
WHO CARES?

A FOLLOW-UP REVIEW OF THE LIVED
EXPERIENCE OF OLDER PRISONERS
IN SCOTLAND'S PRISONS 2020



WHO CARES NOW?

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A THEMATIC STUDY CARRIED OUT BY HER MAJESTY'S INSPECTORATE
OF PRISONS FOR SCOTLAND

“What does growing old in prison mean for you?”

“Seeing your young life passing by you, year after year. You come in a young man with all your hopes, but each year that you spend in jail you drift from family and friends until one day you find that you have grown old and have no one. You're all alone with nothing to look forward to.”

“By the time I am released I will have been in prison for 36 years. All the world I knew is gone, I have no family or friends and am now an old man. I am going to be very lonely and fear this. Everything I know is gone, how in God's name am I going to manage? Yes, I really want to be set free from prison, it's just the fear for my unknowing future in this new society I will be going to live in.”

ACKNOWLEDGEMENTS

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1. FOREWORD BY HMCIPS

This follow-up review follows on from our 2017 report “Who Cares? The Lived Experience of Older Prisoners in Scotland’s Prisons” which drew heavily on the older prisoners’ expressed views. I want to highlight here some of the differences, and continuities, which we found; the changing context in terms of institutions and attitudes; those things the SPS have achieved, and some of those we anticipate require more work in the future.

The 2017 report made reference to the growing number of older prisoners in custody which had ‘increased in one year by a fifth’. Three years later in 2020, the number of older prisoners in Scotland’s prisons has further increased by 46%.¹ This is a rise from 280 prisoners in custody over the age of 60 in 2017, to 405 prisoners over the age of 60 in 2020.

This stark increase shows that the prison population is changing in Scotland and some decisive action is required to meet the complex social care and rehabilitative needs of this population.

In contrast to 2017, the majority of prisoners we spoke with for this review stated that they would prefer to live with people their own age. The predominant reasons given were that their needs were very different, they had little in common to talk about with younger prisoners and did not express the view that mixing with younger prisoners kept them socially and mentally active.

The pressures of trying to find suitable accommodation is even more challenging than it was in 2017, as the number of older prisoners with mobility issues has continued to grow. This report recognises that the population pressure on the prison system as a whole, only temporarily eased by the restricted court activity and Early Release Scheme introduced in response to COVID-19, clearly restricts the access to accessible cellular accommodation.

¹ All population figures are correct in February 2020

1. FOREWORD BY HMCIPS continued

Access to offending behaviour programmes for this group of prisoners was reported in 2017 as particularly difficult, with many prisoners saying that they did not wish to be transferred a long distance from their 'home' establishment. Some 95% of this population did not take part in offending behaviour programmes. This has a consequential effect on those applying for parole and progression, creating a bottleneck in closed prisons and importantly indicates that people being released into the community may not have undertaken any programme work to reduce their risk.

Access to healthcare has always been perceived as particularly important to this age group of prisoners. The reports from prisoners also stressed the requirement to review how daily life working practices need to change to support this group, for example indoor exercise opportunities, travelling to visits which can be geographically distant from residential areas and even accessing healthcare appointments. Moreover, prisoners reported that significant differences occurred across Scotland, particularly in healthcare. The review notes that a great deal of work has been developed and progressed with this age group in some prisons but the same progress was not apparent in every prison and gaps, particularly in healthcare services, were reported across Scotland by many of the prisoners interviewed.

The challenges facing the SPS, NHS Scotland, and Social Work partners are significant for managing this age group, but it is commendable that innovative work has been achieved locally and nationally against many of the recommendations contained within the 2017 report.

The plans in place for the new Women's National Facility and the Community Custody Units are an excellent example of where the SPS Estates Team and the Women's Strategy Team have worked together to ensure that the new prison and custody units include facilities, services, and activities for older prisoners.

In addition, there has been a recognition by the SPS that further future accommodation and service provision will take into account this ageing population. The SPS Estates Team are currently considering a range of design issues for new or refurbished prisons; how people are transported

1. FOREWORD BY HMCIPS continued

around for visits, increasing the size of shower areas and cell doors, as well as reviewing emergency lighting requirements for new prisons.

Improvements in understanding palliative care needs and end of life care have been developed locally through training, experience, and knowledge of working with this group of prisoners. It has been acknowledged in a number of prisons that there is a need to dignify end of life care by taking progressive steps which reflect society norms. There has also been good work undertaken to train staff in dementia awareness in partnership with Alzheimer Scotland and the NHS.

Relationships with SPS staff were seen as very positive by the majority of prisoners in this population, who were mostly grateful for the support that they were given in their lives. Personal care staff were also highly valued and appreciated by prisoners. Nevertheless, we encourage the SPS to fully embed a culture that responds to the additional needs of older prisoners in relation to everyday life, for example the time taken to reach visit rooms, heightened anxiety for feedback on requests for healthcare appointments, and their contrasting fears of dying in prison or being unable to cope on release in a vastly changed world.

I look forward to the outcomes from the Health and Social Care in Prisons Tests of Change² evaluation, and the expectation that any subsequent review will find a consistent picture equivalent to the provision in the community.

Finally, I would like to thank the prisoners who contributed to this follow up review, and the management and staff of the SPS and NHS for their assistance and support for making this review possible, and in particular HMIPS Thematic Lead, Paula Arnold.

Wendy Sinclair-Gieben
HM Chief Inspector of Prisons for Scotland
9 February 2021

² <https://socialworkscotland.org/projects/health-social-care-prisons/>

2. BACKGROUND INFORMATION

Health and Social Care in Prisons

There is a growing recognition that an ageing prison population will have healthcare, personal care and support needs comparable to the community. Providing care and support in a prison setting has a number of challenges, and as the population who need care and support grows and grows older, it was recognised that this needed review and evaluation.

In 2018, the Scottish Government established the Health and Social Care in Prisons Programme Board (the Programme Board) under the auspices of the Health and Justice Collaboration Board. The “Who Cares?” report was one of the key drivers for establishing the Programme Board, with the aim of driving improvement in health and social care in prisons by removing structural barriers to delivery. Members of the Programme Board include NHS Boards, Integrated Joint Boards, the SPS, the Convention of Scottish Local Authorities (COSLA), and the Criminal Justice Voluntary Sector Forum.

Under the Programme Board, a Tests of Change Project³ was initiated to provide greater assurance that the health and social care needs of prisoners, including the needs of older people will always be properly met, without being hindered by organisational boundaries and accountability issues. The policy intention is that health and social care partnerships that deliver care in the community should do so in prisons, to ensure equitable quality of service and better support in the transitions in and out of custody. The programme had three phases:

3 <https://socialworkscotland.org/projects/health-social-care-prisons/>

2. BACKGROUND INFORMATION continued

Phase 1: Analysis and review of current arrangements: by June 2018

The University of Dundee was commissioned to carry out this phase, which took stock of existing arrangements for delivering social care in Scottish prisons in order to provide a clear basis for developing new approaches. The outcome was a report for the Health and Social Care Integration Workstream of the Programme Board that had 17 areas of focus for recommendations. Key themes included human rights, equality and diversity issues, the role of social work in prisons and the impact of prison on people with disability and long term conditions.⁴

Phase 2: Developing models: by March 2019

Informed by the research, this second phase concerned developing a new approach to delivering health and social care and support in prisons. It considered suggestions for roles and responsibilities, commissioning and procurement models and estimation of the costs.

Phase 3: Testing models: by March 2020

Six tests of change were established in HMPs Low Moss, Greenock, Shotts, Perth, Castle Huntly, and HMP YOI Grampian to enable the Programme Board to evaluate the potential models for integrated health and social care provision in prisons. The evaluation was to consider the business and regulatory impact of the change on partners and the context of the wider population of people accessing care and support services, with a view to rolling new models out across all prisons.

⁴ [A New Vision for Social Care in Prison Report.](#)

2. BACKGROUND INFORMATION continued

Each test of change was to deliver a data set and an evaluation report which would be used:

- To deliver a report to the workstream making organisational and practice recommendations regarding the future delivery of health, adult social work and social care in prison.
- As supporting evidence in the national strategic needs assessment commissioned by the Scottish Government from Alma Economics.
- To inform the financial modelling due to be undertaken by the Scottish Government analysts.

The original timeline was that the data and evaluations from all the tests of change would be available for analysis from June 2020. However, the June 2020 report indicated that the review had been halted during the COVID-19 pandemic. <https://socialworkscotland.org/wp-content/uploads/2018/04/Project-Briefing-Note-0620-v0.3.docx>

The Health and Social Care in Prisons Programme itself was paused in March 2020 as part of the response to the COVID-19 pandemic. Work has begun to review the approach to the programme which will take account of changes in the wider strategic context within which this work is being delivered.

On 1 July 2019, a new Scottish Prisoner Care Network was established. This has since been renamed as the National Prison Care Network (NPrCN), and continues to work in partnership across traditional, organisational, and geographical boundaries to realise a programme of work that supports the delivery of health and social care in a prison setting. Since moving to the Strategic Network Team in National Services Division, NHS National Services for Scotland in June 2019, the Network has undergone an extensive restructure. The new structure is designed to deliver a national strategic partnership approach with a renewed emphasis on person centred care shaped by healthcare professionals, partners and lived experience. A new governance structure, with authority to drive service improvements and strive for national consistency in health and social care delivery, has also been approved.

3. EXECUTIVE SUMMARY

“Who Cares Now? A Follow-up Review of the Lived Experience of Older Prisoners in Scotland’s Prisons” has been undertaken three years after the initial “Who Cares?” review report was published by HMIPS in 2017.

This follow-up review brings the 2017 report up-to-date, provides information on the demographics of older prisoners, the challenges that this brings to Scotland’s prisons, as well as the current views of prisoners on growing old in prison, and notes the key continuities and differences:

- Growth in the older prison population.
- Lack of suitable accommodation exacerbated by overcrowding.
- Consistency in access and provision of health and social care.
- Relationships with staff generally remain positive, although with some concerns about whether the specific needs of older prisoners are always recognised.
- Relationships with families remains challenging.
- Location and cell sharing with others, where the views of older prisoners have significantly changed.

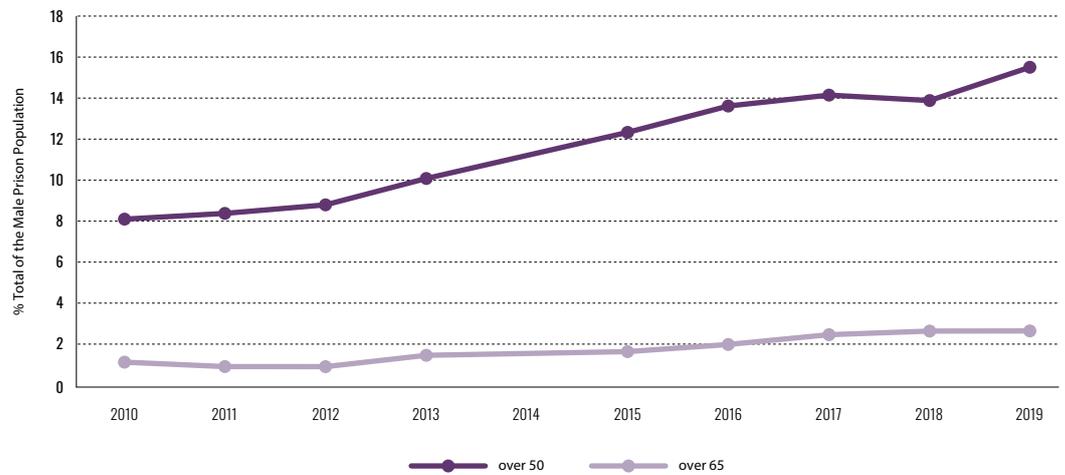
The number of older prisoners is growing, with a 46% increase in this age group since the original report was published in 2017.

Longer prison sentences and a rise in the number of those convicted of serious and organised crime and historical sex offences are part of the reason for the rise in this population.⁵

⁵ The number of men aged 50 and over in Scottish Prisons as a percentage of the total male prison population in Scotland between 2010 and 2019 (2010-2014 data), Scottish Government Prison Statistics. Prison statistics not available currently beyond 2014, 2015-2019 numbers taken from Prison Records System (PR2)

3. EXECUTIVE SUMMARY continued

Table 1: Rise in prison population for prisoners aged above 50



This follow-up review highlights that there has been some welcome improvements in the care of older prisoners, but this varies from prison to prison.

The pressures of a rising older population make providing appropriate accommodation an everyday challenge for the staff who are trying to support and care for this cohort.

The lack of accessible cells for those with disabilities across Scotland is matched to the reality that some of Scotland's prisons are simply not designed or equipped to deal with this age group. As an example, the Victorian prisons or buildings rarely contain lifts and often have steep narrow stairwells unsuitable for older and less mobile prisoners.

Consequently, staff struggle to accommodate the numbers of prisoners requiring location on a ground floor or provide access to the facilities for health and purposeful activity. This adds to the strain on a prison system which until very recently was seriously overcrowded and is already becoming overcrowded again.

3. EXECUTIVE SUMMARY continued

There are perceived gaps in health and social care for this population, with some prisoners reporting lengthy waiting times to see a healthcare professional or have adaptations provided. Conversely, in other establishments healthcare has been seen as award winning, meeting the needs of older prisoners. Personal care staff were consistently seen as helpful and professional throughout the service.

“The ageing population has left prison officers providing care for a growing number” – POA⁶

The review raised concerns about the availability of personal care, and the fact that prison staff are asked to perform the role of carers for older prisoners together with more traditional prison officer duties. There were concerns raised that this was not a sustainable model with the rising population of older prisoners. However, the review has highlighted that relationships between staff and this population are generally very good, with positive steps being taken by staff to accommodate their needs.

In particular, positive and optimistic feedback was provided by prisoners in HMP Castle Huntly (the Open Estate) and HMP Greenock in relation to the Personal Officer Scheme. Prisoners felt that there was time awarded by staff to make plans and work towards community integration.

Unfortunately, the majority of prisoners reported that relationships with family have not been maintained. Many said that because of the length of their sentence, some family had passed away and prisoners reported that they did not wish to be a burden.

⁶ <https://www.bbc.co.uk/news/uk-england-50082036>

3. EXECUTIVE SUMMARY continued

The biggest contrast to the 2017 report was the views of prisoners in relation to location and accommodation. In 2017, it was reported that none of the prisoners involved in the review wished to be solely located with elderly prisoners. Three years later, 69% of prisoners in this age group stated that they would prefer to live with people their own age. The main reason provided was the difficulty in sharing a cell with a younger prisoner with whom they had nothing in common. There was a strong expression from a range of prisoners that they would prefer to be located with people of a similar age or disability with a shared understanding of the issues.

Perhaps not surprisingly, many older prisoners were worried about the future, fearing they will die in prison and not see the outside world again or not be able to deal with a changed world on release. More work may be needed to address the specific mental health and resettlement needs of older prisoners.

4. METHODOLOGY

This research is a follow-up review to the previous 2017 report on “Who Cares? The Lived Experience of Older Prisoners in Scotland Prisons”,⁷ and it was necessary therefore to again determine the number of prisoners aged 60 years and over.

The SPS⁸ provided demographic details of those in custody aged 60 years or over across all prisons at the start date of the review process. In total, this amounted to 405 prisoners over 60 years old at the beginning of 2020, with the greatest concentration located in HMPs Barlinnie, Edinburgh and Glenochil.

The 2020 statistics provided by the SPS revealed that the Scottish male prison population over 60 years was 396, and the female population aged 60 years or over was nine. Compared to the 2017 report, the number of prisoners aged 60 and over had increased by 46%.

For this review, 10 of the original cohort participants, which represents 16% of the previous sample, were surveyed again to find out if any changes or improvements had been made since the report was published in 2017.

In addition to the original cohort, 29 new participants were selected to be interviewed or complete a survey. Two focus groups also took place, one in HMP Castle Huntly and one in HMP Greenock.

The study used semi structured interviews and questionnaires. These methods allowed the Research Team to gather both quantitative and qualitative data for thematic analysis.

The use of open ended questions allowed prisoners to express in their own words, their feelings and opinions about life in prison.

⁷ Her Majesty's Inspectorate of Prisons for Scotland (HMIPS) (2017) Who Cares? The Lived Experience of Older Prisoners in Scotland's Prisons. Retrieved 2 August 2018 from: <https://www.prisonssinspectoratescotland.gov.uk/publications/who-cares-lived-experience-older-prisoners-scotlands-prisons>

⁸ Scottish Prison Service: Official Statistics

4. METHODOLOGY continued

HMIPS was present to discuss the answers that prisoners had provided, and to conduct the subsequent interviews. All 39 of the individuals who were asked to be interviewed or complete a questionnaire did so, representing a 100% response rate.

In addition, semi structured interviews were used to interview NHS and SPS staff in order to identify whether effective changes in the treatment of older prisoners in Scotland had been implemented since the 2017 report.

The following sections of the review presents the information gained from the qualitative interviews, focus groups, and questionnaires with SPS staff, prisoners and NHS colleagues across SPS prisons.

Quantitative information was also gained within the questionnaires from prisoners and this was used to analyse levels of activity and personal care being delivered to the cohort group.

The five themes from the 2017 report were contrasted within this review and are discussed at the end of each section. It is important to note that the biggest change within this group of prisoners was their opinion about being located together rather than being mixed with younger prisoners.

5. OVERVIEW OF COHORT

Tables 2, 3, 4 and 5 below give a comparison between 2017 and 2020.

Table 2 Age breakdown of respondents 2020

Age	Number	%
60-64	9	23%
65-69	12	31%
70-74	10	26%
75-79	4	10%
80-84	2	5%
85+	1	3%
N/A	1	3%
Total	39	100%

Table 3 Age breakdown of respondents 2017

Age	Number	%
60-64	70	44%
65-69	53	33%
70-74	20	13%
75-79	11	7%
80-84	4	2%
85+	1	1%
Total	159	100%

Sentence Length

Table 4 Sentence length breakdown of respondents 2020

Age	Number	%
Remand	1	3%
0-6 months	1	3%
7-48 months	9	23%
48 months+	15	38%
Life	10	26%
N/A	3	8%
Total	39	100%

Table 5 Sentence length breakdown of respondents 2017

Age	Number	%
Remand	5	3%
0-6 months	5	3%
7-48 months	32	20%
48 months+	75	47%
Life	29	18%
Recall	6	4%
OLR	5	3%
No reply	2	1%
Total	159	100%

Gender

Table 6 Gender breakdown of respondents 2020

Gender	Number	%
Male	36	93%
Female	3	7%
Total	39	100%

Please note that percentages in these tables have been rounded and may not total 100%

6. RELATIONSHIPS – WITH FAMILY AND STAFF

For the vast majority of prisoners that took part in this review, 54% did not receive any family visits. The main reasons cited by the prisoner group were:

- loss of family contact over the years that they have been in prison
- their family had disowned them
- their family had passed away
- they did not wish their family to see them while they were inside
- they felt they might be a burden on their family

“Lost all contact with family. I let them get on with their lives, I didn’t want to be a burden....”

Many prisoners feared that they would have no one to go out to when released. There was a sense of wanting to be released, but a real fear of what this holds in terms of loneliness and isolation compared to the community of the prison environment, where there was at least daily social contact from both staff and prisoners. This gave some prisoners a sense of community and socialisation as they had hobbies and similar interests in common with each other.

Relationships with Family

Relationships with family were still very important to some prisoners, and if contact with family had been lost it was clearly hard to bear. Table 7 below shows the low number of prisoners within the cohort who received family visits, and that 54% of the 39 respondents reported never receiving a family visit.

6. RELATIONSHIPS – WITH FAMILY AND STAFF continued

Table 7 Frequency of family contact

Frequency of family visits	Number	Percentage
Weekly	6	15%
Fortnightly	4	10%
Monthly	4	8%
Yearly	5	13%
Never	22	54%

“Simply accepting my sentence and trying hard to accept that I will never see my family again.”

“I want to get back home and get settled. My wife is in a shelter home, I phone her every day to make sure she is fine.”

Prisoners were asked if prisons took any actions to support maintaining contact with family and friends. Although some prisoners thought family support was in place, it was less clear whether age specific support for older prisoners was always available.

Prisoners were also asked if there had been any developments to encourage improvements in family visits since 2017. The responses to this question were mixed but did concentrate on restrictions to family contact:

“I had a serious breakdown of contact with family when I had a heart attack, couldn’t contact them to get information to them about my stay in hospital (four days).”

“None. There are more restrictions ... Got into trouble for picking up my grandchildren, accused of smuggling drugs.”

6. RELATIONSHIPS – WITH FAMILY AND STAFF continued

Relationships with Staff

Relationships between SPS staff and prisoners were reported as being very good in the vast majority of cases, and this was stated by both SPS staff and prisoners. Some prisoners felt that staff went out of their way to help them. One prisoner commented on how his life was saved while having a heart attack by a member of staff, to whom he will always be grateful.

“Yes, they saved my life.”

Staff and older prisoners said that there was a much higher degree of respect for each other, as tension was not present with this group. There was a general feeling that relationships between staff and older prisoners had improved over the years. There was genuine appreciation by prisoners for the requests that were carried out by SPS staff, which was commented on by one prisoner who knew how much relationships had changed, having been in custody for 35 years.

“I am serving life and have been in 35 years, I remember how staff once were like and must say that all the staff are 100% better than they were.”

“Compared to the old days, there is a big difference, no one spoke with you, now you get a say.”

Although relationships with staff were generally very positive, there were still issues that caused frustration.

6. RELATIONSHIPS – WITH FAMILY AND STAFF continued

One such issue that older prisoners brought up a few times, was when staff 'forgot' to call the Health Centre, or remember a request to ask about healthcare for them that they said they would do. This was important to this prisoner group. There was understandable frustration at not knowing if they had an appointment with the Health Centre, or being able to check if their results were back, or even find out if they were listed to see a health professional. This created additional anxiety and exacerbated feelings about loss of control.

“Good relationships with the majority of staff, but feel some could be more helpful when I require assistance or help, some can't be bothered.”

Summarising the responses

In relation to the recommendations from the original report about relationship building, it was a mixed response from the prisoner group with recognition of some positive developments, but with clear room for further improvement.

It was commented upon by prisoners that the staffing shortages affected them, particularly in relation to enquiries made to staff regarding their medical care and treatment. Prisoners also reported that staff shortages affected the regime and the amount of time that they were locked up in their cells.

7. RECOGNISING THE DIFFERENT NEEDS, INTERESTS AND CONCERNS OF OLDER PRISONERS

Issues that were highlighted included the distance in most establishments to the visit room and, if the ground was uneven, prisoners reported that they were frightened of falling. There was also nowhere en route to the visit room to stop for a toilet break if required and, as many prisoners reported, their pace of walking was slow and they felt that they slowed everyone else being taken down who were keen to get to the visit as quickly as possible. Prisoners felt that the prison regime did not take into account the longer time required for mobility issues or the need for frequent toilet breaks.

The distance to travel to exercise and activities, and fear of falling on uneven surfaces also contributed to older prisoners being more reluctant to make use of these options. It meant that in some prisons this age group did not access much recreation out with their hall and, in some cases, there was no alternative inside exercise or recreation. However, although 59% of the respondents felt their concerns were considered, the overwhelming response was that there should be better awareness of the problems relating to age.

“Young prison officers treat older prisoners the same way as younger prisoners. There is a lack of understanding what elderly needs are, they need to be educated.”

7. RECOGNISING THE DIFFERENT NEEDS, INTERESTS AND CONCERNS OF OLDER PRISONERS continued

Tables 8 and 9 below – responses to questions concerning recognition of needs.

Table 8 Older prisoners concerns considered

Older prisoners concerns considered	Number	Percentage
Yes	25	59%
No	7	18%
Sometimes	2	5%
N/A	7	18%
Total	39	100%

Table 9 Older prisoner treatment compared to younger

Older prisoner treatment compared to younger	Number	Percentage
Better	9	23%
Worse	6	15%
The same	22	56%
N/A	2	5%
Total	39	100%

“I don’t think younger and older prisoners should be treated the same, they have different needs, it is a matter of recognising and understanding the different needs of elderly and young people.”

7. RECOGNISING THE DIFFERENT NEEDS, INTERESTS AND CONCERNS OF OLDER PRISONERS continued

Table 10 Prisoner perceptions on whether staff were trained to deal with older prisoners

Are staff trained?	Number	Percentage
Yes	10	34%
No	18	62%
Some	1	3%
Total	29	100%

“The prison is not well equipped for older or infirm prisoners. I am registered disabled so the NHS say I need someone to carry my meals for me but at the prison, they do not allow someone to do it for me.”

As Table 11 below indicates, prisoner responses to accessing activities demonstrated a disproportionate number of older prisoners never accessed activities.

Table 11 Older prisoners’ involvement in activities and programmes

Activity	Daily	Weekly	Fortnightly	Monthly	Yearly	Never	Total
Work	46%	3%	0%	0%	0%	51%	100%
Education	5%	15%	0%	0%	0%	80%	100%
Library	10%	26%	0%	13%	0%	51%	100%
Faith-based services	5%	10%	0%	0%	0%	85%	100%
Visits	5%	13%	5%	10%	8%	59%	100%
PT	8%	5%	0%	0%	0%	87%	100%
Outside exercise	15%	13%	0%	10%	0%	62%	100%
Offender programmes	0%	3%	0%	3%	0%	95%	100%
Community visits	0%	0%	0%	5%	3%	92%	100%

7. RECOGNISING THE DIFFERENT NEEDS, INTERESTS AND CONCERNS OF OLDER PRISONERS continued

“Most older people are reluctant to go outside, especially in inclement weather, need another form of exercise to allow people to still move around.”

“Open learning has made a major difference in my life ... something going on in my mind.”

Summarising the responses

There were mixed views throughout the prison estate in relation to staffing attitudes; some prisoners were clearly frustrated about being treated the same as younger prisoners when their needs were quite different, and felt their distinctive needs were not recognised. Conversely, however, some prisoners felt that staff went out of their way to make more time for them and respond to their individual needs.

It was reported by some prisoners that they felt prison staff were too busy to help them make pre release plans when they were in closed conditions. However, upon arriving at HMP Greenock Top End and HMP Castle Huntly at the Open Estate, prisoners reported that staff were especially helpful as personal officers, and spent time talking to them and working with them on any issues that they required assistance. Encouraging access to activities and allowing for their complex needs requires understanding and a careful analysis of the barriers to activity.

8. LOCATION AND ENVIRONMENT

The “Who Cares?” 2017 report indicated that none of the prisoners wished to be located solely with elderly prisoners and they would rather be located in a mixed age environment. In contrast, the 2020 review found that there had been a marked shift in thinking from this age group, and 69% now thought that they would like to live with the same population age group. However, prisoners in single cell accommodation in both HMP Greenock and HMP Castle Huntly reported that they were content to be located with a mixed age group mainly because of the single cell accommodation.

HMP Greenock are at the early stages of scoping a proposal to change the use of one of the Community Integration Units which currently holds short term prisoners. The ground floor of the unit has four rooms and a wet room which would be suitable for disabled or older prisoners.

In recognition of the rise in the older population and consequent care needs, HMP Glenochil are currently working on a proposal to build a 40 bedded unit within the grounds of the establishment for older prisoners.

Table 12 Preferences to live with people of own age

Prefer to live with people own age	Number	Percentage
Yes	27	69%
No	11	28%
Don't know	1	3%
Total	39	100%

Table 13 Suitability of prison environment for age group

Prison well equipped	Number	Percentage
Yes	10	34%
No	17	59%
Didn't answer	2	7%
Total	29	100%

8. LOCATION AND ENVIRONMENT continued

“Natural to want to be with people your own age, it is who you want to interact with.”

“Over 60 activities as a group are not available, apart from the summer bowling which is well attended.”

“Dangerous situation for older prisoners getting into bunk beds.”

Discussion on what it would be like to share a cell with a young prisoner provoked these responses:

“Too noisy, drugs, food fights.”

“Use walking sticks outside but not in prison, they attract attention.”

Several prisoners noted that older prisons were not suitable for older prisoners:

“The building is old, the doors are small.”

Older prisoners aren't an escape risk. Still need to be held in custody but not necessarily in the levels of security needed for other prisoners due to their physical capabilities.”

“Many prisons were built during Victorian times to house men in their peak fitness.”

8. LOCATION AND ENVIRONMENT continued

Summarising the responses

The majority of prisoners felt that prisons in Scotland were not on the whole equipped to cope with this age group, and that there were particular physical difficulties with living in older Victorian prisons designed for a different demographic.

In addition, the dislike for cell sharing with someone much younger who they did not have anything in common with was universally expressed. Single cell accommodation mitigated some of the mixed age group concerns, particularly in the National Top End and Open Estate.

However, there were other less obvious difficulties related to location, such as the distance from the public transport options to the prison inhibited visiting by elderly relatives. HMP Castle Huntly's bus stop is located at the end of the drive with approximately a one mile walk to reach the prison, and the option to use a taxi was prohibitively expensive. Prisoners, however, reported that the Home Leave Scheme helped with this, as they could travel to be with their families rather than have families visit them.

HMIPS welcomes exploration of options to expand the availability of appropriate accommodation for older prisoners, given the likelihood of the continued rise in the number of older prisoners.

9. MEDICAL PROVISION AND PERSONAL CARE

Common medical problems that prisoners reported were mental health, heart problems, eyesight and hearing loss, and sore backs.

Most prisoners reported that walking on a flat surface was not problematic indoors but, as previously discussed, walking outside was difficult if the floor was uneven which inhibited them from taking outside exercise or accessing visits and activities out with their residential area.

Perhaps not surprisingly, there were very significant differences between prisoners in attitudes to growing old in prison, the level of medical and personal care provided, and the availability of support and equipment. Prisoner responses:

“I am in no way daunted by growing old in prison, the care offered to older prisoners has changed over the years, massively improved. The attitude of staff has changed; they are not judgemental.”

“Do you expect to get out? I don't expect to survive”

“Medical care is a disaster, we don't have a healthcare service, we have an addiction service.”

“It has proven impossible to acquire my required sleep respiratory equipment from my home, some half-hearted promises that it will be looked into but four months later, nothing further has been heard or progressed.”

9. MEDICAL PROVISION AND PERSONAL CARE continued

Tables 14 and 15 below indicate the reality within the respondent cohort that either had cell adaptations or aids to assist them to manage their lives in prison.

Table 14 **Number of respondents indicating cell adaptation**

Cell adaptations	Number	Percentage
Yes	4	10%
No	35	90%
Total	39	100%

Table 15 **Number of respondents requiring any mobility aids**

Aid	Number using aid	Percentage using aid
Walking stick	10	26%
Zimmer frame	2	5%
Wheel chair	5	13%
Shower seat	8	21%
Hand rails	8	21%
Other	1	3%
Any aid	15	38%
Total	39	100%

9. MEDICAL PROVISION AND PERSONAL CARE continued

Table 16 below indicates the respondents' attitudes to daily activity with many respondents recording no difficulty or minor difficulty in contrast to the verbal responses.

Table 16 **Difficulty experienced with daily activity**

Activity	No difficulty	Minor difficulty	Serious difficulty	Unable to do	Total
Eating	87%	10%	3%	0%	100%
Washing/ showering	77%	15%	5%	3%	100%
Dressing/ undressing	85%	10%	5%	0%	100%
Walking upstairs	54%	23%	15%	8%	100%
Walking on a flat surface	82%	15%	3%	0%	100%
Getting in and out of bed	77%	15%	5%	3%	100%
Getting to the bathroom	92%	8%	0%	0%	100%
Managing my medication	92%	8%	0%	0%	100%
Using the telephone	95%	5%	0%	0%	100%
Keeping my cell clean	82%	13%	5%	0%	100%
Access healthcare	74%	13%	13%	0%	100%
Access employment or activities	87%	3%	0%	10%	100%

9. MEDICAL PROVISION AND PERSONAL CARE continued

Relationships with personal care staff were perceived to be positive and appreciated. However, access to healthcare was perceived to be problematic with waiting times perceived as the major issue.

Prisoner comments:

“Good relationship, they are most helpful. I could not shower etc. without them.”

“Very good with my issues. Dealt with quickly and professionally.”

“I’m one of hundreds....”

“Very difficult to see a doctor....”

“We had six to seven deaths on our side, this worries me a lot. If they had been treated quicker, they might not have died.”

“Weeks sometimes. Only see a doctor on a Monday morning. Many medical appointments are cancelled because they send the wrong transport, they send a van but I can only get in a car.”

“After lock up at night if someone feels ill it takes time to get an answer from the staff, my cell mate collapsed and the officer came after 20 minutes, he was taken to hospital the day after and never came back, he died.”

9. MEDICAL PROVISION AND PERSONAL CARE continued

Summarising the responses

There were very mixed views about medical provision and personal care. The quantitative results on daily activity did not tally with the verbal responses in the focus groups. Healthcare came out as the priority concern, with concerns ranging from time taken to access healthcare, a feeling they might have been forgotten and more worryingly a lack of confidence in the care. This, however, was not a universal attitude; in some prisons, good medical care was reported by prisoners and no healthcare issues were raised.

In some instances prisoners were frightened that they would not receive the healthcare they required or it would be unnecessarily delayed. This perception contributed to some prisoners concerns that this had led to prisoners dying prematurely. Prisoners also stated that they were unaware of when their medical appointments were scheduled, which led to anxiety as there was a fear that they had been forgotten about.

For those prisoners who required carers this appeared to be in place, with prisoners having a good relationship with the carer and care plans were in place. However, staff commented upon the difficulty of securing carers to work in the prison, and felt that this was problematic at times, especially for new admissions who had not received personal care in prison before.

10. PRISONERS' FEARS FOR THE FUTURE

Not surprisingly prisoners were concerned about the prospect of growing older in prison and the fear of dying in prison, which had been witnessed time and again, but also by a fear of loneliness on release and an inability to cope in a changed world.

What does growing old in prison mean to you?

"I have accepted being in prison. When released, I will be 80 years of age, not knowing what lies in the future makes it easier being here."

"Complete loss of family contact, access to money is non-existent, if I am convicted then I will be homeless, thoughts of suicide."

"I feel that my spirit is broken."

"I have a constant fear of dying in prison. While I know that one day I will die, I dread the thought of being carried out of here in a coffin."

"I'm just afraid I'll never see the outside world again."

"The prospect of growing older in prison is both a tedious and frightening one."

"I cry every day....."

10. PRISONERS' FEARS FOR THE FUTURE continued

Fears about release

“By the time I am released I will have been in prison for 36 years. All the world I knew is gone, I have no family or friends and am now an old man. I am going to be very lonely and fear this. Everything I know is gone, how in God’s name am I going to manage? Yes, I really want to be set free from prison, it’s just the fear for my unknowing future in this new society I will be going to live in.”

“When I get out of here, I come out with nothing. My two brothers and two sisters died at 40. I worry about what I am going to do once I am out; I don’t want to go to a care home.”

Table 17 Respondents’ top concerns for the future

Biggest fears for the future	Number	Percentage
Worsening health	22	56%
Dying in prison	21	54%
Loneliness/isolation	20	51%
Loss of family contact	12	31%
Inability to attend family events	9	23%
Total	39	100%

10. PRISONERS' FEARS FOR THE FUTURE continued

Summarising the responses

Loneliness and isolation was the predominant fear for liberation, whereas worsening health and dying in prison dominated the concerns from being in prison.

The majority of prisoners reported that they were frightened of growing old in prison, worsening health, and subsequently dying in prison alone. Some reported that their siblings or family had passed away while they were in custody, so being released meant that they had no one left in their family upon release and their only associations were those that they had met in prison. Loneliness was therefore a major fear.

There were very genuine concerns about coping on release, particularly with longer term prisoners who recognised that the world they knew would no longer exist.

Those with the most hope were situated in HMP Greenock and HMP Castle Huntly. Prisoners in these prisons reported that they were optimistic for their future and had been working with staff and social workers to plan for liberation.

“... Top End encourages communication more ...”

Prisoners also felt that there was more time out of their cell and more staff time to help them with resettlement plans.

11. GOOD PRACTICE

During the review we came across a number of examples of good practice that we recommend to others.

HMP Shotts

HMP Shotts have been working with Alzheimer Scotland for over four years to raise awareness with staff, prisoners, and visitors about the disease, the impact on the prisoner and ways to manage. The initial link with Alzheimer Scotland was made through the prison's Equality and Diversity Team.

The prison has facilitated Dementia Awareness sessions to staff, prisoners and prison visitors. The Alzheimer Memory Bus has also visited the prison to increase awareness with staff and prison visitors. A drop in café was facilitated by the prison where staff and prisoners were able to learn more about the disease and a donation was made to the charity, collected from individuals attending the café. This was well advertised for staff and prisoners to attend.

In 2017, HMP Shotts was awarded the Scottish Dementia Award for the most innovative partnership. HMP Shotts aims to be the first dementia friendly prison in Scotland and has taken steps to use picture signage throughout the prison which supports people with dementia to identify a specific area.

The Alzheimer Scotland helpline number has been added to prisoners' pin phones to allow them to make confidential calls.

The work that has been developed within HMP Shotts has been presented at an international conference in Canada with a short film made within the prison shown to highlight this progressive piece of work.

11. GOOD PRACTICE continued

HMP Glenochil

The Primary Care Team within HMP Glenochil support people with a wide range of long term conditions including palliative care. The Team were successfully awarded the Integrated Care for Older People Award at NHS Awards Ceremony 2016, and were the recipients of the 2019 NHS Chairman's Award for their drive and leadership in developing palliative and end of life care within the prison.

The NHS Team Leader and HMP Glenochil prison team have spent four years developing a system which has successfully adapted to meet the changing needs of the prison population, which now holds many older physically frail men.

The key objective of the NHS Team is to provide healthcare services which mirror healthcare services within the community with the full support of SPS staff.

A nurse referral triage clinic is in place every day, a daily treatment room and a GP clinic takes place five days per week. Healthcare assistants carry out a variety of clinics for this age range including venepuncture, foot care and weight management.

NHS staff have developed new skills and are able to provide a wide range of support. Physiotherapy is now provided in the residential areas to support prisoners with mobility issues.

SPS staff have also received training in dementia and palliative care.

Structural changes proposed by the NHS and HMP Glenochil prison team has had a major impact particularly for disabled prisoners. Buddy cells have been converted into disabled cells to allow for disabled access. Doors have also been widened to allow for wheelchairs, hoists, and walking frames to enter cells.

11. GOOD PRACTICE continued

Activities have been designed to cater for this age group with walking football, carpet bowls and a quiet room with an aquarium in the hall for socialisation.

The prison has also installed a call aid wristband for those prisoners who cannot use the call buttons within their cells. This alerts the staff desk in the hall that the prisoner requires assistance.

The biggest change has been to palliative care. Prisoners are now given the choice where they would wish to receive their end of life care and this can take place if requested within the prison.

HMP Glenochil have developed a local policy for those prisoners who are receiving end of life care. A palliative care visit to provide dignity and compassion during the time the prisoner has left is to be introduced for those prisoners who are nearing end of life, and find it physically and emotionally difficult to attend visits in an area that requires them to travel a significant distance given their condition.

HMP Edinburgh

HMP Edinburgh has one of the highest populations of older, long term prisoners in Scotland. The challenges that the team in Edinburgh have faced include timely identification of those prisoners with palliative care needs, ensuring safe and timely access to medication inhibited by the lack of a 24 hour healthcare service within the prison setting.

Within HMP Edinburgh a new innovative and progressive palliative care service has been established to aid prisoners' end of life care. A partnership has been established between the SPS, NHS Lothian and Marie Curie to transform the experience of palliative care for prisoners. The team strives to overcome the challenges from a prison environment that was not built to accommodate prisoners with significant health needs or disability, and the usual regime of prison life that can compromise the ability to deliver flexible care to prisoners.

11. GOOD PRACTICE continued

However, good progress has been made so far in that a hospice clinical nurse specialist and the NHS lead consultant now attend a monthly prison healthcare meeting where a palliative care register is reviewed. This meeting discusses the plans that require to be put in place to support the prisoner. This multi disciplinary approach to the care of the prisoner involving the hospice team, NHS, Unit Manager, social work and the prisoner's personal officer is commendable. Individualised prisoner case conferences are held to discuss the prisoner's preferences for end of life care where consideration is given to compassionate release requests and possible transfer to a hospice. Anticipatory care plans are developed to meet prisoners' individual needs and regularly reviewed.

This is supported by quarterly strategic meetings in place between HMP Edinburgh, the NHS, and the hospice. Hospice staff have visited HMP Edinburgh and this has helped with their understanding of the needs of prisoners and the care that is required depending on individual circumstances.

Hospice staff have also delivered 'Introduction to Palliative Care' sessions for staff working within the prison which has been well received. Around 30 SPS staff have been trained.

The partnership is committed to addressing barriers to providing end of life care to prisoners by introducing new progressive thinking into caring for this group. A new model of care is currently being explored by the partnership to provide out of hours health and social care support within the prison.

12. REVIEW OF PROGRESS IMPLEMENTING RECOMMENDATIONS FROM THE “WHO CARES? THE LIVED EXPERIENCE OF OLDER PRISONERS IN SCOTLAND’S PRISONS” 2017 REPORT

The SPS, NHS, and the Scottish Government have developed and progressed work with older prisoners since the “Who Cares?” 2017 report was published. The development of the Health and Social Care Programme Board indicates that the issue is taken seriously at every level of government.

The rising numbers of this age group has driven adaptations to meet this growing cohort, and innovative solutions to the evident complex needs of a very different percentage of elderly and infirm prisoners is evident.

The seven recommendations that were published in 2017 have been progressed in a number of areas:

Recommendation 1

The healthcare and other needs presented by this population should be a primary determinant of the accommodation and regimes provided to them.

Within one of the residential areas of HMP Glenochil, it has been established that one flat is mainly dedicated to older prisoners who require assistance on a daily basis. There has been a review of the accommodation within this residential area with buddy cells being converted to disabled cells and showers adapted to meet the needs of wheelchair users.

Work is underway within HMP Glenochil to prepare a business case to establish the requirement for a non traditional unit for older people within the grounds of the prison.

Initial scoping work is being carried out at HMP Greenock to review if the accommodation in their Community Integration Unit would be fit for purpose for older prisoners.

An Accessible Cell Review was carried out by SPS Headquarters to provide a strategic overview of the use of accessible cells across the estate. This provided the SPS with an accurate picture of the number of cells with wheelchair access and will contribute to the ability to match accommodation to need and inform future planning.

12. REVIEW OF PROGRESS IMPLEMENTING RECOMMENDATIONS FROM THE “WHO CARES? THE LIVED EXPERIENCE OF OLDER PRISONERS IN SCOTLAND’S PRISONS” 2017 REPORT continued

Recommendation 2

The SPS should ensure that staff who work with older prisoners are identified as suitable for the role and appropriately trained.

Whilst some staff training has taken place in prisons for those officers and NHS staff who are working with older prisoners, this is mainly in relation to palliative care and dementia. This picture of training and support is, however, not consistent across all the prisons holding elderly and/or infirm populations. This is clearly an area of concern from the respondent group and consideration should be given to expanding the training available to all staff who are likely to work with elderly prisoners.

Recommendation 3

Prisoners should be supported to maintain positive contact with their families and arrangements made to encourage family visits.

An innovative practice is being introduced within HMP Glenochil which will allow those prisoners who are at end of life to have their visitors within the residential area to visit them in their cell.

Prisoners who reside at HMP Castle Huntly reported the most positive family connections, even though it was stated that the distance of the prison was not favourable from their home locations; the Home Leave Scheme was highly praised for allowing family connections to be maintained. Innovative approaches, like that at HMP Glenochil, that overcome the barriers to family contact must form part of the national SPS strategy.

12. REVIEW OF PROGRESS IMPLEMENTING RECOMMENDATIONS FROM THE “WHO CARES? THE LIVED EXPERIENCE OF OLDER PRISONERS IN SCOTLAND’S PRISONS” 2017 REPORT continued

Recommendation 4

The range of work and activities available within prisons needs to be tailored to the physical abilities of an older population and with a particular emphasis on ensuring that ‘social time’ is built into the daily regime.

Within some prisons there has been creative efforts to design and provide bespoke regimes, including areas redesigned to allow a quieter area for socialisation. However, this was not reflected across the estate. Encouraging access to activities and meaningful interaction through the provision of appropriate seating, larger televisions, an aquarium tank, reading clubs, and age appropriate activities within the residential hall and within the gymnasium is welcomed, and HMIPS would like to see that consideration replicated in all prisons that hold an aged population.

Work has been reviewed by some establishments to provide structured activity and time out of cell. Respondents felt that life skills suited to their age group would be beneficial.

Recommendation 5

The SPS should develop and implement a clear strategic policy position on the management of elderly prisoners.

A review was undertaken to ascertain whether HMP Castle Huntly (the Open Estate) was able to be developed into a prison for older prisoners. This falls far short of a published clear strategic policy, but we are aware of this part of the strategic direction under the new interim CEO, and look forward to seeing this developed in the near future.

12. REVIEW OF PROGRESS IMPLEMENTING RECOMMENDATIONS FROM THE “WHO CARES? THE LIVED EXPERIENCE OF OLDER PRISONERS IN SCOTLAND’S PRISONS” 2017 REPORT continued

Recommendation 6

The SPS needs to review the prisons estate to ensure that the facilities that are provided not only match the needs of the population, but also those of the service providers working with them.

Work is being taken forward by the SPS Estates Team to progress the design of the new HMP Glasgow. The increase in the older prison population will be taken into account throughout the design of this new build. The SPS Estates Team are aware of the need for future proofing new prisons to cater for an older age group and are looking at wider doors, access to visits, and sizes of cells.

The older prison population was also a factor that was considered by the SPS Estates Team and the Women’s Strategy Team for the design of the new Women’s National Facility and the two Community Custody Units in Glasgow and Dundee.

This is an area of work that still needs addressed.

12. REVIEW OF PROGRESS IMPLEMENTING RECOMMENDATIONS FROM THE “WHO CARES? THE LIVED EXPERIENCE OF OLDER PRISONERS IN SCOTLAND’S PRISONS” 2017 REPORT continued

Recommendation 7

The SPS and Scottish Government need to agree a joint approach on the location and management of these prisoners.

The “Who Cares?” report was one of the key drivers for establishing the Health and Social Care in Prisons Programme Board, which aims to deliver changes that will create a platform for partners to drive local improvement. The proposed strategy for health and social care in prisons has not yet emerged, but a paper submitted in August 2019 to the Programme Board invited them to support more detailed scoping and a healthcare needs analysis. Progress with development of the strategy will have been affected by the need to pause the work of the Health and Social Care in Prisons Programme Board in March 2020 to focus on COVID related activity.

The Board previously agreed that there was a requirement to articulate a shared vision for the outcomes of people in prison. There was broad agreement that this would provide strategic direction; ensure a shared language and a common approach across organisations; and inform partnership working and collaboration. Key milestones of the Programme Board since inception to date include:

- On 1 July 2019, a new Scottish Prisoner Care Network (since renamed as the National Prison Care Network) was established to link work in local areas to spread best practice, address issues that need a national approach and support healthcare professionals to improve services and innovate.
- A new Prison Health Dashboard (published 4 July 2019) brings together data on the standards and indicators for those in prison into a consolidated reporting tool.
- The review on the use of Clinical IT in prisons has identified opportunities to achieve more consistency, maximum use of existing systems across all prisons and NHS Boards; and is informing the development of an options appraisal for replacing the current system when it stops being supported from 2021 onwards.

12. REVIEW OF PROGRESS IMPLEMENTING RECOMMENDATIONS FROM THE “WHO CARES? THE LIVED EXPERIENCE OF OLDER PRISONERS IN SCOTLAND’S PRISONS” 2017 REPORT continued

- Six tests of change have now begun in four Integrated Joint Board areas, covering almost half of the prison population. The outputs from these tests of change will inform proposals to expand the model nationally.

However, recent attention on prisoner healthcare resulting from the publication of high profile reports has led to calls for accelerated progress on key issues. This included the publication of the [Hard Edges Scotland report \(Heriot-Watt University\)](#) which focused attention on the need to do more to meet the needs of people with multiple and complex needs, many of whom pass through prison every year. Further impetus was given by the publication of HMIPS’ inspection reports which rated health and wellbeing as poor, including the management of patients with physical healthcare needs and a lack of a joint prison healthcare strategy with consistent assessment and management frameworks. We will welcome the publication of the strategy and the commitment from the involved agencies to delivering the improved outcomes.

13. FINDINGS

Since the “Who Cares? The Lived Experience of Older Prisoners in Scotland’s Prisons” report was published in 2017, positive steps have been taken by the SPS, the NHS, and the Scottish Government towards meeting the recommendations of the 2017 report.

Prisoners were generally complimentary of the staff who worked with them on a daily basis for the help and support they were given, however, as with anything this was not universally the case. The biggest criticism was that older prisoners were treated the same as younger prisoners and there was insufficient recognition that they had specific and additional needs.

Examples given were in relation to the time that someone requires to travel from the hall to another part of the prison, and the importance of knowing that your medical appointments have been made.

The staff shortages were also an issue for some prisoners where the perception was that staff simply ‘forgot’ to follow-up requests. This was frustrating for this population, particularly in relation to healthcare appointments. This was raised on a number of occasions by prisoners across SPS prisons as it was seen as a very important factor to them in their daily lives, knowing the time and date of their next healthcare appointment and that they were being seen by a health professional.

It was also reported by a prisoner that having his guide dog taken away had been very difficult for him to manage in prison, and as a registered blind person he would meet the criteria upon release to apply for this again. This highlights the challenges and the distress facing older people with disabilities in our prisons.

This is a growing population and it is helpful that the SPS are looking at the infrastructure of new buildings and ensuring the design is fit for purpose for this age group. However, the rising number of older prisoners strongly suggests the need to boost the number of accessible cells across the existing prison estate.

The early scoping of work at HMP Greenock and HMP Glenochil are only very early ideas. However, they are well placed to be considered as a solution to this rising population and provide relief for the remainder of the estate.

14. CONCLUSIONS

The main conclusions arising from this follow-up review report are that:

- Progress has been made on some of the key recommendations from the 2017 review, but it has been patchy and inconsistent.
- There are examples of good practice that are worth replicating across the estate.
- The generally positive view that older prisoners have of relationships with SPS staff and Personal Care staff is to be commended.
- The early scoping work for new build accommodation offers encouragement that solutions to a rising population of older people are being considered.
- This cohort of prisoners appears to wish to be located alongside their peers in contrast to the previous study.
- Concerns nevertheless remain that:
 - The culture is not fully embedded that takes account of the specific additional needs of older prisoners.
 - The regime design does not always take account of the complex needs of older prisoners to allow them to take up opportunities for visits, exercise, and outdoor recreation.
 - Older prisoners are deeply concerned about access to medical care and the risk that medical appointments are overlooked.
 - The lack of accessible cells for older and disabled prisoners is particularly troubling given the rise in the number of older prisoners.

15. SEVEN KEY RECOMMENDATIONS

- 1.** The seven key findings or recommendations from the original 2017 review continue to have resonance in 2020.
- 2.** While welcoming the progress made to date in following up the 2017 recommendations, further progress is needed in all these areas but particularly in relation to Recommendations 4-7 from the 2017 report (access to activities, development of a clear strategic policy, a review of the prisons estate; including location and management).
- 3.** Action to increase the number of accessible cells needs to be prioritised.
- 4.** Further work should be done by the SPS to embed a culture amongst staff and in regime planning that takes account of the specific needs of older prisoners in relation to accessing opportunities for visits, exercise and recreation.
- 5.** The SPS should consider whether more needs to be done to address the age specific mental health needs of older people, notably the contrasting fears of dying in prison or loneliness and inability to cope in a changed world on release.
- 6.** Development of a new national strategy for the housing, care, and support of older prisoners should be prioritised by the SPS, which takes account of the shift in attitude amongst this cohort of the prison population. The estates review compared to a prisoner review of need should deliver and inform a strategic plan for managing this particular cohort.
- 7.** The Scottish Government to provide assurance through the Tests of Change Programme with health and social care partnerships that the medical and personal care needs of older prisoners will always be met under the principle of equivalence to the community, and without being hindered by organisational boundaries and accountability issues.

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17. GLOSSARY OF TERMS

CEO	Chief Executive Officer
COSLA	Convention of Local Authorities
COVID	Coronavirus disease (COVID-19)
HMIPS	Her Majesty's Inspectorate of Prisons for Scotland
HMP	Her Majesty's Prison
IT	Information Technology
NHS	National Health Service
NPrCN	National Prisoner Care Network
POA	Prison Officers Association
SPS	Scottish Prison Service



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