NOTA WRITTEN SUBMISSION TO THE JUSTICE SELECT COMMITTEE'S CONSULTATION ON NEEDS OF OLDER OFFENDERS IN THE PRISON ESTATE

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NOTA – The National Organisation for the Treatment of Abuse - is a charity and professional association that supports those working in the field of sexual abuse prevention. Operating throughout the UK and Republic of Ireland, NOTA comprises approximately 1200 professional members who are engaged in work to prevent and address sexual abuse and sexual offending. It is the largest organisation in the UK supporting practitioners working with adults, adolescents and children who display sexually abusive and sexually offending behaviour.

A pressing issue for our members is the increasing number of older people convicted of sexual offences both in the community and in prison. This places additional demands on services and practitioners: older people convicted of offences are likely to have complex health and social care needs, for instance. The Derwent report (2005) was the first to consider the specific needs and risks of older individuals convicted of sexual offences and noted that this is a profoundly understudied population. Since that report's publication, research knowledge remains limited. For the purposes of this report, we drew on the experiences of NOTA members who have particular knowledge and expertise in working with older people convicted of sexual offences in prison settings, and accordingly our focus in answering the committee's questions is on this aspect of the ageing prison population.

1. What are the characteristics of older prisoners, what types of offences are they in prison for and how is demographic likely to change in the future?

Over the last few years in England and Wales we have seen a reduction of young men in the prison population, and also an improvement (i.e. reduction) in their re-conviction rates. We also note the movement towards presumption against short sentences. These drivers mean that the overall prison population is likely to be become older, with a larger proportion made up of those serving longer sentences.

While it is likely that the older prison population will be comprised of (mainly) men serving longer sentences, including life sentences and indeterminate sentences, for murder, terrorism and violent offences, the majority will have a sexual offence element in their crime. Although older men do commit sexual offences - a phenomena often associated with the onset of psychological and social problems in old age - this over-representation in the prison estate generally relates to:

- older individuals convicted at a younger age for sexual offences who received a life sentence or indeterminate sentence; and
- older individuals convicted of non-recent offences which were committed some years ago.

Non-recent offences accounted for 26% of sexual offences in England and Wales recorded by the police in the year ending March 2018. This proportion has remained similar (between 25% and 27%) over the last five year (Office for Home Statistic, 2018). This latter group is likely to grow as

disclosure of offending increases and historic cases - involving perpetrators who have aged in the meantime - are prosecuted. This group creates challenges in relation to proportionate sentencing, as many cases involve individuals who desisted from further offending for many years before conviction and may be at relatively low risk of re-offending. However the seriousness of the offences and level of harm caused will often require a custodial sentence to be considered.

These changes in the prison population will require an informed and strategic response. These are likely to include:

- **Consideration of public safety**. Although there are gaps in our empirical knowledge, there has been significant progress in our understanding of the link between age, risk, recidivism and reconviction. It is unclear whether this progress is informing pre-sentencing reports and parole board decisions in relation to older people convicted of sexual offences.

- **Risk reduction**. Are offence specific programmes of intervention and plans for management of risk, suitable for older prisoners, particularly with respect to non-recent offending? How do we work with a client who has desisted from further offending during the period since the commission of his historic index offences? How do we support him to make sense of his journey? In terms of responsivity, are prison programmes for those charged with sexual offences suitable for those whose cognitive functioning has altered with age (i.e. memory problems, rigid thinking, etc.). Some of our programmes draw on the Good Lives Model (Ward and Stewart, 2003) – what does this mean for older individuals in prison settings? Importantly how do we engender hope in someone who in the later years of their life has lost their family, reputation and social standing?

- **Caring in a humane and compassionate way.** (e.g. provision of appropriate conditions of accommodation, health-care, nutrition, occupation etc.). Consideration of age appropriate activity is particularly relevant here as these individuals may be of pensionable age, which creates challenges in relation to whether work should be imposed on this population. How do we develop social capital when options are often limited by the very limitations that old age (e.g., declining social network) and frailty can place on an individual?

- **Health care needs.** How do we best strike the balance between dealing with the risk an individual may present, planning for eventual release, and providing appropriate health and social care?

- **Psychological needs**. While the population convicted of sexual offences is likely to be more compliant, in terms of following staff orders and less likely to be overtly violent, they are known to be more manipulative, legalistic and difficult in terms of management and administration. The psychological impact of prison for older individuals in custody also needs to be considered.

These issues raise questions about location and cost. While older prisoners who have committed sexual offences are required to be kept securely, it may be that they can be housed in institutions which, although secure, involve lower level of security. This may be less costly, and can focus on the needs of this older population, which is likely to have greater health care problems – mobility, diabetes, arthritis, deafness, dementia, heart conditions, and so on.

2. What challenges do older prisoners face, what services do they need and are there barriers to them accessing these?

It is likely that older prisoners, especially those that have committed sexual offences, are perceived as a less deserving group. Within prison they are possibly left alone in halls and wings, while others are outside working and exercising/undertaking sports. They can be isolated from the rest of the prison, and be less likely to receive visits or correspondence and have positive links outside. They are thus less likely to receive support from external agencies, and services linked to making preparations for release.

Provision for older people in prisons varies across the estate with some prisons providing innovative and creative services to meet the needs posed by older people, e.g., work with voluntary sector organisations such as Age UK, Carers Federation and Local Authority Social Care services are in operation. Some prisons have made adaptations to their regime and accommodation to meet the needs of older people and have innovative peer support programmes to ensure that older people are not isolated or vulnerable from the main population. However, all of these initiatives are not consistently applied across the prison estate.

3. Is the design of accommodation for older prisoner appropriate and what could be done to improve this?

Accommodation across the prison estate varies. Some of it is appropriate to meet the needs of older people but much of it is not. Mobility, types of cells and regime adaptations need to be considered. Some thought will need to be given to the type of health-care provided, and how prisons can begin to integrate these with supportive accommodation and concepts of social care. Lower security prisons with a focus on supportive care is one possibility.

4. How do older prisoners interact with the prison regime and what purposeful activity is available to them?

Some older individuals in prison can be seen as vulnerable or isolated. Provisions vary from prison to prison, with some prisons providing separate age appropriate activities for older people including social support, dementia care, and physical exercise and physiotherapy services. Those assessed as posing a risk of sexual reoffending should be required to address these issues and cannot be excused because of age.

5. Does the provision of both health and social care, including mental health, meet the needs of older prisoners and how can services be made more effective?

The services vary again from one prison to another. They could be improved by Health Care Commissioners having a greater understanding of both the mental health and general health needs of this population. It is unlikely that these needs are fully met in any prison. It is also likely that many prisoners will themselves also have experienced trauma and it is vital trauma informed approaches inform the care of all members of the prison population, including older individuals who have committed sexual offences.

6. Do prisons, healthcare providers, local authorities and other organisations involved in the care of older prisoners collaborate effectively?

This varies from one area to another. Some Local Authorities and Healthcare providers are collaborating effectively to provide a healthcare package for older people, although this is not universal and in some areas collaboration is poor. However, as the work of integration of health and social care improves, so will collaboration. There are examples of good practice, both in relation to individually tailored arrangements, and in relation to co-operation between existing partnerships.

7. Are the arrangements for the resettlement arrangements for older prisoners effective?

No, there is insufficient adapted accommodation available for older people on release from prisons and specialist care services are inadequate. This is particularly the case where the offence is considered abhorrent by communities. Finding suitable housing for individuals who have committed sexual offences who are released is problematic, even without added difficulties of old age.

8. Does the treatment of older prisoners comply with the equality legislation and human rights standards?

This would vary from one prison to another. In some prisons services would be compliant and others not.

9. Whether a national strategy for the treatment of older prisoners should be established; and if so what it should contain?

A national strategy or vision would be a first step to the provision of a comprehensive service for this group. It would set out a basic minimum standards of provision, and it would involve significant investment in providing appropriate accommodation and care services for older people. A strategic approach would also highlight the necessity of clear guidance in relation to the assessment process as part of preparation of pre-sentencing reports, to ensure that there is inter-professional practice evidenced and that an individual's responsivity issues are clearly identified and this information conveyed to the prison service in a timely manner.

NOTA as a UK wide organisation would be happy to engage with any further discussions following on from this consultation where our expertise and that of our membership may be of use.

On behalf of NOTA:

Professor Sarah Brown, Chair of NOTA.

Stuart Allardyce, Chair of NOTA Policy and Practice Committee / NOTA Vice Chair.

References:

Francis P, Greer C, Thompson J et al (2005) Elderly sex offenders in social and health care: a scoping report. The Derwent Initiative and Northumbria University

Office for Home Statistics (2018). Sexual offending: Victimisation and the path through the criminal justice system.

Ward T, Stewart CA. The treatment of sex offenders: Risk management and good lives. Professional Psychology: Research and Practice. 2003 Aug;34(4):353.