



HM Inspectorate
of Probation

Older people on probation

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HM Inspectorate of Probation

Academic Insights 2022/12

DECEMBER 2022

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Foreword

HM Inspectorate of Probation is committed to reviewing, developing and promoting the evidence base for high-quality probation and youth offending services. *Academic Insights* are aimed at all those with an interest in the evidence base. We commission leading academics to present their views on specific topics, assisting with informed debate and aiding understanding of what helps and what hinders probation and youth offending services.

This report was kindly produced by Nichola Cadet, highlighting the importance of understanding the needs of older people on probation. We live in an ageing society, and the numbers of older people on probation have increased in recent years and are likely to rise further. The health and wellbeing of older people can be impacted by histories of poor mental and physical health, alcohol/drug use, precarious financial situations and unstable accommodation, while connectedness, participation and independence have been found to be key social needs. There are clear links here to desistance theory and the wider evidence base underpinning high-quality probation services, and a number of practical suggestions and recommendations are set out in the report to help ensure that the services provided are sufficiently age-inclusive and holistic (acknowledging that age intersects with other factors such as gender and ethnicity). It is also recognised that age and ageing should be considered in relation to the needs of the probation workforce, so that all staff are supported, with their skills and experiences utilised appropriately.



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The views expressed in this publication do not necessarily reflect the policy position of HM Inspectorate of Probation

1. Introduction

There is a limited evidence base on the needs and experiences of older people who are on probation. Despite increased recognition of the impact of age on the prison population, this has not yet translated into probation policy and practice. Research is also complicated by a lack of agreement regarding what is meant by 'older' in the criminal justice context, with the majority of research conflating 'offender' and 'prisoner'. A systematic review (Merkt et al., 2020) identified that ages 45-65 have been used in research studies for 'older offenders', but advocated age 50 as an appropriate age cut off. This is because of 'accelerated ageing' experienced by virtue of the prison environment and the lived experiences of many people prior to coming into custody. Cumulative disadvantage across the life course means that, for people in prison, their age can be viewed as ten years older than their chronological age.

HM Prison & Probation Service (HMPPS) and HM Inspectorate of Prisons now cite 50 as the age at which people should be defined as older. Despite policy think tanks, campaigning organisations, researchers and the Justice Committee repeatedly calling for a strategy for older offenders, this was only accepted by HM Government in 2020. While the strategy has been prepared by the Ministry of Justice, the emphasis remains on those in custody rather than people across prison and probation, and has yet to be published. This is a missed opportunity. Of course, older people in prison, if released, will be subject to licence supervision, so there are some direct parallels between the prison experiences of older people and those on probation.

Age is a protected characteristic under the *Equality Act 2010*, however the issue has faced less attention than other diversity characteristics, such as gender, race and ethnicity, and the intersections across diverse populations. Probation services do have a long history of considering the needs of younger people in the probation system, particularly in terms of their transition from youth to adult services. Therefore, the service is well placed to ensure that measures can be put in place to meet the needs of older people on probation too, and the transitions they may face as they age. We are living in an ageing society, which means that probation services increasingly need to not only consider the needs of people on probation, but the needs of the professional workforce.

This paper provides an overview of what the research literature tells us about the needs and experiences of older people in the criminal justice system. Statistics around age/ageing and the numbers of older people on probation are considered, highlighting links with reducing reoffending pathways and how they may be experienced differently by older people. Practical suggestions are made to support practitioners, policymakers and commissioners to develop services to ensure that they are age-inclusive against a backdrop of an ageing workforce and an ageist society.

2. Age and the criminal justice system

Age and ageing are important issues because we live in an ageing society. According to the Centre for Ageing Better (2022), since the last census, there are now 1.7 million more people aged 50-69, compared with marginally fewer people aged 20-49. By 2042, only twenty years from now, one in four people will be aged 65 or over (Office for National Statistics (ONS), 2022). This has policy implications for organisational workforces and the recipients of their services.

2.1 How are age and ageism defined?

Despite an increase in the number of people living longer, ageist attitudes are widespread. So much so that research found that ageism is more pervasive across Europe than racism or sexism (Ayalon, 2014). The 2021 Global Report on Ageism by the World Health Organisation (WHO) cites that 'ageism involves bias against a moving target' (2021, p.9) given the changing social and political contexts within which ageing takes place. This means that the experiences and therefore needs of older people changes on a generational basis (Mann, 2012). The WHO (2021, p.15) further states that:

'Ageism arises when age is used to categorize and divide people in ways that lead to harm, disadvantage and injustice and erode solidarity across generations. Ageism takes on different forms across the life course'.

In gerontology (the study of ageing), researchers often distinguish between 'old' and 'elderly', and also in terms of 'maturity' around age 60, whereby people are likely to still have high function and independence compared with entering 'old age' around 80, which is often associated with declining health and functioning, and greater dependence on others. These two phases have also been referred to as the 'third' and 'fourth' age, in a bid to move away from solely numerical definitions of ageing (Gilleard and Higgs, 2013, p.368).

A lack of understanding of the issues relating to age and ageing often means that the needs of older people are overlooked, either because there is a perception that their needs are the same as other younger adults, or because of a tendency for older people to be stereotyped as vulnerable or difficult to engage.

Codd (2020, p.10) identified that older people in the criminal justice system:

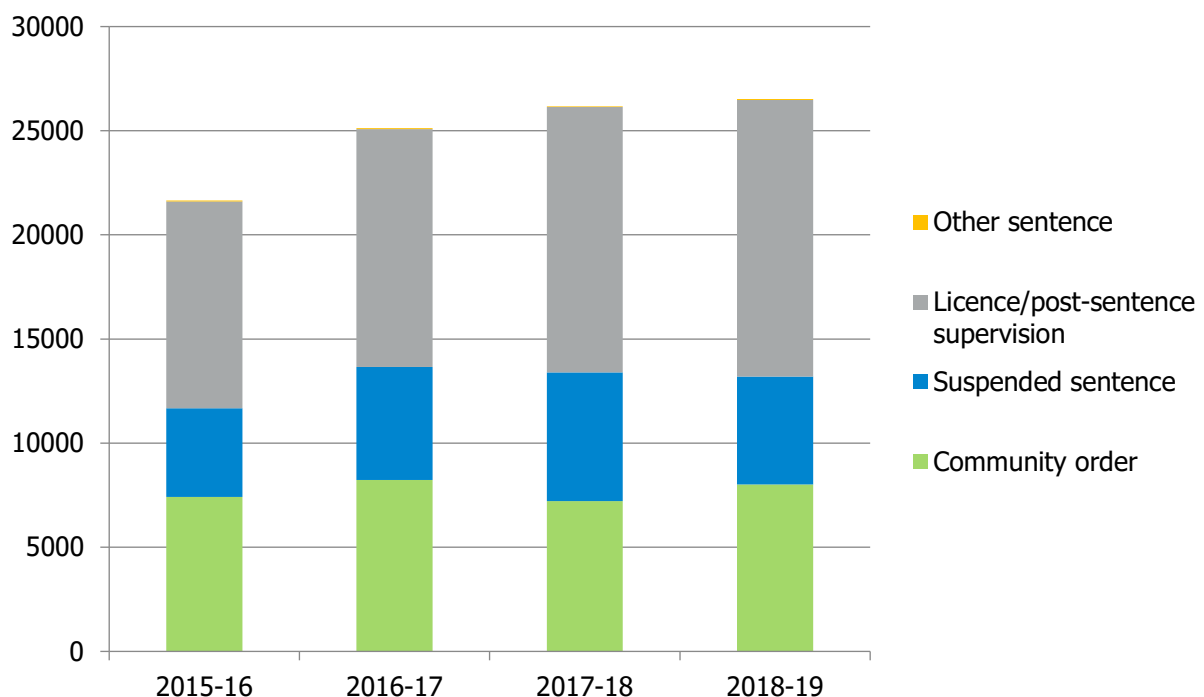
'carry multiple marginalised identities linked to poverty, mental health, race and ethnicity, sexuality, illness and disability, and offence type...it is important to recognise and unpack diversity within and between older people, and not to assume homogeneity on the basis of age. Ageing intersects with other factors including ethnicity, gender, sexuality, and socio-economic status, although the nuances...are under-researched.'

This heterogeneity has been used over the last thirty years to justify a lack of national strategy (House of Commons, 2013) for older people in the criminal justice system. Although a strategy is now being developed by HMPPS, the emphasis remains on the experiences of those in custody, rather than those in probation settings. As identified below, issues relating to health, social functioning, access to the labour market and family relationships are all exacerbated by ageing and are important issues for people involved in the criminal justice system. Such issues may affect their ability to engage with services, successfully complete orders or licence conditions, and not reoffend.

2.2 What do we know about older people on probation?

The focus to date in the criminal justice system has been on older prisoners – they are the fastest increasing cohort in the prison system. However, age is not routinely collected at an aggregate level from probation caseloads. Thus, a Freedom of Information request was made to the Ministry of Justice (Cadet, 2020) and found that during 2018/19, 26,065 people on probation caseloads were aged over 50. This represented almost 17 per cent (one in six) of the caseload, with similar proportions for men and women.

The chart below (Cadet, 2020) documents recent changes in the numbers of those aged over 50, broken down by type of order. The largest increase was in the proportion of over 50's being supervised post-release or on licence. Twenty two per cent of all people on licence in 2018/19 were over 50 (13,281), compared with 17 per cent in 2015/16. This was partially driven by the *Offender Rehabilitation Act 2015*.



Furthermore, 18 per cent of those aged over 50 on licence were over retirement age (including 25 people aged over 90). This is important, as the traditional notions of defining and meeting criminogenic need will differ for this cohort, e.g. expectations around employment, particularly for those in approved premises. In 2018-19, over one in five residents were aged over 50 (22 per cent; 352 people). Twenty per cent of those aged over 50 resident in approved premises were over retirement age.

The proportion of older people being supervised on probation is the same as for those in prison (Ministry of Justice, 2022). These figures are likely to rise, as the numbers of older people in prison are projected to increase by a quarter in the next four years. Meeting the needs of older people in prison, and due to be released on licence, will have a direct impact on the work of probation staff, particularly if they are also resident in approved premises.

Research around resettlement has tended to focus on anticipatory challenges of release, rather than the lived experiences following release from prison. However, Forsyth et al. (2015) interviewed individuals four weeks prior to release and four weeks after release. They found that release planning for older prisoners was 'virtually non-existent', with particular concerns about the lack of formal communication and worries about continuity of care. Although older prisoners were anxious about living in approved premises, those who

did move into that accommodation had their health and social care needs better met than those not living in probation accommodation. There were also anxieties about the stigma of having been convicted of a sexual offence; which is the case for 44 per cent of older people in prison (Ministry of Justice, 2019).

Of course, older people on probation have been convicted of a diverse range of offences and are involved in probation in a number of settings. An older prisoners typology (Wahidin, 2006) can be applied to probation caseloads; this is intended as a descriptive mechanism to identify potential commonalities of experience as a consequence of offending. The four groupings are as follows:

Repeat offenders who have not 'grown out' of crime

- possibly managed in Integrated Offender Management (IOM) teams
- may be more likely to have issues relating to substance misuse and other complex needs.

First-time community order clients who have committed a first offence at an older age

- there may be different socio-demographic factors which need to be taken into account
- there may be ambivalence about the efficacy of completing programmes, as older people may be more likely to ascribe to ageist tropes around 'not being able to teach an old dog new tricks' (Cadet, 2019)
- there could possibly be issues relating to the appropriateness of unpaid work placements.

People released from custody on standard licences

- may have a range of resettlement needs, exacerbated by age, and a lack of information sharing, communication and through the gate services.

People released from custody on extended licences and/or subject to additional restrictions

- may be subject to multi-agency public protection arrangements (MAPPA)
- in addition to the experiences of those on standard licences, they may require accommodation in approved premises, and consideration of move-on accommodation, alongside restrictions on where they can live which may also affect family members (Cadet, 2019)
- many of these individuals may not be released from prisons with resettlement functions/reconnect services.

Additionally, these experiences may interact with 'institutional thoughtlessness' (Crawley, 2005), which in the prison context is a system designed for young, fit men. A similar accusation could potentially be levied at probation, leading to claims of indirect discrimination under the *Equality Act 2010* (Cadet, 2020). However, probation services are well placed to apply learning from working with young adults – who have made the transition to adult services – to adopt an 'age first' approach which considers the holistic needs of an individual, beyond risk and criminogenic need. The ways in which probation could be perceived to be 'systematically thoughtless' (Cadet, 2020) to the needs of older people on probation may include:

- siting of probation settings which are not readily accessible by public transport, or have adequate car parking
- the physical environment of probation spaces, such as seating, acoustics, adaptations
- scheduling of appointments, where older people maybe juggling a number of other appointments relating to health and wellbeing
- selection of placements for unpaid work
- sentence planning emphasis on traditional considerations of reducing reoffending pathways and risk
- a lack of holistic consideration of other needs such as loneliness, resilience and the impact of bereavement.

Additionally, the majority of research to date in prison or probation has focused on older men, due to the smaller number of older women in the criminal justice system (there are under 500 women in prison aged over 50). The needs of older women, just like women *per se*, thus remains an under-researched field of enquiry, alongside intersectionalities around race and disability – particularly where age and disability are often (wrongly) conflated.

2.3 What are the needs of older people on probation?

For many older people on probation, their life experiences may be bound in poor mental and physical health, precarious financial situations and unstable accommodation, all of which shapes their health and wellbeing as they age (Falkingham et al., 2020), with potential repercussions for assessing and responding to criminogenic needs. The table below highlights statistics from the Centre for Ageing Better's *State of Ageing 2022* report, alongside how such issues are important for older people on probation, broadly mapped onto reducing reoffending pathways. Additionally, each of these individual factors may inter-relate, leading to complex needs.

	Issues for older people in society (Centre for Ageing Better, 2022)	Additional issues for older people on probation
Accommodation	<ul style="list-style-type: none"> • Home ownership has reduced, with large discrepancies between ethnic groups. • Of the four million homes that do not meet the 'Decent Homes Standards,' two million are headed by someone aged 55 or over. 	<ul style="list-style-type: none"> • Residing in approved premises: regime, potential for bullying and harassment, and the availability of move on accommodation. • Increasing health and social care needs, and the adaptations necessary to enable independence. • Licences contingent on appropriate accommodation; issues around exclusion zones where family members reside (Cadet, 2019). • Access to residential care homes possible compromised by criminal records and information sharing requirements around risk (Bows and Westmarland, 2018).
Finance	<ul style="list-style-type: none"> • One in five older people live in relative poverty, which will be exacerbated by the current cost of living crisis. • Pension levels only provide on average 58 per cent of previous earnings from work. • More than half of black men and women in their fifties and sixties are not managing financially. 	<ul style="list-style-type: none"> • Pension contributions may be incomplete for individuals who may have been in prison, due to a lack of national insurance contributions. • Knowledge of benefits systems, particularly if they have been in employment previously.
Physical health	<ul style="list-style-type: none"> • Both life expectancy and the number of years spent in good health have reduced. • There is up to ten years difference in life expectancy depending on where people live and their wealth. • An increase in health inequalities as people age. The average ages at which a number of conditions are first diagnosed are: alcohol dependence – 56; diabetes – 58; chronic pain – 60; hypertension and cancer – 68. 	<ul style="list-style-type: none"> • The National Probation Service <i>Health and Social Care Strategy 2019-2022</i> commits to reducing health inequalities. Therefore taking action to improve the health and wellbeing of older people on probation will support this objective. • Although health is recorded within the Offender Assessment System (OASys), health needs are not embedded within probation practice, despite a higher prevalence of many health conditions, and the interactions of good health and supporting desistance (Brooker, 2015).

	Issues for older people in society (Centre for Ageing Better, 2022)	Additional issues for older people on probation
		<ul style="list-style-type: none"> • Unmet health needs of older clients may also have an impact on their ability to comply with their sentence plan or licence conditions, particularly if managing long term conditions (such as diabetes, asthma, heart disease), frailty, malnutrition, and dementia (Association of Directors of Public Health, 2019). • Up to 85 per cent of older prisoners have some form of chronic illness. Furthermore, following the implementation of the <i>Care Act 2014</i>, there is now a statutory duty for local authorities to assess social care needs of prisoners and to put in place plans for support on release. However, a joint thematic inspection (HMI Prisons and CQC, 2018) found that continuity of care upon release is not well established.
Mental health	<ul style="list-style-type: none"> • Risks of both depression and suicide increase with age. (Falkingham et al., 2020). • The Association of Directors of Public Health (2019) cites research from the Mental Health Foundation that 22 per cent of men and 28 per cent of women aged over 65 have depression. • Poor mental health has been exacerbated by the pandemic. 	<ul style="list-style-type: none"> • A high prevalence of mental illness of people on probation caseloads, but multiple barriers to accessing mental health support (Sirdifield and Brooker, 2020). • For older prisoners, 40 to 50 per cent have a mental health condition (Baidawi, 2019). • Screening of people on probation for mental health, substance misuse and executive functioning found that two thirds presented with 'clinically relevant' (Fitton et al., 2018, p.454) mental health symptoms and high rates of comorbidity (more than one condition). • Rates of depression were more similar to older prisoners than in the community.
Relationships and connections	<ul style="list-style-type: none"> • There has been a 67 per cent increase in the number of older men living alone between 2000 and 2019. • People aged 55-64 are the most likely age group to be carers (28 per cent). This includes people looking after 	<ul style="list-style-type: none"> • Relationships with partners may change as individuals age (and possibly die) alongside higher divorce levels, and children having grown up and left home (Codd, 2020).

	Issues for older people in society (Centre for Ageing Better, 2022)	Additional issues for older people on probation
	<p>grandchildren, partners, and parents. Up to age 74, this role is more likely to be undertaken by women.</p> <ul style="list-style-type: none"> • Older people with better connections to their community reported greater wellbeing during the first year of the pandemic. Men, people from minoritised groups, people with disabilities and those struggling financially are less likely to know about local voluntary group support. 	<ul style="list-style-type: none"> • Informal care giving (e.g. to grandchildren) is highly likely to be forbidden for people convicted of sexual offences. • Volunteering could be restricted by individuals' criminal records, particularly those convicted of sexual offences.
Employment and skills	<ul style="list-style-type: none"> • There has been a 1.8 percentage point reduction in the number of people aged 50-64 engaged in the labour market, and variances in employment levels across the country. • One third of people made redundant during the pandemic were aged over 50, and were half as likely to be re-employed than younger workers. • Over three million people aged over 55 have never used the internet. People who are digitally connected are more likely to earn more and save more money on bills etc than people who are not connected. 	<ul style="list-style-type: none"> • Potential double discrimination in the employment market, due to a criminal record and age discrimination. • First time older prisoners are more likely to have been in employment prior to coming to custody than younger prisoners (Cadet, 2019).
Substance use	<ul style="list-style-type: none"> • Two in five males aged 55-74 drink alcohol at levels that put them at increased or high risk, compared with one in five aged 16-24. • For women, one in five women aged 55-64 drink more than 14 units per week. • Alcohol related hospital admissions are twice as high for the poorest people aged 40-64 compared with the wealthiest. • Alcohol use is also increasingly attributed to accelerated ageing, alongside a potentially increased likelihood of Alzheimers disease (Topiwala et al., 2022). 	<ul style="list-style-type: none"> • Opiate drug use, associated with acquisitive crime, is an ageing phenomena. • Over half (54 per cent) of people in treatment in 2019 for substance misuse were aged over 40. • Two thirds (69 per cent) of heroin users first used it before 2001 (Public Health England, 2019). • The average age of people in treatment for alcohol issues is 46 (Public Health England, 2019). Older adults are less able to access residential treatment due to arbitrary age criteria (Drink Wise, Age Well, 2017).

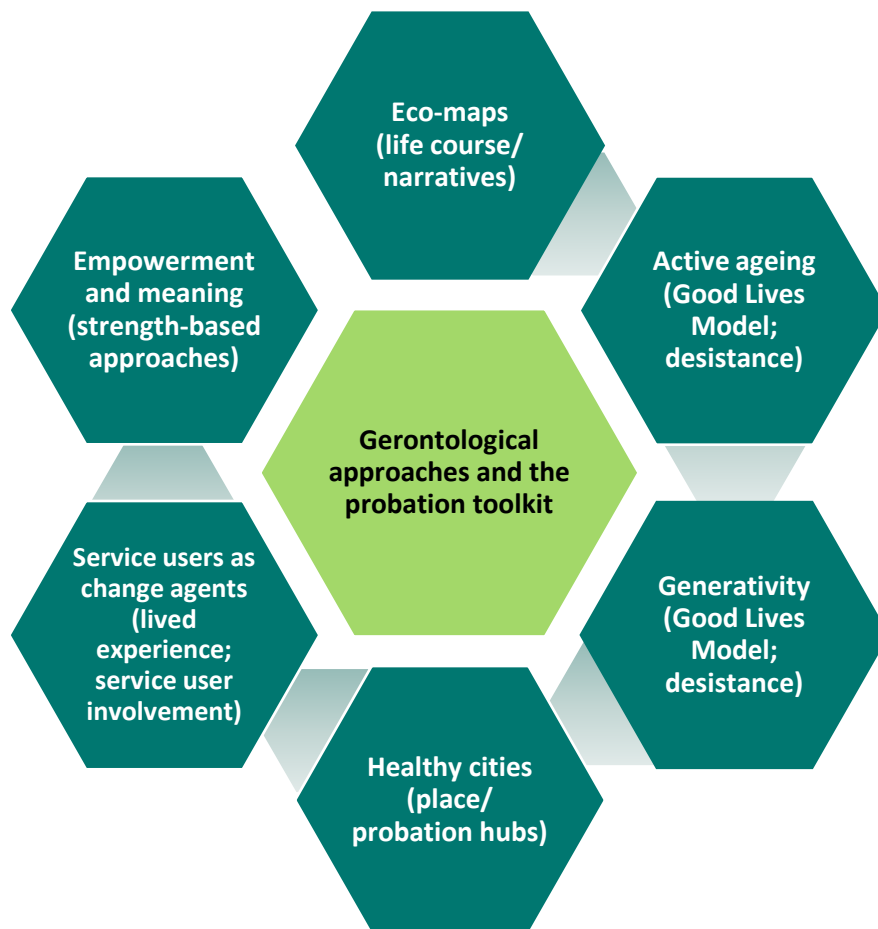
In response to the challenges faced by older people in society, the WHO coined the term 'active ageing,' a term which can be used at the individual, population and societal level. They define active ageing as 'the process of optimising opportunities for health, participation and security in order to enhance quality of life as people age' (WHO, 2002, p.12). Extending the WHO framework for active ageing, Bowling (2008) identified the main constituents of active ageing as including: physical health and functioning; leisure; social contacts, mental activities; access to services and support; psychological resources; outlook and financial circumstances; productivity, empowerment, dignity, human rights and an enabling environment. All are directly relevant for working with older people on probation.

2.4 How can probation practitioners support older people on probation?

The good news is that there are many approaches used in probation practice which have clear synergies with good practice in gerontology. A systematic review of the social needs of older people (Bruggencate et al., 2018) found that interventions for older people should focus on the following notions which have resonance to probation practice around recovery and desistance:

- connectedness
- participation
- independence.

The diagram below highlights a number of approaches which have potential for more systematic approaches to working with older people on probation, and their links with existing probation practices.



Importantly, exploring creative opportunities for social participation, which have been shown to increase social capital (see [Academic Insights paper 2021/06](#) by Alberston), quality of life outcomes, connectedness and lessen social exclusion (Poulsen et al., 2011; Goll et al., 2015) may form an important part of a probation officer's toolkit when working with older people. Mapping community resources (Best and Laudet, 2010) also supports resource awareness and partnership development to enhance the capital of older people on probation.

In particular, developing positive relationships through the use of 'thick' supervision (Dominey, 2019) based on positive relationships that prioritise communication, help, joint working and community-based approaches are fundamental to meeting the needs of older people on probation. Fundamentally, adopting the principles of professional curiosity (see [Academic Insights paper 2022/07](#) by Phillips et al.), embedded in: staff having the time and space to ask the right questions, analyse and act; staff having the time and space to develop relationships; and emotional support for staff. Finally, making use of probation frameworks for lived experience and service user involvement (engaging people on probation) would support meaningful engagement, understanding of issues, and commitment to changing practice. Of course, this is also against a backdrop of resource constraints for the organisation.

2.5 What about the ageing probation workforce?

Finally, age and ageing should be considered in relation to the needs of an ageing probation workforce. Despite one in four people being aged 50-59, comprising the largest group of staff in HMPPS¹ (Ministry of Justice, 2020), they have worse appraisal outcomes than younger staff, and an increased number of grievances. Additionally, many staff form the so-called sandwich generation (de Medeiros, 2017) whereby staff will be looking after their own children and caring for parents and other older relatives. This will be at the same time as dealing with issues relating to their own ageing.

There are clear implications for succession planning in addition to ensuring that experience is retained in the service. Policies to eradicate ageist practices in the workplace and support staff are also likely to translate into improved outcomes for older people on probation.

¹ N.B. these figures include staff working in HM Prison Service and the National Probation Service, and do not include staff who were working for Community Rehabilitation Companies (CRCs).

3. Conclusion

The increasing number of older people on probation means that it is vital that probation services consider the specific needs of people as they age, and how their life experiences to date may differ from younger people. Understanding more about their needs and how to meet these needs in a holistic way will provide benefits for people on probation and will support HMPPS' goals to improve health, wellbeing and social care, and reduce health inequalities.

In order for improvements to take place, the following recommendations are made:

1. instigate an 'age first' approach to understanding the needs of older people on probation, underpinned by clear diversity objectives
2. implement a systematic approach to finding out and responding to the diverse and intersectional needs of older people on probation, including investment in research and evaluation of different approaches
3. develop an evidence base of the needs of older people on probation to improve commissioning and investment in probation regions, integrated care boards and social care
4. enhance screening of needs, information sharing, advocacy and support for older people to engage effectively with services to meet their needs
5. develop partnerships with local, regional and national voluntary and community organisations working with older people, e.g. Recoop, Restore Network, Age UK and the Centre for Ageing Better. This should also include funding under the HMPPS grant programme
6. celebrate the experiences, skills and strengths of older people on probation to aid successful completions, support other people on probation, and challenge ageist stereotypes
7. develop lead roles and expertise in probation regions to support partnership development, training, policy and work with older people on probation
8. implement a workforce development programme and succession planning strategy to meet the needs of older staff who may be balancing the health and care needs of themselves and family members.

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Published by:

HM Inspectorate of Probation
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1 Bridge Street West
Manchester
M3 3FX

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ISBN: 978-1-915468-39-0