

**Building
Futures
Network
Group**

**PRISON
REFORM
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Who cares?

A consultation on ageing and lost milestones in prison

HMP Rye Hill Building Futures Network Group

Building Futures is the Prison Reform Trust's five-year programme funded by the National Lottery Community Fund, exploring the experiences of people serving long prison sentences. The programme aims to give a voice to people serving sentences of over 10 years in custody, providing them with the space to advocate for themselves, bringing about change from within the system and shedding light on the human cost of long-term imprisonment. Through consultation, advocacy and research, Building Futures will work alongside those with direct experience of long-term imprisonment to demonstrate the true impact of ever-increasing sentence lengths.

prisonreformtrust.org.uk/project/building-futures

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This consultation report would not have been possible without the support and dedication of the following organisations and people:

The Prison Reform Trust (PRT) who created the Building Futures Network Group, meet with us every week, and show continued support for the work we are doing and the changes we are trying to make.

HMP Rye Hill for allowing the creation of the flagship Building Futures Network Group, and facilitating the group's meetings and focus groups.

Building Futures Network Group, Rye Hill: RL (report author), CH, PT, PB, MM, GK, TB, MF, KS, CT, MN, and staff leads CR and LG.

We would also like to extend a special acknowledgement to all the long-term prisoners who contributed to this report.

Building Futures Network Group logo created by PT with the support of PRT.

The Building Futures Network Group (BFNG) is part of the Building Futures project. Made up of eight prisoners serving more than 10 years in custody, the group meet on a weekly basis with members of PRT to discuss prevalent topics at HMP Rye Hill and relating to the wider prison system. Our role is primarily data collection for PRT, but we have been given the latitude to carry out our own consultancy and generate our own reports. This initial report and the ones that follow have been created solely by the BFNG members with the support of PRT and the senior management team at HMP Rye Hill.

'Using inside experience to replace costly and ineffective long-term imprisonment, with effective rehabilitation, reliably delivered, in humane conditions, over a shorter time, at a lower cost.'

This directly correlates with the main goals of PRT: 'to create a just, humane and effective penal system'.

Both these statements echo the sentiments of many people who are interested in prison reform, and we hope that by doing the work that we do, we can instil hope for prisoners and generate an understanding of imprisonment within the wider public.

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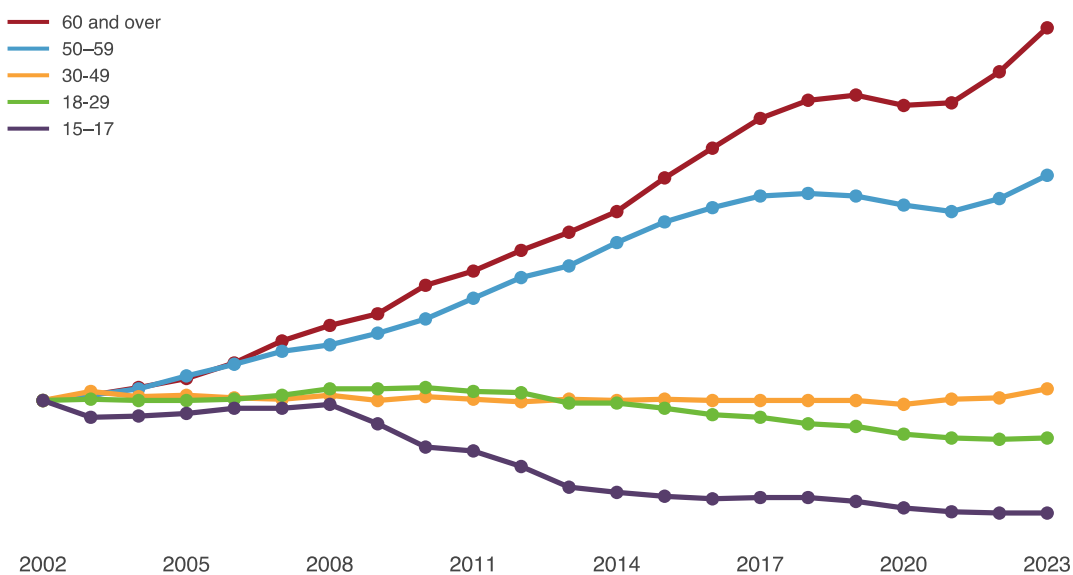
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Executive summary

The Building Futures Network Group (BFNG) at HMP Rye Hill was founded in 2021 by PRT, an independent UK charity working to create a just, humane, and effective prison system. The BFNG at HMP Rye Hill was the first group to launch, with all group members being long-term prisoners, who embraced the rare opportunity to contribute effectively to policy issues that affect all prisoners serving a minimum of 10 years in custody.

Our second report, 'Who Cares', looks at the concerns of an ageing prison population, and asks whether the current prison system and its policies will be able to meet the needs of an eventual older majority, given that people aged over 60 are the fastest growing age group within English and Welsh prisons.¹

Figure 1: Growth and reduction of age groups in prison



Five questions were posed to 32 prisoners in invited focus groups, with efforts made to ensure representation of all age groups of long-term prisoners, including those who will grow old during their sentence, not just those already part of the older generation.

When asking prisoners about concerns relating to long sentences and growing older within them, it is easy to assume that responses would focus on unrealistic wants and personal grievances; but this was not the case. Each participant, although stating concerns based on either personal experience or witnessing the experiences of others, did so in a very pragmatic way; looking at multiple points of view, and drawing on experience from all the prisons they resided in, not just the current one. It is important to emphasise that, where warranted, the good points were mentioned as well as the bad.

Concerns fell into several common themes. Prisoners talked openly, showing great pain, when discussing the breakdown of family relationships that all too often goes hand-in-hand with lengthy sentences. All participants demonstrated great awareness of how much they were missing out on with their families, and also the great strain and negative impact their convictions and sentences have on their family members. People felt that families were *“doing a sentence too”*.

¹ Table 1.7, Ministry of Justice. (2023). Offender management statistics quarterly: January to March 2023.

The longer a sentence lasts, the more family ties are damaged. This is then exacerbated by the prospect of growing older in prison, losing family members through death, and missing out on the opportunity to care for family members as *they* age. One very poignant comment also highlighted the somewhat unrecognised result of serving long sentences from a young age:

...not being able to start your own family.

As might be expected, a lot of the consultation revolved around the health concerns of growing older in prison. Although having carers (other prisoners) and prison staff checking on you each day were noted as positives, general healthcare standards and a lack of specialised training for managing the deterioration of physical and mental health, left prisoners with feelings of fear and foreboding. But it wasn't just staff training and attitudes that led to such high levels of concern: it was felt that the current rules and regime ignore the realities of the older generation too. In a system where everyone must be treated the same, there is no flexibility to consider someone's *actual* needs and abilities as they age, including their ability to understand and adhere to the rules:

You simply just can't treat someone like this [with Alzheimer's] the same as everyone else ... you just can't!

This led to discussions about the appropriateness of the prison buildings themselves when housing an older generation. Prisons were not designed with older people in mind. Emergency call bells are too far away to reach in a true medical emergency, and things such as medication collection, work, education, and chapel require climbing numerous flights of stairs. Even when lifts are available, they are often broken and in need of maintenance.

The most surprising comments came when asking if older people should be given an alternative to prison – very passionately answered as “no” unless needing specialised or palliative care – and if not, should they be treated differently in prison? Apart from the aforementioned flexibility in regime, this question divided the group. Where one half of the group (generally the younger half) thought older people may be safer and better suited to being housed on separate wings, the other half of the group vehemently disagreed:

Just because I'm an older person, I don't feel I should be on a different wing. I'm an active person, despite my age...

Despite a number of positives to ageing in prison being recorded (when pressed by the facilitators), responses were still overwhelmingly filled with fear, dread, and trepidation. The conclusion, therefore, was that the current prison system simply cannot meet the needs of an ageing population. And as people aged 60 and over are the fastest growing prison population,² this is a real problem that needs immediate action.

² Table A1.7, Ministry of Justice. (2023). Offender management statistics quarterly: January to March 2023.

Although the questions resulted in a wide array of subjects being covered within the focus groups, five core messages clearly stood out above the rest:

Missing out on a generation of life and its milestones has consequences.

Prisoners fear growing old—in prison or outside it.

Prisons need a programme of geriatric healthcare, and adapted regimes for older prisoners.

Ageing prisoners can find hope and solace in self-development, and in community.

Nobody should die in prison.

With these key messages in mind, along with the fact that the UK government has pledged to build 20,000 more prison places by the mid-2020s³ which could better house older prisoners, a number of recommendations are posed:

HMPPS should develop an ‘Age-Related Flexibility’ policy framework. This should involve assessment of a person’s physical and mental state, and how these impact their ability to adhere to prison regimes and rules. This should be used to decide on a flexible, age-appropriate response to accountability for regime engagement and rule breaking, and provision of extra support.

HMPPS should introduce ‘milestone days’ to allow prisoners to commemorate significant life events. This includes ‘significant’ birthdays (18, 21 and multiples of 10) of themselves and loved ones, anniversaries, completion of qualifications, and any other personally important life milestones. Days should include enhanced visits with loved ones for joint meaningful commemorations, and access to resources which facilitate meaningful commemoration, such as being able to cook.

HMPPS should offer age awareness training to all operational prison officers. This would allow them to identify, understand, and meet the needs of an older generation, thus facilitating the treatment of people with dignity and humanity.

HMPPS should ensure there is more wing-based specialist care available for older prisoners in line with recognised standards of geriatric care, and a tighter level of monitoring and accountability on healthcare practices with older people.

HMPPS should do more to ensure prisoners can maintain real family ties. This should include cheaper phone calls, in recognition of the fact that the average weekly income for a retired prisoner is just £3.50, and generally maximising opportunities for communication.

HMPPS should build/retrofit cells and prison buildings with the needs of an older generation in mind. This should include more effective, emergency bell systems, ground floor facilities, working and well-maintained lifts, and other aids.

³ Frazer, L. (2021). Autumn budget and spending review 2021. HC 822. House of Commons.

HMPPS should research the feasibility, consequences, and possible benefits of separate housing blocks for members of the older generation, or separate prisons entirely. Any option to be housed separately should be entirely a voluntary choice for the prisoner, not a mandatory allocation.

HMPPS should look into changing the current categorisation system to reflect age-related disability; allowing a higher use of Category C and Category D prisons for older people rather than high security Category B prisons.

HMPPS and the Department for Work and Pensions should find a financial solution that allows prisoners to better support themselves once released. This could be continuation of pension payments, or higher wages for prison work to allow personal savings.

Nobody should die in prison. HMPPS should extend the use of compassionate release for extremely ill and infirm prisoners, either to the community or to secure care.

HMPPS should publish a strategy on managing ageing in prison, with clear principles, actions, targets and governance for improving the lives of older prisoners and managing the ageing process for all prisoners with dignity and humanity.

Above all, see the human behind the prisoner.

Introduction

The Building Futures programme

Building Futures is PRT’s five-year, National Lottery Community Fund funded programme exploring the experiences of people serving long prison sentences. The programme aims to give a voice to people serving sentences of over 10 years in custody (eight for women), providing them with the space to advocate for themselves, bring about change from within the system and shed light on the human cost of long-term imprisonment. Through consultation, advocacy and research, Building Futures works alongside those with direct experience of long-term imprisonment to demonstrate the true impact of ever-increasing sentence lengths.

The Rye Hill Building Futures Network Group (BFNG) was the first group to be set up by PRT. It consists of eight long serving prisoners and meets on a weekly basis with members of PRT to discuss prevalent topics at HMP Rye Hill and the wider prison system. The aim of the Rye Hill BFNG is to identify the key challenges and priorities faced by those serving the longest sentences at the local level. By generating first-hand experiences/insights/expertise that will help shape prison policy, the group’s ambition is to drive broader systemic change that will lead to better outcomes for long-term and indeterminate sentenced prisoners.

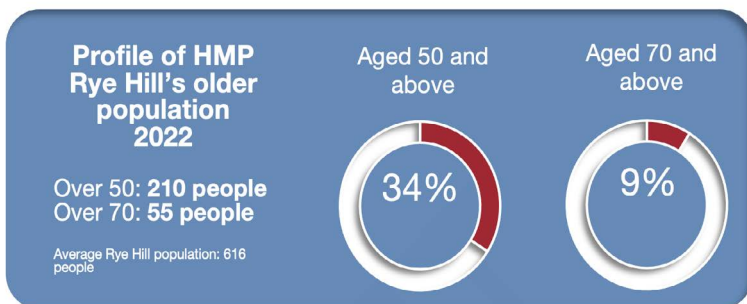
Purpose of the consultation

We begin this report with some population statistics illustrating why we felt it was important to explore this topic, and to contextualise our findings.

In December 2023, there were 87,489 people living in prison in England and Wales—the highest on record.⁴ In the 12 months to June 2023 alone, the population surged by 6%—over 5,000 people.⁵

Legislative and policy changes since the turn of the millennium have driven an upward trend in the use of long sentences. In the 12 months to June 2023, the number of people sentenced to over 10 years in prison (1,263) was nearly double the number sentenced to that amount of time in 2013 (774),⁶ and over triple the number in 2003 (413).⁷ The number of people sentenced to 20 years or more quadrupled between 2009 and 2019—from 31 to 124 people.⁸

The most recent available data shows that 17% of the current prison population (14,978 people) are men aged 50 and over. Of these, 8,979 are in their 50s (10%), 4,060 are in their 60s (5%), and 1,939 are in their 70s (2%).⁹ As 44% of men in prison aged 50 or over have been convicted of a sexual offence,¹⁰ the average age within the specific prisons housing those convicted of sexual offences can be reasonably assumed to be older than the main estate, as shown by the figures below for HMP Rye Hill.¹¹



4 Table 1.1, Ministry of Justice. (2024). Offender management statistics quarterly: June to September 2023.
5 Table A1.1, Ministry of Justice. (2023). Offender management statistics quarterly: January to March 2023.
6 Table Q5.4, Ministry of Justice. (2024). Criminal justice statistics quarterly: June 2023.
7 Table Q5.6, Ministry of Justice. (2012). Criminal justice statistics: July 2011 to June 2012.
8 House of Lords written question HL14482.
9 Table 1.3, Ministry of Justice. (2024). Offender management statistics quarterly: June to September 2023.
10 House of Lords written question HL10578, 7 December 2020.
11 HMP Rye Hill. (2022). Equality and diversity report, April 2022.

It is predicted that the current prison population in England and Wales is set to rise by around 13,000 people, to a total population of between 93,000 and 106,000 people, by 2027.¹² As men aged 60 or over are the fastest growing group in the prison estate,¹³ it can be predicted that a large proportion of these prisoners will be older.

This data shows us that the prison population in England and Wales is seeing an increase in the older generations. Average sentence length has also grown,¹⁴ which means that more people who were younger when sentenced will be part of the older generation when released.

The growth of an older prison population brings with it many challenges, with questions about whether these challenges are fully recognised and can be met. Older prisoners have different needs to those who are younger, in education, work, health, mobility, pace of life, mental capabilities, and even rehabilitation. Historically, prisons were built to house and ‘care for’ a much younger population. So, with this population now changing, we need to ask if prison facilities (in structure, regime, and progression requirements) are flexible enough to change with the people who live in them, or whether reform is needed. Coupled with in-prison issues are concerns about whether the system is effectively preparing older generations for release into a society that will have changed dramatically since they were last in it. In this consultation we ask:

Can the current prison system look after prisoners with humanity and help them lead law-abiding and useful lives in custody and release if the growing older population become the majority?

PRT believe that *“prisoners have the insight and skills to make reform happen”*. We, the Building Futures Network Group, were formed by PRT in order to collect insights from the ‘front-line’. We are a group of long-term prisoners (all serving 10 or more years as the custodial element of our sentences) working from within the prison we are detained in. This position allows us to collect first-hand experiences and opinions from a large cross-section of other prisoners (our peers) serving similar sentences through discussion groups, as well as offering opportunities for written submissions.

¹² Ministry of Justice. (2022). Prison population projections: 2021-2027.

¹³ Table A1.7, Ministry of Justice. (2023). Offender management statistics quarterly: January to March 2023.

¹⁴ Prison Reform Trust. (2024). Bromley Briefings Prison Factfile: February 2024.

Consultation structure

The five consultation questions

We asked a pool of 32 long-term prisoners (around 5% of the total population at HMP Rye Hill) five questions:

How old were you when sentenced, and how old are you likely to be at your earliest point of release?

What are your concerns about ageing in custody?

Are there any positives about ageing in custody?

How do you feel ageing in custody will affect:

Family life

Milestones

Health

Outlook on life

Should older people be given an alternative to prison? If not, should they be treated differently in prison?

Submissions to the consultation

Asking questions about ageing in custody risked only getting submissions from the older generation. We agreed that views and opinions can differ from generation to generation, so we first had to address this potential problem in order to avoid a bias towards older people. Therefore, we set out to invite as wide an age range as possible to submit their views, concentrating more on those who will cross generational lines whilst in custody, rather than solely those who are already part of the older generation.

The result was a pool of 32 long-term prisoners in HMP Rye Hill,¹⁵ whose ages ranged between 18 and 65 when sentenced, and whose ages will be between 30 and 88 at their earliest possible release date. This equates to around 9% of the Rye Hill prisoner population with a minimum custodial term of 10 years or more.

Invites to attend a focus group were sent to all interested parties and contained the first two consultation questions. This not only served as preparation for what the overall discussion would cover, but also allowed those who didn't want to attend the focus group to still submit their opinions in writing. Attendees were separated into four randomly allocated sub-groups of around eight people, each with three facilitators: two members of the Building Futures Network Group and one 'friend of the BFNG'. The same five questions were asked in each group with one of facilitators leading the discussion (without giving their own opinions) and the other two taking notes for submission.

¹⁵ It is important to state that although all participants of the focus group were residents of HMP Rye Hill, nearly all had spent part of their current sentences in at least one or two other prisons. Therefore, the experiences they talked about included experience within many other prisons in England and Wales.

Findings

As an icebreaker to the focus group, a number of flipcharts were positioned so that participants could shout out/record the first word that came to mind when faced with the phrase “ageing in prison”. There were several reoccurring words/themes that came up across all groups:

Isolation

Loneliness

Fear

Scared

Depression

Health

Family

Friends

Death

Many of these terms may not come as a surprise, but two particular words may have a little more impact when thinking of “ageing in prison” and prisoners’ feelings about it:

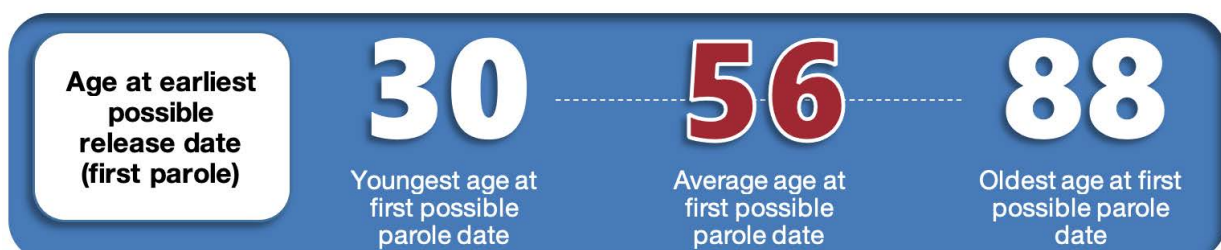
Resentment

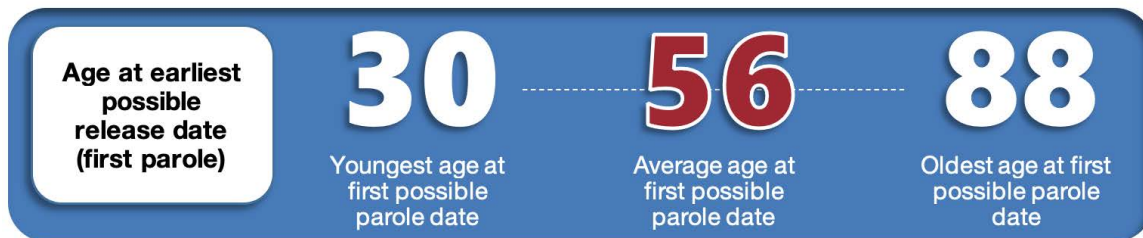
Loathing



Question 1: How old were you when sentenced, and how old are you likely to be at your earliest point of release?

We had 24 responses to this question (75% of the consultees), but even with this reduced number of responses, a range of ages were still represented.





*The second figure does not include the one person serving a whole life term.

Considering the **average sentence length was 14 years**, most of the people who contributed to this consultation will be in prison for over a decade and will therefore see an entire generation pass during their sentences. Many people will also serve years beyond their earliest date of release.



Question 2: What concerns you most about ageing in custody?

This question led to a wide range of themes and issues, such as:

- Health and dying
- Family and friends
- Negative emotions and mental health
- Staff training and attitudes
- Future fears: employability, money, technology, the unknown

Prisoners reported a sense of fear and foreboding in relation to the prospect of facing more health issues as they age, and the extent to which prison healthcare facilitators will be able to manage this. Not only do prisoners feel they won't get the right care and provisions within the prison setting, but also that the "healthcare [team] simply doesn't care."

Dying in custody was also a major concern, both at the end of natural life, and due to improper/ ineffective care being given for prolonged illnesses. Previous negative experiences (both personal and witnessed) in relation to less serious illnesses and ailments has led to negative conjecture about what level of care would be offered in more serious circumstances; in both physical care and in maintaining dignity.

Loss of dignity depending on health situation.

Fear of dying in prison, amplified with ongoing health issues. Inconsistent approach from healthcare services.

“Family and friends” was also a theme raised by all four of the sub-groups; not just missing them, but also the pain of losing them, whether by death, losing touch during lengthy imprisonment, or contact ceasing due to convictions creating emotional trauma or causing people to be socially ostracised. Three of the four groups all independently stated that one of their main concerns with ageing in prison was “missing out on watching the kids grow up”, and no amount of phone calls, letters or visits would ever compensate for all of the actual, real time missed.

There was an interesting statement made about parents: although the fear of “losing parents” through death was a commonly shared fear, one group actually brought up how long-term imprisonment would result in the “inability to care for parents” as they age.

Loss of time with family and friends; out of the loop as their lives move on.

Although the theme of mental health came up, it wasn't to the degree we (BFNG) expected it to. There was a general concern with long-term imprisonment, mixed with the mental deterioration that comes with ageing, and prison being a ‘breeding ground’ for poor mental health, but the main concerns seemed to be based more around negative and damaging emotions; using words such as “despair”, “self-blame”, and the long-term effects of “getting lonely”. The only true mental health concern seemed to be around the fear of improper care being given to those suffering extreme (age-related) mental illnesses, such as Alzheimer's:

Conditions such as Alzheimer's not being recognised or cared for. You just can't treat someone like this the same as everyone else.

Staff training and attitudes were quite prominent on the list of concerns for ageing in prison. There was a general feeling that there is a “lack of staff training” across multiple prisons when it comes to caring for older prisoners, and meeting the specific age-related challenges that they face. A regime that must be seen to ‘treat all prisoners the same’ due to an overarching principle of fairness, actually conflicts with the fact that age is a protected characteristic under the Equality Act (2010). In order to treat older prisoners with equal dignity, respect, and freedom from discrimination, they must, in certain circumstances be treated differently, in a way that meets their specific needs. Too much emphasis on fairness (as sameness) can lead to an environment that overlooks the specific needs of an ageing population, and the need for flexibility when it comes to areas such as work placement, mobility, speed of responses, cognitive understanding, sensory deterioration (sight, hearing, etc), and general respect. This can then lead to a system that shows an inherent “lack of humanity” and where “guards don't recognise older people”.

The largest area of concern, by far, was the fear of the future. Long-term imprisonment is such an insular environment, that is “so far removed from the real world” as it changes from one generation to the next. Navigating a changed world was described as much more than a fleeting anxiety at the back of people's minds: it was a fear very much at the front.

The world changes all the time and I won't know what to expect. I fear I'll just sit in my bedroom alone all the time.

Out of step with [the] working practices of society. Fear of unknown. Fear of change. Unfamiliar surroundings.

Technology plays an important role in people's fears. With how fast technology moves forward, how reliant life now seems to be on it, and how reluctant prisons seem to be in embracing it, even rudimentary practices like shopping and banking are now alien to anyone being released from prison.

I've never even held an iPhone, but now my bank is in there as an "app"? I've never even seen an app. What is it?

Missing out on new technology. We're limited on tech now, so when we get out it will fry our brains! You will walk out and just be chucked into the face of new tech.

Even supermarkets are changing and now dependent on tech - Amazon shops with no tills, for example.

Money and employability are also major contributors to the fears of older people after prison. Those still young enough to work fear that the stigma of their convictions, mixed with the lack of up-to-date skills, will make finding employment impossible; whereas those who are now past retirement age will have no pension to depend on, due to the years of missed contributions whilst in prison.

No money in pension, lots of missed years paying in; will be left with next to nothing on release.

Jobs will be hard to obtain with convictions, hampering any attempt to catch up on pension payments.

Retirement age on release (70), conviction of sexual nature; nothing for me to drive for.

I feel like I'll have far less opportunities with work and life. I worry that my skill set will be outdated.

There was also fear and recognition of institutionalisation and all that will entail when released, both in the adjustment to independent living and the imbalance this may create in physical and mental health.

Getting used to the outside world again; bills, setting up a life, cooking own food; everyday normal things...

Having not matured mentally, prison puts your mental age in stasis.

I worry if prison as it is actually harms people more than [it] helps.

Lastly, an overall mistrust of the current parole system, mixed with the possibility of many ageing prisoners dying before they even reach that stage, led to the quite sombre fear of just "not getting out".

While the group sensitively recognised that giving everyone the same severity of sentencing regardless of age was important for victims feeling true justice had been done, it was felt that the “same severity” shouldn’t necessarily equate to the “same length” when sentencing the older generation. Giving a 25-year-old 14 years in prison (for example), although a long time, will still lead to an eventual release in early middle-age. However, a 14-year sentence given to a 75-year-old makes eventual release a very low probability, and therefore this “same” sentence length actually equates to a whole life term by proxy.

I may have only received 12 years, but at my stage of life that’s a life sentence!

Question 3: Are there any positives about ageing in prison?

The initial, instinctive answer of the majority of the group to this question was “no”, “none”. Only when pressed by the facilitators to think past this initial response could any positive possibilities be found; and these fell into the following categories:

- Education/skills
- Self-reflection/personal development
- Social living
- Work and finances
- Healthcare

By far, the biggest positive seemed to be around education and skills, such as access to education resources and funding, the space and ability to “learn new skills”, and even the free time to discover “new hobbies” like “playing an instrument” or just being “able to read more”. With prisons housing a higher than average amount of people with low numeracy and literacy skills, people can learn the basic and much needed elements, such as reading, without shame or fear of ridicule. People also noted that having time on your hands allows you to learn new skills and hobbies you may have otherwise been too busy for.

[Access to] education and lots of opportunities.

New skills - transferable skills - access to training.

Another positive was self-reflection and personal development; whether this be “acceptance of offence”, access to “support groups”, or even just being “able to slow down”.

You can calm down - get yourself on a sensible path.

An opportunity to look at things you might not [have] previously considered.

Prison saved me from myself, from spiralling out of control!

Time to work on my own personal faults; e.g. drug addiction, fitness, diet, and direction to move forward and be happy within myself.

With the isolation that sadly affects many of our ageing population in the UK, the social living element of prison was seen as another positive, especially in the context of the loss of relationships that accompanies many long-term prison sentences. Rather than living life alone, living and mixing with other inmates creates a world of constantly “meeting new people”, “more time to play games” and (which may be surprising to those outside of prison) an environment where you are “looked after more” as, although prison is no stranger to bullying, it is also a place where members of the younger generations will mix with and look after the older ones. This allows a sense of community to be built despite, and maybe because of, the hard times faced within prison walls.

It's better than a care home as you're surrounded by all ages, not just those waiting to die.

Although healthcare came out as one of the most common areas of complaint within the prison system, the ‘carers’ system came out as a major positive. Namely the facts that prison offers “free medical care on-site”, and has other prisoners employed to carry out tasks such as cleaning and meal collection for those who cannot do it themselves. When comparing this to the aged community outside, where a person could be left unchecked for days or weeks at a time, in prison there is a duty of care to ensure basic needs are met.

Having carers to help you, where outside you'd have to struggle by yourself.

It's important to note that the above quote is one person's experience. While in theory the care entitlement for those in prison is the same than in the community, access to health and social care varies hugely across the estate and this is an area that requires further scrutiny.

While positives were found, there was a general consensus that these increased within prisons of lower security levels:

Positives are greater for prisoners in lower security categories than higher; giving lower 'cat' inmates better access.

Question 4: How do you feel ageing in prison will affect family life, milestones, health, and outlook on life?

This question was purposely designed as a more specific/targeted question in the attempt to get a deeper and more personal response from the participants.

When discussing how ageing in prison would affect family life, very evident signs of pain, loss, and even guilt were visible across all four participant groups. “Missing your family”, “not seeing your family”, “growing apart from children and other family members”, and “family members die and I can't go to the funerals” may come across as expected answers to this question; whereas “makes you feel guilty”, and “they're doing a sentence too!” show a true and deeper understanding about how badly our families are also affected by the serving of long sentences.

By the time I get out my kids will be fully grown and have families of their own.

My eldest son's gone off the rails and there is nothing I can do to help him.

There was also a sombre comment about how serving such long sentences from a young age can prevent things like having your own children:

Not being able to start your own family.

Prison is cruel; it takes more away than just time!

Missed milestones was another painful and raw subject for all participants, mainly births, birthdays and celebrations such as Christmas.

Missing out on celebrating birthdays and births, along with deaths. Things that cannot be repeated and, if missed, are gone forever, like weddings.

Missing kids growing up, so there's a lot of milestones I'll miss. I don't care about my own milestones, just my children's.

Won't be able to spend the day with my son on his 18th birthday.

The responses on the subject of health, at first glance, seems to contradict with the positive responses to the previous question. However, it is important to remember that these positives were frequently based on 'always having someone around' when help is needed for illness that could occur during old age. The positive was the presence of carers rather than the more personal elements of healthcare as people age. People were concerned about the impact of "poor healthcare", "irregular medication", "health risks caused by poor access to services", and "better care in the community from the NHS than in prison".

Again, it's important to note that the above quotes are from individuals' personal experience, when in practice, access to health and social care varies hugely across the estate and with further exploration, we are confident more positive views would also be found.

Prison healthcare needs to be proactive, rather than reactive, due to the age of the population.

The final part of this question was based around how ageing in custody could affect a person's general outlook on life. The overall feelings around this subject were fear and trepidation around reintegration once released and the stigma attached to being an ex-offender within society. This leads us to ask how effective rehabilitation can be if ex-offenders are not given the chance to fully join in with society afterwards.

Worry about identification upon release.

Fear of not being accepted back into society.

Unable to do my old job from my old life.

However, one comment showed a different perspective:

Light at the end of the tunnel is 'retrain, retrain, retrain', to give me chances to start a new life.

Question 5: Should older people be given an alternative to prison? If not, should they be treated differently in prison?

We anticipated this question would be divisive within the group, and we were correct. The first part of the question, "should older people be given an alternative to prison?" appeared to split the group into two extremes of "yes" or "no".

On the "no" side of this argument, there were alternative suggestions of "secure places for aged", "under house arrest instead", "gated communities", and "tagged on curfew." However, these were very passionately shouted down with stronger statements, such as:

They have still committed a crime!

Why should a younger person suffer in prison and an older not?!

And the much stronger opinion, completely unanimous in one of the participant groups, of:

*Do the crime, do the f****g time!*

There is only one comment recorded of someone approaching from the middle ground; "yes, dependent on individual needs"; and this led us to deeper consideration of what those needs and circumstances might be.

If health is deteriorating they should be moved somewhere they'll get the help required.

If you're ill [you] should go somewhere, have carers, a home, etc.

Mentally ill people should be in an appropriate hospital.

Mixing high-risk, mentally ill, and violent people only ever causes harm. Throwing them all in prison is lazy and dangerous!

The whole group then seemed to come together in agreement on one particular element of this argument:

If you're receiving palliative care you should be able to go home.

Dying prisoners should be allowed home.

You shouldn't have to die in prison.

The second part of this question, “*if not, should they be treated differently in prison?*”, proved to be equally as divisive, seemingly following the same pattern of the younger half of participants holding a different view to the older. There was a general feeling that there should be adjustments or allowances made within the prison rules and regime to recognise the complex needs of an older prisoner, and deteriorating states (for instance, those suffering from Alzheimer's) that sadly accompanies many. However, whereas one half of the group held views like:

There should be prisons for older and prisons for younger ...or at least different wings.

Being on separate wings might make them [older prisoners] feel safer ...it would be a quieter life.

*..if you're over 60 you shouldn't be **made** to do things such as education with younger people - you should be given the choice.*

The older participants within the group held a very different view:

Just because I'm an older person, I don't feel I should be on a different wing.

I'm an active person, despite my age, so being with older people would make me fall to their levels.

Splitting the population would turn prisons into younger vs. older people. With mixed aged wings, the younger people can look after the older population.

Having older people on wings teaches the younger ones' life skills, etc.

Conclusions

In conclusion to the question of whether the current prison system is able to meet the needs of a quickly growing older population, the answer evident from this consultation would be no.

It is important to emphasise that the prisoners involved made great efforts to answer for the population as a whole, and to be as constructive as possible, listing positives as well as negatives where they existed.

A key cross-cutting issue was the need to create a prison environment suited to older prisoners. By environment we mean prison staff, prison regimes and prison facilities. Older prisoners should be in the care of people who understand them. Whilst attitude is not really something you can teach, training has merit. The current problem is that staff training covers how to deal with both the average and the unruly prisoner, but does not cover how to work with an ageing population with different mental and physical health requirements. This was summed up perfectly by an officer who said “I signed up to be a prison officer, not an old people’s home attendant”.

There is a need for operational wing officers to be trained in identifying and meeting the needs of an older prisoner. As well as training existing staff, there is also a need for physical and mental healthcare workers to be placed on wings, in order to better look after those who need it.

The healthcare regularly messes up meds, which is bad enough for the young, but dangerous for the old!

Young people will kick-off to be heard, whereas the older people will just die quietly.

A further issue is that the prison regime and the system of rules is designed to cover all age groups, but fails the older generation. The system must be seen to treat everyone the same so, therefore, staff too must be seen to be doing this. But is it really fair and humane for an older prisoner suffering the early stages of Alzheimer’s Disease, for example, to not be afforded a little flexibility regarding rules which they may no longer fully comprehend?

One of the biggest conclusions from this consultation is that prisoners do not feel that the prison buildings themselves are suitable for the older generation. There was a common consensus that not only are the cells not suitable for people with physical health complications, but neither are work or communal areas, and even though many prisons now have lifts fitted and wheelchairs available, they are often not working and in dire need of maintenance.

The [emergency] bell [system] doesn’t work, and when in need may not be reached in time.

Everything seems to be upstairs; cells, work, chapel, and even meds; and we’re asking old people, who struggle to even walk to the servery to collect their dinner, to constantly climb stairs? ...and don’t even get me started on the lack of working lifts!

It is also clear to see that, although maintaining family contact is viewed as essential for rehabilitation, and despite the rollout of in-cell phones and virtual visits, a lot more still needs to be done. Phone calls seem such an easy solution to maintaining contact, but the cost of calls

when looking at an average prisoner's weekly income (let alone the £3.50 of a retired prisoner) is still far too expensive to make enough meaningful calls. It is clear that this does not reproduce the actual contact needed in maintaining a relationship of any real value; especially when it comes to parent/child relationships and the pain and damage prison causes to both sides of that equation. Contact that better replicates "real-life" is what's needed to maintain real family ties, and this is an area that needs further exploration.

When talking about change, cost is generally always the main barrier. But we are living in a time where the Government has committed to building 20,000 new prison places by the mid-2020s.¹⁶ So, with an older prison population rapidly growing, now is the time to make the changes necessary to ensure these new places are built to better care for older people being held in them.

The core messages

Although the questions resulted in a wide array of subjects being covered within the focus groups, five core messages were clearly evident:

Missing out on a generation of life and its milestones has consequences

The majority of consultees faced missing out on a whole generation of their lives due to the length of their sentences: their youth, middle adulthood or old age. These phases of life are marked by milestones such as forming relationships, births and deaths of loved ones, building careers, gaining wealth and financial security, parenthood, and psychological maturation. People described in poignant detail how ageing in prison separates them from these generational milestones. Not sharing important events with family, or not being able to have a family were both painful aspects of ageing. People spoke of remaining 'stuck' mentally, unable to mature through exposure to life experiences, as they would in the community. Older prisoners were acutely aware of the social and economic capital they had not built, potentially leaving them vulnerable in old age. This passing of time with no milestones along the road led to powerful feelings of guilt, fear and despair. This 'generational loss' needs to be better understood by prisons, with people given support to 'make sense' of the phase of life they must navigate in prison, and be able to take part in milestones as much as possible.

Prisoners fear growing old – in prison or outside it

People described how being an older (ex)prisoner created particular vulnerabilities that they feared. In prison, they feared not receiving proper healthcare, and many consultees spoke of the health problems of older prisoners being ignored. This was either through neglect of care for specific health problems, or the unsuitability of the prison environment for older prisoners who need extra help. People described witnessing older prisoners being less able to advocate for themselves when their health was neglected, and fear of death in prison not only from natural causes, but from medical neglect.

But people also feared being an older ex-prisoner *outside* prison, where they felt their healthcare needs might be better met, but their social needs would not. They described fear of being 'doubly stigmatised' in the community for being both old and an ex-prisoner, leading to difficulties sustaining themselves in old age through work. They also pointed to the issue of being unable to contribute to their pensions while in prison, creating further economic worries. Altogether, ageing in prison created fears that centred on quality of health and social care, but with healthcare a bigger concern inside prison, and social care outside of it.

¹⁶ Frazer, L. (2021). Autumn budget and spending review 2021. HC 822. House of Commons.

Prison needs a proactive regime of geriatric healthcare, and adapted regimes for older prisoners

People were clear that in-prison fears could be addressed via the development of a proactive regime of geriatric healthcare, which was preventative as well as reactive, and part of an adapted regime for older prisoners. Some suggested adaptations were straightforward, such as making sure all areas of the prison are physically accessible to older prisoners, and retrofitting cells with physical aids. Others were more psychological in nature, and centred on the need for recognition that treating everyone the same in prison can in fact disadvantage older prisoners. Several people noted the unfairness of expecting prisoners with Alzheimer's to understand and conform to the myriad of prison rules, and how specific rules such as mandatory work or education attendance did not reflect the phase of life that older prisoners were in. The distress of ageing in prison could be eased for older prisoners if regimes were viewed through the lens of health in older people, and if staff received sufficient training in the needs of older prisoners.

Ageing prisoners can find hope and solace in self-development, and in community

Similarly to people in the community, people described finding hope and solace as they age, in opportunities to learn, grow, and in 'having people around'. This was both reassuring in case of an acute health issue, and in maintaining a sense of community, which combatted isolation. People were clear that these were solaces rather than benefits, but their views did indicate that there are some ways to foster ageing well in prison even under difficult circumstances.

Nobody should die in prison

Our consultees varied greatly in their opinions on whether older prisoners should live somewhere separate to younger ones—whether that was a different wing or part of the prison, or somewhere secure in the community. People recognised that this may meet the needs of older prisoners better, but they also cited the moral argument that younger prisoners should not be expected to tolerate more suffering due to *their* age. Older prisoners also liked living alongside younger ones. The one point that everybody agreed on was that nobody should die *in* prison, and that reception of palliative care or being otherwise near to death should always be grounds for compassionate release.

Recommendations

To achieve a prison system that is better suited to meet the complex needs of an ageing population, we present recommendations made by a cross-section of long-term prisoners currently detained within it:

HMPPS should develop an ‘Age-Related Flexibility’ policy framework. This should involve assessment of a person’s physical and mental state, and how these impact their ability to adhere to prison regimes and rules. This should be used to decide on a flexible, age-appropriate response to accountability for regime engagement and rule breaking, and provision of extra support.

HMPPS should introduce ‘milestone days’ to allow prisoners to commemorate significant life events. This includes ‘significant’ birthdays (18, 21 and multiples of 10) of themselves and loved ones, anniversaries, completion of qualifications, and any other personally important life milestones. Days should include enhanced visits with loved ones for joint meaningful commemorations, and access to resources which facilitate meaningful commemoration, such as being able to cook.

HMPPS should offer age awareness training to all operational prison officers. This would allow them to identify, understand, and meet the needs of an older generation; thus facilitating the treatment of people with dignity and humanity.

HMPPS should ensure there is more wing-based specialist care available for older prisoners in line with recognised standards of geriatric care, and a tighter level of monitoring and accountability on healthcare practices with older people.

HMPPS should do more to ensure prisoners can maintain real family ties. This should include cheaper phone calls, in recognition of the fact that the average weekly income for a retired prisoner is just £3.50, and generally maximising opportunities for communication.

HMPPS should build/retrofit cells and prison buildings with the needs of an older generation in mind. This should include more effective, emergency bell systems, ground floor facilities, working and well-maintained lifts, and other aids.

HMPPS should research the feasibility, consequences, and possible benefits of separate housing blocks for members of the older generation, or separate prisons entirely. Any option to be housed separately should be entirely a voluntary choice for the prisoner, not a mandatory allocation.

HMPPS should look into changing the current categorisation system to reflect age-related disability; allowing a higher use of Category C and Category D prisons for older people rather than high security Category B prisons.

HMPPS and the Department for Work and Pensions should find a financial solution that allows prisoners to better support themselves once released. This could be continuation of pension payments, or higher wages for prison work to allow personal savings.

Nobody should die in prison. HMPPS should extend the use of compassionate release for extremely ill and infirm prisoners, either to the community or to secure care.

HMPPS should publish a strategy on managing ageing in prison, with clear principles, actions, targets and governance for improving the lives of older prisoners and managing the ageing process for all prisoners with dignity and humanity.

Above all, see the **human** behind the prisoner.

Thank you for taking the time to read this report
The Building Futures Network Group
Report #2 – Ageing – May 2024

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The Building Futures Network was launched in 2021, following a successful funding application by the Prison Reform Trust, to explore the challenges faced by prisoners serving long custodial sentences of 10 years or more.

HMP Rye Hill is one of eight Building Futures working groups. Members of this group contribute significantly to shaping policy and embrace the opportunity to engage in national discussions on the impacts of long-term imprisonment. They are grateful that their voices are being heard and considered.

This report examines the issue of an ageing prison population, highlighting prisoners' concerns and offering recommendations to address this growing problem.