Health and social care services for older adults in prison

Chief investigator: Professor Jenny Shaw

Sponsor: University of Manchester

Funder: SDO Programme

NIHR Portfolio number: 9317

ISRCTN registration (if applicable): N/A
Health and social care services for older adults in prison

1. Aims/Objectives

This programme of research aims to establish the efficacy of services for older people entering and leaving prison, and to explore how a targeted intervention can improve pathways to care at key transitional times.

The specific objectives of the proposed project are:

- To explore the lived experience and needs of older people entering and leaving prison;
- To describe current provision of services, including integration between health and social services, and;
- To pilot and evaluate a mechanism for identifying health and social care needs on reception into prison, ensuring these are systematically addressed during older people’s time in custody.

2. Background

Population

Prisoners aged 60 and over are the fastest-growing age group in the England and Wales prison estate, their numbers having trebled over the last decade. On the 30th June 2009 there were 2538 prisoners in England and Wales aged 60 and over and, with movement towards longer sentencing and higher rates of conviction for historical offences, numbers have been projected to rise even further (Department of Health (DH), 2007; Prison Reform Trust, 2010). It has been estimated that the cost of keeping older people in custody is six times higher than for younger prisoners (unpublished internal report, HMP Wymott), largely due to the poorer physical health of older prisoners, with, for example, an increased need to transfer prisoners to hospital for emergency treatment.

Needs in Prison

Older prisoners have been described as suffering from ‘institutional neglect’ (Hayes & Fazel, 2008), according to DH definitions (Home Office & DH, 2000). A study of 203 sentenced men aged over 60 showed elevated levels of physical and mental illness (particularly chronic diseases), with rates of depression five times higher than either younger prisoners or older adults in the community (Fazel et al, 2001a,b). The most common chronic conditions were psychiatric (45%), cardiovascular (35%) and musculoskeletal (24%) disorders. Suicide rates in older prisoners are five times those of the age-matched general population (Fazel et al, 2005). Results from a PhD conducted by one of the applicants (Hayes, 2008) show that 38% of older prisoners have unmet physical health needs according to the CANFOR-S (Thomas et al, 2003), compared to 17% in a random prison sample (Senior et al, 2007). Similarly, a minority of those with mental health problems receive appropriate medication; Fazel et al (2004) found that only 18% of older prisoners with diagnosed depression were prescribed antidepressant medication. HM Inspectorate of Prisons (2004) noted that prison mental health services are geared towards younger people, with little access to specialist geriatric or old age psychiatry services (Collins & Bird, 2007).

Social care needs of older offenders have not been systematically assessed to date, but
data from HMP Wymott showed that 29% of older prisoners had some daily living skills needs, most commonly mobility, and keeping their cell clean (Hayes, 2008). Sixty percent were rated as being at risk of exploitation, abuse or manipulation from other, more able, prisoners. Furthermore, 60% had a problem with social interaction, and 74% had a need for established daily routines.

Several high-profile policy and guidance documents are directly applicable to older prisoners, (e.g. HM Inspectorate of Prisons Thematic Review (2004); DH Pathway to Care for Older Offenders (2007), NHS National Service Frameworks (DH, 2001) and the Disability Discrimination Act (2004)). A review of individual prison Inspectorate reports (Hayes, 2008) shows little evidence to suggest that they have been implemented.

**Entry to Prison**

The DH (2007) Pathway to Care for Older Offenders emphasised the importance of comprehensive and systematic identification of the needs of older prisoners on entry into custody. Currently, the provision of health care services in prison relies heavily on information elicited by a screening instrument on reception (Grubin et al, 2002). However, there are no specific questions for older adults, for example relating to memory, cognition or level of independence with daily living skills. Previous studies have shown that if health problems are not elicited at reception, they are unlikely to be detected later (Birmingham et al, 1997). Therefore it is highly unlikely that a subsequent assessment of these age specific needs will be conducted routinely later during the custody period.

DH (2007) stated that needs assessments for older people in prison should include physical and mental health, mobility and activities of daily living, as well as medication management. The document also stated that such assessments should be carried out when prisoners reach the age of 60, and be reviewed at minimum every six months. Although not specifically mentioned, it is logical that this should also apply to all people who are over 60 when they first enter prison.

Pathways to Care for Older Offenders (DH, 2007) emphasised the requirement for older prisoners to receive the same range and quality of health care services as are available in the community. However, no specific references were made to a recent policy to improve and standardise needs assessment for older people in the wider community, introduced in the National Service Framework for Older People (DH, 2001). The Single Assessment Process (SAP) was developed following criticisms of the content of assessments of health and social care need for older people, particularly on entry to institutional care (e.g. Stewart et al, 1999). SAP aimed to operationalise the promotion of person-centred care by formalising an assessment integrating different professional groups across a variety of settings. The SAP was fully implemented in 2004 and comprised assessment of the following areas: users' perspectives; clinical background; disease prevention; personal care and physical well-being; senses; mental health; relationships; safety; and immediate environment and resources. A national evaluation of SAP has been undertaken involving one of the applicants (DC).

This approach to needs assessment has clear benefits for older prisoners where no comprehensive or specialist assessment is currently in place. However, it is important to consider issues beyond assessment, including how services will be offered on the basis of identified need. The intervention will also need to be tailored to prisoners in view of the differences in needs between prisoners and older people in the general population and the nature of the prison environment.
Exit from Prison
Discharge from psychiatric hospital is associated with both an exacerbation of symptoms and an increased risk of suicide (e.g. Farhall et al, 2003; Appleby et al, 1999). Pratt et al (2006) showed that recently released prisoners were at significantly increased risk of suicide after release, and older offenders had a higher relative risk in relation to younger offenders for completing suicide within twelve months of release. International studies have highlighted similar concerns (e.g. Binswanger et al, 2007; Kariminia et al, 2007).

Almost all prisoners will leave custody in their lifetime. Contact with family and friends, and finding employment or permanent accommodation have been cited by younger prisoners as their priorities upon release with these issues taking precedence over establishing contact with community mental health services (Senior et al, 2005; Shaw & Thornicroft, 2007).

Many older people leaving custody will need to re-engage with health and social care services for treatment of chronic illnesses, and most will not be expected to work after discharge and will need to establish their entitlement to state pension and other benefits. In addition, those identified as being a continued risk to others may need to relocate and begin their lives in a new area. However, currently prisoners with health problems are often released without any attempt to provide continuity of care (NACRO, 2005).

To date, there has been little research on problems faced by older prisoners on release from prison. Two UK qualitative studies have focussed on older prisoners’ fears for release but did not follow these people into the community to establish the problems actually experienced: Parrish (2003) described perceptions of helplessness with regard to accessing community health services. In Crawley and Sparks (2006), many older prisoners described having lost their home and possessions whilst in custody, having limited assistance from probation services before release, and being forced to live in hostels with young people perceived to be dangerous drug addicts. Older people, particularly those convicted of sexual offences, felt at risk from these younger offenders, and also from people in their neighbourhoods.

Frazer (2003) interviewed staff working with older prisoners, and reported difficulties in resettlement. Staff noted a "significant strategic gap in this area" [p68], and felt many elderly offenders did not have their needs met by current service provision.

HM Inspectorate of Prisons' thematic review of older prisoners (HMIP, 2004) featured heavy criticism of resettlement and reintegration. They surveyed 442 men aged 60 and over, noting that 28% would be at least aged 70 on release. Resettlement services provided by prisons were strongly geared towards younger offenders with no evidence that consideration had been given to issues surrounding retirement, management of chronic illness, or social isolation. Few prisoners knew who to contact for their resettlement needs, including claiming benefits, finding accommodation or continuity of health care on release.

Thus, the limited evidence available suggests complex needs for older people leaving prison, but which are largely unmet. However, the lack of research into the experiences of recently-released prisoners must first be addressed before an attempt can be made to improve continuity of care.

3. Need
Prisoners aged 60 and over are the fastest growing age group in the England and Wales prison system. It has been established they have much more complex health and social needs than younger prisoners, and that these are often unmet. The cost of housing older
prisoners has been estimated at six times that of younger prisoners. Despite this, there is no national strategy for the care and management of older prisoners, and few prisons provide any specialist services for their different needs.

Transition in and out of prison is particularly difficult for older people, in particular the provision of relevant services for their increased health and social needs.

This project aims: to determine what health and social services are currently available for older prisoners; to explore the main issues of entering and leaving prison; and to design a new system of assessment and care planning for older people newly received into custody.

Policy states that prison health services should be equivalent in scope and quality to those available in the community. However, social services departments rarely provide any input to prisons, meaning many older prisoners’ mobility and functional needs are not addressed. We will establish, by questionnaire, current specialist service provision for older people at all prisons in England and Wales; examine the integration between health and social services in each; and, by qualitative interview, establish factors that promote and inhibit effective integration.

Transitions between health services and other institutions are problematic for older people, and this is particularly true for older people entering prison.

We will conduct interviews with up to 100 people aged 60 plus received into eleven prisons in order to explore the difficulties faced by this group, and what may improve their care. We will also review their clinical records to determine what contact they have with the various prison agencies and departments.

There is currently no specialist assessment for older people on reception to prison, which means that many of their health and social needs are not routinely identified or addressed. We will facilitate an Action Learning Group to design, implement and evaluate a new system of assessment and care planning in one prison, based on principles of the Single Assessment Process already established in the community.

The needs of older people on discharge from prison have yet to be established. We will conduct qualitative interviews with up to 60 prisoners immediately before release, and again in the community. These will cover what problems they expected on release, and how these were dealt with in the community.

4. Methods

Part 1
A questionnaire will be developed and sent to the healthcare managers of all prisons housing adult males in England and Wales, after first being piloted at the sites already involved in Parts 2, 3 and 4 of the project. The questionnaire will establish current service provision for older prisoners, and ascertain how well health and social services are integrated at each site. The following issues will be included in the questionnaire, in accordance with recommendations made in the DH’s (2007) older offender pathway toolkit for good practice:

- number and proportion of prisoners aged 60 and over;
- details of staffing levels and training in healthcare departments;
- identified lead for older prisoners;
- access to and engagement with local social services departments;
• access to and engagement with specialist older adult health services;
• details of chronic disease and/or older adult clinics, and;
• details of activities available for older prisoners with mobility problems.

The results will be analysed using SPSS, with presentation of findings by type of establishment and by region. From questionnaire responses, two sites with good integration and two sites with poor integration between health and social services will be selected. Individuals working at these establishments will be approached to take part in semi-structured telephone interviews to identify factors which promote or inhibit collaborative working. Interviews will be with prison healthcare managers, as well as representatives from local Primary Care Trusts and Social Services departments to ensure all perspectives are included.

Interviews will be transcribed and will be analysed thematically using a constant comparison method (Glaser, 1965; Merriam, 1998). Under this method, newly gathered data are compared with all previously gathered data that might be similar or different, in order to develop conceptualizations of possible relationships. Categories of data are constructed which cut across the preponderance of data, capturing recurrent patterns and themes. The categories are developed intuitively, but are systematic, informed by the purpose of the study, the investigator's orientation, and the knowledge and meanings made explicit by participants themselves (Glaser, 1965; Merriam, 1998).

Part 2
This part of the study aims to establish the met versus unmet needs of older people entering prison and to capture experiences of reception into custody. It will take place in ‘local prisons’ which hold; people awaiting trial, those convicted of short sentences and those at the early stage of a longer sentence.

For the quantitative element, a demographics sheet, the CANFOR (Thomas et al., 2003), the Geriatric Depression Scale (Yesavage et al., 1983) the Brief Psychiatric Rating Scale (Overall & Gorham, 1962) and the Minimum Data Set Residential Assessment Instrument (Challis et al., 2000) will be used to determine unmet health and social needs, and the clinical and discipline records of participating prisoners will be examined. Specifically, the following will be audited for the first four weeks of custody:

• the presence of any needs or risk assessment;
• documented contact with any prison staff group or agency;
• any individual interventions provided.

We aim to use these quantitative tools to interview up to 100 participants. Quantitative data will be analysed using frequencies and descriptive statistics.

To add to the quantitative data, qualitative interviews will be carried out with newly-received prisoners aged 60 and over, in the participating prisons. They will be interviewed approximately four weeks after arrival into prison. The interview will ascertain the difficulties faced by older people entering prison, in particular how their health, social and custodial needs were addressed. Participants will be asked how their needs could be more appropriately met and to comment on any additional services they feel would have been beneficial.

These qualitative interviews will be conducted with up to 60 of the participants or until data saturation is reached.
Part 3
This part of the study aims to introduce to one prison a relevant and comprehensive assessment of need for older people entering prison, including a pathway of care for identified needs. The assessment will be based on core principles of the Single Assessment Process and the subsequent Common Assessment Framework, implemented in the community following the National Service Framework for Older Adults (DH, 2001). Thus, a battery of appropriate needs and risk assessments will be combined, based on current practice in the local areas. Actual content will be determined with the participating prison and local health/social services, but is likely to include:

- physical and mental health needs;
- suicidal ideation;
- language and communication;
- activities of daily living;
- mobility and environmental needs;
- contact with family and friends;
- religious/cultural needs;
- cognitive impairment;
- security needs;
- financial needs and benefit entitlement;
- access to information about treatment and services;
- medication management, and;
- dietary needs.

The development of the assessment must include specific information about what is to happen should needs in any of these areas be present. A care pathway will be established in tandem with the assessment to illustrate what should be provided for each identified domain of need. Once finalised, the assessment will be implemented for all newly-received prisoners aged 60 and over in the designated prison.

Principles of action research will be used to develop both the assessment and care pathway so that all relevant stakeholders are included and to facilitate adaptation based on experience. Thus, an Action Learning Group will be convened at the participating site with input from appropriate staff groups within the prison and older prisoners themselves. The group will meet to define the content of the assessment and care pathway as well as the time needed to conduct the extra work and how this can be managed practically. Meeting will continue for the first three months of use, when changes can be made to the process. As part of the action research, staff delivering the assessment and older prisoners receiving it, will be interviewed as to their views and experiences. In addition, staff will be asked to keep diaries detailing the extra time taken to conduct the assessment.

The quantitative and qualitative interviews described in part 2 will be held with newly received older prisoners before and after the implementation of the assessment tool and care pathway. In addition, once the assessment has been agreed and used for three months, qualitative interviews will be conducted with staff regarding the effectiveness of the newly implemented tool and care pathway.

Part 4
The final part of the study will examine transitions out of prison back into the community. Qualitative interviews will be carried out with prisoners having approximately four weeks left to serve, with follow-up interviews within four weeks of release. Unlike entry to prison where new prisoners are always received into ‘local prisons’, people can be discharged from any type of prison. Those serving short sentences, or awaiting trial could be discharged from local prisons, but many of those serving a more substantial sentence could be released...
from ‘training prisons’ which concentrate on rehabilitation and training. Finally, open prisons prepare prisoners nearing the end of their sentence for life in the community. All three types of prison will be included to ensure representation from all prisoner groups. Thus, interviews will take place in two local prisons, two training prisons and one open prison. We aim to interview approximately 60 participants but will recruit until data saturation is reached.

The qualitative interview will cover their preparation for release in terms of their health and social care needs, including appropriateness of discharge accommodation and their awareness of health and social services which may be required for their continuing care. Prisoners will also be asked for contact details so they can be interviewed again one month following release. This interview will focus on how well plans for release were put into action, and what services they subsequently accessed. Clinical and offender management records will be audited for the presence and quality of any discharge care plans. Prisoners will also be asked about contacts they have had with health and social care services and any suicidal behaviour since discharge. Qualitative analysis will be conducted using the constant comparison method, described above, while descriptive quantitative data will be presented.

5. **Contribution to existing research**

This project will build on the existing continuity of care literature both in prison and community environment. This group of older adults has specific and complex needs not currently addressed by existing service provision. The proposed research will directly improve the care of older people entering prison, and provide useful data on which to base future interventions.

6. **Plan of Investigation**

The overall programme will examine health and social care needs and current health and social care provision for older adults entering and leaving prison, and evaluate a model for systematic needs assessment and care planning for these groups. The project is split into four parts, taking place in a variety of sites across the prison estate in England and Wales.

**Part 1** - Determining the availability and integration of health and social care services for older adults in prison across England and Wales.

Part 1 (months)
12-22: Develop and pilot questionnaire
17-18: Governance Approval
22: Send out questionnaires
22-28: Chase up questionnaires
26-31: Analysis of questionnaires
32-34: Conduct qualitative interviews
34-35: Transcription
35-37: Analysis of interviews
38-39: Write Up

**Part 2** – Establishing met versus unmet health and social needs for older people entering prison, including their experiences of reception into custody.

Parts 2 (months)
1-4: Recruit sites (on-going as necessary)
1-4: Develop interview schedule
4-6: Staff training
5-12: Governance Approval
13-39: Quantitative and qualitative interviews
16-21: Develop audit proforma
22-40: Transcription of interviews
38-40: Analysis of interviews
40-42: Write up

Part 3 – The development, implementation and evaluation of an intervention to identify and manage health, social and custodial needs of older people entering prison.

Part 3 (months)
7-18: Recruit site to develop and implement assessment tool
7-18: Obtain governance approvals
21-26: Develop assessment tool
27-29: Further development and implementation of assessment tool
31-32: Post-assessment implementation qualitative interviews
32-33: Write up

Part 4 – Exploring the health and social needs of older adults discharged from prison into the community.

Part 4 (months)
1-16: Recruit sites and develop interview schedule
2-16: Governance approval
16-30: Qualitative interviews
17-32: Follow-up interviews and transcription
22-34: Analysis of interviews
35-37: Write Up

7. Project Management

Two research assistants will be employed for the duration of the project, one of which will act as project manager and the other will concentrate on data collection. The researchers will hold monthly meetings with the Chief Investigator and bi-annual meetings with the project steering committee.

8. Service users/public involvement

HMP Wymott houses the largest number of older offenders in the North West and runs a club for prisoners aged 60 or over. The team has accessed this group several times to introduce, discuss, and disseminate research relevant to older prisoners. The idea for this study came from comments made by this group during discussion of a previous project.

During the cross-sectional study of the health and social needs of older prisoners (Hayes, 2008), prison staff were asked about health and social services available to older prisoners. Their views demonstrated a specific interest in meeting the needs of older prisoners and meeting published guidelines from the DH and HM Chief Inspector of Prisons.

Part 3 of the project incorporates service user involvement. The Action Learning Group convened will include prisoners as well as staff from various prison departments. Their views will therefore be taken into account during the development of the assessment tool and care pathway for older prisoners.
9. References


This protocol refers to independent research commissioned by the National Institute for Health Research (NIHR). Any views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the SDO programme or the DH.