Written evidence from the Ministry of Justice, Department of Health and Social Care, Public Health England, NHS England and Improvement

OVERVIEW

Definition of older prisoner

For the purposes of this submission, an older prisoner is aged 50 or older. Most of the research literature, prison scrutiny bodies and third-party organisations working in this area adopt this definition, which is based on evidence that the health needs of prisoners are advanced by about 10 years (a 50 year old prisoner would likely have the needs of a 60 year old person in the community).

However, it is important to note that the cohort of older prisoners is not one homogenous group. Individual prisoners in the cohort will not all have the same needs or present the same challenges.

There is evidence that older prisoners experience a high burden of physical and mental health problems. Research suggests up to 90% have at least one moderate or severe health condition[1], with more than 50% having three or more[2]. Their health outcomes are likely to be worse than those of people the same age in the community and worse than those for younger prisoners.

The need for social care within prisons is presumed to be increasing based on reporting from operational services, with the typical older person in prison having on average almost six separate health or social care needs[3].

Q1. WHAT ARE THE CHARACTERISTICS OF OLDER PRISONERS, WHAT TYPES OF OFFENCES ARE THEY IN PRISON FOR AND HOW IS THIS DEMOGRAPHIC LIKELY TO CHANGE IN THE FUTURE?

Characteristics of older prisoners

The Surveying Prisoner Crime Reduction survey (SPCR) was a longitudinal cohort study of 2,171 adult prisoners sentenced to between 18 months and four years in 2006 and 2007. The SPCR was funded by the Ministry of Justice (MOJ) and three other government departments.

An analytical summary entitled “The needs and characteristics of older prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey” was published in October 2014[4] by MOJ Analytical Services. It summarised findings from Sample 2 of the SPCR. The summary focused on the needs and characteristics of 115 older prisoners on reception to custody compared to 2,056 younger prisoners (18–49 years old). The summary notes:

---

[1] Williams, BCA and Greifinger R (2014), The older prisoner and complex chronic medical care, in Prisons and Health, L.M. Stefan Enggist, Gauden Galea and Caroline Udesen, Editor. 2014, World Health Organisation Regional Office for Europe: Copenhagen, Denmark

[2] Hayes et al (2012) The health and social care needs of older male prisoners. International Journal of Geriatric Psychiatry 2012; 27: 1155–1162

[3] Hayes et al (2013) Social and custodial needs of older adults in prison. Age and Ageing 2013; 42 (5): 589-593

[4] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/368177/needs-older-prisoners-spcr-survey.pdf

"a degree of caution should be taken in extrapolating findings due to the small numbers in the SPCR sample and that older prisoners received into prison to serve a sentence of between 18 months and four years constituted a relatively small sub-sample of all prisoners aged over 50 at the time of the survey (15% of prison receptions between June 2006 and July 2007). However, this study is still useful in suggesting that older prisoners may have some unique needs which should be considered in targeting resources."

The key findings are:

- Older prisoners may have greater health needs than younger prisoners. Of the SPCR sample, they were more likely to report needing help with a medical problem and be considered to have a disability. Older prisoners were also more likely to report long-term sickness/disability as a reason for having been unable to work in the four weeks before custody and were more likely to have been claiming sickness/incapacity benefit in the year before custody.
- A higher proportion of older prisoners reported completing a degree/diploma or equivalent or trade apprenticeship, whilst younger prisoners were more likely to report that they had been looking for work or training before coming to custody.
- Older prisoners reported lower levels of drug use compared to younger prisoners, with fewer than three in ten older prisoners reporting using any drug before custody compared to most younger prisoners.
- Older prisoners in the SPCR sample were less likely than younger prisoners to reoffend in the year following release from custody. They reported that the most important factors in reducing their reoffending were suitable accommodation, fear of returning to prison, family contact and support and employment.

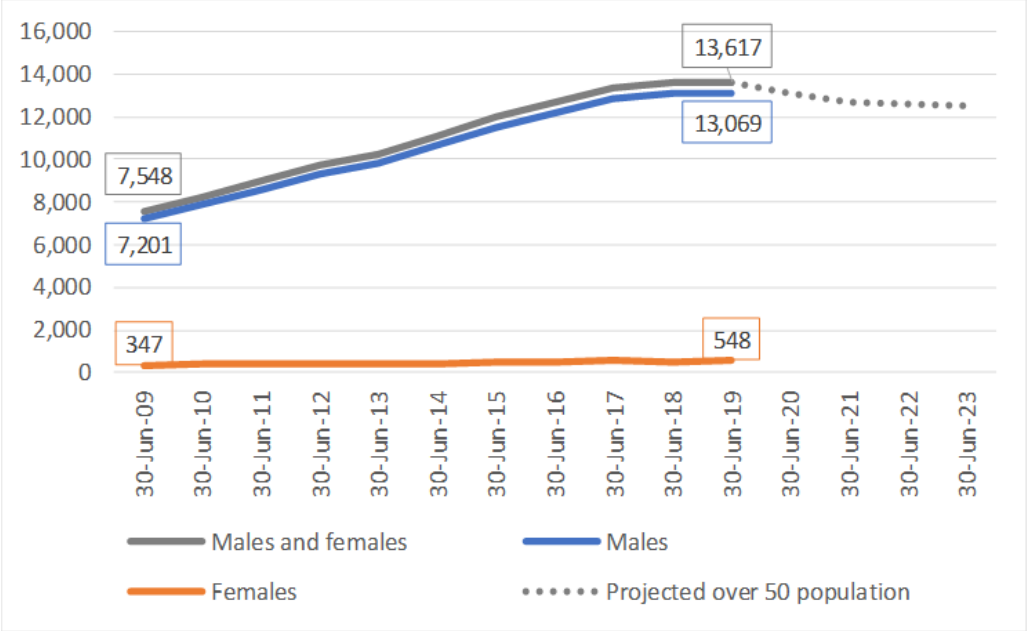
Another finding from the survey was that of offenders sentenced to prison in 2006/07, older offenders were more likely to have a longstanding illness or disability than both younger prisoners (54% vs 32%) and the comparable general population of the same age (54% v 37%). Older prisoners were also more likely than younger prisoners to receive treatment or counselling for a physical or a mental health problem in the 12 months before custody (70% compared to 45%).

Prison population

- The over 50 prison population has increased by 80% since 2009, rising from 7,548 at the end of June 2009 to 13,617 at the end of June 2019. This increase has applied to both the male and female prison population.
- The proportion of the overall prison population aged over 50 has increased year on year since 2009, increasing from 9% at end of June 2009 to 16% at end of June 2019.
- The over 50 male prison population has increased by 81% since 2009, rising from 7,201 at the end of June 2009 to 13,069 at the end of June 2019.
- A rise was also seen in the over 50 female prison population over the same period, increasing by 58% since 2009. The over 50 female prison population rose from 347 at the end of June 2009 to 548 at the end of June 2019.
- However, the most recently published prison population projection figures[5] estimate that the 60-69 and over 70 year old sub-populations are projected to remain constant both in absolute terms and as proportions of the total population.

[5] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/827791/prison-population-projections-2019-2024.pdf

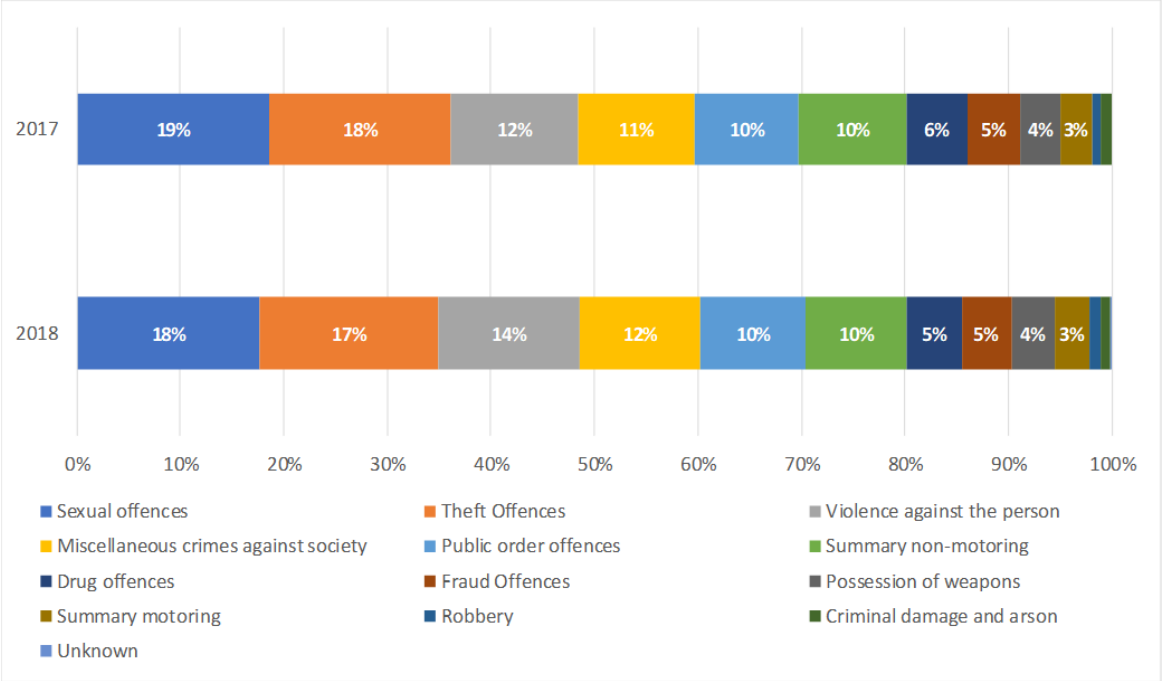
- The population of 50-59 year old offenders is projected to decrease in both absolute terms and as a proportion of total population from 10% to 9% over the projection horizon.



Offence Type

- Offenders aged over 50 are more likely to be convicted and sentenced to immediate custody for sexual and theft offences (19% and 18% in 2018 respectively).
- The average custodial sentence length was 25.3 months in 2018 for offenders aged 50 or over convicted and sentenced to immediate custody.

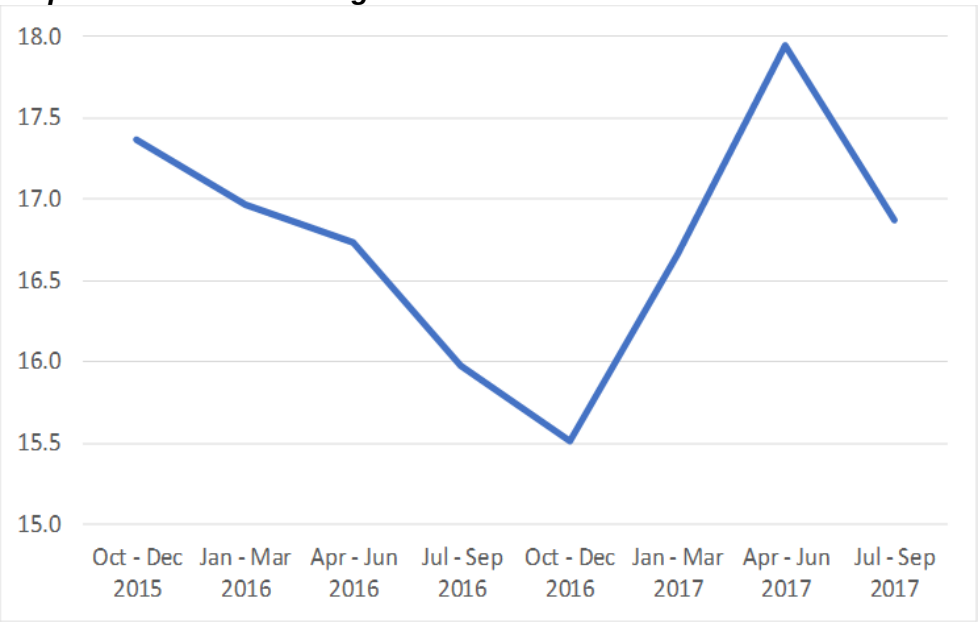
Offenders aged over 50 convicted and sentenced to immediate custody by offence group



Reoffending

- Under a fifth (16.9%) of offenders aged over 50 between July to September 2017 reoffend within a year (29.3% for all offenders)

Proportion of offenders aged 50 or over who reoffend



Q2. WHAT CHALLENGES DO OLDER PRISONERS FACE, WHAT SERVICES DO THEY NEED AND ARE THERE BARRIERS TO THEM ACCESSING THESE?

There is evidence that older prisoners experience physical and mental health problems, with their health outcomes being worse than those of the same age in the community and worse than younger prisoners. The need for social care within prisons is presumed to be increasing based on reporting from operational services.

The presence of long-term and complex health conditions, as well as age related illness, can make effective management difficult for any individual, but this may be exacerbated when care is being delivered in a prison. The nature of the prison built environment may pose a specific challenge for this cohort, particularly for those who experience sensory impairment or reduced mobility (or both).

An example might be individuals at risk of osteoporosis where their access to non-load bearing exercise (i.e. swimming) is significantly challenged. In addition, it may be more difficult to deliver support clinics for older, frailer people in a secure establishment. Timely assessments of cognitive decline can also be a challenge within a prison environment because of its regimented nature. This could mask what an individual needs, and in turn could result in a delay in securing necessary treatment and adaptations.

Ensuring purposeful and suitable activity for older prisoners may be a challenge. Some of those approaching or beyond retirement age may derive little benefit from or have limited interest in formal education or employment and as prisoners age their ability to undertake work and physical activities may decrease.

However, people can biologically age at different rates so, for example, someone aged 75 may be healthier than someone aged 60. Instead of simply age, 'frailty' may have a bigger impact on their likelihood to require care and support.

Direct feedback from older male prisoners indicate that some may feel vulnerable amongst younger and more mobile prisoners. They may have concerns about their safety and ability to extract themselves from potentially volatile situations. There may also be a sense of loss if they are less able to participate in activity that once came naturally. This could act as a barrier to accessing services or interacting with others as one response may be to retreat to minimise awareness of what they see as a loss of abilities.

The MOJ and Her Majesty's Prison and Probation Service (HMPPS) remain committed to developing effective responses to the needs of older prisoners and has produced a Model for Operational Delivery (MOD) for Older Prisoners[6]. The MOD is designed to support governors and directors in running efficient and effective services within a reorganised adult male prison estate by setting out what each prison type should do and what 'good' looks like; explaining the activities and support services each prison should provide; and enabling senior prison leaders to make choices based on evidence. The MOD provides information and best practice examples on what distinct services might need to be considered for older prisoners and how any barriers to accessing these services might be overcome. Some of the topics considered in the MOD include:

- mobility, accessibility and location
- setting up activity centres
- family contact
- education and work based learning
- library services
- promoting self-determination
- physical education and activity
- tailoring a regime
- the Offender Management in Custody (OMiC) model

Offender Management in Custody (OMiC) Model

The OMiC model will introduce the role of the key worker, who will be the first point of contact for a prisoner and spend an average of 45 minutes a week on their case. The key worker will aid and encourage older prisoners to engage with the regime and undertake activity available within the prison. For older prisoners in particular, dedicated time with a key worker should help to reduce feelings of isolation.

The OMiC model should help to improve communication between the prisoner and their prison and community offender managers. This should further help alleviate any anxieties faced by older prisoners, particularly those who have served long sentences, or those at the point of release. Training is recommended to support prison offender managers to understand the specific needs of older prisoners.

Another known issue among the older prisoner population is becoming institutionalised because of spending long periods in custody (as shown in the accompanying evidence pack). A key principle of the OMiC model is motivating prisoners to develop self-efficacy by engaging with rehabilitation and resettlement planning.

As such, all prisoners will be supported by their keyworker and encouraged to progress through their sentence and, where appropriate, prepare for eventual release. This, along with a degree of self-determination, should help to reduce any potential feelings of

[6] Copies of all the MODs were provided to the Committee at the time of its "Prison Population 2022" inquiry earlier this year. A copy of the MOD on older prisoners is attached again as Annex A for information.

helplessness or powerlessness among the cohort. This should have added benefits when it comes to staving off premature ageing or dementia also.

The role of the key worker
Key workers could help older prisoners by:

- encouraging them to decide where they would like to reside upon release and signpost them to relevant agencies, such as the local authority;
- explore, with the older prisoner, the option of utilising Home Detention Curfew (HDC) or release on temporary licence (ROTL);
- encouraging them to maintain links with family and close friends in the community;
- encouraging them to research their local area and amenities to gain an understanding of the community on release; and
- encouraging prisoners to engage with the regime and highlighting age appropriate activities available within the prison.

Key workers should liaise with OMUs to ensure there are no safeguarding concerns in relation to addresses proposed for release or family contact. The prison offender manager and community offender manager will be involved in assessing and approving release addresses, ROTL and HDC.

OMiC is currently being rolled out. Key work implementation activities started in all of the 92 male closed prisons early this year and 78 of these prisons have completed all of their implementation activities by September 2019. The team responsible for OMiC developed a sign off criteria for prisons that have completed implementation of key work to assess a prison against the required performance levels. Again by September 2019, 38 of the male closed prisons that have completed implementation have been signed off for key work delivery.

Q3. IS THE DESIGN OF ACCOMMODATION FOR OLDER PRISONERS APPROPRIATE AND WHAT COULD BE DONE TO IMPROVE THIS?

On the older prison estate, accessibility could be an issue in several ways. This may include accessing cells where the door is too narrow to accommodate a wheelchair, adaptions to individual cells such as adding grab rails to allow prisoners to mobilise from sitting to standing, facilities being located on different floors without lifts being available for those who have trouble using stairs and the prison occupying a large estate so prisoners must travel long distances to access different facilities.

Work is carried out at older prisons to address these issues and to enhance the facilities to accommodate all prisoner needs, including for those with limited mobility. For example, discussions are currently underway with HMP Dartmoor about widening cell doors to allow wheelchair access. Accessibility access audits have also been carried out at several prisons, with more planned, to assess disability access issues that require action. These accessibility audits cover issues that could be problematic for an ageing prison population as well as those who are disabled.

Required work is normally identified by prison governors and funding is sought through capital bids to complete work. However, the ability to carry out such improvements is limited by the funding available.

In the new build resettlement prisons at Wellingborough and Glen Parva, improvements have been made to the design to better accommodate older prisoners. Improvements

include bedrooms suitable for those with reduced mobility, level access across the site and provision of lifts in all buildings to ensure all areas of the prison are accessible, as well as finishes known to aid way-finding and orientation for those with reduced cognition or visual impairments. The new house-block design also includes spaces suitable for regime activities that meet the needs of older prisoners.

In these new build prisons, 8% of bedrooms are designed to cater for residents who have physical mobility or enhanced medical needs i.e. palliative care. The distribution of bedroom types is given in the table below.

Bedroom Types per Houseblock

Bedroom Type	Ground	First	Second	Third	Total	% of total
Single	**41**	**54**	**54**	**54**	**203**	**86.8%**
Double	**3**	**3**	**3**	**3**	**12**	**5.1%**
Low Mobility	**3**	**3**	**3**	**3**	**12**	**5.1%**
Accessible	**4**	**0**	**0**	**0**	**4**	**1.7%**
Medical	**2**	**0**	**0**	**0**	**2**	**0.9%**
Observation	**1**	**0**	**0**	**0**	**1**	**0.4%**
Total	**54**	**60**	**60**	**60**	**234**	**100.0%**

In the previous new build prison at Berwyn, there are four low mobility cells on each house on the ground floor. This is one in each community and 12 in total.

In the case of any further new build prisons and taking account of the cohort types they will house, we will continue to reflect on the needs of the older population in the design and specification. For example, giving due consideration to the required percentage of low mobility cells.

Q4. HOW DO OLDER PRISONERS INTERACT WITH THE PRISON REGIME AND WHAT PURPOSEFUL ACTIVITY IS AVAILABLE TO THEM?

As already noted, older prisoners are not one homogenous group, all with the same needs and presenting the same challenges. The way individual older prisoners interact with the prison regime will vary depending on their individual circumstances and inclinations. Many older prisoners who are able to will want to take part in education and employment opportunities offered under the normal regime.

For those who are unable to take part, for example because of health issues, the MOD for older prisoners provides practical suggestions, solutions and adaptations. Some of the considerations discussed in the MOD to respond issues that commonly arise are:

- Education and work based learning
  While education in prison is normally geared towards providing individuals with skills to gain employment on release, this may not be the case for older prisoners where it may be more relevant to use education to promote activity, mental stimulation and wellbeing. IT learning is cited as a good way of promoting intellectual stimulation, while also providing a skill that is both relevant and useful on release.

- Employment
  The older prisoner cohort will have a mixed range of requirements when it comes to employment, both within prison and on release. Some will be beyond retirement age and less likely to want to work after release. However, they will still need suitable opportunities to keep them busy and mentally stimulated. There will be others who

do want to work and who should have access to the same opportunities as younger prisoners, if necessary by making suitable adaptations to allow them to participate.

- Library
  The MOD highlights the importance of the library as a quiet place for reflection, as a place to meet peers to reduce feelings of isolation and also for mental stimulation. The possibility of scheduling different times for older prisoners to access the library as well as meeting different needs by providing large font material as well as audiobooks are all highlighted.

- Physical education and activity
  Older prisoners may have different needs concerning regular physical activity compared to younger prisoners but its importance in helping to maintain physical and mental health should not be overlooked. Various alternatives such as yoga, pilates and tai chi can help to maintain physical and mental health for older prisoners. Consideration should be given to whether older prisoners should have separate gym sessions to remove the possibility of being uncomfortable or intimidated by attending at the same time as younger prisoners.

- Self-determination and long-term imprisonment
  Prisons are encouraged to take opportunities to promote an older prisoner's self-determination, particularly for those who are nearing the end of a long sentence. The regimentation of prison life may undermine older prisoners' ability to think independently but they will need to able to do this if they are to thrive after release.

Changes to the prison education system

The prison education system has been overhauled, giving governors more control over the education budget for their establishment. Governors now have the tools, and control of the budget, to commission the education provision that best meets the needs of their prisoners. They have two routes available for education and training: their core Prison Education Framework (PEF) provider and the prison education Dynamic Purchasing System (DPS).

Under these new commissioning arrangements, individual Governors can commission bespoke education provision and, through the DPS, Information, Advice and Guidance services tailored to meet the needs of their prisoners. For older prisoners, this could include:

- Advice on "career in custody" progression opportunities for those on long sentences;
- Advice and guidance on new career options and associated recommended education and training for those nearing release who may not be able to return to their previous employment due to personal or labour market changes;
- Advice and guidance on self-employment, utilising skills acquired through education and training completed in custody;
- Information on peer mentoring roles in custody and voluntary opportunities in the community on release;
- IT courses to help prisoners develop confidence and skills in ways that will help them on release;
- Bespoke careers education courses, including how to market oneself to employers;
- Prison based community building activities, and
- Basic life skills training, which can include budgetary management and advice on navigating the technological changes that have occurred since they were first incarcerated.

Governors will also wish to ensure that any prisoners with mobility issues, for example, are able to access the Information, Advice and Guidance support and education provision on offer.

Facilitating access to the regime for older prisoners

Maintaining the good health and wellbeing of individuals in prison, not least so they can engage and enjoy in the courses on offer is important. Local arrangements need to recognise that a person with mobility issues or a cognitive impairment may take longer to arrive at a planned session and escorting prison officers need to be equipped to understand and accommodate their needs.

The general primary care, secondary care, mental health interventions or interventions in relation to dependency issues should mirror the treatment access that older prisoners would be able to engage in within the community. Health services covering these health care needs are available within any prison establishment and there are significant measures put in place by healthcare staff to support the needs of older people in prisons.

Some prisons will hold regular occupational health sessions, some offer memory clinics for individuals to be referred into and some establishments hold falls clinics. In September 2017, HMP Wymott introduced in cell telecare technology to support elderly people and improve response times to crisis events when they are alone in their cells.

Examples of good practice at HMP Usk and HMP Wymott

Person centred care is a key theme at HMP Usk, where multi-disciplinary teams routinely meet to discuss the needs of individual men. Regularly social workers, physiotherapists and occupational therapists work collectively to deliver the best care. This supports the principles of the Social Services and Well-being Act 2016 (Wales.)

Additionally, a ‘buddy’ system operates at HMP Usk, where prisoners are recruited and trained to provide support to those in need of social care and mobility assistance. This can include aid at induction, help filling out applications, collecting meals, providing companionship and facilitating attendance at visits. This facilitates greater involvement for older prisoners in the prison regime, helping to promote social inclusion and well-being. The buddies receive a training induction, which helps grow their confidence, as well as a salary for their work.

HMP Usk also has a CAMEO (Come And Meet Every One) Centre, which engages a large group of older men in meaningful activity. This helps socialisation in men with a tendency to self-isolate. The project is delivered in partnership between the prison, Monmouthshire County Council and the Salvation Army. AV facilities are also included to help deliver tailored training for older men, as well as reminiscence events for men in the early stages of dementia. Currently, work is being undertaken to fit a domestic kitchen in the centre, which will help equip men with the life skills needed for resettlement. Similarly, ICT facilities will soon be incorporated to provide skills and training for the men.

Similarly, HMP Wymott has set up its own CAMEO activities centre for older and disabled prisoners. With the help again from the Salvation Army, an area has been created offering an opportunity to get off the wing and to spend time in a supportive environment. The centre is located near the older prisoner unit and has private access to a small garden and a kitchen.

The centre provides a range of meaningful activity, including indoor bowls, sessions on geography, history, handicrafts and microwave cooking, music and book appreciation, discussion groups and cheese tasting.

As at Usk, the centre also has a practical focus on resettlement, equipping prisoners with skills for their release including courses in practical living (paying bills, accessing resources and health care services), domestic living (health and hygiene), reality living (wills, enjoying life) and really living (dietary advice).

Example of good practice at HMP Frankland
The Independent Monitoring Board's report on HMP Frankland covering 2017- 2018 was published in August 2019 and noted:

More than a third of the population is over 50 and 35% have one or more registered disability. There are specially adapted cells and showers available. Smaller items such as walking frames, thermal underwear, wedge pillows and chair raisers are also provided on request. It is pleasing to note that a stairlift to enable prisoners with mobility issues to access library and education facilities has now been installed and is in use. There are regular activities for older prisoners. Weekly sessions run by Age UK are very popular. The prison also runs daily 'B-Active' sessions where older prisoners engage in sedentary work, for example producing poppies for the British Legion. Similarly, age-appropriate activities are held in the gym.

Example of Good Practice in the women's estate at HMP Eastwood Park
Resettlement and care for older ex-offenders and prisoners (RECOOP) set up the Rubies Day Centre for the older women prisoners at HMP Eastwood Park in 2011 and has run it since. It was mentioned in an HMIP report[7] of an unannounced inspection of the prison that took place in May 2019:

"Older prisoners (aged over 50) were appreciative of the support provided by the four-times weekly RECOOP Rubies groups".
A prisoner who used the centre explained its importance in RECOOP's publication "A Different Sense of Time"[8]:

The Rubies (Day Centre, HMP Eastwood Park) supplied me with friendship, strength, confirmation and the ability to share emotions. It is a promise against loneliness, the loneliness of getting older. Through this I could slowly build up a new identity. It was my first time in prison. I will not be back.

Q5. DOES THE PROVISION OF BOTH HEALTH AND SOCIAL CARE, INCLUDING MENTAL HEALTH, MEET THE NEEDS OF OLDER PRISONERS AND HOW CAN SERVICES BE MADE MORE EFFECTIVE?

Health care, including mental health
The Prison Rules 1999 include a statutory requirement for prison governors to work in partnership with local healthcare providers to secure the provision to prisoners of access to the same range and quality of health services as the general public receives from the National Health Service. In our National Partnership Agreement for Prison Healthcare 2018-21[9] the MOJ, HMPPS, Public Health England (PHE), the Department of Health and Social

[7] https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2019/08/Eastwood-Park-Web-2019.pdf
[8] https://www.recoop.org.uk/dbfiles/pages/154/A-Different-Sense-of-Time-v2.pdf
[9] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767832/6.4289_MoJ_National_health_partnership_A4-L_v10_web.pdf?_ga=2.94607519.2013634199.1566915830-1451204595.1497012267

Care (DHSC) and NHS England have jointly committed *"to improve the health and wellbeing of people in prison and reduce health inequalities",* which includes older prisoners.

NHS England is working with partners across the criminal justice and immigration removal system to improve services for offenders and detainees with mental health difficulties. In October 2018, NHS England and NHS Improvement (NHS E/I) published the revised service specification: *Integrated Mental Health services for prisons in England*[10]. This updated service specification is now fully implemented across the estate and provides an important opportunity to take account of the changing profile of people in prison, such as the ageing population. It includes a section regarding co-morbidity, which outlines that providers need to take account of the fact that service users often have multiple and complex needs, for example co-morbid mental health and substance use or physical health issues, which require a comprehensive, coordinated, multi-agency response.

To address this, the specification outlines that the health care service provider must:

- Contribute to the development of clear pathways and joint assessments with mental health, substance misuse and primary care services to ensure high levels of joint working for those identified with multiple needs;
- Operate from a position of "No Wrong Door"; wherever a service user presents – to substance misuse services, mental health services, primary care or via some other intervention, it is incumbent upon providers to meet immediate needs and bring appropriate provision to the client, not 'send' the client to another intervention; there should be no 'hand offs';
- Be able to evidence jointly run group interventions, and co-attendance at Complex Care Meetings.

The MOJ and HMPPS are committed to support delivery of these health services by ensuring that prison staff have the capabilities they need to support offenders' increasingly complex needs, including in relation to mental health. A comprehensive review of the Introduction to Mental Health POELT Training has almost concluded. This will also be carried over to the POELT Apprenticeships. The training now includes interactive exercises, up-to-date figures and a new trainer manual. We intend to follow up with a review and re-write of the Enhanced Mental Health training, which is mandatory for all Assessment, Care in Custody and Teamwork (ACCT) Assessors.

Social Care

A need for care and support can arise at any age. However, it has already been noted that older prisoners are likely to make up a higher number of those eligible for care and support, given they experience higher prevalence of long-term conditions, reduced mobility levels, and sensory impairment.

The Care Act 2014 clarified that local authorities in England are responsible for undertaking assessments and making arrangements to meet eligible need for social care for those people residing in prisons, approved premises and bail accommodation within their geographical boundary. The Association of Directors of Adult Social Services (ADASS) has set up a Care and Justice Network to enable collaboration between local authority teams working in this area.[11]

Under the Care Act 2014 and the equivalent Welsh legislation, the Social Services and Well-being (Wales) Act 2014, the threshold for eligibility for care and support services in prisons in

[10] https://www.england.nhs.uk/publication/service-specification-integrated-mental-health-service-for-prisons-in-england/

[11] More information can be found at: https://www.adass.org.uk/invitation-to-join-the-new-adass-care-and-justice-network

both England and Wales is the same as for people who are living in the community. Local authorities therefore need to have processes in place to respond to referrals, undertake assessments and deliver care for those in prison settings. There is a 'no wrong door' approach to the identification and referral of social care need in prisons. Prison custodial services, healthcare services and individuals with needs can all ask for a social care referral assessment.

Unlike in the community, those in prison are not entitled to direct payments for their care and support, unless on bail prior to conviction, and have much less choice over how their eligible care needs are met. Prisoners are not able to express preferences for particular accommodation, except when this is being arranged for after their release.

DHSC makes funding available through the Social Care in Prisons section 31 grant (£10.76m in 2018/19) to meet the care and support needs of prisoners.

Examples of good practice in relation to older prisoners

Since the introduction of the Care Act 2014 we have seen some excellent practice develop. For example, at HMP Exeter a specialist unit has been developed as a regional resource for the Devon cluster of prisons. The unit provides support for men who have a short term need for a more intense social and clinical package of care arising from a return from hospital or change in their wellbeing. It also has a well-equipped palliative care suite that can be used as a national resource. Local arrangements allow any of the Devon prisons to transfer men to this unit for this intense intervention to improve their mobility and health for them to return to the main prison population and community.

In the North-East, NHS commissioners have commissioned AgeUK to deliver an Older Persons Project, which targets both the physical and mental health of the men. The service aims to contact every prisoner over the age of 50 and provide information on the wide range of activities and services available. For example, tailored group activity sessions covering a variety of health topics and gym sessions for over 50s have been introduced. The project aims to support the rehabilitation and resettlement process to ensure prisoners have access to information and support pre-release or on transfer. It also provides an advocacy service for older prisoners to support them to express their needs effectively and improve their mental health and wellbeing. The project originally started in HMP Northumberland, but has proved so successful that it has been expanded to HMP Frankland and HMP Holme House, and AgeUK are also acting in an advisory capacity to HMP Durham, HMP Kirklevington Grange and HMPYOI Low Newton.

Due to an increase in the population that are diagnosed with dementia, some prisons are providing specialist support in this area. HMP Belmarsh has initiated an older prisoners wing and healthcare staff have received additional training in being dementia friendly and Alzheimer's to support this population

HMP Stafford is also providing a dementia service, which includes screening all those over 50, a diagnostic clinic within the prison, behaviour management advice and training for officers. This service commenced in August 2019 and will be extended to HMP Oakwood later this year. Further examples of good practice can be found at Annex B

Work to ensure services are effective

Social care

In September 2018, Her Majesty's Inspectorate of Prisons (HMIP) and the Care Quality Commission (CQC) carried out a joint thematic report on Social Care in Prisons. Whilst the review identified several developments that are good practice, like the services highlighted above, it also identified that there continue to be wide variations and inconsistencies in the social care of prisoners across the prison estate.

In response to the joint thematic report, HMPPS published an action plan in December 2018, setting out how it would respond to the report's recommendations. There is a programme of work underway and a number of actions have already been completed, with an update on progress to be provided in due course.

An example of work underway is asking all prisons to complete a Social Care Assurance Document. The aim of the Assurance Document is to provide a national picture of how developed social care provision is at a local level. This will help inform HMPPS on how we can support prisons where needed, identify good practice, and fully deliver the recommendations of the joint thematic report. For example, in areas where local authorities and prisons work together to train, manage and support "buddies", peer-to-peer schemes are being developed to support men and women with social care needs and we are improving dissemination of this good practice. In May 2018, MOJ and HMPPS launched guidance for peer-to-peer schemes with supporting operational tools for all prisons.

The MOD for older prisoners is also feeding into this work, as it has helped services to become more effective by gathering together evidence, relevant literature and good practice examples from across the estate to aid governors in their planning for older prisoners.

More widely, DHSC will set out its proposals for the future of social care in due course.

Healthcare

Older prisoners may have multiple and complex medical and social care needs, which often require specialist care, pain management and palliative or end of life care. We recognise further research and evaluation into the effectiveness of health and social care for older prisoners is needed, while also recognising that as previously noted, older people in prison are not a homogenous group. The outcome measures used to evaluate the effectiveness of services need to reflect this.

PHE has developed guidance for the development of high quality and effective health and social care needs assessments for older people in prison[12]. Prisons are encouraged to use this as the foundation for ensuring that met and unmet needs are identified, and services are designed to meet these identified needs.

PHE recommends that as a minimum the guidance should be used on the usual three-yearly cycle, when contracts are being re-procured, or when a prison is re-designated if this leads to a rapid increase in the number of older people within the prison. The guidance emphasises the importance of understanding the impact of the physical environment of prison, engagement with service users to understand need and effectiveness of existing services, and planning for release and continuity of care.

PHE has also developed evidence based standards to improve the health and wellbeing of women in prison. These include standards for health services for older women, which support the requirement for health needs assessments, changes to the environment, an older prisoners lead, the formation of internal prison committees and policies, provision of communal areas and appropriate purposeful activity, and release planning.

Dying Well in Custody Charter

Older prisoners account for over half of all deaths throughout the estate, despite representing less than a fifth of the total prison population. The cohort accounted for 87% of the deaths by natural causes in 2016 and the rise in the number of older prisoners has seen

[12] https://www.gov.uk/government/publications/health-and-social-care-needs-assessment-of-older-people-in-prison

a related rise in deaths in custody. Supporting people who are expected to die in custody can be a difficult and emotional time for the staff who care for them, the individual and their families.

To support prisons to adapt and provide services to ensure prisoners have the appropriate care and can die with dignity in custody, the Dying Well in Custody Charter[13] was launched in April 2018. The Charter, developed by NHS, HMPPS and partner organisations, provides a set of standards for palliative and end of life care in prison and provides establishments with guidelines that set out best practice.

A self-assessment tool has been produced to support the implementation of the Charter and guide staff to do a baseline assessment of their current provision. This will help prisons to better recognise what is being done well and plan for improvement where needed. The self-assessment process is centred on partnership working, encouraging people to work together to produce local action plans and lead in appropriate areas of care or security and management.

The value of the Charter is recognised by key organisations, including the National Leadership Alliance, Prison and Probation Ombudsman and HMPPS. It was also shortlisted in the Team of The Year category of the Nursing Times Awards 2018.

Wales

In Wales, the Social Services and Well-being (Wales) Act 2014 outlines the duties placed upon local authorities in relation to older prisoners, as reflected in the National Care and Support Pathway for adults in the secure estate. The pathway has been developed to provide a step by step journey for adults when they are detained in the secure estate in Wales, and sets out the many opportunities for their care and support to be considered and acted upon. As in England, the threshold for receiving social care and support is the same as in the community.

A local authority must offer an assessment to any adult where it appears to that authority that the adult may have needs for care and support and, if the adult does, what those needs are. The Welsh Government have produced Supplementary Guidance to support the code of practice on Part 11 Social Services and Well-being (Wales) Act 2014.

The Supplementary Guidance explains that in carrying out the assessment, the local authority must be proportionate to the circumstances and must focus on the outcomes the adult wishes to achieve in his or her daily life and the extent to which the provision of care and support, preventative services, or the provision of information, advice or assistance, could contribute to those outcomes.

A key element of the assessment is to build on the individual's strengths and capabilities, through access to appropriate support both inside and outside the secure establishment, to enable the individual to better support themselves both while they are in the secure estate and to better prepare them for release.

The local authority liaises with other professionals if specialist assessments are required and these will be integrated into the care and support plan if a plan is required. The outcome of the care and support assessment will be shared with the adult, their family/carers, secure estate staff, and other agencies working with them to provide their care and support. The local authority is responsible for gaining consent for this information to be shared from the adult during the preparation of the assessment.

[13] http://endoflifecareambitions.org.uk/tag/prisons/

The local authority must follow the requirements set out in the Care and Support (Assessment) (Wales) Regulations 2015, the code of practice for Part 3 assessing needs and use the National Assessment and Eligibility Tool.

If any of the adult's needs are not eligible the local authority must still provide information, advice and assistance, and signpost and enable access to preventative services to assist the individual and to prevent them deteriorating further. It is important to remember that eligibility does not mean the individual has access to different support, merely that the provision of such support is managed by the local authority

Currently, HMP Usk is the lead site for older prisoners in Wales, as it holds the highest proportion per capita of older prisoners of all the prisons in Wales. The prison caters specifically for men convicted of sexual offences, as well as vulnerable individuals. An Older Persons Unit is currently being developed at HMP Usk, which is specifically tailored to meeting the needs of older prisoners aged 67 and over and other individuals with specific vulnerabilities and social care needs.

All areas of HMP Usk are accessible to those with reduced mobility. The exercise yard has a ramp in place and there is a stair lift installed to enable people to access the landings. Any specific requirements identified by Social Care or Safer Custody are addressed, for example the installation of adapted tools and grab rails for older men and fall sensors for those at risk.

Q6. DO PRISONS, HEALTHCARE PROVIDERS, LOCAL AUTHORITIES AND OTHER ORGANISATIONS INVOLVED IN THE CARE OF OLDER PRISONERS COLLABORATE EFFECTIVELY?

The Care Act 2014 and the Social Services and Well-being (Wales) Act 2014 clarified in statute that local authorities are responsible for ensuring that social care for adults in prisons, approved premises prisons located in their area is provided on an equivalent basis to that of people living in the community. It outlines the way in which local authorities should carry out needs assessments and how local authorities should determine who is eligible for support. Statutory Guidance and Codes of Practice set out clear responsibilities to ensure clear information and processes are in place to identify and address eligible needs at the earliest opportunity. However, given the range of organisations involved, it is clear that it is only through close partnership working that we can deliver the level of care to which prisoners are entitled.

Under the Care Act 2014, there is a reciprocal duty on various partners including local authorities, NHS bodies, prisons and probation to co-operate in exercise of their functions relating to adults with needs for care and support (s.6 Care Act 2014).

At the national level, the National Prison Healthcare Board brings together MOJ, HMPPS, DHSC, NHSE/I and PHE to ensure joint working across health and justice partners. It provides a forum to agree shared priorities and to drive co-operation and improvement amongst the delivery agencies.

At a local level, each prison is expected to operate a health and social care-focused Local Delivery Board, chaired by the governor of each establishment, to provide the governance for the delivery and operational management of services. Key staff from HMPPS, healthcare and social care, including the local authority, all sit on the Board to address local delivery of all aspects of health and social care, considering risks, issues and opportunities, as well as overall performance. If issues cannot be resolved by the Delivery Board they can be escalated to Partnership Boards chaired by NHS England, with attendance from the local authority, HMPPS, PHE, and providers of health and social care services.

Prisons are required to agree and sign off a Memorandum of Understanding (MoU) with partners, which sets out how services will work together. The requirement for MoUs between prisons and their local authority partners in England and Wales is mandated within current HMPPS policy and is set out in PSI 2016-03[14].

Although neither HMPPS nor DHSC can mandate local authorities to sign these agreements, we refreshed our baseline position on agreement of MoUs in early 2019 and following that HMPPS, DHSC and the Welsh Government have continued to support those partnerships to overcome barriers to delivering their responsibilities. As of July 2019, approximately 90% are in place, either signed or in draft waiting for signature. This work has ensured that HMPPS and local authorities have engaged to ensure capability and capacity to deliver social care as defined in the Care Act 2014 at a local level. Regular assurance will be undertaken by prison groups to ensure these are in place across the estate and kept up-to-date. This has already been fully achieved in Wales.

HMPPS and DHSC will continue to work closely with ADASS and an ADASS representative is a member of the National Prison Healthcare Board. At all levels we seek to promote joint working between health and care services and between commissioners responsible for these services.
The PHE guidance on undertaking a health and social care needs assessment (HSNA) for older people in prison highlights the importance of collaborative working between stakeholders. Establishing a working group consisting of all relevant stakeholders of the prison(s) to oversee the development and delivery of the HSNA and resulting recommendations is a powerful tool to enable effective collaboration between agencies.

As part of the NHSE/I Long Term Plan, NHSE/I is developing a new care after custody service, RECONNECT, which will start working with people before they leave prison and help them to make the transition to community-based services that will provide the health and care support that they need. 250,000 people move through prison annually and 57% serve sentences of 12 months or less. Over the next five years as announced in the Long Term Plan, through the development and roll out of RECONNECT we will engage and support more people after custody per year.

While NHSE/I is responsible for commissioning healthcare services in prison and local authorities are responsible for care and support services, there are instances where both NHSE/I and local authorities have come together to commission both health and social care services under section 75 of the Health & Social Care Act 2012.

Q7. ARE THE ARRANGEMENTS FOR THE RESETTLEMENT OF OLDER PRISONERS EFFECTIVE?

We are committed to supporting all offenders as they move from prison to the community. We want to ensure that we build on the additional investment we have already put into existing resettlement services as we move to future arrangements, while recognising the potential for developing clearer processes and accountabilities for delivery. There are several strands across government designed to promote and consider the needs of older individuals, positively impacting older offenders and improving their resettlement.

Family ties
We know that an offender's resettlement journey begins in prison, and research has shown that maintaining close ties between prisoners and key family members can significantly

[14] https://intranet.noms.gsi.gov.uk/policies-and-subjects/probation/public-protection/safeguarding-adults/psi-2016-03

reduce the risk of reoffending. The MOD for older prisoners explains the need to consider the varying requirements of older prisoners and accordingly, governors may put appropriate adjustments in place. For example, for elderly prisoners, close family or friends may also be older and may find it challenging to travel for visits. Therefore, governors may allow accumulative or extended visits, as a reasonable adjustment, on request.

Access to other forms of communication such as letters and phone calls are also vital for maintaining positive family and significant other engagement for older prisoners. The In-cell Telephony Project has equipped 29 Public Sector prisons with the technology needed to allow prisoners to make telephone calls from their cells via the PIN phone system (all contracted prisons already offer this facility). There are clear advantages of this technology in helping to support the maintenance of family and community links, which removes the need to be unlocked to access a phone.

Probation and through the gate

To ensure that prisoners are appropriately supported when they leave prison, we have implemented enhanced Through the Gate (TTG) arrangements, costing £22m per annum since April this year. Our investment has enhanced the current provision delivered by Community Rehabilitation Companies in prison, and runs until the new long-term arrangements for the probation system go live. We will be evaluating the impact of this additional investment in improving resettlement outcomes.

The recently announced changes to probation services in England and Wales will see a clearer role both for probation staff in planning for resettlement and for private and not-for-profit organisations in delivering interventions to support offenders' resettlement into the community. We intend to do this through creation of a dynamic framework for resettlement and rehabilitative interventions, which will enable smaller providers and the voluntary sector to better engage in probation service delivery. Our plans are focused on better meeting the needs of all offenders, including those of the older population.

We are developing more detailed plans for implementation, including operational guidance for staff and the commercial framework for procuring interventions. We are working to ensure that the impact of our changes on vulnerable groups, including those with protected characteristics, is given priority consideration as the new system takes shape.

Other relevant work continues while the new system takes shape. The National Probation Service's (NPS) Health and Social Care Strategy 2019-2022 was published in June 2019[15]. One of the three core commitments of the Strategy is to support the development of robust pathways into services for people under probation supervision, including improving continuity of care between the custodial and community setting. Social care is also one of seven priority areas identified in the Strategy.

NPS is committed to sufficiently and fairly considering the social care and support needs of individuals at all stages of their contact with probation services. Therefore, as outlined in the strategy, NPS will seek to support, and improve, access to social care assessments. Achieving this goal will require timely information sharing and more robust engagement with local authorities, as well as working with prison colleagues to improve the transfer of care for individuals released into the community. This includes ensuring that care packages are reassessed based on an individual's new environment.

The strategy also commits to improve staff's knowledge of social care legislation, confidence in recognising potential social care needs, as well as confidence to make referrals to Local

[15] https://www.gov.uk/government/publications/national-probation-service-health-and-social-care-strategy-2019-22

Authorities for assessment and support. NPS will deliver this in conjunction with HMPPS colleagues through developing a series of training resources, briefings, process maps.

The NPS Health and Social Care Strategy also recognises that, although the needs of the ageing prisoner population are significant, social care support may be necessary at any age and that this need may be present for a variety of reasons. Social care may be required due to an individual's illness, disability or age, or due to an added vulnerability such as being a care leaver, having a learning disability and/or autism, or even an acquired brain injury (ABI). Such individuals may require significant social care support to live as independently and safely as possible and this approached is fully integrated into the strategy.

We are aware that there are differing levels of engagement and relationships currently between local authorities and approved premises (AP) and Bail Accommodation Support Service (BASS). This can impact on the timely release and resettlement of men and women. Therefore, we are currently working in partnership with local authorities and wider stakeholders to ensure that there are appropriate relationships in place between local authorities, APs and BASS accommodation to ensure we are meeting social care needs of men and women, supporting them and ensuring continuity of care along with a strength based approach to promoting independence and personal choice. Our aim is to look to implement formal MOUs and other governance arrangements where formal arrangements are not already in place. Progress will be monitored and reported back to the HMPPS social care working group.

Resettlement: accommodation, healthcare and employment

Alongside support in prison, we want to ensure that all offenders have access to basic resettlement requirements including accommodation and healthcare.

Through the UK Government's Rough Sleeping Strategy, we are investing up to £6.4m in a pilot scheme to support individuals released from three prisons: Bristol, Leeds and Pentonville. We will use the lessons from the pilot to inform future provision of accommodation for all ex-offenders.

To support offender health, NHSE/I has committed to invest £20 million within the next five years on the new RECONNECT service that supports vulnerable people with complex health needs engage with health services as they return to the community. These services will engage with prisoners prior to release, and support probation service resettlement plans in a coordinated way to ensure that community healthcare is accessible to individuals returning to the community after a custodial sentence.

Research also shows that employment is key to offenders rebuilding their lives and integrating back into the community. The government is committed to championing the value of older workers, as well as ensuring businesses are alert to their needs and potential.

In February 2017, the Department for Work and Pensions published "Fuller Working Lives: a partnership approach", which aims to increase the retention, retraining and recruitment of older workers by bringing about a change in the perceptions and attitudes of employers, and in challenging the views of working in later life and retirement amongst individuals. These initiatives are all available to older prisoners on release and work coaches offer tailored support to meet the needs of older prison leavers.

On the back of this publication, the UK Government has appointed Andy Briggs, as Business Champion for Older Workers. Mr Briggs and a leadership team of employers are spearheading the Government's work to support employers to retain, retrain and recruit older workers.

To support people returning to work, Jobcentre Plus Work Coaches have the flexibility to offer all claimants, including older workers, a comprehensive menu of help which includes skills provision and job search support. For claimants who are disabled and people with health conditions, a new Personal Support Package has been introduced, which ensures tailored support is received to meet individual needs. Since April 2015, Jobcentre Plus has had a network of Older Claimant Champions who work with Work Coaches to raise the profile of older workers. These Jobcentre Plus staff work collaboratively with over 13,000 Work Coaches and employers highlighting the benefits of employing older jobseekers and sharing best practice.

Q8. DOES THE TREATMENT OF OLDER PRISONERS COMPLY WITH EQUALITY LEGISLATION AND HUMAN RIGHTS STANDARDS?

MOJ and HMPPS work to ensure that the treatment of all prisoners complies with equality legislation and human rights standards, including the Equality Act 2010 ("EA 2010") and our responsibilities through the Public Sector Equality Duty.

The protected characteristics within the EA 2010 include age and disability. These are usually the two protected characteristics likely to impact older prisoners, but it is noted that an older prisoner may also have other protected characteristics. Disability is defined to include any physical or mental impairment, where the impairment has a substantial and long-term adverse effect on their ability to carry out normal day to day activities. Under Schedule 1, certain medical conditions are defined as disabilities, including cancer and multiple sclerosis. The EA 2010 prohibits direct or indirect discrimination of a person because of a protected characteristic. Section 20 EA 2010 imposes a duty to make adjustments for disabled persons. Where a physical feature puts a disabled person at a substantial disadvantage in comparison with the non-disabled, a public authority is under a duty to take reasonable steps to avoid the disadvantage. Section 20 also requires that where a provision, criteria or practice puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with the non-disabled, a public authority is under a duty to take reasonable steps to avoid the disadvantage.

Under section 149 EA 2010, a public authority must, in the exercise of its functions, have due regard to the need to eliminate discrimination, advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not and, foster good relations between persons who share a relevant protected characteristic and persons who do not.

HMPPS works to continuously assure prisoners are not discriminated against due to any protected characteristic, including improving systems and processes to prevent and mitigate any potential for direct or indirect discrimination to occur. This includes work to ensure that when new policies or guidance is being developed they are accompanied by an Equality Analysis, which examines the potential effect of the new policy or guidance on each protected characteristic.

Article 14 of the European Convention on Human Rights prohibits discrimination in relation to the application of the Convention rights, including on the basis of 'other status' which can include age and disability. The Human Rights Act 1998 gives further effect to the European Convention on Human Rights in UK law.

The UK is committed to protecting and respecting human rights. We have a longstanding tradition of ensuring rights and liberties are protected domestically and of fulfilling our international human rights obligations.

The UK is committed to membership of the European Convention on Human Rights (ECHR). The Human Rights Act gives further effect to the European Convention on Human Rights in our domestic law.

Additionally, the UK has put in place a combination of policies and legislation to give effect to the United Nations Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

Places of detention across the UK are regularly independently monitored by monitoring, visiting and inspecting bodies that make up the UK's National Preventive Mechanism - established under the OPCAT (Optional Protocol to the Convention against Torture). MOJ and HMPPS is committed to ensuring compliance with equality legislation and human rights standards, including the Equality Act 2010 and our responsibilities through the Public Sector Equality Duty. in developing policy and operational practice in relation to older prisoners.

Q.9 WHETHER A NATIONAL STRATEGY FOR THE TREATMENT OF OLDER PRISONERS SHOULD BE ESTABLISHED; AND IF SO WHAT IT SHOULD CONTAIN?

Several external stakeholders, including a predecessor to the current Justice Select Committee[16], have called for a national strategy on older prisoners. While the MOJ and HMPPS remain committed to developing effective responses to the needs of older prisoners, we do not believe, at this point, that producing a strategy would be the most effective response. Other approaches (e.g. mainstreaming older prisoner needs into other policy development work) are being considered and may offer more appropriate and effective solutions. This includes the work to respond to the joint HMIP/CQC thematic report on "Social care in prisons in England and Wales"[17] as well as production of the MOD for Older Prisoners, mentioned in responses to earlier questions. The MOD is designed to support governors and directors in running efficient and effective services within a reorganised adult male prison estate by setting out what each prison type should do and what 'good' looks like; explaining the activities and support services each prison should provide; and enabling senior prison leaders to make choices based on evidence. So, while not a strategy, the MOD should help to inform local commissioning decisions.

Furthermore, MOJ and HMPPS are not yet persuaded that categorisation of prisoners by age is necessarily helpful given the wide range of needs, abilities and requirements that will be included in the older prisoner cohort.

As set out in our response to the Justice Select Committee report of 2013, our view remains that prisoners should be managed based on individual needs not solely based on their age. However, we feel that it is important to ensure that their needs are catered for within policy for prisoners with social care needs, rather than to be separated out. That separation would mean that either they or other younger prisoners with care needs might lose the focus they deserve.

As also noted in the earlier response, our long-term strategy for improvement of the prison estate includes replacing older, inefficient capacity with modern facilities. HMPPS work on managing prison population is designed to enable us to better predict and manage the allocation of older prisoners, and ensure the development of effective care pathways through the prison system for these individuals. This should provide an opportunity to develop adapted regimes in prisons with large populations of older prisoners.

---

[16] https://www.parliament.uk/documents/commons-committees/Justice/Older-prisoners.pdf

[17] https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf

The question of whether it is necessary to develop a national strategy for older prisoners will be kept under review and the issue will be considered within the wider context of the prison population forecast. If it was considered that a strategy was necessary at some point in the future, the importance of fully consulting and involving the Welsh Government is noted in view of its responsibilities for health, social care and accommodation, all subjects that would be expected to feature heavily in such a strategy.

Annex A

Model for Operational Delivery for Older Prisoners

Annex B

Good Practice Examples and HMP Wymott Case Study

HMP Wandsworth

Has appointed a dementia nurse and in the newly commenced service has specifically requested a pathway for older patients linking in with the following:

- Age UK
- Social Care
- Care Act advocacy
- specific skills within the staff team on Alzheimer's and dementia
- older patients have a named nurse for management of care plans
- close working within the teams and externally in relation to incontinence management

HMP Brixton (like Wandsworth's new service)

The healthcare providers have also committed to a specialist team for older prisoners and complex long-term care patients which will include:

- An Older Adults Lead, Social Care Support Workers
- sessional OT support
- refreshed End of Life care training from Macmillan
- Access to an Older Adults Psychiatrist
- Dedicated Speech and Language Therapy sessions to support prisoners on the dementia pathway.
- Use specialised equipment to support active mobility

HMP Brixton is also in the process of signing Section 75 agreements with the relevant local authorities so that social care, personal care and community equipment will be delivered through the healthcare service with risk share agreements around activity levels between health and the local authorities.

HMP Leyhill - Palliative Care Unit, (PCU)

Leyhill has a purpose built 2 bed PCU which comprises of 2 en-suite bedrooms with adapted facilities. The PCU also incorporates a family room, kitchen, medication room & office.

Greater engagement with offenders next of kin in the care process, both pre- admittance and whilst located in the PCU is encouraged. For example, the prison conduct family visits to the PCU and routinely invite family members to care meetings to reduce anxieties for both the family and the patient.

Case study HMP Wymott: Dying Well In Custody Charter

A had been diagnosed with cancer and had been palliative for some time. He was transferred to HMP Wymott from HMP Kirkham Grange.

All staff at HMP Wymott followed the Dying Well In Custody Charter (DWICC) process and, via a Multi-Disciplinary Team, managed his needs promptly, appropriately and proactively with great input from the healthcare co-ordinator, offender management unit and others, leading to him eventually been admitted to St Catherine's hospice in the last few days of his life. He was granted compassionate release by the Parole Board a few days before he died because of the adoption of a pro-active multi-disciplinary team approach.

He had been part of a weekly Complex Case list throughout his palliative and end of life care with additional oversight and input into his circumstances provided.

The Coroner has decided that because of the clarity and recording of the process no inquest into this death is required and the PPO will not be carrying out an investigation. A death in custody was avoided and he died a free man, receiving expert care with his family involved and supported throughout.

Feedback from all staff involved in A's care who used the DWICC felt that the process works, leads to better decision-making, recording of events, outcomes and, from feedback from some our older, ill men today, has given hope to some men where previously there was little or none.

HM Prison & Probation Service

Model for Operational Delivery:

Older prisoners

Supporting effective delivery in Prisons

Version 1.0, April 2018

Introduction

The Prison Safety and Reform White Paper set out the need to deliver an estate fit to enable reform, with a vision of the prison estate that is less crowded, better organised, and increasingly made up of modern, fit for purpose accommodation. Underpinning this vision was the need to simplify how the prison estate is organised.

Currently, prisons have populations that are often a complex mix of different types of prisoner with diverse needs and risks, it is very difficult for a regime to adequately cater for these. The result is that we are neither efficient in our use of the estate nor effective in how we allocate prisoners within it.

The Prison Estate Transformation Programme (PETP) is responsible for delivering a simplified estate with Reception, Training and Resettlement Prisons. Through the process of Reconfiguration, the PETP is investing in, and reorganising, our estate to ensure specific cohorts of prisoners can be placed in prisons that have a clear function to facilitate a regime that effectively meets the needs of its population. To support prisons in understanding their population and delivering their function, PETP has developed Models for Operational Delivery (MOD).

The MOD brings together for the first time a comprehensive analysis of the latest evidence for the types of prisoner that will be held in each prison type in the reconfigured estate; sets out the nature of the services and activities a prison should deliver and includes case study examples from across the estate. The MOD are designed to be a toolkit for Governors, reflecting the empowerment agenda. It is a resource which Governors can use to help design the prison day to meet the needs of prisoners. The MOD can also be used by Commissioners to effectively fulfil their commissioning role.

The MODs do not seek to change, limit or remove the legislated responsibilities of prisons. Consideration of the Equality Act (2010) protected characteristics and the Prison Rules (1999) have run through the development of the MODs and would need to be a central tenet of any locally developed operating models.

Translating the MODs into practice is dependent on the development of the right culture across the estate. PETP acknowledge that it will only be possible to transform prisons into places of rehabilitation once basic issues such as cleanliness, decency and safety are addressed. The Transforming Security reform programme, the new Offender Management in Custody model and a £3 million national intelligence hub should improve safety and security arrangements around drug testing and the tackling of drones entering prison airspace; and also increase the number of frontline Prison Officers at Public Sector Prisons in the adult male estate, which should go towards tackling these basic issues.

The MODs are iterative and will change over time to reflect developments in Prison Safety and Reform, changes to policy and legislation.

Contents

Please read this cohort MOD in conjunction with:

- The MODs overview and background
- The relevant Prison Core MOD
- Any other relevant Specialist Cohort MOD

1: Older prisoner cohort

Models for Operational Delivery have been developed to support the reconfiguration of the estate into three main prison functions – Reception, Training and Resettlement – and to enable Governors and Commissioners to tailor and commission services according to that function and the cohorts of prisoner the prison will hold.

We have also identified 'specialist' cohorts where particular consideration is needed of how best to meet their needs and manage them effectively. MODs are being developed for these cohorts to enable a service which is appropriately tailored to the needs of each, at each stage of their journey through the prison estate. This includes older prisoners.

This specialist MOD for older prisoners has been developed in recognition of the sizeable and growing proportion of older prisoners in the prison estate and the need to think differently about how we manage them to ensure we can better meet their needs. Building new prisons will go some way to address this, as the design of the new prisons includes a higher proportion of wheelchair accessible cells and will allow for services such as medical dispensing to take place in the prisoners' living accommodation. However, there is also a need to consider how best to cater for older prisoners, and those with disabilities and acute levels of need in the existing estate.

The older prisoner MOD provides, for the first time, an analysis of the evidence and challenges facing older prisoners and potential solutions, including current examples of good practice in prisons. It does not signal an intention to separate older prisoners through a bespoke accommodation strategy. Rather it acknowledges that more prisons may find their population is ageing and will therefore need to plan, design and deliver services with this in mind. Physical infrastructure will remain a challenge in our ageing prison estate, but these limitations can be mitigated through careful, planned adjustments to environment and regime.

Older prisoners are more likely to suffer health problems and even die in custody, have higher rates of disability and mobility difficulties and can struggle to access activities and services. They also risk being isolated by a physical environment designed for younger men (Justice Committee report into older prisoners, House of Commons, 2013) or access a regime that has not been designed to take their needs into account. Continuity of care and preparation for release into a world which will have changed are therefore especially important for this group. However, it is worth keeping in mind that while they have the highest levels of health and social care need, and some have chronic difficulties, there are many older prisoners who are fit and healthy and want and to remain active into old age.

This MOD therefore addresses how services and interventions may be tailored to enable all older prisoners to maintain their physical and mental wellbeing, and their independence. It also covers issues that affect a large proportion of the cohort, such as mobility and sensory impairments, as well as the more acute needs specific to a small subsection of the cohort, such as dementia and end of life arrangements. Health services alone cannot improve health and wellbeing and the prison regime, staff numbers, culture and environment have a significant impact, particularly physical activity programmes, as well as services that promote social inclusion and intellectual stimulation. Engagement in purposeful activity is crucial in promoting health and well-being in older prisoners.

This MOD is intended to be a useful toolkit to help Governors meet the needs of older prisoners, describing amendments to regime and specific support activities aimed at this cohort as a whole. However, where a prison holds small numbers of older prisoners it might be more appropriate to make specific arrangements for them as individuals or, in specific circumstances, to arrange transfers to prisons that are better able to meet their needs.

It is also recognised that some of the needs more typically associated with an ageing population, such as mobility issues, disability or chronic health conditions can also be found among younger prisoners. Therefore, this MOD may also be useful to help Governors support younger prisoners facing similar issues highlighted within.

This MOD has been developed in conjunction with the Older People in Prisons Forum, a group which meets periodically and has an interest in this cohort and includes the Prison Reform Trust, Clinks, Resettlement and Care for Older Ex-Offenders and Prisoners (RECOOP) and Age UK. The MOD has also been developed with the support of NHS England, the Royal College of Occupational Therapists and Public Health England.

The older prisoner MOD acts as a framework that can be used by Governors and front line staff, in conjunction with the MOD written for their prison type, to develop their business plans and local operating models that provide the best possible service offer suitable for older prisoners. This is demonstrated in the below diagram:

Composition of the MOD

The following sections set out the key evidence and nature of service that *could* be provided for the cohort. The sections are:

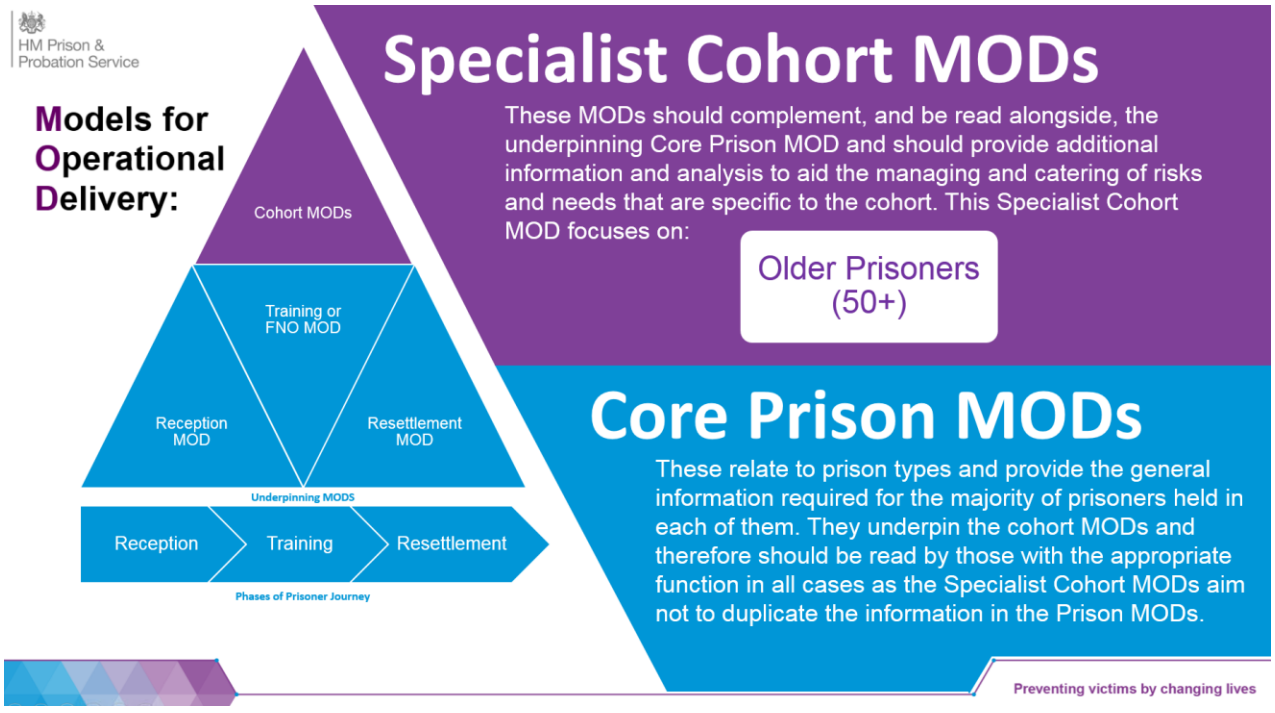
Section 2. defines the cohort, explaining the services and activities aimed at older prisoners, as well as the reasoning behind the scope of the cohort.

Section 3. summarises the evidence and provides some key statistics and findings from external bodies, including Her Majesty's Inspectorate of Prisons, which should assist Governors when thinking about the cohort. This evidence has been used to inform the development of the MOD. A more detailed evidence pack is published alongside this MOD.

Section 4. describes the **regime and activity considerations** detailing the additional considerations that need to be made for regime and activity to best accommodate older prisoners due to their specific risks and needs, such as those related to health, mobility and retirement status. It includes sections on mobility, accessibility and location, the use of an activity centre, offender management in custody (OMiC), family contact, education and work based learning, library, physical education and activity, self-determination and long term imprisonment.

Section 5. is the section devoted to **supporting the older prisoner cohort**. This section focuses on the considerations to help tailor support for older prisoners including sections on staff culture and training, induction, safety and receiving older prisoners, health and social care, older prisoner forum, release and resettlement.

Section 6. provides information on the additional support that could be required at the **end of life including palliative care**. It aims to help older prisoners maintain dignity towards the end of their lives. This section touches on palliative and end of life care, escorting arrangements, including the use of release on temporary licence (ROTL), family liaison arrangements and early release on compassionate grounds (ERCG).



2: Older prisoner cohort definition

Charities and advocacy groups who work with older prisoners, and who submitted evidence to the Justice Committee to its enquiry in 2013, recommended that prisoners aged 50 and over should be treated as a unique demographic. This is the age at which some organisations such as Age UK and RECOOP begin working with older people, and is the starting point used by NHS healthcare.

We have therefore taken it to be our threshold for this MOD, for the purposes of defining a cohort around which to shape future commissioning and delivery decisions. This is not intended to suggest that all prisoners aged 50 or more have the same needs or challenges but allows us to capture the key issues associated with an ageing population to support effective services.

It is worth noting that this definition of when a person is 'old' may differ from the definitions of other government departments; e.g. Department for Work and Pensions uses the retirement age of 67 and Public Health England have used 65 in some studies. This will need to be remembered when seeking support for older prisoners, from those responsible for health and social care particularly.

The future estate and prisoner flows

The future adult male estate will be reconfigured to create additional capacity within the training and resettlement estates, in line with demand. This will help ensure prisoners (including older prisoners) are placed within establishments that are better focused to meet their needs. Some Reception Prisons are being fitted with improved reception departments, which should aid accessibility for older prisoners. Where Video Conferencing Centres are installed, this will reduce the need for prisoners to attend court in person – particularly beneficial for those with mobility issues. Older prisoners with impaired understanding or without the ability to participate independently may still need to attend xourt to ensure that they received the appropriate support services, where these cannot be provided over video conference.

Older prisoners will move through the estate in the same way as other adult male prisoners, beginning in a Reception Prison and moving within 10 working days of sentencing to a Training or Resettlement Prison, depending on the time remaining to serve at the point of sentence, their offence, and their allocation to probation services. The Social care section provides information on transfer of those with mobility or social care needs. Reception, Training and Resettlement MODs provide information of the expected services within those prisons.

Within the adult male estate there is a correlation between older prisoners and men convicted of sexual offences (referred to as MCoSO, see key statistics.) Once the changes in prisoner flows occur as part of the cohort strategy, MCoSO will usually be released from a Resettlement Prison. This may mean commissioning different services or facilitating closer links with adult social care in those prisons which in future may have an older population than currently. Please see the MCOSO MOD for guidance on how to address the risks and needs of this cohort.

HM Prison & Probation Service

Each MOD includes a Prison on a Page (POAP), which represents the key aims, objectives and services expected according to the type of prison of cohort of prisoners. This POAP is for older prisoners, in line with the Cohort Strategy.

Older Prisoners

Mission	Our mission is to deliver a prison service which provides an appropriately secure environment, that is safe and decent, protects the public and reduces reoffending by providing effective and appropriate rehabilitative and resettlement opportunities.
Aims	To protect the public from harm To provide effective community links Settle prisoners into the Prison Environment To provide a secure and decent environment To mitigate the negative impact of imprisonment To keep these men safe and focused on their rehabilitation
Cohorts	Older Prisoners
Objectives	To effectively settle prisoners, increase prisoners ability to engage with rehabilitative interventions and deliver specialist interventions To provide appropriate and proportionate static and dynamic security and public protection To meet personal, health and social care needs and promote activity to reduce premature ageing To support prisoners to adjust to the prison and ensure equality of access for older people To normalise the environment, process and regime and promote self efficacy To embed rehabilitative principles in the culture, regime and approach To mirror access, link and facilitate all aspects of community including families, services and providers
Services	• Access specialised pathways where required to ensure equivalence of care • Access to quality rehabilitation and specialist services • Access to screening programmes and ongoing/long term healthcare provision as required (including age related services and palliative care). • Access to Social Care services where required. • Access to Circles of Support and Accountability (COSAs) where appropriate
Activities	• Access to activities that provide mental stimulation and physical exercise so as to maintain capacity and stave premature ageing • Access to Life skill activities to teach prisoners how to care for themselves to support their health, wellbeing and resettlement • Access to activities that promote the development of a new pro social identity
Interventions	• Interventions based on RNR to increase motivation and preparation for change • Interventions based RNR aimed at addressing sexual offending including Kaizen and Horizon • Interventions aimed at developing a pro social identity
Design Features	High levels of specialist services including facilitation of social care and occupational therapy, high levels of accessibility, effective signage and prisoner information services, quality dynamic security arrangements, high quality welfare processes, high level of activities

HM Prison & Probation Service

3: Evidence Summary

Overview

The number and proportion of older prisoners has been steadily increasing and is projected to continue growing. The proportion of older prisoners (aged 50 and over) currently stands at 17% of the total prison population. This age group is projected to grow from 13,376 as at 30 June 2017 to 14,800 by the end of June 2021 – including a projected growth in the over 70s from 1,599 to 2,100, remaining at around 17%. This is because the volume of offenders aged 50 and over being sentenced to custody is currently higher than the number being released – driven in part by increases in sexual offence convictions since 2012. This effect is compounded in the interim by the longer sentences offenders are receiving, resulting in an increase in the number turning 50, 60 or 70 whilst in custody. Further increases relate to projected growth in recalls and an ageing lifer population.[1]

There is strong evidence that older prisoners experience a high burden of physical and mental health problems. Up to 90% have at least one moderate or severe health condition[2], with more than 50% having three or more[3]. Their health outcomes are worse than those of the same age in the community and worse than their younger peers in prison[4]. The need for social care within prisons is increasing with the typical older person in prison having on average almost six separate health or social care needs[5].

Often the presence of such long-term and complex health conditions, as well as age related illness, makes effective management difficult in any individual, but this is especially the case when care is being delivered in a prison. The very nature of the prison built environment may pose particular challenges to this cohort, as up to half of this group experience sensory impairment or reduced mobility (or both).

[1] Prison Population Projections 2017 to 2022, England and Wales https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/639801/prison-population-projections-2017-2022.pdf

[2] Williams, BCA and Greifinger R (2014), The older prisoner and complex chronic medical care, in Prisons and Health, L.M. Stefan Enggist, Gauden Galea and Caroline Udesen, Editor. 2014, World Health Organisation Regional Office for Europe: Copenhagen, Denmark

[3] Hayes et al (2012) The health and social care needs of older male prisoners. International Journal of Geriatric Psychiatry 2012; 27: 1155–1162.

[4] Fazel et al (2001) Health of elderly male prisoners: worse than the general population, worse than younger prisoners. Age and ageing, 30 (5): 403-7

[5] Hayes et al (2013) Social and custodial needs of older adults in prison. Age and Ageing 2013; 42 (5): 589-593

HMI Prisons and the Prison and Probation Ombudsman (PPO) have regularly reported on issues relating to older prisoners, with the PPO publishing a thematic report in June 2017[6]. They have highlighted concerns over the challenges in managing an ageing population in environments built for younger men. Some of their key findings have been:

- 'institutional thoughtlessness' when it comes to regimes, rules and timetables;
- those in prison of retirement age often have no education or leisure opportunities;
- there is a lack of availability of activities and rehabilitation for older prisoners;
- those past retirement age that choose not to work are often confined to their cells and earned less than working prisoners for essentials such as toiletries;
- few prison cells are adapted to meet the needs of older or disabled people; and
- "*a one size fits all approach to diet, exercise, rehabilitation and medical treatment is outmoded and is effectively a form of age discrimination.*"

These concerns are addressed in the subsequent sections of this MOD.

The following page highlights some key statistics to aid Governors when considering the needs of this cohort of prisoners. Sources for these statistics are:

- PPAS *Segmentation dataset, various dates;*
- Ministry of Justice, *Offender Management Statistics Quarterly*, various dates;
- Proven Reoffending Statistics (https://www.gov.uk/government/statistics/proven-reoffending-statistics-january-2016-to-march-2016)
- *Allen, G and Watson, C. (2017) - 'Prison Population Statistics',*
- House of Commons Library Briefing Paper SN/SG/04334. (https://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/8904.htm#a)
- *Omolade, S (2014) - 'The needs and characteristics of older prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey*', MoJ Analytical Summary

Fuller details can be found in the evidence pack published alongside this MOD.

[6] https://www.ppo.gov.uk/document/learning-lessons-reports/Learning lessons reports | Document Types | Prisons & Probation Ombudsman

HM Prison & Probation Service

Key statistics

The older prisoner population is projected to grow from 13,376 as at 30 June 2017 to 14,800 by the end of June 2021 – including a projected growth in the over 70s from 1,599 to 2,100

189 Older prisoners died in custody in 2016, **53**% of the overall number of those that died in custody. **87**% of the older prisoners died of natural causes.

Of the **54**% of older prisoners estimated to have a disability, **28**% were estimated to have some form of physical disability, **15**% anxiety and depression, and **11**% both.

Older prisoners are less likely to have education (**41%** vs 68%) or **substance misuse** (**15**% vs 50%) needs than 21-49-year olds. The most prevalent needs for young men and under-50s are lifestyle & associates and attitudes. For men over 50, their predominant needs are around **relationships** and **thinking & behaviour**.

The most prevalent offence type within this cohort is sexual offences: **46**% of men aged 50+ are serving sentences for sexual offences (5,460 out of 11,940), rising to **79**% of the over-70s.
Among under 50s violence is the most prevalent offence type.

Older prisoners currently make up **17**% of the overall prison population; in 2011, they made up only **10**%.

The majority of men over 50 are serving long sentences: **48%** are serving determinate sentences over 4 years & **18%** are serving indeterminate sentences.

Older prisoners are less likely to reoffend than under 50s. Only **10%** of older prisoners are assessed as posing a high risk (score of 50+) of reoffending, compared to **59%** of men aged 21-49 and **58%** of 18-20-year olds (OGRS3). They are also less likely to commit further serious offences: **10%** compared with **39%** for 21-49-year olds and **71%** for 18-20-year olds. (RSR scores)

However, **26**% of older men are assessed as likely to have a reconviction for an offence involving sexual contact within 2 years, compared with **18**% of those aged 21-49 and **14**% of young men.

HM Prison & Probation Service

4: Regime and activity considerations

Older prisoners' needs are sometimes overlooked, especially where they do not represent a large proportion of a prison's population. Governors should be mindful that older prisoners will have specific needs (whether this relate to health and care, criminogenic or educational needs). Assessment both at a cohort level, and individually, will be essential to ensure that they are given the best possible opportunity to keep occupied and engaged in a constructive way.

The overarching aim of this MOD is to encourage a regime where older prisoners have constructive time out of their cell that enables them to work towards betterment, including maintaining physical and mental health, whether this be through employment, faith-based activity, education, interventions or OM. Keeping older prisoners mentally and physically active and promoting active ageing will have added health benefits, including staving off premature ageing and dementia. Promoting self-reliance and independence through a supportive environment can have similar benefits.

Dementia is an often underappreciated challenge in prisons, which will grow as the population ages. It is not just for healthcare to support them: people living with dementia can often be relatively physically well and therefore opportunities for exercise should be made available for them. The MOD highlights the main areas of activity which Governors could consider as they develop their regime and activities for those with dementia as well as those with differing levels of need.

Tailoring a regime

Older prisoners are more likely to have a greater range of health needs. This can lead to them being less likely to be able to work or undertake activities. Their hobbies and interests may also differ from younger prisoners. Designing services and activities in collaboration with older prisoners (and a detailed older prisoner needs analysis) can ensure these needs are met. However it should not be assumed that this is true for all older prisoners and they should have equality of access to the activities, services and employment available to all prisoners.

HMPPS (then NOMS) commissioned the charity RECOOP to develop the Older Prisoners Good Practice Guide, to help prisons consider ways in which the regime could be tailored to suit older prisoners. This provides a useful resource to consider in the first instance. Examples include:

- the use of varied timetables to allow older prisoners more time to eat or providing alternatives to time outside in winter (while still providing time outside where preferred);
- providing age-appropriate activities and opportunities (more detail is provided in Activity Centres, Education, Libraries and Physical Education sections); and
- making sure that Governors hearing disciplinary proceedings consider ageing mental conditions (such as dementia) and mobility, when determining suitability of laying a charge or proceeding with the hearing respectively.

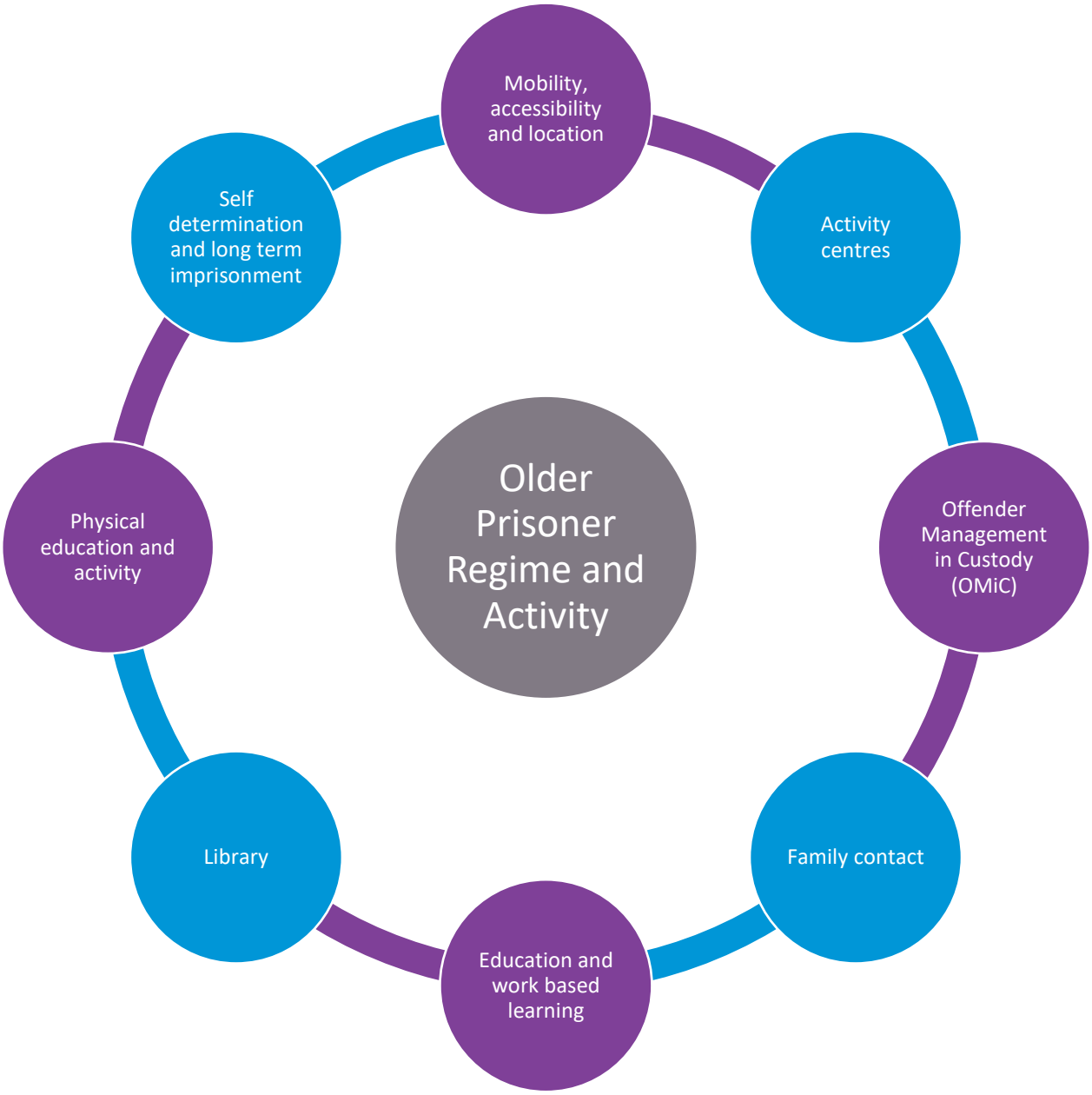
However, needs will vary across the cohort and some older prisoners may be able to and may want to engage with normal activities in the prison. Age should not prevent this and individual needs and functioinal abilities should be taken fully into account.

Governors will need to maximise accessible work and activity spaces to provide as much activity as possible for less mobile prisoners. When older prisoners are unable to work (or are retired), or otherwise engage with the standard prison regime, it is important that they have a regime that allows them to be as active and productive as possible. A study[7] into the satisfaction of the quality of life of the cohort highlighted a lack of employment activity and subsequent financial constraints as the main areas of concern. Governors should be mindful of the rate of retirement pay and older prisoners' needs for vital products such as sanitary items.

[7] Understanding Older Male Prisoners' Satisfaction with Quality of Life and Wellbeing (Claire de Motte, August 2015) http://irep.ntu.ac.uk/id/eprint/31213/1/Claire%20de%20Motte%202015%20excl3rdpartycopright.pdf

Composition of this section

Regime and activity will look different in each type of prison, but the topics in this section will be broadly relevant to each prison. The areas of regime and activity where Governors should consider the specific needs of older prisoners include:



(titles link to the relevant section)

Mobility, accessibility and location

Prisoners in this cohort may be less mobile, which in turn can limit accessibility to cells and regime. This could be due to the requirement for technical or specialist equipment, or simply that certain areas are difficult to reach. Large parts of the prison estate were not purpose built to accommodate those with mobility issues meaning some prisons lack ramps, prisoner lifts and cells or rooms with doors wide enough for wheelchairs. Further to this some prisons have been built over large sites, making movement to and from activities harder and longer for less mobile prisoners.

The Equality Act 2010 mandates by law that Governors must consider whether reasonable adjustments should be made to enable a prisoner with limited mobility to access activities, e.g. via a lift or ramp, and if that is not possible, alternative ways to provide them with an equal service. For example, if a prisoner was not able to access a library the Governor could consider the use of a catalogue that the prisoner can search through and then have books delivered to them. If it is not possible to provide an equal service, Governors should consider transfer to a more appropriate establishment, as per Annex G of PSI 32/2011 Ensuring Equality.

Governors should promote physical mobility as a significant element of promoting health and wellbeing. One approach taken at HMP Whatton is to provide narrower wheelchairs so that they fit through cells doors. This is not always possible but shows that imaginative thinking can help improve mobility. Other than making physical prison adaptations, Governors could consider:

- delivering an alternate regime for older prisoners, extending times allotted for “free-flow” or meal collection to promote physical mobility;
- using peer supporters to assist with pushing wheelchairs (further information on peer supporters are included in the social care section);
- delivering in-cell or wing based services;
- relocating activities (potentially to an activity centre) where absolutely necessary (though encouraging prisoners to be mobile should remain the preference); or
- a mixture of the above options as appropriate to the prison’s circumstances.

Additional changes that can be made to support the cohort with little effort, include the removal of mirrors and ensuring clear signposting which includes pictures and large lettering. These changes will help older prisoners better orientate and is especially useful to those suffering with dementia.

This is particularly important in helping older prisoners find bathroom facilities as incontinence issues can occur due to diminishing control of bodily functions. Further to this, those with dementia could forget where the bathroom is and other older prisoners may simply be unable to remove clothing due to a lack of mobility. Contrasting coloured walls (alongside signs) to highlight toilet facilities can help combat this, along with Governors providing easy to remove clothing or uniform incorporating elastic and Velcro. A checklist on this is available in the HMPPS-commissioned good practice guide written by RECOOP.

For those with hearing issues, there is the opportunity for staff to access sign language interpreters to directly communicate via Clarion UK using the helpline on 0330 400 5348. Prisons should also ensure that prisoners have access to a hearing needs assessment and any subsequent equipment that is recommended, including its maintenance. Hearing loops must also be provided by healthcare to enable prisoners to participate in 1:1 as well as group-based activities. The Royal Association for Deaf People (RAD) have developed a Deaf Aware Prison Quality Mark which includes training and practical adaptations for Deaf prisoners. Governors may wish to contact RAD for support and consider working towards achieving the quality mark. Testing of eyesight and glasses must also be provided by healthcare as appropriate, as sight is known to deteriorate with age.

Location

Mobility and the accessibility of services is particularly important when allocating prisoners to cells. Where physically possible, those with limited mobility should be located in a cell that would mean they would not be required to climb stairs regularly (often referred to as a "locate-flat" cell). However, older prisoners should still be encouraged to partake in regular age-appropriate activity.

There may be some circumstances, e.g. where a prisoner has very limited mobility or extensive social care needs, where it might be more appropriate to consider transfer to another establishment specifically equipped to meet their needs, on either a temporary or permanent basis. When considering this, distance for family and friends that visit should be borne in mind alongside their health needs. When such a move would mean placing a prisoner in a higher security category, this would have an impact on the regime experienced (including visits, activities and self-determination). Each prison therefore should make every attempt to support health and social care needs.Where this is not possible, there are a number of prisons with embedded teams dedicated to meeting the needs of those with the highest care needs. For information on these, please liaise with your regional teams.

Older prisoner units – practical example

Some prisons have decided to set aside a unit for older prisoners, which prisoners can be allocated to on a voluntary basis. This allows older prisoners to create a collaborative, cooperative environment in a community away from younger prisoners, noise or louder music. One such unit is house block 14 at HMP Northumberland, described by the inspectorate in 2017 as, "an excellent environment for older men, in which a constructive culture of mutual support had been fostered". Subsequently "Older prisoners responded positively in many areas of the survey, e.g. 93% said staff treated them with respect."

There is no clear evidence to demonstrate that either separation or integration of older prisoners in England and Wales is most effective. Anecdotally, there is a belief that older prisoners have a calming influence on younger prisoners. The case for optional separation is made on page 35 of the report, Greying Behind Bars by Victor Chu, published by the Howard League.

Activity Centres

Older prisoners have the same need for purposeful activity as other prisoners. Many over the statutory retirement age will wish to work, whereas some will be keen to pursue leisure activities. One approach working at a number of establishments that could greatly benefit older prisoners is to provide activity centres. This approach also helps tackle loneliness and isolation within the cohort.

The aim of these activity centres is to both mentally stimulate older prisoners and to keep them physically active, in order to promote wellbeing and reduce premature ageing. This can include providing or facilitating:

- reminiscence activities such as discussion groups focusing on classic films or art, history lessons or geneology (these can help improve memory for those suffering with dementia);
- general knowledge quizzes;
- poetry or creative writing sessions;
- crafts (including woodwork and needlework);
- reading or book clubs;
- television or film reviews;
- gardening and agricultural work;
- looking after animals (which can help those with cognitive impairment by encouraging a sense of routine and responsibility);
- music sessions including singing in a choir or playing instruments in a band; and
- group acitivities such as board games, carpet bowls, cards or dominoes.

They can also provide an opportunity for older prisoners to get together in a setting where they can mix with other people with similar interests, without the pressure of other prisoners being around. Local voluntary organisations may be able to help with these activities by providing speakers for discussion sessions, or activity leaders for quizzes or other activities as well as volunteers to interact with the prisoners. Governors may wish to invite staff from organisations such as Age UK to hold subject-specific workshops on issues such as pensions or other factors that may affect resettlement.

Where space is limited, part-time use of other available spaces such as in workshops, library, gym or the chapel could be considered.

Where budgets allow, Governors may wish to commission voluntary organisations to run the activity centres. An example is an activity centre for elderly and disabled prisoners run at HMP Wymott by the Salvation Army:

Case Study – Come and Meet Each Other (CAMEO) at HMP Wymott

CAMEO is an activities centre for older and disabled prisoners set up by Paul and Rita Conley, two Majors in the Salvation Army, who won a Butler Trust Award in recognition of their work.

With the help of HMP Wymott and the Salvation Army they have created an area offering the men an opportunity to get off the wing and to spend time in a supportive environment. The centre is located near the older prisoner unit and has private access to a small garden and a kitchen.

The centre provides a range of meaningful activity. Examples of these include; indoor bowls, sessions on geography, history, handicrafts and microwave cooking, music and book appreciation, discussion groups and cheese tasting.

The centre also has a practical focus on resettlement, equipping prisoners with skills for their release including courses in practical living (paying bills, accessing resources and health care services), domestic living (health and hygiene), reality living (wills, enjoying life) and really living (dietary advice).

CAMEO works closely with local Age UK staff and social care workers to provide a range of social and resettlement activities that meet more in-depth needs that older prisoners are faced with. CAMEO claim to have reduced the instances of visits to hospital and self inflicted death.

Age UK and HMP Whatton also jointly run and fund a similar activity centre called OPAL (Older Prisoners Activities and Learning) which conducts some of the activities mentioned above. Additionally, they have further achieved a sense of community by creating a house band and a choir.

Aimed specifically at offsetting dementia and to accommodate those with early signs of the disease, RECOOP deliver ‘brain gyms’ which include a range of cognitive exercises to help promote optimal storage and retrieval of information which helps improve memory and concentration. It is an adapted version of the initiative run in communities across the UK by the Alzheimer's Society.

Prisoners are not always incentivised to attend these centres. Governors should consider attendance at an activity centre as purposeful activity so that these centres do not have to compete with workshops or other activity providers. Governors should also consider the level of payment for attendance in line with other purposeful activity, in order to subsidise older prisoner’s income for the purchasing of essentials and incentivise older prisoners improving their wellbeing through mental stimulation and physical activity.

Offender Management in Custody (OMiC) Model

The OMiC model will introduce the role of the key worker, who will be the first point of contact for a prisoner and spend an average of 45 minutes a week on their case. The key worker will aid and encourage older prisoners to engage with the regime and undertake activity available within the prison. For older prisoners in particular, dedicated time with a key worker should help to reduce feelings of isolation.

The OMiC model should help to improve communication between the prisoner and their prison and community offender managers. This should further help alleviate any anxieties faced by older prisoners, particularly those who have served long sentences, or those at the point of release. Training is recommended to support prison offender managers to understand the specific needs of older prisoners.

Another known issue among the older prisoner population is becoming institutionalised as a result of spending long periods in custody (as shown in the accompanying evidence pack). A key principle of the OMiC model is motivating prisoners to develop self-efficacy by engaging with rehabilitation and resettlement planning.

As such, all prisoners will be supported by their keyworker and encouraged to progress through their sentence and, where appropriate, prepare for eventual release. This, along with a degree of self-determination, should help to reduce any potential feelings of helplessness or powerlessness among the cohort. This should have added benefits when it comes to staving off premature ageing or dementia also.

The role of the key worker

Key workers could help older prisoners by:

- encouraging them to decide where they would like to reside upon release and signpost them to relevant agencies, such as the local authority.
- explore, with the older prisoner, the option of utilising Home Detention Curfew (HDC) or release on temporary licence (ROTL)
- encouraging them to maintain links with family and close friends in the community
- encouraging them to research their local area and amenities so as to gain an understanding of the community on release
- encouraging prisoners to engage with the regime and highlighting age appropriate activities available within the prison
- where prisoners have acute needs, in partnership with the POM (if applicable) and the COM, the key worker could aid by undertaking relevant referrals, as appropriate.

Key workers should liaise with OMUs to ensure there are no safeguarding concerns in relation to addresses proposed for release or family contact. The prison offender manager and community offender manager will be involved in assessing and approving release addresses, ROTL and HDC.

Family contact

Families can be a stabilising influence and an important motivating factor in prisoner rehabilitation. This has been emphasised by the Lord Farmer review: Family ties at the heart of Prison Reform.

It is of specific importance to older prisoners to maintain any positive ties as they may have fewer connections than younger prisoners in this regard. With particularly elderly prisoners, close family or friends of older prisoners may also be older and may find it challenging to travel to undertake visits, and older prisoners may have fewer remaining friends or relatives. Therefore, Governors may wish to consider allowing consecutive accumulated visits, as a reasonable adjustment, on request.

Prisons need to consider what difficulties older visitors may experience when visiting the prison and, where necessary, put appropriate adjustments in place to assist their visit. Some older visitors, particularly those who are unfamiliar with the prison system, might also require a greater amount of information and reassurance.

During the training phase of a prisoner's journey through the system, as now, prisoners may be located in prisons that are not dispersed evenly throughout England and Wales. Therefore during this period prisoners could be further from home than during the resettlement phase of their sentence. As such, making the most of options such as Assisted Prison Visits (APV) scheme, transfers for accumulated visits, telephone contact and letters; will be important to help maintain family ties. It will be important to proactively notify older prisoners of the options so that they can notify family in order to take full advantage of the APV scheme, for example. The charity Restore Support Network also offer older prisoners through the gate support and a peer network that encourages positive relationships.

Technology is also being developed and piloted at a small number of sites. In-cell phones are being provided so that prisoners can maintain contact with their families even when on patrol state. Where there is no in-cell telephony, Governors could consider longer (or different) time periods to allow those with mobility issues to access phones on landings.

As there is a higher prevalance of men convicted of sexual offences (MCOSO) among this age group, older prisoners may also have fewer family connections if the victim of their offence was a relative, or restrictions are in place regarding contact. It will be therefore be particularly important to enable these prisoners to develop or maintain positive relationships with others in their community to aid their successful reintegration upon release. For MCOSO, this could include circles of support and accountability (CoSA). Information on this can be found in the MCOSO MOD, specifically in Section 6 where resettlement considerations for the cohort are examined.

Older prisoners are more likely to have suffered loss of a loved one while in custody. Bereavement counselling can be offered by health care teams, and chaplains also often engage with prisoners to provide bereavement counselling.

Education and work based learning

The purpose of education in prisons is broadly to give individuals the skills they need to unlock their potential, gain employment and become assets to their communities. However, for older prisoners, it may be more relevant to use education to promote activity and mental stimulation and wellbeing.

Some older prisoners may be less likely to want or need to undertake formal education given that they may have either already gained the qualifications they require, or they do not plan to work or will be past retirement age after release. However education or learning can improve their well-being during their sentences and, once released, there is some indication that older people who have regular mental stimulus maintain their cognitive abilities better than those who do not. New experiences, learning and recreation can help to lift their mood. Access to computers and computer courses specifically aimed at older prisoners are a good way of stimulating the minds of the older prisoner population.

Of equal importance is the fact that IT skills are increasingly needed in the community to navigate basic needs such as applying for benefits, making job applications and accessing other information for support, so the rehabilitative benefit would be great to this cohort. As many prisoners serving long sentences will be returning to an environment filled with digital tools and media, awareness of this, together with training on the use of electronic and digital tools could be provided by the education department. This would better equip those longer-term prisoners returning to society which will have changed significantly since they entered prison.

As with all prisoners with a disability, reasonable adjustments should be made where necessary to avoid individuals being precluded from learning. As well as practical support through materials or equipment, outreach provision can help prisoners who are unable to attend classroom-based education - such as some older prisoners - with mobility issues, to engage with learning through a bespoke teaching process. Work can be completed either in-cell or in the library and supported by regular tutorials from an outreach teacher.

Other adjustments could include slowing down the pace of the class to help those with memory problems or reduced cognitive ability, to retain information. Providing handouts and reference material to take away would also be a helpful consideration for these prisoners. Prison rule 32(3) requires that special attention is paid to the education of prisoners with special educational needs, defined as someone who has a learning difficulty or disability which requires additional or different education provision. This may be pertinent as 54% of the cohort have a disability.

There are a number of opportunities for those with mobility issues, common among the cohort, to engage in purposeful activity within the prison estate, such as gardening in raised beds or needlework (trained by Fine Cell Work) that can be completed in their cells or in a community or activity centre.

An example of a course designed for older prisoners, with a view to helping them cope upon release, is the Independent Living Skills course currently run at HMP Leyhill:

Case Study – Independent Living Skills (ILS) course

The course is aimed at older prisoners and provides them with appropriate knowledge and skills to aid in their resettlement. It specifically focuses on understanding of conditions of release, job searching, using public transport, shopping, how to cook and how to use technology. It also aims to improve awareness of health and wellbeing and everyday problem solving.

This is of particular importance to those who may have become institutionalised or those who may not have had to do a number of these "everyday" tasks prior to coming into custody due to the changes in social attitudes and/or technological advancement while in custody.

This course is designed to teach prisoners a social, moral, spiritual and cultural understanding of life outside of prison. By giving them these skills, which will help them work with others as well as embedding literacy, numeracy and ICT skills, they are gaining the tools which will help them obtain work opportunities. Familiarising prisoners with public areas through ROTL will prepare them socially and mentally for their release.

The new prison education reforms offer opportunities to do things differently. The Specification for the new Prison Education Framework contracts give governors scope to commission a learning offer that meets the particular needs of older prisoners which can include these areas. A core part of the reforms is the introduction of a Dynamic Purchasing System (DPS) that provides a route for Governors to commission smaller and more bespoke education services. This will enable Governors to choose the best supplier to meet older prisoners' needs.

Employment

Some older prisoners may be less likely to want or need to work after release, especially if they are past retirement age. However, for those who do, older prisoners should have access to the same opportunities and services made available to their younger counterparts and be encouraged to believe in their ability to help contribute when they are released back into the community. They should be able to acquire new skills during their sentence in areas such as workshops, be able to take advantage of ROTL opportunities where possible and receive help 'Through the Gate' to prepare them for employment on release. Certain jobs will be more suitable for older prisoners and spaces like workshops may need to be adapted to suit their needs. Older prisoners that do not need to work on release should still have access, where possible, to opportunities that can keep them busy, engaged and mentally stimulated, such as working in prison gardens or workshops.

As there is a higher prevalance of sexual offending among this age group, older prisoners may face greater challenges securing employment on release as many employers are especially averse to hiring sex offenders. This cohort of offenders might therefore require additional support to help navigate employment e.g. help writing a self-disclosure statement, or a tailored CV.

Library

Older prisoners can benefit from having a quiet place to go and spend time with peers to reduce feelings of isolation which are known to affect this group. Visiting the library also offers an opportunity for mental stimulation. Governors should consider whether it is feasible for older prisoners to have library provision at separate times to younger prisoners in order to better meet their specific needs, and also provide a more relaxed environment where they can engage with peers.

Where individuals are unable to access the library even after reasonable adjustments are made, solutions such as book trolleys or on-wing book rooms, and opportunities for prisoners to request reading materials should be considered.

Older prisoners often receive longer sentences. Having a longer sentence can increase the likelihood of institutionalisation. It is therefore important that Governors consider ways to improve awareness of current events, such as by providing a range of newspapers or creating discussion groups, among the cohort as this is known to reduce the impact of imprisonment.

Older prisoners may require larger font. Audiobooks could be provided to help those with visual impairments. Materials for those with learning difficulties and disabilities should be considered to encourage and inspire individuals to take responsibility for their own development and improve their literacy. HMP Norwich have identified that older prisoners can often be “forgotten” and put together a specific service for those suffering with dementia or memory problems.

Case Study – HMP Norwich's library service for ‘forgotten’ men

HMP Norwich’s library service has pioneered an award-winning intervention service which is changing the lives of its older ‘forgotten’ men with dementia and memory problems.

This group are often ‘forgotten’ in terms of effective care available in the community because they live within the prison system. To address this, Cognitive Stimulation Therapy is carried out in Norwich’s library by staff and volunteers, in partnership with the Forget-Me-Nots charity.

This intervention is recognised to help combat isolation and improve wellbeing by participation in physical activity, validation therapy (being listened to), encouragement of new learning and encouraging these men to talk about their week.

Case Study – HMP Norwich's library service for 'forgotten' men (continued)

The work has had a positive impact, including improved behaviour back on the wings. Head of Norfolk County Council's library service, Jan Holden, said: "This project is a great example of partnership working in a demanding and challenging environment that delivers great outcomes.

"The success of this project has been down to the sterling efforts of library staff working alongside the brilliant and dedicated volunteers from the Norwich based charitable group Forget-Me-Nots which is dedicated to supporting people with memory loss and dementia."

Now a two-time award-winning service, colleagues from other prisons are looking to launch similar projects to replicate Norwich's success. A 3-minute clip can be seen here.

Physical education and activity

Regular physical activity is often cited as effective in combating both early dementia and depression. Older prisoners should have equal access to physical education (PE) and suitable options provided for them. Yoga, pilates and tai chi are all excellent ways of maintaining physical and mental health for these prisoners.

Shibashi Qigong is a form of tai chi adapted for the older person and for those with reduced mobility. This form of exercise has been shown to have beneficial effects for a range of physical and psychological conditions, as well as helping to improve balance, flexibility and to reduce anxiety. For the less mobile, chair-based workout alternatives could be considered and potentially take place in activity centres.

PE staff can offer gym inductions to assess an older prisoner's fitness levels and can create a tailor-made plan accordingly. Within gyms, static equipment could be provided in exercise areas to encourage prisoners to maintain an active lifestyle outside of their allotted gym time. This can reduce stress, tension and anxiety in a positive, controlled environment.

As per Prison Rule 29(3), PE staff provide remedial activity sessions for older prisoners or those with disabilities or recovering from injury, as well as lower-intensity activities such as yoga and meditation to expend energy in a positive pro-social way.

Governors should consider whether it is feasible for older prisoners to have timetabled separate PE and gym sessions. Reports from some establishments suggest older prisoners can be intimidated by, or uncomfortable attending the gym at the same time as, younger prisoners. Age UK North Tyneside run over-50s gym sessions in HMP Northumberland and have seen increased numbers of older prisoners attending the gym.

Self-determination and long-term imprisonment

The nature of prison life can be problematic for long-term prisoners, particularly for those with dementia. The routine lifestyle can take away the individual's ability to think independently, which can de-skill them to undertake even basic tasks and activities. This can be especially problematic when they are released and find they are unable to look after themselves. As such, taking opportunities to promote self-determination, especially towards the end of their sentence, would be beneficial to the cohort.

The extent to which this is achievable will depend on the infrastructure of an individual prison and the introduction of digital tools (which could allow the use of an activity allocation bookings system from individual cells). Even without this, however, older prisoners could be supported so that they feel confident in, for example, booking an appointment to see a doctor or key worker without having to be dependent on a staff member. This approach mirrors the expectations they will face after release and promotes the development of these skills in a supportive environment.

5: Supporting the older prisoner cohort

Section overview

Meeting the needs of the prisoner population is more than delivering a regime and activities. Prisons and the staff within it are expected to keep prisoners safe, care for their rehabilitative needs and also their emotional and physical wellbeing.

This is particularly important for the care of older prisoners, given the higher prevalence of health and social care needs, and that particular challenges associated with old age can be exacerbated by ageing in prison. Careful consideration is needed to understand and meet the needs of each older prisoner during each part of their stay in custody, and particularly to ensure both continuity of care, and equivalence to what they would have received in the community, as per PSO 3050 Continuity of Healthcare for Prisoners.

Additional guidance and instruction

The Equality Act (2010) includes age as one of the protected characteristics and as such the older prisoner cohort should be provided with equality of opportunity in line with the rest of the prison population. Further to this, older prisoners are more likely to have a disability, either mental or physical, which is also covered by the Act.

To ensure that prisons are ready to receive those with a disability, it is important to consider what reasonable adjustments may be required. You may need to take some of the following factors into account when considering what is reasonable:

- how effective any steps would be in overcoming the difficulty;
- how practicable it would be for you to take these steps;
- how disruptive taking the steps would be;
- the financial and other costs of making the adjustment;
- the extent of the prison's financial and other resources;
- the amount of any resources already spent on making adjustments; and
- the availability of financial or other assistance, such as external voluntary and community support.

The older prisoner cohort are not a homogenous group and will have a range of different needs with regard to protected characteristics and risks posed. Public Health England have published "Health and social care needs assessments of the older prison population" which Governors can use in partnership with NHS and Local Authority commissioners to identify the needs of their population, in order to plan, commission and deliver the right services. It provides useful information on population demographics, physical environment considerations, disease, medicine optimisation, social care, promoting health and wellbeing, palliative care, release and continuity of care.

The PPO report Learning from PPO Investigations: Older Prisoners, may be useful for Governors, with chapters focusing on healthcare, use of restraints, family involvement, early release and dementia care. This learning has been used to inform the content of this MOD.

The Centre for Ageing provides easy access to policy documents, reports and briefings that highlight issues around the care and support of older people and the implications of an ageing population. These documents predominantly focus on care and support in the community, though their findings may still be useful in a custodial context. It can be accessed here.

Use of force

Older prisoners may be more fragile or vulnerable, compared to their younger counterparts. This could be due to premature ageing, disability or simply be due to their advanced years. They are also more likely to have physical or mental health conditions and reduced physical strength.

This should be considered prior to using force to restrain an older prisoner so that any actions taken, including the use of restraints, can be judged as reasonable, necessary and proportionate to the circumstances.

Restraint must only take place to prevent harm or disturbance and be used for no longer than is necessary, the IMB and a medical practitioner (or nurse) should be made aware and records must be kept regarding the use of restraint.

Composition of this section

Health and social care are particularly important for this cohort, and have been highligted accordingly. Additional support considerations for the cohort include:

(titles link to the relevant sections)

Staff culture and training

Culture and leadership will be particularly important in prisons holding older prisoners. Staff at all levels will have a vital role to play. Having awareness and showing understanding of the particular needs and challenges older prisoners may face will be key, whether in terms of physical and mental capability, environmental factors (such as a quiet living space), or personal needs. Key workers will be particularly well placed to notice changes in mood or behaviour and develop close links with the healthcare team when they need to make referrals.

A Prison Reform Trust report on staff views of the ageing population noted that employees in prisons that had invested in awareness training were much more confident in identifying and referring age-related ailments (Cooney and Braggins 2010). Some prisons have a lead officer who is responsible for completing assessments for new arrivals on reception, offering advice and guidance and acting as a liaison between departments and other prisons (e.g. Leyhill). At HMP Exeter and HMP Dartmoor, dementia awareness training is available to staff, organised by RECOOP.

It is recommended that over time additional training sessions be provided to staff on areas including:

- independent living;
- social care;
- dementia; and
- helping those with cognitive impairment.

Induction, safety and receiving older prisoners

Known triggers of self-harm in custody include transferring to a new establishment and receiving a long sentence. Among older prisoners, 48% are serving determinate sentences over four years and 18% are serving life sentences. During sentences of this length, prisoners are likely to transfer at least twice, from a Reception, to a Trainer, and then to a Resettlement Prison. (The timings of transfer are explained in Prisons on a Page.)

Prisons will need to think about how best to support the cohort and what induction package should be offered. Many of these men have been sentenced later in life and will be in prison for the first time, and may not have had time to acclimatise to prison life. It is important to provide information at a pace and in a format which is suitable for older people with difficulties such as impaired sight, hearing or cognitive ability.

If a prisoner has difficulty understanding the written induction information which is provided, the governor (or a prison officer to whom they have delegated the task) must explain the written induction material verbally in a way that ensures that the prisoner can understand their rights and obligations.

Prisoners with dementia may also need to be reminded of the existence of certain prison rules periodically over time e.g. so they are not disadvantaged by being punished on adjudication for failure to abide by a local rule when their deteriorating memory had impaired their ability to recall it.

Where a prisoner is being transferred, the safer custody and equalities teams must liaise with the receiving establishment with regard to any ongoing needs or if the prisoner is (or has recently been) being cared for under ACCT arrangements. There must be written evidence in the plan that transfer has been discussed with the prisoner. The CAREMAP must be up to date with any actions completed and a review must be done on the day of the transfer or on the day before (at the absolute earliest). Further guidance can be found in PSI 64/2011 Prisoners at risk of harm to self or others.

Referral to local authority for needs assessment

Where staff consider a prisoner may have care and support needs they must ensure that the local authority is informed via a referral within 28 days of initial reception. However, ensuring these are completed within 10 days of initial reception is best practice and may mitigate a prisoner's risk, dependency and enhance their quality of life sooner.

Where the prisoner has been sentenced and is due to be moved to another prison, staff coordinating transfers will need to liaise with the receiving prison to allow them time to make a referral to their local authority prior to receiving the prisoner. The local authority must put a package of support in place within 28 days.

Active care packages must follow individuals into custody and also on transfer, with information being provided to the receiving local authority prior to arrival and confirmation that the care package is in place. Further guidance is available in PSI 15/2015 Adult Social Care or the Rehabilitation Services Group within HMPPS.

Safety (Slips, trips and falls and emergency evacuation)

The growth of the population of older prisoners will likely lead to an increase in the need for Personal Emergency Evacuation Plans (PEEPs). Each person with limited mobility, or ability to escape harm, should have a PEEP created and wing staff should be aware of its contents. These plans should be reviewed whenever there is a change in location or circumstance, or at least every 6 months. Prisoners should also be consulted and made fully aware of the contents of their PEEP.

Falls are one of the biggest causes of older prisoners becoming injured and needing medical or hospital treatment. However, there are courses and activities available which remind people of hidden dangers and how they can avoid them. This is particularly important as people get older, when eyesight and the sense of balance deteriorate. The Royal Society for the Prevention of Accidents can supply a safety pack aimed at older people, which can be used by individuals or within a group and is designed to raise awareness of safety issues. Prison medical staff may also be able to arrange classes on how to prevent falls. Local authorities may also be able to provide assistance in assessing the physical environment in order to reduce the likelihood of accidents.

NHS England commission health needs assessments (HNAs) to ensure services meet the needs of the prison population. As part of a suite of toolkits, Public Health England published "Falls: Applying All Our Health" which provides further information on falls and how they can be mitigated. This guidance also signposts the Chartered Society of Physiotherapy's guide to staying steady "Get up and go". Further information can also be found in the National Institute for Health and Care Excellence (NICE) website where they assess the risk and prevention of falls. The Royal College of Occupational Therapists provide further ideas for prevention, and subsequent management, of falls here.

An example of managing this risk could be if a prisoner had to walk down narrow steps to access the place where meals are served and there is a risk of them slipping on the stairs whilst carrying a tray, then it might be sensible to make arrangements to have the food brought to them.

Health, social care and peer support

Within the older population some will have both complex health and social care needs. It is important that both Health and Social Services work together to deliver a fully integrated health and social care service that is patient-centric. As per PSO 3050 Continuity of Healthcare for Prisoners, older prisoners in custody should receive equivalence of care, i.e. they should have access to the same range and quality of services as someone in the community would expect to have. This needs to be considered in all activities which impact on health.

Health

Reconfiguration of the estate will be an opportunity for Governors to analyse their population breakdown and collaborate with healthcare commissioners to meet the needs of the patient population. Public Health England have published a toolkit for undertaking an assessment of the health and care needs of prisoners. Governors will want to facilitate such an assessment in partnership with their healthcare provider and the local authority, to understand the needs of their population, and enable provision of appropriate care services. This will enhance the offer to prisoners and provide an opportunity to develop a new good practice model.

Among older prisoners there will be many with disabilities or mobility issues, as well as those who suffer with mental health issues. For some this will be manageable through therapies and medications, but in other cases require more specialised care. Medical intervention and safer custody services remain a priority, especially as physical or emotional pain can be a trigger for suicidal or self-harming behaviour. Having a range of different support services, including those which are peer led, will help settle and stabilise the population especially in the early days following arrival into custody. It needs acknowledging that some younger prisoners will also be affected by disability and mobility issues, but these are more prevalent among older prisoners.

As well as disorders which are more physically obvious, older prisoners are typically more likely to suffer from unseen chronic health issues, which may require long-term treatment. Such illnesses may include diabetes, chronic fatigue and digestive disorders among others. Health care providers can assist by providing information on preventative remedies, self-checks and nutrition to older prisoners.

The Prison Rules mandate some additional health related actions, namely:

- Rule 23 means convicted older prisoners are to be provided with clothing that is adequate for warmth and their health needs; this could include velcro or elasticated clothing; and
- Rule 28 states Prisons must provide toiletries necessary for both the health and cleanliness of older prisoners; this may extend to incontinence pads or other required articles.

Disease and medicine use

Prisons should be aware that older prisoners are at a higher risk of contracting diseases, and that prison environments may contain a variety of risk factors that further increase the likelihood of developing a disease or injury, such as simply a large concentration of people in a confined space, substance misuse, poor diet, excess weight and physical in-activity. To combat this, prisons can promote higher levels of physical activity and better diets, through the provision of meals and regime.

Most diseases become more prevalent as people age, hence chronic diseases are more prevalent in older people in prison than both their age-matched community peers and younger people in prison. Many older prisoners have more than one chronic disease that require ongoing management. The presence of some diseases can compound the prevalence of others. For example, chronic physical ill-health has been strongly linked to depression in elderly people in prison sentenced to life in prison. Therefore, wellbeing should be promoted across a prisoner's whole range of needs, throughout their time in prison to help stave off disease for as long as possible.

Older people are more likely to have chronic conditions which require the regular administration of medicines. The older prisoner population are also more likely to require support with the safe and effective administration of their medication than younger people in prison or age-equivalent community peers. This can be for a number of reasons, including sensory impairment, cognitive issues, or prison policy. Governors holding older prisoners should consider how best to dispense medication, taking mobility and social care needs into account. Anecdotal reports suggests that these prisoners are more at risk of bullying from other prisoners who may wish to take their medication, so providing protection from exploitation should be factored into these considerations.

Social Care

The Care Act (2014) and The Social Services and Wellbeing (Wales) Act (2014) clarified that Local Authorities are responsible for delivering social care to people with eligible need residing in prisons that are within their geographical boundary. PSI 03/2016 Adult Social Care explains prison repsonsibilities in regards to the aforementioned legislation and mandates that Governors must ensure that local arrangements are in place to establish social care requirements and to undertake associated referrals to their local authority. Older prisoners are also able to self refer to local authorities if they believe they require social care. The finding your local council link can direct you to the correct local authority for referrals, according to the prison postcode.

Social Care Teams within local authorities therefore need to have processes in place to respond to referrals, undertake assessments and deliver care and support for those in a prison setting. The Association of Directors of Adult Social Services (ADASS) has developed a care and justice network to enable collaboration with local authority teams. Information can be found here , or for those prisons in Wales, please visit the Welsh Government site here.

Local authority social care staff may be able to provide useful advice to Governors on how best to support a prisoner irrespective of whether they meet the national criteria for care and support services. Occupational therapists can assess individuals for care and support needs, consider equipment and adaptations and advise on strategies and techniques to manage personal care and other activities of daily living. They can also advise on issues such as managing risk, safeguarding and identifying unmet health and social care needs in the older and vulnerable prison population. The Offender Health and Social Care Assessment and Plan (OHSCAP) tool can assist in the assessment and planning of the social care provided to older prisoners.

There will be some prisoners who require fairly intensive personal care on a one-to-one basis – help getting dressed, going to the toilet or eating. A prisoner who is starting to lose their physical and mental abilities may find themselves isolated and marginalised. Fellow prisoners may be quick to disassociate themselves from someone who cannot look after themselves. Creating opportunities for prisoners to socialise and the use of peer support schemes may help with these problems, as well as tackle loneliness and isolation, in the longer term.

Transfers, continuity of care and specialist equipment

Transferring those with identified social care needs between prisons or into the community, and therefore potentially between different local authorities, could lead to a gap in their care. As such, sending establishments should contact receiving establishments ahead of the transfer so that they can contact the local authority in sufficient time to ensure a package of care and support can be put in place.

Local authorities usually require 28 days notice to ensure this happens. This is particularly important where an older prisoner is transferring from a prison with 24 hour health care provision to one that does not have this facility and the additional support it provides.

Local authorities are responsible for continuity of care for offenders receiving care and support. This includes responsibility to make arrangements for any care which may be required during transport.

It is important to ensure that care plans travel with a prisoner when transferring. Receiving prisons need to be aware of what type of care the prisoner needs on an urgent basis to maintain their dignity on arrival, in the event that there is a delay in the new local authority Care Act assessment.

If a local authority is arranging care for an individual and that individual moves to another local authority area, the 'sending' local authority providing care should liaise with the 'receiving' local authority now responsible to ensure continuity of care. Further information on this process and prison responsibilities are provided in PSI 03/2016 Adult Social Care.

Some older prisoners will be assessed as needing adjustments in order to enable them to live as decently and independently as possible. Governors must always consider the advice of care and support professionals. Occupational therapists can assess the needs of an individual and make recommendations about aids/equipment required, working closely with prison staff regarding any specific restrictions or risks. Local authorities are obliged to provide, at their cost, equipment (e.g. hoists) and personal aids (e.g. to assist mobility) up to the value of £1,000.

Peer support

Peer support schemes should aim to promote independence for as long as possible. Social care assessments should be provided by the local authority detailing the tasks and support a peer can provide in each individual case. The support that can be provided will purposefully usually reflect similar provision to that which is provided in the community. Voluntary peer supporters could provide care including:

- psychological support or buddying;
- reminding prisoners to attend appointments or take medication;
- helping collect medication or walking to appointments;
- cleaning their cell;
- reminding prisoners to, or helping them, eat meals;
- helping with mobility by aiding movement or pushing wheelchairs;
- doing tasks such as helping them read or fill out forms;
- coaching them through their daily routine or reminding them of schedules;
- collecting laundry and mail.

Peer supporters could share a cell with particularly vulnerable older prisoners, such as those with dementia, subject to safeguarding risk assessments indicating the arragenement is safe and appropriate. For further information, please see PSI 16/2015 Adult Safeguarding in Prison.

However, it is not considered appropriate for prisoners to undertake intimate personal care in a peer support role; this should be undertaken by professionals. Definitions and examples of intimate and personal care are provided in Annex A of PSI 17/2015 Prisoners Assisting Other Prisoners.

Education providers may be able to assist by training peer supporters to better undertake their role such as through courses related to health and safety, mentoring and providing quality advice. The charity RECOOP undertake a 14 module training course in peer support specific to the needs of older prisoners in custody:

Case Study – RECOOP Buddy Support Training Programme

The 14-Module Buddy Support Training Programme is currently delivered by RECOOP on a full-time basis across the Devon Cluster. Other prisons have opted for RECOOP to deliver one-off training programmes. It is available nationally to prisons and Local Authorities to help improve Health & Social Care provision. The 14 modules are titled:

- Understanding your Role and Personal Development
- Duty of Care
- Equality and Diversity
- Working in a person-centred way
- Communication and Advocacy skills
- Privacy and Dignity
- Fluids and Nutrition
- Safeguarding Adults
- Health and Safety
- Handling Information
- Cleaning and Infection Prevention/Control
- Assisting someone in a wheelchair
- Awareness of Mental Health, Dementia and Learning Disability
- Health and Healthy Ageing

The training ensures compliance with all legislation and PSIs around social care and prisoners assisting other prisoners. One prisoner being supported by a buddy said, "I find my Buddy to be attentive, very positive and always helpful and encouraging. He helps me with the tasks I find too difficult to do and actively encourages me to do what I can for myself. He walks with me to exercise and back and encourages me to go out on exercise. He treats me with respect constantly and is understanding of my health issues and memory problems".

The programme has led to prisoners providing support to help other prisoners, particularly those who are less mobile, to enjoy a more meaningful regime. There is great potential in the use of peer support schemes but it is important that these are delivered well and within clear boundaries. To find out more about the Buddy Support Training Programme, please contact RECOOP here.

Supporting people with dementia

A number of older prisoners are known to suffer from dementia, to differing degrees of severity. Approximately 30% of people with dementia suffer symptoms of depression, while anxiety and aggression issues are also associated with its onset. If a prisoner's aggressive behaviour is rooted in dementia, it may not be appropriate or fair to take disciplinary action. Prisons should liaise with health or social care providers to clarify this is the case and where dementia is suspected but undiagnosed make a dementia referral. A minority of patients will also exhibit sexually inappropriate behaviour, with research to date suggesting this occurs in between 3 and 15% of cases (Losing Track of Time, Mental Health Foundation,

2013). Other prisoners witnessing this behaviour may also need additional support, such as counselling, as they may experience distress.

Dementia may be under-diagnosed in custody as older prisoners are often reluctant to draw attention to their problems. Depressive symptoms or early-stage dementia are more likely to manifest themselves in less sociable, 'quieter' behaviour, with a risk that mental health services are then directed towards more vocal, younger prisoners.

Mental and physical activity and enabling older prisoners to live as independently as possible should help prevent premature ageing and potentially the onset of dementia. As such, a number of age specific activities have been used as case studies throughout the regime and activity section of this MOD (see in particular the Activity Centre section).

Prison staff need to be trained to work alongside people living with dementia and understand how to respond to their differing reality. People living with dementia can sometimes experience visual and auditory hallucinations which can be anxiety provoking or frightening so there is a need to recognise when these episodes are occurring and for the individual to be appropriately supported. It is not reasonable to contradict what someone says they are experiencing as this is their reality for a short while. It is important to stay with them until the moment has passed. Below is a practical example of this:

Practical example – Engaging those with dementia

An example of this could be someone saying they're waiting for a bus while standing on the wing. A useful and enabling approach to an event such as this would be to offer to wait with them, engage in chat and then after a short while suggest the bus doesn't look like it is coming and divert their interest into something else. This helps engage them without getting into a battle over their reality.

Promoting the introduction of Dementia Friends for both staff and prisons is recommended.

Sharing cells can be a supportive for someone living with dementia; there can be protective factors but the presence of someone who had momentarily been forgotten about can be frightening. In possession medication (IPM) can also be an issue and care must be taken to ensure that where someone has their own medication that they are able to remember taking them; this support could be provided by a peer. In addition, people living with dementia can be vulnerable to exploitation and abuse from others, so Governors and staff will need to be vigilant to this.

Governors may approach health and social care professionals with specialist knowledge in dementia for advice and training for prison staff and prisoners assisting prisoners on adapting communication and approach to manage psychological and behavioural symptoms of dementia.

The locked cell door and amplified noises of a prison environment can be hugely challenging. Routine and engagement is important, and people need to be supported in not retreating into themselves, particularly if they are suffering with other impairments limiting engagement. The Alzheimer's society website support section provides useful resources and lists local services available. Dementia Action Alliance also provide online resources, publications and training on dementia that could be of use to those caring for older prisoners in custody.

Mandatory Drug Testing (MDT)

Older prisoners may feel embarassed, self-conscious or awkward when it comes to provide urine samples, potentially because of reduced bladder control or incontinence. Elderly prisoners may require more time to provide a sample. An inability to provide a sample should not be treated as a willful refusal to do so. Further to this, they are more likely to be on medication that affects the outcomes of these tests. These factors should be taken into account and relevant facilities and checks should be in place to ensure that MDT is completed decently and that results are accurate. This could include amending privacy arrangements for those with social care needs and assessed as requiring assistance.

Older prisoner forum

To better understand the needs of older prisoners, some prisons have set up groups or forums. These can be places where prisoners can meet with their peers and raise issues relevant to them. The forums also provide an opportunity for older prisoners to be consulted on social, economic and community issues that affect them. This could feed into a wider prisoner council or a specific member of staff that could act as an advocate to relevant senior managers as appropriate. This helps older prisoners have a voice. Governors should consider this even where only low numbers of older prisoners to reduce isolation and meet older prisoners' needs.

Case Study – HMP Wymott Older Prisoners Group

HMP Wymott operates a cohort specific group that meet monthly in the activity centre. Agenda items can be raised by all staff and prisoners and issues can be escalated to the Prison Council. The Custodial Manager in charge of the Safer Custody team has been designated the older prisoner advocate and co-chairs this meeting along with an elected prisoner. All staff may attend, and representatives are encouraged from equality, health, residential units, senior management, IMB and charity organisations working within the prison. Prison representatives from all areas holding older prisoners also attend.

Issues or agenda items can include topics such as the authorised articles list, pay for attendance at the activity centre or retirement, specific provisions or privileges, health care, regime, transfer, food, location, support schemes available, personal alarms, updates on the work being done by different departments and how this will affect older prisoner or any other matters that arise.

The issues are discussed and where a solution is agreed and can be implemented this is done. Where further information is required (for example, from policy colleagues) an action is taken, and information is sought and ascertained by the next month's meeting. Some items raised may not be resolved (for example, due to operational, legal or policy reasons). In these instances, it is important to provide a full explanation as to why this is the case so that prisoners can gain an understanding of the bigger picture. This ensures the older prisoners know that they have been listened to and options have been considered prior to dismissing the request.

These meetings are documented and shared more widely with older prisoners and senior managers to ensure awareness of the issues and actions being undertaken. Prisoners and staff at Wymott prison fed back that this approach has led to the cohort specific needs receiving appropriate attention and resolution, and ultimately improved older prisoner-staff relationships.

Recognising that older prisoners may be isolated and their views not heard, a number of establishments have an over-50s representative attending other forums at the prison. This could include Equality team meetings, Disability forums and Prisoner consultation forums.

Further case studies on prison councils and older prisoner groups can be found on the Clinks guide: Good practice in service user involvement.

Release and resettlement

Research suggests the release and resettlement process can cause particular anxiety for older prisoners, with prisoners unsure as to what they were supposed to do or if anything was being arranged for them after release[8]. This can be particularly acute for long-term prisoners, and especially where there are symptoms of dementia.

Prison Rule 5 legally obliges Governors to consider assistance for prisoners on and after their release, from the start of a prisoner's sentence. Older prisoners often face barriers to reintegrating back into the community, particularly when they have served a long sentence. To enable them to resettle more successfully, support with practical aspects and matters concerning health and social care and wellbeing should be considered ahead of their release, namely:

- arrangements for receiving state pensions and benefits;
- ensuring GP and dental registration;
- getting bank accounts;
- getting email addresses;
- strategies to avoid isolation and inactivity (such as providing local library information);
- arranging social housing (including compliance with the Homelessness Reduction Act); and
- ensuring continuity of health and social care with no gap in provision.

There are a variety of ways in which this support can be provided, including through Community Rehabilitation Companies (CRCs), embedded DWP staff within prisons, and coordination of health appointments post-release by health care provider. However, prisoners can also be supported to make some of these arrangements themselves, e.g. through the use of ROTL prior to release (see section below). The OMiC key worker or offender manager can also play an important role in supporting and encouraging the prisoner, for example to to engage with local authorities or other relevant organisations.

Continuity of social care is the responsibility of the local authority under the Care Act 2014. In order to enable them to fulfil this duty, prisons must notify them of planned discharge dates at the earliest possible opportunity. The 'sending' local authority providing care should liaise with the 'receiving' local authority now responsible to ensure continuity of care. When moving to a different local authority area, the receiving authority is required to provide care and support on the basis of the sending authority's assessment and resultant care and support plan, until the receiving authority has undertaken its own assessment and prepared its own care and support plan. Further information on this can be found in chapter 8 of PSI 15/2015 Adult Social Care.

[8] Crawley, E. (2004). Doing prison work: The public and private lives of prison officers. Cullompton: Willan Publishing.

Additional support for older prisoners can also be obtained through charities such as Restore Support Network who provide a mentoring and befriending service for those being released from Prison. Restore Support Network are user-led by older people with convictions, and volunteers are vetted and trained appropriately and work alongside probation providers. There are other providers listed in the Clinks directory of offender services which can be used to identify appropriate services in the local area.

Shortly before release, prisons could consider providing an information pack for older prisoners containing government help and advice, support and services available across government and a guide to benefits and tax credits. Information needs to be offered in a variety of formats and should take into account individual needs and differences.

A case study on the provision of information packs follows. Where prisons do not have means to undertake this work themselves they could set up an equivalent service and have key workers or offender managers encourage and guide prisoners to enable them to create these information packs for themselves. Perhaps older prisoners could be empowered to do this by being provided with a template and ideas on sources of relevant information, which could include prison departments or the library and other available organsiations, such as the Community Rehabilitation Company or health care teams.

Case Study – Resettlement and Care of older Ex-Offenders and Prisoners (RECOOP)

The charity RECOOP provide resettlement services to prisoners in custody and in the community. Their main focus is on the needs of older prisoners, which includes a large number of men convicted of sexual offences. They currently run an activity centre in HMP Leyhill.

In preparation for release, RECOOP get in touch with external organisations to organise support and opportunities for individuals, prior to and, on release into the community, including on temporary release whilst on ROTL.

They provide direct support to individuals by coaching and informally counselling the men around any anxieties or concerns they have regarding their release (including helping with specifics around money, accommodation or clothing among other things). They also monitor their wellbeing and mental state, particularly at times of crisis such as a loss or an anniversary of a loss (in conjunction with safer custody).

Case Study – RECOOP (continued)

As part of RECOOP's resettlement offer they speak to individuals in an attempt to find out what information they require on release. They also speak to other relevant departments such as OMU and health care and build an information pack for the prisoners to keep and use after release. These information packs can include:

- an overview of the area of release including geographical information and travel links;
- a history of the area they are returning to, as reminiscing activities such as this are of interest to a lot of the older prisoners;
- local recreational facilities to keep fit, local libraries and social clubs;
- local amenities, areas of interest, tourist information centres and ideas of things to do;
- local authority/council contacts and support schemes and housing associations;
- the citizens advice bureau, charities and advice centres;
- probation hostels or approved premises they may be required to reside at;
- local opportunities for further/higher education;
- local Doctors, Dentists and substance misuse support services;
- job Centre and recruitment and volunteering agencies; and
- national support organisations.

Release on temporary licence (ROTL)

Older prisoners who are not fit for work due to age or disability (or do not plan to work due to being past retirement age) could be overlooked for ROTL in favour of those who are. This should not be the case and ROTL should be considered when looking to meet the resettlement needs of older prisoners. Examples of this could include attending medical appointments, maintaining family ties or engaging in activities relating to sentence planning targets. Further information can be found in the Resettlement MOD, the MCOSO (men convicted of sexual offences) MOD (where appropriate) and further on in this MOD here.

6: Palliative care or end-of-life arrangements

Section Overview

Older prisoners account for over half of all deaths throughout the estate, despite representing less than a fifth of the total prison population. The cohort accounted for 87% of the deaths by natural causes in 2016 and the rise in the number of older prisoners has seen a related rise in deaths in custody. This means that HMPPS needs to adapt to provide services to ensure prisoners have the appropriate care and, when it happens, they are able to die with dignity in custody.

There are a number of ways that prisons can make small policy changes or use existing services to ensure appropriate end-of-life arrangements. One example is facilitating longer visits with family. Chaplaincy teams can offer pastoral support, particularly important for those who have no next of kin. Listeners can also provide support and also play a crucial role in supporting other prisoners affected by a death in custody. In addition, the PPO has published a report that Governors may find helpful (Learning from PPO Investigations: End of life care).

Governors should consider producing and providing information leaflets to prisoners diagnosed with a terminal illness or who are approaching the end of their life. This would help alleviate stresses and anxieties these prisoners face. Leaflets have been developed in HMP Wymott and HMP Whatton that include all of the information touched upon in this chapter, along with answering frequently asked questions such as “Where can I die?”. Further to this, or as an alternative, Governors could collate an information sheet for staff so they are able to speak to the prisoner to answer any questions he might have.

It would be sensible to seek advice and support from local hospice services when looking to meet the needs of individuals in custody, as well as to look into the possibility of moving the individual to a community hospice to end their life, if this is what they would prefer.

The ‘Dying well in custody’ charter will be published in April 2018 and should be a useful tool for Governors and provide more in-depth detailed information on this subject.

This section touches on:

- palliative and end of life care;
- hospital escort arrangements (including the use of ROTL);
- family liaison; and
- early release on compassionate grounds.

Palliative and end of life care

It is recommended that Governors develop clear local policies for palliative care, including managing and ensuring appropriate consideration of individual prisoner's dignity towards the end of their life. The Macmillan website has a lot of useful information that can aid Governors when developing their local policies, including the Macmillan end of life care framework and resources available in other languages and formats. The NHS England website also has various resources available on end of life care (https://www.england.nhs.uk/ourwork/ltc-op-eolc/improving-eolc/).

Prisons will need to establish good working relationships with their local partners such as the relevant local authority, local hospices, hospitals and charitable organisations.

HMP Leyhill have dedicated accommodation, with a more normalised environment, where prisoners and their families can stay towards the end of their life. This has been recognised as a model of best practice where prisoners either have to, or decide to, remain in prison to die.

HMP Wymott have implemented a policy to incorporate all required actions and responsbilities in relation to a prisoner coming to the end of their life into one meeting attended by a multi-disciplinary team, the prisoner and their loved ones. This approach has been taken to ensure that all prisoners receive adequate care and has incorporated learning from policy, coroners and third party organisations to be all encompassing and is reviewed regularly.

Case Study – HMP Wymott multi-disciplinary team meetings

When a prisoner is diagnosed with a terminal illness, a meeting with the prisoner and his family is arranged to allow them a degree of input into how their palliative care is managed.

HMP Wymott hold a multi-disciplinary meeting, with attendance from across the prison including wing staff, OMU, health care, chaplaincy, security, hospice staff and dedicated carers and staff from any other relevant support services. This meeting ensures that care is coordinated, discussion includes:

- consent of the prisoner to discuss the situation;
- family liaison officer appointment and role;
- health care keyworker appointment;
- diagnosis and prognosis;
- general discussion including support for family members;
- advanced care planning;
- pain management;
- security risk assessments;
- out of hours/open door procedures;
- preferred place of confinement – within prison, wider estate, hospital or on release (where possible);
- consideration for compassionate early release (ERCG); and
- consideration for temporary release (ROTL).

These meetings continue to occur regularly in line with the timescales agreed with the prisoner to ensure that care continues in a coordinated fashion.

Hospital escort arrangements (including the use of ROTL)

For any prisoner on a hospital escort, the Governor should assess whether the use of restraints is necessary to protect the public or prevent escape. Prisoners escorted to an outside hospital will normally require a minimum of two escorting officers and the use of restraints. However, there may be cases where a prisoner's medical condition, mobility or advanced age mean that restraints are not necessary to prevent escape or protect the public.

Governors should ensure that the individual security arrangements, including the use of restraints, are reviewed regularly to assess the necessity of the use of restraints, any changes in a prisoner's condition or any other relevant factor, as set out in PSI 33/2015 External Movement.

Governors should also be aware that escorted release on temporary licence (ROTL) is possible under the special purpose leave (SPL) procedures for those who are in need of medical care. This is as long as one person (deemed competent by the Governor) accompanies them and appropriate board is sat and paperwork completed. The ROTL Policy (PSI 13/2015) states:

4.48 *Offenders subject to Restricted ROTL must be in or suitable for open conditions and in a prison that offers Restricted ROTL before being considered for SPL, except in the following circumstances*:

- the offender needs medical treatment in the community (escort will be required for any other reason, e.g. funeral);
- a senior manager chaired ROTL board has sat; and
- the Governor or deputy Governor has agreed accompanied SPL is appropriate in all the circumstances including, in particular, that the offender will comply with the accompanying officer's instructions at all times, there is no evidence of any kind to suggest that the offender will use this opportunity to attempt "escape" AND the prisoner's physical condition makes escape very unlikely.

Where all of these criteria are met, the offender may be granted SPL but must be accompanied by at least one member of staff at all times. A full security escort is required unless and until these criteria are met.

This aim of highlighting these options is to promote the benefits to the prisoner as they will have a more decent and dignified experience with a higher degree of freedom of movement and less intrusion from staff.

Family liaison

Best practice would be to appoint a Family Liaison Officer (FLO) at the point of diagnosis of a terminal illness or when it is known that a prisoner is approaching the end of their life.

FLOs will act as the main point of contact within the prison offering support, practical help and advice to the family of those that have passed (or are expected to pass) away in custody before, during and after the coroner's inquest. Prison Rule 22 specifies that Prisons must inform a prisoner's spouse or next of kin if the prisoner becomes seriously ill, sustains any severe injury or dies.

FLOs can assist in a number of practical ways including:

- by providing a list of organisations locally available that offer counselling;
- explaining the role of the Coroner and the PPO;
- offering the family a visit to the establishment to the scene of the death or to meet staff and prisoners who knew the deceased;
- liaising with the chaplaincy team to arrange prayers of a memorial service in the prison with the option of having staff and prisoners attend as the family deem appropriate;
- assist in arranging the funeral and arrange payment of reasonable funeral expenses (on behalf of the prison); and
- helping the family to retrieve personal belongings and monies belonging to the family member (The Coroner/Police will take a decision about what property needs to be kept as evidence for the inquest).

Early release on compassionate grounds

Prisons will often escort prisoners with a terminal illness to hospital but there will be cases where these people may be granted early release on compassionate grounds. The following criteria must be met in all cases:

- they have not yet reached their Release or Parole Eligibility Dates;
- the release of the prisoner will not put the safety of the public at risk;
- a decision to approve release would not normally be made on the basis of facts of which the sentencing or appeal courts were aware;
- there is a specific purpose to be served by early release;
- the prisoner is suffering from a terminal illness and death is likely to occur soon;
- the secretary of state is satisfied the risk of reoffending has past; and
- there are adequate arrangement for the prisoner's care and treatment outside of prison.

The above is guidance only and is not exhaustive of all potential circumstances where early release may be appropriate on compassioante grounds. For detailed information please consult Chapter 12 of PSO 6000.

Those with a terminal illness within their Parole Eligibility Period and those serving indeterminate sentences whose tariff has expired should be referred to the Parole Board for urgent consideration for release.The timely referral in these instances is very important to ensure that the prisoner is released at the earliest possible opportunity. Previously, HMMPS has been criticised by the PPO for failure to do this in a timely manner in its investigations of deaths occurring in a custodial environment.