A pathway to care for older offenders

A toolkit for good practice
A pathway to care for older offenders: A toolkit for good practice
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Document Purpose | Best Practice Guidance

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Title
A Pathway to Care for Older Offenders: A Toolkit for Good Practice

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CSIP South West

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SHA Prison Leads, PCT Prison Leads, Prison Healthcare Managers, Prison Governing Governors, Prison Health Stakeholders

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Description
The purpose of this publication is to inform and assist the delivery of individually planned care for older prisoners whilst in prison, followed by successful resettlement back into the community, receiving the necessary support to sustain an optimum quality of life and reduce re-offending.

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Executive summary

Demographic changes in the general population and sentencing policy are set to bring about significant changes to the age profile of all prisons, and so it is timely that this toolkit for good practice should be written.


It is well established that health, social and welfare needs increase with age, wherever people may be living, and so the need to institute a formal and routine assessment process for older offenders must be established in order to provide appropriate and decent care both within the prison system and following release back into the community.

This pathway is set out in steps that follow the assessment process from referral and appropriate care in the prison setting, following choices within regimes and activities, through to timely preparation for release and support into the community. Within each step of the pathway, key themes are highlighted, and questions are asked to focus discussion and facilitate the creation of local action plans. Key recommendations are made to conclude each section.

The key to successfully implementing the pathway to care for older offenders is strong partnership working between all sections of the criminal justice system including health, social care and welfare providers.

This pathway should be used to inform and assist the delivery of individually planned care whilst in prison, followed by successful resettlement back into the community, receiving the necessary support to sustain an optimum quality of life and reduce re-offending.
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Introduction

During 2004, HM Chief Inspector of Prisons (HMCIP) carried out a thematic review of the treatment of older prisoners, including healthcare and resettlement relating to requirements of the Human Rights Act, Disability Discrimination Act and the National Service Framework (NSF) for older people. The subsequent report, *No problems – old and quiet: Older prisoners in England and Wales*, was published in December 2004 and focused on:

- The environment and facilities for older people
- Regimes and relationships with staff
- Health and healthcare provision
- Preparation for release and post-release care

A separate paper, *The health needs of older prisoners*, was also published in 2004 by Abigail Masterson, who had been commissioned by the Department of Health (DH) to carry out a literature and policy review of the needs of older prisoners.

This paper focused on reviewing:

- Access to healthcare, assessment of needs, provision of appropriate services, mental health issues, health promotion, medicine management, palliative and end-of-life care and early release for the terminally ill.
- Highlighting some of the demographic issues identified in the literature and policy review
- Summarising the actions agreed to date.

This toolkit for good practice draws on the themes highlighted in both these documents, and the NSF for Older People, to describe a pathway to care for older offenders. This aims to enable health care staff, in partnership with all other prison staff, to work together to develop good practice in providing services that meet the health and social care needs of older offenders, both men and women.

Although in many prisons, particularly women’s prisons, numbers have been too small to consider the needs of older prisoners a priority (at present there are very few women over 60 years old in prison), it must now be acknowledged that demographic changes in the general population and sentencing policy are set to bring about significant changes to the age profile of all prisons.
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Background

Demographics and level of need

In the general population, the number of people aged over 65 is predicted to rise by 15% and by 27% among those aged over 85 by 2010 (Office of National Statistics)

More than 1,000 prisoners aged over 65 years leave prison each year (DH 2001)

Older prisoners experience accelerated ageing, which means that they may experience issues associated with older age from 50 years old (Fazel et al 2001)

Prison population trends for England & Wales (1996-2007) reveal that numbers of men aged over 60 and women aged over 50 have trebled over the past decade, compared to a one and half times increase among the 18 to 59 age group:

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<tbody>
<tr>
<td>Men aged over 60</td>
<td>699</td>
<td>896</td>
<td>1138</td>
<td>1359</td>
<td>1755</td>
<td>2050</td>
</tr>
<tr>
<td>Women aged over 50</td>
<td>92</td>
<td>128</td>
<td>118</td>
<td>156</td>
<td>248</td>
<td>277</td>
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There is a substantial increase in the number of arrivals of older prisoners being imprisoned for the first time (Frazer 2003)

50% of male prisoners aged 60+ are sex offenders (Frazer 2003)

Most frequent offences for female prisoners aged over 50 years, are violence against the person and drugs offences (Frazer 2003)

Many older prisoners have complex and often unmet, health and social care needs both in prison and following release (Ware 2001, Wahadin 2002)

85% older prisoners have a longstanding illness or disability (Fazel et al 2001)

30% of older prisoners are likely to have a personality disorder (Fazel et al 2001)

30% of older prisoners are likely to have depression (Fazel et al 2001)

Figures for dementia prevalence in the general population will reflect on the prison population (Alzheimer’s Society):

<table>
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<tr>
<th>Age (years)</th>
<th>Prevalence</th>
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<tr>
<td>40-65</td>
<td>1 in 1,000</td>
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<td>65-70</td>
<td>1 in 50</td>
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<td>70-80</td>
<td>1 in 20</td>
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<td>80+</td>
<td>1 in 5</td>
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Services available to the general population such as screening, health promotion, chronic disease management, podiatry, audiology, optometry, dentistry, mammography and cervical screening are currently under-developed in many prisons (Bernard 2000, Wahidin2002)

Numbers of older Asian and Caribbean prisoners aged over 60 years are increasing faster than other minority ethnic groups (Bernard 2000)

Key findings of No problems – old and quiet: older prisoners in England and Wales

Interpretation of the NSF for older people within prisons

In 2006, primary care trusts (PCTs) became responsible for commissioning healthcare in prisons, and the standards set in the NSF for older people became relevant to prisons. Key findings within HMCIP’s thematic review were:

NSF 1: NHS services will be provided, regardless of age, on the basis of clinical need

- Most prisons do not have a lead healthcare professional for older prisoners.
- Healthcare staff were generally unaware of the need to undertake regular assessments relevant to identifying the needs of older prisoners.
- Issues regarding physical environment and lack of access to aids or adaptations were not being addressed in most prisons.

NSF 2 – NHS and Social Care services will treat people as individuals… through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services

- Some prison staff understand care for older prisoners to be the sole responsibility of healthcare staff, so care is not routinely provided by other prison staff, and was not provided based on individual need.
- Healthcare not promoting rehabilitation and independence, few links with community services and an absence of formal loan arrangements to access daily living aids. Where aids are provided, their use was sometimes prohibited or no checks were made by healthcare staff as part of continuing care.
- Incontinence problems and personal hygiene were not addressed adequately or appropriately, and there appeared to be a general lack of awareness and understanding around these matters.
- There was a lack of social care arrangements in place.
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NSF 7 - Older people who have mental health problems have access to integrated mental health services, provided by the NHS…to ensure effective diagnosis, treatment and support...

- Older prisoners were not subject to single assessment process as part of the discharge process.
- Mental health problems were perceived as an inevitable consequence of ageing rather than a health problem.
- Although healthcare and prison staff reported concerns about high levels of depression in older people, there remained a significant level of unrecognised depression.
- Current mental health services were focused on the younger, more vocal, prisoner. Older, quieter prisoners were largely ignored. There appeared to be a lack of awareness, and focus on other priorities, resulting in the mental health concerns of older prisoners remaining unidentified and unaddressed.
- There was a lack of access to specialist mental health advice for older prisoners.

NSF 8 – The health and well being of older people is promoted through a co-ordinated programme of action led by the NHS...

- Administration and management regarding chronic diseases was variable.
- The Government’s “Keep well, keep warm” campaign was largely ignored within prisons. Within some prisons, the issuing of warmer clothing requires permission from healthcare.
- There was an inconsistent approach to mammography and cervical screening amongst older women prisoners.

Medicines management

- Prescribing, dispensing and administration of medication was a major concern of prisoners interviewed.
- Over 75’s should have their medication reviewed at least annually or six-monthly if taking more than four medications. There was little or no formal full review of medication in prison.
- There needs to be greater involvement and contact between prisoner and pharmacist.

Palliative and end-of-life care

- The changing demography of the prison population has resulted in an increase in the number of prisoners dying of natural causes while in custody.
- Prison healthcare units are required to have a palliative care policy in place, and PCTs are also required to have palliative care standards.
However, the review highlighted that only 60% of prisons had such a policy in place.

Early Release

- England and Wales have a complex system for dealing with early releases on grounds of ill-health or old age.
- Prison staff complain that the criteria for release on compassionate grounds are too restrictive. Some are refused because of the nature of the offence, or because healthcare staff are unable to satisfy criteria that death would probably occur in the specified time.
- There needs to be a review of the restrictions to ensure an appropriate balance between the need for robust risk assessment and humane care for severely ill or very infirm prisoners.
Step 1: Assessment, reassessment and referral

NSF for Older People

‘The NHS and Prison Service are working in partnership to ensure that prisoners have access to the same range and level of health services as the general public. At any point in time 700 people in prison are aged over 60. They have a wide range of health and social care needs, both while in prison and on release. Over 1,000 people aged over 60 leave prison every year. It is important that there is a good liaison between prison healthcare staff and their colleagues in health and social care organisations in the community to ensure that prisoners who are being released are assessed for and receive services which meet their continuing health and social care needs’.

Old and Quiet

“In general, older prisoners pose no control problems for staff. But, because of that, prisoners’ own problems, particularly as they grow older and less able bodied, can easily be neglected.”

Whilst it is understood that there is an initial two-stage health screening process for all prisoners, this does not offer a detailed analysis of the health or welfare needs of older prisoners.

The process of assessing these health and social care needs should automatically begin at 60 years of age and be repeated, as a minimum, at six-monthly intervals. If problems relating to aging are apparent however, then an older person specific assessment should be used more frequently.

The assessment needs to be comprehensive enough to identify older prisoners’ needs, for example a reduction in mobility, hearing or sight loss, loss of continence, depression or memory impairment.

Whilst in the early stages of a prisoner’s stay, these assessment indicators may not result in a prisoner requiring health or social care intervention, they will act as a guide to their well being and should be used to positively influence every aspect of their quality of life whilst in prison.

Following some of the themes raised in the thematic review, the following questions should be asked to assist in the planning and delivery of a comprehensive assessment tool.

Assessment

- Do you have an older prisoner specific assessment tool?
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- Does the assessment include mental health screening tools?
- How often do you re-assess an older prisoner's needs?
- Do you routinely forward health information to the Offender Management Unit?
- Do you routinely send the health and welfare assessment history to the Offender Manager during the preparation for release?
- Are you using the Qualities and Outcomes Framework (QOF) to:
  - develop a dementia register
  - review the care of prisoners with dementia
  - screen for depression amongst prisoners with heart disease or diabetes
  - Assess the severity of depression using an assessment tool validated for use in primary care.

Healthcare

Referral and treatment

- Do you have an identified lead for older prisoners within the health care team?
- Have they received training to support them in their role?
- Do you have a robust referral process that ensures that appropriate care or treatment for older prisoners is easily accessed?
- Is there a co-ordinated approach between the health care team, residential team and the Offender Management Unit to deliver person-centred care to older prisoners?
- Do older prisoners with poor mobility have a plan that retains optimum mobility levels?
- Are dental check-ups and eye tests offered routinely to older prisoners?
- Do you have a social care strategy for older prisoners?

Equipment

- Do you routinely have the correct equipment in place to meet the needs of older prisoners (i.e. chairs, beds, grab rails, toilet seats)?
- How easy is it for older prisoners to access aids, equipment or adaptations for daily living that are routinely provided by social services or which could be purchased from a Disability Living Centre?
- Are you able to access occupational therapy assessments in order to decide if aids, equipment or adaptations may help?
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Medicines management

- Do you have a system in place to provide a six-monthly review of prisoners who are taking more than four medications?
- Is the pharmacist involved in the six-monthly review?
- Are older prisoners routinely invited to receive vaccination therapy?

Palliative and end-of-life care

- Do you have a plan of care for those older prisoners who are dying, that meet the PCTs standards for palliative care?
- Do you have access to specialist support?

Early release

- Is there a clear set of guidelines to facilitate referral for early release, which involves a co-ordinated approach from prison management and the health care team?

Health promotion

- Do you have an identified lead for older prisoners within the Health Promotion Action Group?
- Does the health promotion strategy include issues related to aging prisoners?
- Are there opportunities to access health promotion groups that offer advice on healthy lifestyle choices (i.e. diabetes, heart disease, obesity, stress management, bereavement counselling)?

Categorisation and allocation

- Do your categorisation and allocation documents include a section to record age, health or disability factors?
- Is an older prisoner’s medical condition seen as a barrier to moving to a lower category prison?

Specific considerations

- As there are fewer prisons in the women’s estate, what consideration is made for older women who may have to travel further to existing hospital appointments made prior to their imprisonment?
- What priority is given to ensuring that older women prisoners have access to regular mammography and cervical screening?
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- What assistance is given to older prisoners whose first language is not English, when planning their care?
- What assistance is given to older prisoners who have learning difficulties, in accessing information or support?

Examples from older prisoners

“When I first came inside I had no proper medical – just a quick question and answer, like ‘Are you suicidal?’ Well, who’s going to answer ‘Yes’ …They did not have my medical records and I had my treatment for ulcers withdrawn. I was in agony for weeks after trying to deal with the diet they dished up in prison. It took several more weeks to get some medication sorted”

Key recommendations

1. There should be an identified, trained and supported older prisoners lead in the healthcare unit.
2. Older prisoner health and welfare specific assessments should be commenced following their 55th birthday, or sooner if age-related conditions are diagnosed.
3. The assessment should include a mental health element.
4. Re-assessment – using the same screening tool – should be routinely provided as a minimum, every six months.
5. Plans of care should be created from these assessments that provide older prisoners with a good standard of care, and choices in their daily life.
6. Health promotion opportunities need to be appropriate for older prisoners.
7. Medications should be reviewed with the pharmacist every six months.
8. There should be a formal arrangement in place for the loan of occupational therapy equipment and specialist nursing advice.
Good practice example: Older prisoner link officer

HMP Shepton Mallet will have two key workers who will act as a link between the healthcare unit, the accommodation unit and all other departments, acting as an advocate for this vulnerable and undemanding group of prisoners. The role will be similar to that of the Disability Officer, but will focus on the needs of the older prisoner.

The officers will undergo training that will help them identify areas of need, recognise those at risk and help signpost to support available. To assist the officers we are developing a self-help booklet specifically for older prisoners, plus initial self-assessment tools.

This is a pilot project and will be evaluated after one year, in 2008.

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Step 2: Choice within prison regimes

**NSF Standard 2: Person Centred Care**

Aim: To ensure that older people are treated as individuals and that they receive appropriate packages of care which meet their needs as individuals, regardless of health and social care boundaries.

**Old and Quiet**

“Healthcare centres in prisons have the potential to provide the equivalent of community based services meant to promote rehabilitation and independence. Our survey of healthcare managers revealed that, in the majority of cases, this potential remained unrealised. There are few links with community services and a lack of access to aids for daily living….. Healthcare staff relied on informal contact with community services, rather than make formal loan arrangements”

Whilst thorough, appropriate, regular and timely health and social care assessments are key to providing effective care and management of older prisoners, they are only of benefit if the outcome provides a workable care plan that is understood and accessible to all staff who have a responsibility of care for prisoners.

So, the next question should be: how does the care and support planned for each prisoner get interpreted in daily prison life? And who should be responsible for making the planned care happen?

Following some of the themes raised in the thematic review, the following questions should be asked to assist in the planning and delivery of appropriate care and support.

**Environment**

**Safety**

- Does the fear of being bullied get in the way of prisoners exercising choice?
- What accommodation is made to protect older prisoners’ from being bullied by the younger prisoners?
- What systems are in place to identify older prisoners who are falling regularly?
- Are older prisoners routinely encouraged to participate in association time?
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- Are regular checks made on older prisoners who choose to remain in their cell during association?

Accommodation

- Do you have specific units to accommodate older and disabled prisoners?
- Are older prisoners routinely offered accommodation on the ground floor?
- What assistance is given to older prisoners with mobility problems whose cell is not on the ground floor?
- Are older prisoners routinely given the lower bunk if sharing a cell?
- Is it easy to get aids and adaptations in the cell for the less mobile or visually impaired?
- How accessible is the in-cell call system for older prisoners in emergencies?
- How accessible are the servery and association areas to older prisoners with mobility difficulties?

Furnishings and adaptations

- Are the seats in the cells and communal areas suitable for older prisoners?
- Are adapted telephones available to the hard of hearing?
- Are wider grip cutlery, non-slip trays and adapted bowls and plates available to older prisoners?

Decency and Sanitation

- What assistance is given to older prisoners who experience bladder weakness and frequency?
- What arrangements are made for older prisoners who experience urinary incontinence?
- Are there grab rails and non-slip surfaces in the shower areas?
- Is seating in the showers available for those who need it?

Examples from older prisoners

“I have bladder trouble especially at night and I often wet my clothes and bedding. I am very embarrassed about this and don’t want to be a nuisance. When I mentioned it to my officer he laughed and said that we all have problems like that as we get older. But now I’m wetting myself in the daytime and can’t get to the toilet quick enough in education because it is locked. Now some of the younger men and officers are teasing me about my body smell and the stench in my cell. Is there anything that can be done for me?”
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Personal hygiene

- Do older prisoners have an assessment of their washing and dressing needs?
- What assistance is given to older prisoners as they attend to their personal hygiene?
- What system is in place to ensure that older and frailer prisoners get a bath or shower regularly and frequently?

Clothing and possessions

- Is it easy to get extra bedding and warm clothing for older and frailer prisoners?
- If requested, are items of clothing or bedding delivered promptly?
- Is it easy for older and disabled prisoners to access adapted footwear or clothing?

Mobility

- According to the Disability Discrimination Act (1995), are ramps fitted to enable access to all areas and facilities?
- If access is physically not possible, what alternative has been found to prevent discrimination?
- Are walking frames routinely provided where needed?

Special assistance

- Are other prisoners encouraged to act as regular helpers to older and less able prisoners?
- Is there a reward system in place to promote the role of prisoner helper?
- Is there training and support available for a prisoner helper scheme?

Regimes

Activities and visits

- Do all your regimes and activities regularly take account of the needs of older prisoners?
- How easy is it for older prisoners to access activity options?
- How easy is it for older prisoners and wheelchair users to get to the visits hall?
- How easy is it for older and frailer family members to access visits areas?
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Employment

- Do you take account of older prisoners’ specific health or mobility needs when allocating work?
- Are there opportunities to work on the wing for older and less able prisoners?
- Is there a formalised system where prisoners can receive payment within the Incentives and Earned Privileges scheme (IEP) for providing “social care” assistance to other older prisoners?

Retired prisoners

- Do you provide preparation for retirement classes?
- Do you have a consistent policy for the retirement age and pay?
- Are there identified ways for retired prisoners to earn extra money?
- What recreation or exercise opportunities do you have in place for retired prisoners?

Recreation and Exercise

- How easy is it for older and less able prisoners to get to the library?
- Do you have large print books or audio tapes for the visually impaired?
- Are the seating arrangements in the library area high enough for older and less able prisons to get in and out of?
- Is there suitable seating in the exercise area outside for those less able to stand or walk for long periods?
- Is warm clothing provided for older and frailer prisoners to encourage them to participate in the exercise regimes?
- Is there any flexibility in allowing retired prisoners outside during work time?
- Does the gym accommodate the needs of older prisoners?
- Are the physical education instructors equipped and supported to provide a range of activities for older prisoners?

Education

- What educational opportunities do you have in place specifically for older prisoners?
- Do older prisoners have equal access to training programmes that would lead to employment opportunities?
- Are learning materials accessible to those with poor eyesight?
- What accommodation is made to enable the hard of hearing access training opportunities?
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- Do you have writing materials available for older prisoners who have had a stroke, or who have arthritis?
- Are separate or specific groups or clubs provided for older prisoners, (i.e. Over 50s clubs run by Age Concern)?

Offending behaviour programmes

- Are there good links between the health care centre and the programmes unit?
- Is the health care assessment used to inform the offender behaviour programme?
- What provisions are in place for the visually and hearing impaired who attend the programmes?
- How accessible are the Sex Offenders Treatment Programme (SOTP) to older prisoners?
- What support is available for older offenders who are in denial regarding the offence, and refuse to take part in the SOTP?
- Is attending the SOPT linked to the Incentives and Earned Privileges (IEP) scheme?

Relationships

Key worker role

- Are you developing the skills of the key worker role for custodial staff within the prison community to provide specific support for older prisoners?
- Is there training and support for the key worker that is meaningful and accessible?
- Have you established regular link meetings to discuss individual case management, and do they regularly include staff from health care, the Offender Management Unit and the key worker? When necessary, do other staff who have regular contact with the individual prisoner?
- Do you have a recognised reporting system to facilitate formal links between the health care unit and the custodial staff?
- Does your prison have a culture of respect for older prisoners?

Examples from older prisoners

“There is no consideration given in this prison for our needs. …The emphasis is on the younger guys and we have to try and keep up with them. I’ve been told I could be knocked back and taken off work if I complain too much and I could lose my enhanced status. … Unfortunately, in this prison there is no policy for older people and it’s the ‘one size cap fits all’ approach”
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Peer support

- How are prisoners encouraged to treat older prisoners with respect?
- Are the services of agencies such as the Age Concern peer support networks welcomed in your prison?
- Do you have an Age Concern Co-ordinator working in your prison to support older prisoners, and represent their concerns?

Specific considerations

- What specific assistance is required for older prisoners with learning difficulties to access to educational or recreational activities?
- As well as recognising hearing and visual impairment, what consideration is required regarding communication issues for older prisoners whose first language is not English?
- How are the differing cultural requirements met for older prisoners?

Examples from older prisoners

“I am able to carry out light work duties and am at the moment on some part-time education lessons three afternoons a week, although it is difficult to climb two flights of stairs. There is hardly any provision for disabled or older prisoners to attend education facilities that are on the ground floor here”

Key Recommendations

1. There should be a culture of respect for older prisoners that is led by senior management.
2. Special accommodation units should be provided for frail older prisoners.
3. A prisoner helper scheme should be developed under social services supervision, where prisoners can gain accreditations and reward schemes for providing personal social care to fellow older prisoners.
4. Cell and bed allocation should take into account age and disability.
5. Arrangements should be made to ensure that older prisoners can access all relevant departments, visits or exercise areas.
6. Seating in association areas and cells should be suitable for older prisoners.
7. Cells, washing and toileting areas should have the necessary adaptations to accommodate older and disabled prisoners.
8. Older prisoners who experience incontinence should receive appropriate support easily and decently.
9. Older prisoners should have access to physical exercise regimes relevant to their age and ability.

**Good practice example: Day centre for older prisoners**

HMP Leyhill received recognition in the thematic review for creating an older prisoners policy. As part of this policy, an older prisoners day centre was created.

The day centre at Leyhill is run by a practice nurse from the health care unit, and operates each morning on a drop-in basis. It has good access for older people with disabilities, and offers social interaction through refreshments, games, and talks by outside speakers.

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Step 3: Preparation for release

NSF Standard 7: Mental health in older people

Aim: To promote good mental health in older people and to treat and support those older people with dementia and depression

Old and Quiet

“The resettlement services … were open to prisoners regardless of age, but courses were geared to the rehabilitation of younger prisoners, with no account taken of the need for older prisoners to manage, often by themselves, with disability or illness, loneliness and isolation. There were no good courses in preparation for, or continuation of, retirement, or to assist in the maintenance of good physical and mental health …”

In order to facilitate effective release arrangements for older prisoners, there needs to be real collaboration between the health care team and the Offender Management Unit, and regular assessment and care planning should inform the process.

This should routinely include the sharing of information provided in the six-monthly older prisoner re-assessments.

Offence specific management will be provided throughout the prison sentence. However, age specific release preparations need to be made close to the release date as the level of need in prison will indicate the level of care required in the community.

Continuation of care and support is better realised if a referral, together with the pre-release assessment, is sent out to all responsible agencies prior to release.

Some older prisoners on leaving prison will need the support of their NHS and local authority services. This may range from registration with their general practitioner (GP) to ongoing in or out patient treatment. Those prisoners who will be returning to their own homes, with or with out relatives, may require additional help with their everyday personal and social care needs (e.g. home care adaptations to the house, community meals service etc). There may be prisoners who will be homeless on discharge and will need to register with the local authority for housing. Other prisoners may be too frail to return home on release and will need the more intensive care that a care home can provide.

Following some of the themes raised in the thematic review, the following questions should be asked to assist in the planning and delivery of appropriate care and support following release from prison.
A pathway to care for older offenders: A toolkit for good practice

Assessments

Re-assessment

- Does the health care team routinely forward health and welfare information gained from the six-monthly re-assessment to the Offender Management Unit?

Pre-release assessment

- What training or support is offered to the offender manager who is responsible for the health and welfare care of older offenders?
- Does the health care team send the health and welfare assessment history, and a completed pre-release assessment to the offender manager during preparation for release?
- Does the offender manager make sure that all relevant health and welfare information is used to inform the release planning process?
- Following receipt of the pre release assessment, is there a system that will trigger a referral to the appropriate organisation(s) for prisoners who will require complex packages of care?
- Does the offender manager routinely forward a completed copy of the pre-release assessment to the appropriate organisations (i.e. social services, GP surgery, local authority housing departments)?
- Do home probation officers routinely receive copies of the pre-release assessment?

Resettlement

Release planning

- What courses are available to older retired prisoners in preparing for release (i.e. cooking, budgeting, accessing health, social care or welfare services etc.)?
- What courses are available to assist older prisoners work towards better physical and mental health following their release?

Reintegration

- Have the relevant external organisations to which the prisoner will be released been identified and informed?
- Is there an effective partnership between the offender manager and the following agencies in order to provide the appropriate spectrum of care and support for older prisoners:
  - Social services
  - Primary care
A pathway to care for older offenders: A toolkit for good practice

- Housing association
- Local authorities
- Voluntary sector

- Is the GP registration booking routinely planned prior to release?
- Does the GP routinely have access to a summary of medical history, as well as the pre-release assessment?
- What advice or support is provided to retired older prisoners to access pension payments on release?
- What assistance is given to find appropriate accommodation for older, more dependent and less mobile prisoners prior to release?
- How are the accommodation needs among the older sex offender population identified, assessed or met?
- What pre-release contact with probation is available for older prisoners held far away from their home probation area?

Social Care

- Do social services staff routinely come into the prison, on receipt of the direct referral assessment, to begin to co-ordinate the continuing care needs of older prisoners who have complex social care and welfare needs?

Specific considerations

- How are older prisoners who are foreign nationals supported to gain access to relevant community support?

Examples from older prisoners

“It is less than four months to my release and I am counting the days. I don’t know what to expect as no one has told me. I am of course wondering where they will send me. I certainly do not want to go to a hostel as I have heard so many bad stories about how older people are treated, especially sex offenders. Many of us here are so afraid of what might happen. I think at my age [85] I would not be able to cope. I am hoping I can go back to where my old friends live. The person caring for my dog has offered to collect me, but of course, I have no idea what will happen and whether the Council will be contacted by the authorities to arrange accommodation for me, as my home was taken off me when I was sentenced. Do you know who can help me?”
Key Recommendations

1. The resettlement strategy should take into account the health and welfare needs of older prisoners specifically.

2. The health care team should forward a completed assessment history which identifies health or social care needs to the offender manager as part of release planning.

3. The health care team should also forward a completed pre-release health and welfare assessment to the offender manager to assist planning for care in the community.

4. These assessments should be used to inform the whole release event, and where necessary ensure that planning with external organisations (e.g. housing, NHS, social care) occurs to enable safe and appropriate release for those prisoners who may be vulnerable or at risk because of their age or medical condition.

5. The offender manager should use the pre-release assessment as part of the referral process, and make contact with the appropriate external agencies to organise the care package.

6. There should be a formal arrangement in place for the loan of occupational therapy equipment to continue on re-allocation or release.

7. A social worker should visit the prison to assess older prisoners as part of preparation for the release process.

8. There should be a pre-release course specifically for older and retired prisoners.

Good practice examples

A partnership arrangement has been agreed between the peer led support network for older prisoners called “Restore” and Age Concern to work together on a three-year regional project in which Age Concern offers information, advocacy and care support services across prisons in the south west.

Contact: Sue Eley
Tel: 01373 469998
Email: Susan.Eley@ace.org.uk

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Restore has agreed to pilot the SW Older Prisoner Peer Support groups in HMP Dartmoor, HMP Channings Wood, HMP Shepton Mallet and HMP Leyhill prisons, and form a regional reference group to advise Age Concern, healthcare and prison staff, Offender Managers and Social Workers on the development of health and social care services.

Contact: Stuart Ware
Tel: 01300 342062
Email: stuartware@btinternet.com
Step 4: Community support

NSF Standard 8: The promotion of health and active life in old age
Aim: To extend the healthy life expectancy of older people.

Old and Quiet
“Exercise was often the only time of the day when retired prisoners could regularly get fresh air. However, insufficient seating, lack of warm clothing and the inability to return to the wing until the end of the exercise period were disincentives to many older prisoners.”

Having fully prepared for release into the community, the next aim must be to assist the older offender to realise a positive and sustainable future there, as well as to reduce their risk of re-offending.

The home offender manager plays a key role here, in ensuring the necessary links with outside agencies are made.

Priority should be given to assisting the older offender to register with a GP, or access the relevant support agencies as identified in the pre-release assessment (e.g. social care, housing, benefits, community support groups such as the Age Concern older offender peer support network).

Following some of the themes raised in the thematic review, the following questions should be asked to assist in the planning and delivery of appropriate care and support to remain independent in the community.

Resettlement

- Do resettlement services take into account the specific health, social care and welfare needs of the older prisoners?
- Is the resettlement scheme prepared in partnership with voluntary agencies?
- What training or support is offered to the home offender manager who is responsible for the health and welfare care of older offenders?
- Do offender managers routinely monitor the progress of released ex-offenders to ensure that they access the appropriate health, social care and welfare services?
- If used, do approved premises offer appropriate and safe accommodation for older offenders?
- What accommodation is provided for older offenders who need sheltered housing, or support with daily routines?
A pathway to care for older offenders: A toolkit for good practice

- What priority is given to finding accommodation near to home for older offenders?
- What support is provided for older offenders who are isolated by their living circumstances?

Reintegration

- What partnership arrangements are there with voluntary services, who provide community support, such as the Age Concern support network?
- What support is provided to ensure that the older offender will make contact with the identified GP surgery on release?
- What support is provided to ensure that the older offender will be able to access the appropriate housing choices?
- What support is provided to ensure that the older offender will be able to access the appropriate social care and welfare services required?

Specific considerations

- Are the specific needs of foreign nationals routinely taken into account as part of the resettlement process?

Examples from older prisoners

“I see little of my probation officer except for the times I have to report in. I am desperate for some advice and help about my hostel where I am getting a lot of hassle from one particular hostel worker. She says she does not have the time and I should raise my concerns with the hostel manager – which I have without much success. I’ve been advised that I should contact the local councils and get on their housing lists as I could be considered for a move from the hostel. But so far they have not responded”
Key Recommendations

1. The offender manager should monitor the progress of released offenders to ensure that they access the appropriate health, social care and welfare services.

2. All older prisoners should have a GP registration arranged prior to their release from prison.

3. All primary care, social care, welfare and housing organisations should acknowledge their role as partners in managing the care of older offenders in the community.

Good practice example

Restore is working with the Prison Resettlement Officers and Probation Officers, and is regularly supported by local community groups, to offer 1-1 support visits, and maintain contact with prisoners when they are moved to other locations.

Contact: Stuart Ware
Tel: 01300 342062
Email: stuartware@btinternet.com
Making it happen

Old and Quiet

“The National Offender Management Service, in conjunction with the Department of Health, should develop a national strategy for older and less able prisoners, that conforms to the requirements of the disability Discrimination Act and the National Service Framework for older people”.

To ensure that this toolkit for good practice is able to make a real difference, it needs to be recognised that there are a number of partners, who must all demonstrate equal commitment to providing the pathway to care for older offenders.

It cannot be seen to simply be the responsibility of the health care team to understand the needs of, and care for, this group of prisoners and there must be a shift in the whole prison culture, lead by the prison governor.

The Offender Manager Unit also plays a key role in realising seamless care within the prison and on return to the community.

Finally, the partnership of statutory and voluntary care agencies should recognise their responsibility in addressing the needs of older offenders. In order to make this happen, the following recommendations should be in place.

Strategic

- Does your prison should have an older prisoners policy?
- Are there protocols in place to inform the process for providing regular assessment and care planning for older offenders?

Partnership

- Does your prison have an older prisoners policy lead?
- Following assessment by the health care team, is there a nominated or identified key worker within the main prison who will ensure that care plans are realised?
- Is there a clear communication strategy between the health care unit, Offender Manager Unit and prison management to ensure a co-ordinated response?
- Do you have effective inter-agency co-operation between the prison, Offender Manager Unit, primary health care, social services, and community and voluntary support agencies to facilitate a sustainable return to living in the community?
A pathway to care for older offenders: A toolkit for good practice

Staff support

- Do you have a training policy regarding care and treatment of older offenders?
- What training or support is given to the identified older prisoner lead within the health care unit?
- What training or support is given staff working within the Offender Manager Unit regarding the care and treatment of older offenders?
- What training or support is given staff identified as key workers for older offenders?
- What awareness training is given to the main prison staff regarding the care and treatment of older offenders?

Key Recommendations

1. This toolkit for good practice is adopted and informs policy.
2. Each prison should have an older prisoners policy, with a designated policy lead.
3. Protocols should be in place to inform the process for providing regular assessment and care planning for older offenders.
4. A nominated or identified key worker within the main prison should ensure that care plans are realised.
5. There should be a clear communication strategy between the health care unit, Offender Manager Unit and prison management.
6. There needs to be effective inter-agency co-operation between the prison, Offender Manager Unit, primary health care, social services, and community and voluntary support agencies to facilitate a sustainable return to living in the community.
7. Training and supervision, for those who fulfil the key worker role, should be available and accessible.
8. Training should involve specialists from health and social care.
Annex A: Care pathway for older offenders

Pathways to Care for Older Offenders

ENTRY INTO PRISON

32
Annex B: Common prison health and welfare assessment tool proforma

To be undertaken on a six-monthly basis, or more frequently if required.

Which activities are difficult for you and which ones you can manage?

Please score on a scale of 1 to 5 (1 = unable to carry out the activities at all, 5 = able to fully carry out activity with no assistance).

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<tr>
<th>Question</th>
<th>Last Score</th>
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<th>Additional Comments</th>
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<td>Do you need help overnight?</td>
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A pathway to care for older offenders: A toolkit for good practice

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Annex C: Assessment history proforma

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Annex D: Prison direct referral assessment for social care, housing and NHS services proforma

Please note that in order to ensure that you have the appropriate services in place following your release, it may be necessary to share information in these forms with external agencies, such as the NHS and the local authority. You will be asked to sign at the end of the forms to demonstrate that you agree to this information being shared with such agencies.

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<tr>
<th>First Name:</th>
<th>Date of Birth:</th>
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<tr>
<td>Surname:</td>
<td>Marital Status:</td>
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<td>Prison address:</td>
<td>Ethnicity:</td>
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<td>Religion:</td>
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<td>Tel No:</td>
<td>Prison release date:</td>
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<tr>
<td>Release Address:</td>
<td>General Practitioner name and address, if known:</td>
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Are you or someone you know able to complete this form?

Do you have any communication / visual difficulties that prevent you from giving us this information on a written form or phone?
**Direct Referral Information**

<table>
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<th>Question</th>
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<td>How are you managing at the moment?</td>
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<td>Will you live alone or will you be alone for significant periods? (If No, who do you intend to live with?)</td>
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<td>Can you summon help in an emergency?</td>
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<td>Will you have someone to care for you when you are released? (If Yes, what will your carer do for you?)</td>
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<td>Do you have a disability or long term medical condition?</td>
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<td>Have you had any falls in the last 6 months?</td>
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<td>Do you have any equipment or rails to help you already in prison? If so, please give details.</td>
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<td>What type of accommodation will you live in?</td>
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<td>Who owns the property?</td>
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<td>Question</td>
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<td>Do you know where your toilet will be?</td>
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<td>Before admission to prison, what allowances were you receiving (e.g.</td>
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<td>State or Private Pension, Mobility Allowance, Income Support,</td>
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<td>Disabled Living Allowance - Care Component, Disabled Living</td>
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<td>Allowance Mobility Component, Attendance Allowance)?</td>
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<td>Will you be able to do general household jobs?</td>
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<td>Will you be able to do your shopping?</td>
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<td>Can you do your laundry?</td>
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<td>Do you have difficulty writing?</td>
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<td>Do you have difficulty speaking?</td>
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<td>Can you use the telephone?</td>
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<td>Question</td>
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<tr>
<td>Do you have any disabilities or medical conditions that require regular treatment or attention?</td>
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<td>How often do you see a nurse or doctor?</td>
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<td>What medication if any are you taking?</td>
<td></td>
</tr>
<tr>
<td>Will you have social support available from others (e.g. neighbours, church, community group etc)? If Yes, please give details.</td>
<td></td>
</tr>
<tr>
<td>Please tell us your name if you completed this form on behalf of someone else and how you can be contacted.</td>
<td></td>
</tr>
<tr>
<td>Please confirm that the person is aware that you are completing this form on their behalf.</td>
<td></td>
</tr>
<tr>
<td>Is there any further information you feel we may need?</td>
<td></td>
</tr>
</tbody>
</table>
I agree to this information being shared with third part agencies that may be involved in the provision of services for my health and social care needs.

Date……………………………………
Name please print…………………………
Signature…………………………………..

Please attach the latest common prison health and social care assessment form, which should not be more than a month later than the date of planned discharge.
References


Ware, S. (2001) Alone, elderly and still banged up The Howard League Magazine 19(2) p.8
Further reading


The Health Needs of Older Prisoners: Abigail Masterson, 2004

Good Practice in Offender Health: Department of Health, 2007
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