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**HMP Whatton
Achieving Change**

Older offenders:

the challenge of providing services to those aging in prison

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Prisoners over 60 are the fastest growing age group in prison, increasing by 103 per cent between 2002 and 2011¹. There are a number of reasons for this development. Partly it is a collateral consequence of a more general growth in the use of imprisonment and the length of prison sentences, but is also specifically related to changes in the policing, prosecution, sentencing and post-release supervision of sex offenders, including those who have committed 'historical' sex offences². Nationally forty two per cent of the 9913 prisoners over fifty in prison in England and Wales have been convicted of sex offences³.

The imprisonment of older prisoners creates a complex challenge for a prison system 'primarily designed for, and inhabited by, young and able-bodied people'⁴. Assumptions about age, ability and mobility are integral to the architecture and regime of prisons. As has been noted by Elaine Crawley:

'There are...some evident respects in which prisons have never been designed with older people and their needs in mind. Their very fabric (the stairs and steps and walkways, the distances, the gates, the football pitches and gymnasias, the serveries and queues, the communal showers, the incessant background noise) is, in general, constructed in blithe unconsciousness of the needs and sensibilities of the old'⁵

It is therefore in some deeply embedded and fundamental ways that prisons are unsuited to older prisoners. However, it has been illustrated that historically, the management of older prisoners has been lacking in many other ways, including the provision of activities, healthcare and preparation for

release⁶. The general approach of prisons to older people has been described as being characterised by 'institutional thoughtlessness'⁷. This concept attempts to encapsulate how prisons, managers and prison staff do not set out intentionally to provide a poorer service to older prisoners but do so by being unaware and insensitive to the nature of those needs and ways in which they might be met.

This has been compounded by older prisoners themselves, who have been characterised as 'old and quiet'⁸ and have not assertively pushed for improvements in services or greater attention to their needs. In addition, from a staff and organisational perspective, older prisoners, and in particular aspects of social care, have been devalued as not 'proper work' for prisons and prison staff⁹. The interests and needs of older prisoners therefore have had a low level of visibility.

As the population of older people in prison has started to rise, so the Inspectorate of Prisons has highlighted the issues that this raises and attempted, with some success, to inform policy and practice development¹⁰. However, there remains no overall national strategy for older people in prisons and instead individual establishments have to 'innovate' or 'improvise' in order to meet the needs of the populations they hold¹¹.

This article is specifically concerned with the innovations and improvisations made at HMP Whatton in order to meet the needs of an expanding population of older men, who pose special problems in relation to custodial management, healthcare and preparation for release. The prison is as a treatment centre for 841 sex offenders. The main focus of the prison is the delivery of ten accredited cognitive behavioural programmes and 173 prisoners completed a programme in 2011/12. At peak operation 120 prisoners will be engaged in a

1. Ministry of Justice (2012) *Offender Management case load statistics 2011* London Ministry of Justice.
2. Crawley, E. (2005) *Surviving the prison experience?: Imprisonment and elderly men* in *Prison Service Journal* No. 160 p.3-8.
3. Ministry of Justice (2012) *Offender Management Statistics quarterly bulletin April to June 2012* London: Ministry of Justice.
4. HM Inspectorate of Prisons (2004) *'No problems – old and quiet': Older prisoners in England and Wales. A thematic review by HM Chief Inspector of Prisons* London: HMCIP p.v.
5. Crawley, E. (2007) *Imprisonment in old age* in Jewkes, Y. (ed) *Handbook on prisons* Cullompton: Willan p.224-244 (p.231).
6. HM Inspectorate of Prisons (2004) see n.4 and HM Inspectorate of Prisons (2008) *Older prisoners in England and Wales: a follow-up to the 2004 thematic review by HM Chief Inspector of Prisons* London: HMCIP.
7. Crawley, E. and Sparks, R. (2005) *Hidden injuries?: Researching the experiences of older men in English prisons* in *The Howard Journal of Criminal Justice* Vol.44 No.4 p.345-56 p. 352.
8. See n.4.
9. Crawley, E. and Sparks, R. (2005) *Older men in prison: survival, coping and identity* in Liebling, A. and Maruna, S. (eds) *The effects of imprisonment* Cullompton: Willan p.343-365.
10. HM Inspectorate of Prisons (2004) see n.4 and HM Inspectorate of Prisons (2008) see n.6.
11. Crawley (2005) see n.2.

programme on any weekday. The establishment has applied for accreditation as an 'enabling environment'¹² an approved scheme supported by the Institute of Psychiatry and aims to provide a 'whole prison approach' to reducing reoffending. Staff prisoner relationships are good and the prison has a clear focus and direction on public protection¹³. Given HMP Whatton's specialisation in sex offender treatment, it is unsurprising that there are a disproportionately high number of older men being detained: thirty seven per cent are over the age of 50, fifty four individual prisoners are over seventy and the oldest is 82.

This article will focus on the ways in which HMP Whatton has responded to the needs of its older prisoners in three important areas: regimes and activities; health care, social care and dying inside; and preparation for release. The article will also close by commenting on the outcomes for prisoners and discussing how this reflects the wider culture of the establishment.

Regimes and activities: Making the prison survivable

For many older people entering prison can feel like a catastrophe with which they struggle to cope and adapt. Part of their response can be to isolate themselves from contact with family and friends outside so as to numb the shame, stigma and pain¹⁴. Inside of prison they may also keep their distance from other prisoners both because they lack trust but also because the activities on offer are unsuitable or inaccessible¹⁵. Without proper stimulation and activity, mental and physical decline can start to set in. It is therefore essential that the activities and services available at HMP Whatton are adapted and developed so as to support the health and well-being of the older population.

A large part of the residential accommodation at HMP Whatton is at ground floor level. This is extremely helpful when accommodating large numbers of elderly or less mobile prisoners. Several areas of the prison are designated for the older prisoners. This ensures that staff can be trained to deal with their needs and that

appropriate services can be developed in this area. The accommodation is generally quieter than the rest of the prison so prisoners feel safer and supported. By offering both segregated and integrated living spaces, older prisoners have open to them choices about their living arrangements.

Many older men have worked throughout their lives and continue to do so within the prison. Indeed, many voluntarily continue even beyond the national retirement age (currently 65). For those who do not work, other opportunities have been developed that enable men to socialize and engage in activities with people in a similar situation so as to 'share commonality, mutual support and alleviate the loneliness experienced'¹⁶.

In 2008, a partnership was established with Age UK, which led to the development of the 'Older Prisoners Active Living Group' (OPAL), funded through the Lankelly Trust. The project included the employment of support worker who was allocated a designated area in order to develop activities for older prisoners. Age UK also provided wider advice and support to staff in their dealings with older prisoners.

The OPAL group operates on four afternoons per week and provides a number of activities for older prisoners. This includes speakers on a range of subjects, from healthcare matters, resettlement matters such as debt and housing advice and activities promoting the constructive use of leisure time, quizzes, community singing and concerts feature regularly. Fifty of the retired group regularly attend sessions. Since 2010 a representative of the Soldiers Sailors and Air force Families Association (SSAFA) has attended the prison on two afternoons per week as part of the OPAL group to engage with elderly ex-service personnel and to help organise suitable age related activities. This has enhanced the range of activities provided and ensured that a greater number of prisoners can attend the sessions.

Physical activity in prisons is often geared toward team activities largely for younger people with rugby and football dominating the curriculum. The

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12. <http://enablingenvironments.com/> accessed on 11 April 2013

13. HM Inspectorate of Prisons (2012) *Report on an announced inspection of HMP Whatton 30 January – 3 February 2012* by HM Chief Inspector of Prisons London: HM Inspectorate of Prisons.

14. Crawley and Sparks (2005) see n.9.

15. Mann, N. (2012) *Ageing prisoners* in Crewe, B. and Bennett, J. (eds) *The Prisoner* London: Routledge p.92-102.

16. *Ibid* p.99.

gymnasium team, in order to meet the needs of the older prisoners, have provided modified exercise programmes and activities suitable for the over 50s. These include a supervised walking group on the sports field and specifically modified gym sessions and activities such as bowls, badminton and modified cardio vascular (CV) sessions.

New regime activities currently being developed include the provision of support for the development of leisure time activities in conjunction with Workers Educational Initiative (WEA) These activities will include history, archaeology, music, Italian art and crafts. This initiative was pursued as education funding was reduced at HMP Whatton in 2012/13. The reason for this was that the Skills Funding Agency had targeted resources at developing employability skills for release. As many men will not be leaving prison to take up employment, as they will be beyond state retirement age, they will need to possess skills to use their leisure time constructively. Discussions are also underway with the local University of the Third Age Group to further develop activities and interests for the older prisoners and to utilise the skills knowledge and experience of prisoners to form their own group.

The core activity at HMP Whatton is offending behaviour programmes. All of these programmes are accessible to elderly prisoners. There is a requirement that they are willing to participate in programmes to be accepted at the prison. All group work rooms are wheelchair accessible and adaptations can be made for prisoners who have specific individual mobility issues or other physical needs met such as paperwork produced in large font for those with poor eyesight. A team of programme support volunteers, comprised of other prisoners who have undertaken programmes, also offer support to those who are concerned or fearful about participation in the group work programmes.

The development of a range of activities to meet the needs of older prisoners is important in enabling them to maintain their well-being in prison. There is ongoing discussion and review of the services provided directly with older prisoners or their peer representatives at OPAL focus groups and the Equality Action Team, and the monthly prisoners' forum. The

aim of these services and the process of review and refresh is to ensure that older prisoners survive imprisonment not only physically but also that they have lives that are socially and emotionally meaningful.

Health care, social care and dying inside

Managing older prisoners brings with it a complex set of health and social care needs. It has been estimated that prison healthcare costs for those over 50 is 250 per cent of the average, and that on average they will have three chronic conditions that require ongoing treatment¹⁷. One of the outcomes of this is that lifestyle prior to custody and the nature of incarceration itself is thought to reduce life expectancy by ten years compared with the wider population¹⁸.

A prisoners' personal care and health needs are assessed upon arrival during the induction process at HMP Whatton by the healthcare staff and the prison disability liaison officer. Specialist chairs, shower seats and mobility aids are provided where necessary to ensure that prisoners are able to function as independently as possible in the prison.

A paid peer support scheme has been developed, in line with recommendations of the Inspectorate of Prisons¹⁹. Day to day Disability Awareness

Coordinators (DACs) are risk assessed and selected to work with other prisoners to assist them with their basic social care needs. These prisoners are based on units where prisoners need extra support with day-t-day social care such as carrying meals, laundry and assisting with mobility. However, the DAC's are not permitted to provide intimate care for safeguarding reasons. These services, when a prisoner is no longer able to care for himself, are currently provided by healthcare assistants. Discussions are underway with the local authority to develop the service further, whereby they will take responsibility for funding paid carers when there is a need for intimate care to be provided. This is particularly important when prisoners are not in need of healthcare services but require help with toileting and bathing.

A team of paid prisoner wheelchair 'pushers' are trained by gym staff in manual handling and a 'taxi' service operates in the prison to allow wheelchair users movement around the prison. The team is called upon

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17. Wahidin, A. and Aday, R. (2005) *The needs of older men and women in the criminal justice system: An international perspective in Prison Service Journal* No. 160 p.13-22.

18. Cooney, F. and Braggins, J. (2010) *Doing time: the experiences and needs of older people in prison* London: Prison Reform Trust.

19. HM Inspectorate of Prisons (2004) see n.4 and HM Inspectorate of Prisons (2008) see n.6.

to allow prisoners with mobility issues access to a range of activities including the gym, library healthcare, chapel and OPAL, counselling, group work rooms, workshops and the education building.

There are some older prisoners with more intensive needs. As a response to concerns from staff about a number of elderly prisoners experiencing symptoms of Alzheimer's, a bid was made in 2012 to the Kings Fund to adapt a dormitory into a specialist suite for prisoners suffering with Alzheimer's and dementia. Adaptations to lighting and sound proofing have been made to enhance the living environment and care for prisoners suffering from these conditions. This facility was completed in April 2013 and provides a useful resource for the growing number of prisoners needing this care. The implementation of this project also included staff training to ensure that it was supported by a skilled and committed team.

Inevitably, some older prisoners die in prison. HMP Whatton has had 27 natural cause deaths in prison custody since 2006. In general, many older prisoners have a dread of 'a prison death' with its cold mechanistic quality lacking proper mental and spiritual preparation, contrasting this with the ideal of final hours spent at home surrounded by family and friends²⁰. Indeed, many of those who have died in HMP Whatton have had little family contact due to a number of factors; the length of time they have been in

custody, the nature of their offences, the age and/or ill health of their own family networks, or simply, their distance from their home area.

Prior to 2008 prisoners requiring palliative care were provided with access to a hospice or the opportunity for compassionate release in their final few days. However, some prisoners and staff expressed concern about the appropriateness of this move. In the absence of family support, a move to a hospice, away from people the dying prisoner knew, and away from the support of other prisoners and familiar prison staff, the experience was lonely and isolating. As a result of this concern prisoners were given the option to remain in the prison to die if they chose to do so, providing the appropriate care and pain relief could be made

available. This was a challenging development for the prison, not least because of the impact of a death in custody has on both staff and prisoners and because of the cultural change necessary to ensure that appropriate care and support was provided to dying prisoners. The prison does not have a staffed 24 hour healthcare facility. Nursing staff are available in the prison from 07.30 hours until 18.30 hours on a Monday to Friday and on Saturday and Sunday mornings. Therefore arrangements to provide healthcare staff outside these times were made with healthcare commissioners when a prisoner was in need of more intensive care at the end of his life, particularly overnight. This was an acceptable arrangement because of the potential savings in bed watch costs and the costs of taking up scarce secondary care facilities. Protocols were agreed with the staff associations about the use of the facility, the security of pain relief medication and the safety of care staff. Risk assessments to allow the prisoner's cell to be unlocked to allow staff access during the night, and procedures were put in place to allow family or friends if they were available and wished to visit, to take place on the residential unit.

These arrangements proved to be very successful. However, the staff team felt that improvements could be made by the development of a purpose built unit designed for the last few days of life, as this was frequently the most challenging

time on a residential unit. This was in part due to the impact on other prisoners of the physical decline of one of their neighbours and also because of the need to retain the deceased on the wing until the police had attended in accordance with the law in respect of deaths in custody. As a result, in 2010 an application was made to the Kings Fund to develop a palliative care suite for the final few days of a prisoner's life. The plan was for the prisoner to remain on a residential wing as long as possible in order that he could retain the contact and support of his peers, moving to a specialist suite away from the main prison wing for his final few days. The suite was opened in 2011; five prisoners have passed away there to date²¹. The development of the 'Retreat' has resulted in a much improved service to the

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20. Crawley and Sparks (2005) see n.9.

21. As at 4.3.2012.

families of the dying prisoners. Visits can be longer and not so constrained by the routines of the prison. Staff can ensure that the prisoner achieves a 'good death' surrounded by familiar staff and with visits from peers (if the prisoner requests this). This innovative programme is comparable with international examples of best practice²².

Managing older prisoners entails complex and emotionally demanding work including meeting health and social care needs as well as planning for dying inside. Responding to these challenges has required sensitive and thoughtful consideration of what could and should be done within the prison setting. The solutions have required careful engagement with staff and prisoners as well as the support of health and charitable funders.

Resettlement

Many older men are concerned about the potential of release into the community. Many lost their material possessions and social networks on conviction and feel that they are facing a hostile and bewildering world without the resources to cope²³. They are often concerned about gaining housing, accessing social and health support and those who have committed sexual offences are also concerned about the risk of violence from others²⁴.

Historically there has been little tailored resettlement support for older men, who have often been simply given the same advice designed for younger men and does not address their specific needs²⁵. Older men themselves have also been often unable to assert their interests and needs and so have been overlooked in planning and preparation for release in favour of those groups and individuals that are more vocal²⁶.

In response to this, HMP Whatton established a pre-release group for older prisoners within 6 months of release, known as Training and Information for Prisoners in their Senior Years (TIPSY). This group meets around six times a year and provides resettlement support and advice to assist older prisoners when

preparing for the transition from custody to the community.

The resettlement of elderly prisoners who have been convicted of a sex offence is often more problematic. On many occasions prisoners will not be permitted to return to their home area because of their offending and the need to protect victims. They may also have licence conditions that are restrictive and prevent participation in previous employment, religious activities or interests — attendance at church groups or religious worship is often either prohibited or seriously curtailed as an example. This means that they will often be resettled in an unfamiliar area, and will often be without the support of positive and familiar role models and activities. This together with the stigma and public concern about the return of sex offenders to the community means that the elderly are often fearful of their release and anxious about their ability to cope outside of the confines of the prison.

In order to respond to this particular challenge, HMP Whatton is in the process of setting up a support programme for elderly prisoners who are likely to be at risk of reoffending upon their return to the community. This programme is based on the model of Circles of Support and Accountability (COSA)²⁷. This initiative was

developed in Canada and combines both help and support for released prisoners but also monitoring, surveillance and accountability for their actions. It has been described that

'The goal of COSA is to promote successful integration of released men into the community by providing support, advocacy, and a way to be meaningfully accountable in exchange for living safely in the community'.²⁸

It is therefore an approach that validates both the needs of victims and those of ex-offenders.

The Circles are comprised of trained volunteers and supported by professionals. HMP Whatton is working

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22. Crawley (2007) see n.5 .

23. Crawley, E (2004) Resettlement and the older prisoner in Criminal justice matters no.56 p.19-22.

24. Ibid.

25. HM Inspectorate of Prisons (2004) see n.4 and HM Inspectorate of Prisons (2008) see n.6.

26. Crawley (2004) see n.23.

27. Wilson, R., McWhinnie, A., Picheca, J., Prinzo, M., and Cortoni, F. (2007) Circles of support and accountability: Engaging community volunteers in the management of high-risk sexual offenders in *The Howard Journal of Criminal Justice* Vol.46 No.1 p.1-15.

28. Ibid p.8 italics in original.

with a national organisation known as Circles of Support as well as Nottingham Trent University, the Quakers and Nottinghamshire Probation Trust amongst others in developing Circles to support older men released into the community. The support will start in prison in order that participants are able to begin to develop relationships with the volunteers before moving into approved premises and then into the wider community.

The development of COSA has been demonstrated to be successful. In Canada, research studies have highlighted benefits for staff and community stakeholders involved²⁹, and has also had a significant impact on re-offending, with a 70 per cent reduction in sexual offending reported³⁰. By improving the resettlement of older men from HMP Whatton, it is the ambition to achieve similar levels of benefit for the community and ex-offenders.

Conclusion

As a national leader in the management and treatment of sex offenders, HMP Whatton has also had to learn to manage an ageing population. This article has attempted to describe the innovations and improvisations made in order to do this. The outcome of this has been positive, with HM Inspectorate of Prisons recognising the high quality of services provided and older prisoners themselves reporting that they felt respected³¹. Although there is more that can and must be done in the future, this highlights the solid foundation that has been built.

The responsiveness of HMP Whatton to this group of people also illuminates some wider issues regarding

organisational culture and values. As has been noted previously, older men are generally less assertive and vocal about their needs than other prisoners³². It has been argued by Elaine Crawley and Richard Sparks that this raises important questions about order and legitimacy in prisons³³. It has been previously suggested that order is created in prisons through a process of negotiation, a 'dialectic of control' between those in power and those are the subjects of that power³⁴. However, that relies upon the exercise of active agency in this particular field struggle by prisoners. What has emerged from the study of older prisoners is that they do not engage in this negotiation and struggle, but instead they are 'old and quiet'³⁵. All too often this has meant that their needs have been ignored, but why have HMP Whatton responded more actively and what does this reveal about the wider organisational culture? There has been some external pressure, brought to bear by organisations such as HM Inspectorate of Prisons and Prison Reform Trust, who have highlighted the problem of older prisoners nationally³⁶. However, much of the pressure for change and the ideas for innovation have come from within, being generated from the staff at HMP Whatton themselves. They have sought to improve the services not in order to maintain a precarious order against potential resistance or in order to comply with managerial requirements, but instead to some degree this has been taken forward because staff and managers see this as worthwhile *in itself*. Whilst it is important not to overplay or exaggerate this, the development of services for older prisoners at HMP Whatton does, at least in part, reflect a wider culture of compassion, care and humanity.

29. Wilson, R., Picheca, J., and Prinzo, M. (2007) *Evaluating the effectiveness of professionally-facilitated volunteerism in the community-based management of high-risk sexual offenders: Part one – effects on participants and stakeholders* in *The Howard journal of criminal justice* Vol.46 No.3 p.289-302.

30. Wilson, R., Picheca, J., and Prinzo, M. (2007) *Evaluating the effectiveness of professionally-facilitated volunteerism in the community-based management of high-risk sexual offenders: Part two – a comparison of recidivism rates* in *The Howard journal of criminal justice* Vol.46 No.4 p.327-337.

31. HM Inspectorate of Prisons (2012) see n.13.

32. HM Inspectorate of Prisons (2004) see n.4.

33. Crawley and Sparks (2005) see n.7.

34. Sparks, R., Bottoms, A. & Hay, W. (1996) *Prisons and the Problem of Order* Oxford: Clarendon Press.

35. HM Inspectorate of Prisons (2004) see n.4.

36. HM Inspectorate of Prisons (2004) see n.4, HM Inspectorate of Prisons (2008) see n.6 and, Cooney, and Braggins (2010) see n.18.