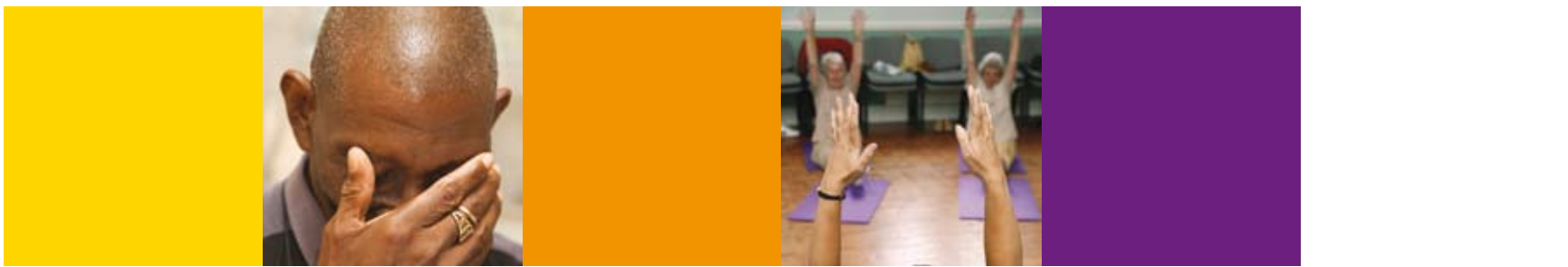




changing lives  
reducing crime

# A resource pack for working with older prisoners



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Nacro is the leading charity in England and Wales dedicated to making society safer by reducing offending. Our practical services give offenders and those at risk of offending the skills, support and motivation they need to change their lives for the better. We combine services with campaigning: lobbying for better ways to reduce offending, while demonstrating how this can be done in practice.

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In addition, we would like to thank the Older Prisoners' Action Group (OPAG) and the Older People in Prisons Forum for their expertise and encouragement in the production of this pack.



# Introduction

Welcome to *A Resource Pack for Working with Older Prisoners*, an updated version of the *Older Prisoners Training and Resource Pack* first produced in 2005. Over the last year we have spoken to many of you to see what you thought should be in the redrafted pack. While the original pack was only available in hard copy, it now comes with a CD of fact sheets, information and activity ideas. We have also included a chapter on health and healthy living and in part 3, some good, simple and often inexpensive good practice ideas. Where there is a good tool currently in use, such as *A Pathway to Care for Older Offenders*, we have included the template for you to use on the resources and activities disc. Finally, we have updated and simplified the sources of information and advice in part 4, as well as grouping them under common areas of interest to make them easier to access.

The pack and its resources are aimed at wing-based prison staff, disability liaison officers, peer support workers and anyone else who wishes to practically enhance the day-to-day lives of older prisoners. There is also a one-day workshop available for anyone who would like to receive training and know-how on how to help older prisoners. For more details on this, please contact Naomi Byron on 0121 250 5235.

However, the pack and the one-day workshop are just a starting point. The training workshop will equip you to run your own workshops back in your respective establishments and you'll be able to access the resource material on HM Prison Service's intranet. We are also exploring the possibility of a twice-yearly email update as well as a virtual forum where you will be able to pose questions and seek advice.

We hope you find this guide useful and that it becomes an invaluable tool in your day-to-day work with older offenders. Additional copies of this and the resources and activities disc can be obtained from Nacro's website ([www.nacro.org.uk](http://www.nacro.org.uk)).

**Sally Wentworth James**

Nacro March 2009

## A prisoner's perspective

**'I committed my last offence to get back inside. I didn't really do any crime – just couldn't be bothered to turn up to see my probation officer, which I knew would get me recalled.**

**Truth is I have no relations or friends on the outside and no interests – they're all here. I have spent most of my life inside, so by the time I was given my parole I had great difficulty surviving by myself. I was also getting so ill trying to cope... there wasn't anybody there to help or support me.**

**So now I'm in my 70s and back "home" and this is where I'm going to die – not that I want to spend the end of my life in prison but what else is there for me?'**

Courtesy of Prison Reform Trust,  
*Doing Time* (2008)

# How to use this pack

This resource pack was created so that peer support workers, disability liaison officers, older offender and wing officers could use its contents to implement good practice ideas and set up activities in their establishments for older prisoners. It is also intended to act as a useful reference on different organisations to encourage prison workers to contact other agencies for information and improve the quality of their information, advice and guidance service for older prisoners. The pack should also be used to raise awareness among colleagues of the health problems the older prisoner population is prone to and of some of the practical things they can do to make their lives easier. Each pack consists of a hard copy and two resources and activities discs.

## The hard copy

The hard copy is divided into four sections, all of which can be removed and photocopied.

**Part 1** gives some useful background information about what it's like to age in prison and the main issues faced by older prisoners. We have included some key points from *No Problems – Old and Quiet: Older prisoners in England and Wales* (2004) which you can access at <http://inspectrates.justice.gov.uk/hmprisons/thematic-reports1/hmp-thematic-older-04.pdf>. The recommendations made in the review have proved extremely useful for governors and officers alike and we have included in this pack some of the more practical suggestions for you to implement in your establishment.

**Part 2** is a resource you can use for older prisoners, their carers, staff and visitors alike to raise awareness of older prisoners' health. It can be photocopied, enlarged or made into leaflets for use on the wings. The aim of this part is firstly to consider what healthy ageing looks like and make suggestions as to how a prisoner can remain healthy. Secondly, we wanted to identify some of the main illnesses that affect older prisoners, highlight the major signs and symptoms of these conditions and then signpost you to relevant organisations' details or to their leaflets – in part 4 of this pack or on the resources and activities disc respectively.

**Part 3** looks at some ideas from around the prison estate and community at large. The headings relate to the area in which you can implement the ideas, namely, environment, activities, health and social care, and resettlement. Where possible, we have named the prison from where the suggestions originate, so that you can contact them if you need to find out more or want to share some good practice of your own. We have included suggestions which are cheap and easy to implement, and which, generally speaking, could be managed and developed by peer workers. The resources and activities disc also has loads of ideas for activities and suggestions to help you.

**Part 4** contains helpful contact information on agencies – their addresses, phone numbers and website details divided up into areas of interest and current as of December 2008. This part aims to signpost people to other organisations for information, leaflets, advice and potential support in the prison.

## The resources and activities disc

The resources and activities disc is divided into four sections (see opposite).

- 1. The PowerPoint presentation folder:** this is mainly for the workshop sessions. However even if you do not attend the workshop sessions these slides can help guide you through the background issues facing older prisoners and show you how this information can be put into practice.
- 2. Exercise and activities folder:** this contains a variety of activities, quizzes and discussion openers that can be used on a one-to-one basis or in groups. Feel free to build on what you find here, and we will be providing new ideas in the biannual updates.
- 3. Resources and information folder:** this has been formulated by Pathways and contains additional information on subjects such as setting up a senior citizen forum and day centre, wills and bereavement as well as a range of assessment tools currently being used by projects around the estate. Each sub folder contains a variety of leaflets from well-known specialists such as Age Concern. The information was current as of December 2008, but we recommend you browse the websites (see part 4) from time to time to ensure the information you have is as up to date as possible. Please also refer to the **index of resource and information pdf** for a detailed breakdown of this section. You will also find a full pdf copy of the resource pack here.
- 4. Feedback folder:** this contains a feedback form which will help you evaluate how well you are delivering information on older prisoners, as well as providing Nacro with feedback on the effectiveness of the training materials.

You can obtain additional copies of the discs from Nacro's website ([www.nacro.org.uk](http://www.nacro.org.uk)) and we are working with colleagues from HM Prison Service to download this information onto their intranet as well as onto the new Department of Health website for disability and older offender liaison officers as soon as it is launched.

## Working with older prisoners workshop

As well as this pack and the resources and activities disc, Nacro will run three training workshops a year – in the North, the Midlands and London – on how to run a workshop on older prisoners for colleagues and peer support workers in their area. These one-day regional workshops will consist of three modules.

**Module one** looks at some facts and figures about older prisoners and what it's like to be old in prison.

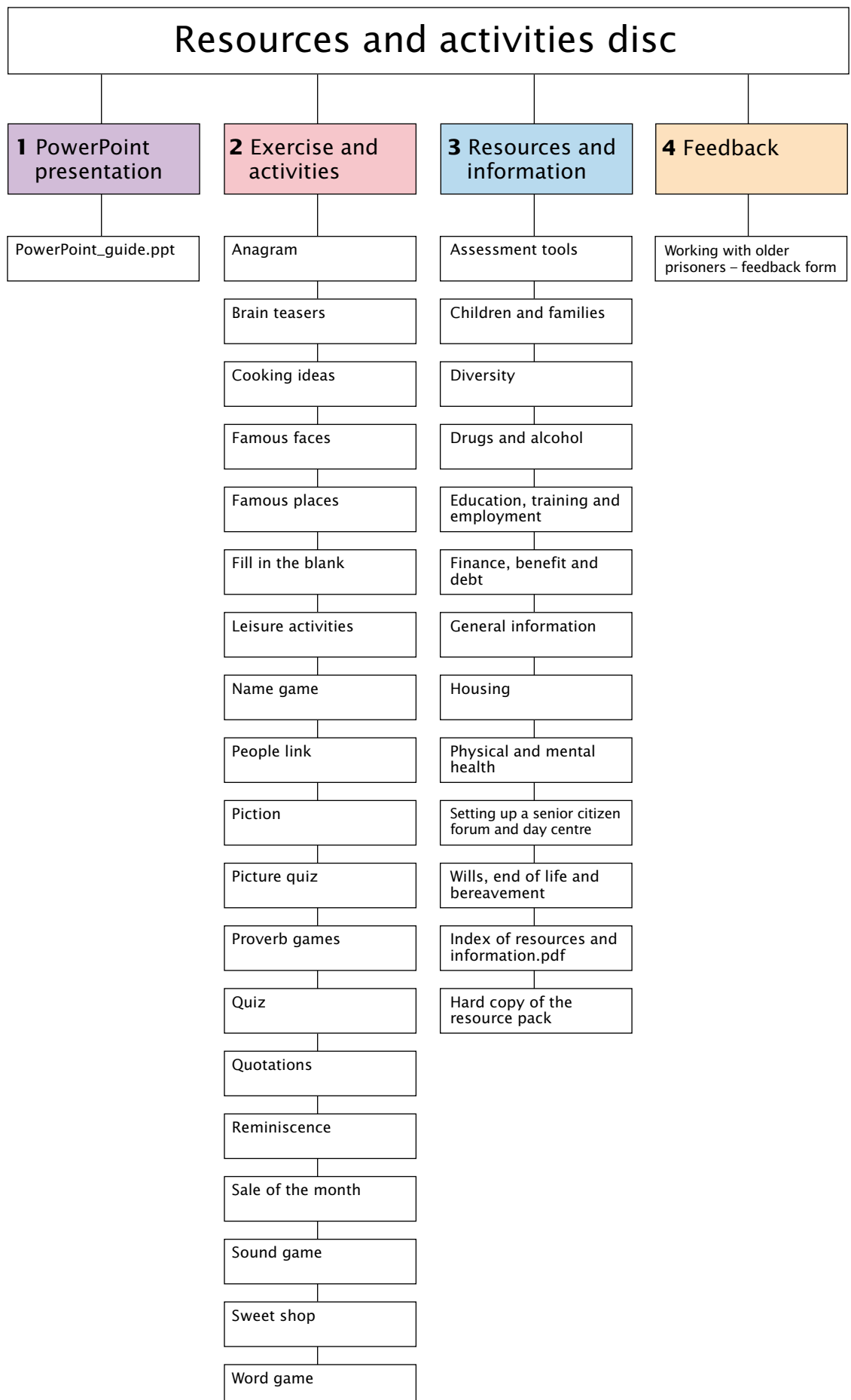
**Module two** looks at health issues and healthy ageing for prisoners.

**Module three** considers the resources and how to put them to good use in the future.

The workshops are aimed at area diversity leads, disability liaison officers and/or older prisoner leads, wing-based staff in establishments that hold many prisoners aged 50 and over and, where appropriate, peer support workers. Participants will receive workshop packs containing all the information from the day, extra supporting material and further ideas for activities so that they can go and set up workshops in their own establishments.

Working with older prisoners workshop packs are also available from Nacro's website ([www.nacro.org.uk](http://www.nacro.org.uk)).

## Chart showing the folder structure of the resources and activities disc



## Follow up

Following discussions with several of you, we are now in talks with the Department of Health and NOMS about what additional information would be useful to you and in what format. Ideally, we would like to run an annual conference on older prisoners and ensure you receive biannual updates on HM Prison Service's intranet. In the meantime, we will update NOMS headquarters (Carrie Cannings) and area diversity leads on a regular basis, and if any of you have any suggestions, please feed them back to [sally.james@nacro.org.uk](mailto:sally.james@nacro.org.uk).



# Part 1 Background

## Facts and figures

Prisoners aged over 50 are the fastest growing age group in prison. The increase in numbers has been attributed to longer sentences as well as improvements in policing technology. In August 2008, there were 6,897 men and 304 women aged over 50 in prison in England and Wales – a total of 7,201. This includes 493 people over the age of 70.

Offences committed by male prisoners are predominantly sexual, and against the person, and over 80% are serving sentences of four or more years.

The number of women prisoners aged over 50 has more than trebled, rising from 92 in 1996 to the current population of 304.

Nearly half of these women are foreign nationals (44%) and many are serving long sentences for drug importation.

Over half of all elderly prisoners suffer from a mental illness – the most common being depression which can emerge as a result of imprisonment. Older people in prison age 10 years faster than their contemporaries in the community.

### A prisoner's perspective

**'No specific thought is given to older prisoners. It's given to young offenders, but not to people of our age group or our families.'**

Michael, HMP Albany

## What's it like being an older person in prison?

### A prisoner's perspective

**'When I wake up in the morning, I don't know how I am going to feel. Some days I feel like a 25 year old, full of life and energy; other days I feel like a 90 year old and can hardly walk.'**

**The officers need to understand I am not putting this on.'**

Susie, HMP Foston Hall

### Older prisoners experience the same problems as younger prisoners:

- social exclusion
- the same need to engage in meaningful activities as their younger counterparts – to feel they are 'part of something'
- the same problems with respect to coping, 'entry shock', adaptation and 'psychological survival'.

### But on top of this, they also:

- are likely to have a long-standing chronic illness or disability (80%). Of these, more than 35% suffer from a cardiovascular disease, and more than 20% suffer from a respiratory disease
- are likely to have been in prison before (50%)
- are often more vulnerable because they find it difficult to cope with the physical and mental stresses and demands of prison life

- have elderly spouses and parents who either have special requirements of their own or who need to travel miles to visit their loved one
- often have no family or community links
- are harder to resettle because they are more likely to become institutionalised
- have a multitude of resettlement needs, especially older sex offenders and those with disabilities
- have not benefited from prison programmes, which are geared to the needs of younger prisoners, especially offending behaviour, education, vocational and employment programmes
- may be unlucky in the quality and availability of care and welfare services in the areas to which they are released
- may have limited funds on release, such as a pension
- experience anxiety about the future
- pose fewer problems for prison staff, don't tend to complain and are often less demanding, which can lead to their needs being forgotten or neglected.

#### A prisoner's perspective

**'People do treat me differently. Sometimes they talk at me as if I am stupid – they make decisions for me and forget to include me.'**

Stuart, HMP Albany

## Reviews of conditions for older prisoners

In 2004, the Inspectorate published a report *No Problems – Old and Quiet: Older prisoners in England and Wales* on the treatment and conditions of the growing number of older prisoners in England and Wales. It examined four areas: environment, regimes and relationships, healthcare, and resettlement. While it found some examples of good practice, it also found these were not consistent across the prison estate. The review raised concerns about how older people entering prison were managed, as well as about those who would become elderly while in prison as the result of a long prison sentence. In particular, it identified a lack of specialist accommodation provision to meet individual needs, a lack of access to an appropriate regime and tailored activities for older prisoners, and a failure to properly assess and meet the mental and physical health needs of this group. It also highlighted that older prisoners are often held a long way from home which impedes resettlement work, prison visits and has a detrimental effect on their families.

In 2008, the Inspectorate produced a new report examining what had changed or improved. It found there have been some positive developments over the last four years. Survey responses from older prisoners are more positive than they were, healthcare arrangements have in general improved, and some individual prisons and prison staff are carrying out good and innovative work to meet the specific needs of these prisoners.

It is worth reading these reports as there are sections relevant to improving the lives of older prisoners but we have also included several of their recommendations in part 3: 'Good practice ideas'. A copy of the 2008 report can be found on the resources and activities disc in the general folder or at [http://inspectors.justice.gov.uk/hmiprisons/thematic-reports1/Older\\_Prisoners\\_Thematic.pdf](http://inspectors.justice.gov.uk/hmiprisons/thematic-reports1/Older_Prisoners_Thematic.pdf).

A Department of Health publication, *A Pathway to Care for Older Offenders: A toolkit for good practice*, makes some excellent points and recommendations for use throughout the prisoner journey, from assessment to release. It also contains template assessment documents you can use which can be found on the resources and activities disc in the resources and information folder. You can also find suggestions for reasonable practical adjustments and good practice more generally in Annexes C and D of *Prison Service Order 2855*.

For gender specific information and advice, please refer to *Prison Service Order 4800: Women Prisoners* ('Issue K: Older Women Prisoners'). This mandatory order requires the different needs of older women to be understood and addressed and, specifically, that activities, regimes and programmes designed for older women prisoners be provided in the prisons where they are located.

# Part 2 Health and healthy ageing

Part 2 is a useful resource you can use to raise awareness among colleagues and peer support workers who work with older prisoners. It can be photocopied, enlarged or made into leaflets for use on the wings. The first section looks at normal ageing and then makes some suggestions as to how prisoners can remain healthy. The second section (page 16 onwards) identifies some of the main illnesses that affect older prisoners and highlights the major signs and symptoms of these conditions, while providing details of places where you can get more information – whether contacting the relevant organisations direct (using the list provided in part 4 of this pack) or accessing leaflets and information from different organisations on the resources and activities disc.

## Normal ageing and its symptoms

There is not a single point at which a person becomes old. Chronological age is not an accurate indication or measure of old age. Most prisoners over the age of 60 will be showing some of the characteristics of old age.

## What is affected by normal ageing?

- Vision is not what it used to be. The ability to focus at different distances becomes harder and results in long-sightedness.
- There is a general decline in hearing – particularly for faint sounds (although this decline also occurs throughout adult life).
- There is an increased sensitivity to bitter/sweet tastes.
- Due to thinning and wrinkling, older people have been found to have a higher touch threshold. Firmer stimulation is required. Sensitivity to temperature decreases.
- There is a possible increase in the pain threshold, but this is not proven.
- Memory does decline in old age – usually wisdom is retained. Problems only occur in the memory when processing new information. Older people take longer to retrieve things from the memory and process information more slowly. In many cases, decline in memory could be linked to poor physical health.

However, there is virtually no decline in the sense of smell of the healthy aged.

## How to age healthily

Growing older is inevitable, but being in poor health as one grows older is not. It is important that prisoners are encouraged to adopt as much of a healthy lifestyle as is practical, which will help them cope with the normal things life throws at them, such as colds and flu. This can be achieved by:

- keeping as active as possible
- eating a healthy diet
- keeping weight down
- giving up smoking.

Keeping physically active need not take a great deal of effort, but it can pay huge dividends. People who are physically fit:

- can breathe more easily
- can sustain physical activities
- have a sound heart and lungs
- suffer less from heart disease, obesity, diabetes and strokes
- have regular bowel movements
- have a good appetite
- are less likely to fall over
- cope with stress more effectively
- possess a better memory
- sleep better.

In addition to the above advantages, prisoners will stand a better chance of avoiding depression or early dementia if they can build regular sustained exercise into their daily schedules. There are suggestions on how to keep physically and mentally active in part 3 of this pack. Over and above this, within each establishment the PE Department should be able to help with activities to promote physical well-being, while the education and library services should be able to assist with mental stimulation.

Opposite is a poster that could be given to all older prisoners or placed on wing notice boards. You can also find more leaflets and information on the resources and activities disc under resources and information/physical and mental health/healthy living food and nutrition.

# **Stay younger. Stay active. Look after yourself.**

## **Take more exercise**

Exercise not only makes us feel fitter, younger and more alert, it also prevents many of the disabling conditions we associate with later life.

## **Give up smoking**

It's the biggest single risk to your health after inactivity. It's not just lungs and hearts that are at risk, smoking will slow down your rate of healing.

## **Keep socially and mentally active**

Keep on challenging the grey matter. Brain power can last as long as we do but appears to work best when it's stretched. Read a book or two – it helps with relaxation and sleep. Play cards and do crosswords – they keep the brain active.

## **Drink more water**

Many of us are slightly dehydrated. This interferes with digestion (leading to constipation) and other processes, and it fogs up the brain. Drink a variety of drinks to keep your water intake up. Caffeine is a diuretic which increases the amount of water that you excrete. However, you still take in more liquid than you lose from a cup of tea, coffee or a cola-type soft drink.

## **Get outdoors as often as possible**

Firstly, for exercise, but also because exposure to light – especially sunshine – is vital for our body clocks and vitamin D levels. Lack of vitamin D makes development of the bone disease osteoporosis more likely.

## **Eat fruit and vegetables**

These are nature's anti-ageing remedy, protecting us from many of the diseases we associate with later life.

## **See prison medical staff when you are not well**

Don't put up with health problems on the grounds of age or assume that old age means nothing can be done. See your dentist and optician regularly too.

## **Be positive**

This gives us a rosier view of life, and boosts our immune system as well.

Every day, spend 20 minutes focused on a really uplifting thought or memory – you will feel better and your immune system will get a boost.

Be positive about your wants and needs too.

## Recognising and responding to illnesses common among older prisoners

# Back pain

### What you need to know

#### Symptoms

- Restricted movement
- Twinges, aches and pains in joints
- Stiffness/feeling 'stuck'
- Poor posture
- Lack of energy
- Feeling 'bruised' around the back area
- Depression and feeling low

#### Warning signs

In the case of severe pain that gets worse instead of better over the weeks or of feeling unwell with back pain, ensure the prisoner sees the prison doctor.

Where there is back pain and any of the following develop, the prisoner should see the doctor immediately:

- Difficulty passing or controlling urine
- Numbness around the back passage or genitals
- Pins and needles or weakness in both legs
- Unsteadiness on their feet

### What can be done about it?

- Keep fit; include as much movement as possible.
- Try yoga and relaxation exercises.
- Build up activity slowly and gently.
- Be positive but patient.
- Painkillers can help.
- Try hot and cold treatments – 20 minutes of each.

#### Sufferers should:

- 1 bend the knees and keep the back straight when they pick something up off the floor or lift something
- 2 not stay in one position for more than 30 minutes without a break
- 3 not twist the back while turning the feet
- 4 not sit too long without moving and use a chair with an adjustable height and back that supports the back
- 5 learn to relax.

### Where can you go for information?



resources and information folder/physical and mental health/backpain

- [www.patient.co.uk](http://www.patient.co.uk)
- Back Care – the charity for healthy backs
- PE Department
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Cancer

### What you need to know

An awareness of what is normal for the prisoner and prompt reporting of symptoms to healthcare can help ensure that if a prisoner does have cancer, it is diagnosed as early as possible.

### Symptoms

There are some common signs and symptoms that indicate something is new or different:

- Lumps
- Coughing, breathlessness and hoarseness
- Changes in bowel habits
- Bleeding
- Moles
- Unexplained weight loss

### What can be done about it?

- Alert healthcare as soon as possible if there are any of the changes mentioned under 'symptoms'.
- Cancer can often be managed more easily when it is diagnosed in the early stages.

### Where can you go for information?



resources and information folder/physical and mental health/cancer

- [www.cancerbackup.org.uk](http://www.cancerbackup.org.uk)
- Cancer Research UK
- **Consult healthcare**

For further information, see part 4 →



## Recognising and responding to illnesses common among older prisoners

# Cancer: breast

### What you need to know

One in ten women will develop breast cancer at some time in their lives. The risk of developing breast cancer increases with age.

### Symptoms

- A lump or thickening in the breast or armpit.
- A change in the size or shape of the breast.
- Changes in the skin of the breast, such as dimpling, puckering or redness.
- Nipple changes such as an unusual discharge or a change in the direction of the nipple.
- Changes around the nipple, for example an unusual rash or sore area.
- Unusual pain or discomfort.

### What can be done about it?

- The chances of survival are far higher with an early diagnosis – don't ignore the warning signs.
- Ensure prisoners perform a check as part of their regular routine of bathing or showering.
- Get any changes checked by a doctor.

### Where can you go for information?



resources and information folder/physical and mental health/cancer

- Cancer Back Up
- Cancer Research UK
- Breakthrough Breast Cancer
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Cancer: prostate

### What you need to know

The symptoms of prostate cancer are similar to other prostate problems. In its early stages, prostate cancer often does not produce any symptoms.


### Symptoms

- pain when urinating
- needing to urinate frequently – including at night
- feeling a sudden, almost irresistible need to urinate
- having a weak stream particularly when starting or stopping urinating
- a hesitant start to urination
- needing to strain to urinate
- pain on ejaculation
- lower back pain or stiffness in the pelvis
- blood in the urine.

### What can be done about it?

- If diagnosed at an early stage, prostate cancer can be successfully treated.
- Symptoms can be vague or easy to miss so it makes sense to ensure prisoners are aware of their prostate's health and have regular health checks to spot any problems at an early stage.

### Where can you go for information?

 resources and information folder/physical and mental health/cancer

- Prostate Cancer Research Foundation
- Cancer Back Up
- Cancer Research UK
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Cancer: skin

### What you need to know

#### Symptoms of malignant melanoma

- An existing mole or dark patch getting larger or a new one growing.
- A mole with a ragged outline (ordinary moles are smooth and regular).
- A mole with different shades of brown and black (ordinary moles may be dark brown but are all one shade).

There are other symptoms of skin cancer, but they don't necessarily mean the prisoner has a malignant melanoma.

Keep an eye out for the following:

- A mole that starts to bleed, ooze or crust.
- A mole that is bigger than all the other moles.
- A change in how the mole feels, like a mild itch.

There are, however, many other conditions that may appear in the skin, particularly among older people, which are not cancer.

### What can be done about it?

- If you notice anything unusual on the skin which does not go away in two weeks, get the prisoner to show it to healthcare.

### Where can you go for information?



resources and information folder/physical and mental health/cancer

- Cancer Back Up
- Cancer Research UK
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Dementia

### What you need to know

There are several kinds of dementia – Alzheimer’s disease is the best known.

Dementia is the decline of mental ability, thinking, problem solving, concentration and perception. It also affects behaviour. Eventually dementia erodes the personality, which is perhaps the most distressing aspect.

Dementia can be the result of brain injury, pressure on the brain such as from a brain tumour, and prolonged alcohol abuse.

### Symptoms

Sufferers can show signs of anxiety, suspiciousness or agitation as well as having delusions or hallucinations, but every person with dementia is affected differently.

### The three stages of dementia

*Early stages:* it can be quite hard to pinpoint exactly what the changes are. The person may suffer from a lack of concentration and be unable to make decisions, or be a little bit forgetful and confused. They may also get puzzled and upset about their behaviour.

*Middle stages:* the person will become more forgetful, especially of people’s names and recent events. They may become muddled about what day or time it is, and have difficulty talking and understanding what people have said to them. They may also become angry, upset and aggressive quite easily.

*Final stages:* the person will be unable to remember what they have just done or said, and will not be able to recognise familiar objects and faces. They may become very restless and unable to express themselves or understand what is being said to them. They will be unable to carry out personal hygiene tasks and may become incontinent. At some point they may also need to use a wheelchair or may become bedridden.

### What can be done about it?

Conditions such as a kidney infection, thyroid gland deficiency or a stroke can lead to someone displaying ‘dementia-like’ symptoms. A reaction to some types of medication can also cause these symptoms. So it is always important to see a doctor if someone starts showing signs of any of these symptoms as it may not be dementia they’re suffering from.

Most people with dementia will need a lot of support and specialist care, particularly in the final stages.

### Where can you go for information?



resources and information folder/physical and mental health/alzheimers and dementia

- The Alzheimer’s Society
- NHS: [www.nhs.uk/dementia](http://www.nhs.uk/dementia)
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Depression

### What you need to know

#### Psychological symptoms

- Continuous low/blue mood or sadness
- Feeling hopeless and helpless
- Low self-esteem, tearfulness
- Feeling irritable and intolerant of others
- Poor motivation, low interest levels and/or difficulty making decisions
- Suicidal thoughts and/or thoughts of harming someone else
- Anxiety and/or obsessional worries, acts or images

#### Physical symptoms

- Slowed movement and/or speech
- Change in appetite and/or weight (usually decreased but sometimes increased)
- Constipation
- Unexplained aches and pains
- Lack of energy

#### Social symptoms

- Poor work performance
- Reduced social activities and contact with families
- Over/under-coping mechanisms
- Over/under-reaction
- Lack of drive/motivation
- Paranoia/withdrawal

### What can be done about it?

- Ensure prisoners take their medication
- A gradual increase in activities and exercise
- Relaxation – Tai chi/yoga can help relieve tension and anxiety
- Help them identify negative thoughts and change them into positive thoughts
- A well-balanced diet
- Contact with peers, social groups and befriending schemes

### Where can you go for information?



resources and information folder/physical and mental health/depression

- Depression Alliance
- The Alzheimer's Society
- Mind
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Diabetes

### What you need to know

Diabetes is a condition in which the amount of glucose in the blood is too high.

#### Symptoms

- Going to the toilet often – particularly at night
- Often being thirsty or hungry
- Unexpectedly losing weight
- Lacking energy, feeling tired and drowsy
- Having blurred vision
- Tingling or numbness in legs, feet or fingers
- Recurring skin, gum and/or urinary tract infections
- Slow-healing cuts and bruises
- Frequent itching of skin and/or genitals

### What can be done about it?

- A simple blood test will reveal if a prisoner has diabetes. Spotting diabetes early means that serious complications are much less likely.
- Type 2 diabetes usually affects people over the age of 40. It can be treated through diet and exercise and also through tablets and occasionally insulin injections.

### Where can you go for information?

- NHS website: [www.nhs.uk/Diabetes](http://www.nhs.uk/Diabetes)
- Diabetes UK: [www.diabetes.org.uk](http://www.diabetes.org.uk)
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Glaucoma

### What you need to know

Glaucoma has no symptoms, and as it creeps steadily on, vision slowly narrows to so-called 'tunnel vision'.

The first sign that many sufferers may notice is when they detect a loss of sight at the edges of their vision.

### Risk factors

- Age – the longer we live, the more likely we are to develop glaucoma.
- Race – people of African Caribbean origin are between five and eight times more likely to develop the disease.
- Family – if there is a family history of the disease, you are more at risk.
- Short-sightedness – short-sighted people are prone to the disease.
- Diabetes – this is believed to increase the risk of developing the condition.

### What can be done about it?

- Unless treated, glaucoma can cause partial or total blindness. It is vital to have regular eye tests – every two years is recommended.
- Damage already done cannot be repaired, but with early detection, regular checks and treatment, it is possible to stop the condition and keep damage to a minimum.

### Where can you go for information?

- RNIB
- The International Glaucoma Association (IGA)
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Hypertension

### What you need to know

Hypertension is a condition where a person's blood pressure is constantly higher than normal.

Hypertension is the effect of a variety of factors, including weight, diet, bad habits and family history.

Hypertension is known as a 'silent killer' because the blood pressure rises, but no external symptoms are seen.

The effects of hypertension include strokes and heart attacks.

### What can be done about it?

- Ensure the doctor tests blood pressure regularly.
- For mild hypertension, lifestyle changes may be needed.
- For more severe hypertension, medication may be prescribed with lifestyle changes.

### Diet

- Watch salt intake – which should be less than a teaspoon a day.
- Avoid crisps, soy sauce, pickles, salted popcorn, cheese, cured meat and canned soups.
- Reduce the amount of fatty food in the diet.
- Try to eat as many whole grains, fruits and vegetables as possible.
- Exercise is important; so is monitoring weight.

### Where can you go for information?



resources and information folder/physical and mental health/hypertension

- British Hypertension Society
- **Consult healthcare**

For further information, see part 4 →



## Recognising and responding to illnesses common among older prisoners

# Incontinence

### What you need to know

Bowel and bladder weakness becomes more common as we get older.

Urinary incontinence can be divided into four types:

- **Stress incontinence** – this means leaking urine when you cough, sneeze or exercise. It is caused by weakness in the muscles that control the opening of the bladder as well as the pelvic floor muscles. This type of incontinence is most usual in women because of the impact of pregnancy, but men may develop stress incontinence after a prostate operation.
- **Urge incontinence** – this means having a sudden urgent need to pass urine, but not being able to reach the toilet in time. An overactive or ‘unstable’ bladder often causes this.
- **Overflow incontinence** – this happens when the bladder does not empty completely. Urine can build up and end up literally overflowing.
- **Functional incontinence** – this is where practical issues such as having difficulty walking or not being able to undo clothing quickly enough can lead to incontinence.

Pelvic floor weakness is another leading cause of urinary incontinence.

### Faecal incontinence

Losing control of one’s bowels – faecal incontinence – is both distressing and embarrassing. Sometimes the cause is malfunction of the nerves at the base of the spine that control the lower bowel. Damage to the sphincter muscles in the anus, to the nerves controlling these muscles or constipation can also cause bowel leakage.

### What can be done about it?

Seek advice from healthcare.

### What can a sufferer do to help themselves?

- Try to drink normally (at least six to eight cups of liquid each day). Cutting down on liquids will make things worse, not better.
- Reduce caffeine intake (tea and coffee), use brands without caffeine or drink water or soft drinks.
- Try to avoid constipation by eating plenty of fibre.
- Try to keep active and mobile. If walking is painful, a visit to the chiropodist may help.

### Where can you go for information?



resources and information folder/physical and mental health/incontinence

- Help the Aged
- Bladder and Bowel Foundation
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Menopause

### What you need to know

The menopause, also called the change of life, is defined as the end of the last menstrual period when the body stops producing the female sex hormones oestrogen and progesterone.

#### Symptoms

- Periods can become irregular and bleeding heavier.
- Hot flushes and sweating attacks can happen at any time, as often as several times an hour. Each hot flush usually lasts for three to six minutes.
- Sleeping difficulties occur, whether due to problems falling asleep, restlessness or night-time sweats.
- Depression, mood swings, tiredness, headaches, forgetfulness or irritability can all occur.

#### Physical changes

- During the menopause skin becomes thinner.
- The lack of oestrogen also affects the bladder and women may find they need to urinate more.
- There is a gradual rise in the risk of heart disease and stroke after the menopause.
- Falling oestrogen levels lead to unfavourable changes in cholesterol and fat levels in the blood.

### What can be done about it?

Medical treatment is available for women who are troubled by symptoms of the menopause such as hormone replacement therapy (HRT). Visit healthcare for further information.

#### What else can make the menopause easier?

- Regular exercise for 20-30 minutes three or four times a week. Exercise strengthens bones, increases well-being and can help make sleeping easier.
- Eating the right food is also important. Increase calcium intake each day from dairy products such as milk products and cheese.
- Eating plenty of fruit and vegetables provides the necessary minerals and vitamins for good general health and also helps to protect against cancer and heart disease.
- There is some evidence that soy flour (or other foods rich in so-called 'plant oestrogen') can reduce menopausal flushing.
- Stopping smoking.

### Where can you go for information?

- resources and information folder/physical and mental health/menopause and women-specific issues
  - Women's Health Concern
  - The British Menopause Society
  - **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Osteoporosis

### What you need to know

Osteoporosis (brittle bone disease) weakens the bones, distorts the skeleton and brings pain and misery.

The most common fractures caused by osteoporosis are in the bones of the hips, spine and wrists.

In thinning bones, which have lost much of the calcium they need to remain strong and firm, the holes grow larger and the supporting structure becomes weaker, more brittle and more likely to fracture.

### What can be done about it?

It is especially important for elderly people to maintain a good balanced diet with plenty of calcium.

- Increase calcium intake with foods such as milk, cheese and yoghurt.
- Include dark green vegetables like broccoli, spinach, watercress and spring greens in the diet.
- Ensure exposure to the sunshine to absorb Vitamin D: 15 to 20 minutes a day is good.
- Vitamin D is also found in foods such as oily fish, sardines, mackerel, cod liver oil, egg yolk and foods fortified with the vitamin such as breakfast cereals and skimmed milk.
- Soya is good to thicken bones.
- Exercise and movement.
- Don't smoke.

Women are especially vulnerable after the menopause because their ovaries no longer produce the hormone oestrogen which helps maintain bone mass. Speak to healthcare as hormone replacement therapy can help.

### Where can you go for information?



resources and information folder/physical and mental health/menopause and women-specific issues

- Women's Health Concern
- The British Menopause Society
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Parkinson's disease

### What you need to know

This is a progressive neurological condition with three main symptoms.

#### Symptoms


- *Tremor* – this usually begins in one hand or arm and is more likely to occur when the affected part is at rest and to decrease when it is being used. Stress can make the tremor more noticeable.
- *Muscular rigidity or stiffness* – people often have problems with turning round, getting out of a chair, rolling over in bed, making fine finger movements, facial expressions, body language and stooped posture.
- *Bradykinesia* (slowness of movement) – movements can be difficult to initiate, take longer to perform and lack co-ordination.

You may see other problems because of Parkinson's disease. Prisoners may feel depressed, find it hard to sleep or have problems chewing and swallowing.

### What can be done about it?

- See healthcare.
- There is no cure for Parkinson's disease but there are treatments that work well.
- Parkinson's can be treated with drugs or sometimes with a special kind of therapy such as speech and language therapy.

### Where can you go for information?

 resources and information folder/physical and mental health/parkinsons

- Parkinson's Disease Society
- [www.nhs.uk/Conditions/Parkinsons-disease](http://www.nhs.uk/Conditions/Parkinsons-disease)
- **Consult healthcare**

For further information, see part 4 →

## Recognising and responding to illnesses common among older prisoners

# Shingles

### What you need to know

Shingles is a common disease that causes a painful rash, usually in a band across one side of the body or face. It is caused by the same virus as chickenpox. You can only get shingles if you have already had chickenpox.

### Symptoms

- The first sign is often a tingling or prickling sensation.
- Pain or numbness on one side of the body.
- The pain may be an ache, or it could be a 'shooting' or 'stabbing' pain.
- The sufferer may feel like they have flu and have a high temperature.
- A rash made up of blisters containing fluid, which appears in groups or bands on one side of the body or face.
- Skin could appear a bit discoloured or scarred.

### What can be done about it?

- Most cases of shingles occur in people over 60, so it is particularly important for older people to recognise the symptoms as early as possible when treatment is likely to be most effective.
- Contact healthcare as soon as symptoms appear.
- Some antiviral drugs can shorten an attack of shingles, and will usually relieve the pain of the attack. However, for these treatments to work, they should be started within two to three days of the rash appearing.
- Sometimes symptoms can be helped with cool water compresses or by wrapping ice cubes or a bag of frozen peas in a towel and pressing it on the rash.
- Calamine or menthol lotions and ordinary painkillers like paracetamol can also help.
- Try to keep the rash clean, but don't use scented oils or soap on it.

### Where can you go for information?



resources and information folder/physical and mental health/shingles

- [www.patient.co.uk](http://www.patient.co.uk)
- **Consult healthcare**

For further information, see part 4 →

# Part 3 Good practice ideas

This section looks at some examples of good practice you can implement in your establishments. Most are very simple and, in the main, very cheap. They can also be managed and developed by peer workers. Where available, we have named the prison where the ideas or suggestions (past or present) came from, so that you can contact them to find out more or share your own good practice. Please also refer to the resources and activities disc and use the ideas on it.

HMP Downview provides an excellent example of a prison that has made a series of simple but effective changes to improve the lives of its older prisoners.

## Case study

### HMP Downview

'On 4 November 2008, our over-50s unit opened for business at HMP Downview. As a result of focus groups held with this age group, we identified a need to separate this age group:

- The older women felt intimidated by younger offenders as they were often pushed and shoved around on the residential units.
- The older women struggled to obtain fruit and milk – we've doubled their fruit and milk provision in the new unit.
- There were a number of complaints about both the mattresses and pillows – we've therefore ordered thicker mattresses and softer pillows.
- The women wanted a more relaxed atmosphere so we have introduced softer furnishings, bingo, quizzes etc.'

We have also introduced a number of other measures specifically for older prisoners:

- We're introducing 'grandparents' days' so that women can re-establish links with their grandchildren prior to discharge.
- We're exchanging visiting orders for PIN credit as a number of women have elderly parents who cannot travel.
- We've sourced funding for over-50s yoga and have also introduced over-50s gym sessions as the women felt uncomfortable in the gym with the young women. These sessions are less energetic and have smoother music – they focus on bone strengthening and flexibility.

Jackie Gourley,  
Regimes and Diversity Manager,  
HMP Downview

# Environment

## Environmental adaptations for prisoners

### Does your establishment have all of the following covered?

- Do elderly offenders or those with mobility issues have a cell on the lower landings?
- What provision is in place for them so they can access visits, association, healthcare, education, the library etc?
- Where can you get hold of adapted cutlery, chairs, tables etc?
- Can they easily reach what they need in their cells?

We would recommend staff walk through 'a day in the life' of an elderly prisoner to see how accessible services and activities are to them, as well as the time it takes to get where they need to.

### A prisoner's perspective

**'The noise does my head in. And when you go in there they have the television on too loud. They [the younger women] can't have it at a normal tone. They have to have it on full volume. Older women are easy targets for the younger women.'**

Cynthia,  
HMP Cookham Wood

Many older offenders still want to be part of the main prison regime but also want a quiet space, wing or cells. HMP Leyhill, for example, has created an older prisoners' wing off the main spur. Prisoners can access the same services as their younger counterparts but live in a calmer, quieter environment. In addition, several prisons holding large numbers of older prisoners have set up day rooms where older prisoners can go during the day, away from their cells and the wing environment.

Simple environmental adaptations should be considered such as installing doors and windows which could be opened easily, replacing the glare of strip lights with something less harsh, having radiators prisoners can adjust themselves, and putting

up offender artwork on the walls or displaying healthy ageing information and activities specifically for older prisoners on the noticeboards. Older people are also more susceptible to feeling the cold and therefore extra blankets or outdoor clothes are a welcome comfort.

Older prisoners should be catered for in line with the guidance given in *Prison Service Order 2855*. Suggestions include adapted cutlery, plates and bowls, appropriate seating with lumbar support in cells and association rooms, non-slip trays, long-handled dustpans, thicker pens, text telephones, accessible in-cell light switches, suitable appropriate bathing facilities, lower TV shelves and text TVs. Rye Hill and HMP Kingston do not charge a licence fee for the TVs older prisoners have in their cells.

Showers can also be extremely hazardous for less able prisoners. The effects of ageing may make it more difficult for the person to bathe adequately. A shower chair is a real practical bonus, as are wider showers and designated shower times. Consider getting hold of information on safe lifting and handling techniques too. Many establishments are setting up older prisoner forums to discuss how older prisoners can take more responsibility for practical adaptations and changes in their environment that will make their lives easier.

## Visits and visitors

Prisons need to consider what difficulties older visitors may experience when visiting the prison and, where necessary, put appropriate reasonable adjustments in place to assist their visit. Some older visitors, particularly those who are unfamiliar with the prison system, might also require a greater amount of information and reassurance.

## Officer for older prisoners

The disability liaison officer is usually the first point of contact for elderly prisoners. However some prisons have also gone a step further, such as HMP Leyhill which has a dedicated older offender liaison officer who completes an assessment with the older prisoner on reception, provides IAG services and acts as the point of contact between other establishments, colleagues within the same prison and the wider community.

# Activities

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Older prisoners have the same need for purposeful activity as other prisoners. Many over the statutory retirement age will wish to work, whereas others still will be keen to pursue more leisurely activities. This section offers suggestions you can implement to meet these different needs. If you need more information, the relevant contact details can be found either within this part alongside the particular suggestion or in part 4.

Reminiscing activities are particularly popular with older people (examples of reminiscing activities can be found on the resources and activities disc). Research conducted by Age Concern has identified that reminiscing activities such as discussion groups, films, art and genealogy are particularly beneficial for older people, as are other activities such as woodwork, general knowledge (quizzes), writing, crafts, reading, television, gardening, music and history. HMP Usk has recently set up an older offenders group to participate in these sorts of activities.



Discussion groups, quizzes, board games, carpet bowls etc. are all activities which are fairly easy to provide. They also give older prisoners a good reason for getting together in a setting where they can mix with other people with similar interests and of a similar age group, without the pressure of other prisoners being around. Local voluntary organisations may be able to help with these activities by providing speakers for

#### A prisoner's perspective

**'It's the boredom that gets me. I just want to be able to sit outside in the fresh air with my friends, maybe do a bit of gardening. I am not going to run away, I couldn't even if I wanted to.'**

Gareth, HMP Gartree

discussion sessions, or activity leaders for quizzes etc. as well as volunteers to interact with the prisoners. A number of prisons already run weekly clubs for older prisoners. HMP Leyhill runs an over-50s club that includes watching videos, discussion groups, going to the library, gentle exercise classes and refreshments. Once a month, staff from Age Concern hold subject-specific workshops on issues such as pensions. This establishment is currently exploring the potential to allocate a space outside for allotments, the produce from which will then be used in cookery and nutrition classes in the day centre.

## Physical activities

Older prisoners should have equal access to periods of PE and suitable options provided for them. Yoga, Pilates and tai chi are all excellent ways of maintaining good physical and mental health and regular sessions of these for both inmates and staff are likely to go down well.

Some types of exercise classes can be provided specially for older people, including those with limited physical capability. The exercises can promote good circulation and joint function, and if well managed, are enjoyable. Examples of adapted sessions for older prisoners include those carried out by HMP Leyhill's PE Department which runs gentle 'Fit for Life' fitness sessions twice a week. HMP Frankland also has special PE sessions for older prisoners, which include tea followed by a quiz or video. PE staff there also deliver 'taster' sessions from courses on stress management, healthy living and key skills. A number of other prisons run special sessions for older prisoners allowing them to participate in a wide range of activities such as badminton, cardio-vascular exercise, carpet and outdoor bowls, table tennis, Pilates and yoga, tai chi and darts. Note that during exercise, older prisoners should always have the opportunity to return to the wing before the exercise period ends to use the toilet or if it is too cold.

## Learning

Older people who have regular mental stimulus seem to maintain their cognitive abilities better than those who don't, and new experiences, learning and playing can help to lift their mood. Access to computers and computer courses specifically aimed at older prisoners are a good way of stimulating

the minds of the older prisoner population and providing a new interest. Consider arranging access to courses on CDs sponsored by the Prisoners Education Trust or the University of the Third Age (which also provides activities) or using the library which should have a good selection of large print and audio books. Age Concern has also produced leaflets with information on the arts for older people: *Over the Hill... But Look at the View*; *Drama with Older People*; and *Learning and Leisure Opportunities for Older People*. Various prisons have also set up mobile libraries.

## Day centres

Several prisons hold specific activities for older people in areas such as the chapel or another separate room. Setting up prison-based day centres has proved a particular success, as in the case of HMP Leyhill below.

The Age Concern guide to setting up a community day centre can be found on the resources and activities disc.

### Case study

#### Setting up a day centre

'The idea of the day centre came about following observation that the retired prisoners and those with disabilities were left in their rooms for most of the day without any stimulation. Discussions then took place and the PCT was approached for funding to provide the equivalent of one and a half full-time members of staff to run the day centre as carers. The governor has subsequently allowed the two carers to take an NVQ level 2 in Health and Social Care and two uniformed members of staff taking an NVQ level 3 in Health and Social Care.

We found an unused room which was then redecorated and furnished with a table and assorted seating. There is a fridge, microwave, kettle, mugs, a TV and DVD player and a selection of films, including many black and white and war films – those they can reminisce over. Equipment purchased includes backgammon, chess, scrabble, dominoes, jigsaws and quiz books, and the library supplied us with

talking books. The newspapers from the library are sent to the day centre the next day. Despite being one day old, prisoners in the day centre enjoy reading them and some even do the crossword.

Initially we had to go and speak to eligible prisoners for this new venture and sell it to them. The venture gave prisoners an opportunity to leave their rooms and walk to the day centre. Without knowing it the prisoners were taking exercise and numbers attending have grown steadily.

Staff contacted Age Concern who visited to see what activities were offered or that they could help with. Now we have the day centre, we have attracted interest from local charities prepared to invest in our older prisoners and so our project continues to grow.'

Sue Sharples, Older Offenders  
Officer, HMP Leyhill

## Older prisoners' forums and discussion groups

Several prisons holding large numbers of older prisoners have set up committees with prisoners' representatives. Information about setting up a senior citizen forum can be found on the resources and activities disc and its author, Dick Stokes from Help the Aged, is keen to support more prisons to set up forums (contact Dick Stokes, Regional Development Officer, 01395 222306 or dick.stokes@helptheaged.org.uk).

At Wymott, a CAMEO (come along and meet each other) group meets every two weeks with guest speakers invited to talk about issues that prisoners have expressed an interest in. Offenders often highlight their need to understand their (and their families') pension rights and their need for help with writing a will, planning funerals and understanding their rights in relation to end of life care. The Pensions Agency makes twice-monthly visits to Wymott and Rye Hill for example. Meanwhile, at HMP Styal several different initiatives are underway as detailed below.

### Case study

#### Styal initiatives

'At HMP Styal we have a mature lady over-50s' forum that meets once a month. We are starting a knitting session and also an art and craft session. They look forward to a piece of toast and a cup of tea and meeting others like themselves. We are also working in partnership with Age Concern who are setting up healthy walks for the mature prisoners. Another new initiative that I am working on is to set up an inter-generational forum so that older prisoners can share stories and memories with the youngsters.

We also have a disability forum to which we invite speakers – here women can share any issues, ask for support and learn more about our disability policies. We also have disability representatives and a buddy scheme – this is an incentive scheme that supports disabled prisoners with restricted movement.'

*Aba Graham, Equalities and Diversity Manager, HMP Styal*

## Community organisations in prison

Age Concern in the South West has an excellent prison and community project: Age Concern Older Offenders Project (ACOOOP) managed by Liz Davis (tel: 01460 76003; mobile: 07975 767929; website: [www.acoop.org.uk](http://www.acoop.org.uk)). See the box opposite for details of its work.

Another idea from prisons in the South West (such as Channings Wood, Dartmoor and Leyhill) is the use of volunteers. Volunteers are offered an initial community-based two-day training course, covering subjects such as personal health and safety, risk management, confidentiality, disclosure and data protection. An optional third day can provide accredited training

in chair-based exercises, provided by a specialist trainer and participating prisons also provide training on working safely in a prison environment. There are a number of interesting opportunities available for volunteers,

### A prisoner's perspective

**What a difference Age Concern has made to my life. It was my first conviction (at age 62) so I didn't know about such things as pension rights, what help was available to my wife, who I could rely on when I get out. They have been such a lifeline.'**

Michael, HMP Leyhill

including group work, discussion groups, running lectures, advocacy and befriending schemes, providing information and advice, promoting health (eg, chair-based exercises), signposting people to other services, and preparing them for retirement on release from prison. All volunteers are individually interviewed, and require an enhanced Criminal Records Bureau check and prison security clearance.

### Case study

## Age Concern Older Offenders Project

Since May 2008, ACOOP has run fortnightly over-50s' groups at Dartmoor and Channings Wood prisons. These were set up after consultation with prison staff and prisoners. Activity for these groups aims to deliver low level health and social care, and is structured around the recognised pathways to reducing reoffending (accommodation; education, training and employment; health; drugs and alcohol; finance, benefit and debt; children and families; attitudes, thinking and behaviour).

Sessions include games, quizzes, crosswords, chair-based exercises and activities that can provide purposeful activity during the time spent in the cell.

A wide range of speakers have been invited to the groups to cover a wide range of topics:

- information and advice about pensions and benefits
- Billy Bragg – Jail Guitar Doors visited Channings Wood
- the Eden Project
- managing stress and staying well
- a lecture on the industrial archaeology of Dartmoor
- poetry reading including the reading of prisoners' work
- Prison Reform Trust – pensions for prisoners, older people in prison
- RESTORE 50+ – user reference groups on prison service orders relating to older prisoners
- SSAFA – services for former servicemen.

Liz Davis, ACOOP Project,  
Age Concern

## Advocacy and befriending schemes

Sometimes information, even with good advice, is not enough. Some older people lack the confidence, the skills and the energy to pursue their rights and entitlements. A personal advocate may make the world of difference in these circumstances. They will stand alongside the older person and, having found out exactly what it is the older person wants (or wants to happen) will ascertain the relevant information, pursue the older person's goals and help secure the best outcome for them. In a prison, this would include working with prison staff and other agencies.

### Case study

#### Advocacy and befriending

'George still had two years of his sentence to serve. And while he was inside his mother died. George wanted to ensure that his mother's wishes regarding the disposal of her property and possessions were carried out as set down in her will.

Penny, a volunteer with the local advocacy project, came to see George. He reminisced a great deal about childhood days and family life in general. He was clearly fond of his mother and respected her. He felt that he may have let her down. Now he felt helpless. After two visits, Penny got George talking about what it was he thought should happen. She learned that he and his sister were named executors of the will.

Penny liaised with the sister and helped arrange the funeral. She went with the sister, armed with a written list of George's wishes, to help clear the mother's house. Two large storage boxes were filled with items and placed in storage for George to retrieve when the time was right. When George was released, Jenny went with George to retrieve the boxes of his mother's belongings and helped him through a difficult and delayed period of grieving.'

Age Concern Project,  
HMP Gartree

The benefits of visitor programmes for inmates in prisons are well known. A long-term visitor may occasionally become the advocate for the person visited, but the objectives of befriending are quite different to those of the advocate. The befriender should be there as a reliable listener and non-judgmental companion. The visitor may be a very useful bridge between the outside world and the inmate, and may provide a better opportunity for stable resettlement.

An example of a befriending and advocacy project run by ex-offenders for older ex-offenders is the Restore 50+ Project. It has worked with over 350 serving or former older prisoners throughout the UK and is a peer-led self-help support network, offering befriending and mentoring to older people in prison and on release in the community. Currently Restore 50+ has a partnership with Age Concern Older Offenders Project (ACOO) to develop

a three-year pilot project (2007-2010) for social care support for older prisoners in the South West. It is taking place in HMP Dartmoor, Channings Wood, Shepton Mallet and Leyhill. Its founder Stuart Ware can be contacted by email at [stuartware@btinternet.com](mailto:stuartware@btinternet.com) or by phone on 0774 237 7744.

## Education and work

HMP Wymott and HMP Frankland provide light work for older less mobile prisoners on their wing such as packing combs, preparing breakfast packs and doing tasks for Oxfam. HMP Hull has allocated a day room for the education of the more frail and immobile. Education staff provide handouts in large print, magnifying sheets to place over printed work and thicker pens for those with arthritic hands.

# Healthcare

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Your healthcare provider will have a huge amount of expertise on the health, welfare and social care of older prisoners. Invite them to your staff meetings as well as to your older prisoner forums to discuss particular issues such as preventative remedies, nutrition, self-checks etc.

*No Problems – Old and Quiet: Older prisoners in England and Wales (2004)*

encouraged the development of relationships with outside health providers.

Mammography, cervical screening, flu vaccination, leg ulcer and 'well man/woman' clinics, as well as visits from occupational therapists and social care providers are all ways in which healthcare practice can be improved. HMP Leyhill, for example, has a specific age-related 'well man' clinic.

## Healthy living and nutrition

Poor nutrition can contribute to a lack of well-being, particularly for the elderly. So to ensure a balanced nutritional diet that accommodates the health needs of older people, consider introducing schemes in your establishment that teach nutrition, cooking and basic living skills. There are many books in the library that could be used for this purpose and recent TV programmes like Jamie Oliver's 'Ministry of Food' could help you with the planning of these sessions.

### A prisoner's perspective

**'Their lifestyle prior to their conviction often ages them prematurely so we see lots of resulting healthcare problems.**

**If we could get them to look after themselves and recognise when something isn't right, we could be more useful.**

**Also, if we could stop them festering in their cells and keep them active, they would stay well for longer.'**

Healthcare professional,  
HMP Lewes

Many prisoners over retirement age receive little in the way of wages and, therefore, helping prisoners to budget for a healthy lifestyle will be a challenge. Some prisons provide allotments for growing vegetables but you will need to consider mobility and support issues for those who cannot bend or dig.

## Assessment tools and service frameworks

There is a project currently running across the three Isle of Wight prisons, the aim of which is to develop an outcome-based assessment framework to identify the health and social care needs of older prisoners. A copy of the assessment tool ('Initial assessment for over-55s') can be found on the resources and activities disc. The idea is to assess an elderly prisoner's social care needs so that, if released, responsibility for community provision is identified early on. The tool also assists prisons to consider adaptations to their environment as well as any specialist healthcare needs.

Prior to discharge, arrangements for a single multi-disciplinary assessment should be made to identify each older prisoner's needs. Inter-agency co-operation is essential to ensure that details of this assessment are shared with any organisations who will be involved with a prisoner following release. Probation, social services and relevant statutory and voluntary community agencies that support older prisoners in custody should also be made aware of the assessment to ensure they have the information they need to put in place appropriate support networks in the community for older prisoners, especially during their first few weeks on the outside.

Other prisons, including HMP Leyhill, Wakefield and Downview are in the process of developing an older offender policy that is in line with the *National Service Framework for Older People*. It will include plans to promote active and healthy living and suggest appropriate work activities for older prisoners.

## Palliative care policies

HMP Frankland has a palliative care policy and a copy of the Macmillan end of life care pathway for symptom control. HMP Wymott also has a clear palliative care policy and a commendable working relationship with their local hospice, while HMP Risley's pharmacist has undertaken a review (in line with the guidelines in the *National Service Framework for Older People*) of all prisoners over 65 taking prescribed medication.

## Personal safety – preventing falls

Falling over is one of the biggest reasons for older prisoners becoming injured and needing medical or hospital attention. However, there are courses and activities available which remind people of hidden dangers and how they can avoid them. This is particularly important as people get older, when eyesight and the sense of balance deteriorate and the ability to remain upright appears to depart quite unexpectedly. The Royal Society for the Prevention of Accidents (RoSPA) can supply a safety pack aimed at older people, which can be used by individuals or within a group and is designed to raise awareness of safety issues. Prison medical staff may also be able to arrange classes on how to prevent falls.



## Personal care

There will always be a few prisoners who require fairly intensive personal care on a one-to-one basis – help getting dressed, going to the toilet or eating. A prisoner who is starting to lose their physical and mental abilities may find themselves isolated and marginalised. Fellow inmates may be quick to disassociate themselves from someone who cannot look after themselves without help. Creating opportunities for prisoners to socialise may help with these problems in the longer term.

NOMS currently has a manual handling course which staff can access through Training Services.

# Resettlement

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Prior to discharge, a single multi-disciplinary assessment should identify an older prisoner's needs in order to make links with appropriate health, social service or voluntary services that can be of assistance during their first weeks in the community.

HMP Kingston found that two main factors lead to the successful resettlement of infirm, disabled or older prisoners, as well as those still presenting a risk to the public. One is the very prompt completion of a needs assessment by the local social services department and the other is the securing of the necessary local authority funding for the prisoner's future accommodation (secure hostel, care home or other) well before the prisoner's release from prison is due.

It is important that older prisoners are prepared adequately for their release – both the practical aspects, (arrangements for receiving the state pension and benefits etc) and matters concerned with their well-being (ie, strategies to avoid them becoming isolated and inactive – the location of the local library for example). Shortly before release, prisons could consider providing an information pack for older prisoners containing, for example, firstly, the *Pensioners' Guide – England and Wales: Making the most of government help and advice*; secondly, *Are You Over 50? A guide to advice, support and services across government*; and thirdly, *Prisoners and Their*

### A prisoner's perspective

**'Resettlement should help us more with getting ready for the outside. You've got to remember our reality stopped the moment we entered prison.'**

**I've been in for 15 years and everything has moved on so fast in this time – computers, the internet, fast traffic, even the cost of things – how much does a pint of milk cost?'**

David, HMP Gartree



*Families* (GL32) which is a basic guide to benefits and tax credits. All three of these booklets are available free from the Department for Work and Pensions (see part 4 for contact details). Information needs to be readily available, offered in a variety of formats and should reflect gender and ethnicity differences. Staff training could be offered both inside prison and to agencies involved in the aftercare of older prisoners. Prisoners themselves can also get involved in developing regimes by becoming peer supporters and offering practical resettlement advice.

In addition, Nacro has an online database of over 10,000 records providing information on housing, employment, substance misuse and other services in England and Wales for resettling ex-prisoners and supporting offenders in the community. The service – Resettlement Service Finder – is free and can be accessed by clicking on [www.rsfinder.info](http://www.rsfinder.info) and registering your details.

# Part 4 Information and advice

## General

### Action on Elder Abuse

Astral House  
1268 London Road  
London SW16 4ER

**Tel** 020 8765 7000

**Fax** 020 8679 4074

**Helpline** 0808 808 8141

**Email** enquiries@elderabuse.org.uk

**Website** www.elderabuse.org.uk

A national organisation that exists to prevent the abuse of older people. Can offer advice, support and training.

### Age Concern

**Tel** 0800 00 99 66 (Age Concern information line)

**Website** www.ageconcern.org.uk

Age Concern is not one big national charity; it is a federation of independent, mostly local charities, each providing the types of support which are appropriate to their own communities.

Some are starting to provide services in prisons – talk to your local Age Concern to see what they can offer the establishment. Local services, which could be available to prison staff and older prisoners, include the following:

- **Information and advice services**, offering help on all issues which affect older people, including lifestyle, health, financial and end of life issues.
- **Knowledge of other services**, organisations and sources of assistance available for older people locally and nationally.

- **Healthy ageing services**, including health checks, health advice and resources and activities, some of which could potentially be provided in the prison environment.
- **Suggestions on activities** such as discussion groups, pastimes and learning exercises, some of which may also be suitable for the prison environment.
- **Advocacy, counselling and befriending services.**

Information and advice is a core service for Age Concern and they produce a number of relevant **fact sheets** (available online) including:

- Making your will – FS7
- A brief guide to money benefits – FS18
- Arranging for others to make decisions about your finances or welfare – FS22
- Help with continence – FS23
- Planning for a funeral – FS27
- Leisure and learning – FS30
- Disability equipment and how to get it – FS42
- Getting legal advice – FS43
- Staying healthy in later life – FS45
- Social Fund and other sources of financial help – FS49
- Housing options – FS50

⊙ Copies of these leaflets and others are available on the resources and activities disc.

## British Red Cross

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British Red Cross  
UK Office  
44 Moorfields  
London EC2Y 9AL

**Tel** 0844 871 11 11

**Fax** 020 7562 2000

**Email** [information@redcross.org.uk](mailto:information@redcross.org.uk)

**Website** [www.redcross.org.uk](http://www.redcross.org.uk)

For general enquiries about the work of the British Red Cross, phone 0844 412 2804, or write to Information Resources at the above address. The British Red Cross provides a range of services across the UK, from emergency response and first aid to helping people in the home and loaning medical equipment. They can also provide short-term loans of equipment, including wheelchairs and commodes as well as offering first aid programmes and courses.

## Care Aware

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**Helpline** 08705 134 925

**Website** [www.careaware.co.uk](http://www.careaware.co.uk)

Care Aware is a non profit-making public information advisory and advocacy service that aims to improve public understanding and knowledge about the UK care system. It offers an introduction to the types of care available, how to get help and support at home, how to choose a suitable care home, find help and assistance in your area, as well as contact details of support agencies. It can also provide assistance on options for funding care fees, getting help from the government, understanding benefit entitlement and protecting assets.

## Carers UK

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20-25 Glasshouse Yard  
London EC1A 4JT

**Tel** 020 7490 8818

**Fax** 020 7490 8824

**Carers line** 0808 808 7777

(10am-2pm and 2pm-4pm Wed and Thurs only)

**Email** [info@carersuk.org](mailto:info@carersuk.org)

**Website** [www.carersuk.org](http://www.carersuk.org)

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid. Carers UK is the voice of carers and is the only carer-led organisation working for all carers.

## Cats Protection League

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National Cat Centre  
Chelwood Gate  
Haywards Heath  
Sussex RH17 7TT

**Tel** 08707 708 649

**Helpline** 08702 099 099 (Mon-Fri, 9am-5pm)

**Email helpline** [helpline@cats.org.uk](mailto:helpline@cats.org.uk)

**General email** [cpl@cats.org.uk](mailto:cpl@cats.org.uk)

**Website** [www.cats.org.uk](http://www.cats.org.uk)

This is a cat re-homing service.

## Contact the Elderly

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(may offer services in prisons)

15 Henrietta Street  
London WC2E 8QG

**Tel** 020 7240 0630

**Fax** 020 7379 5781

**Helpline** 0800 716543

**Email** [info@contact-the-elderly.org.uk](mailto:info@contact-the-elderly.org.uk)

**Website** [www.contact-the-elderly.org.uk](http://www.contact-the-elderly.org.uk)

National charity, Contact the Elderly, provides vital companionship for acutely isolated elderly people who live alone, by arranging monthly group outings for Sunday tea. The charity's work is achieved through a network of volunteer drivers and hosts and is a free service.

## Counsel and Care (CC)

Twyman House  
16 Bonny Street  
London NW1 9PG

**Tel** 020 7241 8555 (Mon-Fri, 9am-5pm)

**Fax** 020 7267 6877

**Advice line** 0845 300 7585 (Mon-Fri, 10am-noon and 2pm-4pm – except Wednesday afternoon)

**Email** [advice@counselandcare.org.uk](mailto:advice@counselandcare.org.uk)

**Website** [www.counselandcare.org.uk](http://www.counselandcare.org.uk)

Counsel and Care offers free advice for people over 60, and their friends, carers and relatives on a wide range of subjects such as welfare benefits, accommodation, community care and hospital discharge. Practical help is also offered to individuals in need.

## Cruse Bereavement Care

Cruse Bereavement Care  
PO Box 800  
Richmond  
Surrey TW9 1RG

**Tel** (helpline) 0844 477 9400

**Fax** 020 8940 1671

**Email** [helpline@cruse.org.uk](mailto:helpline@cruse.org.uk)

**Website** [www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk)

Cruse Bereavement Care promotes the well-being of bereaved people and aims to enable anyone bereaved by death to understand their grief and cope with their loss. Services are free to bereaved people. The charity can provide support and information, advice, education and training services.

## Disabled Data Link Group

**Website** [www.ddlg.co.uk](http://www.ddlg.co.uk)

This website advertises services and equipment for the disabled.

## Dogs Trust

17 Wakley Street  
London EC1V 7RQ

**Tel** 020 7837 0006 (Mon-Fri, 9am-5pm)

The Dogs Trust aims to find each and every dog in their care a loving home for life and will never destroy a healthy dog. To rehome a dog contact the head office and they will put you in touch with a centre in your area.

## Help the Aged (HtA)

The following contact details relate to Help the Aged's office in England (there are separate offices for Wales, Northern Ireland and Scotland).

207-221 Pentonville Road  
London N1 9UZ

**Tel** 020 7278 1114

**Fax** 020 7278 1116

**Email** [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk)

**Website** [www.helptheaged.org.uk](http://www.helptheaged.org.uk)

Working together with older people, Help the Aged campaigns, researches and develops practical solutions to ensure that older people have sufficient money, are included and not isolated, get equality and rights in all areas of their lives and receive high quality care when needed.

☉ Copies of their leaflets are available on the resources and activities disc.

## Help the Aged helpline

**Tel** 0808 8006565 (opening times: Mon-Fri, 9am-4pm)

**Email** [info@helptheaged.org.uk](mailto:info@helptheaged.org.uk)

A free, impartial, confidential advice service for older people and their carers. Trained advice workers can offer advice or information about a wide range of issues including community and residential care, welfare and disability benefits and housing.

## Nacro

Head Office  
Park Place  
10-12 Lawn Lane  
London SW8 1UD

**Tel** 020 7840 7200

**Fax** 020 7840 7240

**Website** [www.nacro.org.uk](http://www.nacro.org.uk)

Nacro is the leading crime reduction charity dedicated to making society safer.

## Nacro's Resettlement *Plus* Helpline

**Tel** 020 7840 6464

**Freephone** 0800 0181 259 (for prisoners, ex-offenders, their friends and families; lines are open 9am-5pm, Mon-Fri)

**Email** [helpline@nacro.org.uk](mailto:helpline@nacro.org.uk)

**Website** [www.rsfinder.info](http://www.rsfinder.info)

The helpline offers advice on practical resettlement matters, particularly the implications of having a criminal record.

Resettlement Service Finder is an online database of over 10,000 records providing information on housing, employment, substance misuse and other services in England and Wales for resettling ex-prisoners and supporting offenders in the community.

## Activities, learning and exercise

### Active for Life

Classroom Multimedia Ltd  
PO Box 1489  
Bristol BS99 4QJ

**Tel** 0117 940 6409

**Fax** 0117 940 6408

**Email** [info@active-for-life.com](mailto:info@active-for-life.com)

**Website** [www.active-for-life.com](http://www.active-for-life.com)

Active for Life is an evidence-based falls prevention exercise video for older people who are at risk of having falls. The patient pack comprises the video, a wall chart and a booklet detailing practical steps to improve home safety and reduce the risk of falling or becoming injured if a fall occurs, as well as a free Theraband exercise band.

### EXTEND

2 Place Farm  
Wheathampstead  
Hertfordshire AL4 8SB

**Tel/fax** 01582 832 760

**Email** [admin@extend.org.uk](mailto:admin@extend.org.uk)

**Website** [www.extend.org.uk](http://www.extend.org.uk)

EXTEND provides recreational movement to music for men and women over 60 and for less able people of all ages. Their mission is to promote health, increase mobility and independence, improve strength, co-ordination and balance and counteract loneliness and isolation, thereby enhancing people's quality of life. When you contact them, enquire to see if they will deliver classes in your prison.

### Mature Times

**Website** [www.maturetimes.co.uk](http://www.maturetimes.co.uk)

*Mature Times* is a monthly free campaigning national newspaper for the over 50s. It is distributed primarily through outlets such as libraries, shops and post offices but does run a subscription service with copies sent direct at a cost of £15 a year to cover postage and packaging. A monthly email newsletter is also available. Further information can be obtained from their website.

### National Association for Providers of Activities for Older People (NAPA)

5 Tavistock Place  
London WC1H 9SN

**Tel** 020 7383 5757

**Fax** 020 7735 9634

**Email** [info@napa-activities.co.uk](mailto:info@napa-activities.co.uk)

**Website** [www.napa.org.uk](http://www.napa.org.uk)

A membership organisation for anyone organising activities for older people. NAPA holds regular themed 'sharing days', has a newsletter and organises training opportunities.

## Queen Mary's Clothing Guild

**Email** [info@qmcg.org.uk](mailto:info@qmcg.org.uk)

**Website** [queenmarysclothingguild.org.uk](http://queenmarysclothingguild.org.uk)

Gives new clothing and household linen annually to many other charities for distribution within the British Isles. These items go directly to needy families, people with disabilities, the homeless, the elderly and those of all ages in hospices.

## The University of the Third Age

The Third Age Trust  
The Old Municipal Buildings  
19 East Street  
Bromley  
Kent BR1 1QE

**Tel** 020 8466 6139 (Mon and Fri, 9.30am-1.30pm; Tues-Thurs 9.30am-5pm)

**Website** [www.u3a.org.uk](http://www.u3a.org.uk)

This is a self-help organisation which provides educational, creative and leisure opportunities for people no longer in full-time employment. It offers access to 300 different subjects in fields such as art, languages, music, crafts, photography and history.

## The Oldie Magazine

65 Newman Street  
London W1T 3EG

**Tel** 020 7436 8801

**Fax** 020 7436 8804

**Email** [editorial@theoldie.co.uk](mailto:editorial@theoldie.co.uk)

**Website** [www.the.oldie.magazine.co.uk](http://www.the.oldie.magazine.co.uk)

*The Oldie* is a monthly topics and articles magazine, written to amuse and inform.

## Disability and rehabilitation

### Disabled Living Foundation helpline

380-384 Harrow Road  
London W9 2HU

**Tel** 0845 130 9177 (Mon-Fri, 10am-4pm)

**Email** [info@dlf.org.uk](mailto:info@dlf.org.uk)

**Website** [www.dlf.org.uk](http://www.dlf.org.uk)

#### Additional services:

**Textphone** 020 7432 8009

**Main switchboard** 020 7289 6111  
(Mon-Fri, 9am-5pm)

A helpline providing immediate advice and information on equipment, gadgets and where to find them. Calls charged at local rates. Can also put people in touch with other organisations providing related information.

### Royal Association for Disability and Rehabilitation (RADAR)

Head Office  
12 City Forum  
250 City Road  
London EC1V 8AF

**Tel** 020 7250 3222

**Fax** 020 7250 0212

**Minicom** 020 7250 4119

**Email** [radar@radar.org.uk](mailto:radar@radar.org.uk)

**Website** [www.radar.org.uk](http://www.radar.org.uk)

RADAR works with disabled people to achieve their rights and expectations, and to influence the way that disabled people are viewed as members of society.

## Employment

### TAEN – The Age and Employment Network

The Age and Employment Network  
207-221 Pentonville Road  
London N1 9UZ

**Tel** 020 7843 1590

**Website** [www.taen.org.uk](http://www.taen.org.uk)

TAEN offers expertise (policy, research, trends and case studies) on everything to do with age and employment.

## Finance, benefit and debt

### Aid for the Aged in Distress

18 Hand Court  
High Holborn  
London WC1V 6JF

**Tel/fax** 020 8640 5523

**Email** [aftaoid@hotmail.com](mailto:aftaoid@hotmail.com)

**Website** [www.agedistress.org.uk](http://www.agedistress.org.uk)

A specialist charity which gives direct financial relief to frail, elderly people. They make personal grants towards essential living costs and urgently needed equipment, eg, clothing, bedding, furniture, telephones, heating. Grants are also available to allow carers looking after elderly relatives a much-needed break. They aim to assist as many people as they can afford to without means testing or complicated forms.

### Citizens Advice Bureaux (CAB)

**Tel** 08451 264 264 (local rate)

The Citizens Advice Bureaux Service (with over 3,500 CAB outlets in the UK) is an impartial advisory service offered by a voluntary organisation which helps people resolve their legal, money and other problems by providing free, independent and confidential advice.

### Government information for pensioners

**Website** [www.info4pensioners.gov.uk](http://www.info4pensioners.gov.uk)

Set up to improve the service the public receive, whether those who are already pensioners, or those planning their retirement, no matter how far off it might be.

### National Benevolent Fund for the Aged

32 Buckingham Palace Road  
London SW1W 0RE

**Tel** 020 7828 0200

**Fax** 020 7828 0400

**Email** [info@nbfa.org.uk](mailto:info@nbfa.org.uk)

**Website** [www.nbfa.org.uk](http://www.nbfa.org.uk)

The NBFA exists to improve the quality of life for older people in the UK by giving direct practical help in three specific ways: free holidays, TENS machines (providing pain relief for age-related conditions such as arthritis) and emergency telephone alarms. The NBFA also provides assistance for pensioners on low incomes.

### NBI – National Benevolent Institution

**Website** [www.nbicharity.com](http://www.nbicharity.com)

Offers financial assistance and accommodation to older people.

### The Pension Service

**Tel** 0845 60 60 265

**Tel** (for Welsh speakers):  
0845 6060 275

**Website** [www.thepensionservice.gov.uk](http://www.thepensionservice.gov.uk)

Impartial UK government information on state and private pensions from The Pension Service (part of the Department for Work and Pensions).

### Self Help

**Website** [www.self-help.org.uk](http://www.self-help.org.uk)

Free online directory of over 1000 national UK self-help groups and support organisations, offering advice and empathy on more than 2,000 conditions.

## Health, illness and disease

### **Alcoholics Anonymous (AA)**

PO Box 1  
Stonebow House  
Stonebow  
York YO1 7NJ

**Tel** 01904 644 026

**Email** [help@alcoholics-anonymous.org.uk](mailto:help@alcoholics-anonymous.org.uk)

**Website** [www.alcoholics-anonymous.org.uk](http://www.alcoholics-anonymous.org.uk)

Alcoholics Anonymous is a fellowship of men and women who share experiences, and provide support, strength and hope for each other in a common resolve to help themselves and others to recover from alcoholism. AA is non-political, non-denominational, self-supporting and open to anyone who desires to stop drinking alcohol.

### **Alcohol Concern**

**Tel** 0800 917 8282 (free call)

A national organisation offering information and support about alcohol abuse and local services.

### **Alzheimer's Society**

Gordon House  
10 Greencoat Place  
London SW1P 1PH

**Tel** 020 7306 0606

**Fax** 020 7306 0808

**Email** [enquiries@alzheimers.org.uk](mailto:enquiries@alzheimers.org.uk)

**Website** [www.alzheimers.org.uk](http://www.alzheimers.org.uk)

The Alzheimer's Society is the UK's leading care and research charity for people with dementia, their families and carers.

☉ Copies of their leaflets are available on the resources and activities disc.

### **Alzheimer's Society helpline**

**Tel** 0845 300 0336 (Mon-Fri, 8.30am-6.30pm)

A helpline providing information, support, advice on dementia and referrals for people with dementia and their carers. Calls charged at local rates.

### **Arthritis Care**

18 Stephenson Way  
London NW1 2HD

**Tel** 020 7380 6500

**Tel** 0808 800 4050 (free call)

**Email** [info@arthritiscare.org.uk](mailto:info@arthritiscare.org.uk)

**Website** [www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

National organisation offering information and support for people with arthritis.

### **Aware**

72 Lower Leeson Street  
Dublin 2  
Ireland

**Tel** 01 661 7211

**Fax** 01 661 7217

**Email** [info@aware.ie](mailto:info@aware.ie)

**Website** [www.aware.ie](http://www.aware.ie)

Information and advice on depression.

☉ Copies of their leaflets are available on the resources and activities disc.

### **Backcare**

16 Elmtree Road  
Teddington  
Middlesex TW11 8ST

**Tel** 0870 950 0275

**Fax** 0845 130 2704

**Website** [www.backcare.org.uk](http://www.backcare.org.uk)

This organisation can provide information on back care.

☉ Copies of their leaflets are available on the resources and activities disc.



## Bladder and Bowel Foundation

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SATRA Innovation Park  
Rockingham Road  
Kettering  
Northants NN16 9JH

**Nurse helpline for medical advice:**  
0845 345 0165

**Counsellor helpline:** 0870 770 3246

**General enquiries:** 01536 533 255

**Fax** 01536 533 240

**Email**

info@bladderandbowelfoundation.org

**Website**

www.bladderandbowelfoundation.org

This charity provides information and support for people with bladder and bowel disorders, their carers, families and healthcare professionals.

☉ Copies of their leaflets are available on the resources and activities disc.

## Breakthrough Breast Cancer

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246 High Holborn  
London WC1V 7EX

**Tel** 020 7025 2400

**Fax** 020 7025 2401

**Email** info@breakthrough.org.uk

**Website** www.breakthrough.org.uk

Breakthrough is a national charity committed to fighting breast cancer through research, campaigning and education.

## British Heart Foundation

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**Heart helpline** 0845 070 80 70  
(lo-call rate)

**Website** www.bhf.org.uk

National organisation offering information and support for individuals with heart disease, including advice on how to get more active.

☉ Copies of their leaflets are available on the resources and activities disc.

## British Hypertension Society

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BHS Administrative Officer  
Clinical Sciences Building (Level 5)  
Leicester Royal Infirmary  
PO Box 65  
Leicester LE2 7LX

**Tel** 07717 467 973

**Email** bhs@le.ac.uk

**Website** www.bhsoc.org

Contact for professional guidance:  
Jackie Howarth

☉ Copies of their leaflets are available on the resources and activities disc.

## British Menopause Society

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4-6 Eton Place  
Marlow SL7 2QA

**Tel** 01628 890 199

**Fax** 01628 474 042

**Email** anne@thebms.org.uk

**Website** www.thebms.org.uk

This organisation is aimed at the medical profession but also offers some excellent information and fact sheets on menopause accessible to the non-health professional.

## Cancer Back Up

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**Tel** 0808 800 1234 (freephone  
helpline staffed by cancer specialist  
nurses, Mon-Fri, 9am-8pm, UK only)

**Fax** 020 7739 2280 (standard rate)

**Website** www.cancerbackup.org.uk

Cancer Back Up has merged with Macmillan Care and provides leaflets, information and contact details in relation to a whole range of cancer subjects including signs and symptoms, types, treatments, living with cancer etc.

## Cancer Research UK

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PO Box 123  
London WC2A 3PX

**Tel** 020 7061 8355

**Fax** 0808 800 4040

**Website** www.cancerresearchuk.org.uk

A wealth of information and helpline about different types of cancer.

☉ Copies of their leaflets are available on the resources and activities disc.

## Depression Alliance

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212 Spitfire Studios  
63-71 Collier Street  
London N1 9BE

**Email** [information@depressionalliance.org](mailto:information@depressionalliance.org)

**Website** [www.depressionalliance.org](http://www.depressionalliance.org)

A national organisation providing information and a network of 60 local support groups for people affected by depression.

Information pack request line:

**Tel** 0845 123 23 20 (lo-call rate)

☉ Copies of their leaflets are available on the resources and activities disc.

## Diabetes UK

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Macleod House  
10 Parkway  
London NW1 7AA

**Tel** 020 7424 1000

**Fax** 020 7424 1001

**Email** [info@diabetes.org.uk](mailto:info@diabetes.org.uk)

**Website** [www.diabetes.org.uk](http://www.diabetes.org.uk)

Diabetes UK is the largest organisation in the UK working for people with diabetes, funding research, campaigning and helping people live with the condition.

## The International Glaucoma Association (IGA)

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Woodcote House  
15 Highpoint Business Village  
Henwood  
Kent N24 8DH

**IGA Sightline** 01233 64 81 70

**Email** [info@iga.org.uk](mailto:info@iga.org.uk)

**Website** [www.glaucoma-association.com](http://www.glaucoma-association.com)

The IGA supports patients by providing information, so they can co-operate fully in their treatment and prevent sight loss. It also promotes awareness and early detection of glaucoma, and supports and carries out research.

## Macmillan Cancer Support

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3 Bath Place  
Rivington Street  
London EC2A 3JR

**Tel** 020 7696 9003 (switchboard open during office hours, Mon-Fri 9am–noon and 2pm–4.45pm)

Macmillan Cancer Support improves the lives of people affected by cancer by providing practical, medical, emotional and financial support and pushing for better cancer care.

## Macular Disease Society

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**Tel** 0845 241 2041 (lo-call rate)

National organisation dedicated to helping people with age-related macular degeneration. It aims to build confidence and independence for those with central vision impairment. It provides information and practical support for visually impaired people, their families and carers.

☉ Copies of their leaflets are available on the resources and activities disc.

## Mind

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15-19 Broadway  
London E15 4BQ

**Tel** 020 8519 2122

**Fax** 020 8522 1725

**Mindinfo** 0845 766 0163  
(Mon-Fri, 9am-5pm)

**Email** [contact@mind.org.uk](mailto:contact@mind.org.uk)

**Website** [www.mind.org.uk](http://www.mind.org.uk)

Mind is the leading mental health charity in England and Wales. Their work involves:

- campaigning for people's rights
- challenging poor practice in mental health
- informing and supporting thousands of people on a daily basis
- providing over a thousand services across England and Wales through their network of local Mind associations.

☉ Copies of their leaflets are available on the resources and activities disc.

## National Osteoporosis Society

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National Osteoporosis Society  
Camerton  
Bath BA2 0PJ

**Tel** 01761 471 771 (Mon-Thurs, 9am-4.30pm; Fri 9am-4pm)

**Helpline** 0845 450 0230 (lo-call rate)

**Email** info@nos.org.uk

**Website** www.nos.org.uk

National organisation offering information and support on the prevention and treatment of osteoporosis. It produces a range of booklets which are free to download from the website.

☉ Copies of their leaflets are available on the resources and activities disc.

## NHS Direct

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**Tel** 0845 46 47

NHS Direct operates a 24-hour nurse advice and health information service, providing confidential information.

## NHS smoking helpline

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**Helpline** 0800 169 0 169 (free call)

**Textphone** 0845 606 4647 (lo-call rate)

Information on stopping smoking and details of support.

## Parkinson's Disease Society

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215 Vauxhall Bridge Road  
London SW1V 1EJ

**Tel** 020 7931 8080

**Fax** 020 7223 9908/020 7963 9360

**Email** enquiries@parkinsons.org.uk

**Website** www.parkinsons.org.uk

The Parkinson's Disease Society is the leading charity dedicated to supporting all people with Parkinson's, their families, friends and carers.

☉ Copies of their leaflets are available on the resources and activities disc.

## Prostate Cancer Research Foundation

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Rm 305, The Blackfriars Foundry  
156 Blackfriars Road  
London SE1 8EN

**Tel** 020 7953 7178

**Email** info@thepcrf.org

**Website** www.thepcrf.org.uk

Funds research into prostate cancer.

## Royal National Institute for Blind People (RNIB)

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**Helpline** 0845 766 9999 (lo-call rate)

National organisation offering information and support for those suffering from blindness and visual impairment.

## RNID

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**Information line** 0808 808 0123  
(free call)

**Information line textphone**

0808 808 9000 (free call)

**Tinnitus helpline** 0808 808 6666

(free call)

**Tinnitus helpline textphone**

0808 808 0007 (free call)

**Text message** 078 0000 0360

National charity offering information and support for deaf and hard-of-hearing people.

## The Royal Society for the Prevention of Accidents (RoSPA)

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RoSPA Head Office

RoSPA House

Edgbaston Park

353 Bristol Road

Edgbaston

Birmingham B5 7ST, UK

**Tel** 0121 248 2000

**Email** help@rospa.com

**Website** www.rospa.com

This organisation can supply a safety pack aimed at older people, which can be used by individuals or within a group and is designed to raise awareness of safety issues.

## Sense

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**Tel** 0845 127 0060 (lo-call rate)

**Text message** 0845 127 0062  
(lo-call rate)

National organisation offering information and support to those with dual sensory impairment (deafblindness).

## The Stroke Association

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Stroke House  
240 City Road  
London EC1V 2PR

**Tel** 020 7566 0300

**Fax** 020 7490 2686

**Textphone** 020 7251 9096

**Stroke helpline** 0845 3033 100  
(Mon-Fri, 9am-5pm, calls charged at local rate)

**Email** info@stroke.org.uk

**Website** www.stroke.org

The Stroke Association is concerned with combatting stroke in people of all ages. It funds research into prevention, treatment and better methods of rehabilitation, and helps stroke patients and their families directly through its rehabilitation and support services. It also produces a number of publications including patient leaflets, *Stroke News* (a quarterly magazine) and information for health professionals.

☉ Copies of their leaflets are available on the resources and activities disc.

## Women's Health Concern Ltd

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4-6 Eton Place  
Marlow  
Buckinghamshire SL7 2QA

**Tel** 01628 478 473

**Fax** 01628 482 743

**Email** amarkham@womens-health-concern.org

**Website** www.womens-health-concern.org

Provides an independent service to advise, reassure and educate women about their health concerns, and to enable them to work in partnership with their own medical practitioners and health advisers.

☉ Copies of their leaflets are available on the resources and activities disc.

## Housing

### The Abbeyfield Society

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Abbeyfield House  
53 Victoria Street  
St Albans  
Herts AL1 3UW

**Tel** 01727 857 536

**Fax** 01727 846 168

**Email** enquiries@abbeyfield.com

**Website** www.abbeyfield.com

Abbeyfield offers supported sheltered housing in over 800 houses around the UK and around 80 care homes providing 24-hour personal care for residents who are too frail to live in supported sheltered housing. Criteria for eligibility is anyone over 75 years of age who no longer feels able to cope or does not wish to live alone at home. Preference is usually given to applicants in greatest need and those with local connections.

### Anchor Trust

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1st Floor, 408 Strand  
London WC2R 0NE

**Tel** 020 7759 9100

**Fax** 020 7759 9101

**Website** www.anchor.org.uk

Anchor Trust is a not-for-profit organisation dedicated to helping older people live safely, securely and independently with a choice of services to suit all needs. It provides affordable managed flats, quality residential or nursing care, and retirement housing with extra support on site for people over 55 in locations throughout the country.

### Better Caring

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**Website** www.bettercaring.co.uk

Provides information on all registered care homes in the UK.

## **Brendoncare**

**Website** [www.brendoncare.org.uk](http://www.brendoncare.org.uk)

A charity dedicated to caring for physically and mentally frail older people in its nursing homes and through its close care, day care and homecare services.

## **Extra Care Trust**

**Website** [www.extracare.org.uk](http://www.extracare.org.uk)

Provides housing and support for older people.

## **Elderly Accommodation Counsel**

**Website** [www.eac.org.uk](http://www.eac.org.uk)

Helps people make decisions about where to live, and any support or care they need.

## **Housing Care**

**Website** [www.housingcare.org.uk](http://www.housingcare.org.uk)

Aims to help older people make an informed choice about their retirement housing. Provides a library of fact sheets and a property database.

## **Nursing Homes Directory**

The Nursing Homes Directory

Little Grove

Bushey

Watford Herts

**Tel** 07092 035 131

**Website** [www.ucarewecare.com](http://www.ucarewecare.com)

Provides information on nursing and care homes around the country.

## **The Care Directory**

**Website** [www.nursing-home-directory.co.uk](http://www.nursing-home-directory.co.uk)

Contains a wealth of material relating to care and care provision in older age. It is intended to help people become fully informed about all aspects of care and also contains a nationwide listing of care providers.

## **The Royal Homes – Wimbledon**

**Website**

[www.theroyalhomeswimbledon.org](http://www.theroyalhomeswimbledon.org)

Self-contained affordable accommodation for widows, divorcees or single daughters of officers and warrant officers of the Royal Navy, Army and Royal Air Force, and for women who are retired officers or warrant officers of those services.

## **Welfare**

### **Ex-Services Mental Welfare Society (Combat Stress)**

#### **Welfare Support Teams**

- **South**

**Tel** 01372 841 680

**Email** [wsts04@combatstress.org.uk](mailto:wsts04@combatstress.org.uk)

- **Wales and Midlands**

**Tel** 01952 820 335

**Email** [wstn01@combatstress.org.uk](mailto:wstn01@combatstress.org.uk)

- **Scotland and North East**

**Tel** 01292 560 332

**Email** [hbws@combatstress.org.uk](mailto:hbws@combatstress.org.uk)

- **Ireland**

**Tel** 02890 233 894

**Email** [bfws@combatstress.org.uk](mailto:bfws@combatstress.org.uk)

The Ex-Services Mental Welfare Society (Combat Stress) exists to serve men and women who experience psychiatric difficulties as a consequence of service in the Armed Forces. Through their national network of welfare officers, Combat Stress visits those affected in order to establish how best they can improve their quality of life. Their three treatment centres provide rehabilitative treatment which helps the victim cope with their disabilities and to enjoy a better quality of life.

## Royal British Legion and SSAFA Forces Help

Freepost SW1345

48 Pall Mall

London SW1Y 5JY

**Legionline** 08457 725 725

**Email** [info@britishlegion.org.uk](mailto:info@britishlegion.org.uk)

**Website** [www.britishlegion.org.uk](http://www.britishlegion.org.uk)

Through a national network of caseworkers, the Royal British Legion and SSAFA work together to offer advice and support to ex-service people and their dependants. Serving offenders and ex-offenders can access financial and emotional support for them and their families as well as getting assistance with:

- immediate needs eg, household goods, rent
- education/training (including distance learning)
- equipment and/or work tools
- relocation costs.

⊙ Copies of their leaflets are available on the resources and activities disc.

## War Pensioners' Welfare Service

Veterans Agency

Norcross

Blackpool FY5 3WP

**Free helpline** 0800 169 2277

(Mon-Thurs, 8.15am-5.15pm; Fri 8.15am-4.30pm)

**Email** [help@veteransagency.gsi.gov.uk](mailto:help@veteransagency.gsi.gov.uk)

**Website** [www.veteransagency.mod.uk](http://www.veteransagency.mod.uk)

The War Pensioners' Welfare Service provides an advice and support service to war pensioners and war widow(er)s living in the UK. They also act as a signposting service to the wider veterans' community. Working in close partnership with other organisations to deliver welfare support, they can provide a wide range of advice on:

- checking entitlement to all state benefits
- help with financial and employment difficulties
- disability needs
- residential and nursing care, including respite care for family members
- social contacts and everyday help.