CLiNKS
Supporting the voluntary sector working in the criminal justice system

recoop

Understanding the needs and experiences of older people in prison

About Clinks

Clinks is an infrastructure organisation that supports, promotes and represents the voluntary sector working with people in the criminal justice system and their families. Clinks has over 600 members, ranging from large organisations through to unstaffed community groups working in prisons and the community in a variety of ways to help people turn their lives around and also offer support to their families.
www.clinks.org

About Recoop

Since 2010, Recoop has been pioneering new, effective ways to support older people with convictions. The development of Recoop's activities are influenced by our service-users and key stakeholders and its over-arching aim is to support those who are aged 50 or over through the provision of meaningful activity, resettlement services and by addressing the health and social care inequalities faced by this hard to reach and marginalised group.
www.recoop.org.uk

Acknowledgements

Clinks commissioned this report through our work as a member of the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance, a partnership between the Department of Health, NHS England and Public Health England and national voluntary sector organisations and consortia. The Alliance aims to bring the voice of the voluntary sector, and people with lived experience, into national policy making to promote equality and reduce health inequalities. Clinks works to raise awareness of the health needs of people in the criminal justice system and the vital role the voluntary sector can play in addressing them.

We are grateful to Recoop for all of its work engaging with older people in prison to inform this report. Recoop did this through creating forums in three prisons and questionnaires in a further four establishments. Special thanks goes to all of the older people in prison who took the time to speak to us so openly and honestly, sharing their thoughts, experiences and emotions to shape this report. We hope the report is a good reflection of the issues they raised. Recoop also led on the writing of this report and did so with support from Clinks.

Contents

Supported by

VCSE health & wellbeing alliance

Introduction

A prison is a particularly difficult place in which to be old. Many older people in prison have complex needs including sensory impairments, multiple healthcare needs and physical disabilities. Some are coping with long-term or terminal illness. They are more likely to be retired, need health and social care support, and so appropriate meaningful activity and social connections are particularly important for them. In many cases, for those who may be serving life sentences, or those who are brought to justice later in life, they face the stark reality of likely dying in prison.

This report presents the findings of a service user involvement exercise with older people in prison to understand their needs and experiences.

Older people in prison (50 or over) currently make up 17% of the total prison population; that's more than one in six and equates to 13,038 people. Of these, 3,281 are in their 60s and a further 1,638 people are 70 or older. 315 people in prison were aged 80 or over (as of 30 September 2020) – 311 were men and four were women.

The prison population is ageing and is likely to continue to do so.

- Between June 2002 and March 2020, the number of prisoners aged 60 and over increased by 243%, from 1,511 to 5,176
- For the 50–59 age group, the increase was 159%, from 3,313 to 8,588
- The increase in the number of older prisoners applies to both the male and female prison estates, though the size of the older female population is much smaller
- Whilst the total female population reduced by 18% from 4,394 to 3,623 (2002-2020), the number of women aged 60 or over rose from 23 in 2002 to 131 in March 2020
- The 50-59 age group also increased in number, from 155 to 409 in the same timeframe.

The prison population as a whole is projected to grow by a quarter in the next five years and the government anticipates the older population to increase at a similar rate. (*Bromley Briefings, Summer 2021*[1])

An ageing prison population creates specific pressures on the prison system which struggles to meet their needs. Capacity for age-appropriate accommodation is difficult to achieve, especially as the number of older people continues to rise. The physical environment and regimes are not designed with mobility issues in mind. There is often no storage space for mobility aids; stairs are difficult to navigate and there are times when some people have had to choose between getting their medication or lunch as the amount of time out of cell does not allow adequate time for them to do both.

Recoop, in partnership with and supported by Clinks in their work as part of the Voluntary Community and Social Enterprise (VCSE) Health and Wellbeing Alliance, engaged with older people in prison to ensure their voices are heard in our understanding of their experiences in prison and the development of policy and practice to meet those needs.

This builds on both Recoop's previous research from 2016 into the need and ability of prisons (and approved premises) to adapt their regimes to meet the needs of older people in prison[2] and Clinks' 2019 *Flexibility is Vital* report,[3] which looked at the role and value of voluntary organisations in meeting the needs of older people within the criminal justice system.

To support the Ministry of Justice's forthcoming *Older offender strategy*, and in the context of the impact of Covid-19, we engaged with older people in prison to understand what, if anything, had changed since these previous reports and to give us a detailed picture of what older people in prison are experiencing.

We explored four themes:

1 Ensuring older people are placed in establishments that meet their needs

2 Access to age-appropriate meaningful activity

3 Access to health and care provision which meets their multiple and complex health and social care needs

4 Preparing older people for their return to the community upon release and the possibility of end of life in prison.

Methodology

Recoop supports older prisoners, enabling engagement between prisons and older prisoners so that regimes are able to understand and respond to their needs by creating the right environment and appropriate support and services. Through our work with older people in prison we undertook this service user involvement exercise.

We engaged with older people in prison through forums in three prisons:

- HMP Wymott – one forum attended by six people
- HMP Leyhill – two forums attended by four people (total eight)
- HMP Erlestoke – two forums attended by six people (total 12).

In addition, we widened the reach of our engagement to a further four prisons (HMPs Preston, Manchester, Kirkham and Eastwood Park), collecting a total of 110 questionnaires from older prisoners. To ensure a broad range of views, we collected information from health and social care wings, prisoners from the main population and enhanced and vulnerable prisoner wings. The purpose of this was to collect opinions and responses from a diverse sample giving wider representation.

Responses were collected in three ways:

- Simple distribution of questionnaires for self-completion (120)
- Distributing questionnaires for initial completion and followed up by telephone conversations to gain more detail (3)
- Face-to-face questionnaires (11).

A questionnaire return rate of 91.6% (110) was achieved.

Our engagement with prisoners was initially delayed due to Covid-19 restrictions in prisons which included:

- Restricting regimes to allow for social distancing
- Limiting movement of prisoners between prisons
- Compartmentalising to be able to isolate symptomatic prisoners, shield those who were vulnerable and quarantine new people coming into prison.

When we were able to undertake the activity, we ensured that we asked specifically about regime, activity and the physical environment pre and during Covid-19 (the period of March 2020 to April 2021).

Policy context

In April 2020, Recoop and Clinks submitted a joint response to the Justice Select Committee's inquiry into the ageing prison population.[4] Our response highlighted the challenges older people experience in prison as outlined above, and lent support to the committee's assertion that the Ministry of Justice (MoJ) should develop an *Older offender strategy*.

We were subsequently invited to give oral evidence to the committee and were pleased to see the government's response to the inquiry accept the committee's recommendation that:

"With the older prison population likely to rise further in the coming years, the MoJ should produce a national strategy for older prisoners. This strategy should encompass the provision of suitable accommodation for older prisoners, health and social care on the prison estate, and the release of older prisoners, including continuity of medical treatment or care in the community. It must also ensure that the resourcing and expansion of the prison estate is aligned to projections of the older prisoner population."

We are engaging with officials working to develop the strategy and hope this report serves as a useful resource to support its continued development and implementation.

Key findings

Overall, our engagement with older people in prison highlights the need for an overarching and consistent approach to meeting their needs. We welcome the development of an *Older offender strategy* by the Ministry of Justice. To ensure that the effectiveness of the strategy is maximised we recommend:

1 The Ministry of Justice (MoJ) and Her Majesty's Prison and Probation Service (HMPPS) should develop a delivery plan to sit underneath the long awaited national *Older offender strategy*. The MoJ and HMPPS should regularly report back on their progress. This will help ensure there is accountability for implementing its ambitions.

2 HMPPS should require prison governors to have a local strategy for meeting the needs of older prisoners, informed by the HMPPS Model of Operational Delivery for Older Offenders and which includes joint working arrangements with local authorities, health agencies and the voluntary sector.

3 The next iteration of the National Partnership Agreement for Prison Healthcare in England, between the MoJ, HMPPS, Public Health England, the Department of Health and Social Care and NHS England should continue to support the continuing improvements to health and social care outcomes for older people and those with serious illnesses (prevention, diagnosis, treatment and palliative care) and end of life care, through the implementation of evidence-based best practice according to the specific needs of the population and the individual.

Theme 1

Ensuring older people are placed in establishments which can meet their needs

Appropriate accommodation and physical environment

Prisons designed and built in the Victorian era were damp, insanitary and overcrowded; 32 of those prisons still form part of the prison estate today. They are expensive or in some cases impossible to bring up to date to a point where they are able to meet the needs of a growing older population, many of whom have multiple and complex health and social care needs.

In 2020, the National Audit Office[5] reported that more than 40% of inspected prisons were rated as 'poor' or 'not sufficiently good' for safety in the last five years and that there were 63,200 maintenance jobs outstanding in prisons as at April 2019.

Similar feedback was provided by prisoners for this report with general maintenance raised regularly: "The toilet needs fixing, the showers leak and hot water is coming through the cold tap."

Others raised the inadequacy of basic essential provisions, such as mattresses and pillows, saying: "I'm having to use clothes to pad both of them out" and "the mattresses are very poor, extremely thin, hard and very uncomfortable."

A lack of appropriate accommodation for disabled prisoners was prevalent in the feedback and people told us there were few showers with grab rails. Wheelchair access to other areas of the prison was, in some cases, impossible. This means that engagement in activities including work and education was not possible for some people.

Feedback included:

"Very uneven ground to walk on to get to various parts of the prison."

"There are chairs blocking doorways when a wheelchair user is trying to use the door."

"The disabled room and shower are not very well equipped for disabled people."

"Grab rails are only in disabled cells and there is no wheelchair access to first floor facilities. Pre Covid-19 there were long queues for medication and servery which is a long time to stand or wait in the cold."

There was inappropriate use of top bunks for people with mobility issues and in one forum, participants raised lengthy wait times for mobility aids such as wheelchairs and frames. In some cases we were told they simply never arrived.

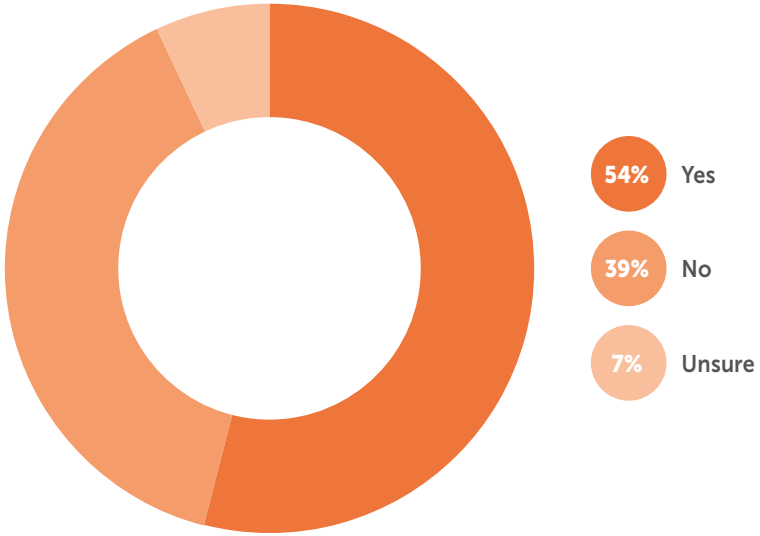
Recommendations

We recommend that all prisons conduct a physical environment check (see the appendix) to ensure that all areas are accessible for those with mobility, visual and hearing impairments and respond to its findings. HMPPS should oversee this process and use the findings across establishments to inform ongoing improvements to the prison estate to ensure the physical environment can meet the needs of older people.

We recommend that all prisons have locate flat/low policies in place to ensure older people are accommodated on ground floors or bottom bunks. Where possible, older people should be able to access single cell options.

During our consultation, we asked participants whether they would prefer to be in a prison further from home if it was better able to meet their needs. Over half, 54% of respondents, said yes they would wish to move if the prison was better able to meet their needs, while 39% said they wouldn't and 7% were unsure.

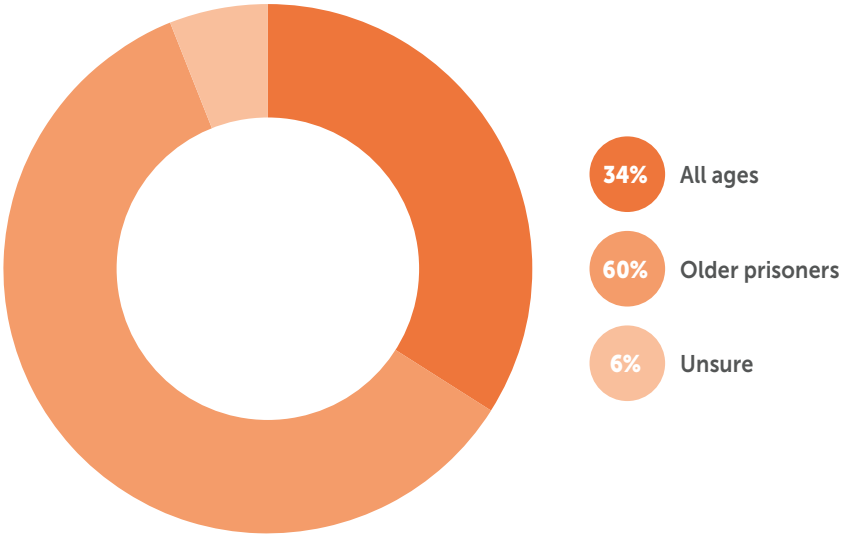
Figure 1: Would you move to a prison further from your home if you felt it was better able to meet your needs?



Those who said they would be prepared to move to a prison further away from home would make that decision despite their visitors possibly not being able to visit them due to their age, mobility or financial restraints. This is particularly so within the female estate where the existing provision is so geographically spread.

We asked participants, if they had the choice, whether they would prefer to be on a wing with other older prisoners or on one with prisoners of all ages. 34% suggested they'd prefer to be on a wing with all ages, whilst the majority 60% said their preference would be wings housing older people. 6% of respondents were unsure.

Figure 2: If you had the choice, would you prefer to be on a wing with other older prisoners, or on one with prisoners of all ages?



One respondent said:

"There isn't a wing for older, well-behaved women. I am on a wing with mainly younger people. The noise level is extremely high, the behaviour disgusting. It's not fair. This wing used to be OK. It was quiet. Everyone got on."

Other feedback included:

"I feel ignored [and] isolated due to the fact that there is no-one of my age to communicate with ... there are so many younger ones here, the noise level all day is unbearable, along with the shouting and arguments and the continual swearing. The long hours locked in is affecting my wellbeing mentally and physically."

"Too much noise in prison both from other prisoners (loud stereos and prisoners talking loudly outside my door) and from the prison (piercing and persistent fire alarms and cell bells)."

Recommendation

Older wings should be available in all prisons and older prisoners given the option on where they reside. The physical environment on such wings should be appropriate to the health and social care needs of older prisoners. If a prison is not able to make such appropriate adjustments then older prisoners should not be placed there.

It has long been debated by the voluntary sector working in criminal justice, whether prison is a suitable place to house older people who have multiple and long-term health conditions and whether alternative accommodation may be the solution for those who are older and in ill health.

Recoop advocates for secure care homes as the most sensible route to ensure the balance is met. Given the physical environment of the estate, it is not possible to make the necessary 'reasonable adjustments' in enough prisons.

Prisons will continue to struggle to meet the demand of those with complex needs. There is a limit on the number of establishments that are currently able to provide 24-hour healthcare. Regional secure care home pilots would test the impact on care and a reduction in operational pressure on staff. They would provide appropriate support for those with complex needs and deteriorating health, giving them dignity at the very time they are unable to care for themselves. These centres would offer work opportunities for peer support or Buddy roles in health and social care and wellbeing activity, using Release on Temporary Licence as a mechanism.

A consultation participant said:

"I am no management threat to anyone. No risk to anyone. I think older people should all be in 'open' conditions with support. I don't actually believe – certainly here – much security (ie staff) is needed. I genuinely believe a more 'sheltered' type accommodation would be far more beneficial and financially sound."

Recommendation

We recommend the development of alternatives to custody for older people that will allow them, where possible, to serve their sentence in the community. To support this, we implore the government to advance its consideration of secure care home models as an urgent alternative to custody at point of sentence and as an option for early release.

The prisoner/prison officer relationship is key to safe, decent and secure prisons. It is fundamental that staff are trained and empowered to deliver the professional work that is required of them.

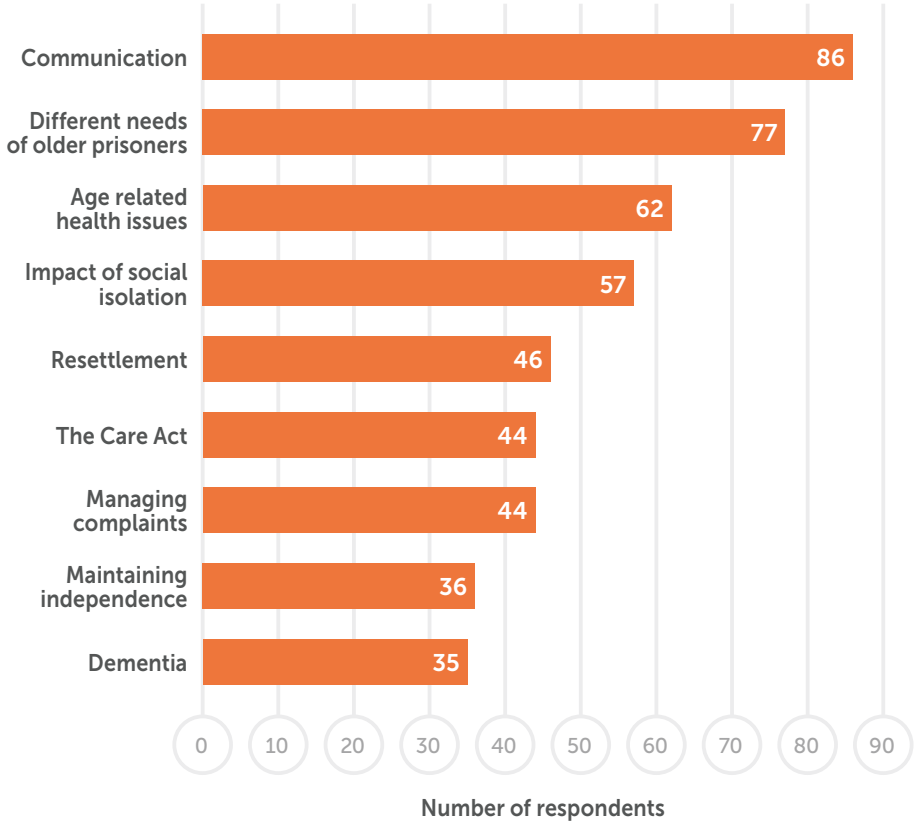
Benchmarking[6] that took place across the prison estate a few years ago – introduced in the male estate in 2013 and in the women's estate in 2014 – had a profound impact across the whole estate with staffing levels cut and key posts like Disability Liaison Officers being removed completely. This clearly had a knock-on effect on the ability to support the older population. Now, some prisons have a member of staff with a lead for older people. However, they don't usually have 'solely' older people in their remit, often having other protected characteristics as part of their role.

Few prisons have an Older Prisoner Policy to guide them, and staff have no specialist training. Where there are high levels of absence, this role is often detailed elsewhere at very short notice meaning the emphasis on the older population is dropped. Sadly, an older prisoner lead is still a 'nice to have' rather than a priority.

Working with prisoners to help them move their lives forward can be difficult. Add in the complexities that arise when working with an older prisoner who might be frail, or have significant health and social care issues, and meeting those often specific needs can be an additional daily challenge without the right training.

Our consultation gave participants the opportunity to share what they thought the focus should be for staff training given they had first-hand experience. Top of their list was better communication followed by a more in-depth understanding of the different needs of older people in comparison to their younger counterparts and a more informed understanding of age related health issues.

Figure 3: If you were in charge of training for staff at your prison, which areas would you focus on?



NB: The data relates to number of responses. Some participants may have given more than one example of available activity.

One respondent said there should be:

“Appreciation that most older inmates are polite, conciliatory, not demanding and that the needs of those who are causing little or no trouble should be attended to, not left until last because we are polite!”

This was supported by other comments about how staff/ prisoner interactions could be improved, including:

“Treating prisoners with respect and speaking politely and not [being] condescending.”

“Reduce their own use of bad language.”

“Being polite, cheerful and empathetic. There is too much inconsistency. Some are excellent. A very few are very bad.”

“Respect instead of belittling, patronising and sometimes saying cruel comments.”

Some prisons are working with dementia specific charities who offer staff training on how to work with people suffering from vascular dementia or Alzheimer’s. The training highlights the impact on people’s lives, the changed capacity for communication and what it means for prisoners’ memories, but there is no mandatory training specifically to help them understand and support the older population more generally.

Recommendations

Staff training related to understanding and supporting the older population should be mandatory and co-designed with older people in prison and specialist voluntary organisations supporting them. We recommend that this is included in Prison Officer Entry Level Training (POELT).

Every prison should have a dedicated member of staff for older people and should receive enhanced training to understand and meet the needs of older people in prison.

Theme 2

Access to age-appropriate, meaningful activity

Her Majesty's Inspectorate of Prisons (HMIP) defines 'purposeful activity' as one of the four tests of a healthy prison.

Purposeful activity should be of purpose, meaning and value to give the best chance for successful rehabilitation and future community resettlement and re-integration. HMIP's expectations in relation to purposeful activity are:

- Prisoners have at least 10 hours out of their cell on weekdays, including some time in the evening
- Wherever they are located, prisoners are never subjected to a regime which amounts to solitary confinement (when prisoners are confined alone for 22 hours or more a day without meaningful human contact)
- Prisoners have the opportunity for one hour of association in the evening every day
- Prisoners know the daily routines for activities, association and exercise
- Out of cell activities happen on time and are not cancelled unnecessarily
- There is sufficient time in the regime for prisoners to attend compulsory regime activities and still have time for domestic routines such as showering, collecting medication, cell cleaning, telephone calls and some recreational activity
- Prisoners unable to attend learning or work activities are unlocked during the day and are provided with suitable activities
- Prisoners have the opportunity to telephone their families and friends during the evening.

Human rights and equalities frameworks and legislation place an obligation on prison authorities to provide equal access to programmes and activities, and specialised support where necessary.

57% of older people we engaged with felt that activity for the older population (pre-Covid-19) was poor. This increased to 79% during Covid-19.

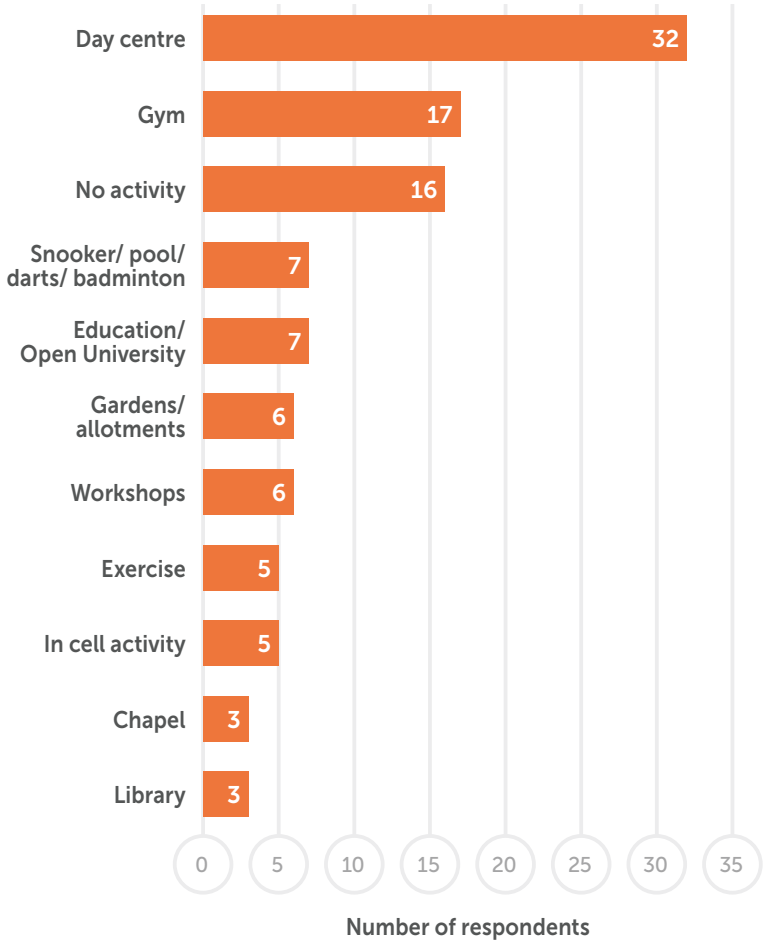
We asked about what kinds of activities were available to older people pre-Covid-19. See Figure 4 on page 19 for details of the responses.

In cell activity included creative needlework through the charity Fine Cell Work, watching TV, reading and word-searches.

Cooking, computer skills, woodwork and visits were also mentioned by individual respondents as activity which had been available pre-Covid-19.

Where respondents reported that there was no activity available, it was also highlighted that this included weekends.

Figure 4: What kind of activities were available to you pre-Covid?



NB: The data relates to number of responses. Some participants may have given more than one example of available activity.

Only one person commented that there was lots of choice.

Day centres were cited most often as activity available to the over 50s and the comments in relation to this were really positive:

"Gives a place of calm from the prison noise."

"A social group highly appreciated and most valuable."

The gym was also an activity pre-Covid-19 for some older people with just under a quarter of participants saying that they were able to spend time at the gym. Recoop's *Good Practice Guide*[7] research from 2016 which assessed the need and ability of prisons and approved premises to adapt their regimes to meet the needs of older prisoners, highlighted that older prisoner gyms seemed to be a 'go-to' activity provided by prisons – a relatively simple activity to put in place. However, if gym capacity wasn't achieved with the older population, the prison often opened it up to younger people, making it sometimes an intimidating and hostile environment and therefore a less attractive option.

In relation to access to education, 60% of those we engaged with felt that the provision of accredited programmes was poor. Based on our previous research and ongoing work with older people in prison, our view is that the curriculum isn't attractive to older people rather than provision being poor. Older people in prison, where they can physically access education

departments, often don't engage well in accredited programmes because they are not particularly looking for qualifications or employability skills to support them on release. More-so they are looking for life skills, independent living skills and how to plan for a healthy retirement.

As outlined in the Coates Review of prison education,[8] older people and particularly those who are serving long sentences, need to be able to access activity that occupies them as well as supporting their personal development. These can be challenging to formally measure and many programmes do not need to lead to a qualification.

Others highlighted difficulties in physically accessing education. One participant told us:

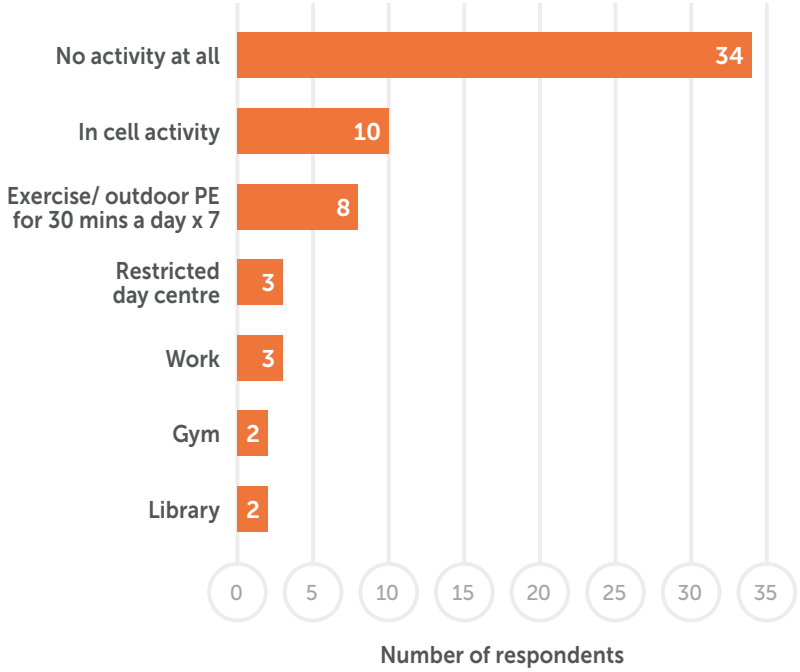
"If you're disabled you can't access anything as there's no lifts."

This concern is echoed in the Justice Select Committee's Inquiry into the *Treatment of Older Prisoners* report, 2013,[9] which found that:

"The education block can only be accessed via a multi-flight, outside fire escape. When I couldn't get up it, I was placed on punishment for 10 days for 'refusing to work'."

Figure 5, opposite, shows responses when asked about what kinds of activities were available to older people during Covid-19.

Figure 5: What kind of activities were available to you during Covid-19?



NB: The data relates to number of responses. Some participants may have given more than one example of available activity.

Other activities reported to be available were chapel, library, workshops and in cell activity such as creative needlework, or distraction packs.

“ I’m disabled and rely on a carer for most of my activities. Access to this individual can be difficult. I also find access to activities impossible or very limited. I used to read avidly but find it taxing now and watch far too much TV. ”

34 participants told us that there was no activity at all available during Covid-19, and some went on to comment:

“ The prison, over a number of years, has focused on other issues and the over 50s have not been accommodated. I have seen services cut rather than improved. ”

“ Locked up all day is not good for mental health. ”

“ We are locked up for most of the day, only out for 25 minutes each day as the second exercise is usually cancelled. My feet are swollen for lack of walking. ”

“ Stuck on wings all day. Big fat zero. ”

“ No social time ... Very, very long days. ”

“None, pure 23 hour bang up.”

“We had some crosswords. Couldn't go to library to choose your own books.”

“The craft group was cancelled. No library visits. Short 'exercise' time out of cells only. No gym.”

“Only tea packing available for the masses.”

Conversely, one participant said:

“It feels safe at the moment.”

There are many voluntary organisations working in the criminal justice system that have the skills and ability to provide programmes and activities for this older cohort. The Prison Education Framework Dynamic Purchasing System gives prisons access to those suppliers who are able to meet the bespoke educational needs of their establishment and offer a flexible route to services that add real value. However, call-offs (the stages at which organisations can compete for a contract on the dynamic framework), to support the older population remain few and far between.

Older people can be encouraged to take responsibility for organising their own activity which, in one prison, was reported to happen to great effect. Buddies, or older prisoner orderlies, deliver wing-based activity, using Recoop's 'Wing It'[10] – a portable wing-based activity toolkit which can be peer-led in Covid-safe bubbles with no need for direct staff involvement – to reduce social isolation and create opportunities for purposeful activity which, in turn, improves the quality of prison life.

Recommendation

There should be purposeful and accessible activity tailored to meet the needs of older people, drawing on the skills and experience of older people themselves and the services of the voluntary sector. Prisoners with additional needs, such as health or mobility issues, should have fair and equal access to purposeful activity and time out of cell. All reasonable adjustments must be made where needed. Where prisoners are unable to leave their cell or wing, suitable activities should be provided on the wings or as 'in cell' activities.

Theme 3

Access to health and care provision which meets multiple and complex health and social care needs

Health and social care needs

Of the 110 older people who took part in our consultation, 61% reported having physical health issues, 37% had mental health problems, 59% said they had a long term health condition (85% of women reported having a physical health problem and 45% reported a mental health problem) and 27% reported that they needed help to care for themselves.

Of the 27% who indicated that they needed help, the support they required primarily focused on changing beds and cleaning their cell and a number reported that they struggled to get showered and dressed or to collect their meals.

One respondent who said that he struggled to change bedding, clean his cell and get dressed, went on to say that he tended to "sleep in his clothes." Another, who had been allocated a top bunk, said that he needed a lower bunk because his hips and legs were crushed in a coal mine accident.

One person said:

"Most physical tasks are carried out by an excellent carer. Getting dressed takes a great deal of time, but most of this is taken up getting medication and changing dressings. I cannot shower."

Many respondents said they just tried to care for themselves:

"I manage to take care of myself even though I struggle sometimes."

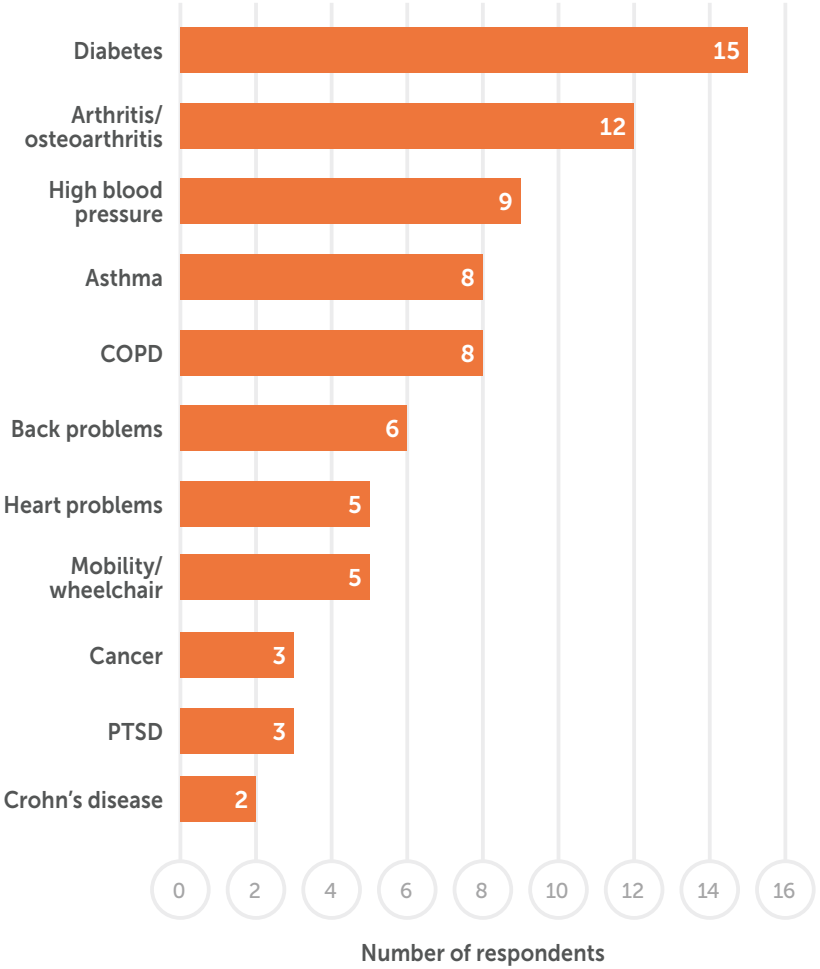
"I manage it all including double incontinence."

"I struggle getting my meds to be able to care for myself. I can't stand for very long but I've had to manage while in here."

Respondents were asked to let us know (if they felt comfortable in doing so) whether they had any long-term conditions which they were managing while in custody. Of the 59% who chose to respond, in most cases they cited living with multiple long-term health conditions while in custody. See Figure 6, page 25, for a summary of responses.

Diabetes, arthritis, asthma, chronic obstructive pulmonary disease and high blood pressure were prevalent and respondents shared other long term conditions they were living with which included: cancer, leukaemia, epilepsy, spinabifida, cerebral palsy, multiple sclerosis, thyroid problems, the effects of suffering a stroke, heart problems, visual impairment and other ongoing issues like shortness of breath, back problems, irritable bowel syndrome and allergies.

Figure 6: What long-term illness do you have?



NB: The data relates to number of responses. Some participants may have named more than one condition.

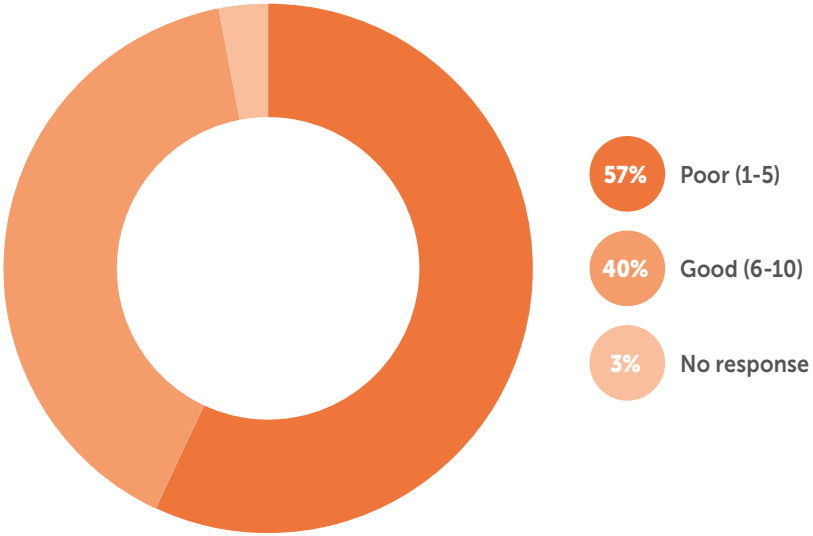
Social care provision

The Care Act 2014[11] introduced a framework for social care provision in prisons, placing a legal obligation on local authorities to provide assessment and subsequent care where needs are identified for those who are eligible, in much the same way as they would provide support in the community.

Support should now be provided to those who can't care for themselves in all establishments. However, despite the legal obligations, a thematic report on *Social Care in Prisons in England & Wales*[12] from 2018, by HMIP and the Care Quality Commission, highlighted that there is still widespread variation in the provision of social care in prisons. This was reflected in our consultation.

More than half of the participants – 57% (63) – reported that the prison's ability to identify health and social care needs was poor, while 40% (44) felt it was good.

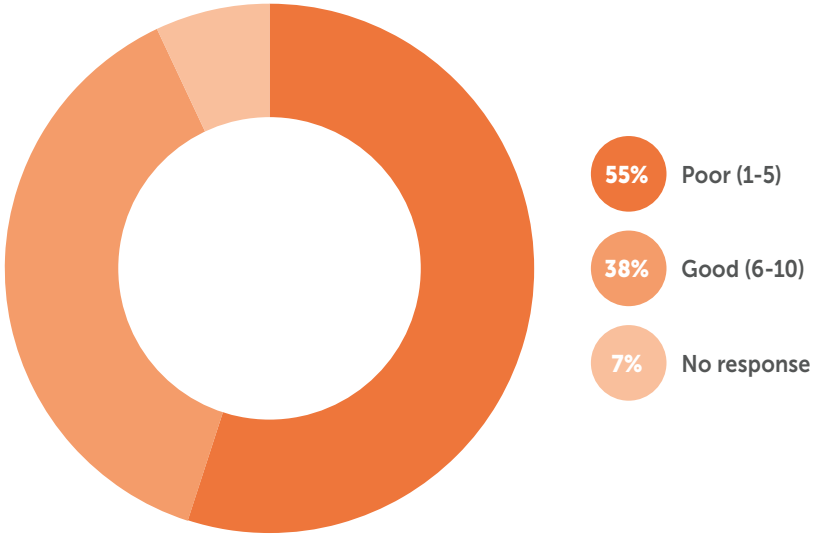
Figure 7: On a scale of 1-10, how well do you think your prison identifies and assesses health and social care needs?



When asked specifically about social care provision, 55% (60) felt provision was poor, whilst 38% (42) thought it was good. See Figure 8, opposite.

In at least three of the prisons involved in the consultation, there were robust processes in place with social workers on site to carry out assessments. In prisons where systems were in place, there were targets for assessments to take place within 28 days of referral and a target of seven days for urgent cases which were consistently being met.

Figure 8: On a scale of 1-10, how well do you think your prison provides social care?



When we asked: "On a scale of 1-10, how well do you think your prison identifies and assesses health and social care needs?" the results showed that when a prison had a social worker on-site carrying out assessments, respondents scored, on average, 50% higher.

Recommendation

In accordance with the Care Act 2014, all prisons should establish links with local authorities for the provision of health and social care.

Some prisons operate formal Recoop Buddy programmes, where prisoners are trained to National Care Standards (adapted for use in prison) to support other prisoners with health and social care needs. Others operate informal peer support programmes where Buddies have no training at all.

Just over half (51%) of participants were aware of such a programme, 20% said that no such programme operated in the prison in which they were resident and 27% didn't know whether there was or not. This was the case whether the prison operated a formal Buddy programme or not, highlighting that part of the issue is related to the promotion of its availability.

Where a 'trained' Buddy programme did exist, the benefits to both Buddies and recipients of care are clear from the consultation:

"The Buddy programme is a brilliant way to help people in need and also takes worry away from vulnerable people. It also helps staff."

"It was outstanding in Dartmoor where I have much experience of Buddies."

"It's really rewarding to know you can help others to better their day and to prevent any harm coming to them."

Recommendations

All health and care needs assessments should be completed on reception and followed up when allocating wings. In one project prison, trained Buddies were located on the reception/induction wing and carried out this task effectively, referring for support where appropriate. Taking this approach would give detail of the extent of need and in turn inform the commissioning and service delivery need.

Formal Buddy training programmes should be implemented in all establishments across the prison estate ensuring that Buddies are trained to a high standard and crucially supported in their role. This will also ensure that Buddy training is cost effective when Buddies move between prisons and can move straight into their role.

Theme 4

Preparing older people for their return to the community upon release and the possibility of end of life in prison

Release and resettlement

We asked participants, when thinking about release, which areas they were most concerned about. Their concerns were wide ranging. In terms of resettlement, 64.5% of participants highlighted accommodation as being the single biggest issue for them.

The second biggest worry was benefits and finance, with 55.4% of people saying this was a concern. Those of pensionable age have their state pensions suspended whilst in custody and in addition, with the exception of those at the end of their sentence and working outside the prison, their National Insurance contributions stop, which means that on release, they may not be entitled to a full state pension. Whilst in prison, they receive retirement pay which averages just £3.25 per week.

Just less than half of participants reported having concerns about returning back to the community and the stigma associated with being in prison and 41.8% worried about family relationships. Only 3.6% of respondents told us they hadn't thought about it.

See Figure 9, page 30.

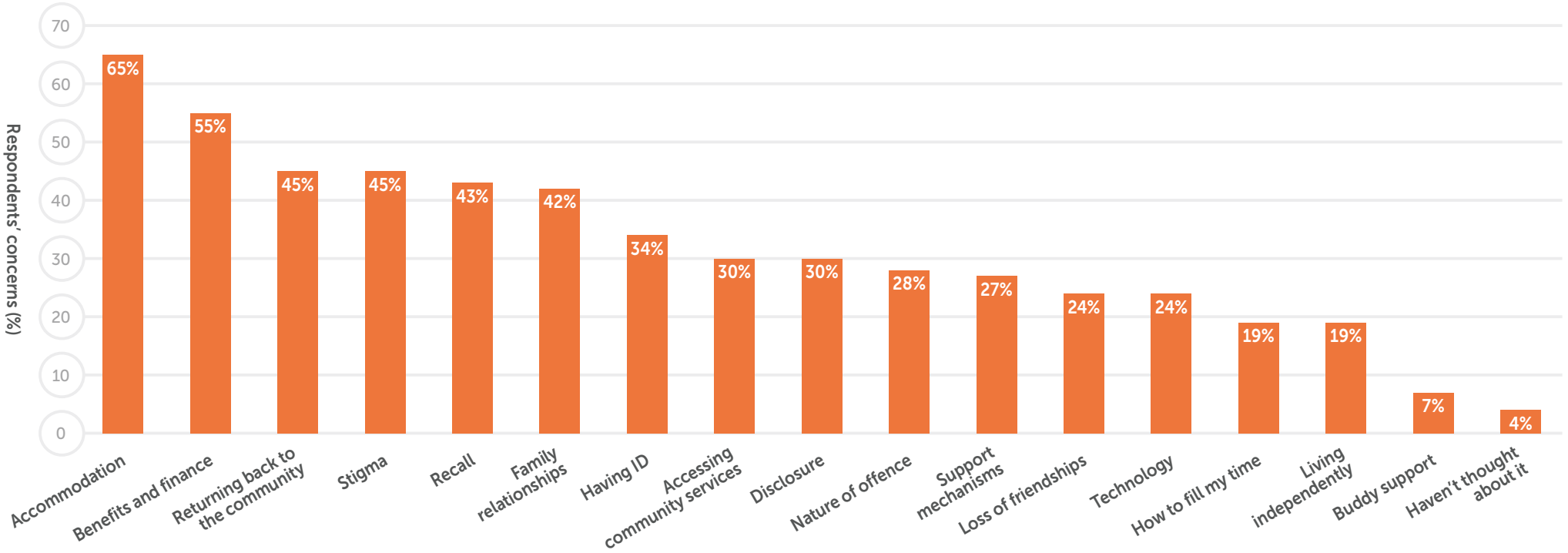
One participant spoke about a gentleman with dementia who was being transferred to a hostel type accommodation, and there was concern whether social care would continue or whether there would be communication with appropriate channels in the community. His view was that care would be "cut off" or not be a "smooth process" to support him in the community.

The Care Act provides for continuity of care when a prisoner has a care plan in place. This means that they have been assessed as having health and social care support needs. The care plan will follow that person whether they move to another prison, are released on Release on Temporary Licence or reach their release date and move into approved premises or their own accommodation in the community. What is missing however, is a mechanism to communicate these rules to people in custody, and by doing so reduce some of their fear and anxiety about release.

Recommendation

Every prisoner should have access to information about the Care Act and how it affects them. This is available to download in Easy Read on the Recoop website.[13]

Figure 9: Thinking about release, which areas concern you most?



NB: Some participants may have recorded more than one concern.

Aspirations or goals for the future are an important part of the desistance and resettlement process. They help trigger new behaviours, give clarity to decision making, provide motivation and are important for psychological well-being.

Aspirations detailed by participants in our consultation ranged from re-building relationships with family and friends, seeing children and grandchildren, in some cases for the very first time, to being able to live independently (many will leave prison to live alone for the first time in their lives) and also, which is particularly poignant, to live a little longer.

Almost half felt they would get support on release from family and friends, 22% said that charities or faith-based organisations would help, while 20% felt probation would support them.

One participant said:

"I have been in for 30 years and will struggle to survive outside. I am anxious about release and could easily just stay in prison."

Previous research carried out by Recoop in 2016, *Good Practice Guide*, highlighted that almost half of participants who engaged in the research (128) had concerns about where they would live on release and 75% would like some resettlement support prior to release.

These concerns regarding release suggest that the resettlement needs of older people are not being consistently met and indicate that change is still required to address this and ensure compliance with the statutory Equality Duty.

Recommendation

Resettlement planning needs to take place at the earliest opportunity, with older people being involved in the process. It should be tailored to meet their unique needs, with regional probation directors being able to commission specialist services.

End of life

Life expectancy among the prison population is lower than that of the general population. The Prisons and Probation Ombudsman has reported that the mean age of death in prison is only 56, with most deaths from natural causes.

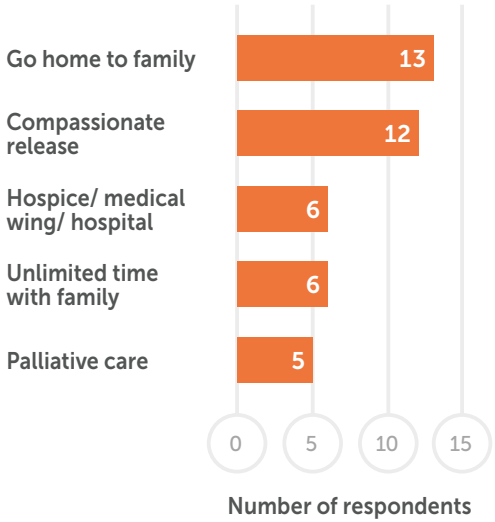
The increase of people going into custody later in life, longer sentences and multiple health and social care needs translates into more people facing the reality of end of life in prison. We are concerned that the prison estate is not yet ready to accommodate this.

In the report, *Dying Behind Bars*,[14] Hospice UK identified failings in end of life care for prisoners, including widespread inappropriate use of restraints, delayed or absent consideration of compassionate release, and care that did not make use of the skills and specialisms available from the health and social care sectors.

Respondents to this current consultation highlighted very similar issues when asked some difficult questions about end of life in a custodial environment and whilst they were given the option of not answering these questions, it became clear from the responses that many people had already considered it.

We asked: 'In the event of being terminally ill in prison, what do you think would enable dying with dignity?' 56.3% responded to the question. See Figure 10, below.

Figure 10: In the event of being terminally ill in prison, what do you think would enable dying with dignity?



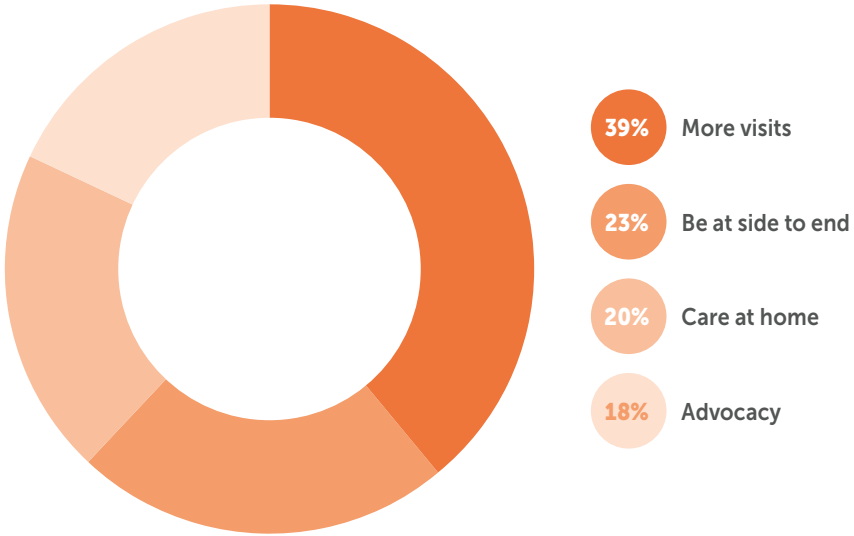
NB: Data details responses which may be multiple from individual participants.

Many respondents thought that people who are terminally ill in prison should be at home with their family, whether through better use of compassionate release or early release, perhaps using electronic monitoring as a mechanism.

A smaller proportion felt dying with dignity was possible in prison by allowing family to visit, for staff to be respectful, to have a choice of location or cell, a relaxation of rules in terms of what could be sent in, to have some time outdoors, to be involved in decision making and to be assured that their final requests and wishes would be followed.

When asked about how families could be involved at end of life, 40 individuals shared their views. See Figure 11, below.

Figure 11: How could families be involved at end of life?



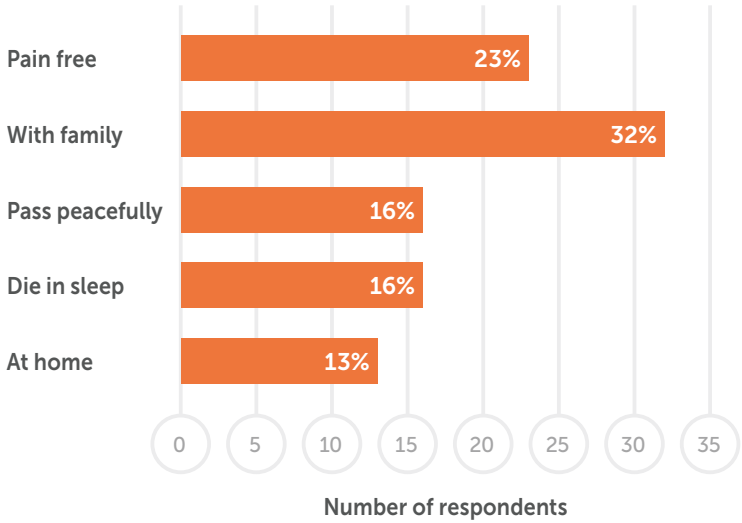
'More visits' was top of the suggestion list for those at end of life, with participants feeling that as well as families being able to visit more, that they should be allowed to visit in nicer surroundings, for example, the chapel or in gardens. They also felt that when it came to the period leading up to death, their families should not have to book visits and should be either located near the prison or stay within the prison.

In terms of advocacy, most participants felt that family should be there to care for them personally, to help make the right decisions and intervene if they felt their loved one was suffering. They also felt that families should receive support from chaplaincy.

When asked how they would define a 'good death,' 44 people responded. Several expressed the need to 'feel well' and be mobile as they approached end of life. The overwhelming majority felt that they should be released to die, but if that wasn't possible, then they wanted their family to be at their side. Others wanted to be sure that their family would be told of their death and that they were supported with any legal implications of death in custody. Some could simply not define a good death, but hoped that if they had to face end of life in prison, that it would be quick and in a clean and appealing environment.

See Figure 12, opposite.

Figure 12: How would you define a good death?



When asked about concerns about dying in prison participants cited:

- Access to family
- Being in pain
- Bullying
- Paying for funeral
- Their wishes would not be followed
- Organs would be donated regardless of their wishes
- Their death wouldn't be discovered for some time.

Participants highlighted a number of concerns about dying in prison. This includes – access to family, being in pain, bullying, paying for a funeral, their wishes not being followed, their organs being donated regardless of their wishes, or that their death wouldn't be discovered for some time:

"Bullying. Staff and prisoners."

"In prison sometimes night checks are not done, especially on the enhanced wings. We go in our room at 10pm and there's never any check until 7am. So one could be dead and no one would know."

"That my wife and family are with me and can get my things from prison and can come and see me at the funeral parlour."

"I wouldn't get the care or medication I needed in here to help me be pain free or die peacefully. If I passed away at night, it wouldn't be discovered until the morning. The staff don't care or have any compassion."

"Making sure my family are taken care of and that we all understand that death is part of life but being able to put your house in order before you go can greatly reduce the post-death effect of your loved ones."

"A chance to say goodbye to family in private surroundings or to phone them in a private and comfortable way (i.e. not in an uncomfortable phone box, not somewhere noisy)."

In relation to what the end of life physical environment should be like, the majority, 61%, said it would be good to mimic, as far possible, living conditions you would desire out of a prison environment for example, carpets, curtains, the ability to set temperature as desired, en-suite toilet and the opportunity for periods of time in fresh air or outside in more pleasant surroundings, a garden area for example.

Recommendation

We reiterate the recommendations made in the *Dying Behind Bars*[15] Hospice UK report, including the need for end of life care in prisons to be a UK-wide policy priority. This is particularly important given the increase in the number of older people in prison.

Conclusion

Older people are the fastest growing cohort in prison. The engagement with older people in prison to inform this report illustrates that prisons are ill-equipped to meet their needs. Some face the stark reality of spending their final days in prison and questioning what a good death looks like.

We very much welcome the development of a national *Older offender strategy* by the Ministry of Justice and we hope this report and the lived experience represented in it can be used to inform its development and implementation. We will continue to engage with officials in the development of the strategy and hope that its implementation creates real changes for older people.

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Appendix: Physical environment checklist

Area	Acceptable	Not acceptable	n/a	Comments
Reception				
Signposted accessible toilet with alarm				
Seating				
Access to wheelchair				
Separate room for induction to reduce noise and distraction				
Signage				
Assistance where English is not first language				
Assistance for those with learning difficulties				
Assistance for those with sensory difficulties				
Cells				
Specific unit/ cell for older or less mobile				
Offer of ground floor/ bottom bunk accommodation				
Wheelchair access when required				

Area	Acceptable	Not acceptable	n/a	Comments
Call system at appropriate level				
Switches and sockets at appropriate level				
Grab rails where necessary				
Appropriate lighting				
Natural ventilation				
Dignity screening in shared cells				
Adequate storage for mobility aids				
Additional bedding for winter months				
Laundry options				
Are wires/ cords a safety issue?				
Cushions for lumber support				
Bathrooms				
Grab rails				
Shower seat				

Area	Acceptable	Not acceptable	n/a	Comments
Non-slip surfaces or mats				
Call system at appropriate level				
Appropriate lighting				
Dignity screening				
Room for wheelchair/ mobility aid				
Signage				
WC colour options				
Association (inside)				
Signposted accessible toilet with alarm				
Sufficient seating				
Grab rails				
Switches and sockets at appropriate level				
Signage				
WC colour options				
Large print books or audio tapes				

Area	Acceptable	Not acceptable	n/a	Comments
Association (outside)				
Even surfaces (reduce trip hazards)				
Sufficient seating				
Ramps where necessary				
Signage				
Grit (winter weather)				
Warmer clothing				
Enough space to encourage activity				
Outside lighting				
Easy access to WC				
WC colour options				
Dining				
Meal collection options				
Wheelchair trays				
Free hand trays				

Area	Acceptable	Not acceptable	n/a	Comments
Disability cutlery				
Education/ workshops				
Signposted accessible toilet with alarm				
Grab rails				
Signage				
Switches and sockets at appropriate level				
Seating				
Appropriate materials for those with sensory disability				
Healthcare				
Signposted accessible toilet with alarm				
Seating (in medication queues)				
Grab rails				
Signage				

Area	Acceptable	Not acceptable	n/a	Comments
Visitor centre				
Grab rails				
Signage				
Ramps for prisoners and families				
Signposted accessible toilet with alarm				
WC colour options				
Corridors				
Seating				
Grab rails				
Lighting				
Ramps				
Signage				
WC access				

Area	Acceptable	Not acceptable	n/a	Comments
General				
Uneven surfaces around the estate				
Adapted telephones for hearing and sight impairment				
Adapted footwear/ clothing				
Cultural requirements				

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St Swithuns House, 21 Christchurch Road, Bournemouth BH1 3NS

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