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# Practice into Policy:

## The Needs of Elderly Prisoners in England and Wales

*Adrian Hayes is a Researcher at Offender Health Research Network, University of Manchester, and Jenny Shaw is a Professor of Forensic Psychiatry.*

### Introduction

**People over 60 are now the fastest-growing age group in the prison system in England and Wales. In the last ten years, the number of sentenced prisoners over 60 has grown by almost 250 per cent (908 in 1998 to 2201 in 2008<sup>1</sup>). Research in the UK and internationally has shown that older prisoners have a very different profile of health and need<sup>2</sup> with more chronic physical illness<sup>3</sup>, depression<sup>4</sup> and victimisation from other prisoners<sup>5</sup>. To date, however, there has been no national strategy for the care and management of older prisoners by HM Prison Service.**

Crawley and Sparks<sup>6</sup> introduced the concept of 'institutional thoughtlessness' to describe how the needs of older people in prison were often overlooked by prison staff. This was not deliberate or abusive, but based on a lack of awareness of aspects such as decreased mobility, or greater need for warmth. This could be seen as a form of institutional neglect<sup>7</sup>. HM Inspectorate of Prisons (HMIP) also noted the low visibility of older offenders, entitling a thematic review 'No Problems — Old and Quiet' based on a representative entry made in an older prisoner's wing file<sup>8</sup>. The Inspectorate has been prominent in identifying the different needs of older people and responding to them. In a thematic review, they compared the care of this group with guidance in the National Service Framework for Older Adults<sup>9</sup>. The review specifically commented on the need for HM Prison Service to work

closely with the NHS to ensure that older prisoners had the same range and level of health care available to older adults in the community.

HMIP's thematic review<sup>10</sup> found deficiencies in several key areas, notably provision of purposeful activity, accessibility of the physical environment, and resettlement. The review also focussed attention on health care finding variable provision of chronic disease management services, under-detection of mental illness, and difficulty in meeting prisoners' functional and social care needs. They made a number of recommendations for how prison establishments could improve services, but ended with the statement that:

*The National Offender Management Service, in conjunction with the Department of Health, should develop a national strategy for older and less able prisoners.<sup>11</sup>*

Subsequently, the Department of Health has published a 'toolkit for good practice'<sup>12</sup> describing best practice in the management of older offenders, as well as a reference pack with ideas for good practice produced with Nacro<sup>13</sup>. However, despite mention of the need for equivalent care in the National Service Framework, there has been no joint strategy by the Department of Health and HM Prison Service.

Despite the lack of a formal strategy, HMIP have continued to take an interest in the needs of this group with a recent update of their thematic review<sup>14</sup>. At the same time, their programme of inspections for

1. Ministry of Justice (2008) *Statistical bulletin: Offender Management Caseload Statistics*. London: Ministry of Justice.
2. Fazel, S., Hope, T., O'Donnell, I. & Jacoby, R. (2001) Hidden psychiatric morbidity in elderly prisoners. *British Journal of Psychiatry*, 179, 535-539, Loeb, S.J. & Steffensmeier, D. (2006) Older male prisoners: Health status, self-efficacy beliefs, and health-promoting behaviors. *Journal of Correctional Health Care*, 12, 269-278, and Potter, E., Cashin, A., Chenoweth, L. & Jeon, Y. (2007) The healthcare of older inmates in the correctional setting. *International Journal of Prisoner Health*, 3(3), 204-213.
3. Fazel, Hope, O'Donnell & Jacoby (2001) see n.2.
4. Fazel, S., Hope, T., O'Donnell, I., Piper, M. & Jacoby, R. (2001) Health of elderly male prisoners: worse than the general population, worse than younger prisoners. *Age and Ageing*, 30(5), 403-407.
5. Wahidin, A. (2004) *Older Women in the Criminal Justice System: Running Out of Time*. London: Jessica Kingsley Publishers.
6. Crawley, E. & Sparks, R. (2005) Hidden Injuries? Researching the Experiences of Older Men in English Prisons. *Howard Journal of Criminal Justice*, 44 (4), 345-356.
7. Hayes, A.J. & Fazel, S. (2008) Older Adults in Prison: Vulnerability, Abuse and Neglect. In J. Pritchard (Ed.) *Good Practice in Safeguarding Adults: Working Effectively in Adult Protection* (pp. 138-150). London: Jessica Kingsley Publishers.
8. HM Inspectorate of Prisons (2004) 'No problems — old and quiet': *Older prisoners in England and Wales*. London: HMIP.
9. Department of Health (2001) *National Service Framework for older people*. London: Stationery Office.
10. HMIP (2004) see n.8.
11. Ibid p.53.
12. Department of Health (2007) *A pathway to care for older offenders*. London: Department of Health.
13. Department of Health & Nacro (2009) *Working with Older Prisoners*. London: Department of Health.
14. HM Inspectorate of Prisons (2008) *Older prisoners: a follow-up to the 2004 thematic review*. London: HMIP.

individual establishments has continued. HMIP inspection reports are public documents, and are published alongside press releases, hence prisons are judged by the public according to the contents of these reports. It seems possible, therefore, that if HMIP criticise prisons on their care of older offenders, senior management in those prisons may be more motivated to make improvements. In this way, even though there is no formal requirement to create appropriate regimes for this group, change may be enacted from the ground up.

This study documented the content of HMIP's reports with respect to older prisoners. We wanted to establish whether more recent reports made more reference to this population, and then to explore the content of those references. By categorising these comments into praise or criticism, we also aimed to gain a sense of whether the establishments were operationalising HMIP's recommendations.

### Method

HM Inspectorate of Prisons is an independent body which examines the condition of establishments and the treatment of offenders therein. Inspections take place at all public and private prisons in England and Wales approximately once every two or three years, and the results are made publically available. In this study, HMIP reports were searched for content related to older people.

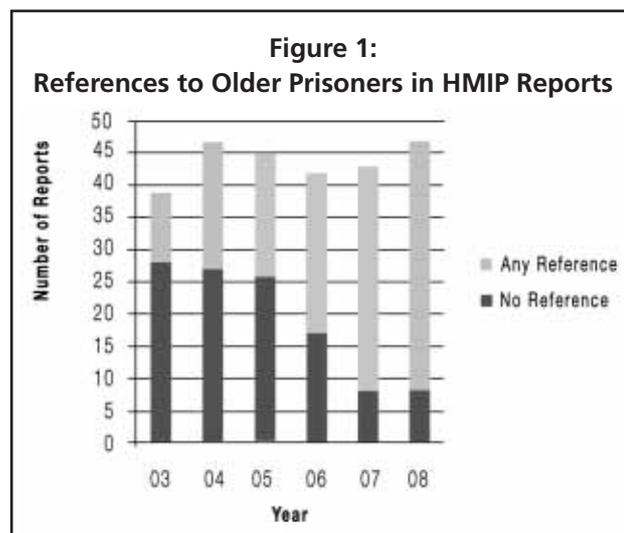
All HMIP<sup>15</sup> reports for adult male and female prison establishments between January 2003 and December 2008 were identified. Reports where prisons did not contain older prisoners were not excluded because early analysis revealed that almost all did, and that the Inspectorate had expectations for development even when no older people were currently resident. There were 263 reports: 39 from 2003; 46 from 2004; 45 from 2005; 42 from 2006; 44 from 2007; and 47 from 2008. Each report was searched for the terms old\*, elder\*, retir\* and geriatr\*, using wildcards (\*) so that all words with these stems would appear in the search results. Excluding irrelevant results (such as those containing words such as 'told', 'holding', etc), each paragraph containing a relevant reference was copied to a separate document. For quality control purposes, every tenth report was examined in detail for any other references to older prisoners which did not contain the search phrases. No additional comments relevant to older prisoners were found. Therefore, it is assumed the original search strategy was acceptable.

Paragraphs were then summarised in a number of ways. First, inspectorate reports were rated as to

whether they contained any mention of older prisoners. Next, each paragraph was rated as containing broadly positive or negative (or both) comments relating to an aspect of conditions or treatment of prisoners. Specific recommendations were considered separately. Finally, the content of paragraphs was summarised and analysed using thematic analysis. Each reference was read several times, and subsequently coded according to repeating themes using the constant comparative method<sup>16</sup>. Emerging themes were then described, with representative quotes added for each.

### Results

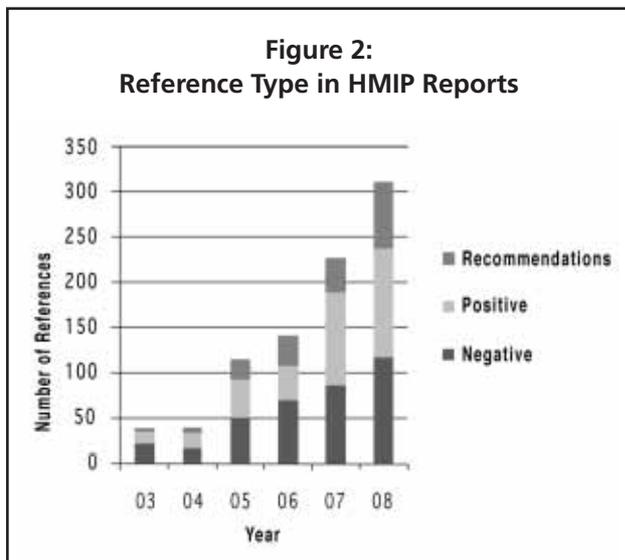
There were 263 reports within the study period, containing 916 paragraphs with references to older prisoners. In total, 148 (56 per cent) reports had at least one such reference. **Figure 1** shows the number and proportion of reports from each year with references to older prisoners. Chi Square analysis revealed a significant difference across the years for reports containing references to older prisoners  $X^2(5)=48.4$ ,  $p<0.001$ ]. Closer examination of observed and expected results showed that for years 2007 and 2008, significantly more reports than expected referred to older prisoners.



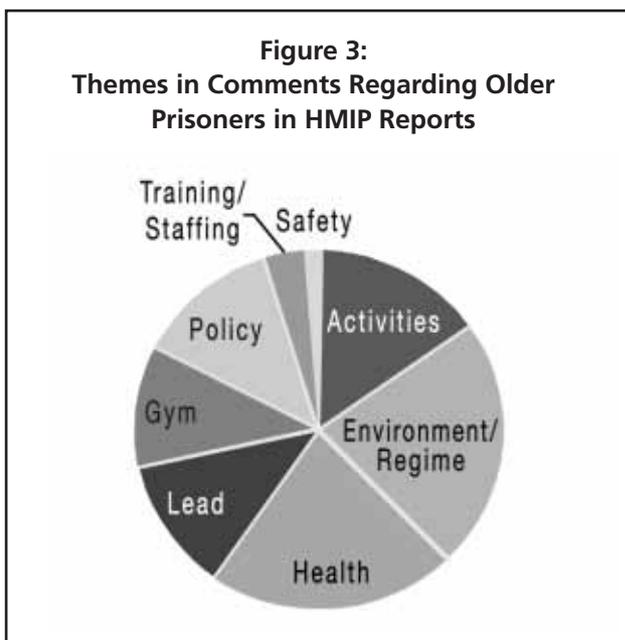
Comments within each paragraph selected for analysis were examined. Firstly, when content was categorised by broadly positive or negative comments, or specific recommendations for practice, there were 318 positive comments (ie praise), 348 negative comments (ie criticism), and 174 specific recommendations. **Figure 2** shows the variation in these categories for each year.

15. All HMIP reports can be found at [http://inspectorates.homeoffice.gov.uk/hmiprison/inspect\\_reports/hmp-yoi-inspections.html](http://inspectorates.homeoffice.gov.uk/hmiprison/inspect_reports/hmp-yoi-inspections.html)

16. Glaser, B.G. (1965) The Constant Comparative Method of Qualitative Analysis. *Social Problems*, 12(4), 436-445.



Finally, references were further categorised for content. **Figure 3** shows the themes selected, and the relative number of references to each from all reports.



**Themes**

*Environment / Regime*

The most common theme (199 comments) was labelled 'Environment/Regime'. This included references to the physical layout of the prison including stairs, width of cell doorways, and also fixtures and fittings of prisons. Negative comments mostly referred to situations where the environment had not been adapted to take older or disabled prisoners into account:

*There were no adapted cells for prisoners with reduced mobility or modifications to facilities such as showers, sinks and telephones to*

*assist less able prisoners ... on some wings, prisoners were 'located flat' as they had mobility difficulties but then had to use stairs to get to the showers, exercise yard or telephone. [Liverpool 12/2/07]*

*We observed some poor provision for older and disabled prisoners who often had difficulty accessing bathing facilities. [Parkhurst 4/7/05]*

The inspection team was clear that older prisoners should not be routinely located in health care, and that if alterations were required to wings then this should be achieved:

*Merely referring older prisoners to healthcare or keeping them as inpatients on a long-term basis is not appropriate. [Full Sutton 3/3/03]*

In addition, there were references to cell furnishings, including seating and sleeping arrangements:

*The only seating provided for many older prisoners was low wooden chairs. This was inappropriate as a number of older prisoners had poor mobility and needed the support and comfort of age-friendly high-backed chairs. [Usk and Prescoed 4/4/05]*

*There were two cases of prisoners aged over 60 occupying the top bunks of beds without the appropriate risk assessments having been carried out. [Stafford 3/7/06]*

Attempts to make alterations to accommodation were praised:

*Wheelchair users were well catered for with ramps into houses and other areas of the prison, and the provision of motorised mobility scooters was good practice ... there was a range of creative solutions, from mobile hearing loops to 'basket' food trays for those with mobility difficulties. [Maidstone 19/2/07]*

*One unit had been designated for prisoners aged over 40 and one for those over 50. Prisoners appreciated the opportunity to share accommodation with men of a similar age. [Kirkham 5/12/04]*

*Health*

The second most common theme (195 comments) was labelled 'Health', and contained a number of issues

relating to older prisoners' health and well-being. Several recommendations were made with regard to needs assessment for older prisoners, with good practice in this area highlighted:

*All prisoners over the age of 65 were identified in reception and referred to the older person clinic where they were assessed and referred to other health professionals where appropriate. All were seen by the nurse every six months or sooner if necessary.* [Channings Wood 2/7/07]

*Two nurses had specific responsibility for the management of older and disabled prisoners ... There were good links with the prison disability officer.* [Long Lartin 14/7/08]

Care planning was highlighted in a number of reports, and several recommendations were made for prisons to develop a system of care planning for older prisoners:

*A disability policy and policy for older prisoners covered most of their needs but there were no individual care plans for prisoners with a disability or other specific needs.* [Leyhill 5/3/07]

*Women with specific care needs such as older prisoners and those with disabilities should have regularly monitored care plans as part of their wing files.* [Peterborough 2/10/06]

Notably, there were several recommendations that older prisoners should have a say in their care:

*Older prisoners were regularly consulted about their individual care needs, and individual plans were in place for those with particular needs.* [Whatton 22/1/07]

The provision of clinics for older prisoners was praised when present, and often noted if absent:

*... prisoners over the age of 65 arriving at Maidstone were assessed in line with the National Service Framework for older people and one of the GPs held a weekly older persons' clinic.* [Maidstone 2/11/04]

*Nurse-led clinics should be introduced as soon as possible, including one focusing on the care of older prisoners.* [Whitemoor 30/1/06]

Inspection teams were critical where the care of older prisoners was lacking, even when there were only small elderly populations:

*There was no specific provision for older prisoners, although the numbers were very low (only six at the time of the inspection...)* [Buckley Hall 4/5/07]

A number of reports referred to the social needs and daily living skills of older prisoners, and the provision of services for prisoners with such needs:

*There was, however, no input from specialist services such as from an occupational therapist to advise on the provision of equipment to improve daily living.* [Usk and Prescoed 4/4/05]

*most of the older prisoners had a 'mate' on the wing to help them on a day-to-day basis, such as getting items from the shop... Two older prisoners went to healthcare for a bath each week, which they appreciated and looked forward to.* [Whitemoor 30/1/06]

Finally, there was some mention of older prisoners' health care needs following release, and prisons' responsibility in assessing these:

*Prisoners with social care needs were not well provided for after release and, in the light of the number of older prisoners and those with enduring disability, this was of concern.* [Whatton 22/1/07]

#### Activities

The third most common theme was 'Activities' (133 comments). This theme related to the provision of activities for prisoners who may be unable to work, or who had chosen to retire.

*There did not appear to be any special provision made for prisoners over the age of 60 who had retired. In particular, we were concerned about the potentially adverse physical and psychological consequences for this vulnerable group of prisoners.* [Wakefield 13/10/03]

*A smaller number of older prisoners were packing nuts and bolts in plastic bags on one of the residential wings. This work was repetitive and unrewarding for prisoners and offered little opportunity for vocational training.* [Usk and Prescoed 4/4/05]

Where activities were provided for older prisoners, often 'day centres' in health care departments, these were praised:

*There was a 'specific needs' workshop where older prisoners were involved in rug-making and stamp-sorting activities. Art and craft sessions were available and an external organisation visited the prison weekly to hold 'reminiscing classes'.* [Frankland 25/10/05]

*The day care centre was an excellent initiative that provided good therapeutic support for older prisoners.* [Leyhill 5/3/07]

Several reports commented on whether older prisoners were locked in their cells during the day if they were not working. It was noted that the lack of available activities for this age group was not a satisfactory reason for this.

*The regime for retired older prisoners was very poor. They were routinely locked in their cells during the core day, and had little opportunity to attend age-appropriate activities.* [Elmley 11/12/04]

Prisons made individual decisions about the level of pay prisoners should have if they were of retirement age and chose not to work. Inspectorate teams commented when they felt this was pejoratively low. Often related to this were complaints that such prisoners had to pay for their televisions, which the team felt was inappropriate.

*Retirement pay was only £3.25 per week, which was unacceptably low.* [Dartmoor 11/2/08]

*Retirement pay should be increased. Prisoners over retirement age should not be charged for their television.* [High Down 15/5/06]

Linked with this theme were comments on specific activities relating to Chaplaincy and the Library. Where these were made, it was mostly to praise good practice:

*... there was a good range of large print and talking books in the library ... and there were good arrangements for prisoners with mobility problems to be visited by library orderlies.* [Usk and Prescoed 4/4/05]

*The chaplaincy had developed an older prisoners' project to cater for the spiritual,*

*psychological well being, self-worth/value, and interactive needs of prisoners over the age of 60 years.* [Wakefield 13/10/03]

## Gym

The next most common theme, and linking with the previous, was 'Gym' (97 comments). The majority of comments made in this section related to the provision of gym sessions specifically for older prisoners; both praising these when provided and criticising their absence.

*There were extensive but underused indoor and outdoor physical education facilities ... There was little targeted PE work with older or less fit prisoners.* [Onley 2/11/07]

*Regular planned PE activities had been introduced for older men. Key skills had been integrated in PE and healthy lifestyle programmes were now run, with formal links between healthcare and gym staff.* [Peterborough 30/6/08]

These sessions were not only dedicated time in the gym for older people but included other activities:

*Age-appropriate activities, such as yoga and bowls, were provided through the physical education department.* [Hewell Grange 3/4/06]

*Age-appropriate activities were offered, and included gym sessions designed for older people ... to encourage movement and integration.* [Stafford 3/7/06]

One prison had rejected a recommendation to provide sessions for older prisoners on the grounds of discrimination against younger prisoners, but this was not accepted:

*Our previous recommendation that sessions for older prisoners should be introduced had been rejected ... on the basis that it was 'ageist'. The sessions currently offered were general and may have deterred some less fit prisoners. Physical education staff were willing to run sessions designed for an older age group. Rather than discriminating against younger prisoners, this would help meet the needs of all those in the TC.*

*We repeat the recommendation.'* [Dovegate 4/9/06]

### Named Lead/Forum for Older Prisoners

Having a named lead (or forum) for older prisoners was a common area raised in reports (106 comments). The Inspectorate often recommended having both an officer (commonly the Disability Liaison Officer) and member of health care staff responsible for overseeing the care of older prisoners.

*Following publication of the inspectorate's thematic review of older prisoners, one of the RGNs had taken on the responsibility of managing the care of older prisoners. Regular meetings were planned to discuss how to take forward the review's recommendations'. [Parc 9/1/06]*

A need was shown for the lead to be active in their role:

*While a nurse had been identified as the lead for older prisoners, (s)he had not yet taken up a permanent post. [Wealstun 1/12/08]*

*Following the health needs assessment, staff had been allocated areas of responsibility and one of the registered nurses had the lead responsibility for the older population. However, at the time of our inspection there was nothing specific in place, although medication reviews and other age-specific clinics were planned. [Whatton 22/1/07]*

### Policy

Related to the previous theme, 'Policy' (112 references) related to prisons' disability and diversity policies as well as specific policies for older prisoners, including assessment and delivery of health care. These revealed that the inspectorate team was not satisfied by *ad hoc* management of older prisoners, rather than formal written policies for the care of older prisoners were expected:

*The establishment should prepare a local policy document outlining all arrangements for the assessment and management of older prisoners and disabled prisoners, and should monitor its implementation. [Durham 18/9/06]*

*A policy document had been written for the management of prisoners with disabilities and older prisoners. It set out, in simple language, procedures, protocols and principles to be adopted by staff in order to meet the needs of older prisoners. Although, at the time of the inspection, it had not been fully implemented, its contents were known to most residential*

*staff. A senior prison officer had been nominated as the older prisoner access manager. His responsibilities had been specified in a written job description, and prisoners and staff had an understanding of his role. [Stafford 3/7/06]*

The inspection team noticed when policies had been drawn up but not put into practice, and this was an important aspect of care:

*A policy for the care of older prisoners had recently been developed, but was yet to be implemented. [Swansea 20/10/05]*

Inspectors also expected prisons to be aware of and to adhere to existing national, non-prison specific policies:

*Staff did not seem to be aware of their professional responsibilities in relation to older people, as set out in the National Service Framework for Older People. [Rye Hill 15/6/07]*

### Training/Staffing

The theme of Training/Staffing was represented in 33 references in the reports. Several comments referred to the need for specific training to be provided to those working with older prisoners, including both health care and discipline staff:

*Health services staff should have training for working with older people, including how to recognise signs of mental health problems and how to identify social care needs. [Wakefield 1/12/08]*

*Work with elderly and disabled prisoners was particularly well developed, although staff training and more community engagement were needed. [Maidstone 19/2/07]*

In addition, reference was made to the provision of services from staff who may not usually be involved with prisoners. These comments were a mix of identifying gaps in provision or highlighting good practice:

*Usk had a number of older prisoners whose medical conditions were managed well but the services of an occupational therapist to advise on their specific daily needs would be beneficial. [Usk and Prescoed 4/4/05]*

*We were impressed with the leg ulcer clinic, which was organised by the lead nurse for the elderly and involved the local district nurses.* [Wymott 1/12/03]

#### Safety

The final theme (13 comments) related to the safety of older prisoners. Safety was sometimes raised as an issue in terms of general distress, but occasionally regarding bullying or intimidation by younger prisoners or even staff:

*It was clear from a few of the older women to whom we spoke, particularly those in prison for the first time, that they found it a very distressing experience.* [Styal 19/1/04]

*Discussions with prisoners suggested that some older inmates felt intimidated by younger ones.* [Shepton Mallet 11/7/05]

### **Discussion**

This content analysis aimed to investigate references to older prisoners in HM Inspectorate of Prisons reports. The study showed that reports were commenting on the needs and experiences of this group more each year, and that recent reports were very likely to contain at least one reference. This showed that HMIP were taking seriously their interest in older offenders, and judging prisons by their management of them. Furthermore, the number of recommendations was also rising, showing a commitment to following up on their suggestions in the thematic reviews.

The analysis of the tone showed a large increase in positive comments in 2007 and 2008, indeed outweighing the number of negative comments in

these years. This suggested that prison establishments were acting on the Inspectorate's criticisms and recommendations. This was interesting, given there was no formal necessity to make changes to the environment or regime for older prisoners, and suggests HMIP are a powerful agency in affecting change within the prison system.

There were a number of common themes in the comments made by inspectors, and these have been explored in detail. Prisons are expected to have written policies and named leads for the care of older prisoners. They are expected to provide a suitable physical environment and prison regime for people who may be less able to get around, or who wish to retire from work but still remain active. At the same time, provision of age-appropriate activities and recreation was seen as important. Finally, health care departments are expected to have procedures for the assessment and monitoring of older people's health and social needs.

This study is an analysis of secondary data and therefore subject to any inherent bias within the process of inspection and reporting by HMIP. The finding of more frequent positive comments in recent reports may not necessarily indicate change within the establishments. Instead, the Inspectorate may have reduced their expectations for how prisons should be managing older people; however, this seems unlikely given the content of the references. A prospective study of the needs of individual prisoners would be necessary to determine real change.

In summary, despite the lack of a national strategy for the care and management of older prisoners, establishments are rising to the challenge of catering for the complex needs of this population. HM Inspectorate of Prisons appears to be keeping this area high on its agenda by highlighting that older people have special needs which should be addressed. It appears that progress has been made at ground level, rather than being policy-driven.