
Housing/accommodation	13%	Alcohol problems	4%
Contacting employers	2%	Health problems	42%
Contacting family	15%	Needing protection from other prisoners	17%
Ensuring dependants were being looked after	6%	Other	4%
Money worries	16%	Not had any problems	32%
Feeling depressed or suicidal	23%		

12. Did you receive any help/support from any member of staff in dealing with these problems within the first 24 hours? (n=418)

Yes	No	Not had any problems
34%	33%	33%

13. Did you feel safe on your first night here? (n=433)

Yes	No	Don't remember
73%	21%	6%

14. Please answer the following questions about the wing/unit you are currently living on

	Yes	**No**	**Don't know**
Is the layout, size and location of your cell/room suitable for your individual needs? (n=425)	79%	20%	1%
Are you on a wing/unit with other prisoners who are significantly younger than you? (n=423)	78%	21%	1%
Are you normally able to have a shower everyday? (n=438)	92%	8%	0%
Is your cell call bell normally answered within five minutes? (n=398)	48%	17%	35%
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time? (n=428)	79%	21%	0%
Are you normally offered enough clean and suitable clothes for the week? (n=430)	91%	8%	1%
Do you normally receive clean sheets each week? (n=417)	96%	4%	0%
Do you normally receive cell-cleaning materials each week? (n=431)	72%	27%	2%
Can you normally get your stored property, if you need to? (n=429)	45%	29%	26%
Is it easy to get access to the library when you need to? (n=436)	74%	23%	3%

15. Are you able to speak to a Listener at any time, if you want to? (n=408)

Yes	No	Don't know
81%	4%	15%

		Yes	No
16.	**Please answer the following questions about staff in this prison:**	Yes	No
	Do you have a member of staff you can turn to for help if you have a problem? (n=435) Yes	83%	17%
	Do most staff treat you with respect? (n=424)	85%	15%
	Do you feel most staff are aware of your individual needs? (n=403)	58%	42%

		Yes	No
17.	**Please answer the following questions about the last six months:**	Yes	No
	In the last 6 months, have any members of staff physically restrained you (C&R)? (n=438)	1%	99%
	In the last 6 months, have you spent a night in the segregation unit? (n=434)	2%	98%
	In the last six months have you had adjudication? (n=422)	5%	95%

		Yes	No
18.	**Do you have any specific individual needs?** (n=376)	42%	58%

19. If yes, please state the needs: (n=149)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Health needs. (including various illness such as diabetes, heart problems, respiratory problems etc)	32%	(n=48)
Need medical aids (hearing aid, stick, wheelchair, glasses etc)	13%	(n=19)
Need medication	13%	(n=19)
General poor mobility	8%	(n=12)
Need to be on the ground floor (medical grounds)	6%	(n=9)
Want a single cell	5%	(n=7)
More comfortable chair and bed to meet specific needs	4%	(n=6)
Assistance with reading and writing	3%	(n=5)
Need regular exercise due to health problems	3%	(n=4)
Need quiet/privacy	3%	(n=4)
Extra pillows	3%	(n=4)

20. Do you have any comments you wish to make about respectful custody? (n=148)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Most officers are respectful/good	30%	(n=44)
Some staff are disrespectful/unhelpful	28%	(n=41)
Staff are indifferent/unsympathetic to individual needs	11%	(n=16)
Don't like being called by surname	6%	(n=9)
Officers talk down to older prisoners (feel belittled)	5%	(n=7)
Mixture on wing of elderly infirm prisoners and young prisoners/want to be separate	3%	(n=5)
Inappropriate furnishings/cell layout for elderly	3%	(n=5)
Problems communicating due to poor hearing	3%	(n=4)
Very good prison	3%	n=4)

Section Three: Healthcare

21. What do you think of the overall quality of the healthcare here? (n=429)

Not Been	Very good	Good	Neither	Bad	Very bad
5%	20%	43%	12%	12%	9%

22. Is it easy to get access to the following people?

	Not needed to go	Yes	No
The doctor (n=420)	8%	64%	28%
The nurse (n=403)	11%	76%	13%
The dentist (n=391)	23%	35%	42%
The optician (n=403)	19%	44%	37%
Dispensing staff/pharmacist (n=381)	12%	68%	21%
Counsellors (n=361)	47%	27%	26%

23. Do you feel your needs are met by thefollowing people?

	Not been	Yes	No	Partly
The doctor (n=424)	8%	58%	14%	20%
The nurse (n=406)	10%	66%	10%	14%
The dentist (n=387)	28%	42%	20%	10%
The optician (n=399)	23%	52%	15%	10%
Dispensing staff/pharmacist (n=391)	14%	63%	11%	12%
Counsellors (n=365)	55%	23%	14%	8%

24. Are you taking any prescribed medication? (n=430)

Yes	No
81%	19%

25. Do you have any physical disabilities? (n=430)

Yes	No
51%	49%

26. Do you have any comments you wish to make about any aspect of healthcare? (n=227)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Very good staff/efficient/caring	21%	(n=48)
Healthcare is good/very good	11%	(n=26)
Long waits to see doctor	11%	(n=24)
Long wait to see dentist	10%	(n=22)
Long wait to see optician	7%	(n=16)
Long waits for medication	7%	(n=15)
Very bad healthcare	6%	(n=14)
Poor staff	6%	(n=13)
Generally long waits/ time between application and visit	5%	(n=12)
Staff are unhelpful/lazy	5%	(n=11)
Unwillingness of prisoners to go to healthcare because it is unpleasant experience	3%	(n=6)
Cannot get medication that was prescribed outside of prison	3%	(n=6)
No night cover	2%	(n=5)
Given the wrong medication	2%	(n=5)
They do their best	2%	(n=5)
Dirty/unhygienic	2%	(n=5)

Appendixes

Section Four: Safety

27. Have you ever felt unsafe whilst at this prison? (n=436)

Yes	No
30%	70%

28. In which areas of this prison do you/have you ever felt unsafe? (n=436)

Everywhere	6%	At work	4%	In gym showers	1%
Segregation Unit	3%	At education	2%	In corridors/stairwells	6%
Association areas	8%	At meal times	4%	On your landing/wing	9%
Reception area	4%	At healthcare	5%	In your cell	5%
At the gym	2%	Visits area	2%	Other	3%
In exercise yard(s)	5%	In wing showers	7%		

29. Has another prisoner or group of prisoners victimised (insulted or assaulted) you here? (n=435)

Yes	No
37%	63%

30. What did the incident(s) involve? (n=435)

Insulting remarks (about you or your family or friends)	26%	Because you were new here	4%
Physical abuse (being hit, kicked or assaulted)	8%	Being from a different part of the country than others	3%
Sexual abuse	2%	Because of your age	18%
Your race or ethnic origin	3%	Because of your disability/health	9%
Drugs	1%	Other	9%
Having your canteen/property taken	5%		

31. Has any member of staff or group of staff victimised (insulted or assaulted) you here? (n=424)

Yes	No
24%	76%

32. What did the incident(s) involve? (n=424)

Insulting remarks (about you or your family or friends)	14%	Because you were new here	2%
Physical abuse (being hit, kicked or assaulted)	3%	Being from a different part of the country than others	1%
Sexual abuse	1%	Because of your age	7%
Your race or ethnic origin	2%	Because of your disability/health	5%
Drugs	1%	Other	8%

33. If you have been victimised by prisoners or staff, did you report it? (n=372)

Yes	No	Not been victimised
17%	26%	57%

34. Do you have any comments you wish to make about any aspect of safety? (n=183)

Feel safe/have had no problems	33%	(n=61)
Younger prisoners intimidate older prisoners	8%	(n=15)
Did report incidents of bullying, nothing was done	6%	(n=11)
Bullied by main wing prisoners when they mix with sex offenders	6%	(n=11)
Good safety measures	4%	(n=8)
Feel bullied/intimidated by other prisoners	4%	(n=7)
Staff show prejudice towards prisoners	3%	(n=5)
Feel unsafe due to design i.e. lack of matting, uneven floor	3%	(n=5)
Staff apathy, don't care about prisoners	2%	(n=4)
Staff are good/vigilant/easy to talk to	2%	(n=4)

Section Five: Purposeful activity

35. Would you like to be involved in any of the following activities?

	Already involved	Yes	No	Don't know
A prison job (n=339)	66%	15%	18%	1%
Vocational or skills training (n=236)	19%	22%	56%	4%
Education (n=302)	46%	17%	36%	1%
Offending behaviour programmes (n=284)	34%	18%	46%	3%
Drug or alcohol programmes (n=224)	10%	7%	82%	1%

36. On average how many times do you go to the gym each week? (n=428)

Don't want to go	None	One to two times	Three to five times	Five times or more	Don't know
32%	46%	11%	10%	1%	1%

37. On average, how many times do you go outside for exercise each week? (n=429)

Don't want to go	None	One to two times	Three to five times	Five times or more	Don't know
16%	20%	28%	15%	20%	2%

38. On average how many hours do you spend out of your cell on a weekday? (please include hours at education, at work etc) (n=429)

Less than 2 hours	2 to 4 hours	4 to 6 hours	6 to 8 hours	8 to 10 hours	10 hours or more	Don't know
9%	13%	17%	22%	16%	19%	5%

39. On average how many hours do you spend out of your cell on a weekend day? (please include hours at education, at work etc) (n=414)

Less than 2 hours	2 to 4 hours	4 to 6 hours	6 to 8 hours	8 to 10 hours	10 hours or more	Don't know
14%	20%	22%	21%	9%	10%	3%

40. On average, how many times do you have association each week? (n=412)

Don't want to go	None	One to two times	Three to five times	Five times or more	Don't know
8%	6%	7%	14%	63%	3%

41. What do you normally do during association times? (n=369)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Play games (dominoes, cards, snooker, chess, darts, board games, cribbage, indoor bowls and pool)	51%	(n=187)
Talk with other prisoners	38%	(n=140)
Watch television	19%	(n=71)
Read	13%	(n=49)
Stay in cell	12%	(n=44)
Use the phone	11%	(n=42)
Walk outside (depending on weather and staff)	11%	(n=39)
Change library books/visit library	10%	(n=36)
Have a shower/bath	9%	(n=32)
Write letters, short stories etc.	8%	(n=31)
Go to chapel	8%	(n=28)
Listening to music/radio	7%	(n=25)
Gym	4%	(n=14)
Church activities	3%	(n=10)

Clean cell	2%	(n=9)
Education	2%	(n=8)
Cook food	2%	(n=7)
Help less able prisoners	2%	(n=7)
Do art/craft work	2%	(n=6)
Study	1%	(n=5)
Draw	1%	(n=4)

42. Do you have any comments you wish to make about any aspect of purposeful activity? (n=140)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

There is nothing to do/stay in cell	16%	(n=22)
Want more activities for older prisoners	11%	(n=16)
Plenty of activities available	7%	(n=10)
Not enough exercise outside	6%	(n=9)
Quiet area needed	4%	(n=6)
Too little range in education	4%	(n=5)
No purposeful activity here	3%	(n=4)
Would like more bowling	3%	(n=4)

Section Six: Resettlement

43. How far are you from your home area? (n=425)

Less than 50 miles	50-100 miles	Over 100 miles	Overseas	No fixed abode
24%	29%	37%	2%	8%

44. Are you in regular contact with family and friends? (n=391)

Yes	No
80%	20%

45. Have you had any problems with sending or receiving mail? (n=422)

Yes	No	Don't know
24%	75%	2%

46. Have you had any problems getting access to the telephones? (n=420)

Yes	No	Don't know
13%	85%	3%

47. Do you know who to contact to get help with the following within this prison:

	Don't want any help	Yes	No
Preparation for retirement (n=348)	32%	22%	46%
Finding a job on release (n=345)	45%	18%	37%
Finding accommodation on release (n=389)	33%	28%	38%
Help with your finances in preparation for release (n=373)	33%	23%	44%
Claiming benefits on release (n=395)	24%	32%	45%
Contacting external drug or alcohol agencies on release (n=332)	67%	10%	23%
Continuity of healthcare on release (n=388)	26%	37%	37%

48. Do you have any comments you wish to make about any aspect of resettlement? (n=152)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Need help with resettlement issues (issues included: housing, benefits advice, probation, advice on of the sex offenders register, contact with family and continuity of healthcare)	18%	(n=28)
Lack of interest in resettlement by staff	11%	(n=16)
There is no help	8%	(n=12)
Not enough time allowed to prepare for release	8%	(n=12)
Not enough information provided	7%	(n=11)
Don't need any help	7%	(n=10)
Unsafe to be resettled in my home area	5%	(n=7)
Lack of support staff/probation outside prison	5%	(n=7)
Need to move home area	4%	(n=6)
Don't want to spend time in a hostel	3%	(n=5)

Section Seven: Final comments

49. What would you say are the most positive things for you at this prison? (n=297)
(Some respondents mentioned more than one thing therefore the percentages do not add up to 100)

Education	21%	(n=61)
Good/helpful staff	17%	(n=51)
Prison job	11%	(n=33)
Good offending behaviour programmes	10%	(n=29)
Good relaxed atmosphere	8%	(n=23)
Amount of freedom	7%	(n=20)
Feeling safe	5%	(n=16)
Good chaplaincy/chapel facilities	4%	(n=13)
Good food	4%	(n=13)
Learnt not to re-offend	4%	(n=13)
Gym/sports facilities	4%	(n=13)
Single cell	4%	(n=12)
Looking forward to release	4%	(n=11)
Get along with other prisoners	4%	(n=11)
Good library service	3%	(n=9)
Vocational courses	3%	(n=9)
Healthcare	2%	(n=7)
Visits	2%	(n=6)
Doing artwork/painting	2%	(n=6)
Keeping active	2%	(n=5)
Town visits/community visits	2%	(n=5)
Lots of outdoor exercise	1%	(n=4)
Time to reflect/think	1%	(n=4)
Time to write	1%	(n=4)
Happy with treatment here	1%	(n=4)
Keep yourself and cell clean	1%	(n=4)
Using phone	1%	(n=4)

50. What would you most like to see changed here? (n=307)
(Some respondents mentioned more than one thing therefore percentages do not add up to 100)

Better food	9%	(n=28)
Higher pay	8%	(n=26)
Better staff attitude	7%	(n=22)
Have separate facilities for older prisoners	5%	(n=15)
More time out of cell/ unlocked	4%	(n=12)
More outside exercise	3%	(n=10)
Better attitude from staff toward older and disabled prisoners	3%	(n=9)
Less lock up for older and disabled prisoners	3%	(n=9)
Better healthcare	3%	(n=8)
Properly consider the needs of older and disabled prisoners	3%	(n=8)
Single accommodation	3%	(n=8)
Better sentence progression	2%	(n=7)
More facilities for older and disabled people	2%	(n=7)
IEP scheme to be improved	2%	(n=6)
Healthier food	2%	(n=6)
Prejudice against deniers	2%	(n=6)
Canteen to be run by the prison again	2%	(n=5)
Have kettles	2%	(n=5)
To be called by first name or Mr	2%	(n=5)
More comfortable chairs and bed in cell	2%	(n=5)

Better range of education	2%	(n=5)
In cell sanitation	2%	(n=5)
Quieter wings	2%	(n=5)
Too much security	2%	(n=5)
Lights in cell	1%	(n=4)
Easier to have items sent in	1%	(n=4)
Less reliance on psychologists	1%	(n=4)
Easier access to hobby materials	1%	(n=4)
More to do on association	1%	(n=4)
More education	1%	(n=4)
Stop mixing vulnerable prisoners with main stream prisoners	1%	(n=4)
Better bedding e.g. duvet, more blankets	1%	(n=4)
Can't say/Don't know/Nothing	4%	(n=13)

Appendix 8: Semi structured interviews with healthcare managers

Questions are related to the National Service Framework for older people when relevant.

	Standard/timescale
Is the healthcare centre manager aware of the NSF for older people and how it might be applied within the prison setting?	NSF 2/ by April 2002
Are older people/prisoners mentioned in health needs assessment – or equivalent/health development plans?	NSF 2/ by June 2001
Has the prison adopted/been included in the PCT locally agreed protocols for the diagnosis, treatment and care of the older person with depression/ other mental health issues?	NSF 7/ by April 2004
Is there a chronic disease register?	
Are the following available within the prison - are there age limits? ◆ Smoking cessation services ◆ Access criteria to the gymnasium ◆ Chronic disease management clinics - especially blood pressure management ◆ Flu vaccination campaign for appropriate groups including age 65+	NSF 8/ by April 2003/4
Is there information on numbers with asthma, diabetes – insulin dependent and non-insulin dependent by age? If so what is breakdown?	
Does the healthcare centre have an agreement with/access to/visits from the following? ◆ Consultant in older persons medicine ◆ Health visitors (over 75s)	NSF 7
How do prisoners get access to extra blankets/clothes if they are cold (keep warm/keep well campaign)?	NSF 8/ by April 2003/04
Is there a continence service within the PCT? Does the healthcare centre have contact with them if required?	NSF 2/ by April 2003/04
Does the healthcare centre have access to equipment to assist in the activities of daily living, e.g. raised toilet seats, walking frames, commodes, bed cradles, cot sides, non slip mats for plates, adaptations for eating utensils etc?	NSF 4
What facilities are there within the healthcare centre for the disabled (Needs to include ramps, wheelchair access, width of doors, hand rails, large print leaflets, easy access for hearing aid batteries, etc)?	NSF 4
Does the healthcare centre have a palliative care policy?	

Do prisoners age 75+ have their medications reviewed either yearly or 6 monthly if on 4 or more medications? (this should be more than the 'usual' medications review by prison doctors every 28 days when medications need to be pre-prescribed)	Medications management
Is it possible to review prescribing levels of different classes of medications by age group?	Medications management
Is there a pharmacy led clinic – if so, are older prisoners seen and how is it audited?	Medications management
For prisoners with a significant older population - is there a member of healthcare centre staff who has 'lead' responsibility?	NSF 1
How often do the following allied health professionals attend, and what services do they provide: ◆ Dentist - provision of dentures? ◆ Optician - provision of spectacles? ◆ Audiologist If they do not attend, how are services accessed?	
In patients: How much time do in patients get out of their cells for: ◆ Fresh air ◆ Association What recreational facilities are there?	
Women prisoners ◆ What provisions are made for women's health screening – how are they organised? ❖ Cervical screening (age 21–64, every 3-5 years dependent on local policy)? ❖ Are the staff who undertake the smears competent, have they had update training within the last year? ❖ Breast screening (age 50–64, every 3 years)	

Appendixes

Appendix 9: Data retrieval categories from prisoners' medical records

Age	At time of review of prisoners' medical records
Date to prison	Current sentence
Mental health	Prior to and during sentence
Self-harm	Prior to and during sentence
Drug use	Prior to sentence
Smoking	Current status
Alcohol use	Prior to sentence
Disability	Including sight and hearing difficulties
Hepatitis B	Whether a full vaccination programme had been administered
Flu vaccination	Whether given in 2003/04 campaign
Physical illnesses	Prior to and during sentence
Mammography	For older women prisoners
Cervical smear	For older women prisoners

Appendix 10: Women prisoners

Comparative analysis

This document details comparisons of responses from women prisoners based on the groupings listed below. The chi-square test was used to indicate the existence of a significant relationship between the groups. The responses described here are only those that yielded a significant relationship at a 95% confidence level. In other words, if the same question was asked 100 times in subsequent surveys of the population, you could be confident of obtaining the same result at least 95 times out of 100.

Groups compared were:

- Responses from women who entered the prison on their current sentence aged under 50 compared to those who entered over 50 years of age.
- Responses from women who were foreign nationals compared to those who were not.
- Responses from women who described themselves as White British compared to those who described themselves as any other ethnic origin category.
- Responses from those who said English was their first language compared to those who said it was not.
- Responses from those who said this was their first time in prison compared to those who said they had been in prison before.
- Responses from women who said they were sentenced to four years or more, compared to those sentenced to less than four years.
- Responses to resettlement questions from those who said they had less than six months to serve compared to those with more than six months to serve.

There were only three women aged over 60 in the sample, therefore no analysis between age groups within the sample has been conducted.

Entering prison under 50/over 50

- Women who had entered prison under the age of 50 found it easier to access counsellors than women who entered prison over the age of 50.
- Women who had entered prison under 50 and had had access to a counsellor were significantly more likely to report that their needs had been met than those over 50 years.

Foreign nationals

- Foreign nationals were significantly less likely to have English as their first language.
- All foreign national women reported that this was their first time in prison, compared to 68% of non-foreign nationals.
- All foreign national women reported that they had never been victimised (insulted or assaulted) by staff compared to 27% of non-foreign nationals.
- No foreign nationals reported wanting to be involved in education (who were not already involved) compared to 27% of non-foreign nationals.
- Of those women who were not involved in a job, 5% of foreign nationals wanted to be, compared to 38% of non-foreign nationals.

Ethnicity

- 96% of those from minority ethnic groups said this was their first time in prison compared to 63% of White British women.
- 15% of women from minority ethnic groups reported being victimised (insulted or assaulted) by other prisoners compared to 56% of White British women.
- 36% of White British women wanted to be involved in education compared to 5% of those from minority ethnic groups.
- 58% of women from minority ethnic groups said that they had had problems sending or receiving mail compared to 7% of White British women.

English as first language

- 92% of those who said English was not their first language said they could get enough cell cleaning materials each week compared to 53% of women who reported English as being their first language.
- All of the women who said English was not their first language said they had a member of staff they could turn to if they had a problem compared to 70% of women whose first language was English.
- All of the women who said English was not their first language said it was easy to access the nurse compared to 67% of women whose first language was English.

First time in prison

- All of the women who said this was their first time in prison, reported being able to have a shower everyday compared to 71% of the women who said they had been in prison before.
- 89% of the women who said this was their first time in prison, reported being on prescribed medication compared to 57% of the women who said they had been in prison before.
- 6% of the women who said this was their first time in prison, reported being victimised (assaulted or insulted) by staff compared to 57% of the women who said they had been in prison before.
- 14% of the women, who said this was their first time in prison, reported going to the gym three times a week or more compared to 57% of the women who said they had been in prison before.

Sentenced to under four years/over four years

- 60% of those sentenced to less than four years reported being on prescribed medication compared to 90% of the women who were sentenced to more than four years.
- 36% of those sentenced to under four years reported having association five times a week or more compared to 79% of the women who were sentenced to more than four years.

Less than six months left to serve

- There were no significant differences in the responses to the resettlement questions from those with six months or less left to serve.

Appendix 11: Male prisoners

Comparative analysis

This document details comparisons of responses from male prisoners based on the groupings listed below. The chi-square test was used to indicate the existence of a significant relationship between the groups. The responses described here are only those that yielded a significant relationship at a 95% confidence level. In other words, if the same question was asked 100 times in subsequent surveys of the population, you could be confident of obtaining the same result at least 95 times out of 100.

Groups compared were:

- Responses from prisoners accommodated in different types of prison (high secure, category B training prison, category C training prisons, open prisons and locals.)
- Responses from men aged 60 – 70 compared to responses from men aged 70 and over.
- Responses from those who were sentenced to less than four years compared to those sentenced to four years or more.
- Responses from men who entered the prison on their current sentence aged under 60 compared to those who entered over 60 years of age.
- Responses from men who were foreign nationals compared to those who were not.
- Responses from men who described themselves as White British compared to those who described themselves as any other ethnic origin category.
- Responses from those who said English was their first language compared to those who said it was not.
- Responses from those who said this was their first time in prison compared to those who said they had been in prison before.
- Responses to resettlement questions from those who said they had less than six months to serve compared to those with more than six months to serve.

There were only five men who were not sentenced; therefore no analysis between sentenced and unsentenced populations within the sample has been conducted.

In every group mentioned above some statistically significant differences were found. These have been divided into the inspection areas of physical environment regimes, healthcare and resettlement. All safety questions have been placed in the resettlement section. In addition, there is a general section, where the subject does not fall into any individual category.

General

Differences in prison types

- Those in high security prisons and category B training prisons were more likely to be serving sentences of four years or more and less likely to have less than six months left to serve. Those in open prisons were most likely to have less than six months left to serve (33%).
- Those in high security and category B training prisons were more likely to have come into prison on their sentence when they were under 60 years of age. Those in local prisons were most likely to have come into the prison when they were over 60 years of age (80% compared to 67% of those in other prison types).
- For those in high security prisons it was more likely they had been in prison before (52% compared to 31%). Whereas those in category C training prisons were significantly more likely to have never been in prison before.
- Those in category C training prisons were significantly more likely to be serving sentences for under four years and more likely to have less than six months left to serve.

- 34% of prisoners in category C training prisons said they had specific individual needs compared to 49% in the other prison types.
- Open prisons held the most foreign nationals, 14% compared to 5% in other prison types.

Current age

- 53% of those over 70 said they had specific individual needs compared to 40% of those under 70.

Age on entering prison on current sentence

- 56% of those entering prison when they were under 60 years of age were coming into prison for the first time compared to 74% of those entering prison when they were over 60.
- 8% of those entering prison when they were under 60 years of age were sentenced to under four years imprisonment compared to 28% of those entering prison when they were over 60.

Foreign nationals

- 73% of foreign nationals said English was their first language compared to 98% of British nationals.
- 74% of foreign nationals were from minority ethnic groups compared to 7% of British nationals.

English as a first language

- 52% of those who said English was their first language said they had physical disabilities compared to 21% of those who said English was not their first language.

Spent time in prison before

- 28% of those who had never been in prison before felt they had specific individual needs compared to 51% of those who had been in prison before.

Environment

Differences in prison types

- 91% of prisoners in high security prisons were sharing wings with significantly younger prisoners compared to 76% of other prison types.
- Those in high security prisons and local prisons were significantly less likely to be able to shower everyday (83% compared to 93%). Those in category C training prisons found it easiest to have a shower everyday (96%)
- 60% of those in local prisons said their cell call bell was answered within five minutes compared to 46% in other prison types.
- Those in local prisons were most able to access cell cleaning materials every week (87%) whereas those in open prisons were least able to access cell cleaning materials every week (50%)
- 23% of prisoners in high security prisons were able to access their stored property if they needed to compared to 49% of other prison types. Those in open prisons found it easiest to access their stored property (62%)
- Those in category C training prisons were significantly more likely to say they found it quiet enough to relax or sleep at night time (85% compared to 77%)

- Those in open prisons were most likely to say that their cell/room was suitable for their individual needs, 94% compared to 78% in other prison types.

Current age

- Those under age 70 were more likely to be able to have a shower everyday (93% compared to 86% of those over 70).

Sentence length

- Those sentenced to more than four years imprisonment found it easier to access their stored property (56% compared to 42%)

Age on entering prison on current sentence

- 85% of those entering prison when they were under 60 years of age reported that they were offered enough cell cleaning materials for the week compared to 94% of those who entered prison when they were over 60.

Foreign nationals

- 70% of foreign nationals were able to access their stored property when they needed to compared to 44% of British nationals (could be because more foreign national prisoners were held in open prisons than any other prison type)

Spent time in prison before

- 83% of those who had not been in prison before felt their cell was suitable for their individual needs compared to 73% of those who had been in prison before.

Regimes and Relationships

Differences in prison types

- Those in the high security estate felt less safe on their first night in prison (61% compared to 75%).
- 51% of prisoners reported having felt unsafe in high security prisons compared to 26% in other prison types.
- Those in category C training prisons were most likely to say they could speak to a Listener whenever they needed to (86% compared to 77%) Those in open prisons were least likely to be able to speak to a listener when they needed to (62%).
- 49% of those in local prisons said they had been victimised by other prisoners compared to 35% from other prison types.
- 91% of prisoners in category B trainers said they had a member of staff they could turn to if they had a problem compared to 82% of those in other prison types.
- 41% of prisoners in the high security estate reported having been victimised by staff compared to 21% in other prison types.
- Those in high security prisons were least likely to have exercise outside three times a week or more (23%). Those in open prison were most likely to have exercise outside three times a week or more (73%).

- 77% of prisoners in high security prisons reported having association time five times a week or more compared to 60% in other prison types.
- Those in category C training prisons were least likely to go to the gym three times a week or more. Those in open prisons were most likely to go to the gym three times a week or more (30%).
- Those in open prisons spent at least 10 hours a day out of their cells on a weekday, 41% compared to17% in other prison types.
- Those in open prisons spent at least 10 hours a day out of their cells on a weekend day, 24% compared to 9% in other prison types.
- No one had spent a night in a segregation unit in the last six months in category C training prisons compared to 3% in other prison types.

35% of those in open prisons had a prison job compared to 17% in the other prison types.

- 10% of those in category C training prisons said they wanted a job and didn't have one compared to 19% from other prison types.
- 42% of those in local prisons said they wanted to be involved in vocational/skills training compared to 19% in other prison types.
- 11% of those in category C training prisons said they had been involved in vocational/skills training compared to 24% of those in other prison types.
- 37% of those in category C training prisons said they had been involved in education compared to 53% in other prison types.
- Those in open prisons found it easiest to access the library when they wanted to, 97% compared to 72% of other prison types.

Current age

- 39% of those under 70 said they had been victimised by other prisoners compared to 27% of those over 70.
- 70% of those over 70 reported that they felt staff were aware of their individual needs compared to 55% of those under 70.
- 70% of those under 70 said they had a prison job compared to 48% of those over 70.
- 21% of those under 70 said they had been involved in vocational/skills training compared to 3% of those over 70.

Age on entering prison on current sentence

- 32% of those entering prison under the age of 60 reported having felt unsafe, compared to 23% of those who entered prison over 60.
- 27% of those entering prison under the age of 60 reported having been victimised by staff compared to 17% of those who entered prison over the age of 60.
- 75% of those who entered prison when they were under 60 years of age said they have a prison job compared to 63% of those who entered prison over the age of 60.
- 29% of those who entered prison when they were under 60 years of age said they spend 10 hours or more out of their cell on a weekday compared to 15% of those who entered prison over the age of 60.

English as a first language

- 10% of those who said English was their first language reported spending at least 10 hours out their cell on a weekend day compared to 33% of those who said English was not their first language (this could be because there were more foreign nationals in open prisons whose first language was not English).

Ethnicity

- 65% of those who described themselves as White British reported having association time at least five times a week compared to 47% of those from minority ethnic groups.

Spent time in prison before

- 26% of those who had never been in prison before had felt unsafe compared to 37% of those who had spent time in prison before.

Healthcare

Differences in prison types

- Those in high security prisons were significantly less likely to rate the overall quality of healthcare as "very good or "good" (50% compared to 65%). Those in open prisons were most likely to rate the overall quality of healthcare as "very good" or "good" (79%).
- 57% of prisoners in high security prisons felt it was easy to see the optician compared to 42% of men in other prison types. Those in category C training prisons were least likely to say it was easy to access the optician (33%).
- Those in open prisons found it easiest to access the dentist (50%), whereas, those in category C training prisons were the least likely to say it was easy to see the dentist (24%)
- Those in open prisons found it easiest to see the doctor, 85% compared to 62%. This was lowest in local prisons (49%).
- Those in open prisons found it easiest to see the nurse, 91% compared to 75%. This was lowest in local prisons (59%).
- Those in open prisons found it easiest to see dispensing staff/pharmacist, 87% compared to 66% of those in other prison types.
- 44% of prisoners in high security prisons and local prisons felt their needs were met by the doctor compared to 61% of men in other prison types. Those in category C training prisons were most likely to feel their needs had been met by the doctor (65%).
- 47% of prisoners in high security prisons thought their needs were met by the nurse compared to 70% in other prison types. Those in open prisons were most likely to feel their needs were met by the nurse, 82%.
- 65% in category B training prisons said the dentist met their needs compared to 36% from other prison types. Those in category C training prisons were least likely to feel their needs had been met by the dentist (31%).
- 68% in category B training prisons said the optician met their needs compared to 48% from other prison types. Those in category C training prisons were the least likely to feel that the optician (41%) had met their needs.
- 81% of those in open prisons said their needs were met by dispensing staff/pharmacist compared to 62% of those in other prison types.

Sentence length

- 25% of those sentenced to under four years said it was easy to access the dentist compared to 38% of those sentenced to over four years.
- 34% of those sentenced to under four years said it was easy to access the optician compared to 47% of those sentenced to over four years.

- 69% of those sentenced to under four years felt their needs were met by the doctor compared to 57% of those sentenced to over four years.
- 26% of those sentenced to under four years felt their needs were met by the dentist compared to 46% of those sentenced to over four years.
- 38% of those sentenced to under four years felt their needs were met by the optician compared to 57% of those sentenced to over four years.

Spent time in prison before

- 20% of those who had never been in prison before felt their needs were met by counsellors compared to 30% of those who had been in prison before.

Resettlement

Differences in prison types

- Those in the high security estate were significantly less likely to be located 50 miles or less from their home (12% compared to 26%). Those in category C training prisons were most likely to say they were located within 50 miles from their home (33%)
- 35% of prisoners in the high security estate reported having had problems sending or receiving mail compared to 22% in other prison types.
- No one in an open prison had problems accessing the telephones compared to 14% in other prison types. This was highest in local prisons (28%)
- Those in the high security estate were least likely to know who to contact regarding benefits on release (18%); those in open prisons were most likely to know who to contact (49%).
- 39% of those in open prison knew who to contact about finding a job on release compared to 16% in other prison types.

Sentence length

- 42% of those sentenced to under four years were located within 50 miles of their home area compared to 19% of those sentenced to over four years.

Age on entering prison on current sentence

- 47% of those who entered prison when they were under 60 years of age said they had been involved in offending behaviour programmes compared to 27% of those who entered prison over the age of 60.
- 21% of those who entered prison when they were under 60 years of age said they had been involved in a drugs or alcohol programme compared to 4% of those who entered prison over the age of 60.
- 29% of those who entered prison when they were under 60 years of age said they had had problems sending or receiving mail compared to 18% of those who entered prison over the age of 60.

Foreign nationals

- 48% of foreign nationals said they had had problems sending or receiving mail compared to 22% of British nationals
- 8 % of those who said English was their first language reported having been involved in a drugs or alcohol programme compared to 50% of those who said English was not their first language.

English as a first language

- 8% of those who said English was their first language reported having been involved in a drugs or alcohol programme compared to 50% of those who said English was not their first language.

Spent time in prison before

- 83% of those who had never been in prison before were in regular contact with family or friends compared to 74% of those who had been in prison before.
- 14% of those who had never been in prison before knew who to contact to help them finding a job on release compared to 27% of those who had been in prison before.

Less than six months left to serve

- 33% of those with less than six months to serve knew who to contact for help with preparation for retirement compared to 17% of those with more than six months left to serve.
- 40% of those with less than six months left to serve knew who to contact for help with somewhere to live on release compared to 25% of those with more than six months left to serve.

Appendix 12: Chronic (physical) diseases

Comparative Analysis

These are comparisons between the sample prisoner population and the findings of British Heart Foundation (BHF)[1] in the general population.

Male prisoners (age 60+)	BHF (men age 65-74)	BHF (men age 75+)	BHF (age men 65-74)	BHF (men age 75+)
Heart disease*	Heart attack		Other heart complaints	
25%	8.6%	9.4%	9.1%	10.3%

* Ischaemic heart disease, including angina, and previous myocardial infarctions

Hypertension

Male prisoners (age 60+)	18%	BHF (men age 65-74)	9.8%	BHF (men age 75+)	6.0%
Women prisoners (age 50+)	22%	BHF (women age 45-64)	5.9%	BHF (women age 65-74)	0%

Diabetes*/ Endocrine and metabolic disorders

Male prisoners (age 60+)	14%	BHF (men age 65-74)	9.8%	BHF (men age 75+)	8.4%
Women prisoners (age 50+)	13%	BHF (women age 45-64)	6.6%	BHF (women age 65-74)	9.1%

* Not always possible to ascertain whether type 1 or type 2

Chronic respiratory problems**/ Longstanding respiratory illness

Male prisoners (age 60+)	15%	BHF (men age 65-74)	9.5%	BHF (men age 75+)	0%
Women prisoners (age 50+)	13%	BHF (women age 45-64)	6.9%	BHF (women age 65-74)	0%

** This was mainly recorded as asthma, but chronic obstructive pulmonary disease, emphysema and other respiratory conditions were also recorded.

1 British Heart Foundation – www.heartstats.org – Percentage reporting longstanding illness by age, sex & condition group, 2000 GB

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Appendixes