

# Awareness of the impact of a prison regime for offenders with dementia: supportive or destructive?

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# Aim of presentation

- ▶ Overview of aging prison population
- ▶ Dementia in this aging at risk population
- ▶ Understanding of staff
  - ▶ Health care staff
  - ▶ Social care staff
  - ▶ Prison staff
  - ▶ Volunteer staff
- ▶ Understanding of prisoners



# Background

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- ▶ Older prisoners are the fastest growing group in the prison population
  - ▶ Those over the age of 60 have increased by 120% in a decade
- ▶ Accelerated aging
  - ▶ Prisons health is 10 years older than that of their community dwelling counterparts
- ▶ Higher risk of chronic diseases
  - ▶ 71% of prisoners between 50 – 54
  - ▶ 92% in those over the age of 70



# Background

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- ▶ Comparable to community dwelling adults prisoners have higher incidences of:
    - ▶ Hepatitis C
    - ▶ Cardiovascular disease
    - ▶ Substance use disorders
    - ▶ Mental illness
      - ▶ Silva et al. (2017)
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# Dementia in Prison



- ▶ Higher risk of dementia due to poor health
  - ▶ Low educational attainment
  - ▶ Higher rates of psychiatric morbidities
  - ▶ Traumatic brain injuries
  
- ▶ Risk of dementia in prisoners
  - ▶ In the USA estimated to be from 1% to 44%
  - ▶ In the UK estimated to be from 2% to 18%
  
- ▶ **BUT REMAINS LARGELY UNKNOWN**



# Aim of this study

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- ▶ To explore the current knowledge and skills of staff, prisoners and volunteers involved in the care and support of prisoners with dementia
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# Setting

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- ▶ Male prison in England
- ▶ Category C
- ▶ Approximately 643 inmates
- ▶ A large % sex offenders
- ▶ First opened in 1809



# Method

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- ▶ A qualitative phenomenological study
- ▶ Interviews and focus groups were conducted in the prison setting with both staff and prisoners
- ▶ Interviews and focus groups explored experiences of supporting prisoners with dementia
- ▶ All were audio recorded and transcribed verbatim
- ▶ Thematic analysis as described by Braun and Clarke (2006)





Order of focus groups/interviews	Number of participants	Role of participants
1 – focus group	3	STAFF: Prison officers
2 – focus group	3	STAFF: Probation officers/rehabilitation staff
3 – focus group	3	STAFF: Education staff
4 – focus group	4	STAFF: Prison officer
5 - interview	1	STAFF: F-wing prison officer
6 - interview	1	STAFF: Mental health team
7 – focus group	3	STAFF: Social workers, OT
8 - interview	1	STAFF: Learning Disability Nurse
9 – focus group	4	OFFENDER: Buddies
10 – focus group	5	STAFF: Primary Care
11 – focus group	2	OFFENDER: Social inclusion
12 – focus group	3	OFFENDER: Social inclusion
13 – focus group	3	OFFENDER: Diversity
14 - interview	1	OFFENDER: Diversity
15 - interview	1	OFFENDER: Listener

# Findings

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- ▶ Three themes emerged from the data:
    1. Development of health and social care in prison: are we just playing at it?
    2. Assessing and understanding behaviours: we are not trained in that type of stuff?
    3. Impact of dementia on prisoners and the prison service: all we can do is keep them safe, keep the regime running
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# Development of health and social care in prison: are we just playing at it?



*The social care side of it that came into effect from the social care policies, but at the moment I don't think there is enough funding for it, not enough staff involved, we do have the buddy system and everything else. This might be the wrong thing to say, **but are we playing at it** (social care).*



Assessing and understanding behaviours: we are not trained in that type of stuff?



*Because of the needs and requirement of older prisoners, especially for those who are forgetful, those who are demented, **you can't just treat them like normal prisoners**, and you need training for that type of stuff.*

*There are more and more elderly prisoners, and I think where we are concerned sometimes **we have problems identifying whether issues are due to mental health or if it is dementia or Alzheimer's disease**, or if it is learnt behaviour. We are not trained in that type of stuff.*



## Impact of dementia on prisoners and the prison service: keep them safe, keep the regime running



*We had a prisoner with dementia, we had to manage him a lot more stringently than we did the rest of the prisoners... you constantly had to see him or have him in your sight, it got to a point where in the end, **he was just banged up all day, he was struggling and we were struggling.***

*If somebody is happily demented and not causing problems in the prison to disrupt the regime, that's fine broadly speaking I think that is the case, **let sleeping dogs lay** in many ways.*

# Discussion

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- ▶ Staff - easier to care for prisoners with dementia in the prison setting, due to well-established regimes, a supportive environment for people with less risk for accidental self-harm.
- ▶ Prisoners (buddies) - had a greater insight into the needs of prisoners with dementia, and discussed a disrupted prison regime, which had a destructive impact on prisoners with dementia, which left them 'firefighting' to try and bring their fellow prisoners back on an even keel.



# Recommendations

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- ▶ Further education and training is required to develop a united understanding on how to better support prisoners with dementia.
  - ▶ An integrated workshop, including prison staff, health and social care professionals and prisoners with specialist roles needs to be developed to enable consistent and appropriate support for prisoners with dementia.
  - ▶ There is a further need for a structured process to communicate the concerns and changing needs of this population amongst this multi-disciplinary team.
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# Thank you

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