



Growing old and dying inside: improving the experiences of older people serving long prison sentences

Dr Jayne Price

In partnership with the Building Futures Programme

The Prison Reform Trust (PRT)

PRT is an independent UK charity working to create a just, humane and effective penal system. It was founded in 1981 to inform and influence public debate on prison conditions and the treatment of prisoners, amidst concerns about a projected prison population of 48,000 by 1984. With the prison population in England and Wales now approaching 88,000 and projected to rise to between 94,600 and 114,800 by March 2028¹, PRT remains as important to civic society today as it was 40 years ago. We are one of the few organisations willing and equipped to hold the state to account for its treatment of vulnerable people in prison. Our reputation, built over four decades of knowledgeable, reliable analysis and presentation of the facts, gives us influence behind the scenes that few organisations can match. Our main objectives are:

- Reducing unnecessary imprisonment and promoting community solutions to crime.
- Improving treatment and conditions for prisoners and their families.
- Promoting equality and human rights in the justice system.

We do this by inquiring into the workings of the system; informing prisoners, staff and the wider public; and by influencing Parliament, government, and officials towards reform. Whilst often working alongside the prison service and maintaining close links with government departments including the Ministry of Justice (MoJ), His Majesty's Treasury (HMT), and the Home Office, to retain its independence, PRT does not seek or accept government funding. The structure and rigour of programmes are agreed with the trusts and foundations that generously fund our work.

<https://prisonreformtrust.org.uk/project/building-futures/>

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¹ Ministry of Justice. (2024). *Prison Population Projections: 2023 to 2028*. https://assets.publishing.service.gov.uk/media/65df5123b8da630f42c86271/Prison_Population_Projections_2023_to_2028.pdf

Foreword

This report is an uncomfortable read, shining a stark light on the difficulties faced by the increasing number of older people serving long sentences. For me, four issues stand out from the consultation that underpins this report.

First, the experiences of the men and women who took part powerfully illustrate the mismatch between the diverse needs of this often-hidden group of people and the rigidity of many prison regimes. These needs cannot be met by the prison system alone but raise important challenges for health and social care commissioners and providers, as well as external partners involved in the provision of purposeful activities.

Second, that this activity is critical for many older people serving long sentences. But many find that few opportunities are available to them. For the ageing population future employment is less of a concern, how their time, often decades, can be spent productively and meaningfully in activities suited to their age and length of sentence. The testimonies here suggest that governors should enhance the role that prisoners themselves can play in supporting others. This report suggests that when encouraged effectively, those serving long sentences can help to fill the gaps that currently exist in many parts of the estate.

Third, like much of PRT's Building Futures Programme, this report demonstrates the value of enabling people with lived experience to engage in issues of operational and policy improvement and provides ideas for positive change. It also includes very personal, honest, and desperate reflections about the experience of incarceration. This underlines what we see at Recoop: many older people inside feel they are punished not just through losing their liberty but also through a series of humiliations and deprivations throughout their sentence, which can get harder as they age.

Finally, those who participated in this report provide a painful reminder of the need for a national strategy for older prisoners; something promised by the government in 2020 but yet to be published. The pressure on the Ministry of Justice (MoJ) to provide decent, safe, and rehabilitative secure environments is probably as acute as it has ever been, particularly with the current and very real overcrowding challenges. This cannot be achieved without a comprehensive, integrated and estate-wide approach.

The long-awaited older prisoner strategy must address the changes required, including ensuring funding and commissioning is in alignment. This requires joint working and commitment from the MoJ, Public Health and NHS England to fulfil their collective responsibilities to address the perfect storm of issues that is painfully illustrated in this report. Without this, it will not be able to deliver what is needed.

Paul Grainge, Director, Recoop

Contents

Executive summary	1
About this report	
The Building Futures Programme	5
The purpose of this consultation	5
Methods and limitations	6
Who contributed?	7
Report structure	7
The aging prison population	
Population trends	9
Changing needs and obligations	12
A comprehensive strategy?	14
Sentencing and adapting to prison life	
A life lived	15
Meaningful activity	
Learning and work	17
Offending behaviour programmes	18
Purpose and identity	18
Relationships	
The prison community	21
Maintaining close bonds	22
Health and wellbeing	
Health and social care	25
Frailty and dignity	25
Women and healthcare	27
Self-care and diet	28
Physical space	29
Imagined futures	
Post-release	33
Dying inside	34
Conclusions and recommendations	
The lived experience of growing old and ‘dying inside’	37
Fit for the future?	38
Improving provision	39
Mainstreaming lived experience	41

Executive summary

The system loves a broken person that they can fix, not an old person who needs care and treatment.

(Female participant)

This report forms part of PRT's National Lottery Community Fund funded Building Futures Programme that, since 2020, has been exploring the experiences of people serving long-term prison sentences. The programme has defined its long-term cohort to include those men that will spend 10 or more years in prison and eight years or more for women. Based on consultation with 121 men and women aged 50 and over serving these sentences in 39 prisons in the UK, it provides insights into the age-specific experiences of this cohort. It aims to influence positive changes that would provide a more humane prison experience that recognises the distinct needs of this group.

The prison population is ageing (around 17% of people inside are aged 50 and over). By July 2025 it is projected that the population aged 50 years and over will increase from 14,193 (November 2022) to 14,800.² This shift is being driven by increased longevity amongst the general population as well as specific patterns of crime and sentencing. These trends are compounding pressures on a system that has been overcrowded every year since 1994³ and where staff shortages continue to dog the system.⁴ These trends present significant challenges to the government, the prison system, those who live and work within it, and those responsible for providing services, including health and social care. These challenges include meeting human rights and equalities duties, such as the right to dignity and family life, and the right not to be discriminated against due to protected characteristics (including age and disability).

These concerns have helped to drive an increase in research on the experience of older people in prison.^{5,6,7} For example, in 2020 the House of Commons Justice Committee published the findings of its inquiry into the ageing prison population.⁸ It found poor coordination between prisons, local authorities and social care providers; high levels of inconsistency in reasonable adjustments to meet the needs of those with disabilities; and a shortage of activities tailored for and accessible to older people in prison. The committee called for a national strategy for older prisoners, concluding that: "The greater needs of older prisoners and the challenges many prisons face in meeting these warrants a specific policy for the cohort." PRT was one of many organisations to welcome the government's commitment to produce such a strategy and its announcement in October 2020 that a steering group had begun to work on priorities that would include measures to ensure that older people in prison:

- Are held in the most appropriate environments.
- Can access a purposeful regime within prison.
- Can access health and social care services equivalent to those within the community.
- Are prepared for their release and resettled effectively.

2 Ministry of Justice. (2021). *Prison population projections 2021 to 2026, England and Wales*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1035682/Prison_Population_Projections_2021_to_2026.pdf

3 Prison Reform Trust. (2024). *Bromley Briefing Factfile* February 2024. <https://prisonreformtrust.org.uk/wp-content/uploads/2024/02/Winter-2024-factfile.pdf>

4 Siddique, H (2023, 19th October). Staff shortages forcing England's prisons into emergency 'red' measures. *Guardian*. <https://www.theguardian.com/society/2023/oct/19/england-prisons-emergency-red-measures-staff-shortages>

5 O'Rourke, R. (2022). *The nature and impact of trauma in young adult prisoners: screening for trauma and exploring the past and present experiences*. [Unpublished PhD Thesis]. Nottingham Trent University.

6 Tynan, R. (2019). *Young Men's Experiences of Long-Term Imprisonment*. Living Life Routledge, Oxon.

7 Jarman, B. (2022). Life imprisonment in mature adulthood: adaptation risk and reform in the life course, *Prison Service Journal* 261: 33-38

8 House of Commons Justice Committee. (2020a). Ageing prison population: Fifth report of session 2019-2021. House of Commons. <https://committees.parliament.uk/publications/2149/documents/19996/default/>

Findings

The Older Offender Strategy is yet to be published. For this reason, our proposals are incorporated under our central recommendation that, as a matter of urgency, the government should publish a draft national strategy for rapid consultation and final publication before the end of the parliamentary year. These proposals are based on our consultation, and this report aims to ensure that the experiences, needs and ideas of older people with lived experience of prison can contribute to this positive change. Below we summarise key themes identified by participants.

- *Sentencing and adapting to prison life.* For many participants, having already ‘lived a life’ minimised the feeling of ‘missing out’ and provided a sense of emotional maturity, which made adapting to the sentence easier than if it had happened at an earlier life-stage. However, this could also exacerbate people’s sense of loss. Having had independence, with the ability to make choices and have ‘normal’ responsibilities, the loss of autonomy was hard to accept. There were few opportunities to grieve this previous life, and respondents felt themselves becoming deskilled, disconnected, and institutionalised.
- *Relationships outside.* Participants spoke about alternate lives continuing outside, with families and friends moving on without them. They talked about how having limited relationships with people on the outside impacted their motivation for leaving prison, and compounded feelings of loneliness and disconnection. Many had or expected to experience bereavements of loved ones whilst inside or have been/will be ‘deserted’ by family members unwilling to maintain their relationship. Some will leave prison with no friends or family to return to. Others are faced with the prospect of their own death in prison.
- *Purposeful activity.* Many participants felt that education, behavioural programmes, and other activities were focused on the needs of younger people and/or were difficult to access. They reported few opportunities to engage with programmes aimed at the older prisoner cohort, and a high number of activities were based on employment, which was not always relevant to this group. Some wanted more opportunities to use the skills they had as a way of using their time purposefully, including peer mentoring or teaching roles that could benefit others.
- *Relationships inside.* Despite the desire to provide support to younger prisoners, participants reported that the relationship between different age groups in prison could sometimes be strained. Older prisoners spoke of favouring a quieter, calmer environment, and being more compliant. The risk of elderly prisoners becoming vulnerable to intimidation and humiliation around their age-related health needs was also raised.
- *Health and wellbeing.* Participants spoke about the importance of dignity around growing old in prison, particularly in relation to health and social care. For example, some shared instances of being unnecessarily cuffed when attending hospital visits. As participants age, the importance of these issues grows. From menopause to mobility-restricting conditions, participants faced a multitude of health concerns and faced barriers in getting the healthcare they required. They felt that their diet, physical space and day-to-day lifestyles (often sedentary and isolated) accelerated the onset of frailty and worsened health outcomes.
- *Imagined futures.* Many participants conveyed a sense of ‘dying inside’ due to the loss of purpose, identity, and relationships. With limited opportunities for connection, meaningful activity or development, and experiencing the impact of poor health, some felt hopeless about the future. Some knew and/or feared dying in prison. Others were so worried about what would happen on release they would rather opt to die inside.

Recommendations

Our findings underline the need for the prison system and its partner agencies in health and social care, to not only better meet current needs, and their legal obligations in relation to protected characteristics, but to also ensure that systems are fit for the future. This will require a commitment to treating people with dignity (including when sick or dying), ensuring they can access adequate health and social care services; live meaningful lives in the constrained circumstances of prison; and get the support they need on release. Below we outline the improvements that the consultation either raised directly or indirectly. A lack of a national strategic approach has exacerbated inconsistencies and/or poor implementation in relation to older prisoners.

- *As a matter of urgency, the government should publish the national strategy for older people in prison.* The national strategy needs to secure cross-party support to ensure it is taken forward by any incoming government post-general election. The prison system cannot make the scale or nature of improvements needed without cross-departmental support; the strategy should be co-sponsored by the Department of Health and Social Care and the Department of Levelling Up, Housing and Communities, and supported by HM Treasury. The support of health and social care commissioners, including integrated care boards and local authorities will also be crucial to the successful implementation of the strategy.
- *More appropriate placement of older prisoners.* His Majesty's Prison and Probation Service (HMPPS) and MoJ should ensure that placements of older prisoners take into account physical spaces and specific health needs. Given the increased number of older people and their dispersal, adequate, accessible, and personalised provision should be made available across the estate. In commissioning new prison spaces, infrastructure, healthcare and activities, the unmet and future needs of the prison population require greater and detailed attention. People with lived experience of prison, including those with a range of health needs, should be involved in implementing the strategy and co-designing commissioning. While the provision of secure social care in the community is understandably controversial, the MoJ should pilot such an approach, engaging the public in the process.
- *HMPPS and associated agencies should improve screening, early diagnosis and seek to more consistently provide comparable health and social care services.* This should include local authorities ring fencing Care Act 2014 funds for those in prison or being released. Such an approach should build on prisons' increased use of digital technologies. This includes exploring the role of telemedicine, ambulatory care, and health technologies, and how these can support good physical and mental health, and the management of chronic conditions. This exploration should include consideration of all those in prisons being able to have remote GP appointments.
- *'Family' first for older people.* Prison governors are already charged with implementing changes arising from the Lord Farmer reviews on maintaining relationships. Particular focus should be given to adapting family days for older people serving long sentences and encouraging and enabling the development of positive supportive relationships.
- *Additional training and support for staff.* HMPPS should provide, and prison governors should ensure, training for all frontline staff members, relevant to the health needs of older prisoners. This should include awareness of the strategy's aims and the needs of older people, as well as skills training around improving specific provision, such as pain management. This training should involve those with lived experience, and include how to recognise and respond to the needs of older prisoners and awareness of relevant health conditions such as dementia or menopause.

- *Respect, dignity and compassion.* Prison governors and staff should ensure prisoners' vulnerability, frailty and dignity is considered throughout all healthcare and prison experiences, including attending external appointments. This includes consideration of the use of restraints and handling the dispersal of medication sensitively. The MoJ should collate an up-to-date, thorough evidence-base for consideration of grounds for compassionate release. Where appropriate and desired every effort should be made to ensure that those at the end of life are able to die with loved ones at home or another appropriate setting.
- *Better preparation for release.* This should include ensuring that activities related to planning and preparation for release include consideration of an individual's age. This includes ensuring that HMPPS allow for those serving long sentences to be able to save money and contribute towards a pension whilst in prison.

Mainstreaming lived experience

Participants emphasised the enhanced role they and their peers feel they could play in supporting their own and others' health and wellbeing, if given the opportunity and empowered to do so. This included being involved in consultation and co-design processes. This is consistent with the wider ongoing debate about NHS transformation, focused on prevention and population health (including increased emphasis on mental health and innovations around social prescribing). Below we make recommendations that should shape the roll out of the national strategy for older prisoners.

Create a 'living inside' network. The MoJ and the Department of Health and Social Care should establish a 'living inside' network of older people with lived experience to inform and help drive change including – but not restricted to – the implementation of the national strategy and the expansion of age-appropriate purposeful activities.

Develop a 'living inside' support and pathway. A key task for the network would be to work with HMPPS, health and social care providers and NGOs to develop a 'living inside' pathway for all those serving long sentences. This would involve co-development of a more structured and explicit induction offer for those beginning a long sentence, to support people to deal with loss and grief early on, to adapt to prison life and to consider measures that may support them to maintain their mental and physical wellbeing. For example, participants felt that the system could do more to provide age and condition-appropriate exercise and diets.

Age-appropriate activities. In developing this pathway, HMPPS should ensure that the role of peer support and lived experience is central, but combined with access to specialist support where needed. HMPPS should adapt the provision of purposeful activities to take into account the increase in number of older people in prison and their potential issues with mobility and post-release relevance. This should build on the work that the MoJ has done on social prescribing, and include greater recognition of the potential for remote learning and the peer roles that older people can play. HMPPS should also learn from best practice examples of peer social care support and share learning across the system.

We believe that such an approach - co-designed effectively, supported by HMPPS and its partners agencies, and resourced adequately - could provide a virtuous circle; not only helping to drive any new strategy on older people in prison, but also providing increased opportunities for meaningful learning and work, based on supporting others to live better while inside.

About this report

The Building Futures Programme

PRT's National Lottery Community Fund funded programme exploring the experiences of people serving long prison sentences, Building Futures gives a voice to men and women serving the longest prison sentences. It provides them with the space to advocate for themselves, bringing about change from within the system and shedding light on the human cost of long-term imprisonment. Through consultation, advocacy and research, Building Futures works alongside those with direct experience of long-term imprisonment to demonstrate the true impact of ever-increasing sentence lengths.

A fundamental component of this work is the development of a network of prisoners and former prisoners with direct experience of long-term imprisonment. The Building Futures Network is made up of members of PRT's larger Prisoner Policy Network, which was launched in July 2018 and now has an active membership of around 900 people, including those who are serving or have served long sentences, and family members of long-term prisoners. These voices enrich our understanding, and our work provides a platform for people to contribute their thinking and expertise on the policies that affect their lives. It is their priorities that drive the strategic direction of Building Futures.

The purpose of this consultation

The Building Futures Network identified members' desire to do specific work around the experiences of older people (who now represent around 17% of the overall prison population). These discussions shaped the consultation and our broader aim of better understanding how people manage or adjust to prison terms at various stages of their lives and to consider how different prison spaces may (or may not be) equipped for holding people of different ages. Later this year, PRT will publish further analysis that draws on the same consultation but focusing on the experiences of the younger participants (aged between 25 to 29).

The older population has, for some time, been the fastest growing group across UK prisons.⁹ While generally we would not describe people as 'older' once they reach 50, the prevalence amongst the prison population of health conditions normally seen at a later age means that 50 is the starting point for which people in prison tend to be considered older. For the purposes of this report, we have followed HMPPS Model of Operation Delivery for Older Offenders, introduced in 2018, which defines the older prisoner category as 50 years and over,¹⁰ as this is widely accepted across most UK prison-based policy, literature and research.

This report draws on consultation responses from those within the Building Futures cohort. It provides insights into the age-specific experiences of this cohort and to influence positive changes in policy and practice that would provide a more humane prison experience that recognises the distinct needs of this group. We also draw on work carried out in 2023 by a Building Futures Working Group, which explored how one specific prison (HMP Rye Hill) meets the needs of an older prison population. Our participants' insights echo some of the findings of the HMP Rye Hill work (to be published shortly) including difficulties surrounding family contact, health and social care needs of older prisoners, and the appropriateness of prison spaces.

9 Turner, M., Peacock, M., Payne, S., Fletcher, A., & Froggatt, K. (2018). Ageing and dying in the contemporary neoliberal prison system: Exploring the 'double burden' for older prisoners. *Social science & medicine*, 212, 161–167.

10 HM Prison and Probation Service. (2018). *Model for Operational Delivery: Older Prisoners. Supporting effective delivery in prisons.*

These consultations sit alongside the wider work of Building Futures and will inform its final output to be published at the end of its programme in 2025. This includes the PRT forthcoming report, 'A Long Stretch: The challenge of maintaining relationships for people serving long prison sentences', based on consultation on the role of relationships and the challenges of maintaining these for those serving long prison sentences, which will expand on some of the issues raised here. Like all Building Futures work, these outputs provide a platform for people with lived experience of prison to initiate system-level discussion on the role of prisoner voice and leadership in contributing to and leading on policy change.

Methods and limitations

This consultation (done largely via written correspondence) was launched in May 2022 in response to engagement between the Building Futures Network and the PRT team. It was made clear to all participants that their responses could be used in a future report in anonymised form and that they could choose to withdraw from the project at any time. The consultation began by sharing the broader aims discussed with the Building Futures Network, invited people to include what they felt was relevant to how their age shaped their experience, and included specific questions:

- How old were you when you were sentenced?
- How do you think this impacts your experience of long-term imprisonment?
- Does your age have an impact on how you adjust and cope with a long-term prison sentence?
- How has this changed over time?
- Do types or categories of prison make a difference depending on your age?

One limitation of this consultation is that it is self-selecting and largely relies on written responses. This raises issues around accessibility, inclusivity, and reach. For example, those people in prison with low literacy or who are under confident in reading and writing will be less likely to participate. A further limitation is a lack of exploration of intersectionality within this age group, with regards to how a person's age might intersect with their race and ethnicity, faith, or other personal characteristics. Further consultation is needed to fully understand other areas of intersectionality within this group. In relation to race and ethnicity, this limitation is partly due to an over representation of people who identify themselves as being of white heritage in the over 50s cohort.

As of June 2020, data shows that 84% of all prisoners aged 50 years and over identify as white. This percentage rises for those over 60 years (89%) and over 70 years (93%).¹¹ However, it is critical to note that black and brown communities face overt discrimination within the criminal justice system and that this will carry through into the ageing population within prison.¹² Black and brown staff also face discriminatory workforce cultures and continue to be underrepresented in workforces across the criminal justice system, with increasing disparities in management and senior management levels.¹³ Some of the issues around disproportionality and discrimination – including high levels of remand, sentence inflation and the impact of the joint enterprise doctrine – are explored in Building Futures recently published reports.

11 Gov.UK. (2023). Chapter 6 *Offender Management Tables*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1037962/Chapter_6_Offender_management_Tables.ods

12 Lammy, D. (2017). *The Lammy Review: an independent review into the treatment of, and outcomes for, Black, Asian and Minority Ethnic individuals in the Criminal Justice System*. <https://assets.publishing.service.gov.uk/media/5a82009040f0b62305b91f49/lammy-review-final-report.pdf>

13 Shankley, W., & Williams, P. (2020). Minority ethnic groups, policing and the criminal justice system in Britain. *Ethnicity, Race and Inequality in the UK*, 51.

Who contributed?

The Building Futures Programme focuses on those that will spend 10 or more years in prison, or eight years or more for women. This includes those serving determinate and indeterminate sentences. This report reflects the fact that the vast majority of prisoners are males who account for 99% of those serving a life determinate sentence and 97% of the total indeterminate sentenced population.¹⁴

In total this consultation elicited 121 separate responses from the Building Futures Network members, ranging from cohorts aged 25-29 to those aged 75-79. The responses spanned 39 prisons, including from women's prisons, the high security estate, category B, C and D male prisons and prisons in Scotland. Sentences varied with responses from people serving long and extended determinate sentences, Imprisonment for Public Protection (IPP) sentences with sub-10-year tariffs (but who had been in prison for over 10 years), and life sentences with tariffs of over 35 years. This report also draws on the HMP Rye Hill work mentioned above that included 32 men taking part in focus groups.

Report structure

The second section of this report gives an overview of the prison population, key sentencing trends in relation to older people, outlines some of the legal obligations and commissioning arrangements in relation to people in prison and gives an overview of recent literature relating to people growing old in prison.

The following five sections highlight the main themes that arose from the consultation. Section three explores participants' responses in relation to the impact of sentencing early on and how they adapted to life in prison. The fourth section explores participant's views on the role of meaningful activity, including learning, work and programmes. In the fifth section, we summarise the issues raised in relation to mixed age populations and maintain relationships with loved ones.

The sixth section focuses on health and wellbeing, outlining further details on commissioning arrangements and multi-agency working. The seventh section explores participants' imagined futures, including their concerns about release, increased frailty and death.

In the final section we set out our conclusions and recommendations. As we outline, the welfare of older people in the prison system has been explored within a range of recent research, inquiries and reviews. While some of our broader recommendations echo much of this work, we have focused on areas of reform which lend themselves to and would benefit from strategic engagement of people with lived experience.

¹⁴ Table 1.9a. Ministry of Justice. (2022). *Offender management statistics quarterly: April to June 2022*.

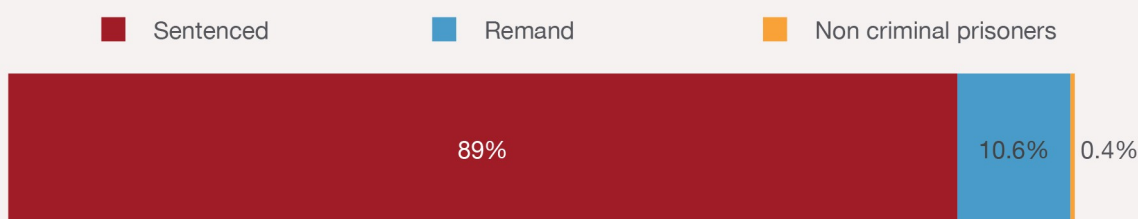
The ageing prison population

Population trends

People in the UK are living longer compared to a century ago. The 2021 census shows that since 2011 the population of England and Wales has continued to age; the number of people aged 65 years and over increased from around nine million (16% of the whole population) in 2011 to over 11 million in 2021 (19%).¹⁵ These trends signify advances in medicine and public health, but also bring challenges, including increased levels of isolation, and pressures on healthcare systems. In December 2023 there were over six million people waiting for NHS treatment, an issue compounded by pressures on social care services. These pressures add urgency to the long-running debate about the need for an integrated health and social care system that does more to tackle health inequalities, support prevention and population health. It is in this context that our work takes place, and it is these pressures on services and funding that can drown out the needs of those in prison, where public sympathies can lie low.

As of 15 March 2024, the prison population stood at 87,827,¹⁶ around 17% of which is aged 50 and over.¹⁷ The past two decades has seen a rise in the over-60 population, from 1,511 in June 2002 to 5,176 in March 2020, a growth of 243%.¹⁸ By July 2025 it is projected that the population aged 50 years and over will increase from 14,193 (November 2022) to 14,800.¹⁹ In addition to reflecting broader trends in longevity, there are a number of specific trends driving increasing numbers of older people in prison. For example, the number of older people receiving sentences for sexual offences has grown, with prison sentence lengths increasing and those convicted of other serious crimes spending longer in prison.^{20 21}

The majority of over-50s are serving a sentence. But one in 10 are on remand



Source: Ministry of Justice, Offender management statistics

15 Census. (2021). <https://www.ons.gov.uk/census>

16 Ministry of Justice Prison Population Statistics. (2024). *Population Bulletin 5 March 2024*. <https://www.gov.uk/government/publications/prison-population-figures-2024>

17 Ministry of Justice. (2023). *Offender Management Quarterly Statistics July to September 2022*: <https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-july-to-september-2022>

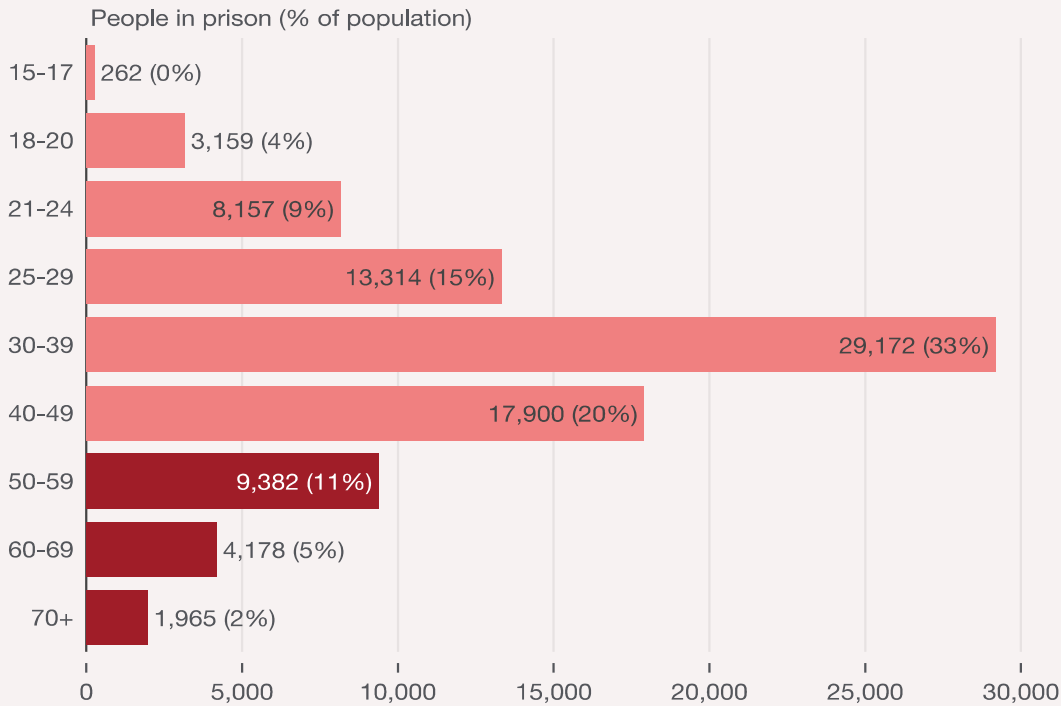
18 House of Commons Justice Committee. (2020). *Ageing prison population*. <https://committees.parliament.uk/publications/2149/documents/19996/default/>

19 Ministry of Justice. (2021). *Prison population projections 2021 to 2026, England and Wales*. https://assets.publishing.service.gov.uk/media/619e2f2a8fa8f50382034da6/Prison_Population_Projections_2021_to_2026.pdf

20 Prison Reform Trust. (2023). *Bromley Briefings Prison Factfile January 2023*. <https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/January-2023-Bromley-Briefings.pdf>

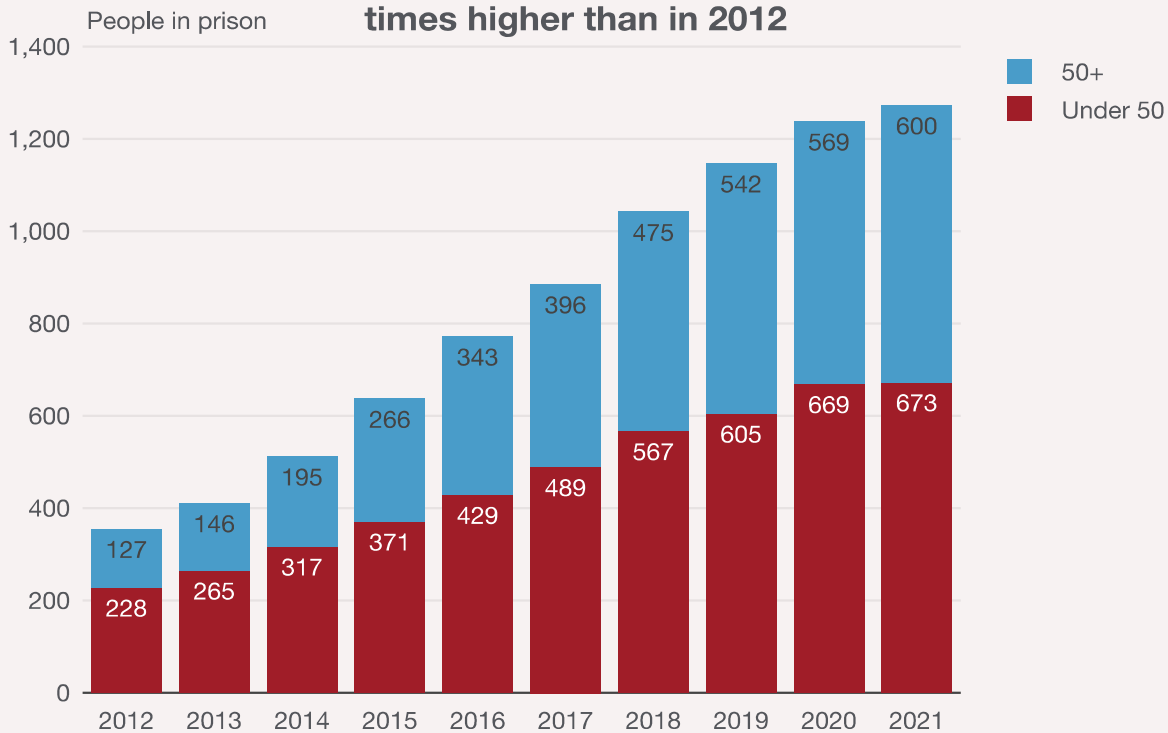
21 Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales*. Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

People aged 50 and older account for 18% of the total prison population



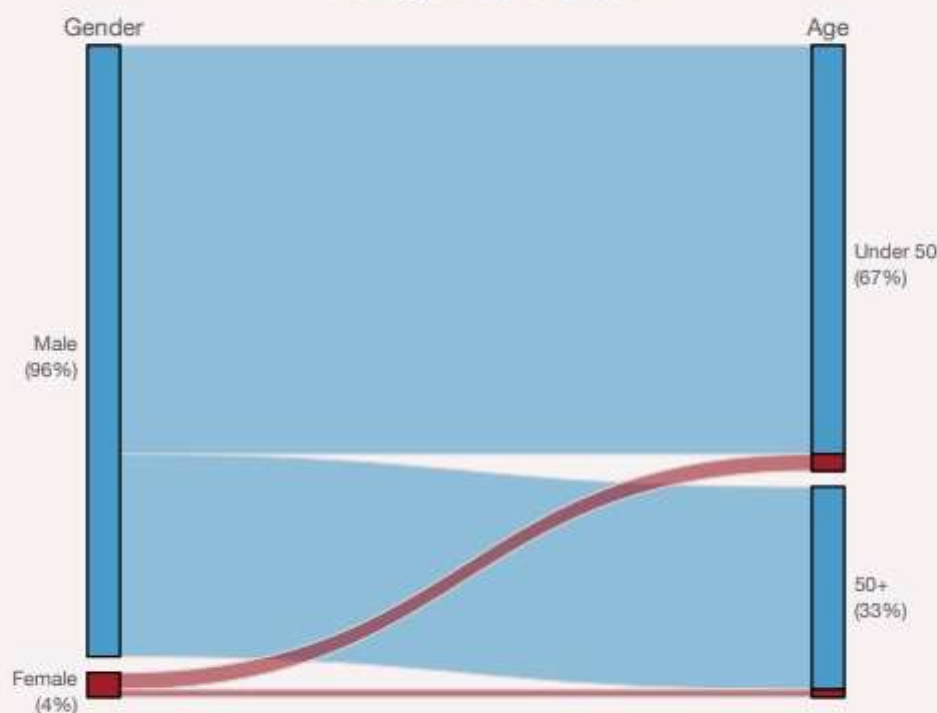
Source: Ministry of Justice, Offender management statistics

The number of older people serving prison sentences of 20 years or more is nearly five times higher than in 2012



Source: House of Lords written question HL1594, 8 July 2022

A third of people serving an indeterminate sentence are aged 50 or older



Source: Ministry of Justice, Offender management statistics

- Of those people in prison aged over 50, 10% are on remand, 89% are sentenced, and less than 1% are non-criminal prisoners.²²
- One in 10 of those in prison serving a determinate sentence of 20 years or more is aged 70 or older and will spend at least 10 years of their sentence in prison.²³
- As of 30 June 2022, there were 916 people in prison aged 60 and over serving a life sentence (32 of whom were women), a quarter of whom (229) were aged 70 and over (including seven women).²⁴

The older prison population is dispersed across the estate according to the system's risk categorisation of A, B, C and D. PRT identifies four 'groups' across these categories; this report focuses on the latter two groups.²⁵

People who have repeated periods in prison.

People serving short prison sentences for the first-time.

People growing old in prison.

People serving long-term prison sentences for the first-time.

²² Ministry of Justice. (2023). *Offender Management Quarterly Statistics: July to September 2023*: [https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-july-to-september-2023/offender-management-statistics-quarterly-july-to-september-2023#:~:text=There%20were%2053%2C087%20adjudication%20outcomes,%25\)%20of%20adjudications%20were%20proven](https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-july-to-september-2023/offender-management-statistics-quarterly-july-to-september-2023#:~:text=There%20were%2053%2C087%20adjudication%20outcomes,%25)%20of%20adjudications%20were%20proven)

²³ House of Lords. (2022). Written question HL1594. <https://questions-statements.parliament.uk/written-questions/detail/2022-07-08/hl1594>

²⁴ Table A1.16. Ministry of Justice. (2022). *Offender management statistics, Prison population 2022*.

²⁵ Prison Reform Trust. (2023). *Bromley Briefings Prison Factfile* January 2023. <https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/January-2023-Bromley-Briefings.pdf>

Changing needs and obligations

A range of recent work has shed light on the experiences of older prisoners.^{26 27 28} In 2018 HMPPS and the Care Quality Commission published the findings of a joint inspection on the delivery of social care.²⁹ This found that despite some progress in the few years before the inspection, care for older prisoners remained inconsistent. The report concluded that the prison service and local authorities were failing to plan for the future needs of a growing population of elderly, ill and frail people.

Recent data brings starkly into focus some of these needs. Older prisoners are more likely to have a disability, issues with mobility and sensory impairment, with 85% reportedly having a chronic health condition.³⁰ A 2023 report by the Nuffield Trust found that 44% of men in prison who are over 50 and who were admitted to hospital in an emergency between 2018/19 and 2019/20 were classified as having either intermediate or high-risk frailty (the prevalence of frailty in adults aged 50 and over in the general population is estimated to be 8%).³¹ Adding to the already challenging prison officer role, the Nuffield work also highlighted that many officers were managing death, dying and ill-health associated with old age as a part of their day-to-day job.³²

Older prisoners accounted for 89% of the 195 deaths of natural causes in 12 months up to March 2023³³ and increasing numbers of people in prison are receiving palliative care. Between 2016 and 2020, 190 older men with a palliative care diagnosis were admitted to hospital (40% of whom had a primary diagnosis of cancer when admitted).³⁴ In 2020, research by Inquest drew attention to the high proportion of “premature and highly preventable deaths” due to issues with insufficient mental and physical healthcare, communication, emergency responses, and medicine.³⁵ Recent work by Tomczak and Mulgrew argues that attributing deaths in custody to ‘natural causes’ can negate the fact that they may have been preventable but occurred due to prison conditions.³⁶

HMPPS acknowledges some of these challenges and its Operation Delivery Model outlines particular issues facing older people in prison across all categories, including mobility and sensory difficulties, a lack of age-appropriate activities and unsuitable physical spaces,³⁷ highlighting ways to ensure the needs of older people are met. Prisons are also obliged to carry out all duties in accordance with:

- The Human Rights Act 1998, which includes absolute rights (such as the right to life and freedom from inhuman or degrading treatment), and qualified rights (such as the right to family life).

26 House of Commons Justice Committee. (2020a). *Ageing prison population*: Fifth report of session 2019–2021. HC 304, July. <https://committees.parliament.uk/publications/2149/documents/19996/default/>

27 Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales*. Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

28 Davies, M., Hutchings, R., Keeble, E. & Schlepper, L. (2023). *Living (and dying) as an older person in prison. Understanding the biggest health care challenges for an ageing prisoner population*. https://www.nuffieldtrust.org.uk/sites/default/files/2023-04/Nuffield%20Trust%20-%20Older%20prisoners_WEB.pdf

29 HM Inspectorate of Prisons and the Care Quality Commission. (2018). *Social Care in Prisons in England and Wales: a thematic report*

30 Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales*. Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

31 Davies, M., Hutchings, R., Keeble, E. & Schlepper, L. (2023). *Living (and dying) as an older person in prison. Understanding the biggest health care challenges for an ageing prisoner population*. https://www.nuffieldtrust.org.uk/sites/default/files/2023-04/Nuffield%20Trust%20-%20Older%20prisoners_WEB.pdf

32 Ibid.

33 Ministry of Justice. (2023). *Safety in Custody Statistics, England and Wales: Deaths in Prison Custody to June 2023 and Self Harm to March 2023*.

34 Davies, M., Hutchings, R., Keeble, E. & Schlepper, L. (2023). *Living (and dying) as an older person in prison. Understanding the biggest health care challenges for an ageing prisoner population*. https://www.nuffieldtrust.org.uk/sites/default/files/2023-04/Nuffield%20Trust%20-%20Older%20prisoners_WEB.pdf

35 Roberts, R., Campbell, C. and Cole, D. (2020). *Deaths in prison: a national scandal Inquest*. <https://www.inquest.org.uk/Handlers/Download.ashx?IDMF=bb400a0b-3f79-44be-81b2-281def0b924b>

36 Tomczak, P., & Mulgrew, R. (2023). Making prisoner deaths visible: Towards a new epistemological approach. *Incarceration*, 4. <https://doi.org/10.1177/26326663231160344>

37 HM Prison and Probation Service. (2018). *Model for Operational Delivery: Older Prisoners. Supporting effective delivery in prisons*.

- The Equality Act 2010, which includes the right not to be discriminated against as a result of any of the protected characteristics, including age and disability. Under the Act: “A person is disabled if he or she has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities”.

The prison system works with health and social care providers who share these obligations. For example, in England, since 2013, prison healthcare has primarily been the responsibility of NHS England, which directly commissions primary, hospital and public health services for people in prison. The NHS Justice and Health Framework for Integration 2022-2025, published at the end of 2022, sets out the direction of travel and national priorities which will inform the development of integrated health and justice services across England.³⁸

At the heart of this is an ambition to work with the 42 integrated care boards (ICBs) and integrated care partnerships (ICPs) charged with bringing organisations together to join up health and care services, so that people can get the support they need, in the right place at the right time. The framework aligns with NHS England’s Core20Plus approach, which aims to target the most deprived 20% of the population according to the Index of Multiple Deprivation (IMD). People who are in contact with the criminal justice system are one of the inclusion groups targeted and the framework targets clinical areas for accelerated improvement including: severe mental illness (SMI), chronic respiratory disease and early cancer diagnosis.

The Care Act 2014, and the Social Services and Well-Being (Wales) Act 2014, places on local authorities a legal duty to assess the need for and provide social care to people whose needs make them eligible to receive it. This obligation applies to those in need of social care in prisons, who are entitled to have access to the equivalent care provision as someone in the community. This includes providing the necessary support to individuals who are unable to partially or fully care for themselves, to the extent that it impacts on their wellbeing. This is reflected in prison services instructions. PSI 03/2016 sets out “the responsibilities of prisons and probation services in ensuring that adult offenders receive the social care and support they need from local authorities”.³⁹ As well as ensuring partnership working between prisons, probation services and local authorities (and the development of memorandum of agreements to this effect), other desired outcomes include:

- People being aware of their entitlements and how to access needs assessments, care and support services.
- Local authority services being able to operate safely and securely in prisons so that people who need it have equivalent access to care and support services as in the community and are supported to live with dignity and as much independence as possible.
- The continuity of care and support for prisoners who move or who are released being enhanced through timely exchange of information and joint planning with and between, local authorities.

38 National Health Service. (2022) *NHS Justice and Health Framework for Integration 2022-2025, improving lives – reducing inequality*. <https://www.england.nhs.uk/publication/health-and-justice-framework-for-integration-2022-2025-improving-lives-reducing-inequality/>

39 National Offender Management Service. (2016). *Adult Social Care*. <https://assets.publishing.service.gov.uk/media/5f358c31d3bf7f1b1ea28e18/psi-03-2016-adult-social-care.pdf>

A comprehensive strategy?

In July 2020 the House of Commons Justice Committee published findings of its ageing prison population inquiry, drawing attention to the ‘burden of health’ and distinct needs of this population.⁴⁰ The committee’s report stated: “With the older prison population likely to rise further in the coming years, the MoJ should produce a national strategy for older prisoners. This strategy should encompass the provision of suitable accommodation for older prisoners, health and social care on the prison estate, and the release of older prisoners, including continuity of medical treatment or care in the community. It must also ensure that the resourcing and expansion of the prison estate is aligned to projections of the older prisoner population.”⁴¹

In October 2020, the government committed to publish an Older Offenders Strategy, which is intended to be more directive in outlining reasonable adjustments and accommodation of this population, best practice, staff training and resettlement.⁴² This strategy is yet to be published. Our assumption is that the strategy, although delayed, is still forthcoming and will reflect the changes outlined above, including the role that integrated care services and boards will play in integrating health and social care provision within the justice space. This report underlines the urgency and importance of having a comprehensive national strategy for this age group. It provides insights from those with lived experience and highlights the benefits of such an approach.

Our recommendations seek to go beyond highlighting where more progress needs to be made and to suggest innovations focused on enabling older people in prison for long periods of time to live meaningfully inside, and to age and die with dignity. In the following sections we outline the central themes that emerged from our consultation. The aim is to reflect some of the different issues, including stages, that people serving long prison sentences shared with us and how these link to wider evidence. With this in mind, we begin with insights that people who took part in the consultation raised around the impact of receiving their sentence and how they adapted to life inside.

40 House of Commons Justice Committee. (2020a). *Ageing prison population: Fifth report of session 2019-2021*. House of Commons 304, July. <https://committees.parliament.uk/publications/2149/documents/19996/default/>

41 Parliament. (2020). *Ageing prison population: Government Response to the Committee’s Fifth Report*. <https://publications.parliament.uk/pa/cm5801/cmselect/cmjust/976/97602.htm>

42 House of Commons Justice Committee. (2020b). *Government response to the Committee’s fifth report*, House of Commons 976. <https://committees.parliament.uk/publications/3459/documents/33165/default/>

Sentencing and adapting to prison life

A life lived

Receiving a life sentence can be a ‘life-shattering’ event and often deeply affects people’s sense of identity, whatever age they are.⁴³ Research published by the MoJ in 2019 explored the experiences of young people receiving long prison sentences.⁴⁴ This found that in the early stages of their custodial sentence, the most severely felt problem was missing others and feeling that one’s life was being lost or wasted. For many of the older participants of this consultation, their ability to reconcile with the prospect of their sentence was often shaped by prior life experiences outside of prison. Many were grateful they had ‘lived a life’ with families, relationships and careers already established.

I was 52 when I was first sentenced. I think age is important to how we see prison terms. I had a life before prison, had experienced success, international travel, had a family. That makes it easier to settle for a long-term sentence. My heart goes out to the young who have not had any positive experience of life outside. They have no incentive to turn their lives around, never having had a taste of success. They learn how to improve their criminal activities and very little else.

(Male IPP Prisoner aged 60-64 years)

I was 56 with no idea about prison life or the regime. Being that age and of sensible understanding I was prepared mentally to accept what lay ahead. Having your best years behind you helps you to cope better with a long sentence.

(Male Life Sentence)

However, for many of the respondents, ‘a life lived’ before imprisonment resulted in a profound sense of loss and deprivations and, as a result, found coping/adapting to prison life very difficult. This echoes a 2023 report published by Clinks, which highlights that 92% of those people in prison who were aged over 80 years were sentenced and came into custody for the first time aged over 70 years.⁴⁵ It found that for older men there is far more reflection and looking backwards, with the real possibility of never living that normal life ever again.

I was 55 and just three months away from retirement after a 30-year career in public service... many things impact on my experience of long-term imprisonment. When you are in your 50s or above, you have built up a lifetime's worth of experiences, you probably have been with a partner for many years and you may have an extended family, quite apart from a house, vehicles and money in the bank. You are too old to realistically find a new job when released, not that many people would want someone with a record... When you come to prison, all of that is at risk. Your offence may ostracise you from everyone in your former life, including your family. All of a sudden, the life you had known for 50 plus years has gone, you are alone and probably for the first time in a very long time, you feel vulnerable and lost [...] That is not to say, a younger prisoner will not be in the same situation, it is just when you 50 plus you are less able to adapt as quickly and, putting it in terms of emotions, you have probably lost more and have more memories of how life was as a constant reminder ...

(Male Prisoner)

43 Jarman, B. (2022). Life imprisonment in mature adulthood: adaptation risk and reform in the life course, *Prison Service Journal* 261: 33-38.

44 Crewe, B., Hulley, S., & Wright, S. (2019). *Experiencing long term imprisonment from young adulthood: identity, adaptation and penal legitimacy*. Ministry of Justice Analytical Series. <https://assets.publishing.service.gov.uk/media/5d35da18e5274a40181b0cb3/experiencing-long-term-imprisonment-from-young-adulthood.pdf>

45 Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales* (pp4). Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

It was clear that many participants felt helpless following a prior life of autonomy and control. The loss of this independence was reflected in some feeling institutionalised:

I was 44 years old when sentenced... the ongoing impact has been the lack of ability to do anything for myself. I have been a working mum with a house to run, bills to pay, mouths to feed. I did everything I needed to do and provided for my family. Here I am unable to do anything independently, I can't even purchase or cook food [...] It has been a huge source of frustration, and I struggled to adjust. It was also devastating to suddenly have nobody to care for daily. There was little to no support for grief... that is what it is, grieving for the life I had
(Female Life Sentence)

My previous life is going on without me and my family are missing out on my support. I'm not sure you 'adjust' per say, more like 'accept' or realistically become institutionalised - that is a fact! You stand in front of doors waiting for them to be opened and unlocked, you stop even trying the handle so what will happen when you are out? Will you leave your front door open and unlocked waiting for someone to come along and close and lock it for you? Will you expect all your food to be cooked for you and your washing done? Financially how will you survive or even cope with actual money or budgeting? I have lost the opportunity to continue to pay into my personal pension, so will have to rely on benefits. I haven't contributed any NI for 5 years so my state pension will be less.
(Female Life Sentence Aged 55-59)

Participants shared how going to prison resulted in them feeling disconnected from society as it changed and evolved. For those who were sentenced later in life, many were keenly aware of issues relating to their ageing, mobility and sense of loss and described feelings of helplessness. Many had to learn to cope with the prospect of their sentence being a 'life' until death sentence:

I was 70. The immediate impact is that a discretionary life sentence with a tariff automatically becomes, in fact if not in name, a whole life sentence. 'Long-term' therefore becomes 'permanent' and 'progression' loses all meaning other than updating the will and paying for a 'pure cremations' send-off.
(Male Life Sentence Age 65)

Age definitely plays a part on how you adjust to prison life. If I have to serve my whole tariff, I'll be 69 when I get out. That will have been 18 years of pointlessness. I am naturally cynical, but being in prison has made me worse. I've been in for nearly five years, the thought of another 13 is daunting and I am not sure if I can do it.
(Female Life Sentence Aged 55-59)

Those entering prison when they are older to serve a long sentence begin a life in limbo with the certainty of death and, increasingly, uncertainty of time. Some participants viewed their sentence as a whole life term in everything but the name. This impacted their motivation and engagement in sentence progression. As we shall see, this can be compounded by lack of access to purposeful activities, and the seeming or real impossibility that they will ever return to work even if released.

I was 50 years old when I received a sentence of 19 years... this has impacted me greatly as there is a possibility that even if I make parole at my first hearing (when I'll be 62) that I'll never work again. This has been very hard to come to terms with and even after seven months it still feels unreal and leads to depressive moves.
(Male Life Sentence)

For older prisoners, adaptation to their sentence is significantly affected by their age, life-experience and the indeterminacy of their sentence. The knowledge or fear of dying inside was raised by many participants and we return to these issues later in this report. In the next section we explore participants' contributions about meaningful activities in day-to-day life whilst in prison as well as over a long sentence.

Meaningful activity

Learning and work

One area of consensus when it comes to increasing people's sense of purpose, agency and hope while in prison is the potential of engaging in education and employment programmes. For example, MoJ research found that people who participated in education inside were significantly less likely to reoffend within 12 months of release than those who had not.⁴⁶ There is also a range of evidence that shows that spending time productively and constructively is important for positive personal development, resilience, motivation and allows people in prison to consider life on release.⁴⁷ Studies vary in their conclusions but tend to find that impacts are dependent on the quality and type of provision, and whether people feel they are able to choose and want to participate.⁴⁸ HM Inspectorate of Prisons and Ofsted have repeatedly expressed concerns about the quality of mainstream education in prisons.

Outcomes of HM Prison Inspectorate 2016-2022

Year	Total number of prisons inspected	Outstanding	Good	Required improvement	Inadequate
2021/22	22	0 (0%)	1 (5%)	10 (45%)	11 (50%)
2019/20	32	0 (0%)	9 (28%)	19 (59%)	4 (13%)
2018/19	45	1 (2%)	17 (38%)	20 (44%)	7 (16%)
2017/18	41	0 (0%)	16 (39%)	20 (49%)	5 (12%)
2016/17	41	1 (2%)	22 (54%)	12 (29%)	6 (15%)
2015/16	42	2 (5%)	14 (33%)	20 (48%)	6 (14%)

Our participants felt that – perhaps because of their importance to post custody employment and desistance – activities inside tended to focus on opportunities for younger people. It was felt that there was a lack of opportunity for them to engage in personal development, including the ability to demonstrate or learn new skills. This led many to feel they are left to stagnate in prison. Participants suggested that the focus on employment tends to alienate the older cohort, whereas a focus on learning new skills or engaging in recreational courses and different forums could be better suited to this group, for whom finding employment upon release is a less realistic goal.

Generally everything is based on younger people, all courses, education, rehabilitation, work-based roles are aimed specifically for getting people into work and away from addictions. But for me, I won't want to work and don't have any addictions, although it is tempting to get some, in order to receive assistance. The system loves a broken person that they can fix, not an old person who needs care and treatment.
(Female Life Sentence Aged 55-59)

For [those] in late-middle or old age upon release it is usually too late to ... to rebuild their life outside. This can affect their needs and perspective in prison ... Older prisoners will be especially unemployable on release and may not be aiming for re-employment even if they haven't reached formal retirement age. This will have a particular effect upon their choice of education and training courses and often deters them from taking part ... There is a common suspicion that older prisoners are put onto courses in order that the person or course provider can satisfy a contract target rather than meet [their] needs.
(Male Prisoner)

46 HMPPS. (2018). *Evaluation of prisoner learning Initial impacts and delivery* Ministry of Justice Analytical Series. <https://assets.publishing.service.gov.uk/media/5afd9302e5274a5fd128c7f2/evaluation-of-prisoner-learning-initial-impacts-report.pdf>

47 Stephenson, T., Leaman, J., O'Moore, É., Tran, A. & Plugge, E. (2021). "Time out of cell and time in purposeful activity and adverse mental health outcomes amongst people in prison: a literature review", *International Journal of Prisoner Health*, Vol. 17 No. 1, pp. 54-68. <https://doi.org/10.1108/IJPH-06-2020-0037>

48 Ministry of Justice. And van der Kaap-Deeder, J., Audenaert, E., Vandeveld, S., Soenens, B., Van Mastrigt, S., Mabbe, E., & Vansteenkiste, M. (2017). Choosing when choices are limited: The role of perceived afforded choice and autonomy in prisoners' well-being. *Law and Human Behavior*, 41(6), 567-578. <https://doi.org/10.1037/lhb0000259>

Offending behaviour programmes

Our findings in relation to offending behaviour programmes (OBPs) echo those of PRT's 2022 Making Progress report. This report found that many people serving long sentences felt confused and uncertain about how they were meant to progress or use their time positively and productively. Many believed that compliance and the completion of OBPs, which can fulfil part of sentence planning and be mandatory, were the only expectations from the prison. Access to OBPs varies across the prison estate and our participants' experiences echo this previous work in showing that access is not always available, and that engagement is not always seen as useful, meaningful nor effective.⁴⁹

Even when accessed, participants pointed out that OBPs represent a tiny fraction of time and those serving long sentences often complete programmes years before consideration of future release. This led to a lot of what some respondents in the Making Progress report called 'nothing time': the years, often in the middle of the sentence, where the sentence felt purposeless and stagnant.⁵⁰

Because of the nature of conviction, we are often required by probation to attend OBPs and from what I've witnessed and experienced, these are generally attended and completed within the first 2-3 years of a sentence. We now stagnate, simply going through the motions of engaging with the regime as many of the trades, workshops or industries are more suited to the younger resident's post-release needs. It defies logic that HMPPS will expect a person convicted of sex offences to be able to get a job in these trades in their 50s or 60s or be able to get these jobs as they'd fail a DBS check and yet activities departments still direct the middle-aged, older resident to carry out a role in which they have no interest.

(Male Extended Determinate Sentence Aged 50-54)

Purpose and identity

Participants' identities are bound up in their past and current roles, experiences and context; in how and if they felt valued. They talked of skills that could be better utilised, particularly in relation to providing peer services to others including teaching and mentoring. This in turn could contribute to their own personal development. This echoes findings of a Building Futures report on relationships to be published later this year, which is based on a consultation with people of different ages but all serving a long sentence. This raises important issues around the role of prison friendships and (informal and formal) forms of peer support, including social care.

Another aspect of prison and the concepts of long prison sentences, especially for historic offences, apart from the futility of imprisonment for older people, is the waste of human resources. A huge majority of the older population have a vast array of skills, talents and experience which younger people could benefit from if the authorities organised themselves and managed those skills.

(Male Determinate Sentence Aged 65)

Older inmates can often help the younger ones; we can be mentors or role models if carefully chosen. No point having career-minded criminals mentor them, but if carefully chosen a good mentor with experiences of the business world, or success as a sportsperson etc. can make a difference. I have seen several examples.

(Male IPP Prisoner Aged 60-64 years)

49 Prison Reform Trust. (2022). *Making progress: What progression means for prisoners serving the longest sentences*. Prison Reform Trust. https://prisonreformtrust.org.uk/wp-content/uploads/2022/09/Making_progress.pdf

50 Ibid.

While some education and work opportunities may be able to engage some older people if they are perceived to be relevant, those serving long sentences often complete all that is on offer early on. Meaningful activities can also be about the passage of time, not just preparing for the future. They can support an individual's sense 'living inside' through meaning, self-development and self-realisation.⁵¹ Positively, some prisons holding a significant number of older people have developed more tailored activities and support packages. However, these can be oversubscribed or impacted by staffing shortages.⁵² For example, the charity Recoop works in a range of prisons specifically providing interventions for older people and has been involved in developing HMPPS' thinking on social prescribing that often emphasises the benefits of social interaction and purpose.

Recoop

Recoop's mission is to empower older individuals engaged in the justice system through advocacy, peer support services, and targeted interventions to enhance and enrich their well-being. It aims to make time more purposeful by promoting independence and belonging, whilst building resilience, at every stage of their journey. This work includes:

- The Buddy Support Worker Training Programme developed for use in prisons by adapting standards from the National Care Certificate. A prisoner undertakes a 14-Module Programme covering aspects such as communication and advocacy, privacy and dignity, mental health and more. This ensures they are fully trained and given the appropriate knowledge to become a buddy, providing support for those who may need short or long-term support.
- Activity Hubs that offer a space in which they can interact with others, be able to make good use of their time by taking part in age-appropriate sessions, sit and read a newspaper if they so choose, in a quiet, relaxed, safe environment, and be given the opportunity of meeting people of a similar age and experience, which in itself is a new experience for many.
- Threads, a strength-based support tool designed to allow individuals to look at areas of their lives in order to break the cycles of behaviours, actions and negative reactions to emotional difficulties.

In addition, Recoop provides support, information and tools around the menopause, healthy eating and living, mindfulness and distraction.

Participants also noted the impact of prison design, and a lack of accessibility, on their experience of meaningful activity. This extends beyond the classroom and across the broader prison environment. Being unable to engage in activities, especially those they were good at, resulted in those inside feeling a deep sense of social abandonment.⁵³

Health issues and mobility can often make both work and education difficult to access and three-hour stints in a classroom difficult for those who may need the toilet regularly.
(Male Prisoner Aged 70+)

We return to issues around how physical space and prison design can impact health and wellbeing later in this report. In the next section we explore the issue of relationships inside and outside for older prisoners.

51 Trotter, S. (2022). Hope's Relations: A Theory of the 'Right to Hope' in European Human Rights Law, *Human Rights Law Review*, 22(2). <https://doi.org/10.1093/hrlr/ngac007>

52 Care Quality Commission as cited in House of Commons Justice Committee. (2020a). *Ageing prison population: Fifth report of session 2019-2021*. House of Commons 304. <https://committees.parliament.uk/publications/2149/documents/19996/default/>

53 Stauffer, J. (2015). *Ethical loneliness: the injustice of not being heard*. Columbia University Press.

Relationships

The prison community

Our consultation for this report shows that for some older prisoners, sharing physical space with younger prisoners can contribute to the intensity of their experience within the prison environment and add to their frustrations and sense of being overlooked. When participants considered the question of whether younger and older people should be housed on separate wings or be mixed, views ranged from those who felt that being around younger people was beneficial to those who were older, to others who preferred quieter spaces for older groups.

I do think forced integration of very different generations of prisoners does not work. There really is little common between a 25-year-old and 60-year-old. We have different concepts of acceptable behaviour and living standards, such as noise and interests. I also find that attitudes towards regime and staff are very different. I know in theory mixing different generations, cultures and social backgrounds is meant to build a utopian prison society, but in reality, we tolerate each other, as there is no other choice. It does not make it desirable.
(Male Extended Determinate Sentence)

Participants suggested that one benefit of mixing age groups in prison is the possibility for older prisoners to have a stabilising effect by adopting mentoring and supportive roles to younger peers.⁵⁴

Older prisoners generally prefer a quiet and settled environment and often resent younger prisoners as noisy (both personally and stereos) and disruptive. Prisons can appear sometimes to position older residents in order to provide a calm and compliant atmosphere on a wing with very mixed results. On the other hand, many older prisoners would not want OAP wings with a possible overtone of being 'gods waiting room'.
(Male Prisoner)

Some participants also raised concerns about the potential for younger people to intimidate those who were much older and/or more vulnerable. This echoes the findings of the 2020 House of Commons Justice Committee report on the aging prison population.⁵⁵ This stated: “The social needs of older prisoners can also be distinct...older prisoners’ perception of violence is greater than that of younger prisoners at the same site. The cohort also reported higher levels of being subject to anti-social behaviour and bullying. At the same time, there can be more reliance on custodial communities among the cohort as social connections with friends and family often reduce as prisoners age... a disproportionate number of older prisoners do not have contact with their families because the nature of their offence...”

I saw far too many younger guys bullying the elderly to take their medication, at least there the staff would do something about it back then but with so many changes being made to the prison system by the Tory party and so many young new staff coming into the service at lowest wages, corruption took hold and the spice using problem began.
(Male IPP Sentence Aged 60-64)

Older people serving long prison sentences may be less likely than their younger counterparts to be disruptive and confrontational when feeling angry. However, feelings of frustration were evident in participants’ responses, particularly when they felt staff prioritised the needs of other, louder and more problematic prisoners.

⁵⁴ Mann, N. (2016). ‘Older age, harder time: ageing and imprisonment’ in Y. Jewkes, J. Bennet and B. Crewe (eds) *Handbook on prisons* (2nd edn.) (pp. 514-528) Routledge.

⁵⁵ House of Commons Justice Committee. (2020). *Ageing prison population*. <https://committees.parliament.uk/publications/2149/documents/19996/default/>

Being generally more compliant older residents tend to view a lot of security measures as irrelevant to them and something which they have to tolerate for the sake of 'young idiots'. Also, and this is generally true of [vulnerable prisoner] populations, there is a suspicion that being older and more tolerant of inconvenience results in people's needs not being met as quickly as those of people who regularly 'kick off'.
(Male Prisoner)

...most of what I see at [prison] is troublemakers given red band status in a bid to keep them quiet. Rewarding poor behaviour seems to be popular in so many prisons. [...] Specialists should work with mentors in an effort to encourage the young to strive for a better future. Many of us seniors would welcome a chance to make a difference.
(Male IPP Prisoner Aged 60-64 years)

Younger people dominating the prison environment, and differences in behaviour due to maturity, was raised by some participants as detrimental to older prisoners' mental health. Some had witnessed older people being humiliated by their younger peers due to their particular health needs.

The relentless levels of noise on the landings from the younger residents has a huge impact on mental well-being. Generally older people prefer a more quiet, sedate life, we've done the whole screaming, shouting, hyperactive behaviour. Age-specific landings, where older residents can request being moved to avoid the constant noise barrage would have a huge positive impact on the mental health of older prisoners.
(Female 20+ Years Sentence)

An example of how older prisoners are treated: I was stood in the meds queue behind an older man (80+) when he went for his meds the pharmacist was handing him a large pack of adult nappies that he then had to carry down two flights of stairs and onto his wing surrounded by young lads laughing and shouting. Where is the care and respect for older prisoners? Older prisoner wings would deal with issues like this a lot better.
(Male Aged 40-44)

Informal support and care around health and wider needs is often offered by other prisoners and can be essential. We return to this later in the section on health and wellbeing.

Maintaining close bonds

Contact with family or other loved ones is important for overall well-being, resettlement, and a sense of meaning and identity.⁵⁶ Its absence within prison presents significant pain and loss for those on long sentences, where this disconnection can last decades, or become permanent. Life in prison is life in limbo.⁵⁷ When outside contact is limited, it can mean some people lose motivation for release.

I was alarmed and distressed to discover how many of the of the old are quite alone especially if they have been deserted by their families because of their crimes. Older prisoners have so much more to lose than just their freedom, home, wife, family, job and security.
(Male Prisoner Aged 70+)

⁵⁶ Farmer, M. (2017). *The Importance of strengthening prisoners' family ties to prevent reoffending and reduce intergenerational crime.* <https://assets.publishing.service.gov.uk/media/5a81d6b2e5274a2e87dbfc00/farmer-review-report.pdf>

⁵⁷ Vannier, M. (2021). *Normalising extreme imprisonment: the case of life without parole in California.* Oxford University Press.

A major shock has been the realisation that some long-term prisoners do not want to leave. One man I spoke to, who had been in prison for 37 years, had written to the MoJ to see if he could stay in prison and was having real problems coping with the thought of release. He had no friends or family to go home to.

(Male Prisoner)

Many who are sentenced to serve a long prison sentence later in life face the prospect of growing older and losing and grieving for loved ones while in prison. If and when they are released, the prospect of rebuilding a new life can feel yet more daunting.

I was 25 years old when I was sentenced, but I had spent a year on remand. I am 61 years old now. Being young when coming to jail meant for me, I had no children, no wife and very little life developed outside of my mum and dad's life, and that of my relatives. By 61 all my relatives have died leaving no connection with the outside world pre-conviction.

(Male Life Sentence)

For many, losing family members was a stark reminder of their own mortality.

Being 50+ many of us have elderly parents or siblings and it's not uncommon to hear of someone's mother or father passing away. Those are the hardest times as we cannot properly mourn them. At this age, our health needs often increase and there's an almost invisible paranoia when a 'strange' health issue occurs for fear it's something serious.

(Male Extended Determinate Sentence Aged 50-54)

I am already feeling the effects on my physical health and who knows what damage has been done to me mentally, poverty already covered... but I have no home, no pension and no employment hopes (I will be retired upon release) and isolation. My circle of friends on the outside is now virtually non-existent, there is a possibility that the few left might be in 'homes' or even dead because they are older than me. But that is made on the assumption that I will even leave prison alive! A very sobering thought, isn't it?

(Female Aged 55-59)

The most influential work to drive consensus and action in the UK in relation to the importance of relationships for those in prison are the Lord Farmer reviews (of the adult male and female estates) of 2017 and 2019. Both reviews have been instrumental in shaping the HMPPS response. Prisons also have a duty under the Human Rights Act to ensure the right to 'family life' and issues guidance to how prisons implement the Prison Rules on these issues effectively.

Both Farmer reports use 'family' but are explicit that this needs to be expansive and sensitive to different family formations, extending beyond immediate family to wider kin and other relationships people rely on. This is particularly important to some older people serving long sentences who can find that as they become more frail or vulnerable, their support network shrinks as relatives also age or die. Those in prison who receive visits from close family or friends have been found to be more likely to secure accommodation, as well as being less likely to reoffend.⁵⁸

In addition, the Prisons and Probation Ombudsman (PPO) have recommended the importance of family involvement in care planning and support for health and mobility.⁵⁹ In the next section, we explore participants' responses in relation to their health and wellbeing in more detail.

⁵⁸ HM Inspectorate of Prisons. (2016). *Life in prison: contact with families and friends*.

⁵⁹ Prisons and Probation Ombudsman. (2014). *Learning from PPO investigations: end of life care*. https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/34/2014/07/Learning_from_PPO_investigations_-_End_of_life_care_final_web.pdf

Health and wellbeing

Health and social care

In 2016 NHS England published its first ever strategy for health services in the justice system. It promised “a radical upgrade to early intervention, a shift towards person centred care, strengthening the voice and involvement of those with lived experience, supporting rehabilitation and ensuring continuity of care by bridging the divide between healthcare services in justice, detained and community settings”.⁶⁰ More recently Health and Justice Framework for Integration 2022-2025 set out its aim to tackle the “health inequalities this vulnerable patient group face, along with improving their life chances as individuals move through the criminal justice system”.⁶¹

Participants shared their experiences of what this meant in practice. On arrival at prison, people should receive a healthcare assessment. All prisons have some healthcare services on-site and some also have dedicated healthcare wings where people can go to receive care and treatment. Healthcare spans all areas of medical support, treatment, and screening for age-related health conditions, as well as issues around staff awareness and training. Under the Care Act 2014, prisons are also obligated to make referrals to local authorities to assess and meet the eligible social care needs of people in prison. If eligibility criteria are not met, a support plan should be set out by the local authority and delivered by the prison and other relevant agencies.⁶²

Discussion of these services were raised throughout by participants who shared how effective health screening can help identify how an individual’s health can impact on their ability to engage in programmes, share a cell, maintain contact with family, and adapt to prison life. These issues echo some of the key findings of the HMP Rye Hill work mentioned above. For example, there are problems surrounding the regularity with which people’s health needs are reassessed⁶³ and the ability for staff to meet a growing set of complex needs in the prison population. Older people are more likely to have a range of health conditions and there is often the requirement for support in-cell, as well as access to external medical appointments. There can be long waiting periods for appointments⁶⁴ and cancelations due to issues with prison staffing.⁶⁵

Frailty and dignity

When they do occur, medical visits can feel humiliating, especially in relation to being handcuffed in hospital spaces. Participants shared their experiences of age-related health conditions, giving examples of where this led to a sense of a loss of dignity and shame.

It was my first experience of prison and created a great deal of anxiety and fear. My adjustment was long and difficult. I lost 24 kilos and had to endure the humiliation of being taken to hospital in chains for appointments, being in waiting rooms with the general public, having conversations and procedures whilst being handcuffed to an officer. The sharing of personal information can be embarrassing and disturbing. The system lacks empathy.

(Male Prisoner)

60 National Health Service. (2022). *NHS Justice and Health Framework for Integration 2022-2025, improving lives – reducing inequality* (pp.5). <https://www.england.nhs.uk/publication/health-and-justice-framework-for-integration-2022-2025-improving-lives-reducing-inequality/>

61 Ibid (pp.5)

62 Prisons and Probation Ombudsman. (2016). *Learning lessons bulletin. Fatal incidents investigations Issue 11: Dementia*. https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/34/2016/07/PPO-Learning-Lessons-Bulletins_fatal-incident-investigations_issue-11_Dementia_WEB_Final.pdf

63 Moll, A. (2013). *Losing track of time: dementia and the aging prison population: treatment, challenges and examples of good practice*. Mental Health Foundation.

64 Turner, M., Peacock, M., Payne, S., Fletcher, A., & Froggatt, K. (2018). Ageing and dying in the contemporary neoliberal prison system: Exploring the ‘double burden’ for older prisoners. *Social science & medicine*, 212, 161–167.

65 See Davies, M., Hutchings, R., Keeble, E. & Schlepper, L. (2023). *Living (and dying) as an older person in prison. Understanding the biggest health care challenges for an ageing prisoner population* https://www.nuffieldtrust.org.uk/sites/default/files/2023-04/Nuffield%20Trust%20-%20Older%20prisoners_WEB.pdf for a literature review relevant to hospital use of older prisoners.

The Model for Operational Delivery for older people in prison recommends that the fragility and vulnerability of the individual should be considered prior to using restraint.⁶⁶ The Prison Service Instruction referring to external escorts was recently updated and outlines that, for each hospital visit, a new risk assessment should be carried out to determine the appropriateness of restraints subject to public protection.⁶⁷ Restraints for hospital visits should be used only when “necessary and proportionate” and should not be routinely used if “prisoner’s medical condition or advanced age or physical impairment renders restraints inappropriate”. The PPO have found many cases of their inappropriate use which can be inhumane, especially when many older prisoners’ risk of escape is low due to their limited mobility.⁶⁸ Echoing PPO’s findings, respondents reported they felt restraint was often inappropriately and inhumanly applied.

The whole rigmarole of hospital visits for such elderly frail men is inhumane, double handcuffed, then handcuffed to an officer throughout whilst accompanied by another officer and a driver. I was even double handcuffed whilst also being handcuffed to an officer whilst on the operating table for a cataract operation. Many of these men are similar to myself who have no history of violence or the ability to escape, especially with only one lens while the other has been removed and about to be replaced. [I] have spent days in a hospital bed being cuffed at all times and handcuffed to an officer even when using the ensuite toilet, which is often windowless!

(Male Prisoner Aged 70+)

For those with a condition such as dementia, the experience of prison can be double punishment. They may need to be reminded that they are in prison or become disoriented when returning to prison following an external appointment. Alongside wider therapeutic support, HMP Whatton has established specific dementia cells with clear signage⁶⁹ and different colour door frames. Some prisons also promote Dementia Friends initiative and Alzheimer’s Society support.⁷⁰ These have been reported as positive examples of adaptations that could be replicated across the estate.

HMP Whatton

HMP Whatton runs a range of accredited offending behaviour programmes, including Kaizen and Horizon, and adapted programmes for people with intellectual disabilities (Becoming New Me and New Me Coping). The prison also runs a programme for deaf people using British Sign Language. All prisoners are screened for signs of autism on entry to the prison, meaning that courses can be adapted to those with additional needs or requiring alternative approaches. As well as embedding educational and vocational training, including literacy and mathematics, in all prison activities, opportunities are provided for prisoners to engage in distance learning such as the Open University, and a range of services for older prisoners in conjunction with Age UK. The prison has palliative care and dementia care facilities and has won several gardening and wildlife awards.

A range of peer-led care programmes are available in prisons, and these supportive, carer schemes can assist older prisoners with day-to-day roles and additional needs. However, few formal schemes have been adopted, with carer roles formalised following risk assessment processes

66 HM Prison and Probation Service. (2018). *Model for operational delivery: older prisoners*.

67 MoJ and HMPPS. (2023). *Prison Service Instruction: Prevention of escape – external escorts* (pp19). <https://assets.publishing.service.gov.uk/media/64c7d8d75c2e6f000de8d7e7/prevention-escape-external-escorts.pdf>

68 Prisons and Probation Ombudsman. (2016). Learning lessons bulletin. *Fatal incidents investigations Issue 11: Dementia*. https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/34/2016/07/PPO-Learning-Lessons-Bulletins_fatal-incident-investigations_issue-11_Dementia_WEB_Final.pdf

69 Hill, A. (2017, Jun 20). ‘Buried alive’ the old men stuck in prisons. *The Guardian*. <https://www.theguardian.com/news/2017/jun/20/buried-alive-the-old-men-stuck-in-britains-prisons>

70 Prisons and Probation Ombudsman. (2016). Learning lessons bulletin. *Fatal incidents investigations Issue 11: Dementia*. https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/34/2016/07/PPO-Learning-Lessons-Bulletins_fatal-incident-investigations_issue-11_Dementia_WEB_Final.pdf

by the prison.⁷¹ Lack of consistency across the estate⁷² and low levels of awareness mean older people may not know they are entitled to have their care needs taken into account. For example, some participants gave examples of where cell sharing resulted in indignity caused by that distinct health conditions:

Shared cells are a major issue for the elderly who have health (mental and physical) issues. It is a cause of great anxiety, it affects health, anxiety and general attitude. I shared a cell with a prisoner who had incontinence. This caused him great anxiety because of the lack of privacy. I also had a period of time with a person who was diagnosed with dementia. I had trained to work with dementia patients but 24 hours a day really had an effect on me.
(Male Prisoner)

Women and healthcare

For the relatively small number of women serving long sentences, other specific challenges emerge. Their health needs differ from the male prison population, but delivery of appropriate and timely healthcare is often reported as lacking. We have shown elsewhere how many feel trapped, isolated, without hope and support. Distance from home, uncertainty and legitimacy of the sentence negatively colour their experience of incarceration. Concerns about physical and mental health are also a source of anxiety, with a lack of joined up health and mental-health care paired with a greater prevalence of reported mental health needs.^{73 74} One woman told us of the possible consequences when the needs of older prisoners are neglected.

With no knowledge of how to care for older residents, older residents quickly feel marginalised which leads to low self-esteem, confidence, purpose. It is no surprise that suicide rates in over 50s is disproportionate to other age categories.
(Female 20+ Years Sentence)

Women serving long sentences in prison often feel ‘invisible’. As women grow older in prison, menopause becomes a key health concern, particularly due to lack of awareness and staff understanding. Older women have noted that they struggle to access support and relevant information about their menopause symptoms and treatment options.

All women (spoiler alert) will go through the menopause...and being in prison adds new levels of cruelty to what is already a difficult process. Plastic covered mattresses and night sweats = worse sweats, wet sheets and broken and miserable nights. Irregular bleeding during the pre-menopause stages can actually affect anyone over 40 years.
(Female 20+ Years Sentence)

...I would like to raise the lack of support or awareness of women who are perimenopausal. It can cause a multitude of distressing symptoms which are simply ignored. The best healthcare can offer is a poster listing symptoms and an 18-month waiting list for a clinic.
(Female Life Sentenced)

71 Cattermole, C. (2019). *Prisons: a survival guide*. Penguin.

72 HM Inspectorate of Prisons. (2016a). *Life in prison: peer support*.

73 Prison Reform Trust. (2023). *Invisible Women: Understanding women’s experiences of long-term imprisonment Briefing 2: Hope, health, and staff-prisoner relationships*. Prison Reform Trust https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/Invisible_women_hope_health_relationships.pdf

74 Davies, M., Hutchings, R., Keeble, E. & Schlepper, L. (2023). *Living (and dying) as an older person in prison. Understanding the biggest health care challenges for an ageing prisoner population*. https://www.nuffieldtrust.org.uk/sites/default/files/2023-04/Nuffield%20Trust%20-%20Older%20prisoners_WEB.pdf

At the end of 2023, the NHS published its review of health and social care in women's prisons. The review found wide variation in health and social care services across the women's estate.⁷⁵

- Whilst there were dedicated and committed staff delivering services in challenging circumstances, these were inconsistently offered and delivered.
- Around one third of women said healthcare services were 'OK' and over half (60%) said they needed improvement.
- Most women (69%) said they were treated with dignity and respect.
- Some have unmet, gender specific needs, such as menopause, incontinence and menstruation.

The review highlighted the need for more consistency in social care provision, including meeting the needs of those with reduced mobility. It found that women who are neurodiverse and/or older appeared most disadvantaged by a poor environment. This review and the Nuffield work cited earlier stress the high prevalence of mental health needs amongst the older female prison population.⁷⁶

There is no 'quiet' place to go, no gym sessions or activities specific for older people, no healthcare, counselling or financial advice provided. It is unlikely that many women have made a will or even thought about a funeral and what their final wishes might be. There isn't any end of life or palliative care provision. No assistance or information for going through the menopause, incontinence issues, other age-related aches/pains or dementia. It seems as if the system is oblivious and expects you to make do and say nothing because you are old.
(Female Aged-59)

Self-care and diet

For both men and women, there is a requirement for suitable activities which promote positive health, including socialisation and slower paced exercise.⁷⁷ Chronic health problems that are common amongst this ageing prison population can be a result of limited access to healthcare, poverty and poor diet.⁷⁸

I am scared I will die in prison - due to medical neglect (a woman died here last night. She was the same age as me and had been saying she was unwell for weeks). Also from a poor diet - due to 'simple carb' and processed food overload and insufficient exercise to work it off. There is not enough mental stimulation and the whole system is tailored to women who have substance misuse issues (I have never taken an illegal drug!)
(Female Aged 55-59)

Government health advice includes a healthy diet and exercise, but as has been well documented, this is often not the case across prisons. This is despite various studies showing how nutrition can support people's progress inside.

Over the last four years my physical condition has deteriorated. I have less muscle mass, less stamina, through very careful diet control I have avoided gaining way [sic]. It is all too easy to overeat through boredom, depression, with the poor quality of food and diet available, also the abundance of unhealthy food available from canteen suppliers.
(Male Determinate Sentence Age 65)

⁷⁵ National Health Service. (2023). *Review of health and social care in women's prisons*.

⁷⁶ Davies, M., Hutchings, R., Keeble, E. & Schlepper, L. (2023). *Living (and dying) as an older person in prison. Understanding the biggest health care challenges for an ageing prisoner population*. https://www.nuffieldtrust.org.uk/sites/default/files/2023-04/Nuffield%20Trust%20-%20Older%20prisoners_WEB.pdf

⁷⁷ Moll, A. (2013). *Losing track of time: dementia and the aging prison population: treatment, challenges and examples of good practice*. Mental Health Foundation.

⁷⁸ Prison Reform Trust. (2023). *Bromley Briefings Prison Factfile January 2023*. <https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/January-2023-Bromley-Briefings.pdf>

A recent meta-analysis drawing on 27 papers from 10 countries concluded that: “the potential of food to enhance the prison environment and support improvements in health and wellbeing is limited when the nutritional content is inadequate and/or where food is served and eaten impacts negatively on human dignity. Prison policy which provides opportunities for cooking and sharing food that better reflects familial and cultural identity has the potential to improve relationships, increase self-esteem, build and maintain life skills needed for reintegration.”⁷⁹

Food is crucial for physical, mental and emotional wellbeing, yet many people in prison report being denied a consistently and suitably scheduled hot and adequately nutritious meal. This can contribute to frustration, anxiety and medical complications. In 2016 HM Inspectorate of Prisons found that prisoners could go 24 hours without a hot meal at weekends, and prisoners have frequently complained about the quality and quantity of food provision.⁸⁰ Communal eating can also be affected by people’s vulnerability or access issues. Over a long period of time combined with declining health, the lack of investment into what prisoners consume, reflects a lack of investment in people’s health which can exacerbate and accelerate the impacts of chronic and fatal conditions.⁸¹

Physical space

The physical environment in prison has been highlighted as a health issue, together with the bedding available and accessibility requirements. Many participants were concerned about their mental and physical needs as they age, and how these would be responded to. These issues can contribute to people’s sense that their physical and mental decline is escalated by the institutional environment.⁸²

Many elderly feel the cold. Bedding is often insufficient, flat hard pillow, two thin blankets, bed mat. Many elderly can’t afford duvets especially if abandoned by their family or friends with no money sent in. Wage for retirees in prison is £6 many, especially those who vape having a lifetime of smoking, find it difficult to manage.

(Male Prisoner Aged 70+)

These physical restrictions can also serve as a further barrier to engaging in activity and can leave older prisoners feeling neglected, forgotten, and isolated away from any opportunity for personal development. For some participants, this was associated with deteriorating mental health.

My age had a huge impact on how I adjusted to prison... it was a huge smack in the face from life. To get your head around the thought that at a really important time of your life every part of control you had in your life has now been taken away. That is not only a mess to your life but it’s a real mess to your mental health, you find yourself in a very dark and lonely place. Over time, you find that... you learn to adapt. Life skills finally pay off.

(Male Prisoner Aged 53)

Prisons are not set up for older prisoners, bunk beds, hard beds, hard chairs, cells with no WC, if you are not a gym head then you are stuffed, it would be nice for older people to maybe be involved in yard gardens, green spaces, small farm animals, more workshops suited to the older person, most of us don’t want to run around the yard 500 times every day, as an older prisoner it’s just like you have to get on with it, we have many more needs than the younger guys, all we want is what we are entitled to, no more, no less, most of the time.

(Male Prisoner)

79 Woods-Brown, C., Hunt, K., & Sweeting, H. (2023). Food and the prison environment: a meta-ethnography of global first-hand experiences of food, meals and eating in custody. *Health & justice*, 11(1), 23. <https://doi.org/10.1186/s40352-023-00222-z>

80 HM Inspectorate of Prisons. (2016b). *Life in prison: food*.

81 Vannier, M. (2021). *Normalising extreme imprisonment: the case of life without parole in California*. Oxford University Press. See also <https://www.surrey.ac.uk/research-projects/doing-porridge-understanding-womens-experiences-food-prison>.

82 Vannier, M. (2021). *Normalising extreme imprisonment: the case of life without parole in California*. Oxford University Press.

Many prison spaces are not wheelchair accessible, and availability of ground floor cells is limited.⁸³ Whilst the government has acknowledged such accessibility issues and seeks to address them within prison expansion, such spaces remain limited. Specific wings for the older population have been recommended elsewhere⁸⁴ and this could be an important step in recognising their needs.

There seems to be little or no consideration given to age or ageing women generally. But particularly here. Most landings require a number of stairs to be 'climbed' for access; there are no lifts! The rooms allow no provision of space for items such as: wheelchairs and other walking aids. There's only one disabled room where everything is at a level for someone in a wheelchair. All other rooms have sinks, bookshelves, lockers etc at the height for able-bodied people. Even if a wheelchair isn't required, navigating steps when old(er) is difficult.
(Female Aged 55-59)

Mobility issues e.g. limb function and respiratory issues will be more of an issue among the older prison population. These need to be recognised when they arise as genuine when allocating single cells, lower landing accommodation and bottom bunks. Older prisoners should also be prioritised when issuing replacement pillows and mattresses.
(Male Prisoner)

The government has announced plans to extend and refurbish the prison estate.⁸⁵ This provides a further opportunity to improve access and mobility for older prisoners and those with mobility or acute health needs. Frailty contributes to insecurity, anxiety, fear and vulnerability within prison.⁸⁶ In some establishments, the current provision contributes to people's sense that the ageing process is accelerated – and their sense of 'dying inside' is exacerbated – within the prison environment.⁸⁷

Along with issues within the social and physical environment, some older prisoners perceive themselves to be 'lower risk' due to their mobility, frailty and significant prevalence of health needs. Respondents presented the view that lower security prisons or community responses may be more suitable solution for those ageing in prison:

... we are surrounded by elderly men in their 80s + 90s who can barely walk who are still cat A. The current categorisation system is a joke designed only with retribution and political point scoring in mind. How can keeping these men in high security and frankly very expensive care homes be cost effective or humane in 2022? The elderly here have to suffer the daily indignity of shuffling outside across the yard in all weathers sometimes X3 just to get medications as there is no level access internally. The beds are terrible and are literally crippling people who are spending ever more time in a cell and getting a GP or DR to actually do their job is like trying to practice nuclear physics. The quicker the current categorisation system is changed to take age into consideration and the government start putting rehabilitation in front of retribution and political point scoring the better.
(Male Prisoner)

An advantage of high security for the elderly is that all the cells are single although some may benefit from company, but most prefer not to share a toilet within the cell with another especially getting up frequently in the night. High security prisons were never intended for large numbers of elderly men, many in poor health. There are few facilities for their needs, raised toilets, grab rails and little for them to do.
(Male Prisoner Aged 70+)

83 Prisons and Probation Ombudsman. (2016). *Learning lessons bulletin. Fatal incidents investigations Issue 11: Dementia*. https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/34/2016/07/PPO-Learning-Lessons-Bulletins_fatal-incident-investigations_issue-11_Dementia_WEB_Final.pdf

84 House of Commons Justice Committee. (2020a). *Ageing prison population: Fifth report of session 2019-2021*. House of Commons 304. <https://committees.parliament.uk/publications/2149/documents/19996/default/>

85 Ministry of Justice. (2022). *Prison population projections 2022 to 2027, England and Wales*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1138135/Prison_Population_Projections_2022_to_2027.pdf

86 Turner, M., Peacock, M., Payne, S., Fletcher, A., & Froggatt, K. (2018). Ageing and dying in the contemporary neoliberal prison system: Exploring the 'double burden' for older prisoners. *Social science & medicine*, 212, 161–167.

87 Vannier, M. (2021). *Normalising extreme imprisonment: the case of life without parole in California*. Oxford University Press.

It has been suggested elsewhere that older, long-term prisoners could be placed within open conditions or within the community, subject to monitoring, to support feelings of purpose.⁸⁸ Those participants who have spent a great deal of time sharing highly restrictive prison spaces with their elderly peers, articulate how with age related health needs, imprisonment is expensive, inappropriate and cruel form of punishment. The average cost per person in a male prison were £76,265 in 2021/22 compared to £72,326 for females in closed conditions.⁸⁹ Community or more appropriate less secure alternatives would almost certainly be more cost effective and more humane but raise questions from a victim perspective. For greater exploration of this debate see Turner et al.⁹⁰

I guess when you live by yourself in a cell that you rarely leave and that is even more rarely visited, is what it sums up to be of a certain age in prison. I see the older generation group 60 plus sitting in cells, festering away and glued to the TV. They find it hard to mix with younger generations. For some of the older generation this makes them feel younger. But on a serious note, this older generation should be in a prison where they can access the things they need and not be treated the way they are by some people (prisoners/staff). Over the last 21 years I've seen the older group rise pretty quickly and whether this is people coming to prison in their early 20s and spending 30 plus years in custody or the current historical offences coming to light in their later years (50/80yrs). The current system clearly cannot cope for a variety of reasons and complex needs of the individual and costs. The courts and social services and justice system needs a rethink on sending older people to prison and for some could safely be managed in the community and not in prison.

(Male Life Sentence)

I have seen many people of age not able to handle being in prison, people who are clearly suffering with memory problems and they are getting worse and worse and not much is being done to help them with their mental health problems. I have spent many hours sat talking with both old and young guys allowing them to just let off steam and speak of what is on their minds and how much they miss family and friends. Many are very far away from where they lived and have not seen their families in a very long time.

(Male IPP Sentenced Aged 60-64)

In the next section we draw out participants' views about their future, including their anxieties about what will happen to them when they are released and the experiences of those who know or fear that they will end their lives in prison.

88 Clarke as cited in Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales*. Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

89 Ministry of Justice and HM Prisons and Probation Service. (2022). *Early release on compassionate grounds policy framework*. <https://www.gov.uk/government/publications/early-release-on-compassionate-grounds-policy-framework>

90 Turner, M., Peacock, M., Payne, S., Fletcher, A., & Froggatt, K. (2018). Ageing and dying in the contemporary neoliberal prison system: Exploring the 'double burden' for older prisoners. *Social science & medicine*, 212, 161–167.

Imagined futures

Post release

Along with the amplified pains of imprisonment mentioned throughout this paper, participants noted that the sense of loss around planning for their future is exacerbated by their age. They told us that there are limited opportunities for them during their time within prison, and this also impacts upon their perception of the future and what life they may experience post-release. The older prison population is diverse with a range of experience, backgrounds and socio-economic status. Upon release, older people may not have a home to go to or they may have licence conditions that prevent them from returning to their home location. They may also be allocated to a hostel away from their home location.⁹¹ Such spaces may be unsuitable (for example due to access requirements) or not available for the older prison population.⁹²

Release provisions are also severely lacking for the older prisoner. As with prisons, most Approved Premises are mixed age, but dominated by younger problematic types. Many are also not physically suited to older prisoners with health or disability issues. It's notable that the vast majority of support organisations and charities are aimed at younger people being released.

(Male Extended Determinate Sentence Aged 50-54 Years)

As well as anxieties about where they might be placed post release, those leaving prison later in life, as noted earlier, are less likely to be seeking employment upon release. This added to concerns about their economic futures and security, especially for those who relied on state benefits and felt they unjustly lost out on their entitlements whilst in prison:

The government policy of depriving retired prisoners of their state pension is unfair, especially to those with paid National Insurance contributions. It is, in effect, an additional and arbitrary punishment.

(Male Prisoner)

For participants, these accumulated pains and deprivations of long-term imprisonment, led some respondents to feel they have no prospects upon release, or that a fulfilling life beyond prison is unattainable:

It is very easy, and often not unrealistic, for people entering prison in late-middle or old age, especially those receiving long sentences, to feel that there is little prospect of any meaningful period of freedom post-release, assuming that they survive their sentence at all. Although not explicitly the case, many men receive what amounts to a life sentence which may not be appreciated as such by prison/probation ...

(Male Prisoner)

It is very difficult to see a productive future, but you try. You know that it will be an entirely different life (and world) once released, you will effectively be starting again at an age when you should be stopping. Your health is likely to be worse than when you came in and due to you age and possible loss of social contacts, loneliness represents a serious risk.

(Male Extended Determinate Sentence)

91 Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales*. Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

92 Hardwick as cited in Hill, A. (2017, Jun 20) 'Buried alive' the old men stuck in prisons. *The Guardian*. <https://www.theguardian.com/news/2017/jun/20/buried-alive-the-old-men-stuck-in-britains-prisons>

Dying inside

Death in prison is a ‘largely unintended but entirely foreseeable’ consequence of longer sentences.⁹³ Prisoner deaths are an increasing concern and tend to occur earlier than for those within the community,⁹⁴ due to the poor design and conditions.⁹⁵ There are invisible and visible harms to imprisonment⁹⁶ and for older prisoners, this can be ‘death by prison’ due to acceleration of mortality.

For those sentenced later in life, and those with the longer sentences or serious health conditions, there’s also the prospect of facing their own mortality within prison.

I have friends older than myself and some wonder if they will leave prison alive, and if they do, will it be to a care home? One friend had cancer and her recovery was challenging as she was returned to a noisy wing after each round of chemo.

(Female Life Sentence age 55-59)

In what humane and civilised society is there any acceptable phrase ‘dying inside’, as an acceptable fact? Being in the ‘old’ prisoner bracket and having spent 3 years in a broken, patriarchal and seriously underfunded system, I would (if I were likely to die in prison), prefer a lethal injection and die with dignity, rather than suffer years of slow mental and physical abuse and torture which is the reality of modern incarceration.

(Female 20+ Years Sentence)

I have terminal cancer... all I can do is wait. I regret the day I was born.

(Male Life Sentence Age 65+)

Our participants’ responses echo previous research in feeling “both dead and alive at the same time”.⁹⁷ With a lack of investment in their skills, needs, and futures, they articulated feeling they were stagnating in prison with conditions that were harmful to their health.

I deserve to be in prison, but do I deserve to die in prison?

(Male IPP Aged 55-59)

60 to older men like myself consider ourselves dead men walking, and tough regimes and establishments are not required to see our days out peacefully and respectfully.

(Male Life Sentence)

People are entitled to apply for early release from prison under compassionate grounds which include medical reasons and particular family circumstances.⁹⁸ Under this policy, 107 people were released between 2013 and September 2021.⁹⁹ There is a balance required between the benefits of keeping people in a familiar place, and ensuring they have access to quality healthcare.

93 Peacock, M., Turner, M., & Varey, S. (2018). ‘We Call it Jail Craft’: The Erosion of the Protective Discourses Drawn on by Prison Officers Dealing with Ageing and Dying Prisoners in the Neoliberal, Carceral System. *Sociology*, 52(6), 1152–1168.

94 Tomczak, P., & Mulgrew, R. (2023). Making prisoner deaths visible: Towards a new epistemological approach. *Incarceration*, 4. <https://doi.org/10.1177/26326663231160344>

95 Vannier, M., & Nellis, A. (2023). ‘Time’s relentless melt’: The severity of life imprisonment through the prism of old age. *Punishment & Society*, 0(0). <https://doi.org/10.1177/14624745231154880>.

96 Prison Reform Trust. (2023). *Bromley Briefings Prison Factfile* January 2023. <https://prisonreformtrust.org.uk/wp-content/uploads/2023/02/January-2023-Bromley-Briefings.pdf>

97 Vannier, M. (2021). *Normalising extreme imprisonment: the case of life without parole in California*. Oxford University Press.

98 Ministry of Justice and HM Prisons and Probation Service. (2022). *Early release on compassionate grounds policy framework*. <https://www.gov.uk/government/publications/early-release-on-compassionate-grounds-policy-framework>

99 UK Parliament. (2022, February 18). *Prisoners release. Question for Ministry of Justice UIN 125188*. <https://questions-statements.parliament.uk/written-questions/detail/2022-02-18/125188>

Some participants talked about the lack of dignity involved in seeing out their final days, months and years in prison. Prison staff and managers have reported not anticipating the full needs of the ageing prison population and the end of life support required as part of their employment and training.^{100 101} Palliative care for prisoners is often provided by hospices or other providers on site, yet it has been questioned whether having such provision undermines opportunity for release on compassionate grounds.¹⁰² Whilst release may work for some, to enable people to see out their final days amongst friends and family in a community setting, there will be some that have no family and friends to visit them, but they may have meaningful contacts and relationships within the prison environment.¹⁰³

Can I ever adopt prison as my final involvement with human existence. How can the unassailable be acceptable?

(Male Life Sentence aged 65+)

As time has gone on, as opinions change, if you have been incarcerated for a long time, where should you be, with family, friends? ... What is needed is a comfortable hospice style environment where you can be visited by the people you want around you. This may be your natural family and your prison family. There should be provision for this to happen. Those other prisoners who care should be allowed to visit. Compassion should be shown. Dignity in death should be maintained.

(Male Prisoner)

We have in the last five sections tried to give a sense of the range of the main themes to emerge from the consultation, including and some of the ideas for change they suggested. In the next section we outline our conclusions based on this work and the wider consultations done as part of the Building Futures Programme, outlining our recommendations for change.

100 Peacock, M., Turner, M., & Varey, S. (2018). 'We Call it Jail Craft': The Erosion of the Protective Discourses Drawn on by Prison Officers Dealing with Ageing and Dying Prisoners in the Neoliberal, Carceral System. *Sociology*, 52(6), 1152–1168.

101 See also see also Davies, M., Hutchings, R., Keeble, E. & Schlepper, L. (2023). *Living (and dying) as an older person in prison. Understanding the biggest health care challenges for an ageing prisoner population.* https://www.nuffieldtrust.org.uk/sites/default/files/2023-04/Nuffield%20Trust%20-%20Older%20prisoners_WEB.pdf

102 Turner, M., Peacock, M., Payne, S., Fletcher, A., & Froggatt, K. (2018). Ageing and dying in the contemporary neoliberal prison system: Exploring the 'double burden' for older prisoners. *Social science & medicine*, 212, 161–167.

103 Saunders, L. (2022, February 21). *End of life care in prisons*, Penal Reform International [blog post]. <https://www.penalreform.org/blog/end-of-life-care-in-prisons/>

Conclusions and recommendations

The lived experience of growing old and ‘dying inside’

Our participants articulate how their age and length of prison sentence exacerbates the numerous deprivations and burdens of imprisonment. For many this includes a sense that they are ‘dying inside’ due to a loss of social connection, purpose, identity and progress, combined with prison accelerating their physical and mental frailty. Some, having ‘lived a life’ – including marriage/partnerships, children, careers/employment, travel – can come to terms with their new circumstances. For others, the magnitude of what they have lost – their past life and potential future, seeing grand/children grow up, the deaths of loved ones, limited prospects of returning home, employment, and dying whilst in prison – compounded feelings of humiliation and grief. For some, the prospect of never being released and their life ending whilst within the institution is very real.

Many participants continue to experience a sense of helplessness as their sentence progressed, due to a loss of control and autonomy over their circumstances, along with a sense of disconnection from the prison regime, and a lack of belonging. Often struggling to maintain external connections with loved ones, relationships with younger peers inside could be supportive but also fraught due to the perceived volatile nature of this population in contrast to older people, and this leads to frustrations and a sense of isolation.

Participants feel prisons prioritise progression for younger people, with activities suited towards future employment opportunities and particular types of physical activity, which is not always suited to the older population. For many this resulted in feeling they were unable to engage in meaningful activities or contribute to the prison environment. This group can experience a loss of capital by virtue of their inability to develop new, relevant skills, nor put existing ones to good use whilst in prison. For some of our participants this resulted in feeling that they are stagnating, and their mental health is declining. We found a willingness and desire amongst some participants to use their life and formal skills to support others, including through mentoring and peer roles, but participants reported limited opportunities to do so.

Sometimes seemingly minor issues contribute to a broader sense of helplessness, dehumanisation and isolation. Many present with health conditions and experience frailty as they get older, yet the prison spaces can exacerbate issues of mobility and access. Despite some progress in recent years, health and social care within prisons was not felt to be comparable to that within the community and many reported feeling fearful of health and care needs going untreated or ignored. This extends to numerous conditions across mental, physical and gendered health.

For those leaving prison later in life, the future can be uncertain. Participants raised a range of concerns including about financial and accommodation prospects upon release, being unable to return home and/or having nowhere to return to. Many will be beyond working age, with reduced or no pension and national insurance contributions accrued (prisoners are limited to £900 in prison account savings¹⁰⁴ and external bank accounts may go dormant after a period without activity and correspondence).¹⁰⁵ Faced with these challenges, some participants feel that staying in prison until death would be a preferable option to being released into uncertainty, poverty and homelessness.

¹⁰⁴ Prison Reform Trust. (2023). *Money in prison*. <https://prisonreformtrust.org.uk/adviceguide/money-in-prison/>

¹⁰⁵ Unlock. (2023). *Managing an external bank account while in prison*. <https://unlock.org.uk/advice/managing-external-bank-account-prison/>

Fit for the future?

As we have seen from the evidence presented in this report, participants are not alone in raising these issues. In 2017 the PPO highlighted how ill-prepared prisons were for chronic age-related conditions.^{106 107} A year later the House of Commons Health and Social Care Committee concluded that the government was failing in its duty of care, attributing this to issues with prison safety, sanitation, infrastructure, staff shortages and regime.¹⁰⁸ There has been progress since, including some prisons developing age-friendly approaches to purposeful activities, often with charities, and examples of good multi-agency working on health and social care. However, reform is not keeping pace with rising needs, or the opportunities presented by new treatments and technologies.

In responding to the Justice Committee's report on older prisoners, in October 2020 the government accepted the need for a comprehensive and strategic approach. The PRT welcomed the government's commitment to publish an Older Offender Strategy, recognising the scale and multidimensional nature of existing challenges and projections about further increases in the older prison population. Now well overdue, our hope is that a draft strategy will be published for rapid consultation shortly and be informed by best practice health and social care in the community and prison estate. If it is to match the challenge ahead, and if HMPPS and its partners are to meet their obligations under the Equality Act and wider legislation, the strategy will need to extend beyond building good practice and accelerating improvements to embrace deeper and wider system change.

Systemic change would include addressing some difficult complex questions. For example, whether prisons are suitable places for older people on longer sentences who pose a low risk or whether a blend of care and security measures within community supervision could provide a more humane approach.¹⁰⁹ This speaks to issues around the commissioning of infrastructure, the NHS's focus on patient-empowerment and the emphasis that integrated care services are giving to 'place' in reducing health inequalities. As healthcare in the community is increasingly supported by health technologies, how can HMPPS and its partners utilise these safely? The economic climate and funding pressures on public services make these questions both urgent and harder to address.

- The UK prison population (currently more than 88,700 people) has doubled in the past 30 years. Projections estimate that this will range from 93,000 to 106,300 by 2027.¹¹⁰
- While HMPPS capital investment has risen, resource spending has not kept pace with demand, or the complex needs of those caught up in the justice system.¹¹¹
- The NHS faces extreme pressure and the Local Government Association (LGA) found that one in two local authorities are not confident they will be able to fulfil their legal duties in 2024/25.¹¹²

106 Prisons and Probation Ombudsman. (2016). Learning lessons bulletin. *Fatal incidents investigations Issue 11: Dementia*. https://cloud-platform-e218f50a4812967ba1215eaecede923f.s3.amazonaws.com/uploads/sites/34/2016/07/PPO-Learning-Lessons-Bulletins_fatal-incident-investigations_issue-11_Dementia_WEB_Final.pdf

107 Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales*. Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

108 House of Commons Health and Social Care Committee. (2018). *Prison Health: Twelfth Report of Session 2017-19*, House of Commons 963. <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

109 Clarke as cited in Ridley, L. (2023). *No place for old men: evidence: the rising number of old men in prisons in England and Wales*. Clinks. https://www.clinks.org/sites/default/files/2023-02/clinks_EL_no-place-for-old-men_FINAL.pdf

110 Ministry of Justice. (2023). *Prison Population Projections 2022 to 2027, England and Wales*. https://assets.publishing.service.gov.uk/media/63f62718e90e077baea173c1/Prison_Population_Projections_2022_to_2027.pdf

111 House of Commons. (2023). *Estimates day: the spending of Ministry of Justice on His Majesty's Prisons and Probation Service*. <https://researchbriefings.files.parliament.uk/documents/CDP-2023-0146/CDP-2023-0146.pdf>

112 Debate on the Local Government Finance Settlement 2024/25, House of Commons, 7 February 2024. <https://www.local.gov.uk/parliament/briefings-and-responses/debate-local-government-finance-settlement-202425-house-commons>

Improving provision

Our findings underline the need for the prison system and its partner agencies in health and social care, to not only better meet current needs and their legal obligations in relation to human dignity and protected characteristics, but to also ensure that systems are fit for the future. This will require a commitment to treating people with dignity (including when sick or dying), ensuring they can access adequate health and social care services, and can live meaningful lives in the constrained circumstances of prison, and get the support they need on release. It will require a combination of political courage, reform and funding.

Below we outline the improvements that our consultation raised (echoed by the HMP Rye Hill work and some of the findings of the materials cited above). Broadly, many of these approaches should be in place and good examples are present in the system. However, a lack of a national strategic approach has exacerbated inconsistencies and/or poor implementation in relation to older prisoners. We have divided our recommendations, first outlining the proposals most immediately pertinent to any national strategy and then ending this report with a specific focus on the role of lived experience in improving the experiences of older people in prison.

- *As a matter of urgency, the government should publish the national strategy for older people in prison.* The national strategy needs to secure cross-party support to ensure it is taken forward by any incoming government post-general election. The prison system cannot make the scale or nature of improvements needed without cross-departmental support; the strategy should be co-sponsored by the Department of Health and Social Care and the Department of Levelling Up, Housing and Communities, and supported by HM Treasury. It also needs the buy-in of health and social care commissioners, including integrated care boards and local authorities. In commissioning new prison spaces, infrastructure, healthcare and activities, the unmet and future needs of the prison population require greater and detailed attention. People with lived experience of prison, including those with a range of health needs, should be involved in implementing the strategy and co-designing commissioning.
- *More appropriate placement of older prisoners.* HMPPS and MoJ should ensure that placements of older prisoners take into account physical spaces and specific health needs. This includes allowing for sufficient ground floor and accessible cells in all institutions. The importance of cell sharing and the potential negative impacts to dignity should also be considered. If there are concerns about a lack of access impacting upon prisoner experience or the ability to engage with the regime, then reasonable adjustments should be made to improve access within this location.
- *When appropriate to individual needs (including location) an alternative placement could be sought, to improve wellbeing,* enhance engagement with the regime, and provide family connection by moving the individual to an institution with dedicated provision for age-related concerns. However, uprooting older people, especially those serving long sentences when they have established relationships and routines may be detrimental. Adequate, accessible, and personalised provision should be made available across the estate.
- *HMPPS and the MoJ should ensure that prisons holding a significant older prisoner population have spaces tailored for specific health needs, such as dementia and pain relief.* While the provision of secure social care in the community is understandably controversial, the MoJ should pilot such an approach, engaging the public in the process.
- *HMMPS and associated agencies should improve screening, early diagnosis and seek to more consistently provide comparable health and social care services.* This should

include local authorities ring fencing Care Act 2014 funds for those in prison or being released. Healthcare needs to be comparable to that in the community, including access to medication, appointments and specialist support, and is especially relevant for long-term conditions and end of life care. Such an approach needs to build on prisons' increased use of digital technologies, and HMPPS and NHS providers should explore the role of telemedicine and ambulatory care and how these can support monitoring and maintenance of physical and mental health, and the management of chronic conditions. This should include consideration of those in prison being able to have remote GP appointments.

- *Family' first for older people.* As a result of the Farmer agenda, prison governors are required to ensure people in prison can maintain contact with loved ones, and to develop innovations that support this and those who do not get visits and/or have no external support. Particular focus should be given to adapting family days for older people serving long sentences and enabling the development of positive supportive relationships, including engaging in organisations such as New Bridge Foundation.
- *Improving food for older people.* HMPPS should ensure appropriate diets are considered and planned for, with nutritional food made available. The diet that prisoners can access is important to their wellbeing and ongoing mental and physical health. HMPPS catering policies, and related training, should include guidance on catering to health needs associated with older people. Food budgets and purchasing procedures should reflect the needs of this population.
- *Additional training and support for prison staff.* HMPPS should provide, and prison governors should ensure, training for all frontline staff members, relevant to health needs of older prisoners. In line with the Care Act 2014, prison staff should be able to identify prisoners with possible social care needs and therefore make referrals to local authorities. This training should include how to recognise and respond to the needs of older prisoners and awareness of relevant health conditions such as dementia or menopause. Those with lived experience should be involved in this training.
- *Respect dignity and reduce restraint.* Prison governors and staff should ensure prisoners' vulnerability, frailty and dignity is considered throughout all healthcare and prison experiences, including attending external appointments. This includes genuine consideration of the use of restraints in line with PSI 1600.¹¹³ For prisoners with health conditions, an individual assessment should be made about in-cell adaptations, and whether mixing is appropriate. The dispensing of medication or other health-related items needs to be sensitively and discreetly handled. Prisoners with conditions that may make them vulnerable, or where discretion is needed, should be planned for and handled sensitively by staff.
- *Compassionate release.* The MoJ should collate an up-to-date, thorough evidence-base for consideration of grounds for compassionate release. This decision-making process should be authentically compassionate, with consideration of an individual's current 'risk' relevant to their frailty, and the most humane response to their health and circumstances. Clear justification of the outcome should be shared.
- *In consultation, and with agreement from the prisoner, family members should be included in decisions about health and end of life care where relevant.* Where appropriate and desired every effort should be made to ensure that those at the end of life are able to die with loved ones at home or another appropriate setting.

¹¹³ Prison Reform Trust. *Use of Force in Prison*. <https://prisonreformtrust.org.uk/adviceguide/use-of-force-in-prison/>

- *Better preparation for release.* As well as ensuring that activities related to planning and preparation for release, include consideration of an individual's age and its potential impact upon accommodation, employment and ability to engage within society upon release, HMPPS should allow for those serving long sentences to save money and contribute towards a pension whilst in prison. This includes addressing the practical issues surrounding access to external bank accounts, which can impact upon people's ability to save for their release, along with the prison bank account cap, which can limit what a person can save.

Mainstreaming lived experience

In their responses participants emphasised the enhanced role that they and their peers feel they could play in supporting their own and others health and wellbeing, if given the opportunity and empowered to do so. This included being involved in further consultation and co-design processes. This is consistent with the wider debate taking place in relation to the NHS on transforming healthcare to focus on prevention and population health (including increased emphasis on mental health and innovations around social prescribing). Below we set out proposals that would support the roll out of the national strategy for older prisoners and help to mainstream lived experience.

The MoJ and the Department of Health and Social Care should establish a 'living inside' network of older people with lived experience to inform and help drive change including – but not restricted to – the implementation of the national strategy and the expansion of age-appropriate purposeful activities. In commissioning new prison spaces and infrastructure, the needs and future needs of the prison population needs greater attention and commissioning should involve co-design processes with older people with lived experience of prison, including those with a range of health – including chronic health – needs.

A key task for the network would be to work with HMPPS, health and social care providers and NGOs to develop a 'living inside' pathway available to all those serving long sentences. This would involve co-development of a more structured and explicit support and induction offer for those beginning a long sentence to people to deal with loss and grief early on, to adapt to prison life, and to consider measures that may support them to maintain their mental and physical wellbeing. For example, our participants felt that the prison service could do more to provide age and condition-appropriate exercise and diets.

In developing this pathway, HMPPS should ensure that this centres the role of peer support and lived experience, but is combined with access to specialist support and guidance where needed. HMPPS should adapt the provision of purposeful activities to take into account the increase in the number of older people in prison and their potential issues with mobility and post-release relevance. This should build on the work that the MoJ has done on social prescribing and include greater recognition of the potential for remote learning and the peer roles that older people can play in supporting others to progress. In addition, HMPPS should learn from best practice examples of peer social care support and share learning across the system.

We believe that such an approach, if co-designed effectively, supported by HMPPSS and its partner agencies, and resourced adequately, could provide a virtuous circle; not only helping to drive any new strategy on older people in prison, but also providing increased opportunities for meaningful learning and work, based on supporting others in their health and wellbeing while inside.

This report forms part of PRT's five-year National Lottery Community Fund funded Building Futures Programme that, since 2020, has been exploring the experiences of people serving prison sentences of 10 years or more.

Based on consultation with 121 men and women aged 50 and over serving these sentences in 39 prisons in the UK, it provides insights into the age-specific experiences of this cohort. It aims to influence positive changes that would provide a more humane prison experience that recognises the distinct needs of this group.

Our central recommendation is that, as a matter of urgency, the government should publish a draft national strategy for rapid consultation and final publication before the end of the parliamentary year. These proposals are based on our consultation, and this report aims to ensure that the experiences, needs and ideas of older people with lived experience of prison can contribute to this positive change.