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The needs and characteristics of older prisoners: Results from the Surveying Prisoner Crime Reduction (SPCR) survey

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This report summarises findings from Sample 2 of Surveying Prisoner Crime Reduction (SPCR), a longitudinal cohort study of 2,171 adult prisoners sentenced to between 18 months and four years in 2006 and 2007. It focuses on the needs and characteristics of 115 older prisoners (aged 50 and over) on reception to custody compared to 2,056 younger prisoners (18–49 years old).

A degree of caution should be taken in extrapolating findings due to the small numbers in the SPCR sample and that older prisoners received into prison to serve a sentence of between 18 months and four years constituted a relatively small sub-sample of all prisoners aged over 50 at the time of the survey (15% of prison receptions between June 2006 and July 2007).¹ However, this study is still useful in suggesting that older prisoners may have some unique needs which should be considered in targeting resources.

Key findings

- Older prisoners may have greater health needs than younger prisoners. Of the SPCR sample, they were more likely to report needing help with a medical problem and be considered to have a disability. Older prisoners were also more likely to report long-term sickness/disability as a reason for having been unable to work in the four weeks before custody and were more likely to have been claiming sickness/incapacity benefit in the year before custody.
- A higher proportion of older prisoners reported completing a degree/diploma or equivalent or trade apprenticeship, whilst younger prisoners were more likely to report that they had been looking for work or training before coming to custody.
- Older prisoners reported lower levels of drug use compared to younger prisoners, with fewer than three in ten older prisoners reporting using any drug before custody compared to the majority of younger prisoners.
- Older prisoners in the SPCR sample were less likely than younger prisoners to reoffend in the year following release from custody. They reported that the most important factors in reducing their reoffending were suitable accommodation, fear of returning to prison, family contact and support and employment.

¹ Further breakdown of Offender Management Statistics – April 2014 publication.

Background

In June 2014, the number of prisoners in England and Wales aged 50 and over was more than 11,000, representing about 13% of the prison population (Ministry of Justice, 2014). While prisoners aged 30–39 still comprised the largest age group, between 2004 and 2014 prisoners aged 60 or over were the fastest-growing age group (125% increase) followed by those aged 50–59 (104% increase) (Table 1).

Table 1: Percentage change in prison population by age group June 2004 – June 2014, England and Wales

Age Categories (years)	June 2004	June 2014	Change 2004–2014	
			N	%
All ages	74,488	85,509	11,021	15
15–17	2,275	741	-1,534	-67
18–20	7,736	5,701	-2,035	-26
21–24	13,232	12,473	-759	-6
25–29	14,127	16,136	2,009	14
30–39	21,877	24,361	2,484	11
40–49	9,973	15,017	5,044	51
50–59	3,613	7,360	3,747	104
60+	1,655	3,720	2,065	125

Source:

Table A1.5, Offender Management Statistics (Quarterly) January to March 2014, Prison Population 2014, Ministry of Justice, 2014.

A number of factors may have contributed to the growth of the older prison population. First, the increase may reflect changing population demographics more generally (e.g. an ageing population) as well as an overall increase in the prison population. Second, prisoners are serving longer sentences and are increasingly sentenced to custody at an older age, particularly for sexual offences (Crawley and Sparks, 2005; HM Inspectorate of Prisons, 2004; Ministry of Justice, 2013b).

Older prisoners are more likely to be serving sentences for sexual offences (which tend to attract long sentences) than other prisoners. As of June 2014, 32% of prisoners aged 50–59 and 59% aged 60 and over were serving an immediate custodial sentence for sexual offences. By comparison, 16% of all prisoners were serving an immediate custodial sentence for sexual offences.²

The data for the present report come from Sample 2 of Surveying Prisoner Crime Reduction (SPCR), a longitudinal cohort study of 2,171 adults sentenced to between 18 months and four years in England and Wales in 2006 and 2007. This sample is representative of longer-term sentenced prison receptions. The sample includes 115 adults aged 50 or above.

This summary brings together relevant previously published results from SPCR³ with further analysis on the differences in needs and characteristics of older prisoners.

Definition of ‘older’ prisoners

There are varying definitions of older prisoners and these have included those who are over 45, 60 and 65 years of age (Baidawi et al, 2011; Yorston and Taylor, 2006). Some evidence suggests that prisoners aged 50 and over typically suffer from ‘accelerated’ ageing: a typical prisoner in their fifties has the physical health status of someone at least ten years older in the community, and this difference is due to health and/or lifestyle factors (e.g. prolonged drug use) which arise both before, and during, imprisonment (Aday, 2003; Fabelo, 1999; Fattah and Sacco, 1989; Fazel et al, 2001; Grant, 1999).

Prison officers and voluntary organisations such as Age UK and RECOOP (Resettlement and Care for Older Ex-offenders and Prisoners) are increasingly using the 50 and over age category in their provision of services (Aday, 1994; Wahidin 2004, 2005; Cooney and Braggins, 2010). In addition, using 60 rather than 50 years of age as a threshold excludes many older female prisoners in England and Wales (Her Majesty’s Inspectorate of Prisons, 2008). For the purpose of this paper, the term ‘older’ will be used to denote a prisoner aged 50 or over.

² Further breakdown of Offender Management Statistics – July 2014 publication

³ Hopkins, 2012; Williams et al., 2012b; Cuniffe, C. et al., 2012; Williams et al., 2012; Light et al., 2013.

Aim

This analysis describes the needs and characteristics of older prisoners aged 50 or over compared to younger adult prisoners (aged 18–49). It summarises findings on:

- health and disability;
- employment and education status;
- benefits and accommodation;
- substance misuse;
- attitudes to offending; and
- reoffending.

Approach

This analysis was based on Sample 2, Wave 1 of Surveying Prisoner Crime Reduction (SPCR). SPCR is a longitudinal cohort study of adult prisoners (aged 18 years and over) serving sentences in England and Wales. Interviews were conducted upon reception to custody (Wave 1), prior to release (Wave 2) and after release from prison (Waves 3 and 4). Sample 2 consists of 2,171 prisoners and is representative of longer-sentenced prisoners, sentenced to between 18 months and four years in custody in 2006 and 2007.

These sentence lengths are not typical as, on average, most prisoners are sentenced to less than one year in prison. However, as older prisoners are more likely to be sentenced to longer sentences (more than a third of prisoners aged 50 or over (36%) were sentenced to 18 months or more in prison between 01 June 2006 and 31 July 2007 compared to 26% of prisoners overall: see Annex A⁴), it is relevant to understand the characteristics and needs of this longer-sentenced group. Additionally, SPCR Sample 2 provides a sufficiently large sample of older prisoners (n=115) on which to conduct statistical analysis (whilst Sample 1, which is representative of all sentence lengths up to four years, does not (n=48)).

Details of the sample methodology, response rates and questionnaires are published in the SPCR technical reports.⁵

Survey data were matched to the Police National Computer (PNC), allowing one-year reconviction after release from custody to be measured

(Boorman and Hopkins, 2012). Of the 2,171 prisoners in Sample 2, 1,985 prisoners could be matched to the PNC.⁶

This paper summarises selected results, presenting significant differences between older (aged 50+) and younger prisoners (aged 18–49) at $p < 0.01$.⁷ Some figures may not add up to 100% due to rounding. Supporting tables for all figures are provided alongside this report.

Limitations

The findings from this research may not extrapolate to the general prison reception population (most of whom are subject to short sentences). Results may differ for older prisoners serving shorter (less than 18 months) or longer (four years or more) sentences. At the time of the survey, 15% of older prisoners received into prison were sentenced to between 18 months and four years (see Annex A).⁸ Furthermore, the findings may not reflect the changes in regime, technology and services for older prisoners since the interviews were conducted in 2006 and 2007.

This report is based on 115 prisoners aged 50 or over (5% of the sample), reflecting the relative size of the longer-sentenced older prison reception population. Due to small sample sizes, the findings should be considered as indicative only of the differences/similarities between older longer-sentenced prisoners and younger longer-sentenced prisoners sentenced to between 18 months and four years. Results should be considered with caution where more detailed breakdowns are provided. The sample contained only a small number of older female prisoners (N=16), therefore analysis is not provided on this group alone.

⁴ Further breakdown of Offender Management statistics – April 2014 publication.

⁵ Available at <https://www.gov.uk/government/publications/results-from-the-surveying-prisoner-crime-reduction-survey>

⁶ Data from the Police National Computer (PNC) were matched to each survey participant to obtain a record of whether prisoners went on to be reconvicted of at least one proven re-offence within one and two years after release. This is based on those offences committed within a 12- and 24-month period after release (conviction in court for the offence may have occurred up to six months later). Using the methodology adopted by the Ministry of Justice in 2011 (MoJ, 2011), proven re-offending also included offences that resulted in other court disposals (court cautions, warnings, reprimands).

⁷ i.e. there is only a 1% chance that differences observed between the two groups are a result of chance.

⁸ In 2013, this was 19% of older prisoners sentenced to immediate custody (further breakdown of Offender Management Statistics – April 2014 publication).

Sample Characteristics

The mean age of SPCR Sample 2 prisoners was 30 (median 28) (Brunton-Smith and Hopkins, 2014).

Tables 2 and 3 provide further sample characteristics by age in two groups (18 to 49 years, and 50 and over). Of those aged 50 and over, nearly half (49%) were aged 50–54, 27% were aged 55–59 and 24% were aged 60 and over.

Older prisoners in the SPCR sample were predominantly White, with one in ten prisoners self-identifying as belonging to a Black, Asian, or Minority Ethnic (BAME) group. There were no significant differences in the ethnicity profile between older and younger prisoners. Younger prisoners were more likely to be single or living with a partner on entry to prison compared to older prisoners, as would be expected given their age. Conversely, a greater proportion of older prisoners were more likely to be married or divorced (Table 2).

Table 2: SPCR Sample 2: Demographics by age

Factor		18–49 (%)	50+ (%)	Total (%)
Gender	Male*	93	86	93
	Female*	7	14	7
Ethnic background	White	82	90	82
	Black, Asian or Minority Ethnic (BAME)	18	10	18
	Unknown	<1		<1
Age				
<i>Under 50</i>	18–20	17	-	16
	21–24	22	-	21
	25–29	20	-	19
	30–39	27	-	25
	40–49	15	-	14
<i>Over 50</i>	50–54	-	49	3
	55–59	-	27	1
	60–69	-	21	1
	70+	-	3	0.2
Marital status				
Marital status	Single*	57	17	55
	Living with a partner*	28	10	27
	Married*	9	35	10
	Divorced*	4	29	5
	Separated	2	4	2
	Widowed*	<1	4	<1
Total		2,056	115	2,171

* denotes statistical significance at $p < 0.01$

Of the SPCR sample sentenced to between 18 months and four years, there were no differences between older and younger prisoners in sentence lengths. Both younger and older prisoners were broadly similar in their offence profile; however, older prisoners from the SPCR sample were significantly more likely to be serving sentences for sexual offences (31% compared to 5% of younger prisoners) but less likely to be serving a sentence for robbery (1% compared to 9%) or burglary (1% compared to 14%) (Table 3).⁹

Sixty per cent of older prisoners reported never being sentenced to prison previously, compared to 45% of younger prisoners.

Research suggests that older prisoners can be split into four main criminological profiles and needs may differ among the profiles (American Civil Liberties Union, 2012):

1. Repeat Prisoners. Chronic offenders, in and out of prison for less serious offences and have returned to prison at an older age.
2. Grown Old in Prison. Older prisoners sentenced for a long sentence prior to the age of 50 and have grown old in prison.
3. Short-term, first-time prisoners. Older prisoners sentenced to prison for the first time for a short sentence.
4. Long-term, first-time prisoners. Older prisoners sentenced to prison for the first time for a long sentence, possibly for historic sexual or violent offences.

Older prisoners in this SPCR sample comprise more 'long-term first-time prisoners' with the remainder 'repeat prisoners'. However, the numbers were too small to explore any differences in needs which may exist between these groups.

⁹ These figures are broadly similar to administrative data sources although there is some difference for violence (see Annex A).

Table 3: SPCR Sample 2: Offence details by age (self-reported)

Factor		18–49 (%)	50+ (%)	Total (%)
Sentence length	18 months up to 2 years	43	43	43
	Over 2 years up to 3 years	38	43	39
	Over 3 years up to 4 years	19	15	19
Offence Group of current offence (self-reported)	Sexual*	5	31	6
	Drugs	25	23	25
	Violence	22	20	22
	Other	12	10	12
	Theft and handling	7	7	7
	Fraud	2	6	3
	Burglary*	14	1	13
	Robbery*	9	1	9
	Motoring	3	0	3
	Unknown	<1	1	<1
Previously sentenced to imprisonment	Yes*	55	40	54
	No	45	60	46
Total		2,056	115	2,171

* denotes statistical significance at $p < 0.01$

Results

Health

Previous research suggests older prisoners suffer from a ‘double disadvantage’, in that they have more complex health needs compared to their peers in the community and younger adults in prison. According to one estimate, 85% of elderly male prisoners (aged 60 and above), had one or more major illnesses reported in their medical records, and 83% reported at least one chronic illness on interview (Fazel et al, 2001).¹⁰

On reception into prison, SPCR Sample 2 prisoners were asked about their health. Older prisoners were significantly more likely to report medical problems as well as having received treatment in the 12 months before custody. About one in three older prisoners (31%) reported needing help with a medical problem compared to 14% of younger prisoners.

¹⁰ 203 prisoners were sampled here, constituting 19% of the English and Welsh sentenced population of sentenced prisoners over 60. Major illnesses most commonly recorded in medical records of prisoners were psychiatric, cardiovascular, musculoskeletal and respiratory.

Seven in ten older prisoners (70%) stated that they received treatment or counselling for a physical or mental health problem in the 12 months before custody compared to 45% of younger prisoners. The differences in treatment were mainly driven by physical health problems, with older prisoners being significantly more likely to receive treatment for this type of problem (51% compared to 27% of younger prisoners) (Table 4).

Table 4: SPCR Sample 2: Type of treatment/counselling in the last 12 months, by age

Type of treatment	18–49 (%)	50+ (%)	Total (%)
Did not receive treatment/counselling*	55	30	54
Received treatment/counselling*	45	70	46
<i>Physical health problems*</i>	27	51	28
<i>Mental health or emotional problems</i>	11	10	11
<i>Both</i>	6	8	6
Base Size	2,056	115	2,171

* denotes statistical significance at $p < 0.01$

Of those receiving treatment/counselling 5 respondents did not answer the question or responded ‘don’t know’ to the type of treatment/counselling

Most SPCR Sample 2 prisoners of all ages (90%) reported being registered with a family doctor/GP before coming into custody increasing to 97% of older prisoners.

Disability

SPCR respondents were asked whether they had a longstanding illness or disability. Nearly three in ten prisoners (29%) reported that they had a longstanding illness or disability, with the majority of older prisoners (59%) reporting this compared to 27% of younger prisoners (Table 5).

Table 5: SPCR Sample 2: Self-reported disability status, by age

Disability Status	18–49 (%)	50+ (%)	Total (%)
Self-Reported Disability*	27	59	29
No self-reported disability	73	41	71
Base Size	2,052	114	2,166

* denotes statistical significance at $p < 0.01$

Self-reporting disability may exclude those with ‘hidden’ disabilities or include those with conditions associated with drug or alcohol addiction which would not qualify as a disability under relevant

legislation. Therefore, a separate analysis was conducted of prisoners' responses to the question on longstanding illness or disability, questions about prisoners' general health, and answers to an anxiety and depression screening scale¹¹ (for details see Cunniffe et al, 2012).

Based on this analysis, an estimate of 34% of SPCR Sample 2 was considered to have a disability (similar to the self-reported estimate of 29%). Older prisoners (54%) were more likely to be assessed as having a disability than younger prisoners (32%) (Table 6).

Of the 54% of older prisoners estimated to have a disability, 28% were estimated to have some form of physical disability, 15% anxiety and depression, and 11% both (Table 6).

Table 6: SPCR Sample 2: Estimated disability status, by age

Disability Status	18–49 (%)	50+ (%)	Total (%)
No disability*	68	46	66
Disability Estimate	32	54	34
<i>Physical Disability*</i>	8	28	9
<i>Anxiety and Depression</i>	20	15	20
<i>Both*</i>	5	11	5
Base Size	2,048	114	2,162

* denotes statistical significance at $p < 0.01$

Estimates of disability amongst older people in the general population suggest that 37% of those aged over 50 are disabled and this increases to 42% for those aged over 60 (Office for National Statistics, 2013a).^{12 13}

¹¹ The estimate of disability calculated in this paper is considered to be a working estimate which takes into account the legal definitions where possible (e.g. regarding exclusions and inclusions), but does not claim to be legally comprehensive and exhaustive. This is a similar approach to other estimates of disability in the prison population and general population. This estimate of disability, with regards to mental health, only detects anxiety and depression and may exclude those who may be suffering from psychosis, personality disorder, and other conditions. Furthermore, the findings are based on self-reported health, and clinical examinations may reveal higher rates of morbidity. More information is provided in Cunniffe et al. (2012).

¹² Table 4.3: Disability prevalence by age and gender in Office for National Statistics, *Family Resources Survey 2011/12* (2013a). The estimates for disabled people cover the number of people with a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities.

¹³ The ONS's FRS Family Resources Survey (FRS) does not record information on individuals in nursing or retirement homes. This means that figures relating to older people may not be representative of the United Kingdom population, as many older people may have moved into homes where they can receive more frequent help. Therefore it is likely that disability prevalence for older people is higher than estimated from the FRS.

This suggests that longer-sentenced SPCR older prisoners may be more likely to have severe health problems, in particular physical disability, than both their counterparts in the general population and younger prisoners, in line with the 'double disadvantage' suggested by previous research.

However, some caution needs to be applied in comparing the older prisoner sample with those aged 50 and over in the general population as the age distribution differs between the groups. The general population has an older age profile, in that it has higher proportions of those in their 70s, 80s and 90s while the prisoner sample contains more of those in their 50s and 60s. The older age profile of the general population would tend to increase the disability rate and therefore it is possible that the comparison of longer sentenced older prisoners with older adults in the general population underestimates the difference in the prevalence of disability between both groups.

Employment and education before custody

Education and Qualifications

SPCR prisoners were asked about their educational backgrounds and needs. Just over two-fifths (43%) of SPCR Sample 2 prisoners reported not having any qualifications before custody (Brunton-Smith and Hopkins, 2014) and there was no difference between older and younger prisoners. However, older prisoners were more likely to report higher qualifications, with around 17% of older prisoners reporting having a degree/diploma or equivalent compared to 6% of younger prisoners. Older prisoners were four times (12%) as likely to have reported completed an apprenticeship than younger prisoners (3%), whilst they were less than half as likely to report having completed GCSEs or equivalent grades (15% compared to 36%) (Table 7).

Nearly two in ten SPCR Sample 2 prisoners (18%) reported needing help to improve their literacy and numeracy skills and four in ten prisoners (40%) stated they needed help to improve their education before custody (Brunton-Smith and Hopkins, 2014).

There was no difference between older and younger prisoners in the likelihood of reporting needing help to improve their literacy and numeracy skills before custody. However, older prisoners were significantly less likely than younger prisoners to say they

required help to improve their education before custody (20% compared to 41%).

Table 7: SPCR Sample 2: Educational status before custody, by age (highest qualification achieved)

Type of Qualification	18–49 (%)	50+ (%)	Total (%)
No qualifications	43	42	43
GCSE or equivalent*	36	15	35
A-Level	9	7	9
Degree or diploma or equivalent*	6	17	6
Trade apprenticeships*	3	12	3
Other qualification ^{14*}	3	7	3
Base Size	2,030	113	2,143

* denotes statistical significance at p<0.01

Employment

Nearly two in five SPCR Sample 2 prisoners (39%), upon reception into custody, said that they needed help with work-related skills and nearly half (48%) reported that they need help with finding a job after release (Brunton-Smith and Hopkins, 2014).

Older prisoners were significantly less likely to report needing help either for work-related skills (15% compared to 40% of younger prisoners) or help with finding a job after release (20% compared to 50% of younger prisoners). These results may reflect that some of the older cohort will be approaching retirement or have passed retirement age.

The majority of SPCR Sample 2 prisoners (63%) were out of work in the four weeks before custody and there was no significant difference between older and younger prisoners. Respondents who reported being out of work in the four weeks before custody were asked to state their main activities during this period (Table 8).

Over a third of older prisoners who were out of work in the four weeks before custody (36%) reported being 'permanently unable to work due to long-term sickness/disability' compared to fewer than two in ten younger prisoners (18%). The second most common activity for older prisoners out of work in the four weeks before custody was 'retirement' (25%). For younger prisoners out of work in the four weeks before custody, the most common activity reported was looking for work or training (37%).

¹⁴ Including overseas qualifications.

Table 8: SPCR Sample 2: Main activities in the 4 weeks before custody, by age (multiple answers possible for those not employed)

Activity in the four weeks before custody	18–49 (%)	50+ (%)	Total (%)
Employed	37	39	37
Out of work and looking for work/training*	37	17	36
Out of work but not looking for work/training*	18	6	18
Permanently unable to work due to long-term sickness/disability*	18	36	19
Retired*	-	25	1
Looking after home/family	9	12	9
In full-time education	3	-	3
Other	15	4	15
Base Size	2,053	115	2,168

* denotes statistical significance at p<0.01

- None in the 18–49 sample reported being retired and none in the 50+ sample reported being in full-time education.

Benefits and Accommodation

Overall, six out of ten SPCR Sample 2 prisoners (60%) reported claiming benefits in the year before custody and there was no significant difference between older and younger prisoners. There were, however, some reported differences in the type of benefits received.

Of those who reported receiving benefits, more than half of older prisoners (55%) reported receiving sickness/incapacity benefit compared to 25% of younger prisoners, in line with the earlier findings that older prisoners may have greater health needs. Older prisoners were also more likely to report claiming housing benefit (36% compared to 22%) and 'other' types of benefit (21% compared to 7%) before custody and this may be reflective of those claiming their pensions (Table 9).

Table 9: SPCR Sample 2: Type of benefits claimed in the 12 months before custody, by age (multiple answers possible)

Benefit Type	18–49 (%)	50+ (%)	Total (%)
Any type of benefits	60	58	60
Jobseekers/Unemployment benefit*	59	18	57
Income Support	22	25	22
Housing Benefit*	22	36	23
Council Tax Benefit	17	28	18
Sickness/Incapacity Benefit*	25	55	27
Other*	7	21	8
Base Size	1,226	67	1,293

* denotes statistical significance at p<0.01

Prisoners were asked about their accommodation arrangements before custody and expectations on release. Just over a third of SPCR Sample 2 prisoners reported needing help finding a place to live when released (34%) (Brunton-Smith and Hopkins, 2014) and there was no significant difference between older and younger prisoners.

However, when asked about accommodation arrangements before custody, older prisoners were more likely to report living in a property which they, or their partner, owned (37% compared to 13% of younger prisoners). Younger prisoners were more likely to report paying board in either a house or flat owned or rented by someone else (21% compared to 4%).

Just over half of prisoners overall (54%) expected to return to the same accommodation when they were released, and there was no significant difference between older and younger prisoners.

Substance Misuse

Drugs

Older prisoners were less likely to report needing help with a drug problem (3% compared to 22% of younger prisoners). They were also less likely to report ever having used any drugs before custody (28% compared to 82%). Older prisoners were also less likely to report using drugs either in the four weeks or 12 months before custody (Table 10).

Table 10: SPCR Sample 2: Self-reported drug use in the year and 4 weeks before custody, by age

Drug Type	18-49 (%)	50+ (%)	Total (%)
Any drug in the year before custody*	69	17	66
Class A drugs in year before custody*	52	11	50
No drugs in the year before custody*	31	83	34
Any drug in the 4 weeks before custody*	60	15	57
Class A drugs in 4 weeks before custody*	12	4	11
Base Size	2,049	114	2,163

* denotes statistical significance at $p < 0.01$

Previous research has suggested that older prisoners are atypical of the prison population in their levels of drug misuse. For example, a 1997 survey of prisoners found that 4% of sentenced male prisoners and 5% of sentenced female prisoners aged 45+ were drug

dependent¹⁵ in the year prior to entering prison (Singleton et al, 1998). By comparison, the same survey found that more than half of both male and female sentenced prisoners between the ages of 16 and 24 were drug dependent.

Alcohol and Smoking

SPCR prisoners were also asked about their alcohol-related needs before custody. Fifteen per cent of SPCR Sample 2 prisoners reported needing help with an alcohol problem and older prisoners were five times less likely to report needing this help compared to younger prisoners (3% compared to 15%).

There was no significant difference between older and younger prisoners in whether they reported drinking alcohol in the four weeks before custody (67%) (Table 11).

Just over two in five prisoners in the overall sample were considered to be binge drinkers (42%) and older prisoners were significantly less likely to be classified as binge drinkers¹⁶ (15% compared to 44%). The figures suggest that while SPCR Sample 2 older prisoners were not fundamentally different from their younger counterparts in terms of general alcohol use, older prisoners were less likely than prisoners aged 18–49 to have consumed hazardous levels of alcohol prior to custody.

Table 11: SPCR Sample 2: Alcohol use in the 4 weeks before custody and binge drinking before custody, by age, for those who reported drinking during these periods

Alcohol use and binge drinking	18-49 (%)	50+ (%)	Overall
Drank alcohol in the 4 weeks before custody	67	59	67
Did not drink in the 4 weeks before custody	33	41	33
Base size	2,050	115	2,165
Considered to be binge drinkers*	44	15	42
Not considered to be a binge drinker*	56	85	58
Base size	2,009	113	2,122

* denotes statistical significance at $p < 0.01$

¹⁵ This survey aimed to establish drug dependence rather than estimate prevalence of drug use and contained questions to establish dependence on cannabis, opiates (heroin and non-prescribed methadone) and stimulants (amphetamines, crack and cocaine powder).

¹⁶ Binge drinking is defined as drinking more than double the daily unit guidelines for alcohol in one session (8 units for men, 6 units for women) (NHS Choices, 2012)

In the general population, 13% of older adults (45+) who drank in the week before interview reported drinking in excess of the binge drinking limit in a single day (Office for National Statistics, 2013b). While not directly comparable due to the reference periods and different age profile, this is somewhat lower than the levels reported by older prisoners.

Within the research literature, it has been suggested that alcohol misuse in the older population is often hidden (Tarbuck 2001; Arndt et al, 2002). Older people may under-report their drinking due to the stigma associated with alcohol misuse (Naik and Jones, 1994). Alcohol misuse can manifest itself in non-specific ways such as accidents and confused states, many of which are linked to the ageing process itself, and some healthcare professionals may not ask an older person about drinking as alcohol abuse may be considered to affect mostly young people (Dar, 2006; Deblinger, 2000).

The Royal College of Psychiatrists (RCP) has suggested that the recommended limits for alcohol consumption are based on research with predominantly younger adults and are too high for older people as the research fails to take into account the physiological and metabolic changes associated with ageing¹⁷ (Royal College of Psychiatrists, 2011; Rao, 2011; Moos et al, 2009). Therefore, they recommend that the upper limit should be 1.5 units per day –about half a pint of beer or a small glass of wine (compared to 4 units for younger men or 3 for younger women recommended by the Department of Health 1995) and binge drinking for older people should be classified as alcohol consumption greater than 4.5 units in a single session for men and greater than 3 units for women (compared to 8 units for younger men and 6 for younger women (Moos et al, 2009)). Using this measure, nearly three in ten of the SPCR older prisoners (28%) could be considered to be binge drinkers.

Seventy-two per cent of longer-sentenced prisoners reported smoking every day before custody. Older prisoners were less likely to report smoking every day (52% compared to 73% of younger prisoners). By comparison, 15% of older adults (50+) in the general population were cigarette smokers in 2007 (Office for National Statistics, 2013c) (Table 12).

Table 12: SPCR Sample 2: self-reported smoking status, by age¹⁸

Smoking status	18–49 (%)	50+ (%)	Overall (%)
Smoked every day*	73	52	72
Ex-smoker*	10	18	10
Never smoked*	12	26	13
Occasional smoker	4	3	4
Base Size	2,050	115	2,165

* denotes statistical significance at p<0.01

Attitudes

SPCR Sample 2 prisoners were asked about their general attitudes towards crime and victims of crime. Older prisoners were significantly less likely than younger prisoners to agree that (Table 13):

- ‘Crime can be a useful way of getting what you want’ (11% compared to 26%);
- Committing crime is exciting (8% compared to 17%); and
- ‘It is hard to resist the opportunity to commit crime’ (5% compared to 15%).

In contrast, older prisoners were more likely than their younger counterparts to agree that:

- ‘My crime never harmed anyone’ (34% compared to 18%).

Table 13: SPCR Sample 2: Attitudes to crime, by age

Agreed that:	18-49 (%)	50+ (%)	Overall (%)
‘Crime pays’	18	9	18
<i>Base size</i>	2,032	113	2,145
‘Crime can be a useful way of getting what you want’*	26	11	25
<i>Base size</i>	2,033	112	2,145
‘Committing crime is exciting’*	17	8	17
<i>Base size</i>	2,028	106	2,134
‘It is hard to resist opportunity to commit crime’*	15	5	15
<i>Base size</i>	2,024	108	2,132
‘My crime never harmed anyone’*	18	34	19
<i>Base size</i>	2,020	104	2,124
‘There was no victim of my offence’	20	30	20
<i>Base size</i>	2,022	105	2,127

* denotes statistical significance at p<0.01

To explore why attitudes around victim empathy may differ by age, self-reported attitudes were split by

¹⁷ The report defines ‘older’ adults as adults aged 65 and over.

¹⁸ Some figures may not add up to 100% due to rounding.

offence type. Prisoners who committed fraud, drugs, sexual offences or other offences were the most likely to report agreeing that their crime 'never harmed anyone' (Table 14).

Table 14: SPCR Sample 2: Prisoners agreeing that their crime never harmed anyone

Offence Group	% agreeing their crimes never harmed anyone
Fraud	46
Drugs	31
Sexual	23
Other	23
Motoring	18
Robbery	16
Theft	15
Burglary	10
Violence	8
Base Size	2,124

The majority of SPCR Sample 2 older prisoners (60%) were sentenced for fraud, drugs or sexual offences compared to 32% of younger prisoners (Table 3). In particular the large minority of older prisoners sentenced for sexual offences (31%) distinguishes older prisoners from younger prisoners (5% of whom were sentenced for sexual offences) in terms of offence type.

SPCR older prisoners were less likely than prisoners overall to be sentenced for robbery and burglary (Table 3). It is possible that differences relating to victim empathy may be a reflection of the offence profile of older compared to younger prisoners.

Reoffending¹⁹

Older prisoners were less likely to reoffend in the first year after release from custody compared to younger prisoners.²⁰ Analysis of the SPCR reoffending sample shows that a small proportion of older prisoners (4%) had committed at least one proven re-offence within one year of release from prison compared to 28% of younger prisoners.

A similar pattern is observed in the Ministry of Justice 2011 proven reoffending cohort with 12% of older prisoners released from sentences of between 18 months and four years committing at least one proven re-offence within one year of release from prison compared to 37% of younger prisoners (Table 15).

¹⁹ This is based on cautions and reconvictions.

²⁰ Older prisoners are more likely to die than younger prisoners which might explain, in part, the lower offending rate for this group.

Table 15: Reoffending in the 1 year after release by age

Reoffending	18–49 (%)	50+ (%)	Overall (%)
SPCR sample*	28	4	27
Base size	1,881	104	1,985
2011 Reoffending cohort*	37	12	35.0
Base size	15,307	1,019	16,326

* denotes statistical significance at p<0.01

Source:

Further breakdown of proven re-offending statistics (MoJ, October 2013)

Prisoners were asked about the factors that would be important in stopping them from offending again. The most frequently reported factors among older prisoners were: having a place to live; fear of returning to prison; family support; and having a job (Table 16).

Compared to younger prisoners, older prisoners were less likely to cite the importance of having a place to live, having a job, having enough money, avoiding certain people as well as alcohol or drugs as a factor in reducing their reoffending. Older prisoners were more likely to report that none of the suggested factors were important for reducing their reoffending (22% compared to 4% of younger prisoners).

Table 16: SPCR Sample 2: Factors important in stopping reoffending, by age (multiple responses possible)

Factors	18–49 (%)	50+ (%)	Overall (%)
Having a place to live*	64	50	63
Fear of returning to prison	51	43	51
Getting support from my family	49	41	48
Having a job*	75	40	73
Seeing my children	38	35	38
Having enough money to support myself*	56	33	55
Getting support from my friends	31	31	31
Avoiding certain people*	54	30	53
Having access to healthcare	17	17	17
Not drinking too much alcohol*	35	15	34
Not taking drugs*	46	13	44
Treatment/support for drug/alcohol problems*	23	8	22
Other	7	4	7
None of these*	4	22	5
Base Size	2,056	115	2,171

* denotes statistical significance at p<0.01

Implications

SPCR Sample 2 longer-sentenced older prisoners were more likely to report having health and disability needs compared to their younger counterparts. This is in line with previous research which suggests that older prisoners may be more likely to have complex health needs. This could have implications for prison accommodation, programmes, and interventions and the extent to which adjustments are/can be made to meet the needs of these prisoners. The Care Act (Department of Health, 2014) clarifies Local Authority responsibility to assess social care needs of prisoners and to provide services to meet eligible needs. Healthcare and social care outcomes are linked and it is anticipated that the provisions of the Act will have an impact on the health and wellbeing of older prisoners in particular.

Older prisoners reported lower levels of need in terms of education and employment, and in terms of alcohol and drug misuse, compared to younger prisoners. However, while these findings may inform the effective targeting of programmes, it is important that longer-sentenced older prisoners with these particular needs are not excluded from access to support, where it is needed. Moreover, there is evidence to suggest that continual lifelong learning and involvement in activities in themselves may be beneficial for the general health and wellbeing of older adults (Jenkins and Mostafa, 2013; Nazroo and Matthews, 2012; Morrow-Howell, 2010).

The lack of research on illegal drug use among older prisoners (50+) before custody means that it is difficult to directly compare SPCR figures with other comparable findings and to ascertain whether there have been any changes in older prisoners' drug use patterns over time. The literature on drug misuse among older adults in the general population suggests that, although drug use remains primarily limited to younger adults, illicit drug use seems to be increasing among older adults (Beynon, 2009; Home Office, 2013; Fahmy et al, 2012; Wu and Blazer, 2011; Lynksey et al, 2003; Taylor and Grossberg, 2012). Prevalence may rise among older prisoners due to a 'cohort effect' whereby specific age cohorts for whom illicit drug use has been more common and acceptable become older. For example, a recent paper from the Home Office (Morgan, 2014) suggested there is a legacy cohort of offenders who began using heroin during the 1980s and early

1990s and who still dominate the heroin/crack-using population today.

The findings relating to attitudes towards offending and victims may be due to the different offence profile of older compared to younger prisoners, with older prisoners more likely to be imprisoned for sexual offences, for example, than younger prisoners.

The findings in this summary report suggest that the profile of older prisoners may differ from that of younger prisoners, in particular with regard to health and disability issues. These factors should be considered in planning resources for managing prisoners and targeting interventions.

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