

HM Chief Inspector of Prisons Anne Owers today called on the Prison Service and the Department of Health to urgently develop a national strategy for older and less able prisoners.

In [No problems - old and quiet](#), a thematic report on older prisoners published today, the Chief Inspector said that few prisons were taking the needs of elderly prisoners seriously. For that reason, a national strategy, conforming to the Disability Discrimination Act (DDA) and the National Service Framework for Older People, needs to be developed urgently.

The strategy should include:

- A programme to provide suitable and accessible accommodation;
- Mechanisms for implementing and monitoring DDA requirements;
- Suitable regimes for older prisoners;
- Staff training;
- Greater co-operation between prisons, the NHS, social services and other agencies;
- Individual assessments of the health and social care needs of older prisoners.

One of the report's other recommendations is that prisons should develop a prisoner Carers scheme (similar to the prisoner Listeners who assist suicidal prisoners), under social services supervision, so that selected prisoners can be trained, supervised and accredited in personal social care.

Anne Owers said:

"We found a few prisons that were taking seriously the special needs of older prisoners and some examples of individual good practice in many more. But there is no overall strategy throughout the prison estate for assessing or providing for the needs of older prisoners, whose number trebled between 1992 and 2002.

"For some of these prisoners, every day meant a struggle to do even the simplest of tasks. Some had become wholly

disengaged from staff and other prisoners, as a consequence of physical or intellectual degeneration, or mental health problems. And for the majority of older prisoners, health, mobility and hearing became less robust with age. In general, the older a prisoner, the more barriers there were to active life, the greater their mental and physical health needs, and the less likely it was that they would be able to live and function in dignity. We found little evidence that individual needs were being assessed, or provision made for them."

The report, based on surveys and inspections carried out with over a third of the over-60 male prison population, found a range of problems and difficulties facing them. Case studies cited in the report include:

- A prisoner in a wheelchair who was able to bathe only about once a month;
- Prisoners with incontinence problems had considerable problems with night sanitation systems;
- A deaf prisoner, with poor mobility and failing eyesight, and virtually no communication with staff or other prisoners;
- Prisoners with mobility problems who were allocated to upper bunk beds, in cramped cells: and sometimes fell out.

The report points out that the proper treatment of older prisoners is not just an issue for prisons and probation. Social service and healthcare departments also have a duty of care and inspectors found that, in general, local authority social service departments were extremely reluctant even to carry out assessments of older prisoners, still less to offer support either during or after imprisonment.

There were however some pockets of good practice. Kingston, Frankland and Wymott had special provisions for older prisoners and a new unit had recently opened at HMP Norwich whilst other prisons boasted specific examples such as leg ulcer clinics and good palliative care.

The report separately looks at the experience of women prisoners over 50, to identify any specific needs in that age-

group. Some health screening for middle-aged women was not being carried out, and 44% of women over 50 were foreign nationals, with specific and unmet resettlement needs.

Anne Owers concluded:

"Prisons need to protect the public; but, in doing so, they must gear themselves to meet the needs of an older and ageing population, some of whom will, in practice, spend the rest of their lives in prison. At present, as this report shows, the prison system in general is ill-equipped to meet their needs and its responsibilities, and is not being actively assisted to do so by outside agencies.

"Our key recommendations, therefore, are that the National Offender Management Service and the Department of Health should agree a strategy for the care and treatment of older prisoners; and that prisons should develop and implement standards for the care of older and less able prisoners. "

Notes to editors:

1. '[No problems - old and quiet; a thematic report on older prisoners](#)' is published on Tuesday 14 December.
2. The report is based on surveys of 442 men over 60. The inspection team also surveyed 47 women over 50. In total they visited 18 prisons across England and Wales.
3. Embargoed copies are available from the Home Office press office. Tel. 020 7273 4545.