"IN HERE, TIME STANDS STILL"

THE RIGHTS, NEEDS AND EXPERIENCES OF OLDER PEOPLE IN PRISON



The Irish Penal Reform Trust (IPRT) is Ireland's leading non-governmental organisation campaigning for the rights of everyone in the penal system, with prison as a last resort. IPRT is committed to reducing imprisonment and the progressive reform of the penal system based on evidence-led policies. IPRT works to achieve its goals through research, raising awareness, and building alliances.

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Contents

Acknowledgements	2
Executive Summary	3
Summary of Recommendations	4
1. Introduction	8
2. Research Methodology	10
3. Review of the Local and International Literature	12
4. Issues Facing Older People in the Irish Prison System	20
4.1 Physical and Mental Health	21
4.2 Mobility and the Physical Environment	24
4.3. Social Care Needs	28
4.4 Bullying and Victimisation	32
4.5 Participation in Prison Programmes	34
4.6 Release Planning and Resettlement	36
5. Conclusion and Recommendations	40
References	44
Appendix A: Qualitative Findings from Research Questionnaire	47
Appendix B: International Human Rights Instruments	48

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Executive Summary

The number of older people in Irish prisons has increased considerably in recent years and this group now represents a substantial minority within the Irish prison system. Latest figures indicate that almost 10% of people in prison custody today are over the age of 50 (Irish Prison Service, 2015).

Older people in prison are a particularly vulnerable group and they face a wide range of issues which are different from those faced by the general prison population. Throughout this report we have divided these issues into six main themes: physical and mental health needs, mobility and the physical environment, social care needs, bullying and victimisation, participation in prison programmes, and release planning and resettlement.

This research was conducted in three stages: (i) deskbased review of local and international literature; (ii) semi-structured interviews with older people in prison (referred to as 'participants') and professional stakeholders; and (iii) the completion of a questionnaire by participants and professional stakeholders.

While many participants spoke positively about several aspects of prison life, including the physical and mental health services provided, their relationship with younger people and prison staff, and access to education and work, a number of issues arose which are a cause of serious concern. These include the detention of older people living with dementia and other serious conditions, the fact that some older people are confined to their cell or are bed-bound, and the fact that in some instances personal care, including intimate care such as the changing of incontinence pads, is being provided by other prisoners.

The Irish Prison Service has taken a number of welcome steps to address the unique needs of older people in Irish prisons. A Strategy for the Management of Older Persons, published as part of the prison service's Three Year Strategic Plan in 2012, sets out a number of actions to address the growing number of older people with complex health and social needs in Irish prisons. However, it is clear that a more comprehensive strategy is required in order to adequately address the needs of older people in the Irish prison system. Encouragingly, the Irish Prison Service Strategic Plan 2016–2018 includes a commitment to finalise and implement an Older Prisoner Strategy (Irish Prison Service, 2016). It is vital that this strategy addresses the issues identified above and that it is fully implemented.

The recommendations contained in this report are based on best practice examples set out in the research literature and on the recommendations of the research participants and professional stakeholders. If acted upon, these recommendations will greatly improve the lives of older people in the Irish prison system.

"I wouldn't like to die in prison, that's kind of a big thing for us. I'd like [at least] a day free. I think it's a common [fear] among older people, it's a terrible place to die."

INTO6 (61-year-old man)

Summary of Recommendations

RECOMMENDATION 1

A Comprehensive Strategy for the Management of Older Persons in Prison

- 1.1 The Irish Prison Service should build on the existing Strategy for the Management of Older Persons to create a comprehensive strategy that considers the rights and needs of older people in relation to physical and mental health needs, mobility and the physical environment, social care needs, bullying and victimisation, participation in prison programmes and release planning and resettlement. The commitment to finalise and implement an Older Prisoner Strategy in the Irish Prison Service Strategic Plan 2016–2018 is welcome and it is vital that this strategy is fully implemented.
- 1.2 In developing this strategy, there should be a wider debate about the appropriateness of detaining old and seriously ill people in a prison environment, particularly those living with dementia or other terminal illnesses. This debate should consider the significant practical and ethical challenges the continued detention of these people presents for prison staff and for other prisoners.

RECOMMENDATION 2

Physical and Mental Health Needs

- 2.1 Physical and mental health services which are dedicated to the needs of older people should be made available throughout the Irish prison system. This should include the introduction of an over-50s health clinic in each prison.
- 2.2 All prisons should have an identified, trained and supported lead staff member for older people in the health care unit.
- 2.3 Prisons housing women should address their gender-related health issues, ensuring that they continue to receive mammograms, cervical cytology screenings and support for age-related issues including the menopause.
- 2.4 Older people with significant medical problems whose care cannot be adequately catered for in prison should be released on health grounds. The decision to grant Temporary Release on health grounds should be based on the particular circumstances of each case and should not be influenced by policies regarding the nature of the offence committed.
- 2.5 When an older person is reaching the end of his/her life, a case conference involving a palliative care team should be convened to formulate a care plan.
- 2.6 All prison staff should receive dementia awareness training, allowing them to identify symptoms of Alzheimer's and other forms of dementia, and providing them with the skills necessary to support people living with dementia.
- 2.7 Older people should be given regular access to specialist health services including a dentist, chiropodist and optician.
- 2.8 The Prison Service should support older people to maintain a healthy diet. As a person ages, they should be given access to a special diet which contains less processed food. Staff members should be trained to monitor the eating habits of older people and any concerns about a person's diet should be reported to prison health staff.

RECOMMENDATION 3

Mobility and the Physical Environment

- 3.1 Single cell accommodation should be the norm across the prison estate for all prisoners; as a minimum, cell and bed allocation policies should take account of age and disability.
- 3.2 Older people should have the option of being housed in a separate unit or wing, while still having an opportunity to mix with younger people in prison.
- 3.3 Any older person's unit or wing should incorporate age-friendly design, and all prisons should provide mobility aids to allow older people with mobility problems to remain active.
- 3.4 The future design of prisons should include an appropriate number of cells capable of accommodating wheelchairs, hospital beds and relevant paraphernalia necessary to the needs of older people with serious physical health needs.
- 3.5 A peer support programme should be rolled out across all prisons (see 4.1). Through this optional programme, prisoners may be trained to support older people with mobility issues by bringing them their meals, collecting their laundry and helping them to clean their cells.

RECOMMENDATION 4

Social Care

- 4.1 Consideration should be given to an optional and strictly monitored scheme whereby prisoners are trained to provide some limited social care to older people through a peer support programme and may gain accreditation and privileges for so providing. However, any care provided through this scheme should not extend to personal care such as washing and dressing, which should properly remain the responsibility of prison medical staff and professional care assistants.
- 4.2 The Irish Prison Service should set out the minimum standard of social care that it expects and consider the possibility of placing social workers in prisons to support older people.
- 4.3 Policy guidelines should be agreed between prison management and social work agencies, and time and resources should be allocated so that staff can undertake specific social work tasks required when working with older people.
- **4.4** Prison staff should receive specific training regarding the social and emotional needs of older people.
- 4.5 Joint health and social care assessments should be undertaken routinely for older people with social care needs.
- 4.6 Family contact should be encouraged through the use of extended visits for people who cannot visit often and grandparents' visits days. Where older family members are unable to visit due to mobility or other issues, family contact should be facilitated through Skype and/or longer phone calls.
- **4.7** Visitor areas should be accessible and have appropriate facilities for older and disabled visitors.
- 4.8 Information materials about the prison regime should be dementia-friendly and approved by National Adult Literacy Agency (NALA). These materials should be disseminated and discussed with older people to ensure they are aware of their rights.

RECOMMENDATION 5

Bullying and Victimisation

- **5.1** All prison staff should receive training on how to recognise and manage bullying.
- **5.2** All allegations of bullying of older people should be responded to quickly and effectively.
- **5.3** Older people should be accommodated in single cells to provide them with more personal security and reduce the risk of bullying and victimisation.
- 5.4 The Strategy for the Management of Older Persons in Prison should consider and address the threat of elder abuse in a prison environment.
- 5.5 Prison staff should receive training on how to foster positive communication and relationships between prisoners and on how to deal with traumatic situations.

RECOMMENDATION 6

Participation in Prison Programmes

- 6.1 Older people should be given access to physical exercise regimes that are appropriate to their age and ability, and appropriate programmes should be made available in locations that are physically accessible to older people with mobility issues.
- **6.2** The diversity of older people should be recognised and given special consideration in prison programming.
- 6.3 The Irish Prison Service should consult older people about what courses and recreational activities would be most appropriate.
- 6.4 Specialist services for older people, such as low impact gym sessions and designated library sessions, should be implemented in all prisons using existing resources.

RECOMMENDATION 7

Release Planning and Resettlement

- 7.1 All available information regarding an older person's release, including accommodation options, employment opportunities, and supports in the community, should be provided to the person well ahead of his/her release date.
- 7.2 A resettlement strategy should take into account the health and welfare needs of an older person and appropriate accommodation should be in place before an older person is released from prison.
- 7.3 Older people should be given additional support to find employment as this is an area of particular concern for people over the age of 50.
- 7.4 The rules regarding Temporary Release should be made clear to all older people, and they should be supported to access Temporary Release, particularly towards the end of their sentence.
- 7.5 An open prison and/or training unit should be created for women to provide them with the same opportunities for resettlement.
- 7.6 Older people released from prison should have access to adequate medical care in the community, including a medical card if necessary.
- 7.7 The Irish Prison Service should continue to engage with the HSE to develop collaborative programmes which will ensure a seamless transition when an older person is released.
- 7.8 The Irish Prison Service should consider the implications of the Assisted Decision-Making (Capacity) Act 2015 for older people, particularly those living with dementia. A revised Strategy for the Management of Older Persons should set out how the prison service will support those whose capacity is in question to engage in decisions about their welfare.

1. Introduction

The number of older people in Irish prisons has increased considerably in recent years and this group now represents a substantial minority within the Irish prison system. Latest figures indicate that almost 10% of people in prison custody are over the age of 50 (Irish Prison Service, 2015). This increase reflects the situation in many western countries and older people are now widely recognised as the fastest growing group within the prison system. This is due to a number of factors, including the ageing of the general population, a rise in those convicted of 'historic' sex offences, the fact that more people are being convicted at an older age, and that people are serving longer sentences.

Older people are a particularly vulnerable group within Irish prisons and their needs differ greatly from those of the general prison population. They face a wide range of issues which relate to serious physical and mental health needs, mobility problems, the need for social and personal care, bullying and victimisation, difficulties accessing prison programmes, and issues regarding release and resettlement.

The Irish Prison Service has taken a number of steps to address the unique needs of older people in Irish prisons. A Strategy for the Management of Older Persons, published as part of the service's Three Year Strategic Plan in 2012, sets out a number of actions to address the growing number of older people with complex health and social needs in Irish prisons. These actions include putting an individual care plan in place for every person over the age of 60, meeting the needs of older people by providing appropriate prison accommodation, and engaging with the Health Service Executive (HSE) to develop collaborative programmes designed to ensure a seamless transition for the return of an older person to the community. In addition to this, the Irish Prison Service Strategic Plan 2016–2018 includes a commitment to finalise and implement an Older Prisoner Strategy (Irish Prison Service, 2016).

While the recognition of older people as a distinct group in the prison system is welcome, to date there has been little analysis of the rights, experiences and needs of older people in Irish prisons. In this report, IPRT draws attention to the particular needs of this vulnerable group.

Aims and Objectives

The overall aim of this research is to identify issues affecting older people in prison, to catalyse action, and to raise awareness of their needs as a vulnerable minority group.

Report Outline

This report contains five chapters. Chapter 2 sets out the methodology used in the research, including the ethical principles applied. Chapter 3 reviews and presents local and international literature on the needs of older people in prison. Chapter 4 presents the results of one-to-one qualitative interviews undertaken with people aged 50 and over in prison and with professional stake-holders. This chapter covers six themes – physical and mental health needs, mobility and the physical environment, social care needs, bullying and victimisation, participation in prison programmes, and release planning and resettlement. Chapter 5 presents a series of recommendations based on the research findings.

Appendix A provides a summary of the qualitative data collected from the participants' research questionnaire, while Appendix B presents a summary of the international human rights instruments which apply to older people in prison.

2. Research Methodology

2.1 Approach

This research was conducted in three stages:

i. Literature Review

The first stage of this research involved a desk-based review of local and international literature on the rights, experiences and needs of older people in prison. Peer reviewed articles, research studies, dissertations, government reports and reports from non-government sources in Ireland, the United Kingdom, Canada and Australia were reviewed to determine the rights and needs of older people in prison and to examine best practice recommendations to meet these needs. These articles and reports were identified through a general search of university research databases using the keyword search terms 'older' and 'prisoner' and other variations.

ii. Qualitative Interviews with Older People in Prison and Professional Stakeholders

The second stage of this research involved collecting primary qualitative data through semi-structured interviews with older people in prison and professional stakeholders. These interviews lasted between 10 minutes and one hour. Interviews were conducted across three prisons and 23 people aged 50 and over were interviewed. Of these, 20 were men and three were women, and they ranged from 50 to 79 years of age. These people are referred to throughout this report as 'participants'. Four professional stakeholders were interviewed, two from the Irish Prison Service, one from the Parole Board and one from Age Action, a national non-governmental organisation concerned with ageing and older people. Findings from these interviews are presented in **Chapter 4**.

iii. Quantitative Data Collection Through Research Questionnaire

The third stage of this research involved the completion of a questionnaire by participants and professional stakeholders. A questionnaire was prepared for participants, which asked about personal background, medical background, special assistance required, and personal and professional contact. This questionnaire was completed by 22 people, the majority of whom had also participated in the qualitative interviews. A summary of the data collected from the participants' questionnaire is available in Appendix A on page 43.

A separate questionnaire was prepared for professional stakeholders, which contained questions about professional background, issues facing older people in prison, and recommendations for meeting the needs of this vulnerable group. This questionnaire was completed by three professional stakeholders, one from the Irish Prison Service and two from the Irish Association for the Social Integration of Offenders (IASIO), a community-based organisation focusing on alternatives to offending, custody and re-imprisonment. The data from this professional questionnaire was used to support the qualitative data contained in **Chapter 4**. Feedback gathered by professional stakeholders within the Irish Penal Reform Trust was also used to support the qualitative data.

2.2 Ethical Considerations

This research complied with the following ethical principles:

i. Informed Consent

Participation in this research was on the basis of freely given informed consent and extra care was taken to protect the rights of all participants and professional stakeholders. At the outset of each interview, the researchers outlined the purpose and rationale of the research to the potential participant, providing him/her with an information sheet and discussing any concerns or questions that arose. Consent was obtained in writing from all participants and professional stakeholders.

ii. Anonymity

Steps were taken to protect the anonymity of all participants. Completed consent forms and transcriptions of interviewees were kept in a locked cabinet for the duration of the project. All transcripts were anonymised and the names of participants were not recorded in any documentation relating to the study. All participants are designated by an interview number as follows, INT(Number). When writing this report caution was taken to avoid any description of an individual case which might compromise a participant's anonymity.

A number of professional stakeholders, with their consent, are identified in this report by name. Others who participated in an interview, but wished to remain anonymous are designated by an interview number as follows, PS(Number). Professional stakeholders who completed the research questionnaire are designated by a questionnaire number as follows, PQ(Number).

All participants were informed, through the information sheet, consent form, and by the researchers, that confidentiality was not absolute and could be breached if the researchers had reason to believe that a participant or someone else may be in danger.

iii. Voluntary Participation

All participants and professional stakeholders were informed that participation in the research was completely voluntary and that they could choose not to answer any question or to opt out at any time. A process of ongoing assent was adopted and participants were reminded of the voluntary nature of their participation at appropriate points during the interview.

3. Review of the Local and International Literature

This chapter reviews literature that examines the needs of older people in prison in Ireland, the United Kingdom, Canada and Australia. Reports and studies published in local and international journals are included in this review and full citations are available in the references list on page 44.

The review of the literature identified seven themes that should be considered in policy and planning for imprisoned older people. These themes were: (1) background to the increase in the number of older people in prison, (2) physical and mental health needs, (3) mobility and the physical environment, (4) social care needs, (5) bullying and victimisation, (6) participation in prison programmes, and (7) release planning and resettlement. This chapter examines each issue in turn.

3.1 Background to the Increase in the Number of Older People in Prison

The literature suggests that the number of older people in Irish prisons has increased considerably over the past seven years and this group now represents a substantial minority within the Irish prison system. The number of people aged 50 and over committed to prison each year doubled between 2008 and 2014 (Irish Prison Service, Yearly Figures) and almost 10% of people in prison custody today are over the age of 50 (Irish Prison Service, 2015).

This reflects the situation in many countries, with older prisoners widely recognised as the fastest growing group within the prison setting (Davoren et al, 2015; Hayes et al, 2012; Penal Reform International, 2016; Prison Reform Trust, 2016). In England and Wales, the number of sentenced prisoners aged 60 and over rose by 164% between 2002 and 2015 (Ministry of Justice, 2014) and people aged 50 and over account for 14% of the prison population (Ministry of Justice, 2015). Similar increases in the number of older people in prison have been seen in Canada (Uzoaba, 1998) and in Australia (Grant, 1999).

In the literature, there has been much debate about the age at which a person becomes an 'older prisoner'. Some research studies have categorised this group as being aged 65 and over (Crawley et al, 2006) while others have used 60 as an appropriate age threshold when examining the needs of older people in prison (Davoren et al, 2015; Fazel et al, 2001; Forsyth et al, 2014). Those in prison experience 'accelerated ageing', which means that a person in their 50s may have the physical appearance and health problems of someone at least 10 years older in the community (Wahidin, 2011; Turner et al, 2016). Therefore some researchers have argued that a cut-off age of 50 years should be used as the lower limit when examining the needs of this group (Senior et al, 2013; Hayes et al, 2012) and this has been reflected in other studies (Alvey, 2013).

In Ireland, research on ageing in the general population has been gaining momentum, but there has been a limited focus on ageing in Irish prisons (Alvey, 2013). In other jurisdictions, a range of factors have been cited to explain the significant increase in the number of older people in prison. This increase has been linked to the ageing of the general population (Grant, 1999; Hayes et al, 2012), enhanced forensic scientific evidence (Forsyth et al, 2014), and the fact that more people are being convicted at an older age and prisoners are serving longer sentences (House of Commons Justice Committee, 2013; Fazel et al, 2011; Wahidin, 2011).

The literature also describes areas within the criminal justice system in England and Wales that contribute to the rise in the ageing prison population. A significant factor has been the greater emphasis placed by police and prosecutors on the pursuit of convictions for sex offences, including against those accused of 'historic' offences (Crawley et al, 2006). The rise in those convicted of 'historic' sex offences means that increasing numbers of older people are being committed to prison for the first time in their lives (Turner et al, 2016). While there appears to be a greater proportion of convictions for violent crimes among older prisoners, Hayes et al (2012) propose that this represents a lower likelihood of being convicted of other crimes such as robbery, rather than an increased risk of older people committing violent acts; however, high rates of conviction for sexual offending have been found among the older prisoner group (Davoren et al, 2015).

The situation in Irish prisons is arguably very similar to other countries, especially as it pertains to older people serving long-term or life sentences (Alvey, 2013). The Irish Prison Service has recognised that there are a greater number of older people with complex health and social care needs in prison than ever before (Irish Prison Service, 2012).

The Irish and UK literature is consistent with international literature that classifies older prisoners as a special needs population (United Nations, 2009), and widely accepts that they have unique needs compared to younger prisoners. These include particular health and social care needs, problems of adjustment to institutional life, risk of losing contact with family and friends, and release and resettlement issues (Crawley et al, 2006; Davies, 2011; Hayes et al, 2013). In the following sections we will examine the findings of the literature in relation to the distinct needs of older people in prison.

3.2 Physical and Mental Health Needs

Issue Definition

The literature identifies the physical and mental health needs of older people in prison as a common and important issue. In Ireland, two research studies have shown that this minority group face significant physical and mental health problems (Alvey, 2013; Davoren et al, 2015). According to this research, the following conditions are prevalent among older people in Irish prisons: heart conditions, arthritis, smoking-related respiratory problems, depression, affective disorder, alcohol misuse, neurological disorders, psychotic illnesses and deliberate self-harm. These conditions require high levels of medical or psychological treatment (Alvey, 2013) and a new type of vulnerable prisoner unit is needed together with physical and mental health services dedicated to the needs of older prisoners (Davoren et al, 2015).

The UK literature is further developed and highlights a number of additional conditions prevalent among older prisoners. These include diabetes, bladder problems, Alzheimer's, Parkinson's and hypertension (Crawley et al, 2006; Hayes et al, 2012). In particular, the presence of older people with dementia in prison has been examined and is considered to raise important ethical issues, such as whether the various purposes of prison are relevant to these people (Fazel et al, 2002). The literature also documents a significant fear of physical and mental deterioration among older prisoners (Crawley et al, 2006) and shows that a significant number of older prisoners have unmet physical health needs (Hayes et al, 2012).

One study by Fazel et al. (2001) found that the health problems of older prisoners are significantly worse than those of younger prisoners and community-based older people. This study took place across 15 prisons (n. 203 men aged 60 and over) and found that 85% of older prisoners had one or more major illnesses reported in their medical records and 83% reported at least one chronic illness on interview. The most common illnesses were psychiatric, cardiovascular, musculoskeletal and respiratory. This study also found that 53% of older prisoners had a psychiatric diagnosis. The research showed that the prevalence of depressive illness is five times greater in older prisoners than in studies of younger prisoners and older people in the community. The authors concluded that under-detected, untreated, depressive illness in older prisoners is an increasing problem (Fazel et al, 2001), and other research suggests that older people newly received into prison are likely to experience more severe depressive symptoms than those at other points in their sentence (O'Hara et al. 2016).

The specific health needs of older women in prison have also been considered. Published in an Irish journal but drawing on research from the UK, an article by Wahidin (2011) highlights the fact that prisons housing women face additional gender-related health issues which must be addressed. These include the need to provide facilities on a par with provision in the wider community for mammograms and cervical cytology screenings. Research examining the needs of all women in the criminal justice system has also shown that women offenders tend to come from a background of social disadvantage and poverty and often suffer from mental health problems and substance dependency (Irish Penal Reform Trust, 2013).

Care Response

The Irish Prison Service has recognised the complex health and social needs of older people in its Strategy for the Management of Older Persons (Irish Prison Service, 2012) and the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, in its report to the Irish Government in 2015, also recognised the challenges for health care staff in Irish prisons as they accommodate a greater number of frail older people. In relation to the quality of the care response, an earlier review of primary medical care in Irish prisons highlighted a wide variation in the standard of medical facilities across the prison system, requiring greater investment of resources and improvements in prison health care policy (Darker, 2012).

The Irish literature highlights the fact that specific health needs of terminally ill prisoners could provide real challenges for service providers in the Irish Prison Service as the number of older prisoners increases (Alvey, 2013). The need for palliative care for older people is also an important issue in the UK, due to an increase in the number of people dying of natural causes while in custody (UK Department of Health, 2007). The Prison Reform Trust (2008) has highlighted the lack of palliative care for the terminally ill as a major concern and recommends that compassionate early release restrictions be reviewed so that people diagnosed with up to a year to live can apply for early release. Compassionate release is rarely granted in England and Wales, and even where a person is released on temporary licence in order to be transferred to a hospital or hospice, this raises questions about the balance between dignity and security; the Prisons and Probation Ombudsman (England and Wales) has criticised the use of cuffing and restraints on frail and dying prisoners in these community settings (Turner et al, 2016). As a first step, Penal Reform International recommends that countries collect data on the number of older prisoners and their needs as a precursor to developing appropriate placement options for these people which should include the possibility of compassionate release (Penal Reform International, 2016).

The Inspector of Prisons in Ireland has considered the necessity for temporary release when an older person

is living with a terminal illness. While reporting on the circumstances surrounding the death of a frail 82-year-old man in the Midlands Prison, the Inspector stated that as Irish prisons do not have hospital wings, prisoners with significant medical problems, whose care cannot be adequately catered for in prison, should not remain in prison. In his recommendations, the Inspector argued that decisions to grant temporary release on health grounds should be based on the particular circumstances of each case and not be influenced by the policy of others. He further recommended that when it is apparent that a prisoner is reaching the end of his/her life, a case conference involving a palliative care team should be convened to formulate a care plan (Office of the Inspector of Prisons, 2014).

European Convention on Human Rights

The care response required to meet the needs of older people in prison must also be considered in the context of the European Convention on Human Rights (ECHR), an international treaty ratified by Ireland in 1953. Article 3 of the ECHR provides that no person can be subjected to "torture or to inhuman or degrading treatment or punishment" and Wahidin (2011) argues that policy makers must address the needs of the ageing prison population or be accused of discrimination on the basis of age or of contravening this Article. In Papon v France (2001) the European Court of Human Rights (ECtHR) held that older age does not prevent imprisonment, but there is still a duty to ensure that conditions in prison are compatible with Article 3 (Williams, 2012).

In Kudla v Poland (2000) the ECtHR stated that under Article 3 the State must ensure that a person is detained in conditions which are compatible with respect for his human dignity and that, given the practical demands of imprisonment, his health and well-being are adequately secured. Williams (2012) explains that in the context of older prisoners several factors are of particular importance when considering what amounts to inhuman or degrading treatment: the nature and context of the treatment, the age of the prisoner, and any consequential needs. In Farbtuhs v Latvia (2004) the Court considered that when national authorities imprisoned a severely infirm person they had to be particularly careful to ensure that the conditions of detention were consistent with the specific needs arising out of that prisoner's infirmity. In view of his age, infirmity and condition, and the particular circumstances of the case, a violation of Article 3 was found.

Fazel et al (2002) have considered this issue in the context of older prisoners with dementia. They highlight the fact that in previous cases governments have had to demonstrate that high levels of medical care were available for chronically sick prisoners in order to counter alleged breaches of Article 3. They argue that

these cases have laid the groundwork for a test case involving someone with dementia and that as a ruling has been made in favour of prisoners with chronic physical illness, it seems unlikely that a radically different approach would be taken to those experiencing similar difficulties as a result of dementia.

Training

A number of UK studies have examined the level of training prison health care staff receive in relation to the physical and mental needs of older prisoners. In the UK, O'Hara et al (2015) found that specific training in the care and assessment of older prisoners was provided to health care staff in 41% of prisons, while research from Senior et al (2013) showed that only 8% of prison health care staff in primary care and inpatient services had received training in the care and assessment of older people. The UK Department of Health (2007) recommends that prisons have an identified, trained and supported older prisoners lead in the health care unit.

Other literature highlights the role prison officers play in meeting the physical and mental health needs of older prisoners. As Lee at el (2016) explain, in recent years prison officers have been under pressure to become carers as well as custodians, providing social care, palliative care and mental health care without necessary training and support. They argue that such a broad scope in terms of role and responsibilities is neither realistic nor reasonable.

3.3 Mobility and the Physical Environment

Issue Definition

The literature shows that the prison environment presents difficulties for many older people, particularly those with mobility issues. This has not been considered in an Irish context, but studies from Australia and the UK have demonstrated that older people find stairs and distances in prison difficult to cope with, while the design of many cells, particularly in older prisons, is inappropriate for the needs of older people (Grant, 1999; Prison Reform Trust, 2008; Turner et al, 2016). Older prisoners with disabilities have also experienced problems obtaining equipment such as walking sticks and wheelchairs, due to a lack of clarity about who is responsible for providing these items (Prison Reform Trust, 2008).

Care Response

The UK and Canadian literature recommends that cell and bed allocation take account of age and disability, with one article highlighting the possibility of adapting the prison environment to make it more suitable for those with mobility problems. This could be done through the addition of mobility aids such as handrails, wheelchair-friendly areas, mobility scooters and stair lifts (Lee et al, 2016).

The possibility of providing special accommodation for older prisoners in a separate unit or wing has been widely considered (UK Department of Health, 2007; Hayes et al, 2013; Prison Reform Trust, 2008; Uzoaba, 1998). It is argued that older prisoners can be housed in a separate unit without completely separating them from younger prisoners (Uzoaba, 1998), while a UK study found that 70% of prisoners over the age of 60 believe they should be housed on a separate wing (Hayes et al, 2013). The authors of this study highlighted the creation of specific units for older prisoners as an alternative option, but point out that the small number of units required would likely result in older people being imprisoned at a greater distance from their families. The segregation of older prisoners might also encourage dependency, accelerate ageing and result in an ad hoc regime which remains unchallenged by older prisoners who tend to be compliant (Lee et al, 2016).

This issue has been considered tangentially in Ireland by the Inspector of Prisons who, while reporting on the circumstances surrounding the death of a 61-year-old man in the Midlands Prison, recommended that older prisoners should be accommodated in single cells (Office of the Inspector of Prisons, 2015). Reporting on another case, the Inspector of Prisons also recommended that all future design of prisons include an appropriate number of cells capable of accommodating wheelchairs, hospital-type beds and relevant paraphernalia necessary to the needs of prisoners with healthcare requirements (Office of the Inspector of Prisons, 2014).

Training

The specific training needs of staff in relation to disability issues have not been considered in the Irish literature. In the UK, the Prison Reform Trust (2008) found there is a lack of advice and information for staff regarding access to disability equipment and therefore recommends clarity around the practical provision of resources.

3.4 Social Care Needs

Issue Definition

The literature highlights the importance of addressing the social needs of older prisoners. In Ireland, one study identifies a number of social needs of older men in prison, including the need for access to information about social welfare entitlements, the risk of homelessness, maintaining contact with family and friends, and adjusting to the impacts of ageing while imprisoned (Alvey, 2013).

The UK literature provides a more detailed description of the social needs of older prisoners and highlights the fact that older prisoners experience a range of problems in relation to activities of daily living (Prison Reform Trust, 2008). Personal care needs are a particular concern for this type of prisoner (Hayes et al, 2013) and it has been found that incontinence problems and personal hygiene are not adequately or appropriately addressed (Department of Health, 2007). Contact with loved ones is another important social issue, with a significant number of older prisoners in England receiving no visits from family or friends (Hayes et al, 2013). Research from the Prison Reform Trust found that many older prisoners had friends or family members of a similar age or older, some of who had difficulty travelling while others could not travel at all (Prison Reform Trust, 2008).

Care Response

When addressing social care needs, authors recommend using a holistic approach. In Ireland, Alvey (2013) highlights the importance of providing a 'listening ear' to older prisoners, conducting ongoing holistic assessments, and making referrals to relevant prison-based and community services. She calls for policy guidelines to be agreed between prison management and social work agencies, and recommends that time and resources be allocated so that staff can undertake the specific social work tasks required when working with older prisoners.

The UK literature describes social care in the prison system as variable, sparse and non-existent, and the lack of available social care services for older people in prison is seen as a violation of their rights and a potential breach of the European Convention on Human Rights (House of Commons Justice Committee, 2013; Williams, 2012). An issue that arises is the fundamental lack of agreement about what constitutes social care (O'Hara et al, 2015), while ambiguity regarding responsibility for older prisoners' social care leads to a lack of integration between health and social care services (Senior et al, 2013).

The House of Commons Justice Committee (2013) has stated that the National Offender Management Service should set out the minimum standard of care that it expects and should consider placing social workers in prison. Another recommendation is that joint health and social care assessments be undertaken routinely for older prisoners with social care needs (Prison Reform Trust, 2008).

The Prison Reform Trust has also made a number of recommendations to encourage family contact, including the use of extended visits for people who cannot visit often and grandparents' visits days. They also recommend that visitors' centres and visits halls be accessible and have appropriate facilities for older and disabled visitors (Prison Reform Trust, 2008).

Training

The training required by staff in relation to the social needs of older prisoners is not considered in detail in the literature. In Ireland, Alvey (2013) suggests that post-qualification training with a geriatric focus may contribute to delivery of best social work practice, while the Office of the Inspector of Prisons (2011) recognises that older prisoners often only manage daily tasks with the assistance of fellow prisoners.

The UK literature also focuses on the role younger prisoners can play. It is suggested that some social care tasks may be appropriately carried out by other prisoners, if adequate training and supervision is provided (O'Hara et al, 2015). In particular, the UK Department of Health (2007) recommends that a prisoner helper scheme be developed under social services supervision, where prisoners can gain accreditation and privileges for providing social care to older prisoners, and a form of peer support or buddy scheme is already in place in some UK prisons (O'Hara et al, 2015). Such peer support can be an efficient and cost-effective way of delivering social care within prison and prisoners could be tasked with fetching meals, assisting people during mealtimes and helping others to keep their cells clean. However, the National Offender Management Service has already stated that it would not be appropriate for prisoners to provide personal care to other prisoners (Lee et al, 2016). The Australian literature recommends that prison staff receive specific training regarding the social and emotional needs of older prisoners (Grant, 1999).

3.5 Bullying and Victimisation

Issue Definition

Bullying is another issue facing older prisoners and the literature suggests that older people in Irish prisons experience high levels of vulnerability and victimisation. Davoren et al (2015) examined the experience of older remand prisoners in Ireland (n. 213 men and women aged 60 and over) and found that 38% of older prisoners had a documented history of bullying and victimisation in prison, compared to 12% of younger prisoners. In exploring the potential reasons for this, the authors concluded that the higher levels of victimisation may be due to the numbers of older prisoners charged with sexual offences. They also pointed out that older people are likely to be less physically and mentally resilient in the face of violence and other victimisation.

Similar levels of victimisation are highlighted in the UK literature. The Prison Reform Trust (2008) found that almost half of the older men they interviewed had experienced bullying or intimidation by staff or, more frequently, by other prisoners. They also found that over 60% of male respondents felt unsafe in prison. Older women interviewed as part of this study did not complain of bullying in prison, but felt that some staff lacked respect for older people. Other literature from Australia and the UK shows that older people fear being victimised by younger prisoners and prefer to be segregated by age to reduce bullying and exploitation (Grant, 1999; Hayes et al, 2013).

Care Response

In Ireland there is a need to explore the issue of elder abuse in prison (Alvey, 2013), while the UK literature recommends that all allegations of bullying of older prisoners be responded to quickly and effectively (Prison Reform Trust, 2008).

Training

The specific training needs of staff in relation to bullying and victimisation have not been considered in the literature identified for this review.

3.6 Participation in Prison Programmes

Issue Definition

The participation of older people in prison programmes is minimally addressed in the literature. In the UK, activity levels of older prisoners are very mixed. Hayes et al (2013) found that almost two-thirds of older men in prison engaged in work or education, but 17% had no structured activity at all. While older prisoners may not be specifically excluded from activities this could arise because of their inability to get to places where activity is taking place (Prison Reform Trust, 2008). In considering the position of older women in prison, Wahidin (2011) highlights that those who are infirm or convalescing are denied association and exercise, which in turn reinforces their sense of isolation.

In Ireland, little detail is known about what specific education programmes or work schemes are targeted at older people, but it has been shown that men aged 65 years and over are less likely to be occupied in Irish prisons (Alvey, 2013). The Inspector of Prisons considered the issue of access to prison programmes while reporting on the circumstances surrounding the death of a 65-year-old man while in the custody of Midlands Prison. This man had poor mobility and most of the time was confined to his landing and cell. He had lost his Enhanced Incentivised Regime status on the basis that he was unfit for work. The Inspector raised this as an issue of concern, stating that in many cases old and infirm prisoners are unable to engage in structured activities, education, work/training or offender programmes and that it therefore appears they are being discriminated against because of their age and/ or infirmity (Office of the Inspector of Prisons, 2016).

Care Response

Research has shown that over half of prisons in the UK provide one or more activities specifically for older prisoners and it is recommended that people have access to physical exercise regimes relevant to their age and ability (Senior et al, 2013; Department of Health, 2007). Lee et al (2016) suggest that specialist services for older prisoners, such as an over-50s health clinic, low impact gym sessions and designated library sessions, can be implemented using existing prison staff.

Canadian literature highlights the need for appropriate programmes in locations that are physically accessible to older prisoners and states that the diversity of older prisoners should be recognised and given special considerations in prison programming (Uzoaba, 1998).

Training

The literature identified for this review did not address the specific training needs of staff in relation to programming.

3.7 Release Planning and Resettlement

Issue Definition

The literature highlights release planning and resettlement as another important issue affecting older people in prison and the risk of homelessness is examined in an Irish context. Half of participants in a study undertaken by Alvey (2013) faced homelessness upon their release from prison and the author viewed this issue as very worrying in terms of its implications for future service demands. Locating family or community agencies that will accept ageing prisoners eligible for release was also recognised as a future challenge by Wahidin (2011).

The UK literature recognises that the resettlement needs of older prisoners are different from others as they are the least likely group to reoffend and are unlikely to gain employment (House of Commons Justice Committee, 2013). Older people due for release from prison often have intense anxieties about, and an inadequate understanding of, the resettlement process (Crawley et al, 2006). A study undertaken by Forsyth et al. (2014) found that release planning for older prisoners is generally inadequate resulting in discontinuity of care. This study took place across nine prisons in England (n. 62 men over the age of 60) and showed a paucity of pre-release courses to address social care needs. For many participants the lack of formal information about where they would be living caused a great deal of distress. Lack of certainty about accommodation also meant that these men could not adequately prepare for any aspect of their release.

The appropriateness of some post-release accommodation for older people is also examined in the UK literature. Some older prisoners have an intense fear of moving to hostel accommodation (Crawley et al, 2006) and those living in hostels following their release found that the hostels were dominated by younger people, with some complaining about loud music and the prevalence of alcohol and drugs (Prison Reform Trust, 2008). Research from the Prison Reform Trust also found that a high number of older people who had been released from prison had no family or friends and felt socially isolated (Prison Reform Trust, 2016).

Care Response

The importance of communicating all available information to a person well ahead of their release has been highlighted in the UK literature (Crawley et al, 2006), as has the importance of peer support and peer mentoring for older ex-prisoners as this reduces social isolation and stigma (Prison Reform Trust, 2016). It is recommended that a resettlement strategy should take into account the health and welfare needs of older prisoners (UK Department of Health, 2007).

Training

The training needs of staff in relation to release planning and resettlement have not been considered in an Irish context, but the UK literature suggests that staff should be supported to plan effectively for older prisoners' reintegration to the community through the development of appropriate policies (Forsyth et al, 2014). It is also recommended that resettlement officers be given training to recognise appropriate agencies to refer older prisoners to prior to release (Prison Reform Trust, 2008).

Conclusion

A review of the literature suggests that older prisoners represent a substantial minority within the Irish prison system and, due to an ageing population, the number of older people in Irish prisons is likely to increase. There were six key areas of needs identified in the literature – physical and mental health needs, mobility and the physical environment, social care, bullying and victimisation, participation in prison programmes, and release planning and resettlement. Authors generally concurred that there are unique challenges for prison and community service providers as they attempt to meet these specific needs.

This report builds on the prior literature by gathering the perspectives of older people and staff in the Irish prison system. In the next chapter we present findings from the qualitative stage of this research.

4. Issues Facing Older People in the Irish Prison System

This chapter examines issues raised during one-to-one interviews with older people in the Irish prison system (referred to as 'participants') and professional stakeholders. Participants reported issues in relation to the six themes identified in the literature review – physical and mental health needs, mobility and the physical environment, social care needs, bullying and victimisation, participation in prison programmes, and release planning and resettlement. Each theme is examined in turn.

4.1 Physical and Mental Health Needs

The majority of participants and professional stakeholders noted that physical and mental health problems are a serious and common issue for older people in the Irish prison system. Participants experienced a wide range of physical and mental health conditions and recognised that they have unique needs due to their age. Mental health issues experienced by participants ranged from less serious psychological distress to more serious conditions, such as dementia. While the majority of participants spoke positively about the primary care services provided within the prison, several had suggestions for how services could be improved to meet their needs.

Physical Conditions

Participants in this study experienced a range of serious physical conditions including cancer, heart conditions, diabetes, kidney problems, bowel disease, arthritis, osteoporosis, chronic back pain, insomnia, coeliac disease, gout, high blood pressure and high cholesterol.

Many participants recognised that they had different needs from other prisoners due to their age and the length of time they had been in prison. Female participants also recognised that they had particular needs due to their age and sex, such as menopause and the need for mammograms and cervical cytology screenings.

"Well obviously in prison life you're prone to infections, like you are in any institution. If an infection starts tomorrow it'll go around the prison like wild fire... and the older you are the more prone you are to it. If you have chest problems, you're going to pick it up very, very quick...Prison life will deteriorate your health and the longer you're in it the bigger your risk." INTOS (75-year-old man)

"I think because we are older we need more care...They're very good doing the Breast Check and they're very good doing the smears, which is great, I'm glad we get that, but things like the menopause, you can't get away from that, 'cause we're all going through that." INT11 (52-year-old woman)

Terminal Illness and Dying in Prison

A number of participants expressed a fear of dying in prison. Others were distressed watching the suffering of those with serious illnesses and several questioned the validity of keeping an older person with serious health needs in a prison environment.

"I wouldn't like to die in prison, that's kind of a big thing for us. I'd like [at least] a day free. I think it's a common [fear] among older people, it's a terrible place to die." INTO6 (61-year-old man) "Well as you get older perhaps one of the biggest challenges you face is will you ever complete the sentence or will you die in prison? I consider men in their late 70s, 80s, in actual fact we have a prisoner here, 90 odd years of age...They wonder in the back of their mind will they ever leave prison except in a coffin." INTOS (75-year-old man)

"There's people in here who have horrendous illnesses up to and including cancer, you know a lot of heart conditions, I could go on and on. They should not be here. Certainly they should be perhaps segregated, but in a prison system it's not right, it can't be right." INT17 (59-year-old man)

Professional stakeholders from the Irish Prison Service acknowledge the challenges posed by caring for older people in a prison setting. These challenges are particularly great in relation to the needs of those with a terminal illness. One professional stakeholder noted the difficulty that can arise in meeting the care needs of this vulnerable group. His comments underscore the compassion that is shown to those with a terminal illness, recognising the right of a person to dignity and a family's right to be with their loved one during the dying process.

"I think we have a long way to go in terms of preparing and providing what might be needed for some elderly long-term people in prison and you know there's a link there with the judiciary, there's a link with sentencing practices...so that if somebody is at that stage, are they in fact best placed in prison? Are they going to get substandard care? Prisons run primary care services akin to the community, so expecting prisons then to provide total nursing care up to and including terminal illness and palliative care...you're asking something which is probably not going to be provided on an equivalent basis as in the community.

We've had a few people who have died in our care in hospital or in the hospice...We much prefer that in terms of the dignity of the person, and in terms of family visits and allowing relatives to be there 24-hours during the last days, but we had one guy who didn't want to go to hospital a number of years ago. He had spent such a long time in prison...moving him anywhere else would have been really upsetting for him and he wanted to stay in his prison cell and he wanted to die there." PS04

Another professional stakeholder raised a question as to whether open prisons have sufficient nursing cover to meet the medical needs of older people. If not, and if older prisoners are not able to secure a transfer to an open prison on this basis, this is an issue that must be addressed.

Mental Health Conditions

Several participants identified themselves or others as experiencing psychological distress and symptoms of depression.

"Unfortunately, there's guys whether it be...old age, or just that killer thing of 'I don't [care], I'll just lie down in bed and I'll go asleep'...a lot of them here have [given up]." INT16 (54-year-old man)

One participant had recently spent time in the Central Mental Hospital and appeared to be confused about his possible release date, asking the researchers,

"I could be released on Monday, is that the way it is?" INT12, (59-year-old man);

however, the medical reason for his apparent confusion was not clear.

Several participants were living with, or described others who were living with, serious neurological conditions, such as dementia. For example, the researchers were informed by prison staff that one participant, a man in his 70s, had been diagnosed with dementia, but when interviewed he appeared to be unaware of this diagnosis and stated that he was in good physical and mental health; however, he was unable to say how long he had been in prison or what his sentence was.

Several participants noted the symptoms that are present when an older person develops dementia, and spoke about their vulnerability in prison and how they are treated by others.

"We have one man here...he has Alzheimer's or dementia, and you know from one day to the next he can change. One day he could be talking about the [old] days and then he'd say people are robbing him and he'd be hiding stuff and he wouldn't know where he hid it. So we had to get into a system where his tobacco was taken off him and it was kept in the office; when he needs it then the officer will come and give it to him. Because he was giving it to the lads, and the lads were keeping it for themselves rather than giving it back to him."

INT15 (53-year-old man)

"There was another man here some years back and he had dementia. Now everybody could see he had dementia. He'd show up for his breakfast at seven o'clock in the evening...They put him into a cell where he was doubled up with another man, and the other man was kind of taking care of him essentially. I mean this man would get up in the middle of the night and for him it was the middle of the day, and he'd put on the light, put on the TV set, put on the kettle, and then he'd be sleeping during the day." INT14 (56-year-old man)

These experiences reflect concerns raised by one professional stakeholder about the need for older people to live in dignity and security, and about the suitability of the prison environment for some people, particularly those living with dementia.

"Older persons should be able to live in dignity and security, and be free of exploitation and physical or mental abuse. There's nothing to suggest in our experience of prison life that [it is] dementia friendly or [that there is] dementia awareness within the prison system, and whether the prison is the best place, is a suitable place, for somebody with dementia."

Eamon Timmins, CEO, Age Action

Good Practice Example

Age-friendly training is provided to prison officers and other staff in a number of UK prisons. This includes dementia awareness training, which is organised and delivered through non-profit organisations such as Recoop and the Alzheimer's Society. Such training is important in equipping staff with the knowledge and confidence to manage people with dementia, ensuring they are protected from the risks of prison life (Mental Health Foundation, 2013).

Quality of Health Services

Participants' experience of care within prison for physical and mental health conditions varied, with the majority finding the care timely and effective, and others experiencing delays in receiving necessary treatment. One participant had been waiting two years to see a physiotherapist for a knee injury, while a man with diabetes had been waiting several months to see a consultant to address his high blood sugar levels.

In Irish prisons, a primary care service is delivered by doctors and nurses, with specialist services brought in as needed. While most participants were happy with the physical and mental health care in prison, some participants expressed a concern about the fact that a doctor is only available at certain times during the week.

"They see so many patients in the morning, it's five or six, and if you're the seventh or eighth you have to wait until the following day. And it's three days a week, it used to be five days, so if you're sick on a Tuesday or a Thursday you won't be seen." INTO6 (61-year-old man)

Several participants felt that the use of locum doctors caused issues as they are not familiar with an individual's history. Other participants believed that the doctors didn't listen to them and didn't take their complaints seriously due to their age.

"You know this chopping and changing of doctors...They do have a computer and they're meant to record things, but even I've noticed that they don't record everything, and sometimes they aren't thorough in their questioning if you go to them with something...They've got a queue of ten or 15 outside the door, and they're trying to get through them all, and get away to do something else." INT14 (56-year-old man)

"Everything is just 'your age', 'wear and tear, that's all it is'. But with the younger ones, they know they have to keep them healthy anyway because they'd be [complaining] and they'd be writing to [the] papers." INT10 (50-year-old woman)

Other participants argued that as older people they should have greater access to specialist health services, such as a dentist, chiropodist and optician.

"Our teeth are older and are deteriorating faster... I've seen a dentist once in nearly four years. Now I think as a long-term prisoners we should at least have a clean every year...I've seen [the chiropodist] once in four years and I have feet issues, which now I have to go and see a specialist for...We do need different things now that we're getting older." INT11 (52-year-old woman)

"I would like to see the dentist more often...your teeth nearly have to be falling out before you can get an appointment, and I would love to get them cleaned, properly polished...I think I saw the dentist about two years ago, and he did say come back next week and I'll polish your teeth. Well I'm still waiting for that." INT13 (61-year-old man)

Access to Proper Nutrition

Several participants spoke about the importance of diet and nutrition for those who are ageing in prison. While several participants were on special diets due to bowel problems, others did not have access to a special diet and were concerned about the quality of the food they were eating on a daily basis.

"I do think they should be more aware and more amenable to diet, telling you what you should eat, what you shouldn't eat...I'm not saying we automatically have a right to it at all, but the kitchen might be able to give us salad every day... we get salad once a week, everything else is processed." INT11 (52-year-old woman)

"Prison life will deteriorate your health and the longer you're in it the bigger your risk."

INT05 (75-year-old man)

"The biggest problem here for the older prisoner is food because the older you get, your system automatically cannot tolerate certain foods, and yet there's no allowance for older prisoners and their diets." INT05 (75-year-old man)

This issue was of particular concern to one participant who had diabetes and struggled to maintain healthy sugar levels between meals. While extra provisions are given to people with diabetes, he found that this wasn't sufficient.

"The problem with us diabetics is there are three meals a day...come four o'clock is your last meal. Now for example, one of those meals could be a spoonful of scrambled egg and a half a grilled tomato. That's your four o'clock meal to last you 'til eight o'clock the next morning...They're not looking after you as an individual, they're looking after us as a group." INT22 (58-year-old man)

Another interviewee was concerned about the fact that no one in the prison is responsible for observing whether an older person is eating or how much they are eating.

"There's nobody checking whether you're eating or not. There should be a diet book on each landing and it should be the responsibility of the class officer on each landing to check that everyone's coming back with their meals on the tray...and to ask the prisoners 'why are you only taking half a meal?' and that should be recorded in the diet book." INTOS (75-year-old man)

Physical and Mental Health: Key Points

- The majority of participants and professional stakeholders recognise that physical and mental health needs are a common and important issue for older people in the Irish prison system. Mental health issues experienced by participants ranged from less serious psychological distress to more serious conditions, such as dementia.
- Older people in prison experience a wide range of serious conditions including cancer, heart conditions, dementia, diabetes, kidney problems, bowel disease, arthritis, osteoporosis, depression, alcohol addiction, chronic back pain, insomnia, coeliac disease, gout, high blood pressure and high cholesterol.
- A number of older people expressed a fear of dying in prison and many questioned the rationale of detaining very old and terminally ill people in a prison setting.
- While the Irish Prison Service attempts to meet the individual preferences of terminally ill people, palliative care is often best provided in a hospital or hospice setting.
- The continued detention of a person with dementia raises significant issues for the Irish Prison Service and for other people in prison. If high levels of medical care are not available this may, in certain circumstances, amount to inhuman or degrading treatment in contravention of Article 3 of the European Convention on Human Rights.
- While the majority of older people spoke positively about the primary care services provided within prison by doctors and nurses, some feel they need more access to specialist services such as a dentist, chiropodist and optician.
- A number of participants see diet and nutrition as an important issue and would like access to a special diet as they get older.

4.2 Mobility and the Physical Environment of Prison

Over half of participants identified mobility and the physical environment as an issue affecting older people's quality of life in prison. Several participants had mobility problems, explaining that they had difficulty using stairs and carrying trays of food. Mobility issues can also limit an older person's access to prison programmes and services.

Restrictions to Mobility

A number of participants experienced mobility restrictions as a result of a physical health conditions such as arthritis, osteoporosis or a heart condition. These conditions limit their ability to move around the prison, with several participants explaining that they have difficulty using stairs and carrying trays of food to their cells.

"Walking up and downstairs is hard, the breathing's not the best...you can imagine going to the top [landing], it's five floors up." INTO3 (57-year-old man)

"I would be very nervous about carrying a tray of food so in the morning times I don't bother going out for breakfast." INT20 (79-year-old man)

Participants explained that older people with mobility problems can become isolated, with some restricted to their cells or becoming bed-bound.

"We've a couple more that's cell bound, you know, you might see them walk up there for a drop of milk or something but that's as far as you'd see them going." INT15 (53-year-old man)

One participant told the researchers,
"I just stay in my cell most days, I stay in bed sometimes". (INT12, 59-year-old man).

Another participant felt that prison staff don't make enough allowances for people with limited mobility.

"They have little time for [older people], especially if they become any way incapacitated or bed-ridden or confined to cells or a little bit less mobile. They wouldn't make any more allowance for them than they would for someone who's quite mobile like myself." INTO7 (55-year-old man)

Community-based programmes can play an important role in meeting the needs of older people with mobility issues. For example, a Red Cross programme operates in one prison and many participants described this as a positive development. As part of this programme, people are trained to provide social care to those who need it, including older people. This includes delivering meals to those with limited mobility.

"The Red Cross came into [Prison B] and they've done a lot of good things for older people. A few

years back older prisoners, no matter what their condition in terms of their health...pretty much everybody had to come and collect their own meals unless somebody was kind enough to do it for you. Now there's an organised rota of prisoners who do that for older men."

INT14 (56-year-old man)

"When they discovered that I had rheumatoid arthritis, they asked the Red Cross to arrange to bring my meals to me because it's difficult to carry a tray...I don't know how many members [the Red Cross] have at any one time, but they're very well organised and they come along with the trolley and they deliver [my meals]." INT20 (79-year-old man)

While communal dining is available in open and semi-open prisons, and the Dóchas Centre, potentially addressing difficulties older people have in carrying trays, one participant described how a communal dining room is not always the best environment for an older person.

"We've just moved from one area down to another area 'cause it was like walking into a bear pit every day. It's always bubbling, it's just on the edge of kicking off. You don't know whether you're going to be eating it or wearing it."

INT11 (52-year-old woman)

In addition to this, one professional stakeholder had been told by prison staff that some prisoners prefer to eat in their cells as they like the peace and calm for a couple of hours.

Barriers to Accessing Prison Programmes and Services

Participants explained that while many older people are housed on the ground floor due to their limited mobility, they often have problems accessing services which are located on higher landings. These include the library, gym, school, recreation, and physical and mental health services.

"That stairs is a real difficulty for a lot of older men...They try to accommodate the older men on the ground floor...because there's people with crutches or difficulties with mobility or dizziness or things like that, but the medics are up there."

INT14 (56-year-old man)

"I have a challenge getting up those stairs, those stairs can be a bit of a pain, especially with the library being on the top floor."

INT13 (61-year-old man)

A stair lift was installed in one prison to allow people with mobility problems to reach the medical unit on the first floor. Many participants mentioned this as a positive development, but explained that it didn't solve all the issues people face as it can only be operated by prison staff and does not provide access to other services. Several participants believe services should be located on the ground floor so that they are accessible to older people at all times.

"They have little time for [older people], especially if they become any way incapacitated or bed-ridden or confined to cells or a little bit less mobile. They wouldn't make any more allowance for them than they would for someone who's quite mobile like myself."

INTO7 (55-year-old man)

"All the people that have mobility problems are on the ground floor. I believe the medics should be on the ground floor and the library should be on the ground floor here because they struggle to get to it. I mean they have a stair lift but if it was on the ground floor it'd be a lot better, they could go straight on their own, but with the stairs they just can't." INT19 (54-year-old man)

Physical Environment of Prison

Several participants described how the physical environment of the prison can pose difficulties for older people, who may find it cold and be reluctant to spend time in the yard.

"Prison is all steel and concrete, it's not really designed to be a friendly place to older people, and you know there's at least one man in his 90s in here, who is almost completely blind...I think a place like this is a really harsh place to put somebody like that." INT14 (56-year-old man)

"In the evening times now we go out to the yard... but you have to stay out until six o'clock if you go out at five. Some of the old men go out there and they would walk around...and particularly if they have things like arthritis, they'd be quite happy to come back in after 20 minutes, and instead if it's a cold evening they have to sit out there so they're inclined to say 'I won't bother going out'." INTO9 (61-year-old man)

Dr Emma Regan, Acting Head of Psychology of the Irish Prison Service completed a brief needs analysis of older adults in one prison within the estate. This analysis identified a number of specific issues about the prison environment which create difficulties for older people, including the fact that emergency buttons are out of reach when an older person is in bed, difficulties an older person may have climbing onto a top bunk in a cell, that older people can find the prison environment cold even in summer, and that due to hearing loss people may have difficulty hearing instructions shouted on the prison landings. As a result of these and other issues, the Irish Prison Service is considering the possibility of creating a separate unit for older people.

"We want to improve our physical infrastructure for older prisoners and one of the proposals we have at the moment is to develop the Training Unit as a facility for older prisoners. We would adapt maybe 10 plus of the units there, make them mobility-friendly, have hoists, appropriate toilet facilities and double doors."

Fergal Black, Director of Care and Rehabilitation, Irish Prison Service

If a special unit or wing is developed, one professional stakeholder argued that it must incorporate agefriendly design. He raised a number of questions for the prison service to consider.

"From the design of the cells to the eating areas to the common areas, are they all mobile friendly? If I was in a wheelchair would I be able to get around? If I'm on crutches, are there handrails and grab rails? Are there colour-coded areas if I have dementia or if I'm confused or lost? If training facilities are located on upper floors, are there lifts available or are these training opportunities only for those who can climb stairs?...Mobility friendly is good design for everyone and it's something the prison service can do if they are talking about moving towards developing wings or sections which are age-friendly."

Eamon Timmins, CEO, Age Action

Mobility and the Physical Environment: Key Points

- Over half of participants see mobility and the physical environment as an issue affecting older people in the Irish prison system.
- Those with mobility issues have difficulty climbing stairs and carrying trays of food. Some become confined to their cells and are bed-bound.
- Older people with mobility issues have difficulty accessing services including the library, gym, school, recreation, and physical and mental health services.
- There are examples of good practice which address mobility issues. For example, in one prison those with mobility issues are accommodated on the ground floor and a stair lift has been installed to allow these people to reach the medical unit on the first floor. In addition to this, a Red Cross programme provides a service whereby prisoners deliver meals to older people who have mobility issues.
- The physical environment can create difficulties for older people, who may be reluctant to use the prison yard due to the amount of time they are required to stay outside.
- The Irish Prison Service is considering the possibility of creating a separate unit for older people. This unit must incorporate age-friendly design, taking account of the specific needs of older people.

"Mobility friendly is good design for everyone"

Eamon Timmons, CEO Age Action



4.3 Social Care Needs

A significant number of participants recognised that older people in Irish prisons have particular social care needs, which include personal care needs, such as washing and dressing, the need for family contact and support, and the need for information about the prison regime.

Social and Personal Care Needs

Several participants highlighted the fact that it is often other prisoners who support older people in relation to their care needs, rather than staff. A number of participants spoke about the level of support that was required by one man who was visually impaired.

"There's one guy who's blind, you had to look after him, you had to collect his food for him, bring it down to him. If he wanted anything it's the prisoner goes looking for it, the staff didn't intervene and try to help him." INT22 (58-year-old man)

"[He] goes up there every Saturday in the afternoon for a shower, one of the lads would drop him up to the shower and wait for him until he comes out and then they bring him back down to his cell." INT15 (53-year-old man)

Many of the issues raised by participants centred around the personal care needs of older people. In particular, participants raised concerns about the ability of some older people to wash and dress themselves. One participant explained that as an older person you carry on as best you can, while another felt that staff in the prison should do more to support older people.

"There's showers and I can manage that. Nervous at first in case you slip and so on, but then you learn to adapt. Dressing is slow, particularly some mornings." INT20 (79-year-old man)

"On each landing there's showers, but there is a bath in the reception...you could say once a week, 'come over with the nurse', bring them over and put them in the bath...I don't think they do enough. They'd go in and change dressings and probably encourage them to wash themselves, but I don't think they do more hands on." INT15 (53-year-old man)

The issue of incontinence and personal hygiene was raised by several participants. Again, the level of care that was provided by other prisoners was highlighted as a particular concern. The care provided ranged from changing a person's incontinence pads to monitoring their medication.

"I've seen men bedridden in prison and lads going in and actually changing their incontinence pad and stripping down their bed and changing them... they might see the nurse twice a day and if the lads weren't going in they would have to sit in that until the nurse came...They were giving [my friend] sleeping tablets too early. They were giving them to him at quarter to seven and he could be asleep by half seven and then awake at four o'clock in the morning, so we'd be complaining about that, but just basically day-to-day things, making sure his cell was clean and he was washing and changing his clothes...I'd say only for the prisoners a lot of the older people would be in bother." INT15 (53-year-old man)

As mentioned above, a Red Cross programme operates in one prison and through this programme prisoners are trained to provide support to those who need it. This extends to changing a person's bedding and collecting their laundry, but it does not include personal care such as washing and dressing.

"The Red Cross fills in a lot of the little gaps that [we] would find it hard to cope with. They clean out my cell...when they're changing the linen and so on at the weekend they do that as well."

INT20 (79-year-old man)

"If we find somebody who's not as clean as they should be or not cleaning, what we do is report it and then the medics take over."

INT17 (59-year-old man)

Irish Prison Service

When a person has very complex needs, such as needing to be turned every few hours, a professional care assistant may be hired by the Irish Prison Service to meet these meets. Despite this, staff from the prison service recognise that a lot of the care needs of older people are still met by other prisoners and they acknowledge that this needs to be examined further.

"There is a debate to be had about this because in some prisons we have vulnerable prisoners who other prisoners care for really well and this includes personal care. I suppose to a point we're thankful for that and the Red Cross programme has done very well in terms of social care, but I think we need to look at developing this."

Fergal Black, Director of Care and Rehabilitation,

The possibility of providing formal training and accreditation to those who care for older prisoners was highlighted, but professional stakeholders have identified a number of potential issues with this approach.

"Anybody who's going to work as a health care assistant, or provide any kind of social care or personal care in the community, is disbarred if

they have a criminal record of any description so why would we let prisoners be treated by people who [cannot provide this care in the community]... It is being thought about and discussed a lot and we do need to get to the point now of making decisions." PS04

Good Practice Example

A number of UK and US prisons operate carer and buddy schemes. Through these schemes people are employed as carers or buddies and they take responsibility for collecting meals, laundry and mail, cleaning cells and offering other assistance specific to the needs of the older person. Buddies are also used to monitor older inmates or are trained to carry out basic assessments. These schemes have a rigorous application process and regular monitoring. Several US prisons also run volunteer programmes through which people can offer general support to older prisoners, such as helping them with writing letters and reading (Mental Health Foundation, 2013).

Accredited peer-support programmes where prisoners volunteer and are trained to provide some limited social care or general support to their older counterparts have been successful in other jurisdictions. The need for rigorous application procedures, training, supervision and ongoing monitoring of such a scheme would be vital. Personal care should always properly remain the responsibility of prison medical staff and professional care assistants. While such a scheme should not be seen as a replacement for professional care staff, the potential obstacles, risks and benefits of this type of approach could be usefully further explored in this jurisdiction.

Family Contact and Support

Family contact and support was an important issue for many participants, and the majority maintained contact with their families by phone, letter or through visits; however, several participants had lost touch with their family and therefore had little contact with the outside world.

"I've had zero contact for the last couple of years... no writing, no calls, nothing. It was the case they said 'we're done' so I said 'ok'...I didn't want to bring a stigma on them either. What can you do?" INT17 (59-year-old man)

For female participants, the hardest part of imprisonment was the distance from their children and missing significant moments in their lives.

"This is where the punishment is, it's not being

sent in here, that's just your loss of liberty, the punishment is my son got engaged, I've never met his girlfriend because he's been with her three years and I've been in here four. And that is the punishment." INT11 (52-year-old woman)

Several participants explained that their children and grandchildren no longer visit them as they found the prison security searches and the whole experience very upsetting and traumatic.

"My kids were ripped apart for drugs. I'm not even in here for drugs or anything. They ripped them apart, they just degraded them. I'd tell them on the phone 'no don't [come]'...My granddaughter is petrified of dogs, and there was no way my son would bring her up, because she'd be literally sick..." INT10 (50-year-old woman)

"My son will never come back here. He came in here when I first came in, but the experience was very traumatic, not only with seeing his mother in jail, which I think he found the hardest thing to deal with, [but] the search team were just so ignorant and rude to him so he just thought 'I'm not putting up with this'."

INT11 (52-year-old woman)

Another participant found prison staff to be very accommodating and supportive in relation to her contact with her children.

"[My daughter] says that since I came in, she feels like an orphan, so that's tough. I ring her every single day, and she has rang the prison many times quite tearful. Only about four months ago she was very down, and it was on a Sunday, but the officers took me downstairs to the private phone and allowed me have a call with her."

INTO1 (54-year-old woman)

The particular challenges older people can face in accessing the prison visiting area and using the phones were highlighted by a participant who has ongoing mobility problems. He described how at one stage he was only able to continue using the phone with the support of a Red Cross volunteer.

"I did have [trouble accessing the phones] at one stage when I had a particularly bad episode with my back...They loaned me the wheelchair from the medical unit just to get from my cell to the visiting area. Subsequently, while I could still have done with the wheelchair over the next few days to get [to] the phone, it was stopped because the regulation says it's only for emergencies...I don't think you should be curtailed because to get

to the phone in the evenings was agony without it. The nearest phone to me is probably 30 yards across the corridor and with the help of one of the Red Cross people I would get to it and he would bring a chair and I would sit down."

INT20 (79-year-old man)

Several participants also highlighted the difficulties that older family members can face when visiting a loved one in prison.

"That was one of the good things about coming to [Prison B], that it was so difficult for them to come down to [Prison C]. And my eldest sister now who's kind of taken my mother's place after my mother died, her husband's in a wheelchair so it [was] particularly difficult for them, getting down to [Prison C]."

INTO9 (61-year-old man)

"Well I'm married and my wife comes in to see me twice a week, she's to travel 100 miles round trip to do that and I've asked that she [would] ease it out, [but she says] 'no, no I want to come'. It puts in the week for her as well."

INT20 (79-year-old man)

A number of participants could only maintain contact with their parents by phone or had lost contact with them entirely because they had moved into long-term residential care.

"I'd have daily contact...two phone calls, so usually I'd ring the mother who's bed bound...Dad is only since Christmas gone over to a care home because they can deal with the dementia side of things there." INT23 (52-year-old man)

"My mother's still alive, but she's in a nursing home, she's got dementia so I don't have any contact with her anymore." INT14 (56-year-old man)

The importance of family contact and support, particularly for those serving life sentence, was recognised by several professional stakeholders. This contact and support can help a person to resettle in the community following their release.

"It's very important to encourage family ties and I think that's even more important if someone is sentenced to life...I think it's very important from a psychological point of view to keep the family supports going and then it will help the prisoner resettle into the community after release."

John Costello, Chairman, Parole Board

One professional stakeholder recommended that older people be given longer visits with family members to encourage reintegration, while another specifically recognised the importance of enabling older people to maintain a relationship with their children and grand-children.

"From the point of view of social needs, one of the concerns we would have is access to family and particularly grandchildren. Children and grandchildren are that link in the community when they go back home."

Eamon Timmins, CEO, Age Action

"I could still have done with the wheelchair over the next few days to get [to] the phone, it was stopped because the regulation says it's only for emergencies...! don't think you should be curtailed because to get to the phone in the evenings was agony without it. The nearest phone to me is probably 30 yards across the corridor and with the help of one of the Red Cross people I would get to it and he would bring a chair and I would sit down."

INT20 (79-year-old man)

Another professional stakeholder recommended that where older family members are unable to visit the prison because of issues with physical mobility, contact should be facilitated through Skype and/or longer phone calls. In addition to this, visiting centres and visiting areas should be accessible to older visitors and those with mobility issues.

Access to Information

One participant raised access to information as a particular social care need of older people in prison. He recommended that information be better disseminated among older people who may not be aware of what services are available.

"A lot of what's available in prison has never really been put to me. Prisoners in general I think find out about things when you're walking around the yard or sitting talking to other prisoners...I feel information could be perhaps disseminated better particularly amongst elderly prisoners who may not know what's happening." INT20 (79-year-old man)

Social Care: Key Points

- Older people in Irish prisons have particular social care needs, which include personal care needs, such as washing and dressing, the need for family contact and support, and the need for information about the prison regime.
- While prison medical staff, and in some cases professional care assistants, are available to meet the care needs of older people, there is often a reliance on other prisoners to meet these needs.
- The care provided by other prisoners has ranged from changing a person's sheets and encouraging them to wash, to changing incontinence pads and monitoring a person's medication.
- Accredited peer-support programmes where prisoners volunteer and are trained to provide some limited social care or general support to their older counterparts have been successful in other jurisdictions. The need for rigorous application procedures, training, supervision and ongoing monitoring of such a scheme would be vital. Personal care should always properly remain the responsibility of prison medical staff and professional care assistants. While such a scheme should not be seen as a replacement for professional care staff, the potential obstacles, risks and benefits of this type of approach could be usefully further explored in this jurisdiction.
- The majority of participants maintain contact with family by phone, letter or through visits, but several participants no longer receive visits from their children and grandchildren as their visitors found the prison security searches and the whole experience too distressing. Where older family members are unable to visit due to mobility or other issues family contact should be facilitated through Skype and/or longer phone calls. Visiting centres and visiting areas should be accessible to older visitors and those with mobility issues.
- Professional stakeholders recognise how important it is for older people to maintain contact with their family, especially with children and grandchildren. Family contact can support a person's resettlement in the community following their release.

4.4 Bullying and Victimisation

The bullying and victimisation of older people in prison was identified as an issue by half of participants. While many participants noted the positive relationship older people have with prison staff and with younger people, others described vulnerable older people being exploited and abused in prison.

Relationship with Younger People

Many participants described having a positive relationship with younger prisoners, finding that they treated older people with respect.

"I must say I was really pleasantly surprised with the attitude and I still am...There's a recreation hall upstairs beside the gymnasium, and in the evening time I always go up there...when I walk into the recreation hall, nine times out of ten one of the younger prisoners will belt over and get a chair for me, so I think there's a good relationship there." INT20 (79-year-old man)

One participant felt that the older people have a calming effect on the younger ones, but another described how the generation gap can sometimes lead to difficulties.

"There's that generation gap...when they're not in their happy mode they make you feel different, they make you aware that you are different...I found that difficult at first, but now I've learned to accept it." INTO1 (54-year-old woman)

In particular, several participants found the loud music played by younger people hard to deal with, especially at night.

"Some of the younger people tend to be a little bit noisy, especially with the music, and I think that's kind of a constant thing, it doesn't matter if you're outside or if you're in here. Noise can be a bit of a problem." INT13 (61-year-old man)

"They might have their stereo...sure that could go on at one o'clock in the morning, when you're asleep so if you have a problem with sleep you could be up half the night." INTO2 (55-year-old man)

Two participants felt that older people should be accommodated in single cells to give them more personal space and several others said that older people can be taken advantage of, with some younger people borrowing things that they don't return or doing things for an older person and then asking them to pay for it.

"A couple of years ago I was sharing with a gentleman that was older than myself...and people were always coming up to the door, 'can I borrow so and so?', 'have you got so and so?', and he would give it. Whether he felt obliged to give it, or felt threatened, I don't know, but he would give the stuff and they would not be forthcoming in returning it in a timely fashion." INT13 (61-year-old man)

"The old people couldn't get up for meals so these young lads were [collecting their meals] but they were charging them...A lot of people see themselves as bodyguards to these people, I'll protect you if you give me a few [quid]." INTO6 (61-year-old man)

"I suspect they face the same threat of elder abuse, whether it's from family, from other prisoners, from staff. Some older people become vulnerable and face a greater risk of elder abuse. Those needs are the same either side of the prison wall"

Eamon Timmons, CEO Age Action

"You have older inmates paying people to do their beds, you have old people paying for food...it's widespread." INT23 (52-year-old man)

Two participants had witnessed older people being verbally and physically abused by younger prisoners. In some cases, this was because they believed the older person was in prison for sexual offences.

"You could be doubled up with a girl that would be 18 or 19...all they talk about is fighting and drugs, and an older woman has to sit there and listen to that...There's one there who's [in her 50s], the young ones would be attacking [her] and shouting at [her]...It's horrible for some of the women."

INT10 (50-year-old woman)

"In [Prison C] it was shocking. They'd spit on them and throw water on them. They put them down in the category, because they're older, of being sex offenders and they may not be...It can be a scary time for some of the old men."

INT15 (53-year-old man)

Dr Emma Regan, Acting Head of Psychology of the Irish Prison Service, pointed out that older people tend to experience verbal and physical abuse and, at times, financial exploitation by younger adults. Older people identify certain areas of the prison as difficult to access or even 'no go' areas for these reasons, for example, the gym, recreation halls and yards. She identified a need for safe spaces for older adults to recreate, and staff support and training to recognise and manage bullying of older adults.

Treatment by Prison Staff

Most participants spoke positively about their relationship with prison staff and there was a common belief that older people are treated as well or better by staff because of their age. Only one participant described an incident in which he believed an older person had been mistreated by staff.

"I seen one man in particular getting abused by staff and laughed at...he was really angry and frustrated that the officers [had] just walked on and waited for him to catch up...This man couldn't see...and he could hardly walk at all, he's 83 or 84." INT22 (58-year-old man)

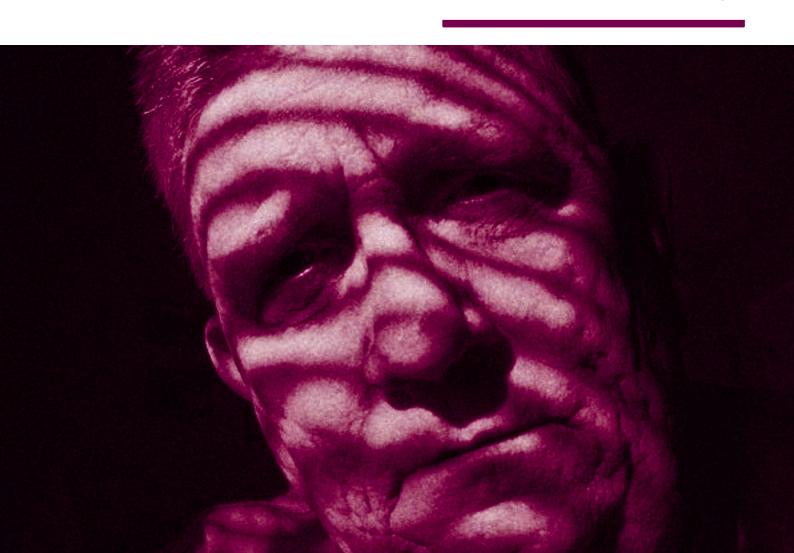
One stakeholder highlighted the risk of elder abuse, which exists both inside and outside prison.

"I suspect they face the same threat of elder abuse, whether it's from family, from other prisoners, from staff. Some older people become vulnerable and face a greater risk of elder abuse. Those needs are the same either side of the prison wall."

Eamon Timmins, CEO, Age Action

Bullying and Victimisation: Key Points

- Most participants have a good relationship with younger prisoners and with prison staff, and feel they are treated the same or better due to their age.
- Some issues arise as a result of the generation gap, for example in relation to noise and music being played late at night.
- Several participants feel that older people are taken advantage of by younger prisoners. This can occur when younger people borrow things and don't return them or when they do things for the older person and then seek payment from them.
- Three participants described specific instances where they witnessed an older person being verbally or physically abused by younger prisoners or by prison staff. Staff need to receive support and training to recognise and manage bullying of older people.
- Vulnerable older people in prison face the same threat of elder abuse as those in the community.



4.5 Participation in Prison Programmes

The majority of participants were actively engaged in prison programmes and did not see access to programmes as a difficulty for older people in the Irish prison system. Many participants spoke positively about the work and education programmes that are available in prison, though several noted the need for programmes which are aimed specifically at older people.

Education and Work Programmes

Participants were involved in a wide range of work activities, including the kitchen, tuck shop, laundry, recycling plant, print shop, Braille shop, cleaning and horticulture. Many participants were also involved in education, studying music, art, creative writing, languages and several people were completing degrees. As one interviewee explained,

"I take the benefits of the system. I came in with no education and I'm graduating shortly with a Masters" (INTO6, 61-year-old man).

It is clear that work and education are an important part of many participants' lives and several people spoke about the benefits of keeping busy.

"The school is a big part of my transition if you like, and doing the Open University has been basically my saviour, because it's taken up the last three and a half years and it's just amazing."

INT11 (52-year-old woman)

"I have managed to get into the east yard here which is the recycling plant, which is a physical environment, you're always working with your hands. You're carrying, you're lifting, you're doing something practical...at least you're out in the fresh air." INT21 (60-year-old man)

Only one participant explained that he could no longer work or study due to illness and no one identified the location of prison programmes as excluding them from participating; however, several professional stakeholders recognised that this could be an issue for some older people.

"[Involvement in programmes] depends on the length of the programme and if the prisoner has issues with sitting in a classroom for an extended period of time. In some prisons the school can be located on the highest landing thus making it difficult to navigate the stairs." PQ01

A staff member from the Irish Prison Service also acknowledged that work activities are not developed with an older person in mind, but explained that the prison service will try to accommodate someone where possible.

"Generally when we're developing work training activities we don't do it with an eye on the needs of older prisoners, but we would give them particular priority access to horticulture and other activities like that"

Fergal Black, Director of Care and Rehabilitation, Irish Prison Service

The requirement for programmes that are tailored to the needs of older people was raised by a number of participants.

"I think there should be something that all the older prisoners would be interested in...Maybe some kind of a course for older people, learning trades that they don't have, something like that." INTO3 (57-year-old man)

One professional stakeholder identified this as particularly important for those who may not be returning to the workforce following their release.

"While prisoners [aged] 24 and 84 may have the same interests, and there's no reason to believe they wouldn't, certainly there would be interests which would be more specific to one group or the other, and I suppose particularly from the point of view of training. My understanding is that the system is vocationally training people to provide them with skills to try and find employment when they are released. What does that mean for someone in their 70s or 80s?"

Eamon Timmins, CEO, Age Action

Recreational Activities

Several participants acknowledged the importance of recreational activities for older people and felt that there should be more activities aimed directly at this group.

"There's a pool table and a snooker table...but there's nothing geared for older people. You know, activities that they could actually do." INT15 (53-year-old man)

A Red Cross programme operating in one prison organises a weekly get-together in the chaplain's office and a number of participants spoke positively about this and how they would like to see it extended so that older people would have somewhere to go during the week.

"They brought in an over-50s Sunday afternoon [meeting]. They bring them across to the priest's office, give them a cup of tea and a chat. That was a great innovation to come up with that. Some of these fellas never get out of their cells, they never go to the yard." INT07 (55-year-old man)

"It's for anyone who doesn't get out and about, that they can go over and have a cup of tea or coffee and a chat, between say two and half three on a Sunday afternoon...but there's nothing like that as far as I know during the week...They have a recreation area but it's upstairs, it's very wide and cold. If there was a room down here...where you can go in between 10 o'clock and four and just be there, make a cup of coffee or a cup of tea, have a chat." INTO9 (61-year-old man)

Participation in Prison Programmes: Key Points

- Most participants are actively involved in work programmes and education, and feel it is important to remain busy while in prison.
- Only one participant was unable to work or study due to illness; however, professional stakeholders recognise the issues older people may face in accessing programmes and they acknowledge that programmes are not designed with older people in mind.
- Several participants believe there should be more recreational activities specifically aimed at older people. An example of an activity that has been successful in engaging older people is a weekly Sunday meeting organised through the Red Cross programme. This provides older people with an opportunity to get out of their cell and meet others.



4.6 Release Planning and Resettlement

A large number of participants identified release planning and resettlement as a significant issue for older people in prison. Many participants felt anxious about their future release from prison, with many of their concerns centring around finding accommodation and employment. Several participants explained that they would like more support in relation to these issues.

Concerns About Release

While most participants were looking forward to their future release from prison, many had concerns which centred around finding suitable accommodation and/or employment. One participant explained the challenge of moving from a prison environment, where everything is taken care of, to the community where you may be living alone.

"The big thing about prison is that so many things are done for us, the food is cooked for us, we don't have bills to pay, we have services right here, doctors, medics, so from that point of view, the big change is going back out into the community... Isolation and loneliness can become a problem, especially for people living alone."

INT14 (56-year-old man)

Several participants expressed a concern about becoming homeless and felt they needed support to access appropriate accommodation on their release.

"I can't wait to get out of here, but the one thing I am worried about is finding somewhere to stay. I've got absolutely nothing...when I walk out I've got the clothes on my back and that's it."

INT13 (61-year-old man)

"Being divorced, basically I've left myself homeless so when I go out there [I'll be] back onto the streets...But I reckon if I had a one-bedroom apartment, I could get my act together. There's no point in coming in and out of here after doing 20 odd years." INTO2 (55-year-old man)

Participants were also concerned about whether they would be able to find employment, given their age and criminal conviction, and felt there should be more support around this issue.

"For us getting a job is a million times harder, not only because you've got a long criminal record, but also because we're older. We're unemployable to a lot of people. When we get out of here we're at such a disadvantage...not only have I got five years to lose off my CV, I've got the 20 years before that as well. So I either go on the dole or I work for myself. You really need some help in that direction." INT11 (52-year-old woman)

"I am worried because I've worked all my life and I don't know if I'll ever get a job again when I get out of here with my age and the conviction." INT22 (58-year-old man)

Those with family and jobs to go back to were less anxious about their release from prison, with one participant saying,

"I'm looking forward to it. Thank God I'm fortunate that I have my wife and our home"

INT20 (79-year-old man)

Another participant expressed a desire to remain independent following her release from prison, and for her this centred around finding suitable accommodation.

"There should be some help with [allowing] us to maintain independence. Some of us might not want to live with our children, but we're dependent on our children, and there should be some services that help us maybe find somewhere to live. I'm not talking about a hostel, I'm talking about independent living. A hostel is just a one way ticket back to [prison]." INT11 (52-year-old woman)

For another participant, moving abroad felt like the only option as he didn't think he would be able to access necessary services in Ireland.

"I'd prefer to move on, leave this country...If the ordinary person on the street can't get housing and is not economically nor medically looked after, what chance do we stand? I'm leaving a lot behind, but I've no choice, if you want a life you have to move on." INT17 (59-year-old man)

The difficulty in finding employment and suitable accommodation for an older person who has been released from prison was also highlighted by one professional stakeholder.

"In terms of employment or training placements, it can be more difficult to place an older prisoner if they have mobility issues or specific health needs. Likewise, specific older persons' accommodation is difficult to source as Garda vetting is required and that can prevent a person getting a place in a senior citizens complex." PQ01

Preparing for Release

One interviewee spoke about the pre-release programme that is provided to those who are nearing the end of their sentence, which involves talks from the Department of Social Protection, An Garda Síochána, The Probation Service, and from religious and other support groups. He believes this provides good support, but explained that not everyone avails of it.

"There is quite a lot of support, whether or not inmates take up that support and get involved is another thing though, because one of the things I've observed is that some people are willing to engage in things like that, but others are not." INT14 (56-year-old)

This tallies with comments made by other participants who said that they don't like to think too far ahead, and that they don't see the point in planning for the future. This was particularly relevant to those serving life sentences who felt they were unable to plan for the future as they did not know when they might be released.

"I don't think about it because you don't know when that's going to happen, so you just don't think about the gate when you're doing life. You just take one day at a time and get through it, I've always had that policy." INT19 (54-year-old man)

A number of participants expressed an interest in accessing Temporary Release, but felt that the rules around this are unclear and arbitrary.

Of those who had been granted Temporary Release during their sentence, several described leaving the prison for the first time as a daunting experience.

"In here time stands still, because we don't realise what's going on out there really. I went to town one day with the officer...and I clung to her. If I lost her I didn't know where I was, what was happening." INT10 (50-year-old woman)

"I went for my first day out in 22 and a half years. Nothing much has changed and everything has changed...like I'd never handled a Euro...The notes were fine, but the coins, I wasn't used to them." INTO7 (55-year-old man)

One participant explained that he would like to spend the last year of his sentence in an open prison, as this would allow him to adapt to his surroundings before his release.

"One thing I'd like to see is that the last year of your sentence would be in an open prison, when you could actually adapt to your surroundings in a slow way as opposed to being thrown in at the deep end. I mean I lived in the country...and I was used to the open air. I couldn't imagine living in a flat ten storeys up in Dublin. I wouldn't be used to that. The noise and the hassle of Dublin."

INT06 (61-year-old man)

A female participant highlighted the need for a training unit for women, as this would allow women to go out and

work in the community while serving their sentence.

"It would be nice if there was something like the Training Unit for the women, particularly women that have life sentences or five years or more...I think that's very important, to have somewhere where you can go out to work each day, even if it's on a voluntary basis, to go out and come back and know that every skill that you've been taught and the knowledge that you've gained, you're putting it to good use." INTO1 (54-year-old woman)

"In here time stands still, because we don't realise what's going on out there really.

I went to town one day with the officer...
and I clung to her. If I lost her I didn't know where I was, what was happening."

INT10 (50-year-old man)

The importance of Temporary Release and the need for an open prison for women was also recognised by one professional stakeholder.

"One of the things that concerns me is that there is no open prison for women, and I think that it is being looked at because there's no doubt that the best resettlement plan is to let prisoners be granted periods of Temporary Release for days or weekends, and the best way of doing that is from an open prison."

John Costello, Chairman, Parole Board

The need for adequate supports in the community, particularly for those who no longer have family support, was raised by another professional stakeholder. In particular, he highlighted the need for adequate medical care for those who have been released from prison, saying,

"We would like to see a much more tailored release and resettlement plan for older prisoners" (Eamon Timmins, CEO, Age Action).

Institutionalisation and Transition to Long-Term Care

The risk of institutionalisation for people serving long sentences was recognised by one professional stakeholder and a participant also expressed this, saying

"I don't want to get out. I'm in 30 years. There's nothing out [in the community] for me" (INT16, 54-year-old man).

There is also a special population of older people who may need to move directly from prison to long-term

residential care. One participant recognised that this was the most likely option for him following his release.

"Well at my age I would see my release from prison as a nursing home...At least you know there's someone there if you're going to need them." INT05 (75-year-old man)

Staff from the Irish Prison Service also highlighted this issue, explaining that some older people had been in nursing homes before being committed to prison, and that the prison service supports people to transition to long-term residential care if necessary. This can involve completing an application under the Nursing Home Support Scheme ('Fair Deal') and making an application to the Minister for Justice and Equality to release someone on the grounds that they are unfit for prison. As two professional stakeholders explained, this process can present some challenges, and they would like to see Government departments working together to support this transition.

"An even bigger difficulty for us is when [an older person] requiring residential care comes to their release, because we're trying to get them into a nursing home, we're trying to make applications for Fair Deal, we're trying to get them an appropriate placement, and particularly where they have a sexual offence there can be concerns for the nursing home or the community nursing unit." Fergal Black, Director of Care and Rehabilitation, Irish Prison Service

"The speed bump is often the change process and that needs to be seamless...all the legislative work around your entitlements, your Fair Deal, everything should be made work so that you are not expecting the impossible." PS04

As staff from the prison service highlighted, this issue may become more complicated following the commencement of the *Assisted Decision-Making* (Capacity) Act 2015, which requires that a person whose capacity is in question be assisted and supported in making decisions about their welfare. This legislation is particularly important for older people who are living with Alzheimer's or other forms of dementia in prison.

As mentioned above, one participant had been diagnosed with dementia, but appeared to be unaware of his diagnosis. He informed the researchers that he would be living alone in an apartment following his release. Another participant expressed a concern about this, saying

"I'd be fairly worried about him when he goes out because he doesn't have anyone so he'd be very vulnerable." INT15 (53-year-old man)

Release Planning and Resettlement: Key Points

- Many participants identified release planning and resettlement as a significant issue affecting older people in prison.
- While most participants were looking forward to their release from prison, many raised concerns about finding suitable accommodation and employment.
- Participants who had families and jobs to go back to were more positive about their release, but one female participant raised the issue of maintaining independence and explained that she did not want to be dependent on her children following her release.
- While pre-release courses are available to those nearing the end of their sentence, it is unclear how many older people avail of these courses. In particular, those serving life sentences said they did not think about the future as they did not know when they might be released.
- One participant explained that he did not want to be released from prison as he felt there was nothing for him outside. Another participant accepted that he would most likely be moving from prison to a nursing home.
- Professional stakeholders recognise the unique challenges facing older people who are released from prison. The Irish Prison Service assists older people who need to move directly from prison to long-term residential care. This may involve completing a Fair Deal application with or on behalf of an older person and applying to the Minister for Justice and Equality to have that person released. There needs to be more coordination between Government departments in relation to this transition.
- The transition from prison to long-term residential care may become more complicated following the commencement of the Assisted Decision-Making (Capacity) Act 2015. This is especially relevant to older people who are living with Alzheimer's or other forms of dementia in prison.



Conclusion and Recommendations

Older people represent a vulnerable group in the Irish prison system and they have distinct needs which must be addressed. The interviews conducted as part of this research confirm that many people over the age of 50 in Irish prisons face the same issues as those identified in the local and international literature.

While many participants spoke positively about several aspects of prison life, including the health care services provided, their relationship with younger people and prison staff, and access to education and work, a number of issues arose which are a cause of serious concern. These include the detention of older people living with dementia and other serious conditions, the fact that some older people are confined to their cells or are bed-bound, and the fact that in some instances personal care, including intimate care such as the changing of incontinence pads, is being provided by other prisoners.

The steps taken by the Irish Prison Service to address the needs of older people through the Strategy for the Management of Older Persons are welcome, and to date active nursing care plans have been put in place for everyone over the age of 55 and a survey of older people has been completed (Irish Prison Service, 2014). Despite these positive steps, it is clear that a more comprehensive strategy is required in order to adequately address the needs of older people in Irish prisons and the commitment to finalise and implement an Older Prisoner Strategy in the Irish Prison Service Strategic Plan 2016–2018 is very welcome.

The recommendations contained in this report are based on best practice examples set out in the research literature and on the recommendations of the research participants and professional stakeholders. If acted upon, these recommendations will greatly improve the lives of older people in the Irish prison system and help to ensure that Ireland meets its obligations under the European Convention on Human Rights and other international human rights instruments.

A Comprehensive Strategy for the Management of Older Persons in Prison

- 1.1 The Irish Prison Service should build on the existing Strategy for the Management of Older Persons to create a comprehensive strategy that considers the rights and needs of older people in relation to physical and mental health needs, mobility and the physical environment, social care needs, bullying and victimisation, participation in prison programmes and release planning and resettlement. The commitment to finalise and implement an Older Prisoner Strategy in the Irish Prison Service Strategic Plan 2016–2018 is welcome and it is vital that this strategy addresses the issues listed above and that it is fully implemented.
- 1.2 In developing this strategy, there should be a wider debate about the appropriateness of detaining old and seriously ill people in a prison environment, particularly those living with dementia or other terminal illnesses. This debate should consider the significant practical and ethical challenges the continued detention of these people presents for prison staff and for other prisoners. It requires input from the Irish Prison Service, the HSE, the judiciary and legal profession, community groups working with people in prison and with older people, and from older people in prison.

Physical and Mental Health Needs

- 2.1 Physical and mental health services which are dedicated to the needs of older people should be made available throughout the Irish prison system. This should include the introduction of an over-50s health clinic in each prison.
- 2.2 All prisons should have an identified, trained and supported lead staff member for older people in the health care unit.
- 2.3 Prisons housing women should address their gender-related health issues, ensuring that they continue to receive mammograms, cervical cytology screenings and support for age-related issues including the menopause.
- 2.4 Older people with significant medical problems whose care cannot be adequately catered for in prison should be released on health grounds. The decision to grant Temporary Release on health grounds should be based on the particular circumstances of each case and should not be influenced by policies regarding the nature of the offence committed.
- 2.5 When an older person is reaching the end of his/her life, a case conference involving a palliative care team should be convened to formulate a care plan.
- 2.6 All prison staff should receive dementia awareness training, allowing them to identify symptoms of Alzheimer's and other forms of dementia, and providing them with the skills necessary to support people living with dementia.
- 2.7 Older people should be given regular access to specialist health services including a dentist, chiropodist and optician.
- 2.8 The prison service should support older people to maintain a healthy diet. As a person ages, they should be given access to a special diet which contains less processed food. Staff members should be trained to monitor the eating habits of older people and any concerns about a person's diet should be reported to prison health staff.

Mobility and the Physical Environment

- 3.1 Cell and bed allocation should take account of age and disability and older people should be accommodated in single cells.
- 3.2 Older people should have the option of being housed in a separate unit or wing, while still having an opportunity to mix with younger people in prison.
- 3.3 Any older person's unit or wing should incorporate age-friendly design, and all prisons should provide mobility aids such as handrails and mobility aids to allow older people with mobility problems to remain active.
- 3.4 The future design of prisons should include an appropriate number of cells capable of accommodating wheelchairs, hospital beds and relevant paraphernalia necessary to the needs of older people with serious physical health needs.
- 3.5 A peer support programme should be rolled out across all prisons. Through this optional programme, prisoners should be trained to support older people with mobility issues by bringing them their meals, collecting their laundry and helping them to clean their cells.

Social Care

- 4.1 Consideration should be given to an optional and strictly monitored scheme whereby prisoners are trained to provide some limited social care to older people through a peer support programme and may gain accreditation and privileges for so providing. However, any care provided through this scheme should not extend to personal care such as washing and dressing, which should properly remain the responsibility of prison medical staff and professional care assistants.
- 4.2 The Irish Prison Service should set out the minimum standard of social care that it expects and consider the possibility of placing social workers in prisons to support older people.
- 4.3 Policy guidelines should be agreed between prison management and social work agencies, and time and resources should be allocated so that staff can undertake specific social work tasks required when working with older people.
- **4.4** Prison staff should receive specific training regarding the social and emotional needs of older people.
- 4.5 Joint health and social care assessments should be undertaken routinely for older people with social care needs.
- 4.6 Family contact should be encouraged through the use of extended visits for people who cannot visit often and grandparents' visits days. Where older family members are unable to visit due to mobility or other issues, family contact should be facilitated through Skype and/or longer phone calls.
- **4.7** Visitor areas should be accessible and have appropriate facilities for older and disabled visitors.
- 4.8 Family-friendly visits should be available across the entire prison estate. Children's officers (preferably non-uniformed) should be deployed in each prison to allow for visits to be child-friendly and to minimise any anxieties children may have.
- 4.9 Information materials about the prison regime should be dementia-friendly and approved by National Adult Literacy Agency (NALA). These materials should be disseminated and discussed with older people to ensure they are aware of their rights.

Bullying and Victimisation

- 5.1 All prison staff should receive training on how to recognise and manage bullying.
- **5.2** All allegations of bullying of older people should be responded to quickly and effectively.
- 5.3 Older people should be accommodated in single cells to provide them with more personal security and reduce the risk of bullying and victimisation.
- 5.4 The Strategy for the Management of Older Persons in Prison should consider and address the threat of elder abuse in a prison environment.
- 5.5 Prison staff should receive training on how to foster positive communication and relationships between prisoners and on how to deal with traumatic situations.

Participation in Prison Programmes

- 6.1 Older people should be given access to physical exercise regimes that are appropriate to their age and ability, and appropriate programmes should be made available in locations that are physically accessible to older people with mobility issues.
- 6.2 The diversity of older people should be recognised and given special consideration in prison programming.
- 6.3 The Irish Prison Service should consult older people about what courses and recreational activities would be most appropriate.
- 6.4 Specialist services for older people, such as low impact gym sessions and designated library sessions, should be implemented in all prisons using existing resources.

Release Planning and Resettlement

- 7.1 All available information regarding an older person's release, including accommodation options, employment opportunities, and supports in the community, should be provided to the person well ahead of his/her release date.
- 7.2 A resettlement strategy should take into account the health and welfare needs of an older person and appropriate accommodation should be in place before an older person is released from prison.
- 7.3 Older people should be given additional support to find employment as this is an area of particular concern for people over the age of 50.
- 7.4 The rules regarding Temporary Release should be made clear to all older people, and they should be supported to access Temporary Release, particularly towards the end of their sentence.
- 7.5 An open prison and/or training unit should be created for women to provide them with the same opportunities for resettlement.
- 7.6 Older people released from prison should have access to adequate medical care in the community, including a medical card if necessary.
- 7.7 The Irish Prison Service should continue to engage with the HSE to develop collaborative programmes which will ensure a seamless transition when an older person is released.
- 7.8 The Irish Prison Service should consider the implications of the Assisted Decision-Making (Capacity) Act 2015 for older people, particularly those living with dementia. A revised Strategy for the Management of Older Persons should set out how the prison service will support those whose capacity is in question to engage in decisions about their welfare.

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United Nations Principles for Older People

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Appendix A

Qualitative Findings from Research Questionnaire

This appendix provides a summary of the qualitative data collected from the participants' research questionnaire.

This questionnaire contained questions about personal background, medical background, special assistance required, and personal and professional contact. It was completed by 22 people in prison, three women and 19 men, ranging from 50 to 79 years of age.

As shown below, participants did not complete all questions, but this data provides a useful overview of the profile and health needs of participants.

- 86% (19/22) of participants were Irish nationals, while the remainder (3/22) were foreign nationals from the United Kingdom.
- 50% (10/20) of participants were convicted of a sexual offence; 25% (5/20) were convicted of murder or manslaughter; 10% (2/20) were convicted of drugs-related offences; 10% (2/20) were convicted of robbery/theft; and 5% (½0) were convicted of assault.
- 27% (6/22) of participants were serving life sentences; 36% (8/22) were serving 10 years or more; 9% (2/22) were serving 5-10 years; 27% (6/22) were serving up to 5 years.
- Half of participants were committed to prison when they were 50 years of age or older. The oldest a participant had been committed to prison was 77 years of age.
- For 64% (14/22) of participants, this was their first time in prison.
- 38% (8/21) of participants had reached degree or Masters level, while 10% (2/21) left full-time education at primary school level.
- 82% (18/22) of participants were receiving medical care in prison for a wide range of conditions, including heart conditions, diabetes, kidney failure, bowel disease, arthritis, osteoporosis, gout, Irritable Bowel Syndrome (IBS), reflux and post-stroke care. 90% (18/20) of participants said they found the physical and mental health services in the prison helpful.
- 65% (13/20) of participants had concerns about getting older in prison. These included concerns about losing time with their families, dying in prison, mobility problems, isolation, hygiene, and finding post-release accommodation.
- 33% (6/18) of participants had contact with their spouse or life partner; 50% (9/18) had contact with their children; 29% (5/17) had contact with their grandchildren; 50% (9/18) had contact with their brothers and/or sisters.

Appendix B

INTERNATIONAL HUMAN RIGHTS INSTRUMENTS

Older People in Prison- A Rights Based Approach

This appendix was informed by a review conducted by students of the School of Languages, Law and Social Sciences, Dublin Institute of Technology (DIT).

Key Points

- While there are many international human rights instruments that protect older people, and some which address the needs of those in prison, there are no international human rights documents which specifically vindicate the rights of imprisoned older people.
- The UN Working Group on Older Persons was established in 2010 to review the existing international framework on older persons' rights, identify gaps and consider how to properly address these gaps, including the possibility of creating additional human rights instruments (Chenwi, 2011).
- There is an international movement towards recognising the rights of older people in prison.
 Disabilities are prevalent among older people in prison and there is a call to develop policies and strategies to reduce the imprisonment of people with disabilities.
- The majority of older people in prison have a range of health care needs that most prison systems cannot meet. This places a substantial burden on the resources of prison health care services (United Nations, 2009).

Right to Health of Old or Vulnerable Persons

 United Nations Principles for Protection of Persons with Mental Illness 1991

This document sets out a list of 25 principles which afford protection to persons with mental health difficulties. Principle 1 states that 'all persons have the right to the best available mental health care, which shall be part of the health and social care system'. This document contains a 'General Limitation Clause', which provides that these principles are subject to limitations which are prescribed by law and are necessary to protect the 'public safety, order, health or morals or the fundamental rights and freedoms of others'.

- 2. United Nations Principles for Older Persons 1991
 Governments are encouraged to incorporate these
 Principles into their national programmes whenever
 possible (Older People's Commissioner for Wales,
 2014). There are 18 principles which can be categorised
 under five themes: participation, independence, dignity,
 care and self-fulfilment.
- 3. United Nations Madrid International Plan of Action on Ageing 2002

This instrument focuses on three priority areas: older persons and development, advancing health and wellbeing into old age, and ensuring supportive environments. It is a resource for governments, non-governmental organisations and other actors which assists them to change the ways in which their societies perceive, interact with and care for their older citizens (Department of Economic Social Affairs, 2015).

Right to Health of People in Prison

1. European Prison Rules

Rule 40.4 makes reference to the right to health of a person in prison. It provides that 'medical services in prison shall seek to detect and treat physical and mental illness or defects from which prisoners may suffer'. There are several other European Prison Rules which make reference to a person's right to health and also provide protection to older people in prison, i.e. Rules 12.1, 12.2, 40.3, 41.1, 41.2, 41.3, 41.4, 41.5, 46.2.

- 2. European Convention on Human Rights (ECHR) Article 3 of the ECHR expressly prohibits the use of torture, and inhuman and degrading treatment or punishment. The right to health of an older person in prison can be inferred from this article. In Papon v France (2004) 39 EHRR 10, the European Court of Human Rights stated that in certain situations, the detention of an older person over a lengthy period might give rise to a breach of Article 3. In Farbthus v Latvia (Application No 65436/01), an 84 year-old prisoner suffering from very poor health had been detained in prison and in prison hospitals for nearly two years and was refused release. The Court concluded that given his declining health, together with the fact that he could not stand up and wash without assistance, his delayed release amounted to a violation of Article 3.
- 3. United Nations Standard Minimum Rules for the Treatment of Prisoners 1955

These rules apply to all people in prison without discrimination and contain minimum standards relating to accommodation (Rules 9-14), clothing and bedding (Rules 17-19), food (Rule 20), personal hygiene (Rules 15-16) and medical services (Rules 22-26).

4. The European Convention on the Prevention of Torture and Inhumane or Degrading Treatment or Punishment 1987

Article 1 of the Convention states that the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) will examine by means of visits, the treatment of persons deprived of their liberty with a view to strengthening their protection from torture and from inhuman or degrading treatment or punishment. After each visit, the CPT sends a detailed report to the Member State concerned (The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 2014).

5. United Nations Basic Principles for the Treatment of Prisoners 1990

Principle 9 refers to the health of those in prison and provides that they should have access to the health services available in their country without discrimination on the grounds of their legal situation.

Relevant Irish Law

1. The Constitution of Ireland

The right to health of an older person in prison is not expressly mentioned in Bunreacht na hÉireann; however, the case of Heeney v Dublin Corporation (Unreported, Supreme Court, August 17th 1998), acknowledged that a right to health for all citizens can be derived from Article 40.3.1 of the Constitution. This Article provides that 'the State guarantees in its laws to respect, and, as far as practicable, by its laws to defend and vindicate the personal rights of the citizen'. It was held in State (C) v Frawley [1976] IR 365 that people in prison have a right not to have their health exposed to risk or danger and a right not to be subjected to inhuman or degrading treatment.

2. Mental Health Legislation in Ireland

There is no legislation which addresses the specific needs of older people in the Irish prison system; however, there are several statutes which provide for mental health care for people in the community and for those in prison. The Mental Health Act 2001 is the key piece of legislation regarding the involuntary admission of people who are deemed to be suffering from mental disorder (O'Connor, 2012). In 2006, the government published a national mental health policy called 'A Vision for Change' (Mental Health Reform 2015). This document proposes a holistic view of mental illness and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems (Health Services Executive 2013). This document extends to older people in prison.

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