



Older prisoners in England and Wales:
a follow-up to the 2004 thematic review
by HM Chief Inspector of Prisons

June 2008

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Introduction

In 2004, the Inspectorate published a report on the treatment and conditions of the growing number of older prisoners in England and Wales. This short follow-up report revisits the issue, four years on, to detect whether there have been any changes.

The population of men over 60 in prison has risen slightly over that period, reaching nearly 3% of the population; at the same time, the population of women over 50 has increased significantly, reaching nearly 7% by mid-2007. It is well-known that prisoners are likely to have earlier onset of chronic health and social care needs than the general population.

There have clearly been some positive developments over the last four years. Survey responses from older prisoners are more positive than they were; healthcare arrangements have in general improved; some individual prisons, or prison staff, are carrying out good and innovative work to meet the specific needs of these prisoners. In addition, and importantly, non-governmental organisations, such as Age Concern, the Prison Reform Trust and NACRO have been extremely active, and Care Services Improvement Partnerships (CSIPs) in the south-west and the West Midlands have produced some excellent strategies and toolkits to manage health and social care needs.

By contrast, however, the response from the National Offender Management Service itself has been disappointing. The new legal requirement in relation to disability has had some effect, though there is still some way to go. However, apart from short sections in the Prison Service Orders on disability and women, there remains no national strategy for older prisoners as such, supported by mandatory national and local standards. Eight of our key recommendations have not been implemented. There is still far too much reliance on the unsupported initiative of particularly committed officers, and too great an assumption that the care of older prisoners, including their social care, is a matter for health services and not for the whole prison. Similarly, the contribution of local authorities, with statutory responsibility for social care, remains under-developed. There is still a significant dislocation between the government's overall strategy for an ageing population and the treatment of older prisoners, particularly in relation to resettlement.

Older prisoners are a relatively compliant population – hence the title of our previous report, *No problems – old and quiet*, taken from a prisoner's wing file. In an increasingly pressurised prison system, their needs are therefore likely to be overlooked unless there is specific provision – yet the issues they pose are likely to become more acute, as an increasing number of long-sentenced prisoners grow old and frail in prison.

The voluntary and healthcare sectors have done a great deal of important and useful work in this area. It now falls to the National Offender Management Service to make full use of that work, and of the recommendations in our last report, and ensure that prisons properly reflect, and can provide for, the needs of their ageing population.

Anne Owers
HM Chief Inspector of Prisons

June 2008

1. Background

- 1.1 This report is a summary of our inspection findings and the responses of older prisoners in our pre-inspection surveys in the 12 months since the publication of our new *Expectations* in September 2006, and two years after the publication of our thematic.¹
- 1.2 The learning from the thematic informed the subsequent redraft of our inspection criteria *Expectations* with a new section on 'diversity' and the addition of new specific expectations for the treatment of older prisoners throughout the document.
- 1.3 In our original thematic we reported that the proportion of the sentenced male prisoner population over the age of 60 years in 2002 was 2.6%. Table 1 shows that this proportion has remained relatively stable within a rapidly expanding prison population, though 2007 has seen a considerable increase.

Table 1: Male population over 60 years of age in England and Wales*

Date	Total population	No. over 60	Proportion
June 2004	70,036	1,630	2.3%
June 2005	71,676	1,748	2.4%
June 2006	73,519	1,905	2.6%
Aug 2007	76,126	2,192	2.9%

- 1.4 Concerns remain, however, that the complex needs of this minority group continue to be overlooked in an overcrowded prison system struggling to provide for a growing prisoner population.
- 1.5 The pattern for women differs from that for men. In our original report, the proportion of the sentenced female population aged over 50 in 2002 was 4.7%. Table 2 shows a steady increase in this proportion since 2004, of nearly 2% over the four-year period.

Table 2: Female population over 50 years of age in England and Wales*

Date	Total population	No. over 50	Proportion
June 2004	4,452	209	4.7%
June 2005	4,514	236	5.2%
June 2006	4,463	273	6.1%
Aug 2007	4,408	291	6.6%

¹ *No problems - old and quiet: Older prisoners in England and Wales* was published in October 2004.

* Figures provided by RDS NOMS Statistics & Analysis section October 2007.

- 1.6 Unfortunately, only two women's prisons were inspected during the analysis period and so the specific experiences of older women in prison could not be effectively isolated. This remains an area in need of further monitoring.
- 1.7 What these figures do not show is the proportion of the prisoner population who will age in prison. With increased use of longer-term sentences, prisons need not only to meet the needs of older prisoners coming into prison, sometimes for the first time, but also to manage the physical and mental changes associated with growing old in prison. For instance, the development of dementia during custody presents a range of challenges to prison staff. Regular assessment and effective management of a prisoner's health and social care needs and their resultant behaviour throughout custody is imperative for this population, as is training for prison staff in managing this appropriately.
- 1.8 There were 66 deaths from natural causes among the over 50s² in the 12 months from June 2004 to June 2005³ and 52 in the same period the following year. At the end of August 2007, the oldest male prisoner was 92 and the oldest female prisoner was 78.
- 1.9 Since the publication of our report, the transfer of responsibility for prison healthcare was completed in April 2006, and new responsibilities for promoting disability equality were introduced for prisons in December 2006.⁴
- 1.10 This report is based on the published findings from 29 full inspections of adult establishments conducted during the 12-month period between September 2006 and the beginning of September 2007. The analysis began with the full inspection of Durham on 18 September 2006; the first establishment to be inspected against the most recent *Expectations* (2006), incorporating the new 'older prisoner' specific expectations.⁵ It follows the same main headings as the original report for ease of reference, with the addition of a chapter on the management of older prisoners informed by the findings from our new diversity expectations.

² Using 50 years of age as a cut-off recognises that people age quicker while in prison; by up to 10 years more than their biological age (see Wahidin & Cain, 2006).

³ Safer Custody Group, 2007.

⁴ The Disability Discrimination Act (DDA) 1995, as amended by the DDA 2005, was extended to prisons in December 2006.

⁵ See Appendix II for details.

2. Summary and recommendations

Summary

Environment

- 2.1 There were only two examples from 29 inspection reports where the needs of older prisoners were identified on reception.
- 2.2 In surveys older prisoners were generally more positive about the residential units they lived in than younger prisoners. Survey responses from older men had also shown improvement in a number of areas compared to 2003–04.
- 2.3 The lack of adaptation made for those with age-related impairments and disabilities was not only disadvantageous, but dangerous in some cases. Worryingly, we found numerous examples where residential staff were unaware of which prisoners in their care would need help in the event of an emergency.
- 2.4 We found examples of the healthcare centre being used inappropriately to house older and/or disabled prisoners. There was still no recognised prisoner carer scheme.

Management of older prisoners

- 2.5 Only three prisons were found to have a policy and one a draft policy focusing on the needs of older prisoners. The existence of a policy was not necessarily dependent on that prison holding large numbers of older prisoners. Examples of attempts to identify the needs of older prisoners were found in just two other prisons. Where a dedicated lead for older prisoners did exist, this was conflated with the role of disability liaison officer, adding an additional responsibility to an already demanding job.

Regimes and relationships

- 2.6 In survey responses, older men were much more likely than their younger counterparts to report feeling safe; these responses also compared favourably with those received from older men in 2003–04.
- 2.7 Older prisoners were more likely to report good relationships with staff, though they were more likely to report feeling victimised by other prisoners because of a disability. Despite this, there was little evidence of individualised care planning.
- 2.8 There were good examples of specific physical activities for older prisoners and in some cases there was encouragement to engage elderly prisoners in activities out of their cells. There was little appropriate activity provided for retired elderly prisoners who consequently spent long periods locked behind their doors during working hours. Retirement pay remained inadequate.

Health services

- 2.9 There were some good examples of provision for older prisoners organised and managed by health services staff, but this was largely done in isolation with little evidence of multidisciplinary working. It was disappointing that the social care needs of older and disabled prisoners were still considered the responsibility of health services. A lead nurse for older prisoners was not evident in all inspections, despite the requirements of the National Service Framework for Older Prisoners. However, there were some good examples of care for this older age group. But there was a complete lack of staff training in identifying the signs of mental health problems among the elderly.

Resettlement

- 2.10 Resettlement was an area of real concern. We found very little in the way of specific resettlement help for the older population during our inspections.

Main recommendations

- 2.11 There should be a NOMS national strategy for older prisoners supported by national and local standards. (Repeated recommendation.)
- 2.12 The older prisoners training and resource pack produced by Nacro and Age Concern should be referred to as a key document in each prison's diversity strategy.
- 2.13 The *A pathway to care for older offenders: A toolkit for good practice* created by CSIP South West should be promoted across all regions and used as a model for resettlement practice.

Other recommendations

- 2.14 The specific needs of older prisoners should be identified on arrival. (4.31)
- 2.15 Information relating to the identified needs of older and disabled prisoners should be documented and shared with relevant staff. (4.32)
- 2.16 Inpatient facilities should not be used by default to accommodate prisoners with disabilities or those having difficulty coping within the prison environment because of their age. (4.33)
- 2.17 Adaptations to accommodation and facilities should be made to meet the needs of ageing and disabled prisoners, and kept in good repair. (4.34)
- 2.18 A list of prisoners who would need help in the event of an emergency should be shared with staff and the fire officer. (4.35)
- 2.19 Recognised prisoner carer schemes that provide training and proper pay for the carer role should be supported. (Repeated recommendation.) (4.36)
- 2.20 All prisons should have a policy for identifying and meeting the needs of older prisoners, with a designated lead. (Repeated recommendation.) (5.7)

- 2.21 Older prisoners should have regularly monitored care plans as part of their wing files, which detail their care needs and how to meet them. (Repeated recommendation.) (6.23)
- 2.22 Unemployed older prisoners should be unlocked during the core day and provided with access to appropriate and sufficient regime activities. (Repeated recommendation.) (6.24)
- 2.23 Minimum retirement pay should be set at a level that is sufficient for those who do not have another source of income. (Repeated recommendation.) (6.25)
- 2.24 Prisoners over retirement age should not have to pay for their TVs. (6.26)
- 2.25 Every health services centre should have a lead nurse or manager who has responsibility for the care of older prisoners. (Repeated recommendation.) (7.11)
- 2.26 Staff working with older prisoners should receive training in how to recognise signs of mental health problems. (Repeated recommendation.) (7.12)
- 2.27 The prison should ensure that the social care needs of the ageing prison population are identified and fully met in conjunction with the responsible commissioner. (7.13)
- 2.28 The specific resettlement needs of older prisoners should be accurately assessed and provided for on release. (Repeated recommendation.) (8.5)

Good practice

- 2.29 *The production of the older prisoners training and resource pack led by NACRO and Age Concern.* (3.5)
- 2.30 *The creation of A pathway to care for older offenders: A toolkit for good practice by CSIP South West.* (3.8)

3. Impact of the thematic report

A number of practical initiatives to develop services for older people in prison were triggered by the publication of our thematic report. This chapter describes those that have been, or have the potential to be, the most influential on the outcomes for older prisoners.

Older People in Prison Forum

- 3.1 The Older People in Prison Forum was set up in 2002 by Age Concern and the Prison Reform Trust with the purpose of increasing the understanding of older prisoners' issues. By 2004 the membership had increased to include Nacro, the Howard League, other voluntary organisations, academics and government departments.
- 3.2 Prompted by the publication of our thematic report, the Forum met with the Prison Service's Director General in early 2005 to discuss:
- a strategy for dealing with the ageing prisoner population
 - the need for an awareness training package for prison staff working with older prisoners
 - the need for training voluntary organisations working with older people in prison
 - the promotion of a common assessment process in prisons identifying both health and social care needs.
- 3.3 Nacro and Age Concern went on to run a number of pilot training sessions for voluntary agencies new to working in prison. These sessions were reportedly a success but have not continued beyond the pilot.
- 3.4 Age Concern also produced a good practice guide in 2006 to encourage local Age Concern groups to develop services for older prisoners or ex-prisoners in their area.
- 3.5 Most notably, an older prisoners training and resource pack was produced by Nacro in partnership with Age Concern and funded by NOMS, which incorporated the findings and recommendations from our thematic report. We were told this pack was distributed to all prisons following production in December 2005, but copies have not been distributed since.

Care Services Improvement Partnership

- 3.6 The Care Services Improvement Partnership (CSIP) was created in 2005 to integrate the provision of health and social care initiatives.

CSIP South West

- 3.7 Triggered by the publication of our thematic, the CSIP South West Development Centre began work on the creation of *A pathway to care for older offenders*. The purpose was to provide joined-up services to meet the needs of older prisoners and ex-prisoners, drawing extensively on the perspectives of these users.

- 3.8 *A pathway to care for older offenders: A toolkit for good practice*⁶ was published in October 2007 and draws heavily on the Department of Health National Service Framework for Older People, as well as our thematic review. The toolkit provides a step-by-step guide for multidisciplinary staff in prisons to provide appropriate and sufficient support throughout the custodial/community pathway for the older offender population. The Department of Health has adopted the toolkit as 'best practice' after checking its transferability from the south-west at three prisons in London. Department of Health policy is to extend the use of this toolkit across all regions to promote the care of older prisoners at a local level. The aim is to ensure that care packages are transferable as prisoners move through the criminal justice system.
- 3.9 The South West CSIP also produced a report on older and disabled prisoners. The purpose of this piece of work was to provide a snapshot of the extent and nature of the specific requirements of older people and of those with a disability within the prison context. The report was based on a survey carried out in 10 prisons in the south-west in October 2006 (CSIP South West Development Centre, 2007).
- 3.10 The report identified the following main challenges for prisons:
- improvements to the physical environment
 - correct assessment for and provision of special equipment to promote independent living
 - a change in attitudes, culture and regimes.
- 3.11 The report offers a number of recommendations, which it suggests should be taken forward by the Department of Health and the Prison Service in partnership.

CSIP West Midlands

- 3.12 Birmingham University's Health Services Management Centre was commissioned by CSIP West Midlands to produce recommendations for a draft social care strategy for prisons, with a focus on older prisoners. Its evidence gathering included a questionnaire to all prisons, including some site visits to ascertain the nature and extent of social care provision in prison (Williams, 2007).
- 3.13 It identified the following as the main obstacles to providing social care in prison:
- confusion around who is responsible for providing what
 - poor engagement between prisons and their local services
 - lack of funding for social care
 - poor systems to support, and lack of training in, assessment and provision of care
 - lack of adaptation of the prison environment for those with disabilities.
- 3.14 During its fieldwork, it found prisoners with unmet assessment and support needs during custody and on release, as well as prisoners who were not receiving the level of care that would be afforded them in the community.
- 3.15 Funding of social care in prison is a big problem. While health services for prisoners are now funded by the local PCT, the responsibility for financing social care, such as the provision of a piece of equipment like a wheelchair, rests with the local authority, at least in theory. However, most local authorities will only provide social care support in the community if the applicant is assessed as having a need that is a critical or substantial risk to independence. It is ambiguous whether prisoners are believed to be living independently while in custody.

⁶ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079928

- 3.16 The issue is further complicated as the funding for social care assessment and support sits with the local authority in which the prisoner was last resident. As prisons hold offenders from all over the country, the practicalities of a local authority transferring funds or providing direct support to multiple geographically distant establishments are near-impossible, though many local authorities appear reluctant to provide any facility for prisoners at all (see CSIP South West Development Centre report, 2007). In reality, social care needs are often being resourced either by the prison or by the PCT.
- 3.17 In addition to the resource implications of this arrangement, this approach has logistical problems. We have come across several examples during our inspections of necessary equipment being taken from prisoners when they transferred to another prison, as the item belonged to the location, not the prisoner. This becomes even more of a problem when prisoners are released, as it is unclear who will take responsibility for the social care assessment in preparation for support in the community; and whether any identified social care needs will meet the critical or substantial risk criteria for eligibility.
- 3.18 The report concludes that there is a distinct need for a national strategy for social care in prisons and, in addition to a number of other recommendations, suggests appointing the PCT as the lead commissioner for social care in prison. The report also recognises the potential positive impact social care provision can have on the risk of reoffending; an association largely overlooked to date.

Older Prisoners' Action Group

- 3.19 The Older Prisoners' Action Group was set up in July 2007. It is an offender health-led initiative aiming to 'address the specific health and social care inequalities for elderly offenders' building on the issues raised in our thematic and the Birmingham University work. The membership is much more government-focused than the Older People in Prison Forum.
- 3.20 One of the objectives of the group is to promote the adoption of the 'common assessment process' for older prisoners. This would mean an integrated assessment of both health and social care needs in order to guide provision during custody and in preparation for resettlement, negating the need for multiple assessments. In addition, the group intends to develop an NVQ for prisoner carers, which would establish the required skills base and prisoner profile for this role. Two prison pilots are planned for 2008.

Prison Reform Trust

- 3.21 The Prison Reform Trust has been awarded funding by the Lloyds TSB Foundation for England and Wales for a two-year programme to further highlight the needs of the ageing prisoner population and to improve their chances of successful resettlement. The project began in October 2007 and will identify good practice across the prison estate.

National Offender Management Service

- 3.22 The National Offender Management Service (NOMS) rejected our recommendation to implement a national strategy for older and less able prisoners. It did not accept that it was appropriate to manage prisoners on the basis of age, but rather in terms of individual need. At the time of our report, this mirrored policy in the wider community, but in March 2005 the government launched a national strategy for an ageing population – *Opportunity Age: Meeting the challenges of ageing in the 21st century* – which has implications for the resettlement of older prisoners. NOMS, however, continues to reject the need for a national strategy

specifically for older people in prison, and the provision of social care needs is still presumed to be a healthcare issue rather than one for the prison as a whole, in conjunction with the local authority, which has financial responsibility.

- 3.23 The Prison Service Order on prisoners with disabilities (PSO 2855) has a short section on older prisoners. While this section is intended to cover all older prisoners, not just those with age-related impairments, its location in this PSO and the brevity of the content suggest otherwise. There are two potential problems with this subsumed approach: not all older prisoners with a Disability Discrimination Act (DDA)-defined disability will self-identify; and the definition of disability under the DDA is too narrow, as it does not cover all age-related impairments. Without a mechanism for screening for age-related disability, needs, which are only likely to intensify over time, will remain unmet. The PSO does not address this potential loophole.
- 3.24 A small section in a PSO on prisoners with disabilities and in the PSO (4800) on women is not an appropriate alternative to a specific policy on older prisoners. An older prisoners' strategy would provide central guidance to prisons on other age-related issues, such as social care, retirement pay, providing and encouraging engagement in appropriate work, learning and leisure activities, time out of cell for retired prisoners, and end-of-life services.
- 3.25 The training and resource pack produced jointly by Nacro, Age Concern and NOMS, incorporating the findings and recommendations from our thematic report, is a good initiative but does not replace the mandatory nature of a Prison Service Order that is part of a national strategy.

4. Environment

This section describes the environment in which older prisoners were accommodated during our inspections. It identifies how special needs were assessed and any adaptations that had been made to cater for those with mobility problems and other age-related impairments or disabilities.

First days in custody

- 4.1 Men over 60 years were more likely to report a positive escort experience in their survey responses, including safety and comfort in the van, frequency of comfort breaks and attention to their healthcare needs. Comparison to data from 2003–04, however, shows that this experience is now reported more negatively, particularly in relation to the frequency of comfort breaks. Despite this, older men in 2006–07 were also more likely to feel that they had been treated well by the escort staff, which compares favourably with the 2003–04 responses. In 2006–07, women over 50 years were less likely to say that attention was paid to their health needs during their escort journey.
- 4.2 Older men and women were both more likely to report having health problems when they first arrived at the prison, though for men, this had decreased compared to 2003–04. Men over 60 were more likely to report the loss of transferred property when they arrived at the prison, which might include medication. Although these same men were more likely to say that they were offered help with their health problems by a member of staff within the first 24 hours, they were less likely to report seeing health services staff on reception or within the first 24 hours.
- 4.3 Older men were less likely than their younger counterparts to say that they had received a reception pack or information about what was going to happen to them on their day of arrival. However, these responses still compared favourably to those received from older men in 2003–04. Older men in 2006–07 were more likely to feel they had been treated well by staff in reception.
- 4.4 Prisoners with disabilities were identified on reception via a self-report questionnaire or screening tool in 22 of the 29 establishments inspected. At Chelmsford and Durham we noted that all those identified were subsequently seen by the disability liaison officer (DLO). However, it was disappointing that during six inspections we found that the information collected was deliberately not shared with residential staff, or not acted upon. In fact, in two cases where the information was collected by health services staff it was not even shared with the DLO. This was poor practice.
- 4.5 At Maidstone, in addition to the completion of the DLO-designed disability questionnaire, healthcare staff specifically identified any healthcare needs of new receptions over the age of 65. A needs assessment of older prisoners was also conducted during the reception procedures at Whatton. Unfortunately, these were the only two places where specific attention was paid to the needs of all older prisoners and not just those with a declared disability.
- 4.6 During our inspection of Ranby, we observed a disabled prisoner who required a crutch to walk taken off the escort van in handcuffs. Escort procedures must take account of a prisoner's individual needs and circumstances.

- 4.7 Compared to 2003–04, older men were less likely to say that they attended an induction course within a week of their arrival. However, the 2006–07 survey responses from men over 60 indicated they were more likely than their younger counterparts to feel their induction course covered everything they needed to know about the prison, and at Buckley Hall, we were pleased to note that induction notices were also produced in Braille.

Residential units

- 4.8 From the survey responses, men over 60 were more likely than their younger counterparts to report positive experiences on their residential units, including:
- being offered enough clean, suitable clothes every week (76% compared to 57%)
 - being able to easily get hold of application forms (92% compared to 88%) and complaint forms (88% compared to 85%)
 - being on the enhanced level of the incentives and earned privileges (IEP) scheme (49% compared to 41%), and
 - being able to speak to a Listener at any time if they wanted to (87% compared to 65%).
- 4.9 Older prisoners were also more likely to report that their cell call bell was normally answered within five minutes, though at 46% of respondents this percentage was still low, especially given the high incidence of health problems among this group.
- 4.10 Interestingly, 80% of over-60s said it was normally quiet enough to be able to sleep and relax in their cells at night time, compared to only 66% of under-60s. This compared favourably to the responses from older prisoners in 2003–04. However, older prisoners, during inspection, often complain about the level of noise on the wings at other times of the day.
- 4.11 From the women's survey responses only 20% of the older age group, compared to 41% of the younger group, said that their cell call bells were answered within five minutes, which is of real concern.

Accommodation adaptation

- 4.12 In our surveys, 54% of older prisoners self-identified as having a disability compared to 14% of the younger age group.
- 4.13 In 10 of our inspections we specifically noted that areas of the prison were inaccessible to those with mobility problems, and nine reported a lack of adaptation to cells or communal areas.
- 4.14 At Channings Wood, one cell had been adapted for use by a prisoner with a physical disability, but the doorway was still too narrow for a wheelchair. At Birmingham, prisoners in wheelchairs could only be accommodated on the vulnerable prisoner unit or in the healthcare centre: a not uncommon, but inappropriate, practice. Lack of suitable accommodation at both Winchester and Norwich also meant that older/disabled prisoners had to be accommodated in the healthcare centre, preventing access to wing facilities. During the inspection of Gloucester, we were told by the one prisoner over retirement age (65) that he had fallen while trying to climb into his bed on the top bunk the previous week and that the incident had been seen by staff. We found no reference to the fall in his wing file or in the accident book, or any evidence of remedial action to prevent it happening again.

- 4.15 During the inspections of Ranby and The Verne we highlighted the unsuitability of the accommodation, particularly for disabled prisoners. At Ranby, in order to escape in an emergency, it was necessary for prisoners to kick out the windows and climb out. Despite a budget allocated to buy necessary equipment and to make adaptations to residential areas, nothing had been done at the time of our inspection. At The Verne physically disabled prisoners could only be accommodated in the Kainos therapeutic community. This was inappropriate, not least because this dormitory accommodation was unfit for use.
- 4.16 Even at those establishments where some adjustments had already been made, the lack of servicing of facilities was a problem. For example, the chairlift to the chapel was found to be out of order during the inspection of Rye Hill.
- 4.17 Buckley Hall and East Sutton Park deliberately did not accept prisoners with severe mobility problems due to the position and nature of the accommodation; a practice with which we agreed. We questioned the suitability of The Verne and Stanford Hill for the same reasons.
- 4.18 Maidstone and Whatton showed examples of good practice in their adaptation and use of accommodation for an older population. In particular, Whatton consulted with its population of older and disabled prisoners in order to assess their needs. Both prisons also provided a carers scheme in which volunteer prisoners were trained to provide support to those who required it. Leyhill provided specialist accommodation, though not all was considered suitable for those in wheelchairs.
- 4.19 Birmingham arranged for Teletext TVs and hearing aids to be made available to those who needed them, and at Liverpool hearing loops were provided in the induction and visiting rooms. At Elmley hearing loops had been installed in the visits room, healthcare and the chapel. The Acklington report noted that hearing loops were available in the visits room, but that staff did not know how to use them. Leyhill had a mini-com for deaf prisoners, and Maidstone had introduced a basket food tray for prisoners with mobility problems.

Personal hygiene

- 4.20 At Acklington we discovered that some older prisoners had been allocated to cells without integral sanitation, despite their potentially greater need for such facilities, especially during the night. At Gloucester, C wing residents had restricted access to communal toilets, meaning they could wait up to an hour during lock-up periods to use the facilities.
- 4.21 Only three reports specifically mentioned evidence of adaptations to shower facilities for older and disabled prisoners, though in the survey responses over-60s were more likely to say that they were offered the opportunity to have a shower every day if they wished; this also compared favourably to the 2003–04 survey responses. At Channings Wood we came across an example of an older prisoner who reported strip washing in his cell as he was too unsteady on his feet to use the showers.

Emergency procedures

- 4.22 In only 11 reports was reference made to residential staff knowing which prisoners would need help in the event of an emergency; in one case the residential staff could identify those in need of help but the fire officer had not been kept informed. It was disappointing that there were no formal procedures for identifying and responding to this need in a number of these establishments. In seven reports it was specifically stated that staff could not identify those who would need help.

- 4.23 Worryingly, in one establishment we reported that staff believed other prisoners would take care of the small number of disabled prisoners on their wing in the event of an emergency. This was clearly inappropriate.

Prisoner carers

- 4.24 Prisoner carer support systems were observed in only four inspections and the formality and quality of provision was variable.
- 4.25 At the time of our inspection, Acklington provided identified prisoner carers with lifting and handling training, but they were not properly paid for this role; they were merely not expected to pay for their TVs. The Channings Wood inspection acknowledged the existence of prisoner carers, but the system was not paid for by the prison but by those receiving the care. Maidstone and Whatton provided the only examples of a formal support system for prisoners with special needs.
- 4.26 There has been much debate about the appropriateness of providing a formalised prisoner carer scheme supported by a recognised training qualification, with critics citing the typical sex offending profile as a concern if such a caring qualification could be used to secure employment in the community. However, the current lack of formalised training schemes favour ad hoc arrangements, which leave carers open to injury and recipients susceptible to poor care or even bullying. A regulated system that risk assesses potential carers, as would be the case in the community, would better ensure the safety of older people in prison.

Summary

- 4.27 There were only two examples in 29 inspection reports where the specific needs of older prisoners were identified on arrival. Disabilities were much more likely to be identified – although this depended to too great an extent on self-disclosure – but information about the needs of these prisoners was not always shared with relevant staff.
- 4.28 In surveys older prisoners were generally more positive about the residential units they lived in than younger prisoners, though fewer older women reported that staff were responsive to emergency call bells. Older prisoners were more likely to be on the enhanced level of the incentive and earned privileges scheme, and survey responses from older men had shown improvement in a number of areas compared to 2003–04.
- 4.29 Some effort had been made to meet the reasonable adjustment requirements of the Disability Discrimination Act. The outcomes still, however, fell short of the needs of older prisoners, and in a significant number of establishments areas of the prison remained inaccessible to those with mobility problems, especially those in wheelchairs. In these cases, the healthcare centre, in particular, was used inappropriately to accommodate these prisoners.
- 4.30 We found numerous examples where residential staff were unaware of which prisoners in their care would need help in the event of an emergency. There were only two recognised prisoner carer schemes.

Recommendations

- 4.31 The specific needs of older prisoners should be identified on arrival.

- 4.32 Information relating to the identified needs of older and disabled prisoners should be documented and shared with relevant staff.
- 4.33 Inpatient facilities should not be used by default to accommodate prisoners with disabilities or those having difficulty coping within the prison environment because of their age.
- 4.34 Adaptations to accommodation and facilities should be made to meet the needs of ageing and disabled prisoners, and kept in good repair.
- 4.35 A list of prisoners who would need help in the event of an emergency should be shared with staff and the fire officer.
- 4.36 Recognised prisoner carer schemes that provide training and proper pay for the carer role should be supported. (Repeated recommendation.)

5. Management of older prisoners

This section describes the management arrangements in place to cater specifically for the needs of older prisoners. It refers to policies and procedures and the use of designated staff with a particular responsibility for older prisoners.

- 5.1 Of the 29 establishments inspected during the 12-month period, only three (Maidstone, Whatton and Leyhill) had policies covering the needs of older prisoners, while one prison (Ranby) had a draft policy at the time of our inspection. The concentration was much more on disability – understandably, due to the requirements of the DDA – but this was at the expense of the needs of an ageing population that may have requirements that fall outside the definition of disability. This was a particular concern in establishments that already held large numbers of older prisoners. For example, Littlehey, a prison holding 182 prisoners over the age of 50, had no long-term strategic plan for dealing with this ageing population. Similarly, Leyhill had no resources for the long-term requirements of its older population.
- 5.2 Of additional concern was that 13 establishments did not even have a diversity strategy or policy in place at the time of our inspection. Where they did exist, the policies were largely underdeveloped, with a notable lack of staff awareness of, and engagement with, diversity issues on the wings. At Channings Wood, the diversity meeting did not even focus on the needs of prisoners, but concerned itself instead with staff issues.
- 5.3 At Buckley Hall, the small number of older prisoners was seen by the diversity manager and a prisoner representative to check if they had any unmet needs. A similar arrangement existed at Chelmsford, but only included older prisoners who self-identified as requiring additional assistance. Maidstone operated a consultation forum for older and disabled prisoners in order to canvas views on their needs.
- 5.4 At Lewes, the DLO was responsible for the needs of older prisoners. Combining the focus placed undue pressure on an already stretched role, and was likely to result in a concentration on those with a disability, to the exclusion of those with other social care needs.
- 5.5 It was disappointing that Norwich, despite its dedicated older prisoner unit, did not have a policy for older prisoners located in the main prison.

Summary

- 5.6 Only three prisons were found to have a policy, and one a draft policy, focusing on the needs of older prisoners. The existence of a policy was not necessarily dependent on that prison holding large numbers of older prisoners. Examples of attempts to identify the needs of older prisoners were found in just two other prisons. In one prison, where a dedicated lead for older prisoners did exist, this was conflated with the role of disability liaison officer, adding an additional responsibility to an already demanding job.

Recommendation

- 5.7 All prisons should have a policy for identifying and meeting the needs of older prisoners, with a designated lead. (Repeated recommendation.)

6. Regimes and relationships

This section reports on relationships between prisoners and staff as evidenced from prisoner surveys, wing files and wing history sheets. It also considers the provision of appropriate activities for older prisoners and arrangements for retired prisoners.

Personal officers/staff-prisoner relationships

- 6.1 Men over 60 were more likely, in the survey, to report that they had met their personal officer within the first week of arrival and to think that their personal officer was helpful towards them; this compared favourably with responses from 2003–04. Worryingly, they were less likely to report having a sentence plan, despite the demographic information revealing that prisoners in this age group were more likely to be sentenced and have sentences of over 12 months.
- 6.2 Older men and women were more likely to say that there was a member of staff they felt they could turn to for help if they needed it, and to feel that most staff treated them with respect. For older men, this was an improvement on the responses from the 2003–04 surveys. Older men reported much higher feelings of safety than the comparator in 2003–04: they were less likely to feel unsafe or to say that they had been victimised by staff or prisoners. They were, however, more likely to say that they had been victimised by prisoners because of a disability. As with the men, older women were less likely to say they had felt unsafe in the prison, but they were more likely to report victimisation from staff due to their ethnic origin and/or religion.
- 6.3 Only eight of the 29 inspections reviewed found evidence in wing files of individualised care planning, and one other reported that the needs of prisoners with disabilities were noted in their wing files.
- 6.4 In only one case, at Whatton, did we find evidence of care plans for older prisoners: the rest applied to those with disabilities. Good entries in wing files were found at Whatton and Littlehey.

Activities

Physical education and health promotion

- 6.5 Thirteen inspections found examples of sufficient and appropriate physical education provision for older prisoners.
- 6.6 However, in surveys only 19% of men over 60 said that they used the gym at least twice a week, compared to 50% of under-60s. The same pattern was found for women, with 11% of over-50s compared to 43% of under-50s saying they used the gym at least twice a week.
- 6.7 Good examples included Littlehey, which provided separate PE sessions for older prisoners and a bowling league that had been introduced for the over 60s (78 prisoners were over 60 at the time of our inspection). A similar arrangement had been adopted at Acklington. Ranby had

made efforts to provide specialist games and sessions for older prisoners, but take up was poor (though there were very few prisoners over 60 at the time of the inspection).

- 6.8 Our inspection of Elmley, however, revealed that specific provision for older prisoners had stopped, as had the chaplaincy support group, despite the fact that there were 16 prisoners over 65 years at the time of our visit.
- 6.9 Our Acklington inspection revealed that all the older prisoners we spoke to were provided with jackets for outside exercise while other prisoners were not. However, the bench and garden at the entrance to the exercise yard was not a designated exercise area, despite being more easily accessible to older prisoners and those with mobility problems.
- 6.10 In our surveys, older men were more likely than their younger counterparts to report access to outside exercise more than three times a week. This also compared favourably with the responses from older prisoners in 2003–04.

Time out of cell

- 6.11 Seven inspections raised concerns about the lack of activity for older prisoners.
- 6.12 According to the survey responses, both older men and women were less likely to partake in association, though the survey responses from 2003–04 suggest that uptake had increased over time for older men.
- 6.13 While the Whatton and Acklington reports acknowledged the good integration of older prisoners into educational courses and other activities, others showed that older prisoners who were not working, or those with mobility problems, had very little to do (for example, see Channings Wood, Littlehey, Durham, Elmley, Gloucester, Lewes). In general, those prisoners were locked behind their doors for long periods as a result. At Littlehey and Rye Hill, efforts were made to unlock retired prisoners during the day.
- 6.14 At Elmley and Gloucester, large-print and audio books were available in the library, but access to the library was poor at Elmley.
- 6.15 Good practice was observed at Leyhill where prisoners over the age of 55 and without work were actively encouraged to come out of their rooms and engage in the regime, such as participating in age-appropriate activities in the gym or going to the dedicated day care centre. Older prisoners at Acklington were extremely positive about the club the prison had developed to get them out of their cells, which also enabled them to supplement their retirement pay.
- 6.16 On Nelson unit (the dedicated older prisoner unit) at Norwich, prisoners were unlocked during the day only if a prison officer was present, despite the presence of nursing staff. We were concerned that the inconsistent staffing levels on this unit were impacting on the basic care of prisoners. For instance, nursing staff were not allowed to unlock infirm prisoners in order to help them go to the toilet when discipline staff were not present on the wing. While the distribution of incontinence pads in these circumstances could have been considered pragmatic, this dehumanising practice was avoidable. It was particularly disappointing that our recommendation to introduce a planned regime on Nelson unit had not been met.

Retirement pay

- 6.17 Retirement pay was referenced in four reports.

- 6.18 Meagre retirement pay of £4.80 a week was offered to prisoners at Acklington, of which £1 was deducted to pay for the rental of their TV, though they could supplement this through their contribution to the OAP club. This compared favourably with the retirement pay provided at Gloucester – only £3.25 a week, which we consider unacceptably low. Inconsistency in the payment of retired prisoners was discovered during the inspection of Elmley, but this was corrected as soon as the discrepancy was revealed.
- 6.19 Norwich, on the other hand, had responded positively to our previous recommendation; the prison had increased the retirement pay offered and had stopped the deduction of TV rental charges for retired prisoners.

Summary

- 6.20 In survey responses, older men were much more likely than their younger counterparts to report feeling safe; these responses also compared favourably with those received from older men in 2003–04.
- 6.21 Older prisoners were more likely to report good relationships with staff. Despite this, there was worryingly little evidence of care planning.
- 6.22 Some efforts had been made to provide specific physical activities for older prisoners, and in some cases there was encouragement to engage elderly prisoners in activities out of their cells. There were still too many examples of retired prisoners being locked behind their doors during working hours, and retirement pay remained an issue.

Recommendations

- 6.23 Older prisoners should have regularly monitored care plans as part of their wing files which detail their care needs and how to meet them. (Repeated recommendation.)
- 6.24 Unemployed older prisoners should be unlocked during the core day and provided with access to appropriate and sufficient regime activities. (Repeated recommendation.)
- 6.25 Minimum retirement pay should be set at a level that is sufficient for those who do not have another source of income. (Repeated recommendation.)
- 6.26 Prisoners over retirement age should not have to pay for their TVs.

7. Health services

This section examines the provision of health services for older prisoners in line with the requirements of the National Service Framework for Older Prisoners. It comments on the level of multidisciplinary working and describes how social care needs are met.

- 7.1 In surveys, a much larger proportion of prisoners of both genders revealed they were taking prescribed medication, indicating a heightened demand for healthcare intervention. But only 11 reports stated that health services had a nurse lead for, or a focus on, older prisoners, although this is a requirement of the National Service Framework for Older People. This was a concern, particularly in establishments that had large proportions of older prisoners.
- 7.2 Survey responses from the older age group for both men and women were, nevertheless, overwhelmingly positive about the healthcare they had received, both in terms of ease of access and quality of service. The survey responses from older men indicated an improvement in the quality of services over time.
- 7.3 At Acklington and Highpoint, we were disappointed to note that disability and mobility problems were generally seen as healthcare issues, so that there was no integrated or multidisciplinary working to support independent living for older prisoners. This was illustrated by the failure of healthcare staff in these establishments to share the results of their initial disability screen with the wider staff group. The head of healthcare and the disability liaison officer at Maidstone, however, had made positive efforts to de-medicalise disability, but much more effort was required to introduce this approach in other establishments.
- 7.4 The head of healthcare at Edmund's Hill operated what we considered to be an unjustifiably restrictive medical exclusion from the prison for all prisoners with disabilities or in need of help with personal care. We were told this was due to the lack of 24-hour medical cover. The fact that healthcare was easily accessible to those with mobility problems, which we did not find in every establishment, meant these restrictions were a waste of appropriate facilities.
- 7.5 In contrast, health services at Channings Wood maintained individual 'elder care initial assessment' booklets on all older prisoners and liaised with occupational therapists in the community to arrange necessary care, as well as ensuring the provision of disability aids. There was also a nurse-led clinic for older prisoners. All prisoners over 65 were referred to the clinic for assessment and referral to other healthcare professionals if necessary. A similar system was deployed at The Verne where prisoners were reviewed subsequently every six months. Despite this good provision, there were unfortunately no day care services for older retired prisoners or those less able to cope on the wings at Channings Wood.
- 7.6 Littlehey had also just begun to operate a specific clinic for over-65s, though the location of the healthcare centre on the upper floor meant access was difficult for the infirm.
- 7.7 Leyhill operated a day care centre staffed by care assistants for older prisoners. This was a particularly welcome facility for older prisoners with little else to occupy them during the day.
- 7.8 We found arrangements in place for the identification and care of older prisoners with mental health problems at Maidstone and Winchester only. The lack of staff training in how to identify

signs of mental health problems among older people was a concern, especially in light of the elevated levels of depression among the older age group.

- 7.9 Meeting the social care needs of older prisoners and those with a disability was still very much the responsibility of health services and the links that they were able to make with community health and social care agencies. At Whatton, for example, we found no formal arrangements for the loan of occupational equipment, despite several prisoners requiring wheelchairs. The prison had purchased its own wheelchairs, but without external consultation had bought those designed for indoor use only. The head of healthcare had negotiated an assessment of the wheelchairs and their users, as well as any required adaptation to the chairs, with the local hospital, but this was ad hoc, and not a permanent arrangement.

Summary

- 7.10 There were some good examples of provision for older prisoners organised and managed by health services staff, but this was largely done in isolation, with little evidence of multidisciplinary working. It was disappointing that the social care needs of older and disabled prisoners were still considered the responsibility of health services only. A lead nurse for older prisoners was not evident in all establishments, though there were good examples of care for this older age group. There was a lack of staff training in identifying the signs of mental health problems among the elderly.

Recommendations

- 7.11 Every health services centre should have a lead nurse or manager who has responsibility for the care of older prisoners. (Repeated recommendation.)
- 7.12 Staff working with older prisoners should receive training in how to recognise signs of mental health problems. (Repeated recommendation.)
- 7.13 The prison should ensure that the social care needs of the ageing prison population are identified and fully met in conjunction with the responsible commissioner.

8. Resettlement

This section examines the specific preparation for release offered to older prisoners evidenced during our inspections.

- 8.1 Only four establishments mentioned any bespoke resettlement contribution for older prisoners: three were trainers and one an open prison.
- 8.2 Channings Wood provided help with accommodation for older prisoners ready for their release, as did Ranby for those with a disability, through external agencies. We were pleased to see that older prisoners were included in Rye Hill's resettlement pathways. A representative from the Department of Work and Pensions based at Leyhill saw every prisoner due for release. Advice included how to get disability living allowance.
- 8.3 Generally, however, we had grave concerns that the social care needs, in particular, of older and disabled prisoners were not planned or provided for after release.

Summary

- 8.4 There was very little in the way of specific resettlement help for the older population. This was an area of real concern.

Recommendation

- 8.5 **The specific resettlement needs of older prisoners should be accurately assessed and provided for on release. (Repeated recommendation.)**

Appendix I: References

Care Services Improvement Partnership South West Development Centre (2007) *Older and Disabled Prisoners in the South West: Report on the findings of a survey carried out in ten prisons in the South West region in October 2006*. Unpublished document.

Wahidin, A. & Cain, M (Eds.) (2006) *Ageing, crime and society*. Willan Publishing: Devon.

Williams, I. (2007) *Adult and Older Prisoners in the UK: A review of social care provision*. Unpublished document: University of Birmingham Health Services Management Centre.

Appendix II: Methodology

The following table details the inspections included in the analysis.

Table 3: Full inspections conducted September 2006 to September 2007*

<i>Establishment</i>	<i>Functional type</i>	<i>Type of inspection</i>	<i>Date of inspection (w/c)</i>
Durham	Male local	Full announced	18 Sept 2006
The Mount	Male cat. C	Full follow-up	18 Sept 2006
Peterborough	Women	Full announced	2 Oct 2006
Peterborough	Male local	Full announced	9 Oct 2006
Edmund's Hill	Male cat. C	Full announced	9 Oct 2006
Wealstun	Male cat. C & Male open	Full follow-up	6 Nov 2006
East Sutton Park	Women	Full announced	13 Nov 2006
Norwich	Male local	Full follow-up	20 Nov 2006
Standford Hill	Male open	Full announced	4 Dec 2006
Acklington	Male cat. C	Full announced	11 Dec 2006
Elmley	Male local	Full announced	11 Dec 2006
Latchmere House	Male resettlement	Full announced	15 Jan 2007
Whatton	Male cat. C	Full announced	22 Jan 2007
Liverpool	Male local	Full follow-up	12 Feb 2007
Maidstone	Male cat. C	Full announced	19 Feb 2007
Birmingham	Male local	Full announced	19 Feb 2007
Leyhill	Male open	Full announced	5 March 2007
Ranby	Male cat. C	Full announced	12 March 2007
Winchester	Male local	Full announced	16 April 2007
Gloucester	Male local	Full announced	16 April 2007

Buckley Hall	Male cat. C	Full announced	30 April 2007
Highpoint	Male cat. C	Full announced	14 May 2007
Rye Hill	Male cat. B	Full unannounced	11 June 2007
Littlehey	Male cat. C	Full announced	2 July 2007
Channings Wood	Male cat. C	Full announced	2 July 2007
Chelmsford	Male local	Full announced	9 July 2007
The Verne	Male cat. C	Full announced	6 Aug 2007
Lewes	Male local	Full announced	20 Aug 2007

**The inspection of Canterbury has been excluded due to its specialist foreign national function.*

The findings are therefore based on the report and survey analysis from the inspections of 10 male locals, 13 male trainers, four male open prisons and two women's prisons. However, the findings are reported for all establishments combined, including women's prisons. Issues arising in the two women's prisons inspected are mentioned separately where they are of note.

The following table describes the number of older prisoners held in each establishment at the time of the inspection.

Table 4: Number of older prisoners held at the time of inspection

Establishment	No. of older prisoners (Men >60; Women >50)	Proportion of adult population
Durham	11	1.2%
The Mount	11	1.5%
Peterborough Women	14	4.3%
Peterborough Men	5	1.0%
Edmund's Hill	5	1.4%
Wealstun	11	1.3%
East Sutton Park	16	18%
Norwich	27	5.1%
Standford Hill	8	2.0%
Acklington	59	7.0%

Elmley	28	2.8%
Latchmere House	11	5.4%
Whatton	115	15.3%
Liverpool	15	1.1%
Maidstone	38	6.5%
Birmingham	28	1.9%
Leyhill	23	5.6%
Ranby	4	0.4%
Winchester	17	3.1%
Gloucester	7	2.6%
Buckley Hall	5	1.3%
Highpoint	20	2.5%
Rye Hill	32	5%
Littlehey	78	11.2%
Channings Wood	34	5.3%
Chelmsford	11	1.6%
The Verne	36	6.1%
Lewes	7	1.3%

Survey analyses

For all our full inspections, a random and representative sample of the prisoner population is surveyed. The results from these surveys form part of the triangulated evidence base of our inspection findings. For the purpose of this report, the survey findings for all the male prisons were combined, as were the survey responses for the two women's prisons.

2006–07

The 2006–07 survey analysis shown in Appendix III provides a comparison of responses from men 60 years of age or above (N=126) against those from men aged less than 60 (N=2,692). In a separate analysis, the responses from women 50 years and above (N=21) were compared to those from women less than 50 (N=165). These categorisations mirror those used in the original thematic.

In order to set the subsequent inspection findings in context, it is worth outlining the other significant differences that characterise older and younger prisoners in surveys.

Men

Men in our sample aged 60 years and above were more likely to:

- be in prison for the first time
- have been in that prison for more than a month
- be sentenced and have a sentence of more than 12 months
- be on recall
- be white
- have English as their first language
- not be Muslim
- be transgender or transsexual
- be gay or bisexual
- have a disability and be registered disabled
- not have any children under the age of 18.

Women

Women in our sample aged 50 years and above were more likely to:

- be sentenced
- have a disability
- not have children under the age of 18.

It is worth noting that prisoners in the older age group, especially for men, were much more positive in their responses to the questionnaire compared to the younger age group, adding further support to our original thematic title, *No problems: old and quiet*.

2003–04

A comparison of responses from men over 60 was also conducted between the 2006–07 data and surveys received from older men during April 2003 to December 2004 to map any changes over time (see Appendix III).

There were a number of significant differences between the 2006–07 and 2003–04 survey populations. The 2006–07 survey sample was:

- more than double the size of the 2003–04 sample, even though the latter represented a 21-month rather than a 12-month timeframe. This suggests an increasing older prisoner population
- more likely to be sentenced
- more likely to have six months or less left to serve
- less likely to be foreign national
- less likely to be from a black or minority ethnic background
- less likely to have children under the age of 18.

A similar analysis was not conducted for women due to the small number of establishments included in both time frames.



Appendix III: Older Prisoner Survey Responses September 2006 to September 2007

Prisoner Survey Responses (missing data has been excluded for each question). Please note: where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better than the younger comparator.
	Any percent highlighted in blue is significantly worse than the younger comparator.
	Any percent highlighted in orange shows a significant difference in prisoners' background details.
	Percentages which are not highlighted show there is no significant difference between the age comparators.

SECTION 1: General information (not tested for significance)

1	Number of completed questionnaires returned.
3	Are you transgender or transsexual?
4	Are you sentenced?
6	If you are sentenced, are you on recall?
7	Is your sentence less than 12 months?
8	Do you have six months or less to serve?
9	Have you been in this prison less than a month?
10	Are you a foreign national?
11	Is English your first language?
12	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White Other categories)
13	Are you Muslim?
14	Are you gay or bisexual?
15	Do you consider yourself to have a disability?
16	Are you a Registered Disabled Person?
17	Is this your first time in prison?
18	Do you have any children?

SECTION 2: Transfers and escorts

19a	We want to know about the most recent journey you have made either to or from court or between establishments. How was the cleanliness of the van (very good/good)?
19b	How was your personal safety during the journey (very good/good)?
19c	How was the comfort of the van (very good/good)?
19d	How was the attention paid to your health needs?
19e	How was the frequency of comfort breaks (very good/good)?
20	Did you spend more than four hours in the van?
21	Were you treated well/very well by the escort staff?
22a	Did you know where you were going when you left court or when transferred from another establishment?
22b	Before you arrived here did you receive any written information about what would happen to you?
22c	When you first arrived here did your property arrive at the same time as you?

Men		Older Men		Women	
60 yrs or above	Less than 60 yrs	2006-7 survey data	2003-4 survey data	50 yrs or above	Less than 50 yrs
126	2692	126	52	21	165
2%	0%			0%	0%
93%	84%	93%	83%	100%	87%
15%	13%			10%	12%
6%	12%	6%	4%	39%	30%
34%	37%	34%	13%	76%	61%
5%	14%	5%	7%	24%	23%
12%	14%	12%	25%	0%	9%
92%	88%	92%	90%	84%	93%
8%	29%	8%	26%	21%	27%
2%	12%			8%	7%
15%	4%			0%	7%
54%	14%			39%	21%
23%	5%			21%	11%
56%	36%	56%	52%	64%	49%
20%	57%	20%	35%	29%	59%
71%	53%	71%	78%	63%	50%
67%	60%	67%	70%	61%	55%
27%	16%	27%	26%	12%	17%
40%	30%	40%	43%	12%	28%
22%	13%	22%	34%	11%	9%
7%	8%	7%	5%	6%	13%
76%	68%	76%	66%	75%	61%
72%	75%	72%	69%	81%	81%
17%	16%	17%	13%	28%	16%
82%	85%	82%	89%	91%	80%

Key to tables

	Any percent highlighted in green is significantly better than the younger comparator.
	Any percent highlighted in blue is significantly worse than the younger comparator.
	Any percent highlighted in orange shows a significant difference in prisoners' background details.
	Percentages which are not highlighted show there is no significant difference between the age comparators.

SECTION 3: Reception, first night and induction

24a	Did you have any problems when you first arrived?
24b	Did you have any problems with loss of transferred property when you first arrived?
24c	Did you have any housing problems when you first arrived?
24d	Did you have any problems contacting employers when you first arrived?
24e	Did you have any problems contacting family when you first arrived?
24f	Did you have any problems ensuring dependents were being looked after when you first arrived?
24g	Did you have any money worries when you first arrived?
24h	Did you have any problems with feeling depressed or suicidal when you first arrived?
24i	Did you have any drug problems when you first arrived?
24j	Did you have any alcohol problems when you first arrived?
24k	Did you have any health problems when you first arrived?
24l	Did you have any problems with needing protection from other prisoners when you first arrived?
25a	Were you offered any help/support from any member of staff in dealing with problems on loss of transferred property within the first 24 hours?
25b	Were you offered any help/support from any member of staff in dealing with housing problems within the first 24 hours?
25c	Were you offered any help/support from any member of staff in dealing with problems contacting employers within the first 24 hours?
25d	Were you offered any help/support from any member of staff in dealing with problems contacting family within the first 24 hours?
25e	Were you offered any help/support from any member of staff in dealing with problems ensuring dependants were looked after within the first 24 hours?
25f	Were you offered any help/support from any member of staff in dealing with money problems within the first 24 hours?
25g	Were you offered any help/support from any member of staff in dealing with problems of feeling depressed/suicidal within the first 24 hours?
25h	Were you offered any help/support from any member of staff in dealing with drug problems within the first 24 hours?
25i	Were you offered any help/support from any member of staff in dealing with alcohol problems within the first 24 hours?
25j	Were you offered any help/support from any member of staff in dealing with health problems within the first 24 hours?
25k	Were you offered any help/support from any member of staff in dealing with problems in needing protection from other prisoners within the first 24 hours?
26a	Please answer the following question about reception: were you seen by a member of healthcare staff?
26b	Please answer the following question about reception: when you were searched, was this carried out in a sensitive and understanding way?
27	Were you treated well/very well in reception?
28a	Did you receive a reception pack on your day of arrival?
28b	Did you receive information about what was going to happen here on your day of arrival?
28c	Did you receive information about support for feeling depressed or suicidal on your day of arrival?
28d	Did you have the opportunity to have a shower on your day of arrival?

Men		Older Men		Women	
60 yrs or above	Less than 60 yrs	2006-7 survey data	2003-4 survey data	50 yrs or above	Less than 50 yrs
59%	67%	59%	71%	75%	78%
14%	11%	14%	18%	8%	11%
13%	19%	13%	11%	19%	26%
3%	5%	3%	5%	0%	1%
17%	24%	17%	28%	19%	21%
10%	6%	10%	9%	3%	9%
16%	21%	16%	18%	33%	31%
12%	18%	12%	20%	24%	33%
2%	18%	2%	0%	8%	27%
3%	10%	3%	2%	0%	10%
33%	20%	33%	40%	51%	33%
6%	6%	6%	17%	8%	3%
14%	15%			38%	13%
17%	22%			33%	29%
14%	15%			0%	10%
49%	54%			81%	46%
18%	19%			0%	23%
15%	20%			21%	27%
28%	38%			33%	29%
9%	41%			0%	38%
14%	34%			0%	25%
55%	48%			42%	38%
23%	23%			0%	17%
81%	86%	81%	77%	82%	85%
85%	70%	85%	76%	85%	63%
86%	66%	86%	71%	87%	67%
66%	76%	66%	58%	74%	82%
40%	46%	40%	33%	30%	34%
33%	42%	33%	30%	22%	34%
39%	46%	39%	46%	22%	28%

Key to tables

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	Any percent highlighted in blue is significantly worse than the younger comparator.
	Any percent highlighted in orange shows a significant difference in prisoners' background details.
	Percentages which are not highlighted show there is no significant difference between the age comparators.

SECTION 3: Reception, first night and induction continued

28e	Did you get the opportunity to have a free telephone call on your day of arrival?
28f	Did you get information about routine requests on your day of arrival?
28g	Did you get something to eat on your day of arrival?
28h	Did you get information about visits on your day of arrival?
29a	Did you have access to the chaplain within the first 24 hours of you arriving at this prison?
29b	Did you have access to someone from healthcare within the first 24 hours?
29c	Did you have access to a Listener/Samaritans within the first 24 hours of you arriving at this prison?
29d	Did you have access to the prison shop/canteen within the first 24 hours?
30	Did you feel safe on your first night here?
31	Did you go on an induction course within the first week?
32	Did the induction course cover everything you needed to know about the prison?

SECTION 4: Legal rights and respectful custody

35a	Is it very easy/easy to communicate with your solicitor or legal representative?
35b	Is it very easy/easy for you to attend legal visits?
35c	Is it very easy/easy for you to obtain bail information?
36	Have staff ever opened letters from your solicitor or legal representative when you were not with them?
37a	Please answer the following questions about the wing/unit you are currently on. Are you normally offered enough clean, suitable clothes for the week?
37b	Are you normally able to have a shower every day?
37c	Do you normally receive clean sheets every week?
37d	Do you normally get cell cleaning materials every week?
37e	Is your cell call bell normally answered within five minutes?
37f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?
37g	Can you normally get your stored property, if you need to?
38	Is the food in this prison good/very good?
39	Does the shop/canteen sell a wide enough range of goods to meet your needs?
40a	Is it easy/very easy to get a complaints form?
40b	Is it easy/very easy to get an application form?
41a	Do you feel applications are sorted out fairly?
41b	Do you feel your applications are sorted out promptly?
41c	Do you feel complaints are sorted out fairly?
41d	Do you feel complaints are sorted out promptly?
41e	Are you given information about how to make an appeal?
42	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?
43	Do you know how to apply to the Prisons and Probation Ombudsman?

Men		Older Men		Women	
60 yrs or above	Less than 60 yrs	2006-7 survey data	2003-4 survey data	50 yrs or above	Less than 50 yrs
50%	52%	50%	55%	87%	56%
38%	35%	38%	40%	32%	25%
76%	78%	76%	69%	71%	71%
40%	45%	40%	40%	30%	33%
45%	50%	45%	44%	37%	34%
63%	69%	63%	56%	66%	60%
30%	33%	30%	38%	16%	15%
28%	24%	28%	36%	35%	39%
83%	80%	83%	76%	87%	77%
69%	69%	69%	79%	90%	78%
56%	49%	56%	61%	49%	52%
59%	47%	59%	92%	33%	42%
63%	58%	63%	88%	37%	54%
13%	22%	13%	63%	14%	20%
32%	43%	32%	44%	26%	35%
76%	57%	76%	73%	63%	47%
93%	87%	93%	79%	92%	92%
89%	83%	89%	88%	83%	82%
74%	70%	74%	78%	69%	68%
46%	35%	46%	46%	20%	41%
80%	66%	80%	69%	72%	60%
30%	30%	30%	41%	34%	36%
43%	27%	43%	35%	36%	27%
48%	48%	48%	50%	26%	39%
88%	85%	88%	86%	92%	79%
92%	88%	92%	94%	92%	80%
50%	45%	50%	40%	36%	37%
52%	42%	52%	35%	39%	31%
14%	19%	14%	33%	16%	14%
15%	21%	15%	22%	18%	13%
29%	28%	29%	49%	6%	27%
6%	14%	6%	7%	3%	9%
45%	43%	45%	42%	16%	31%

Key to tables

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SECTION 4: Legal rights and respectful custody continued

44	Is it easy/very easy to contact the Independent Monitoring Board?
45	Are you on the enhanced (top) level of the IEP scheme?
46	Do you feel you have been treated fairly in your experience of the IEP scheme?
47a	In the last six months have any members of staff physically restrained you (C&R)?
47b	In the last six months have you spent a night in the segregation/care and separation unit?
48a	Do you feel your religious beliefs are respected?
48b	Are you able to speak to a religious leader of your faith in private if you want to?
49	Are you able to speak to a Listener at any time, if you want to?
50a	Do you have a member of staff, in this prison, that you can turn to for help if you have a problem?
50b	Do most staff, in this prison, treat you with respect?

SECTION 5: Safety

52	Have you ever felt unsafe in this prison?
53	Do you feel unsafe in this establishment at the moment?
55	Have you been victimised (insulted or assaulted) by another prisoner?
56a	Have you had insulting remarks made about you, your family or friends since you have been here (by prisoners)?
56b	Have you been hit, kicked or assaulted since you have been here (by prisoners)?
56c	Have you been sexually abused since you have been here (by prisoners)?
56d	Have you been victimised because of your race or ethnic origin since you have been here (by prisoners)?
56e	Have you been victimised because of drugs since you have been here (by prisoners)?
56f	Have you ever had your canteen/property taken since you have been here (by prisoners)?
56g	Have you ever been victimised because you were new here (by prisoners)?
56h	Have you ever been victimised because of your sexuality (by prisoners)?
56i	Have you ever been victimised because you have a disability (by prisoners)?
56j	Have you ever been victimised because of your religion/religious beliefs (by prisoners)?
56k	Have you ever been victimised because you were from a different part of the country than others since you have been here? (by prisoners)
57	Have you been victimised (insulted or assaulted) by a member of staff?
58a	Have you had insulting remarks made about you, your family or friends since you have been here (by staff)?
58b	Have you been hit, kicked or assaulted since you have been here (by staff)?
58c	Have you been sexually abused since you have been here (by staff)?
58d	Have you been victimised because of your race or ethnic origin since you have been here (by staff)?
58e	Have you been victimised because of drugs since you have been here (by staff)?
58f	Have you ever been victimised because you were new here (by staff)?
58g	Have you ever been victimised because of your sexuality (by staff)?
58h	Have you ever been victimised because you have a disability (by staff)?
58i	Have you ever been victimised because of your religion/religious beliefs (by staff)?

Men		Older Men		Women	
60 yrs or above	Less than 60 yrs	2006-7 survey data	2003-4 survey data	50 yrs or above	Less than 50 yrs
33%	36%	33%	34%	62%	36%
49%	41%	49%	51%	37%	31%
55%	49%	55%	44%	38%	47%
0%	8%	0%	4%	0%	7%
1%	12%	1%	6%	9%	11%
64%	53%	64%	73%	60%	51%
67%	57%	67%	76%	55%	56%
87%	65%	87%	79%	58%	52%
86%	66%	86%	76%	91%	65%
93%	71%	93%	87%	85%	69%
24%	34%	24%	37%	18%	40%
14%	18%			12%	16%
16%	21%	16%	23%	18%	24%
9%	11%	9%	7%	6%	17%
0%	6%	0%	17%	9%	8%
0%	1%	0%	4%	0%	2%
1%	5%	1%	5%	9%	3%
0%	3%	0%	3%	0%	3%
5%	4%	5%	4%	0%	5%
4%	5%	4%	0%	9%	7%
1%	1%			0%	2%
3%	2%			0%	5%
1%	3%			9%	2%
2%	5%	2%	5%	9%	6%
7%	23%	7%	14%	24%	23%
2%	12%	2%	3%	3%	12%
0%	4%	0%	4%	10%	3%
0%	1%	0%	2%	0%	1%
0%	5%	0%	5%	10%	2%
0%	3%	0%	2%	0%	2%
2%	5%	2%	5%	0%	6%
0%	1%			0%	3%
2%	2%			3%	4%
0%	3%			10%	1%

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SECTION 5: Safety continued

58j	Have you ever been victimised because you were from a different part of the country than others since you have been here (by staff)?
59	Did you report any victimisation that you have experienced?
60	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?
61	Have you ever felt threatened or intimidated by a member of staff in here?
62	Is it very easy/easy to get illegal drugs in this prison?

SECTION 6: Healthcare

64	Do you think the overall quality of the healthcare is good/very good?
65a	Is it very easy/easy to see the doctor?
65b	Is it very easy/easy to see the nurse?
65c	Is it very easy/easy to see the dentist?
65d	Is it very easy/easy to see the optician?
65e	Is it very easy/easy to see the pharmacist?
66a	Do you think the quality of healthcare from the doctor is good/very good?
66b	Do you think the quality of healthcare from the nurse is good/very good?
66c	Do you think the quality of healthcare from the dentist is good/very good?
66d	Do you think the quality of healthcare from the optician is good/very good?
66e	Do you think the quality of healthcare from the dispensing staff/pharmacist is good/very good?
67	Are you currently taking medication?
68	Are you allowed to keep possession of your medication in your own cell?

SECTION 7: Purposeful activity

70a	Do you feel your job will help you on release?
70b	Do you feel your vocational or skills training will help you on release?
70c	Do you feel your education (including basic skills) will help you on release?
70d	Do you feel your offending behaviour programmes will help you on release?
70e	Do you feel your drug or alcohol programmes will help you on release?
71	Do you go to the library at least once a week?
72	Can you get access to a newspaper every day?
73	On average, do you go to the gym at least twice a week?
74	On average, do you go outside for exercise three or more times a week?
75	On average, do you spend 10 or more hours out of your cell on a weekday? (This includes hours at education, at work, etc)
76	On average, do you go on association more than five times each week?
77	Do staff normally speak to you at least most of the time during association time (most/all of the time)?

Men		Older Men		Women	
60 yrs or above	Less than 60 yrs	2006-7 survey data	2003-4 survey data	50 yrs or above	Less than 50 yrs
1%	4%	1%	5%	10%	5%
7%	11%	7%	9%	17%	20%
19%	23%			27%	28%
6%	22%			6%	26%
11%	36%	11%	20%	14%	19%
67%	38%	67%	52%	43%	29%
58%	35%			47%	32%
72%	54%			68%	40%
28%	12%			44%	23%
38%	12%			26%	14%
54%	29%			33%	14%
68%	38%	68%	58%	58%	39%
78%	52%	78%	70%	87%	47%
41%	27%	41%	33%	63%	32%
47%	21%	47%	48%	52%	17%
52%	29%	52%	55%	32%	15%
78%	40%			92%	63%
73%	32%			65%	34%
39%	31%	39%	21%	23%	32%
22%	33%	22%	24%	31%	33%
32%	43%	32%	48%	31%	43%
25%	30%	25%	28%	13%	29%
12%	28%	12%	18%	7%	24%
57%	40%	57%	66%	57%	37%
59%	45%	59%	77%	46%	41%
19%	50%	19%	14%	11%	43%
53%	46%	53%	44%	51%	43%
20%	19%	20%	24%	21%	24%
58%	64%	58%	38%	41%	76%
31%	17%	31%	21%	32%	32%

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SECTION 8: Resettlement

79	Did you first meet your personal officer in the first week?
80	Do you think your personal officer is helpful/very helpful?
81	Do you have a sentence plan?
82	Were you involved/very involved in the development of your sentence plan?
87	Have you had any problems with sending or receiving mail?
88	Have you had any problems getting access to the telephones?
89	Did you have a visit in the first week that you were here?
90	Does this prison give you the opportunity to have the visits you are entitled to (e.g. number and length of visit)?
91	Did you receive five or more visits in the last week?
92b	Do you think you will have a problem with finding a job following your release from this prison?
92c	Do you think you will have a problem with finding accommodation following your release from this prison?
92d	Do you think you will have a problem with money and finances following your release from this prison?
92e	Do you think you will have a problem with claiming benefits following your release from this prison?
92f	Do you think you will have a problem with arranging a place a place at college or continuing education following your release from this prison?
92g	Do you think you will have a problem with contacting external drug or alcohol agencies following your release from this prison?
92h	Do you think you will have a problem with accessing healthcare services following your release from this prison?
92i	Do you think you will have a problem with opening a bank account following your release from this prison?

Men		Older Men		Women	
60 yrs or above	Less than 60 yrs	2006-7 survey data	2003-4 survey data	50 yrs or above	Less than 50 yrs
30%	24%	30%	13%	40%	21%
51%	35%	51%	37%	34%	27%
35%	40%	35%	48%	47%	38%
27%	26%	27%	32%	21%	28%
23%	41%	23%	16%	22%	43%
13%	26%	13%	22%	11%	17%
22%	31%	22%	31%	47%	38%
78%	68%	78%	86%	81%	74%
0%	0%			0%	0%
26%	49%			43%	61%
39%	45%			33%	47%
32%	54%			52%	57%
35%	35%			35%	48%
13%	34%			37%	41%
5%	16%			32%	22%
22%	22%			32%	35%
21%	41%			35%	46%

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SECTION 8: Resettlement continued

93a	Do you think you will have a problem with drugs when you leave this prison?
93b	Do you think you will have a problem with alcohol when you leave this prison?
94a	Do you know who to contact, within this prison, to get help with finding a job on release?
94b	Do you know who to contact, within this prison, to get help with finding accommodation on release?
94c	Do you know who to contact, within this prison, to get help with your finances in preparation for release?
94d	Do you know who to contact, within this prison, to get help with claiming benefits on release?
94e	Do you know who to contact, within this prison, to get help with arranging a place at college/continuing education on release?
94f	Do you know who to contact within this prison to get help with external drugs courses etc
94g	Do you know who to contact, within this prison, to get help with continuity of healthcare on release?
94h	Do you know who to contact, within this prison, to get help with opening a bank account on release?
95	Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

Men		Older Men		Women	
60 yrs or above	Less than 60 yrs	2006-7 survey data	2003-4 survey data	50 yrs or above	Less than 50 yrs
1%	12%	1%	2%	0%	18%
2%	10%	2%	2%	0%	14%
47%	46%	47%	58%	32%	44%
51%	45%	51%	56%	63%	56%
37%	33%	37%	51%	27%	39%
43%	45%	43%	48%	31%	56%
29%	35%	29%	42%	25%	41%
27%	46%	27%	28%	14%	49%
47%	41%	47%	58%	32%	41%
39%	34%			35%	39%
52%	44%	52%	47%	56%	49%