

Iain Kitt, Age UK North Tyneside

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References

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Elderly sex offenders in social and health care – A scoping report, TDI and CSRU, Feb 2005

Supporting older people in prison: ideas for practice, Age UK, 2011

No Problems – Old and Quiet, HMIP, 2004

1. Background and Approach

1.1. Introduction

Like the general population, England's prison population is ageing¹. Older prisoners represent the fastest growing section of the prison population. The number of prisoners aged 60 and over, for example, rose by 103% between 2002 and 2011². On 31 December 2012 there were 9,880 people aged 50 and over in prison in England and Wales, including 3,377 aged 60 and over. This group makes up 12% of the prison population³. By 2014 it is predicted that there will be more than 10,000 older offenders in prison⁴. The reason for this growth is not some 'elderly crime wave'. Rather it is a result of harsher sentencing policies, better detection of crimes that occurred many years ago and a growing number of people who have grown old in prison.

There is now considerable evidence that older prisoners have considerable health and social care needs. Around half will have a mental health condition and 80% some kind of chronic health problem and/or disability. Many older prisoners have a physical health status ten years greater than their contemporaries in the community. They are likely to be institutionalised to a considerable degree and many will have lost contact with family and friends outside. The incidence of other problems including poor literacy and lack of daily living skills is also high.

At some point the vast majority of these people will be released into the community bringing these issues with them. There has been much less focus on the needs of older offenders in the community but what there is suggests that many of their health and social care needs are not being met when they are released. A report produced in 2005 by The Derwent Initiative (TDI herein) and the Community Safety Research Unit of Northumbria University (CSRU herein) looking at sex offenders over 65 in the North east of England found that released older offenders were not receiving the health and social care services to which they were entitled. The research indicated that this may be a consequence of a number of factors that combine to either limit older offenders' ability to access services - a consequence of age - or limit the possibility that service providers will offer a service to these people - a consequence of discrimination as a result of their age or known offence background⁵ - or a combination of both.

1.2. Aims and objectives of this research

In 2013 Northumbria Probation Trust (NPT herein) expressed concern as to the experiences of older offenders in Northumbria accessing health and social care and safely reintegrating into society. They commissioned Age UK North Tyneside (Age UK

¹ This research looks at all offenders aged 50 and over living in the Northumberland Probation Trust area. However in some instances information is only available about people in prison.

² *Prison: The Facts, Bromley Briefings Summer 2013* Prison reform Trust

³ Prison Reform Trust

⁴ www.acoop.org.uk

⁵ 42% of men aged 50 and over in prison have committed sex offences. Prison Reform Trust

NT herein) and TDI to conduct a scoping exercise to identify relevant issues and desired outcomes, including the potential for further research on this topic area.

The objectives of the research are:

- To undertake a scoping exercise on Northumbria Probation's older offender population
- To survey staff from The Trust's and Age UK North Tyneside staff to identify levels of awareness and gaps in knowledge regarding older offenders
- To develop proposals for raising staff awareness
- To identify potential services which may support older offenders and gain an understanding of current and potential links
- To analyse the Trust's Approved Premises [two managed by NPT and two by the Society of St Vincent de Paul] capacity and potential to deal with older offenders
- To prepare and present a report of findings and recommendations for future activity

Appendix I. Project Proposal

Appendix II. NPT Invitation to Tender

Appendix III. Awarding letter and Form of Agreement including ISA

Appendix IV. Project Plan

1.3. Approach and methodology

A steering group was convened to guide and oversee the research made up of:

- Alma Caldwell – Chief Executive, Age UK North Tyneside
- Geoff Pooley – Manager, Cuthbert House, Northumbria Probation Trust
- Barbara Randall – Interventions Project Lead, Northumbria Probation Trust
- Richard Taylor – Partnerships Manager, Northumbria Probation Trust
- Susan Bickerton – Chief Executive, Norcare

It was agreed that different methods of data collection were needed in this research. A mix of quantitative and qualitative approaches has been used to ensure that we have been able to triangulate our results from different perspectives. These have included:

- An analysis of the NPT caseload of offenders over 50
- Questionnaire based interviews with older offenders; current and past residents of Probation Approved Premises and other probation clients within this age group
- A survey of NPT staff

- Focus groups with Age UK care staff and a questionnaire issued to a group of volunteers
- Visits to all the Probation Approved Premises and questionnaire based interviews with managers
- Interviews with staff from other agencies including Social Services, the NHS Prison Commissioning Unit and registered social landlords
- Secondary data collection, both qualitative and quantitative was used to help determine the composition, extent and nature of the older offender population and inform the approach and thinking in the carrying out of this research.

2. Context

2.1. Older offenders

In their publication *'Supporting older people in prison'* Age UK state that *"Any person held in prison aged 50 years and over may be considered to be an 'older prisoner' on the basis that many prisoners in their 50s and over have a physical health status ten years greater than their contemporaries living in the community."* The threshold for this research was, therefore, set at 50 and NPT provided us with information about their caseload of people aged 50 and over.

The poor health status of offenders in prison is now well attested. However the same is not necessarily true for offenders who have not served a custodial sentence. Many of these have committed relatively minor offences and it may well be the case that their health status is not significantly different from the general population.

This illustrates the more general point that we have not been able to gather much information about people on NPT's caseload who have not been in prison. We were only able to interview three people from this group – and they were all women so not representative of the group as a whole who are overwhelmingly male⁶. There is virtually no published research about this group and more needs to be done to understand their specific needs and issues.

Our research has, therefore, ended up focusing on offenders aged 60 and over who have been released following long prison sentences. As we show below sex offenders form a disproportionately large proportion of this group compared to the offender population as a whole. This is a group that presents particular risks and our recommendations reflect that. Managing people assessed as posing a high risk should not depend on whether or not they have served a custodial sentence.

2.2. Northumbria Probation's older offender population

In January 2012⁷, 419 offenders aged 50+ were subject to supervision by NPT. In addition there were 206 offenders, aged 50 or over who were serving custodial sentences. There are 135 registered sex offenders in Northumbria over the age of 65 (MAPPA).

The following pages give some basic information about the breakdown of the group living in the community.

⁶ We did ask staff in NPT if they could identify people in this group who would be willing to be interviewed as part of this research. However none were forthcoming.

⁷ We were unable to obtain more up to date information on the Trust's caseload. However we were told that the number of offenders under supervision would not have changed significantly since this date.

Type of sentence

Most people on the caseload received a non-custodial sentence as shown in figure 1.

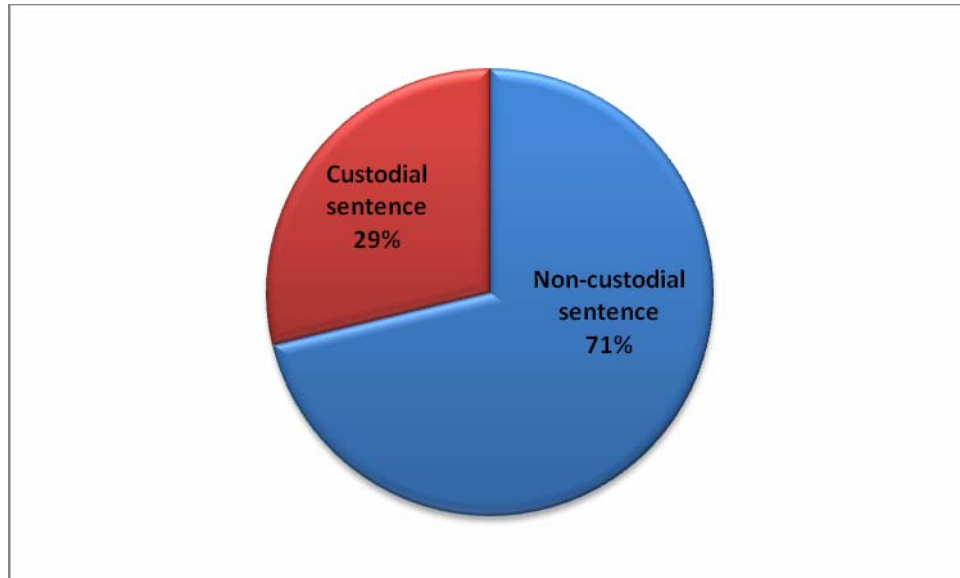


Fig 1: NPT caseload by type of sentence

The proportion of people receiving a custodial sentence increases with the age of the offenders, reflecting the generally more serious crimes committed by the older age groups.

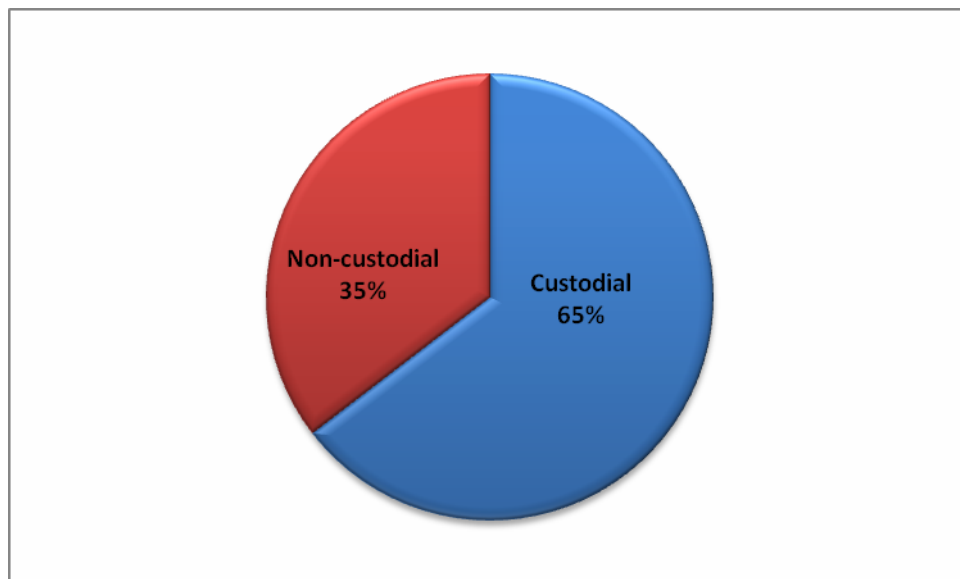


Fig 2: NPT caseload 65 and over by type of sentence

Gender, age and place of residence

The vast majority of offenders are men as shown in figure 3.

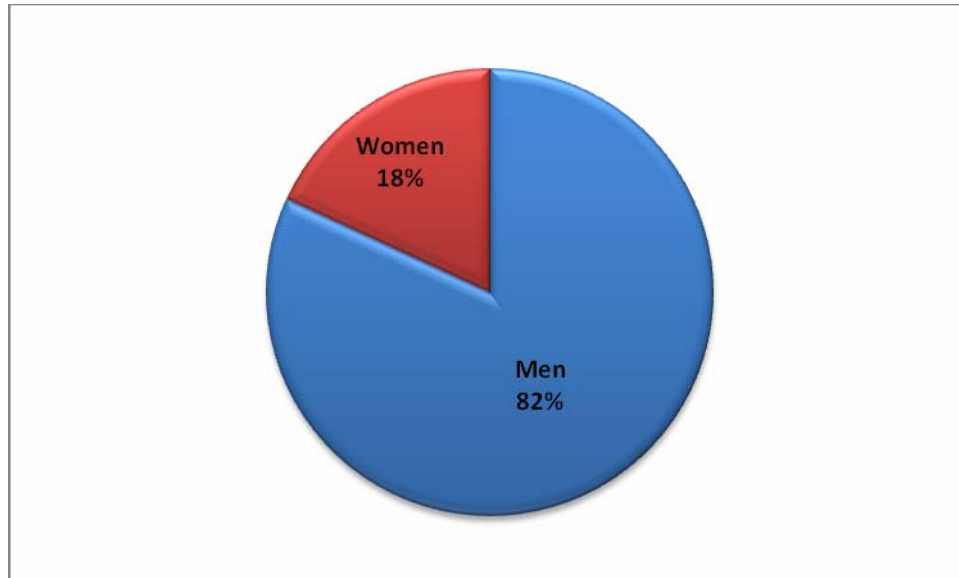


Fig 3: NPT caseload by gender

Offenders are spread across the NPT area as shown in figure 4.

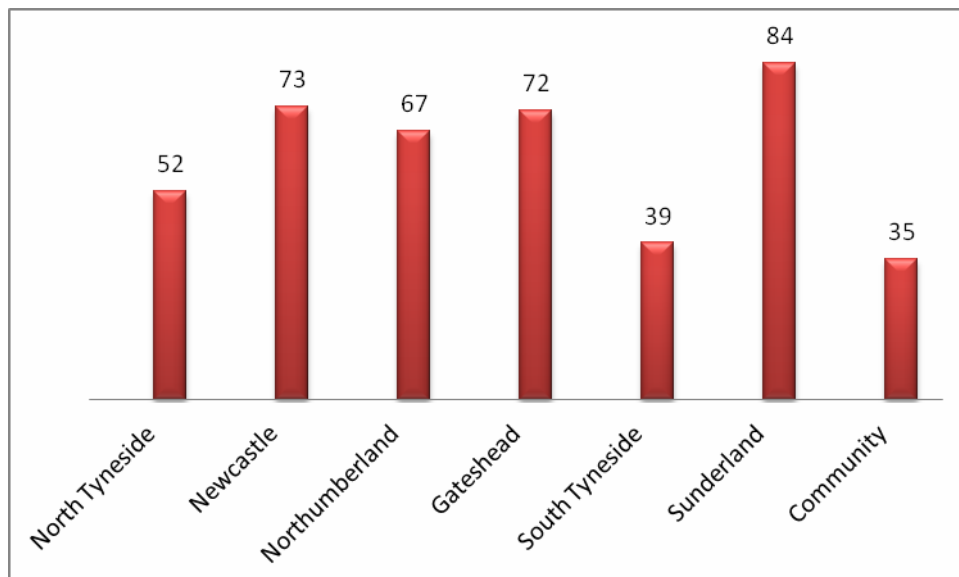


Fig 4: NPT caseload by place of residence

Figure 5 shows offenders as a proportion of the general population in each local authority area.

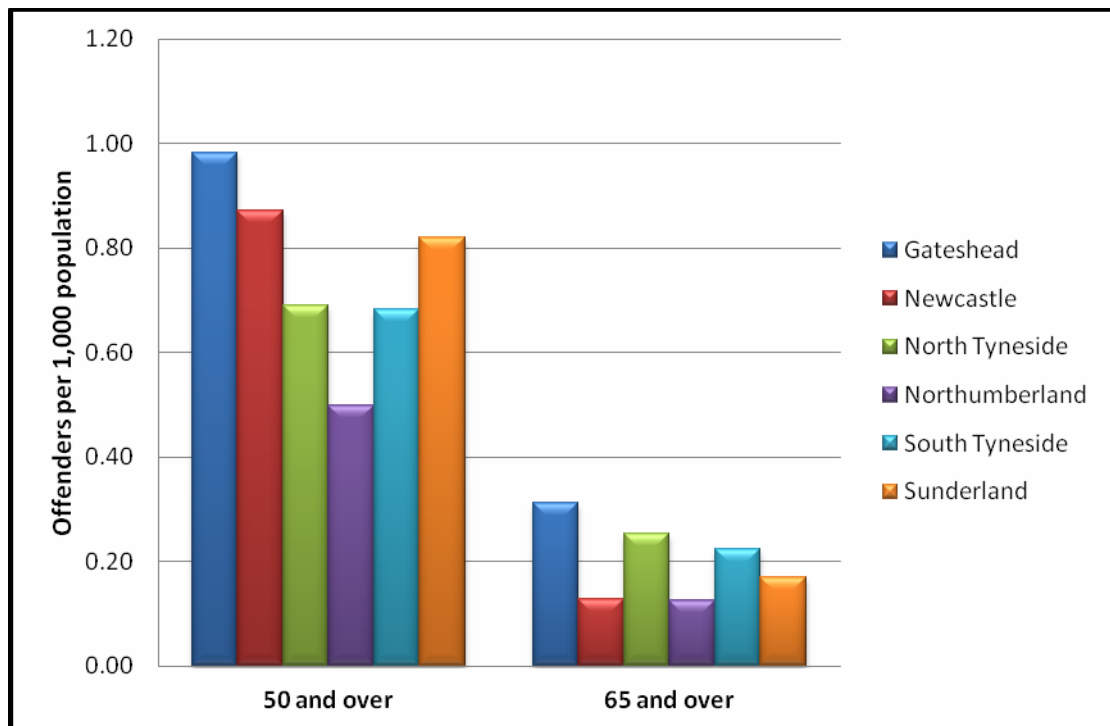


Fig 5: NPT caseload as proportion of the general population

There appear to be significant differences between districts - although the numbers are small - especially for people aged 65 and over. It might be expected that Northumberland would have relatively low numbers given its more rural character and that Newcastle and Sunderland would have relatively high numbers as they have more hostel provision. Gateshead appears to have disproportionately high number of offenders living there. We are not aware of any explanation that would account for this.

The majority of offenders are under 60 as shown in figure 6.

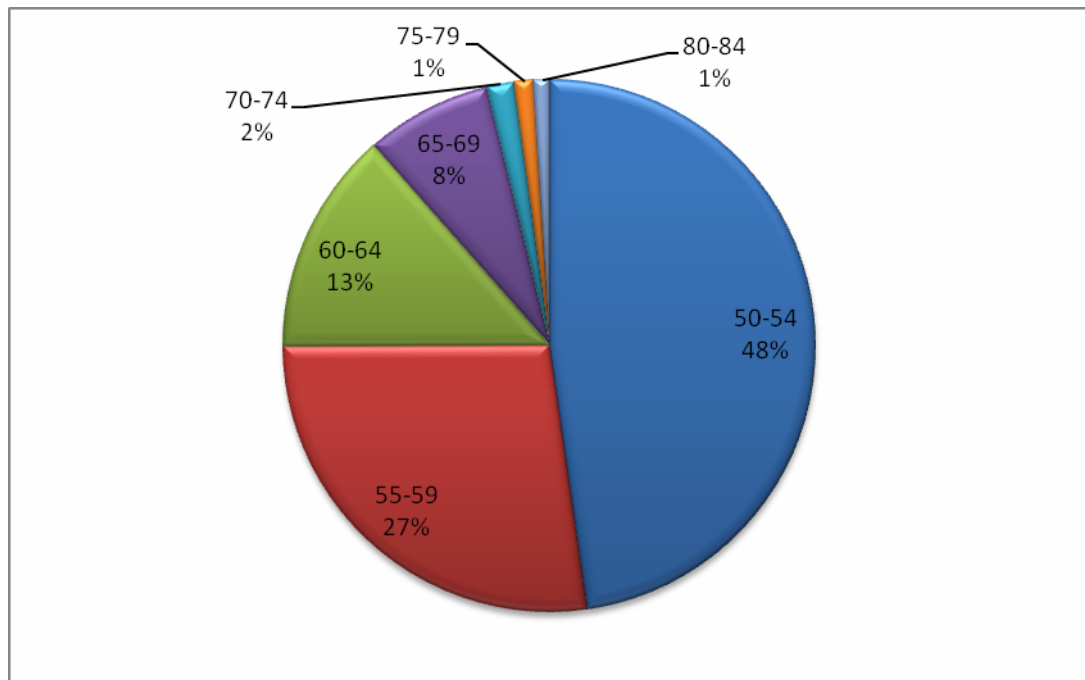


Fig 6: NPT caseload by age

Type of offence committed

People have committed a wide range of offences as shown in figure 7.

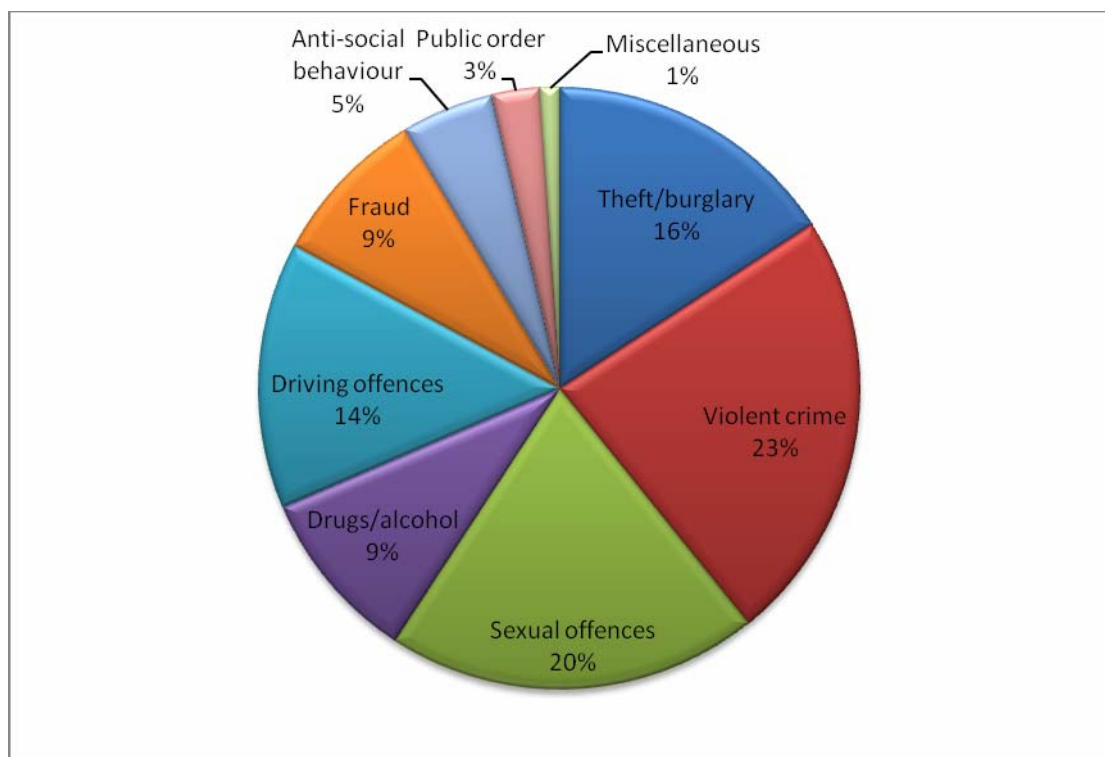


Fig 7: NPT caseload by offence type – all offences

Certain types of offences – especially sexual offences - are more prevalent amongst people who have received a custodial sentence and amongst older offenders.

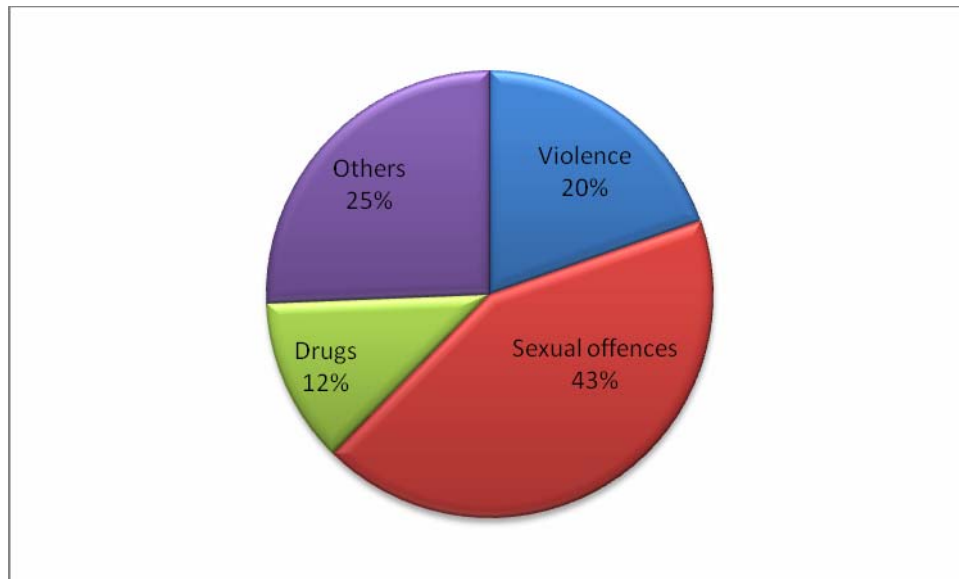


Fig 8: NPT caseload by type of offence – custodial sentences

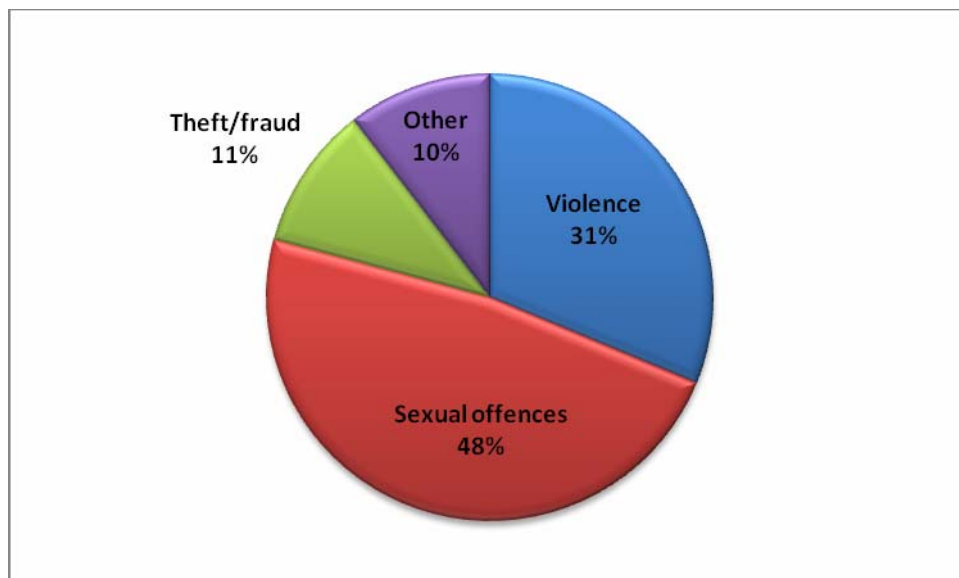


Fig 9: NPT caseload by type of offence – people aged 65 and over

Risk posed by offenders

In the information given to us less than 50% of people had a specified risk assessment. Where an assessment was given we have analysed the breakdown for different categories of offenders.

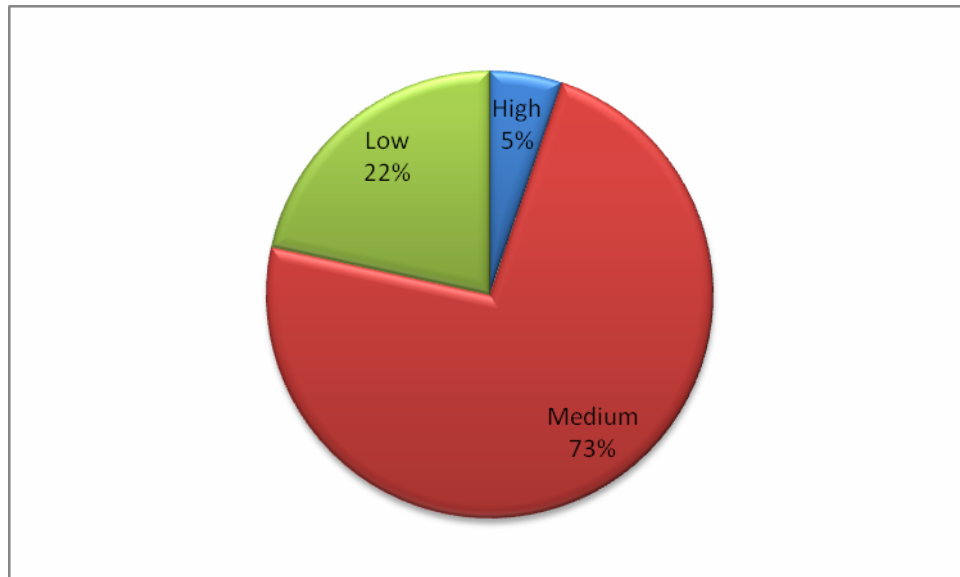


Fig 10: risk profile for people given non-custodial sentences

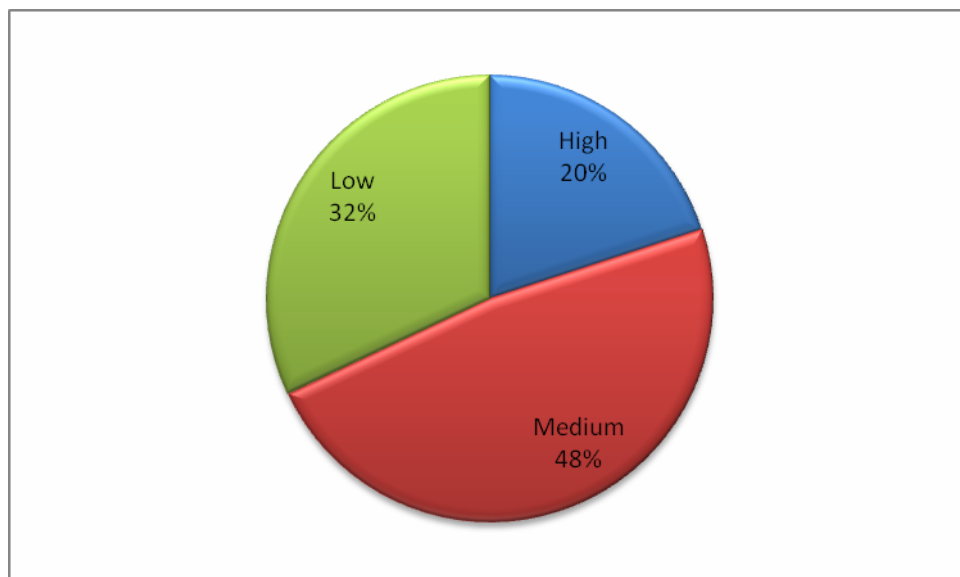


Fig 11: risk profile for people given custodial sentences but released into the community

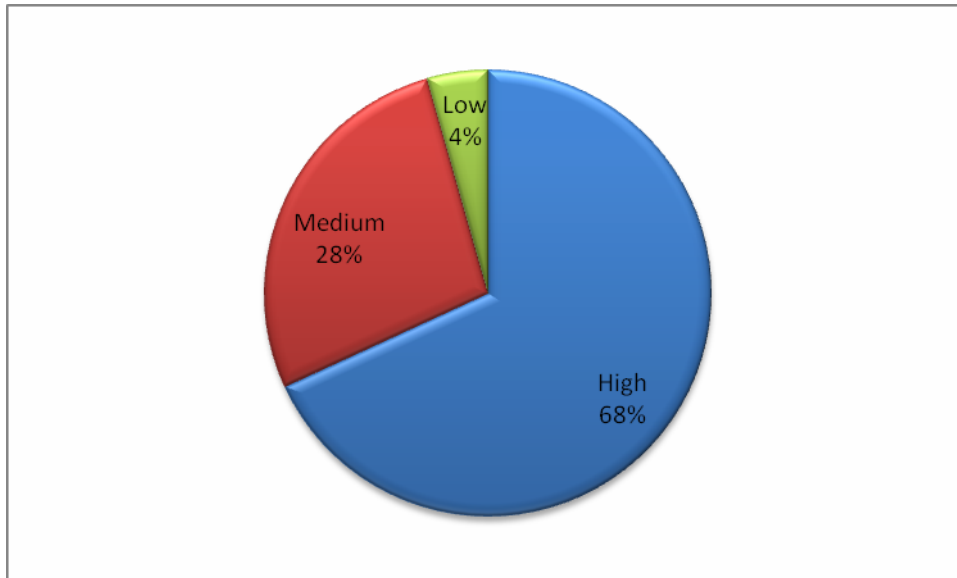


Fig 12: risk profile of people still in prison

As can be seen the proportion of people assessed as being high risk is significantly greater for people who are still in prison. For people living in the community the numbers assessed as being high risk are relatively low – even for people who have served a custodial sentence. As we said earlier the assessed risk has to be managed irrespective of the sentence an offender has been given.

Health and disability

69 people living in the community are recorded as having an illness or disability.

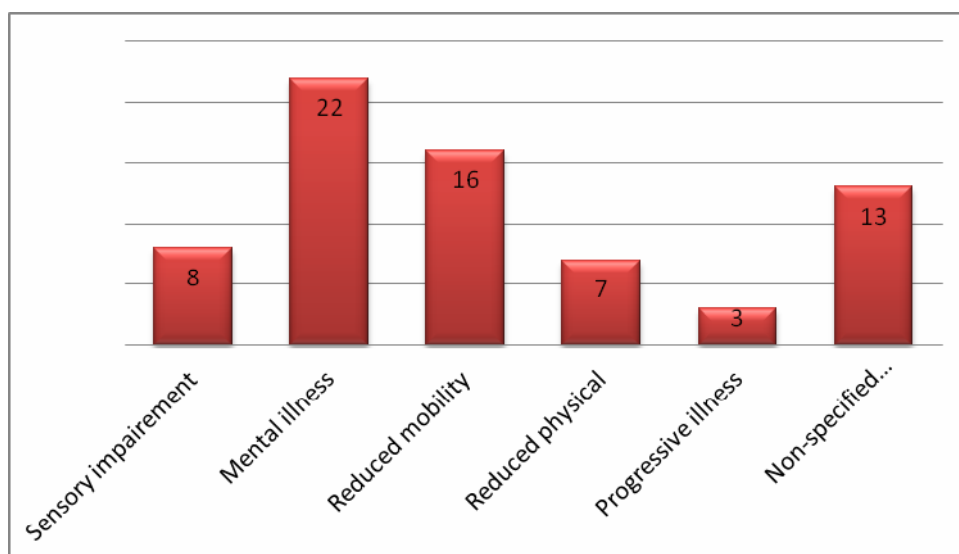


Figure 13: NPT caseload recorded health problems

However evidence from the survey of NPT staff (see next section) and from our interviews with offenders themselves suggests that this seriously underestimates the extent of health problems amongst this group.

2.3. Issues facing older offenders

In the introduction we highlighted the health and care problems faced by many older offenders in prison. Our research has confirmed that many older offenders in the community have similar health and care needs. Dealing effectively with these can be compounded by other factors:

- Many older offenders who have been in prison have lost contact with friends and family, and often do not have a home to return to on release.
- Most older offenders when in prison are held more than 50 miles from home and a third are more than 100 miles away.

The likelihood of having accommodation on release from custody decreases the older a person is. In 2010-11 the proportion of positive accommodation outcomes on release from custody were lower for those aged 50-59 (81%) and 60+ (79%) than the average of 86%.

It is clear that the increases in numbers older people in prison are part of a trend resulting from changes in attitudes within society and the criminal justice system, coupled with an ageing population. However, to date, very few additional resources have been made available to meet the needs of this particular group of offenders, either within or outside of prisons. There are no national policies about the care and treatment of older offenders once they are released or about the general treatment of all older offenders living in the community.

In addition to these physical issues, many released offenders have served long sentences, particularly those in the 'higher risk' categories. They may find life on the outside particularly challenging and will need support to deal with the many changes that have taken place since they went into prison. They may not understand how to manage their finances, access benefits or use technology. Many struggle with basic literacy. Some will be released to unfamiliar areas where they have no support networks. The Age UK report concludes *"in order to reduce the likelihood of these older prisoners re-offending it is imperative that those services that best aid rehabilitation – health and social care support, housing and pensions advice, education and training are made available to them, both in prison and crucially following release. It is also imperative that they work together"*⁸.

⁸ *Supporting Older People in Prison: ideas for practice* Age UK 2011

3. Findings

3.1. Introduction

Offenders aged 50 and over do not form a homogenous group. Many have been convicted of relatively minor offences and have been given non-custodial sentences. A few of the offenders we interviewed fell into this category. (However we were only able to interview some women whereas most of the offenders in all categories are men⁹). The interviews tell us that while some have specific needs mostly these do not differ greatly from the general population of this age. However we know that offenders tend to be disproportionately drawn from lower income groups who will suffer from poorer health than the general population. They will also experience significantly increased poverty and problems finding employment and accommodation as a consequence of their offending behaviour.

People who have been released after serving lengthy custodial sentences imposed as a result of committing serious crimes, especially sexual offences, face a much worse situation. As we demonstrate later in this report, they:

- Are likely to have significant, often chronic health and social care needs
- Some of these needs are not being met appropriately
- They face considerable difficulties getting access to social housing and especially specialist older people's housing
- They face severe problems of social isolation and loneliness.

It is this sub-group that our research has largely focused on.

3.2. Survey of NPT staff

We sent a questionnaire to 250 NPT staff to assess their attitudes to and understanding of the needs of older offenders. We received 85 responses.

Appendix V. Questionnaire for NPT staff survey
Appendix VI. Composite of responses from NPT staff survey

89% of those surveyed from Northumbria Probation Trust have worked with older offenders. Less than 20% reported having had specific training in working with older people.

“No training provided by NPT, I have had training from previous jobs within the NHS and private care companies”

69% of respondents reported that they were “somewhat aware” of the specific health & social care needs of older offenders; 30% reported that they had “good

awareness” of those needs. When asked about the specific needs of older offenders, NPT staff raised the following concerns:

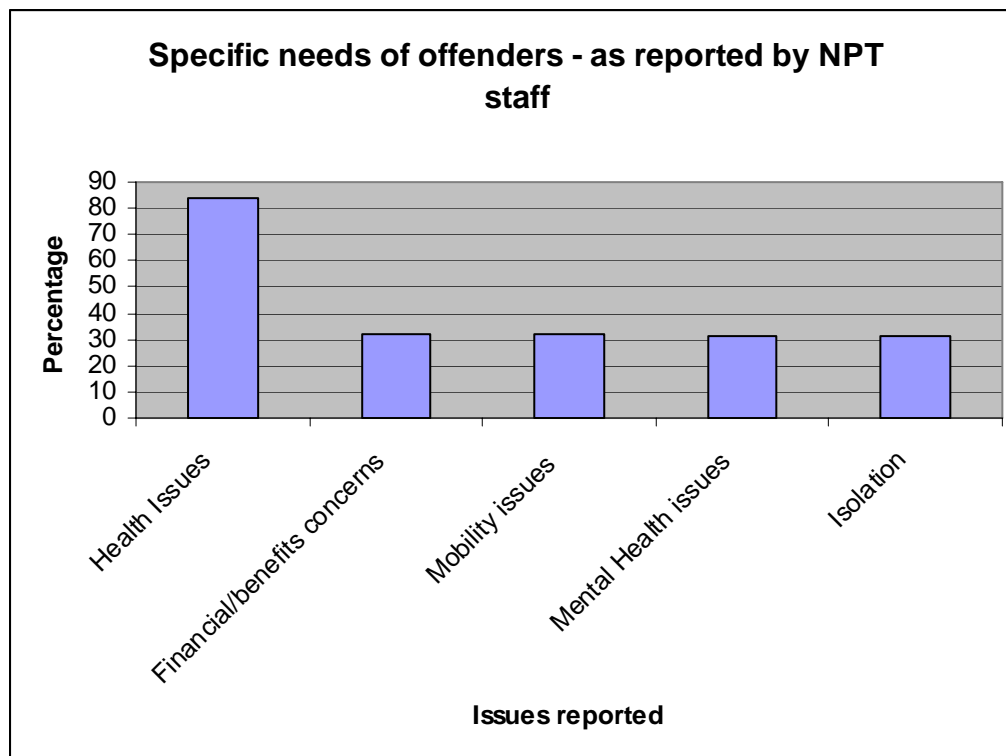


Fig 14: specific needs of older offenders, as reported by NPT staff

Over 60% of respondents had contact with social services, primary care, mental health services, and housing providers in the course of their work with older offenders. Only 9% reported having had contact with their local Age UK.

59% of respondents had a role which involved supporting offenders into appropriate training, education and employment. 30% of those reported difficulties in finding appropriate opportunities for older people.

“The self-belief of many older offenders is that they are ‘past it’ and so give up hope of working, long before what would be considered normal retirement age...”

“Older people I have worked with show more reluctance to being in classroom environments such as on the work programme, particularly if they have literacy/numeracy needs...”

32% of respondents reported an increase in older offenders in their caseloads.

19% of respondents reported that they were not confident that they had access to a sufficient combination of resources to safely manage the risks and needs presented by older offenders.

We asked staff what issues offenders themselves said that they faced.

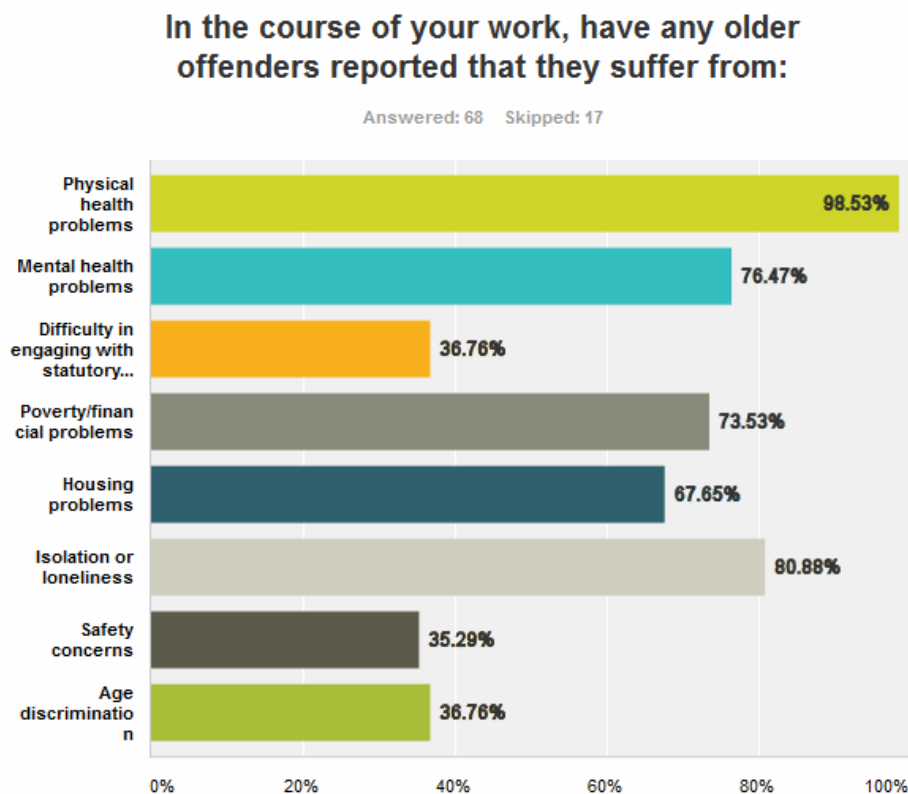


Fig 15: problems reported by offenders to NPT staff

79% of the staff who responded felt that they had the tools and understanding to work with older offenders, although 60% said that they were not aware of local activities appropriate to the age and interests of older offenders in their areas. 89% added that they would benefit from training on the needs of older offenders.

38% reported that there was good communication between agencies working with offenders. Only 29% said that there were sufficient services and support for older offenders in their area.

“The information incoming to probation officers regarding support services and opportunities does seem to be heavily biased towards younger age group, particularly 16-25”.

3.3. Survey of Age UK North Tyneside Volunteers and Staff

Age UK’s publication ‘Supporting older people in prison: ideas for practice’, describes the range of services provided to older people in prison by some local Age UK’s in partnership with health and social services and other voluntary organisations like the Prison Reform Trust, NACRO, Action for prisoners Families and others. However the

report goes on to state that for offenders released into the community, provision is 'minimal'.

Volunteers play a vital role in helping to deliver Age UK's services. They are drawn from a variety of backgrounds and have a range of skills, talents and experience. All volunteers undergo a criminal records check and a training programme which includes basic information about the organisation's policies and procedures. More specialist training, including safeguarding, will be given depending on the service in which people are working.

We talked to a group of volunteers, mostly involved in Age UK North Tyneside's 'Enabling and Befriending Service', about their views on working with offenders. 20 volunteers completed a questionnaire.

11 people volunteer in people's homes, 1 at a wellbeing centre and 8 at 'other' locations – schools, hospital wards, coffee shop. None of the volunteers had any previous experience of working with offenders.

When asked if they would work with offenders:

- 5 said that with help and support they would work or would consider working with offenders
- 1 said that they would as long as it was safe and the client was safe
- 4 said they would need to know what the offences were, and the likelihood of re-offending before they could answer
- 1 said they would not work with offenders
- 1 person did not answer the question
- 2 said they would work with offenders as long as they were not sex offenders
- 4 said they would have concerns but did not say whether they would or not

When asked 'Do you assess risk in your day to day job? If 'yes' what tools do you use:

- 7 said they did assess risk, 11 said not. Tools used included 'common sense', '30 years experience', listening to client', 'eyes and ears'

We asked what training they had and what they thought they would like to do:

- 15 had done basic safeguarding of children / vulnerable adults
- 8 had done basic risk assessment / management
- 10 had done 'some' health and safety training
- 7 would like training in understanding concerning behaviours
- 1 would like training in understanding offenders
- 1 would like training to understand self harm and suicide

A similar survey was used with 10 Age UK NT staff working in home settings who attended a focus group. None had knowingly worked with offenders in their current role, though it subsequently turned out that several had provided services to a convicted sex offender without realising. Information about this offender had been recorded in the care plan but staff either did not recall this or had not read the plan. A risk assessment had been undertaken. The resulting action was that if the duty care staff were women, they would work in pairs. One member of staff had covered some aspects of working with offenders as part of a degree course.

When asked about their concerns in working with this group, male staff had none. Female staff indicated the following concerns:

- Offences related to violence against women and/or sexual offences involving women or children
- One person had concerns about potential risk from people with mental health problems following a case she read about where a support worker had been killed

There were a range of concerns about what level of information care workers should be given; some didn't want to know in case it prejudiced their views, others felt they should know in case there was any risk.

Parallels were drawn with problems care workers regularly encounter with people with dementia going through aggressive phases. More experienced workers felt able to deal with issues and stated they would be confident in dealing with offenders.

All those taking part in the focus group said they would report any concerns to their manager.

All staff had training to identify risk of harm to vulnerable adults. None had training on identifying, assessing and managing signs of concerning behaviour in terms of risk to others.

Of the 10 staff, most said they were not trained to work with offenders but would like to help them if they had more training and appropriate support and back up to do so.

Appendix VII. Survey of Age UK volunteers
Appendix VIII. Composite of responses from survey
Appendix IX. Questionnaire for Age UK staff
Appendix X. Notes from Age UK staff focus group

3.4. Service provision

Our work has identified that older offenders have a wide range of needs. In general these are not unique to them as a group – they are shared with other older people, although they tend to be disproportionately affected by them. This is especially the case for the relatively small number of offenders who have served a custodial sentence. In general older offenders are entitled to services in the same way as the

general population of older people. However we recognise that in some instances there are particular issues around risk management which must be addressed.

The situation facing older offenders in accessing services has, we were told, improved in some respects in recent years. Health care services in prison are now commissioned by the NHS and arrangements for ensuring people can get access to good health care on their release seem, from what we have seen, to work well. Issues can arise post-release with people not registering with a GP, especially when they move on from one of the Approved Premises.

There is a problem with assessing and meeting social care needs¹⁰ in prisons and this can spill over when someone is released. We heard of cases where offenders had been released without equipment they needed (including, in one instance, a wheelchair!), of disputes between local authorities over who was responsible for funding social care for a discharged offender and delays in carrying out assessments because they would not be done until someone was actually released. We were told of examples of people being released from prison without a proper multi-disciplinary assessment having been carried out and without offenders being properly prepared e.g. someone turning up at a hostel with no clothes other than their prison uniform.

The table in Appendix XI sets out the areas of need we have identified and looks at the potential service response. It gives examples of current services which meet those needs and highlights where there might be issues with older offenders accessing these services. It highlights issues in these areas:

- Identifying long-term conditions (e.g. diabetes, heart disease) and providing appropriate support e.g. to self-manage.
- Support for people to become and remain healthy and well.
- Helping people to acquire skills of duality living especially after long-term imprisonment.
- Identifying risk in community based activities.
- Supporting offenders who have caring responsibilities and also identifying risk in such situations.
- Making people aware of relevant local services such as information and advice, job clubs etc.
- Supporting people to develop appropriate social networks and relationships.
- Accessing good quality housing, including specialist housing for older people.

Recommendations for addressing these are included in the next section.

¹⁰ See, for example, '*Social Care Project: Frankland Prison*', North East Offender Health Commissioning Unit/Durham County Council, June 2012

Finding accommodation

Finding suitable, secure, permanent accommodation was the problem we encountered most often. It was raised in almost all of the interviews with older offenders in Approved Premises, those who have moved on and others released straight from prison into the community.

“When I came out of prison I was homeless and had nothing – not even the clothes I went into prison with. Because my offences were drug related I was not able to go onto the council housing list; their policy is that you have to be offence free for 3 years before being considered. I was in touch with a voluntary organisation while I was in prison, but I was forgotten about. I ended up sofa surfing then having to go and live with my son who is a heroine addict. I am still looking for a permanent home two years on” Probation client L

“What a battle... after many failed applications and only because of the help from Shelter and Probation, I have a bungalow. I love the property but hate the area. It was in a very bad condition, but I have done it up myself at my own expense. I suffered lots of discrimination – I was referred to as ‘undesirable’. All sex offenders are tarred with the same brush; no-one bothers to look into your case to see what really happened. Now I feel more secure I just want to keep myself to myself and get on with my life” Ex AP resident client K

“My offences were in the local paper before I even went to prison and my house was vandalised. I ended up selling the house to my next door neighbour for exactly what it cost me. The market value was double that, but any delay would have resulted in the property being completely vandalised. My neighbour also agreed to sell my car and disco equipment. I never got any of that money. I lost everything. After release and 6 months in a hostel I went to live with my mother who is 82 almost blind and disabled and became her full time carer. I’m still there” Ex AP resident C

We interviewed social housing providers and charities who offer housing support and advocacy to assess the range and volume of suitable accommodation, the number of current tenants who fit our profile, the organisations’ attitudes, policies and practices and staff awareness and training both with managing offender risk and working with older people.

Appendix XII. Interview questionnaire for Housing Organisations

Only one organisation said that all relevant staff had 'specialist' training in meeting the needs of older people. Others said they had some training and awareness and significant experience.

"We have no barriers re older people but we are concerned about our ability and the responsibility of staff to manage the increasing care needs of older and more infirm residents. None of our properties are specifically designed for older people and there are issues looming. Some of our older residents have long term physical problems and need personal care, home care and residential care. There is no specific provision"

Only one provider had a team, who specifically focussed on housing offenders, and this was a recent development for this organisation and as a result of problems they had encountered in offering a tenancy to a sex offender. There was general recognition that housing organisations can never be solely responsible for high risk offenders

"As an organisation, we are not prejudiced towards high risk offenders (though some members of staff may have concerns) but we are very aware of reputational risk. We recognise that a multi-organisational approach is needed and we are concerned that this makes the process complicated and therefore expensive"

"We will always need reliable and consistent support from police and probation, particularly for up to a year after housing a high risk offender. Gaps open up when police and probation staff change – support is 'hit and miss – this is no good"

"We recognise that we are inexperienced in dealing with risk management of offenders and definitely need more training across the board to build understanding of groups like sex offenders so staff can be fair and measured"

"Risk management must be multi-agency. We need further knowledge, skills and training to develop expertise. We need more robust policies and clear understanding of the roles other agencies play in the management of risk"

A major provider of housing, care and support described their attitudes to housing offenders as;

"Very cautious around risk; support services must be in place. We are only able to offer housing to those who pose a low risk of re-offending and even then, only if there are no concerns; moderate or high risk applicants would not be considered".

A charity who support offenders and advocate on their behalf for housing find that many providers take a similar approach, especially with sex offenders,

“We had a 63 year old man who had committed familial sexual offences 40 years ago. He has suffered strokes, a heart attack and he is in a wheelchair. We tried to get him housed through 4 social landlords. Even though probation had done a detailed risk assessment and found him to be a very low risk, none of them would house him – he ended up in private rented – like many do. Providers are scared; they are too focussed on reputation management. Without us to challenge decisions and advocate on their behalf, housing some offenders would be impossible”

3.5. Capacity of Probation Approved Premises

Probation hostels or Approved Premises (APs herein) provide structured, supervised, temporary accommodation for offenders who would in any case be living in the community. They play an important role in protecting the public. Adult male and female offenders who have been sentenced to community orders, released from prison subject to licence conditions or who are on bail awaiting trial live in approved premises. Many of these offenders have committed very serious offences. Strict rules are in place to protect the public and to limit any possibility of re-offending whilst resident at the hostel. Probation works with offenders to address their offending behaviour, recognise the impact of their offending on victims and members of the community, and acquire basic skills to change their lifestyle, boost employment opportunities and address their accommodation needs.

All 4 hostels in the Northumbria area were visited as part of the study to assess the suitability of the hostels for accommodating older offenders and to interview managers about the issues they faced in trying to meet the range of accommodation and other needs presented.

Key hostel accommodation findings were:

- Limited accessibility and general suitability
- None of the hostels in Northumbria can accommodate women; the nearest female hostel is in Leeds
- None of the APs complies with the Disability Discrimination Act.
- No specific provision or space for older people apart from own rooms
- Very few activities suitable for older people – especially those with disabilities
- Very few rooms en suite

Key care and support findings were:

- Staff had awareness of issues affecting older people and APs use a pro-social model of operation based on respect and dignity but staff had no specific training

- The role of staff in APs is to manage rather than give care and support, though often 'care' and 'management' are indivisible
- Some APs have access to mental health worker support others do not

Appendix XIII. Interview questionnaire for managers of APs

Appendix XIV. Table of emerging themes from APs

3.6. Older Offenders' experiences

Interviews were also carried out with 6 older residents, 2 ex-residents and 6 other probation clients living in the community about their lives and the issues they faced. 10 were male, 4 female. Their ages ranged from 52 – 78. Most of the male interviewees were subject to MAPPA¹¹.

The interview questionnaires covered the following areas:

- Physical health
- Emotional and psychological wellbeing
- Housing or future housing
- Employment
- Financial situation
- Social needs
- Risk management

The interviews were informal and explored the following areas:

- What life is like day to day and how interviewees feel about their quality of life now and in the future
- What works and doesn't work?
- Issues and problems being experienced and how they deal with them
- Which services do they need, which are being accessed – and if not, why not?

Appendix XV. Questionnaire template for interviews with AP residents/ex-residents / probation clients.

In terms of physical health, the interviews revealed that while some in this age group are fit and able, others suffer from multiple debilitating long term conditions including diabetes, heart disease, asthma, arthritis, prostate cancer. There is very

¹¹ MAPPA [Multi-agency Public Protection Arrangements] eligible offenders are identified and information about them is shared by the agencies in order to inform the risk assessment and risk management plans of those managing or supervising them. Northumbria MAPPA Annual Report 2011/12

limited capacity within the AP's to provide for residents with chronic physical conditions. Older offenders often prefer to put up with illness rather than draw attention to themselves.

"I have Ataxia. I use a stick and hold on to the wall. When I first moved into the hostel I had an upstairs room which was a disaster for me. I then got a downstairs room which was much better until the hot water went off and I had to use the shower upstairs. Of course I didn't complain. I don't like to make a fuss" Resident K

"I have a bad chest. The prison doctor said it was the onset of emphysema from heavy smoking. I don't like doctors. I haven't signed on since I left the hostel 6 months ago. I want to keep myself to myself and sort out my own problems. I suffer from aches and pains; in prison I was prescribed co-codamol but I decided to do without it because of the risk of being harassed by other prisoners needing drugs. I often feel unwell, especially first thing in the morning. I don't eat – I've lost my appetite" Ex-resident P

Some in this age group would prefer to be housed with people of their own age whilst others do not want to be thought of as 'older'.

"I don't sleep well because of the noise and bad behaviour of the younger residents" Resident K

"I find the younger ones boring – all they are interested in is football, drugs and sex. I wish I could be housed with people of my own age. There are no activities for older people – especially if they are disabled" Resident G

"Being around young people makes me feel young. They make you laugh – and laughter helps" Probation client L

Most thought they should not complain when their accommodation did not meet their physical needs, rather they should 'get on with it'.

"I broke my coccyx 20 years ago and arthritis developed after that. I find sitting and walking uncomfortable. I don't expect support for these physical things. This is not the job of probation." Resident K

"I love my bungalow but hate the area it is in. I'm grateful that I have somewhere to live, but every day is a nightmare. I've lived by the sea all my life, now I don't. I find life on my own very difficult. I don't go out. I was well known in the local area; I'm too ashamed to go to places I used to play [guitar]" Ex-resident P

Anxiety, depression, and stress featured strongly in the responses around mental, emotional and psychological needs, though most were not receiving specific support. Of the 4 women offenders who took part in the study, 3 had experienced domestic violence prior to their convictions. Some have had help from mental health services or specialist community organisations but most believe they should and could sort themselves out,

“I put my anxiety down to insecurity about my future. I can’t get a straight answer from anyone in the hostel about what is going to happen to me when I leave” Resident G

“It starts with a loss of self confidence which leads to self pity which then starts a downward spiral, anxiety and not being able to think straight... I had three courses of counselling. I can now identify the triggers – since then things have got much better. I see a forensic psychologist now every 4-6 weeks. It keeps me on the straight and narrow” Ex-resident C

*“Six months before my release I took up exercise. I wanted to use the prison gym but the younger ones always got there first so I got a book out of the library and used that. I’ve kept going after release. I’ve lost loads of weight; I’m much healthier and happier”
Ex-resident V*

There was heavy reliance on contact with key workers and probation officers to help them cope and make the transition to living in a hostel and on to independent living.

“The staff are the nicest and most decent people I have ever met. When I came out of prison I arrived here [at the hostel] in a bad mental state wearing prison clothes. I was agoraphobic and having panic attacks. I was terrified to cross the road or take the Metro. It was the staff who looked after me and gave me a reason to stay out of prison” Resident D

“My key worker was crucial in getting me resettled” Ex resident V

There was a marked difference in emotional well-being between residents who were estranged from their families and those who had some family support

“My daughter and family live locally which is very important for me. I do not feel isolated like some others.. Only my family know about my offences so I can be part of the community without fear” Resident A

“Circles¹² has been excellent. Before that I was only in contact with my brother – the rest of the family didn’t want to know me”
Ex-resident V

Most of the AP residents had significant practical and financial difficulties around getting re-housed. Most had experienced prejudice because of their offending histories. Key workers, probation staff and Shelter were seen as key to helping residents find and secure suitable affordable move on accommodation.

“I used to live in a council property before I went to prison. Now they refuse to house me. I have to find somewhere very soon so I feel under pressure. I’ve saved up enough so I can pay the bond on a private rent” Resident K

“The application form asked for offences to be written on the front page. I knew I would have no chance of being considered. I was turned down. I have appealed but I am not expecting to be housed” Resident A

“I’m in a 3 bedroomed council house alone. I want to exchange for something smaller so I won’t have to pay bedroom tax but I have arrears so I can’t move. I’m trying to survive on £37 per week.”
Probation client N

All bar one of the residents interviewed described themselves as retired and half were registered disabled. Most have experienced financial problems and needed help to sort out benefits and pensions¹³. Again the role of the key worker was cited as being essential.

“There is no financial help available for older offenders – it’s a real gap. I know a guy who would have been in dire straits if he had not been in the army before he went to prison – he got help from their welfare services [SSAFA]” Resident K

“I’ve got this private flat but it costs £395 a month. My hostel accommodation is £68 a month plus £1 towards food and for that I get 2 meals a day. It is going to be very hard for me to adjust”
Resident B

“I lost everything. Even though this was my first time, I got no support to help me deal with it. I broke up with my partner over

¹² Circles of Support and Accountability (COSA) are groups of volunteers with professional supervision to support sex offenders as they reintegrate into society after their release from prison. Evaluations of indicate that that participation can result in statistically significant reductions in repeat sexual offences in 70% of cases, relative to what would be predicted by risk assessment or matched comparison subjects

¹³ One supported housing provider reported that older residents generally had better finances than younger people, perhaps because pensions are relatively higher than benefits for unemployed people.

the offence. Luckily he forgave me and took me back, so now I have somewhere secure to live. He has his own business. He pays the bills. God knows what would have become of me otherwise. It's loneliness and poverty that finishes people off" Probation client R

Most of the interviewees were positive or at least accepting of the principles, requirements and processes around risk management. All were very positive about probation

"I used to fight the system but not any more. Re-integration into society for people like me is very difficult. I understand the need for safeguarding but there are lots of contradictions – like released sex offenders are not supposed to mix with other sex offenders but are kept in hostels with them" Ex resident C

"The women's group is an absolute lifeline. We support and encourage each other and we talk about everything. Better than taking drugs for depression. I leave feeling hopeful that my life will get better. I've been through so much, it would be terrible if I didn't come out of the other end in a better place" Probation client A

"Probation gives the most vulnerable people something to hang on to. If the government want to empty the prisons they'll have to start giving released prisoners a lot more help and support" Probation client P

Support to offenders' families

One issue that was raised in the course of our work was the support available to the families of older prisoners. Maintaining contact with families and friends can be important for older offenders as this can contribute to improved well-being when they are released back into the community. The support of organisations like NEPACS can be vital in helping families to maintain contact with someone whilst they are in prison and in helping to build bridges for offenders so that when they come out of prison they are more likely to be able to re-establish their social networks and be less likely to re-offend.

4. Key messages and recommendations

4.1. Older offenders in the community

Our research demonstrates that the needs of older offenders in the Northumbria Probation Trust area are not being met effectively. This group tends to be undemanding, taking a view that they should 'get on with it' and not 'make a fuss' which exacerbates the problem. Issues, sometimes serious in nature, related to their health and well-being, often go unrecognised and untreated. As a result, this group often do not access the services to which they are fully entitled that could make significant improvements to their quality of life and increase their chances of fully reintegrating into society.

NPT needs to develop a better understanding of the needs of this group. This should include:

- Better training for staff on how to work with older offenders
- Improved links with organisations, like Age UK, that work with older people.
- Funding specialist services for this group where appropriate.
- Better data collection so that it can build up a comprehensive picture of their needs.
- Better support for the families of people in prison.

In turn organisations that work with older people should:

- Make sure that their services are accessible to older offenders and their families.
- Develop appropriate risk management policies for working with this group
- Consider how they could develop specialist services where existing services are not suitable.
- There is limited joint working between NPT and organisations that work with older people. In order to improve this NPT should:
- Consider establishing a forum to focus on better meeting the health and social care needs of older offenders possibly based on the steering group for this study
-

4.2. Developing awareness, knowledge and skills

Meeting the needs identified by this study will require changes in policy and practice among a wide range of organisations providing services in the community. Changes should include:

- Raising awareness of the needs of older offenders in the community amongst both statutory and voluntary sectors

- Improving links between NPT and other staff involved in the criminal justice system and local organisations working with older people
- Continuing to develop understanding of the complexities of managing risk as it applies to the provision of health and social care for this group
- Developing ‘managed pathways’ for a few high risk offenders into supportive care and community activities
- Developing the knowledge and skills of agencies and organisations and their staff and appropriate volunteers in working with older offenders, particularly those who may pose a continuing risk.
-

4.3. Training needs and proposals

- Raising awareness of the needs of older people was identified as a need by NPT staff and by staff in some supported housing providers.
- Raising understanding of the identification, assessment and management of risk in working with offenders is not routinely provided to staff and volunteers working in Age UK and other organisations providing housing, health, and social care to older people.
- Further research is needed to develop properly costed proposals for the potential design and delivery of practical and cost effective training and information solutions to meet these requirements.

4.4. Developing access to services

The research shows the need to improve access for older offenders to some key services like general housing, enabling and befriending services.

Whilst research shows that the voluntary sector holds the key to providing long term support to this group, there are few operating models to learn from nationally.

- NPT should ensure that staff members are aware of the range of services suitable for older people in their area.
- Organisations like Age UK should make sure that promotional material about their services is available in NPT offices and APs
- Age UK and other organisations providing services to older people should develop policies to make sure that their staff and volunteers receive appropriate training about the risks that some older offenders can pose and how these should be managed.

These recommendations apply to all services. In addition there are two areas where specific action is needed to improve the current situation.

- NPT should work with social housing providers to develop protocols to improve access to general and specialist housing for older offenders. There is an argument for exploring developing a special relationship with one or two social landlords as has been done in the South-west¹⁴.
- NPT should commission an organisation to develop and provide a specialist enabling and befriending service for high risk older offenders to operate across the Trust area. This would offer ongoing support to older offenders who wanted it as well as working with them to rebuild their social networks and access local services.

4.5. Improving AP Accommodation

Although NPT's Approved Premises offer a safe and supportive environment for high risk offenders and provide crucial support, management and care to help this group reintegrate into the community, our research shows that older people are significantly disadvantaged in this system. As with the prison service, APs now find themselves accommodating older people with significant health and social care needs and sometimes struggle to meet these needs adequately. There is little or no capacity to offer 'age-proof' accommodation or provide age specific activities. If the health and social care needs of older offenders are to be met to the same extent as older non-offenders, then investment to improve both the physical capacity of NPT's hostels, redefine the roles and increase the skills and knowledge of staff in specific areas identified by this research are required.

NPT should:

- Explore the feasibility of improving both the physical capacity of NPT's hostels to meet the needs of older offenders and the ability of staff to effectively meet their needs.
- Ensure Age UK material is available in NPT premises and APs.

4.6. Lobbying for national improvements

As we highlighted right at the beginning of our report there are currently no national policies for older offenders in the community. The Justice Select Committee, chaired by the Rt. Hon. Sir Alan Beith MP is currently carrying out an enquiry into older offenders including *'The effectiveness of arrangements for resettlement of older*

¹⁴ RECOOP, which works with older offenders in the South West, has developed a relationship with a local housing association to help make sure that older offenders can access general and specialist housing.

*prisoners*¹⁵. Consideration should be given to how the findings from this research could be submitted to the Committee.

4.7. Dissemination of findings

There has been very little work done to understand the needs of older offenders in the community. We believe that our research will be of interest to a wider audience outside of the NPT and, therefore, we suggest that the results are disseminated more widely once NPT has considered our report and agreed its response.

¹⁵ See <http://www.parliament.uk/business/committees/committees-a-z/commons-select/justice-committee/news/new-inquiry-older-prisoners/>

5. Contacts

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Lifton House, Eslington Road, Jesmond, Newcastle upon Tyne, NE2 4SP

Tel: 0191 281 5721

<http://www.northumbria-probation.co.uk/contact.html>

The Derwent Initiative

The Old Casino, 1-4 Forth Lane, Newcastle Upon Tyne, NE1 5HX

Tel: 0191 2323 977

<http://www.tdi.org.uk>

Age UK North Tyneside

Bradbury Centre, 13 Saville Street West, North Shields, NE29 6QP

Tel: 0191 280 8484

<http://www.ageuk.org.uk/northtyneside/>