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# Older prisoners and the Care Act 2014:

## An examination of policy, practice and models of social care delivery

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### Introduction

**A substantial rise in the number of prisoners aged 60 years and over has significantly altered the demographics of British prisons over the past two decades.<sup>12</sup> With approximately 102 prisoners aged 80 years and over, and five aged over 90 years, this age group now represents the fastest growing population in UK prisons.<sup>3</sup> This dramatic rise is a result of a number of factors, including, a general increase in life expectancy, an increase in individuals committing crime later in life and, more recently, the targeted pursuit of the historic sexual offend.<sup>4,5</sup>**

An increase in the number of ageing prisoners has inevitably brought with it an increase in incidences of health conditions such as cancer, heart disease, hypertension, strokes, mental health problems and dementia.<sup>6</sup> These specific health issues, coupled with an increase in men suffering from 'general frailty' associated with advancing age, have resulted in a complex and costly challenge for the Prison Service. However, despite such high incidences of age related problems, provisions and standards of social care for older people in prison vary and very often fall short of that delivered in the community<sup>7</sup> despite government policy stating that prisoners should have access to the

same level of care in prison as they would in free society.<sup>8</sup>

Based on the findings of a 12 month research project, funded by the CLAHRC East of England, which examined effective, implementable and sustainable solutions to health and social care delivery within prison, this paper examines the development of existing policy and practice on ageing prisoners and the implications of the Care Act 2014 for the Prison Service. It also investigates the financial cost of prison social care and proposes possible models of delivery.

### Existing practice and policy development

In 2001, the Department of Health produced the National Service Framework for older people,<sup>9</sup> documenting for the first time that good liaison and partnership between prison and healthcare services was vital. This was the first significant recognition of older prisoners' healthcare issues outside of academic and third sector research. In 2006, Prison Healthcare became the responsibility of the NHS through Primary Care Trusts, and although this significantly aided a more consistent delivery of healthcare service, prison officers were still reliant on piecemeal guidance with no minimum standards to help guide their approach to people with potentially complex needs (Prison Service

1. Justice Select Committee (2013) Older Prisoners. Available at <http://www.parliament.uk/documents/commons-committees/Justice/Older-prisoners.pdf>. (Accessed 23rd January 2015).
2. Mann, N. (2012) *Doing harder time? The experiences of an ageing male prison population in England and Wales*, Ashgate Publishing Limited, Aldershot, UK.
3. Ibid, Justice Select Committee (2013).
4. Crawley, E., Sparks, R., (2005a) 'Surviving the prison experience? Imprisonment and elderly men', *Prison Service Journal*, issue 160. Available at <http://www.hmprisonservice.gov.uk/resourcecentre/prisonerservicejournal/index.asp?id=3833,3124,11,3148,0,0> (Accessed 12th April 2006).
5. Ibid, Mann (2012).
6. Ibid, Justice Select Committee (2013).
7. Senior, J., Forsyth, K., Walsh, E., O'Hara, K., Stevenson, C., Hayes, A., Short, V., Webb, R., Challis, D., Fazel, S., Burns, A & Shaw, J., (2013) 'Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model', *Health Services Delivery Research*, Vol 1 (5).
8. The Care Act, 2014. Available at <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>. (Accessed 3rd November 2015).
9. Department of Health (2001) National Service Framework for Older People. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/198033/National\\_Service\\_Framework\\_for\\_Older\\_People.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf). (Accessed 9th June 2015).

Order (PSO) 2855 (prisoners with disabilities); PSO 4800 (working with older women)). Reference to Local Government was also significantly absent at this stage reflecting a considerable lack of recognition of social care needs at the time.

Concerns around the suitability of the prison estate for older offenders was rising amongst both academics and third sector organisations and in 2004 HMP Norwich opened the first purpose built older offender unit which took the form of a care home style facility providing beds for fifteen ageing prisoners who required assistance with daily living. Up to this point, HMP Kingston's E Wing had been the only provision for older offenders; however, its success was heavily thwarted by the unit's layout on three floors, for which it received significant criticism.<sup>10</sup>

HMP Norwich's innovative facility was welcomed by those championing the rights of older prisoners but at a cost of 1.5 million, it clearly demonstrated the financial implications of an ageing prison population.

In 2006, the Disability Discrimination Act (DDA) came into full force and brought into focus the lack of appropriate facilities for offenders with mobility issues and disability. During this time the numbers of ageing prisoners continued to rise significantly<sup>11</sup> and the National arm of Age UK took the innovative step of investigating provisions for older people in prison in comparison to that available in the community.<sup>12</sup> In response to their research, the Department of Health published a toolkit for working with older offenders.<sup>13</sup> However, despite the recognition this gave older prisoners as a distinct section of the prison population, the toolkit was only intended to provide guidance on good practice; it was not until the Equality Act 2010 that ageing prisoners' were for the

first time provided legal protection on the basis of age discrimination.

Consequently, prisons had a responsibility to cater for the needs of older prisoners and to make the regime accessible if the prisoner's condition could be defined as a disability.<sup>14</sup> NOMS also obliged that all prisons carry out equality impact assessments on current and planned services<sup>15</sup> to ensure that older prisoners could receive equal access to services and regimes within the prison. However, despite the presence of equality legislation, the promotion of older prisoners' equal access to the prison regime and improvements in their care and support still largely depended on the adequate implementation of, and compliance with, such legislation (the DDA and Equality Act). Unfortunately,

financial restraints, pressures on staff and a lack of awareness of disabilities within the prison environment provided a number of obstacles to improving access in practice. It became clear that the improved legal standing for older prisoners still needed to be matched by the ability of the prison estate to provide such equal opportunities. One Prison Officer summarised the predicament:

*We still have a lot to do, just to provide the same service for them as we do for the rest of the younger prison population — that's before we begin to provide 'age-*

*specific' services!*<sup>16</sup>

Two comprehensive reviews by Her Majesty's Chief Inspector of Prisons in 2004 and 2008 accurately summarised the provision for older prisoners. In 2004, it was observed that some dedicated provisions, such as the older lifers unit at HMP Norwich, had been developed and that other prisons offered minor

It became clear that the improved legal standing for older prisoners still needed to be matched by the ability of the prison estate to provide such equal opportunities.

10. Prison Reform Trust and The Centre for Policy on Ageing (2003) 'Growing Old in Prison: A Scoping Study on Older Prisoners', PRT, Northburgh, London, UK.
11. Ibid, Mann (2012).
12. Age UK (2011) Supporting older people in prison: ideas for practice. Available at [http://www.ageuk.org.uk/documents/en-gb/for-professionals/government-and-society/older%20prisoners%20guide\\_pro.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-gb/for-professionals/government-and-society/older%20prisoners%20guide_pro.pdf?dtrk=true). (Accessed 7th November 2012).
13. Department of Health (2007) A pathway to care for older offenders: A toolkit for good practice. Available at [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_079929.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_079929.pdf). (Accessed 9th June 2015).
14. The Equality Act, 2010. Available at <http://www.legislation.gov.uk/ukpga/2010/15/contents>. (Accessed 3rd November 2015).
15. Ministry of Justice (2011/2012) NOMS Equalities Annual Report. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/294153/noms-equalities-annual-report-11-12.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/294153/noms-equalities-annual-report-11-12.pdf). (Accessed 19th May 2015).
16. Prison Reform Trust (2010) Doing Time: Good practice with older people in prison — the views of prison staff. Available at <http://www.prisonreformtrust.org.uk/uploads/documents/doingtimegoodpractice.pdf>. (Accessed 9th June 2015).

adaptations for older prisoners (e.g. adapted cutlery, installation of stair lifts); however, such provisions were sparse and were largely implemented by forward thinking and dedicated members of prison staff in the absence of any official policy.<sup>17</sup> It was also noted that there was no overall strategy throughout the prison estate to assess or provide for the needs of older prisoners and only HMP Leyhill had made any major attempts to comply with the DDA (2006).<sup>18</sup>

Overall the provisions for older prisoners were insufficient and characterised by a paucity of education and employment opportunities.<sup>19 20 21</sup> A lack of regime differentiation frequently resulted in the effective exclusion of older prisoners from services or activities, and incidences of isolation and deteriorating health amongst older prisoners started to occur.<sup>22 23</sup> Outside of healthcare provision, which was in itself noted as being problematic and inconsistent, there was little social care on offer. Contact with community based services for older people was rare and access to both assessment and care fell well short of that available in the community.<sup>24</sup>

Again, in 2008,<sup>25</sup> pockets of good practice were noted; the development of forums for older people in prison and the innovative work of voluntary organisations such as NACRO, Age UK and RECOOP, were beginning to raise awareness of the inadequacies of the prison estate in this area and were, for the first time, allowing older prisoners to be recognised as a distinct and rapidly increasing population. However, despite this progress, the picture across the estate remained one of ad hoc and variable provision.<sup>26 27 28</sup>

Whilst some aspects of older prisoner care became more consistently addressed through the use

of specialised health clinics, elements of health improvement and age focused exercise classes,<sup>29</sup> the ad hoc provision of social care for older prisoners continued. In the absence of any guidance on managing non-medical care for older offenders, the responsibility for this has been left with the individual prison (under the HMPS Duty of Care) and the prison healthcare provider, creating inconsistencies across the prison estate. Only a small number of older prisoners are fortunate enough to reside in a prison which has allocated budget to the purchase of mobility aids, such as grab rails, stair lifts and standing frames.

### Social Care and the Care Act 2014

In 2010, the Prison Reform Trust reported that Social Service involvement in prisons remained an exception rather than the rule despite HMIP's recommendations to the contrary. However, as the ageing prison population continued to rise, in 2011/12 the impetus for change was demonstrated by NOMS and NHS Offender Health and Justice via the creation of the Social Care Policy and Implementation Group. This group brought together key stakeholders from the Department of Health, ADASS and the voluntary sector, in order to develop and implement a plan for the provision of social care in prisons.<sup>30</sup>

Later that year, a Parliamentary select committee on older prisoners was convened, publishing a report in 2013 recommending a national strategy for the care and management of older prisoners. It also concluded that older and disabled prisoners should no longer be held in establishments that cannot meet their basic needs, nor should they be released back

17. Ibid, Mann (2012).
18. Her Majesty's Chief Inspector of Prisons (2004) No problems – old and quiet: Older prisoners in England and Wales — a thematic review. Available at <https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/no-problems-old-and-quiet-older-prisoners-in-england-and-wales-a-thematic-review/#.VXVxhMLbL4g>. (Accessed 9th June 2015).
19. Ibid, Her Majesty's Chief Inspector of Prisons (2004).
20. Her Majesty's Chief Inspector of Prisons (2008) Follow up Report on the Thematic Review 'No problems- old and quiet': Older prisoners in England and Wales, London, UK. Available at [http://webarchive.nationalarchives.gov.uk/20130128112038/http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmipris/thematic-reports-and-research-publications/older\\_prisoners\\_thematic-rps.pdf](http://webarchive.nationalarchives.gov.uk/20130128112038/http://www.justice.gov.uk/downloads/publications/inspectorate-reports/hmipris/thematic-reports-and-research-publications/older_prisoners_thematic-rps.pdf). (Accessed 9th June 2015).
21. Ibid, Mann (2012).
22. Crawley, E., Sparks, R., (2005b) 'Hidden Injuries? Researching the Experiences of Older Men in English Prisons', *The Howard Journal of Criminal Justice*, 44(4), 345-356.
23. Wahidin, A., (2004) *Older Women in the Criminal Justice System*, Jessica Kingsley Publishers, London, UK.
24. HMSC (2007) Adult Social Care in Prisons: A Strategic Framework. Health Services Management Centre. Available at <http://www.birmingham.ac.uk/Documents/college-social-sciences/social-policy/HSMC/research/prison-adult-social-care.pdf> (Accessed 9 June 2015).
25. Ibid, Her Majesty's Chief Inspector of Prisons (2008).
26. Ibid, Crawley & Sparks (2005b).
27. Wahidin, A., and Aday, R., (2005) 'The Needs of Older Men and Women in the Criminal Justice System: An International Perspective', *Prison Service Journal*, issue 160. Available at <http://www.hmprisonservice.gov.uk/resourcecentre/prisonservicejournal/index.asp?id=3835,3124,11,3148,0,0> (Accessed 12th April 2015).
28. Ibid, Mann (2012).
29. Aday, R., (2006) 'Managing the special needs of ageing prisoners in the United States', in A. Wahidin and M. Cain (eds) *Ageing, Crime and Society*, Willan Publishing, Devon, UK.
30. Ibid, Ministry of Justice (2011/12).



into the community without adequate care and support.<sup>31</sup>

The Government White Paper 'Caring for our future: reforming care and support' (2012) made the initial commitment to resolve the issue of social care in prison whilst the Care Act (2014) introduced the statutory framework for its delivery behind bars. As of April 2015, a prison's Local Authority is now responsible for assessment of needs and provisions of social care services if a prisoner meets eligibility criteria. Should needs fall short of the thresholds for services, it falls on the prison service to meet any requirements as per the usual duty of care responsibilities.

Although the Care Act does for the first time clearly define who is responsible for the delivery of social care in prison, its implementation will undoubtedly create further hurdles for the Prison Service to overcome. The Select Committee (2013) initial estimates indicate that approximately 3,500 prisoners will be eligible for care and support services in prison under the criteria of the Care Act 2014. However, apart from a brief and ambiguous statement that 'prisoners must pay full or part of the costs if they are in a position to do so',<sup>32</sup> there has been minimal clarification on how local authorities with large prison populations are meant to fund such services.

Unfortunately, however positive the potential impact of the Care Act 2014 on older prisoners, the financial and practical burdens of ongoing needs assessments and difficulties associated with identifying what is medical and what is social care responsibility means that Local Authorities and the Prison Service are now formally responsible for the

costly and heterogeneous needs of their ageing prisoner populations.

### **The financial implications of social care for older prisoners**

The cost of imprisonment in England and Wales currently stands at approximately £36,808 per prisoner per year;<sup>33</sup> yet, for prisoners aged 60 years and over, this figure can be up to three times more due to additional health needs.<sup>34</sup> Delivering the additional responsibilities of the Care Act 2014 will likely create financial difficulties for NOMS at a time when more than £700m has had to be cut from their budget over the last 3 years.<sup>35</sup>

£11.2 million of 'new' money has been set aside to assist Local Authorities in delivering their social care responsibilities to prisoners. Fifty eight Local Authorities will receive this money,<sup>36</sup> divided into £3.8 million for assessments (£2.1m on first assessments and £1.7m on reassessments); £6.5m on providing care (£4.6m on care for over 50s and £1.9m on under 50s) and £900,000 on additional assessments for over 50s within the first year.<sup>37</sup> However, with an estimated 3,500 eligible prisoners,<sup>38</sup> will this additional money will be sufficient?

The average cost (in an example county studied) of undertaking an assessment or a review in 2010/11 was £1,213 with 80 per cent assessed as needing services.<sup>39</sup> Unit costs for services in the community, such as home care or day care, averaged between £131 and £187 per person per week.<sup>40</sup> Based on these figures, if only 10 per cent of the estimated eligible prison population

Should needs fall short of the thresholds for services, it falls on the prison service to meet any requirements as per the usual duty of care responsibilities.

31. Ibid, Justice Select Committee, 2013.

32. Department of Health (2014) Statutory guidance to support implementation of part 1 of the Care Act 2014 by local authorities. Available at <https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>. (Accessed 9th June 2015).

33. Prison Reform Trust (2014) Prison: The Facts, Bromley Briefings Summer 2014. Available at <http://www.prisonreformtrust.org.uk/Portals/0/Documents/Prison%20the%20facts%20May%202014.pdf>. (Accessed 9th May 2015).

34. Ibid, Mann (2012).

35. BBC News (2014) 'Prisons 'struggling' with increase in elderly inmates'. Available at <http://www.bbc.co.uk/news/uk-29788543>. (Accessed 9th May 2015).

36. Local Government Association (2014) The Care Act and Prisons: Briefing Note. Available at <http://www.local.gov.uk/documents/10180/5756320/Care+Act+and+Prisons+-+Briefing+note/2aaf1e35-b1f8-41a5-999c-d98905dea85f> (Accessed 9th June 2015).

37. Ibid, Justice Select Committee (2013).

38. ADASS (2014) Local Authority responsibilities for prisoners: Change in response to the White Paper. Available at <http://www.adass.org.uk/AdassMedia/stories/events/Speeches%20and%20Presentations/WorkshopC.pdf> (Accessed 9 June 2015).

39. Audit Commission (2012) 'Reducing the cost of assessments and reviews: An adult social care briefing for councils'. Available at <http://www.audit-commission.gov.uk/2012/08/reducing-the-cost-of-assessments-and-reviews/>. (Accessed 9th May, 2015).

40. Health and Social Care Information Centre (HSCIC) (2013) Personal Social Services: Expenditure and Unit Costs, England. Available at <http://www.hscic.gov.uk/catalogue/PUB16111/pss-exp-eng-13-14-fin-rpt.pdf>. (Accessed 9th May 2015).

required a 'service', this would still cost a total of between £45,850 and £65,450 per week (£2.3m to £3.4m per year in total). It is doubtful, therefore, that the budget for care provision is enough to cover a significant resource for older prisoners, such as a 'day centre' type model for older prisoners, yet it could cover the cost of mobility aids and modifications to the prison environment, which have until now been funded out of prison budgets.

The impact on local authorities will vary depending on the number of prisons in their area, their size and their function. Local or Remand prisons receiving individuals directly from court may be required to carry out a higher number of assessments but are likely to have a relatively small proportion of people who ultimately require care and support. Those establishments housing longer serving prisoners may have relatively few initial assessments, with new prisoner reception less frequent, however, they would have a greater number of prisoners who will be or become eligible for care and support.<sup>41</sup>

#### **Possible models of delivering social care in prison**

With a relatively small budget and a potentially large number of older prisoners requiring some level of social care service, it will be necessary for NOMS to consider the most effective way in which their responsibility can be delivered. Below we attempt to illustrate what the current options may be and the implications, both financial and environmental.

#### **Accommodation Adaptation**

One way in which the prison system could accommodate older prisoners more successfully is to adapt the built environment in order to make it more suitable for those less able. The addition of mobility aids such as handrails, wheelchair 'friendly' areas, mobility scooters and stair lifts, are simple and relatively low cost changes for allowing older prisoners to remain more independent and access the prison without need for

additional support. At the same time, in-cell provisions such as meals and library books help reduce the need to travel to facilities for those with mobility difficulties.

This is a reasonably economical model of delivery, yet the extent to which the prison can be made suitable and accessible is limited by the existing prison infrastructure. Many establishments in England and Wales date from the Victorian 'penal warehouse' era, or are poor quality 60s and 70s builds<sup>42</sup> which are extremely difficult to adapt. In order to make the prison manageable and allow older prisoners to access education, employment, the gym and library, large areas would need significant redevelopment and a costly process of major adaptation. As such, it is likely that, should this model be adopted, we would see an increase in the use of older prisoners units, whereby the prison regime would be delivered in one dedicated area of the prison. This would ultimately result in the

segregation of older prisoners, which could not only be detrimental to wellbeing, encourage dependency and accelerate ageing,<sup>43</sup> but may also result in the delivery of an ad hoc regime which tends to remain unchallenged by older prisoners, who tend to be compliant.<sup>44</sup>

#### **Regime Adaptation**

Adaptations to the standard prison regime aim to address the specific needs of older prisoners

whilst maintaining their positive influence on the wider population. In recent years, a number of prisons in the UK have begun to develop and implement age-related initiatives, facilitating access to the regime and leading the way in the absence of any official policies.<sup>45</sup>

Specialist services for older offenders, such as over 50s health clinics, low impact gym sessions and designated library sessions<sup>46</sup> can be implemented using existing prison staff, whilst 'day care' support, older prisoner forums and age specific resettlement and release awareness programmes tend to rely on assistance of third sector agencies and charities such as RECOOP, Age UK, NACRO and Restore Network Support. In light of the fact that good practice has already been illustrated by a number of prisons working

The impact on local authorities will vary depending on the number of prisons in their area, their size and their function.

41. Skills for Care (2014) 'Briefing: Care and support for people in prisons and approved premises'. Available at <http://socialwelfare.bl.uk/subject-areas/services-activity/social-work-care-services/skillsforcare/168342care-and-support-for-people-in-prisons-and-approved-premises-briefing.pdf>. (Accessed 9th May 2015).

42. Lockyer, K., & Chambers, M., (2013) 'Future Prisons: A radical plan to reform the prison estate', Policy Exchange. Available at <http://www.policyexchange.org.uk/images/publications/future%20prisons.pdf>. (Accessed 23rd June, 2015).

43. Ibid, Prison Reform Trust (2003).

44. Ibid, Her Majesty's Chief Inspector of Prisons (2008).

45. Ibid, Mann (2012).

46. Ibid, Aday (2006).

closely with non-government agencies,<sup>47,48</sup> it is possible that regime adaptation will be adopted by an increasing number of prisons as a mechanism for delivering on care needs not eligible for a 'service' as such. However, for establishments housing only a small number of older prisoners, this model is unlikely to be cost-effective.

### Informal and formal 'carers'

The use of peer support within the prison system has increased over the years,<sup>49</sup> ranging from the well respected and highly successful Listeners Scheme, which is supported by The Samaritans, through to the use of peers as tutors and advocates; it is commonly agreed that:

*In the right circumstances peers may be better at engaging offenders, can act as 'identity models', may be more effective at sharing information and knowledge, and can support 'managerial and front-line staff struggling with growing workloads'.<sup>50</sup>*

It is for these reasons that the use of peer support, sometimes referred to as 'buddying', could be an efficient and cost effective way of delivering social care within prison.

Within this model offenders could either volunteer as 'carers' or, more likely, take on a job with a specified role such as a 'social care orderly'. This paid role would provide the much needed social care for frailer prisoners, create greater employment opportunities for prisoners, and remove responsibility from overstretched prison staff.<sup>51</sup> There could also be the potential to work towards a nationally recognised qualification, such as an NVQ, in Health and Social care.

Prisoners could fetch meals, assist during mealtimes or help to keep cells clean and tidy. However, NOMS have already stated that it will not be

appropriate for prisoners to provide personal care to other prisoners (PSI 17/2015 and PSI 16/2015). As such, the more intimate aspects of social care delivery, personal hygiene, bathing and so on would still require 'formal' carer input (either through existing healthcare staff or contracted care workers) and depending on the number of prisoners in need, the cost implications could be significant.

### Extending the role of healthcare providers

This 'model' reflects one of the current 'safety net' approaches to meeting social care needs in prison. There appears to be a perception among healthcare commissioners that a number of prisoners' (perhaps 'social care') needs, are currently being met by healthcare and the healthcare budget. The implication being that there are a small but significant group of frail older prisoners who are effectively taking up inpatient beds in prison healthcare units, because they need 'looking after' in a broad sense. It is perhaps not surprising then that one delivery approach envisaged for social care is, in the first instance at least, to engage current healthcare providers formally in providing for assessed and eligible social care needs. This is not to say that existing healthcare providers are or are not the best option, but they may certainly be the most straightforward to adopt.

### Summary

Despite the observed effects of ageing on imprisonment, the evidence of frailty and the prevalence of acute and chronic illness amongst older prisoners,<sup>52</sup> the British government has consistently resisted a dedicated strategy for older prisoners, citing variance and diversity amongst the 'older' offender profile (MoJ, 2014). This position has remained despite disagreement from HMIP<sup>53</sup> who have called for a strategy to address the suitability and accessibility of

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47. Ibid, Her Majesty's Chief Inspector of Prisons (2008).

48. Ibid, Justice Select Committee (2013).

49. Batty, E., & Fletcher, D.R., (2012) 'Offender Peer Interventions: What do we know?' Available at <http://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/offender-peer-interventions.pdf> (Accessed 19th May 2015).

50. Ibid, Batty & Fletcher (2012).

51. Ibid, Age UK (2011).

52. Ibid, Mann (2012).

53. Ibid, Her Majesty's Chief Inspector of Prisons (2004, 2008).

accommodation, better implementation of the Disability Discrimination Act (DDA) and existing PSOs on managing prisoners with disabilities, as well as regime differentiation, age appropriate staff training and an increased use of inter-agency work within prison and on release. The Justice Select Committee reiterated these issues in the 2013 report but the government response remained unchanged:

*A generic 'older prisoner strategy' is not in our view an appropriate way forward... Our view is that prisoners should be managed on the basis of individual needs not on the basis of their age.*<sup>54</sup>

In recent years Prison Officers have been under pressure to become carers as well as custodians, providing social care, palliative care and even mental health care, often without necessary training and support.<sup>55</sup> Such a broad scope in terms of role and responsibilities of an increasingly stretched prison staff is neither realistic nor reasonable.

The size of older prisoner populations at each establishment, the built environment and the existing regime will all greatly impact on the care and support plans put into place. The applicability of the different

'models' of social care delivery depend, for example, on whether there is a suitable room in the prison to set up 'day care' (e.g. ground floor, wheelchair accessible), whether facilities are available (e.g. access to a DVD player/TV, Library support), and whether there are staff or volunteers available to run and support it. In the region studied, the approach has tended towards managing older people as a cohort, locating older prisoners together and ultimately creating 'older prisoner wings' rather than providing different support or dedicated activities. There is undoubtedly a need for somewhere safe to house the increasing numbers of older people coming into prison, however, the 'default' Vulnerable Prisoners (VP) unit by definition may not always be the most appropriate or accessible location.

However social care is delivered within prisons, there will invariably be a tension between the core principles of imprisonment and those of care, wellbeing and dignity. Nevertheless, what the Care Act provides is both renewed impetus to address social care behind bars, and a statutory duty to ensure a minimum standard of support for prisoners — a change much needed by prison staff and the near 10,000 men aged 55 years and over that we now have in prison in England and Wales.<sup>56</sup>

54. Ministry of Justice (2014) Government Response to the Justice Committee's Fifth Report of Session 2013-14 'Older Prisoners'. Available at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/256609/response-older-prisoners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256609/response-older-prisoners.pdf). (Accessed 23rd January 2015).

55. Ibid, Age UK (2011).

56. Ibid, Ministry of Justice (2014).