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Citation: Ridley, Louise (2021) No Place for Old Men? Meeting the Needs of an Ageing Male Prison Population in England and Wales. Social Policy and Society. pp. 1-15. ISSN 1474-7464 (In Press)

Published by: Cambridge University Press

URL: https://doi.org/10.1017/s1474746421000178 <https://doi.org/10.1017/s1474746421000178>

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No Place for Old Men?

Meeting the Needs of an Ageing Male Prison Population in England and Wales

Key Words: Ageing, older men, imprisonment, social policy

Abstract

Recent years have witnessed a significant increase in the number of older men imprisoned in England and Wales, a phenomenon experienced by most of the western world. Those aged fifty and over represent the fastest-growing demographic group in prison in England and Wales. This article summaries explanations for and implications of this increase and the characteristics, needs and lived experiences of this population, before critically reflecting on current policy and practice responses; and how responses highlight definitional and policy ambiguities around older prisoners. The article then discusses a multi-agency initiative developed at one prison in northern England that recognised the uniqueness of older prisoners, modified the regime and made changes to the physical environment. The impact of the initiative is benchmarked against Her Majesty's Inspectorate of Prisons four tests of a healthy prison, followed by a discussion of findings and their implications for policy and practice. It is argued that collaboration was critical to the positive achievements of the project. The article argues for expanded collaboration to better manage the challenges posed by older prisoners, supported by a national strategy.

Introduction

The prison population in England and Wales is ageing. In 2018, the Ministry of Justice (MOJ) identified 13,636 people in prison who were aged over fifty, 3,328 of them were over sixty, and 1,701 were over the age of seventy. There is good evidence to suggest that the prison population in these age groups is increasing faster than any other (Howse, 2003). In 2016, the number of prisoners aged fifty or over was 161% higher than it had been in 2002 and the number of prisoners aged over sixty was some 120% higher. These prisoners are overwhelmingly male (Allen & Dempsey, 2016) and far more likely to be imprisoned for sexual offences (and, to a lesser extent, homicide) than the overall prison population (Prison & Probation Ombudsman, 2017). Indeed, some 45% of prisoners aged over fifty have been convicted of sexual offences, a figure that rises to 87% for men over the age of eighty.

This population growth is often explained by a combination of broader demographic change, the notion of an 'ageing society', an increase in the length of sentence, and the growth in the number of older offenders sentenced for historic sexual offences (sometimes committed many years earlier) (Ginn, 2012). Other explanations include lower tolerance by courts of 'deviant behaviour' by older people and therefore a greater readiness to imprison them, general changes in sentencing policy, and increased levels of imprisonment for breach of license conditions (Chu, 2016, Turner, 2018). This growing population may be thought of as comprising of four distinct groups: first-time prisoners serving a long sentence; first-time prisoners serving a short sentence;

repeat offenders with recurring experiences of custody; and long-term or intermediate sentence prisoners who have grown old in prison (Howse, 2003; Prison Reform Trust, 2008).

Some of these descriptive headline data need unpacking, not least because of the lack of a universally accepted definition of what constitutes an 'older' prisoner makes a discussion about this population problematic. Neither Her Majesty's Prison and Probation Service (HMPPS), nor the Government considers 'older' prisoners to be an analytically foregrounded demographic group in the same way as they do 'young' or 'female' prisoners. Consequently, neither the MOJ nor HMPPS uses any age threshold to define someone as an 'older prisoner'. There is thus considerable debate about what, if any, age should be used operationally (Williams, 2012). Prisoners' often chaotic and unhealthy lifestyles before custody and the experience of imprisonment can speed up elements of the ageing process. Thus, some may have chronic health disorders and disabilities that are typical of those ten years older (HM Prison Service, 2016; House of Commons, 2013). Charities and advocacy groups generally argue that any prisoner aged over fifty should be defined as 'old', and the HM Chief Inspector of Prisons (HMIP) defines those over fifty as 'old'. However, others (e.g. Salford University's Centre for Prison Studies) suggest sixty-five as the age when a prisoner becomes 'old'. Such disagreements do not create strong foundations on which to proceed to respond to the challenges posed by the types of demographic changes that concern us here. However, pragmatically, and by way of context, we can summarise extant research that operationalizes 'older prisoners' in several different ways, whilst at the same time keeping in mind that the primary research, we report on later in this paper uses a fifty-year-old threshold.

Existing Research

As intimated above, it is important to acknowledge that older prisoners are not a homogeneous group whose members have the same rehabilitation, health and social care needs and experiences (Wangmo et al, 2015). Whilst acknowledging the importance of treating every old prisoner as an individual, the evidence does suggest that, as a group, older prisoners are different. Research suggests that they have different behaviours, aspirations and views (Chu, 2016) than those who are younger. Many remain active and involved in the prison regime well into old age, but it is also clear that many older prisoners face several issues that are pertinent to their age and vulnerability. Quite obviously, they experience illness and needs like the non-incarcerated population, including vision and hearing loss, memory decline, reliance on podiatry services, Parkinson's disease, cancer and so on (CMAJ, 2014; Nacro, 2009). It is estimated that between 1% and 5% of prisoners over fifty-five have dementia, which equates to between 850 and 4,200 people.

This raises the issue of the need for nursing home-level care in prisons (Fazel, 2014). Two HMIP investigations (in 2004 and 2008) found that the older a prisoner was, the more barriers there were to active life, the greater their physical and mental health needs and the less likely it was that they would be able to live and function in anything approaching dignity. Both investigations identified disengaged older prisoners because of physical and/or intellectual degeneration, or mental health issues (HM Chief Inspector of Prisons, 2004; 2008). Studies have identified disability and mobility needs, among some older prisoners (including problems with walking and dressing), alongside significant rates of cardiovascular disease, musculoskeletal conditions and respiratory illness (Fazel et al, 2001; Hayes et al, 2012; House of Commons, 2013; Kennedy &

Kitt, 2013; Williams, 2012). Bolano et al (2016) found older prisoners had high medical, social, and symptomatic complexity, with many experiencing chronic health conditions with multidimensional, often distressing symptoms. A higher proportion of older prisoners are also classified as disabled, with as many as 50% of those over aged forty being classified as such, and accounting for a significantly higher proportion of the disabled in prison than the proportion they account for in the total general prison population (Cornish et al, 2016; Fazel, 2014; Prison & Probation Ombudsman, 2016). Prison design issues (e.g. small cells unsuitable for hospital beds, bunks, narrow and steep stairways) are problematic for many older prisoners with mobility and related issues (Trotter & Baidawi, 2015; Turner & Peacock, 2017).

Older prisoners' experience of mental health and wellbeing also appears problematic. Rates of depression and stress, among older prisoners, are three times higher than in the comparable population living in the community. Studies have also found that depression, rather than simply being a function of the experiencing of the prison environment, is also often linked to chronic physical health conditions as well. Approximately 30% of older prisoners have been diagnosed with depression compared to a prevalence rate of around 10% among younger prisoners (Fazel & Danesh, 2002; Murdoch et al, 2008). Older prisoners also report feelings of fear and vulnerability (Maschi et al, 2015; Trotter & Baidawi, 2015). For the most severe mental illness, the picture is more mixed, with rates of schizophrenia and personality disorders lower for older prisoners than the overall prison population, but higher for affective psychosis. Research suggests that approximately one-third of prisoners aged sixty and over have a potentially treatable mental health illness (Fazel, 2014; Fazel & Grann, 2002).

It has been argued that one of the most distinctive features of the older prison population is increasing appliance of life review (Crawley and Sparks, 2006). This notion refers to the experience of evaluating one's life course including all the failures and achievements. The older population is at a greater risk of experiencing a pessimistic outlook, which can make the prison experience more hostile for them (Crawley and Sparks, 2006). Other research has drawn on the prison experience, which represents nothing short of a disaster for the older person, and often results in a psychological state of trauma (Mann, 2015)).

Research also suggests that older prisoners face a unique and different set of problems than other groups of prisoners. Many elderly prisoners are entering prison for the first time, an experience that can be traumatic and cause much greater psychological shock than for younger and/or more regular prison attendees (Cohen and Taylor 1972; Crawley and Sparks 2006). In addition to increased shock, there is also a greater chance that older prisoners will lose contact with family and friends, due to the nature (often sexual) of their offences. This creates a further dynamic; an ageing prison population comprised of individuals who are increasingly reluctant to leave the relative safety of the prison environment and who face isolation upon release. The resettlement needs of older prisoners often differ from the rest of the prison population. Due to their increased likelihood of being imprisoned for sex offences, approximately 40% of older prisoners will be released under the Multi-Agency Public Protection Arrangement (MAPPA) (Le Mesurier, 2011). It is understood that this group have greater health and social care needs and are at risk of isolation (Crawley, 2004; Public Health England, 2017). A majority of prisons lack specific resettlement services for older prisoners and there is some evidence that multi-disciplinary assessments of older prisoners - to identify and plan for their health and social care needs - are not always undertaken (Williams, 2012). As the current prison population ages, there is a risk

that older men or the 'oldest old', as Key (2016) describes those aged 85 and over, will become further excluded with little or no prospect of successful reintegration into society without vast cost to already stretched social care providers.

There has – hitherto - been limited strategic response the challenges posed by this ageing prisoner population, resulting in prisons finding it difficult to respond, with even small numbers of older prisoners with health and social care needs stretching resources (Cooney & Braggins, 2010; Prisons and Probation Ombudsman, 2017). Lack of any national strategy results in older prisoner experiences being shaped by a complex policy and practice 'patchwork' e.g. The Care Act (2014), The Offender Rehabilitation Act (2014), The Equality Act (2010), The Disability Discrimination Act (2005)), alongside the National Service Framework for Older People (Department of Health, 2001). Various Prison Service Orders have been developed, as have Prison Service Instructions and good practice guidance, plus a Model for Operational Delivery implemented in 2018 (HM Prisons and Probation, 2018). However, it is often the goodwill of staff and other prisoners that has the most impact in providing at least some response to the needs of older men in prison.

It has often been argued that responses to the needs of older prisoners are underpinned by the 'sameness' principle whereby all prisoners are treated identically (Williams, 2012). Research has identified that staff are often reluctant to differentiate need based on age, fearing this may be considered discriminatory under the current policy (Cooney & Braggins, 2010). This fragmented policy framework has resulted in prisons and their healthcare partners responding in a piecemeal fashion, often at a local or institutional level, leading to highly variable provision (Prison & Probation Ombudsman, 2016). Not surprisingly, existing approaches to the delivery of health and social care for older prisoners have been heavily criticised (CMAJ, 2014; Grainge, 2013, HMIP, 2008; Williams, 2012, HMIP & CQC, 2018). Problems identified include: an inappropriate reliance on self-referral; lack of specialised or appropriate, geriatric, long-term and palliative/end of life care and medicine; weak links between prisons and social care providers in the community; and a reluctance to refer older prisoners to specialist services and to prescribe 'in-possession' medicines. Lack of clarity around responsibilities for the provision of social care remains, often resulting in prison healthcare becoming the default provider of interventions for prisoners who need broader social care (Aday & Wahidin, 2016; CMAJ, 2014; House of Commons, 2013; Levick, 2013; O'Hara et al, 2015; Prison & Probation Ombudsman, 2017; Vega & Silverman, 1988; Williams, 2012). The introduction of the Care Act 2014 had been slow to make an impact upon those in prison. It is the case that provision for older prisoners remains underdeveloped and variable across the prison estate (HM Inspectorate of Prisons, 2018) with research indicating levels of care (end of life care in particular) that is nothing short of shocking (Turner & Peacock, 2017). A joint report by the Inspectorate of Prisons and the CQC warned that Government and local authorities were failing to adequately plan for the rise in the number of elderly, ill and frail prisoners requiring social care (HMIP & CQC, 2018). Health issues can prevent older prisoners from participating fully in the prison regime which requires a change to ensure they are better suited to the needs of this cohort (Prison Reform Trust, 2008). Prisons struggle to take proportionate decisions in context, co-ordinate the care and management of older prisoners and ensure compliance with existing national and local policies (Prison & Probation Ombudsman, 2017).

Collaborative approaches have characterised many areas of social policy, including criminal justice, from, the mid-1990s onwards (Berry et al, 2011; Edwards, 2013; Goodman et al, 2006; Morgan, 1991; Perkins et al., 2010; Towl, 2002; Walton, 2006). At the prison level, collaboration focused on older prisoners has typically comprised prison staff, health, social care and education staff and third sector agencies, working together to develop and deliver initiatives including the creation of special residential units, physical adaptations, appropriate purposeful activity, health interventions and resettlement-related activities (HMIP, 2018; House of Commons, 2013; Levick, 2013; Nacro, 2009). However, the impact of all this collaboration has often been questionable. Her Majesty's Chief Inspector of Prisons Annual Report 2014/15 identified a lack of consistency, across the prison estate, in the management of older prisoners and weak or ineffective collaboration has been identified concerning discharge and resettlement processes (Forsyth et al, 2015; Cornish, 2016: Dyer & Biddle, 2013), social care (Tucker, 2018) and anti-radicalisation (Acheson, 2016). There is also evidence that collaboration can be made difficult by partners' different priorities, lack of understanding of the security requirements of service delivery into prisons, and individual staff beliefs (Mills et al, 2012). Previous research (Jepson & Elliott, 1986; Liebling et al., 2005) suggests that prison officers can feel threatened by, and be hostile towards, outsiders focusing on the welfare of prisoners. Crawley and Sparks (2005) note that some prison staff may resent any suggestion that they should perform a welfare role for older and more vulnerable prisoners.

The Study

Such findings provide the background context to the study reported on here. It is a small scale, but highly intensive, qualitative case study of a large category C training prison in the North of England, containing a significant number of men over the age of fifty. The prison held almost 1,350 adult male prisoners, operating at almost full capacity. Of this population, approximately 500 men are held in House Blocks designed to cater for Vulnerable Prisoners (defined here, in the main, by the index offence). As of March 2017: 207 prisoners (15%) were aged fifty or over; ninety-two prisoners (7%) were sixty or over, and thirty-four prisoners (2.5%) were seventy or over. The rise in the number of older prisoners entering the prison, and the many and complicated issues they brought with them, led to the development of an Older Prisoner Strategy group. The group aimed to develop an environment within the prison that catered for and met the complex needs of the older prisoner, considering little strategic guidance or direction. This group initially comprised of several prison staff, external interested bodies and voluntary sector agencies. At a later stage, prisoner representatives became part of the Strategy Group, and their input proved invaluable. The researcher was invited to be part of this group and was subsequently asked by the then prison governor and the head of the regional prison cluster to begin to explore ways in which prisons could respond, on a local level, to the needs of older prisoners in light of no national directive or strategy. Through the role as a member of the Strategy Group, and over a significant period, the researcher was able to gain the trust of the men living on the older prisoner unit. It was within this context that this research was carried out.

The research aimed to explore the impact of this strategic initiative and make recommendations for future developments. It involved a survey of and interviews with a sample of older prisoners. Prisoners were invited to volunteer to take part in the interviews. Using semi-structured

interviews and a questionnaire, all prisoners who volunteered took part in the research. Interviews were informal and conducted during the 'Inside Out' sessions or in a quiet room on the House Block. The researcher was known to the men and had formed a relationship with them as a result of their involvement in the Strategic Group since the outset. This made the interview process relaxed as trust was already established.

Twenty-one prisoners completed the survey and thirty-eight men were interviewed; both collected data about prisoner health and wellbeing; experiences of the prison regime (including developments designed to make 'things better'); and the operation of the 'Inside Out Club' (an element of the initiative explained below) and concerns for the future. Besides, key project staff were interviewed to understand the development and delivery of various interventions, and the contextual factors influencing how the prison was able to respond to older inmates. Where possible the results were benchmarked against Her Majesty's Inspectorate of Prisons healthy prisons tests (safety, respect (which includes health), purposeful activity and resettlement). The research reported here was conducted with the prisoners to gauge what their perceived needs were, and what initiatives they felt might be most usefully developed within the prison.

The Strategic Group was an important development and external members were able to keep the project going at times when there was otherwise little enthusiasm and few resources available. Prisons in England and Wales have endured a period of austerity resulting in severe staff shortages; and, unsurprisingly perhaps, engaging staff in a project which focused on older prisoners was at times challenging and not without its problems. Older prisoners are typically not a challenge to institutions, they are generally quiet and tend to conform to expectations and regime demands. As a result, they often find themselves last on the list of priorities when it comes to managing complex prison institutions. 'No problems – old and quiet' was the title of a report produced by the Inspectorate of Prisons (2004); the title of which derived from an entry in an older prisoner's wing history sheet.

The Strategic Group were successful in: prioritising action to minimise the time older prisoners were locked in their cells; respond to issues and concerns around safety on the wings; make changes to the physical environment where the men were held: and provide practical responses to issues such as warmer bedding and appropriate clothing. Links with Age UK proved to be invaluable, and the strategic initiative was able to develop further and identify areas where additional changes were needed.

The research unearthed a substantial amount of information relating to concerns around health; anxieties about release from prison; and the fact that many of the men were socially isolated and lonely. One of the suggestions to the isolation and loneliness was to create a social club – what later would become known as the 'Inside Out Club' - where men could mix in a safe environment, preferably off the wing. Initial funding for this was obtained from a charitable trust, which facilitated the piloting of a project worker, the creation of a social club and the ability to extend the work with the older prisoner group. After a successful pilot year of running the older prisoner project with a part-time project worker, funding was then secured from [removed to protect author anonymity] and a part-time project worker was appointed. Many changes were made, as described below.

The provision in the prison for older men comprised a single residential unit (House Block), with all prisoners in single cells. The unit operated at full capacity but aimed to provide as therapeutic a regime as possible with an 'open door' policy. In addition to cells, the unit comprised various 'association' areas, televisions, a library, quiet areas, snooker tables, table tennis, a darts board, an outdoor exercise area, a small market garden/allotment and a small workshop. Grab rails were in the showers (and a 'walk-in' shower on another unit was also available) and there were plans to install a 'walk-in' shower on the unit. There were ramps to facilitate access to and from the unit, alongside personal evacuation plans for those with limited mobility. A waiting list system operated for prisoners, identified at induction, as being eligible for location in the House Block. Eligibility criteria were being over fifty, a non-smoker, plus the ability to demonstrate good behaviour such that they posed no risk to other prisoners. A prisoner who had been on the waiting list for a shorter time, but who was assessed as in greater need (based upon health and/or social care needs), would be allocated a place ahead of someone who had been on the waiting list for a longer time, but who were assessed as having less need. Once allocated, a prisoner remained on the House Block until their release or transfer unless their behaviour/risk came to be deemed as necessitating their removal.

The Prisoner Information Desk (PID) in the House Block was run by a prisoner and he became vital to the older prisoner project, as he is also the prisoner representative on the Strategic Group. The prisoner was able to identify issues that new prisoners faced on entering the House Block and could offer advice and support and encourage men to take part in activities geared towards ameliorating isolation and exclusion.

The Older Prisoner Day Centre, named the 'Inside Out Club' by the men, was a collaborative project delivered by the Age UK project worker. The club operated every Tuesday morning from a designated room within the prison. Approximately eighty-five individual prisoners attended the day centre, with between forty and forty-five prisoners at each session. Attendees tended to be older prisoners from across various residential units. A range of activities was available including group quizzes, arts/crafts, music workshops, carpet bowls, darts and board games. Tea and coffee were made available, served by prisoners whilst background music played, reflecting the tastes of attendees. Sessions included presentations (including external speakers) about pensions, conviction disclosure, and the implications of a conviction when securing insurance, dementia-awareness, relaxation and diabetes. Healthcare representatives attended every two to three months to 'meet and greet' and to allow prisoners to discuss any health issues that could be followed up. In the afternoon there was a gym session, supported by the prison gym-staff, exclusively for older prisoners. This was a major development, as gym attendance by this older age group had previously been very poor. On Wednesdays, there were other structured sessions offered by the project worker.

The project included 'release planning' and 'through the gate' support for prisoners as they were released into local communities, including continuing support post-release from Age UK local charities, where possible, national Age UK charities. Based on the information provided by the prison, the project worker identified older prisoners who were two to three months away from release, to offer a one-to-one interview to identify any resettlement needs and to provide an information pack if required.

At the time of writing, the Older Prisoner Strategic Group still oversees this older prisoner-focused work and enables prison staff, prisoners, and the charity and university research representatives to identify issues, action plans and to review progress. The Strategic Group continues to manage the planning, delivery and future direction of the project

Some Findings

In general, the research suggests that the project has been successful in developing approaches, regimes and infrastructure that are to the benefit of older prisoners. Interventions support wellbeing reduce isolation and encourage input into wider resettlement. The findings also indicate that older prisoners generally hold positive views about their experiences on the residential unit, the 'Inside Out Club' and its activities, and how staff have responded to their needs and disabilities.

More specifically, the research indicates that prisoners in the residential unit feel they are, in general, treated respectfully. Over 80% of survey respondents agreed that most staff treated them with respect and that they felt safe. Interviewees generally reported professional and respectful relationships with Prison Officers, with several acknowledging the good work undertaken by some officers to improve the regime for older prisoners. Prisoners particularly appreciated the quiet, calm and friendlier environment in the residential unit and described feeling safe compared to their experiences in other house blocks and/or other prisons, where they had often experienced noise and intimidating behaviour that had caused them great anxiety, which sometimes prompted long periods of isolation.

Approximately 62% of survey respondents stated that they had been diagnosed with a chronic or long-term health condition. Interviews identified that common conditions included cardio-vascular problems, the consequences of earlier strokes, diabetes, deteriorating eyesight and hearing, prostate problems and arthritis. Some prisoners also experienced on-going problems from earlier injuries to their arms and legs and back problems/pain and high levels of cholesterol. Around a third of survey respondents needed assistance to move around the prison, but no survey participants or interviewees required assistance to undertake personal care. However, participants were aware of other prisoners who required assistance with personal care. The most common mental health problems mentioned were depression and anxiety, sometimes exacerbated by bereavement and being away from family and support networks.

Findings indicated a 'mixed picture' concerning the project's impact of health and wellbeing, but they suggest that further progress could be made. Sixty-five per cent of older prisoners surveyed did not feel that the healthcare they receive met their needs (although some 30% did). Interview findings suggested that prisoners found access to prescribed medication that they cannot hold 'in possession' themselves to be a significant problem. This resulted in regular visits to the pharmacy where prisoners stated that they had to stand in long queues, making it difficult to combine a visit to the pharmacy to collect medication by taking meals and association. Other issues identified included instances of long waiting times and multiple visits to Health Care to identify and manage a health issue. It was a considerable distance from the residential unit to Health Care, which meant that some older prisoners could only access the service if transport was available. Long waiting times, particularly for dental treatment, were also mentioned by some older prisoners (issues that affect prisoners of all ages). However, many interviewees stated that they

had no, or very few, problems with medication or healthcare provision and had received interventions that had enabled them to stabilise or reduce the symptomology of their conditions. Gym attendance had increased significantly with over forty men attending the Tuesday afternoon sessions. Most of these men had not used a gym before and were encouraged to attend by their peers and by the fact that this was a session run only for the over fifties.

The 'Inside Out Club' was designed to enhance the amount of purposeful activity and reduce the social isolation of the older prisoners. Activities available at the club were generally regarded positively, with large majorities of those surveyed (and who attended the club) enjoying or very much enjoying most of the activities on offer. Furthermore, over 85% enjoyed or very much enjoy the opportunity, provided through attendance, to associate with people their own age and to leave their normal locations. Over 85% of respondents also stated that they had met new people by attending the club, with almost 94% stating that attendance made them feel less isolated. However, the impact of the project had been compromised somewhat by some of the wider problems facing the prison (and indeed the wider prison system). Often, the ability to engage in purposeful activity had been undermined by problems around staffing, however, it was also recognised that there had been a conscious effort on the part of senior management to ensure that sessions were not cancelled.

Resettlement-related presentations delivered at sessions of the club (e.g. pensions, benefits, housing and registering with a GP), were regarded as informative. At the time the research was undertaken, plans were being developed to enable the project worker to undertake more one-to-one pre-release assessment and planning with all older prisoners. In this context, the contribution of the project to resettlement appeared limited, with several interviewees critical of overall prison delivered resettlement interventions, leaving them frustrated by the lack of support and believing additional activities delivered via the 'Inside Out Club' would be beneficial.

Discussion

Turner & Peacock (2017) note the difficulty of balancing security with humanity in the prison system; this is perhaps not more keenly felt than when dealing with the older, and often sex offender, population in prison. Both justice and humanity should be kept in mind when reading this discussion. As such it is heartening that the findings just reported suggesting that the project, and the partnership underpinning it, made a positive contribution to prisoner safety, with older prisoners overwhelmingly positive about its impact on their sense of safety, and about the residential unit that provided a calm, respectful and friendly environment. There was evidence that the project had, via provision available at the 'Inside Out Club', improved the availability of purposeful activity offered to older prisoners. The increase in gym attendance was also useful to increase the wellbeing of this otherwise sedentary population. However, the contribution made by the project to prisoner health and resettlement appears more limited.

Collaboration has been crucial to the project's achievements. Liaison between the prison staff and the project worker was essential to ensure the continuation of the work of the Strategic Group. There has been a commitment from the wider prison, including at senior management level. Senior prison management and key prison officers desired to improve the regime for older prisoners. The creation of an officer lead for older prisoners has been important to ensure coordination of activities by the different stakeholders. The prison has made office space

available to the project worker for the conduct of one-to-one release planning work with prisoners, which included information about on-going support available from the charity upon release. Also, the prison has had to find suitable venues for the 'Inside Out Club' and as attendee numbers grew and activities developed, new accommodation had to be secured. Gym staff have also engaged with the project worker to develop bespoke gym provision for men over fifty; men who had never been in a gym before their prison sentence and had felt reluctant to leave their cells.

In addition to the commitment of staff, there must be a significant 'buy-in' from the prisoners themselves. Prisoners are encouraged to be active partners, who take ownership of elements of the projects (e.g. for taking responsibility for activities at the Day Centre and coming up with ideas for new activities such as carpet bowls and darts). This ownership enables the delivery of the activities prisoners want. However, the desire to instill a sense of ownership must be balanced against the need to ensure that this does not give prisoners a sense of power over other prisoners. The project worker's role has included challenging older prisoners with activities that they may not have considered (e.g. salsa drums and seated exercise) and organising external speakers. The prisoners themselves are consulted, by the project and volunteers, about day centre activities that should be delivered, to ensure these remain focused on issues they regarded as important and about future directions. Consultation with prisoners was crucial to increasing levels of participation in the club in its early stages. It helped to dispel prisoner misconceptions, based on informal word of mouth, and promoted engagement. Attention was also paid to ensuring prisoners are told why certain developments were not possible.

Prisoner involvement in the project was vital to its continued success. The prisoner representatives provided an inordinate amount of information regarding issues and problems faced by the older men. They also provided the link between the prisoners and those members the strategic group, along with staff working on the house blocks. Three prisoner representatives attend the Strategic Group and represented the views of prisoners. The prisoners who were members of the Strategic group also had other roles within the prison (PIDS workers and User Voice Representatives) which meant that they could assess which prisoners were suitable for attending the group, and highlighted any issues or problems that prisoners face, which may be otherwise unknown to prison staff.

Working in collaboration was, at times, challenging. The need to secure agreement for specific actions, gain appropriate authorisations and then implement decisions often took time and was frustrating for all concerned. The challenges of collaboration discussed earlier, were also evident within this project. Interviewees suggested that not all officers were always supportive of the project and did not fully engage with the prisoners or the activities. Nevertheless, the project illustrates that positive results can be achieved, with a relatively small budget, by agencies and committed staff working together, that enables progress towards a healthier and more humane prison experience for older prisoners.

Some Conclusions

Based on these promising results and the issues identified in the project, expanded collaboration must be an integral part of a new, national strategy for older prisoners. The strategy should promote systematic embedding of multi-agency working to respond to the challenges posed by

older prisoners. Indeed, it might be useful to consider legislation that includes a 'duty to co-operate', to underpin this. The development of a strategy that defines the 'older prisoner', based on evidence of the accelerated ageing that accompanies incarceration, and which covers their health, regime and resettlement needs, is crucial. It will provide a clear focus, around which agencies can work together, to deliver a consistent approach across the prison estate, thus superseding the current, often chaotic, piecemeal approach. The strategy itself must be developed collaboratively and informed by research, external service provider perspectives and the views of prisoners, and where possible, their families and advocates. Whilst collaboration between various agencies is necessary to develop better responses to the challenges that older prisoners create, it should be recognised that collaboration can be inherently problematic. There is evidence that when staff (e.g. discipline and healthcare staff) do collaborate the results are often sub-optimal (Prison & Probation Ombudsman, 2017). Thus, prison officers must contribute to any strategy that seeks to develop such collaborative working, to generate a sense of ownership and to ensure they do not feel threatened by it.

Evidence suggests a strategy should focus on key areas identified in this and other research and target regime, wellbeing, prison housing, healthcare and resettlement. Any strategy needs to include, or signpost to, empirical examples of good practice (including collaboration) to enable those managing and delivering services to understand how to put its principals into practice. Any strategy to promote collaboration must be sufficiently flexible to reflect institutional requirements and emerging evidence. For example, whilst prisoners in this study were generally positive about being housed in a separate older prisoners' unit, some preferred being housed elsewhere (as they did not wish to reside with sex offenders or prisoners who were older than themselves). There is an on-going debate about the value of housing older prisoners separately (see: Aday & Wahidin, 2016; Dawes, 2009 which should be evaluated. Any strategy needs to be sufficiently flexible to reflect this and note that separation may not be necessary for healthier older prisoners if levels of prison violence can be reduced (Wangmo et al, 2015). The strategy should be resourced to enable partners to work together. Recognition of the pressure prisons are under because of budget restraints and the implications of continued austerity are vital. However, the project shows that a relatively small financial resource can enable partnership working, which delivers positive outcomes. That said, smaller scale, lower-cost projects are not, of course, a panacea. Responding to issues around high-level social care, dementia, and palliative and end of life care are likely to require far better resourced and larger-scale collaborations.

The limitations of current health and social care suggest the need to prioritise the creation of enhanced partnerships between prisons, prison healthcare and social care providers to deliver appropriate dementia-related care, ensure appropriate end of life and palliative care, and to better manage compassionate release. There is a need to engage with social care providers. Beyond this, collaboration could also focus interventions designed to develop self-esteem, pro-social behaviours, assertive communication, and skills, which are associated with good quality of life for older prisoners (De Smet et al, 2017). The project (in common with other research discussed) identified weaknesses around resettlement for older prisoners. Partnerships focused on the resettlement needs of older prisoners (e.g. safety on release, access to social care, employment opportunities and appropriate hostel accommodation) would thus also be useful (Trotter & Baidawi, 2015).

Successful collaboration requires a supportive policy framework that enables organisations (particularly third sector ones) to successfully work together. The Transforming Rehabilitation agenda has been disruptive for collaboration. It has created barriers to engagement and uncertainties about the nature of collaboration and has consequently often reduced voluntary sector involvement in provision (Clinks, 2015; House of Commons, 2019). Thus, reforms to wider policy changes are needed so they support better responses to the challenges posed by older prisoners. The recent announcement proposing changes to probation services (Ministry of Justice, 2019) potentially offers an opportunity to develop partnerships focused on the resettlement needs of older prisoners. However, there is much work to do. The National Audit Office (2019) has issued a damning report on the state of probation reform, part of 'Transforming Rehabilitation', describing changes made as costly and ineffective. In 2017 both the Chief Inspector of Prisons and the Chief Inspector of Probation noted that support for prisoners leaving jail and moving back into the community was poor, and the work of most Community Rehabilitation Companies (CRCs) was not making any difference. Through the gate services and provision is vital to ensure effective release for all groups in prison, but it is important for this group of men, who are often likely to have no other form of support once outside of the confines of the prison environment.

The growth in the older prison population has created challenges and dilemmas for the prison system. Without a national strategy to guide practitioners, responses have been piecemeal and do not appear to have fully addressed these challenges and dilemmas (Tucker et al, 2019). Partnership working, involving the Prison Service, other statutory agencies, the voluntary sector, higher education institutions and prisoners themselves, will not resolve all the problems we have identified. However, the project suggests collaboration can be a beneficial approach if used in a way that takes account of the unique nature of the prison environment. The project is an example of low cost-effective policy, at a micro-level, which can easily be replicated, both nationally and internationally. It enables wiser solutions to be developed to better meet the challenges posed by older prisoners. Perhaps we need to move even further and begin to scrutinise the reasons behind the changes in our prison populations across the Western World? There are many practical issues raised by the incarceration of older men in prison today, and some can be addressed. However, the real troubling questions around justice and ethical considerations (Turner et al, 2018) are much more difficult to find responses to.

6500 words (excluding abstract)

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