

# Accelerated ageing- what are the needs of older prisoners in contact with substance misuse services?

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# Introduction

- **The Forward Trust (formerly RAPt)** works to help people with drug and alcohol dependence, both in prison and the community, overcome the grip of addiction and lead positive lives free from drugs and crime.
- Forward are currently delivering substance misuse services in **21 UK prisons**, and also hold **three community contracts**.
- Forward's research team **monitor the effectiveness** of our accredited substance misuse programmes. We use this data to inform service development, including developing new interventions to meet service user need.



# QUIZ



50



4%



164%



50%



16%



59%

# Forward's caseload of older prisoners

Of the clients who engaged with Forward in 2017 Q1, **8% were aged 50+** (327/4047). Key demographic indicators of these clients were:

The majority were **male** (89%), **white** (75%) and **single never married** (47%)

The most prevalent index offence was **Against the Person** (22%)

31% reported having a **disability**. The most common were progressive and physical health conditions (10%), mobility and gross motor (5%)

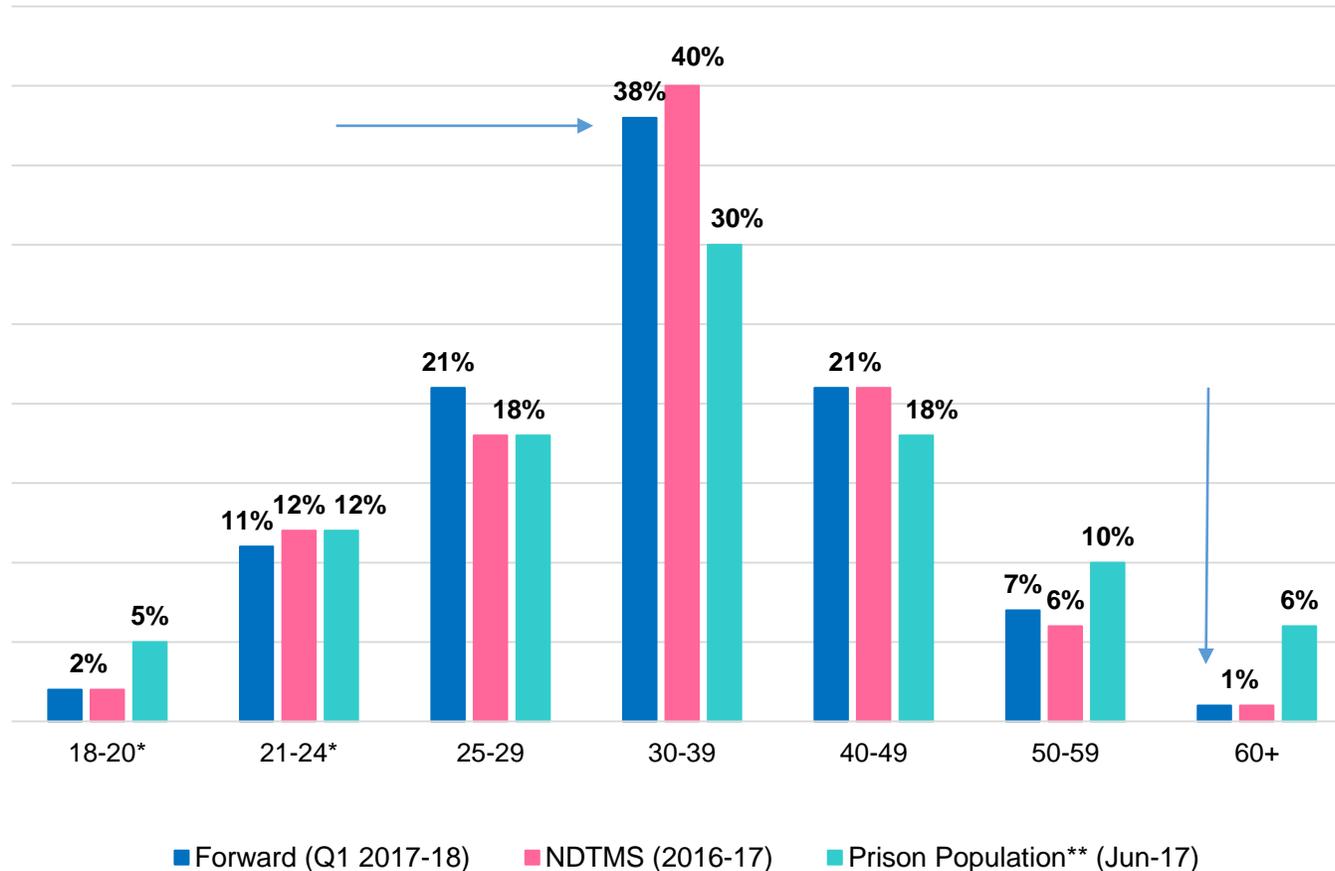
The most prevalent primary substances were **alcohol** (38%) and **heroin** (29%)

43% reported they had **no fixed abode (NFA)** on release

50% had **not been working** full/part time before prison, 54% were **claiming benefits** before prison

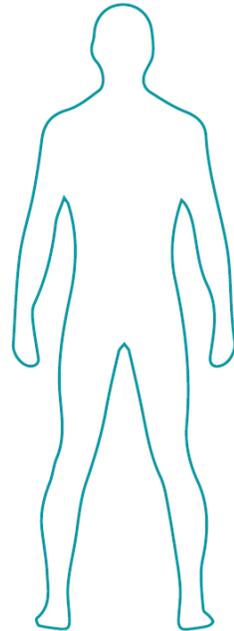
These findings are based on Forward's 2017 Q1 case management data\*

# Older prisoners engagement with substance misuse treatment in prison



- the majority (38%) of Forward's prison-based clients fell into the 30-39 age group
- There is a disproportionately low number of prisoners aged 60+ engaging with SM treatment services across the estate

# What are the physical and mental health needs of older prisoners?



*What physical and mental health needs are older prisoners likely to present with?*

*How prevalent are different health conditions?*

*How might these needs differ to those of younger prisoners/what barriers might older prisoners face while in custody?*

# What are the health needs of older prisoners?

## Physical Health Needs:

- Rates of disability are high: **54%** of older prisoners have a disability (**28%** have a physical disability)
- Rates of prescription medication are high: **70%** of older prisoners are prescribed medication (vs 44% in the wider prison population)
- Prevalence of need: Approximately a third of older prisoners (**31%**) report needing help with a medical problem compared to 14% of younger prisoners
- The most common disorders in older prisoners are **cardiovascular, musculoskeletal and respiratory**, as well as significant **hearing and eyesight** problems



# What are the health needs of older prisoners?

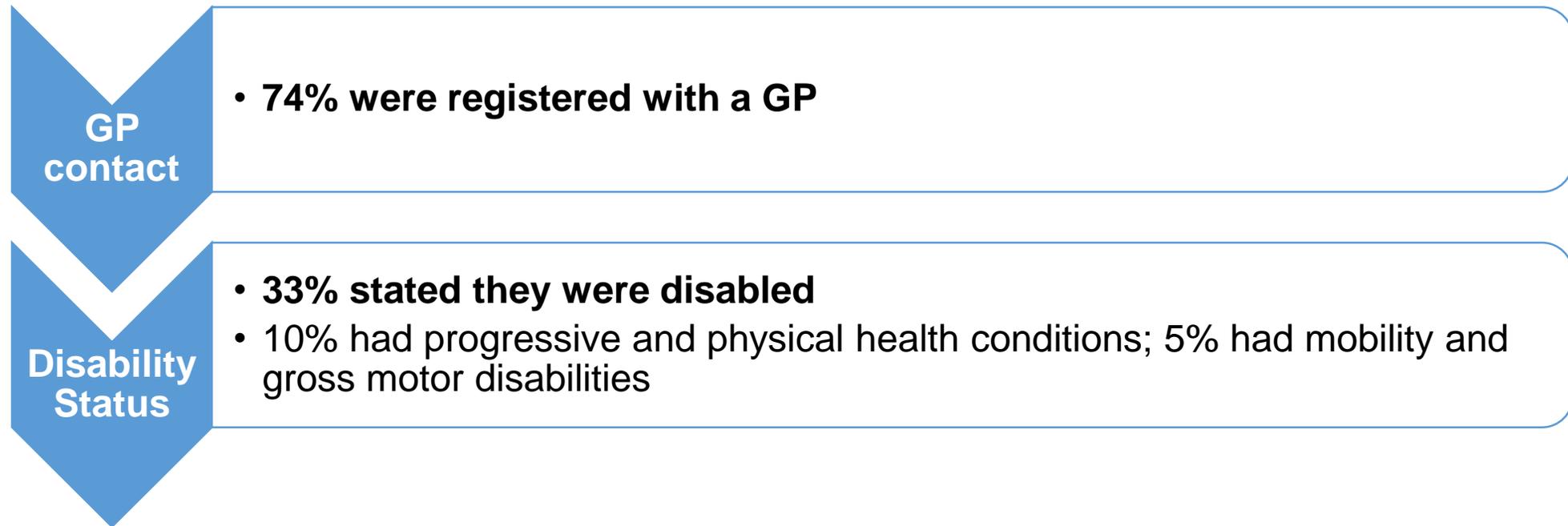
Compared to the overall prison population, older prisoners are **more likely to:**

- Have been claiming sickness/incapacity benefit in the year before custody
- Report needing help with a medical problem/disability
- Report long term sickness/disability as a reason for being unable to work in the four weeks before custody



# Physical health of Forward clients

In Forward's caseload of older prisoners (aged 50+), it was shown that:



These findings are based on Forward's 2017 Q1 case management data\*

# What are the health needs of older prisoners?

## Mental Health Needs:

- Prevalence of need: **90%** of those aged 50–54 and **77%** of those aged 55–59 have a mental health issue
- Comparison to younger prisoners: Anxiety, depression and substance misuse disorders have been shown to be **less prevalent** in those aged 60+ than in the prison estate as a whole. 15% of older prisoners aged 50+ were estimated to have anxiety and depression compared to 20% aged 18-49
- Comparison to community: Rates of depression are **three times higher** for older prisoners, than the equivalent age and gender equivalent person in the community
- **78%** of older prisoners who had mental health issues were experiencing depression or reactive depression as a result of imprisonment
- Research is currently limited, but it is estimated that **1-5%** of older prisoners have Dementia



# Mental health profile of Forward clients

In Forward's caseload of older prisoners (aged 50+), it was shown that:

**29% reported a dual diagnosis**

**63% reported significant symptoms of depression**

**49% reported significant symptoms of anxiety**

**43% reported symptoms of trauma/PTSD**

These findings are based on Forward's 2017 Q1 case management data\*



# Substance use in older prisoners

Older prisoners (50+) tend to show **differential** trends of drug and alcohol use compared to younger offenders (18-49) (SPCR Survey: Ministry of Justice, 2014).

## Drug Use

- Older prisoners are significantly less likely to:
  - Report needing help with a drug problem upon entering custody
  - Be drug dependent upon entering prison
  - Report using drugs in the 12 months prior to custody
  - Report ever having used drugs before custody

## Alcohol Use

- Older prisoners are significantly less likely to:
  - Report needing help with an alcohol problem upon entering custody (5 times less likely)
  - Be classified as binge drinkers
  - Have consumed hazardous levels of alcohol prior to custody
- A third of older people with alcohol problems develop them later in life. Alcohol misuse in older people is often harder to recognise.

# Forward clients' substance misuse

In Forward's caseload of older prisoners (aged 50+), it was shown that:

**70% were poly drug users.** Crack (38%) and alcohol (20%) were the most prevalent secondary substances

**23% were on a methadone script**

**71% had never injected drugs**

These findings are based on Forward's 2017 Q1 case management data\*

# Best practice and policy- how can we best meet the needs of older prisoners?



*What approaches can be taken to better meet the needs of older prisoners? (nationally or service specific)*

*Any best practice you're currently aware of? Is this being utilised in your service?*

# Best practice and policy



## Advocacy, advice and education

- **Advocacy** for individual prisoners who may find it difficult to raise concerns, ensuring their needs do not go un-met. Advocacy can improve communication between older people in prison.
- **Advice** on issues such as benefits and pensions, housing, health, and employment. AGE UK suggests using information guides/fact sheets (in group sessions or individually). Prison staff and practitioners can also utilise these to increase awareness of the specific needs and issues facing older prisoners.
- **Education** and life skills classes (e.g. cooking, technology, reading/writing)- especially if classes are delivered in a way which encourages social engagement.

# Best practice and policy



## Prison regime adjustments

- **Extended Time Out of Cells:** Excessive time spent in cells can have negative impact on mental and physical health of older prisoners.
- **Improved Health Care Services and Dedicated Staff:** Staff specifically trained in the healthcare needs of older prisoners would ensure their needs are being met.

# Best practice and policy



## Improving Social Engagement

- **Social Groups and Physical Exercise:** Older prisoners are often isolated in prison, specific social groups and opportunities should be provided for older prisoners. Social activities help provide mental stimulation, opportunities for exercise, education and recreation, and a relief from what may otherwise be a monotonous routine.
- **Mentoring/Buddy Schemes:** Schemes that recruit, train and monitor selected prisoners to offer practical 1:1 help such as collecting meals and cleaning cells. This can aid disabled prisoners and also provides a responsible role for the buddy/mentor which can aid communication and understanding between young and older prisoners.

# Best practice and policy



## Through the Gate Support

- Older prisoners are a particularly vulnerable group who need **structured support upon release**.
- Many will have served long sentences will leave prison in late old age after having lived in an institution for many years. A significant number will have lost their homes and families, or will find it difficult to find affordable accommodation, or return to areas where they are known. Older prisoners should have a dedicated worker to support their transition back into the community.

# Best practice and policy



## Policy Guidance

- There is currently a lack of explicit policy or guidance that supports effective commissioning for older prisoners needs, resulting in confusion across the system as to who is responsible.
- There is no national strategy or guidance relating to general welfare of older people in prison. In order to improve the prison systems approach to older prisoners specific policies need to be implemented in order to ensure older prisoners are receiving the same level of care, specific to their needs, as young prisoners.

# How are Forward supporting older prisoners?

## Health and Wellbeing Champions (HAWCs)

- HAWCs are service users who support prisoners to improve their health and wellbeing.
- Provide advocacy, advice and practical support for older prisoners.
- Can be appointed as older prisoner leads.

## Peer Supporters

- Can run specific older prisoners groups to improve social engagement.
- Can be appointed as older prisoner 'buddies'- assisting them in attending groups and supporting them in their recovery.

## In-cell Packs

- Available on a range of topics such as sleep problems, building family ties, exercise, mindfulness.
- Develop further resources for older prisoners (e.g. ICP preparing older prisoners for release).



# How are Forward supporting older prisoners?

## Through the Gate Support

- Forward's Recovery Support department work with graduates from our programmes in the run up to release, and on return to the community.
- Forward also run services in the community, which can provide ongoing support to older prisoners.

## Further Training

- Look to develop training for practitioners on how to best support older prisoners
- This knowledge can be shared with prison officers to improve the care older prisoners receive



# Any questions?

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