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Older sex offenders – managing risk in the community from a policing perspective

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ABSTRACT

Although there has been an increase in research and policy attention examining sex offenders, their motivations and how ‘risk’ should be managed in relation to registered sex offenders in the community, the majority of these efforts have concentrated on young offenders. This paper presents the findings from a qualitative study involving interviews with offender managers working in six forces across England and Wales. The study produced a number of key findings: (1) there is an increasing number of older sex offenders subject to offender management and these offenders have particular needs; (2) there are a number of specific challenges in managing older offenders and (3) these create a number of a specific issues when managing older offenders with care or support needs. Implications for those involved in the management of sex offenders are discussed and best practice highlighted.

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Introduction

The last two decades have seen an increase in research, legislation and policy attention aimed at preventing and responding to sexual violence, measuring its prevalence and impacts and securing and improving support services offered to victims of sexual offences. Official statistics and academic research has consistently shown that women aged 16–30 are the highest risk group for sexual violence victimisation. The majority of research and policy attention has therefore focused on victims in this age group.

In terms of offenders, the ‘age-crime curve’ which sees offending peak in late adolescence and decline thereafter is a well-established social pattern (Farrington 1986, Tremblay and Nagin 2005). The latest national statistics show over 60% of sexual offences in 2013/2014 were committed by men aged between 20 and 39 years (Office for National Statistics 2015). Unsurprisingly therefore, the focus of the research around sex offenders has generally been on young white men who form the majority of reported sex offenders in England and Wales (Ministry of Justice, Home Office & Office for National Statistics 2013). Despite sex offenders ‘dominating the criminal justice agenda for a number of years now’ (Nash 2014, p. 15) older sex offenders have received proportionately little research or policy attention.

However, there has been a recent increase in attention paid to the ageing prison population and the needs of older prisoners once released (Taylor and Parrott 1988, Sterns *et al.* 2008, Age UK 2011b, Clinks 2013) although there is a gap in the literature relating to the management of older sex offenders in the community. There have been important recent insights into the role of the police as offender managers (Nash 2014) however there has been nothing which looks specifically at older age groups. This topic is of particular importance given the ageing population of people aged 65 and over in England and Wales

which is predicted to increase to 23% by 2033 (Office for National Statistics 2009) and the rapidly increasing ageing prison population. Furthermore, a significant proportion of those aged 60 and over require some form of care, either within the community or in residential nursing homes (Age UK 2011a), which presents challenges for those involved in the supervision and management of risk of older registered sex offenders in the community, namely police and probation.

An emerging body of research has specifically focused on older sex offenders, although the primary focus of the majority of these studies has mainly been recidivism (Fazel *et al.* 2006), sex offender treatment outcomes (Olver *et al.* 2013) and psychiatric, demographic and personality characteristics of elderly sex offenders (Fazel *et al.* 2002). We have found no studies in the UK that have explored how risk is managed with older registered sex offenders being supervised in the community who have nursing care or support needs, although one study did look at probation management of older offenders more generally (Codd and Bramhall 2002).

This study was commissioned by a police force in the North of England (Durham Constabulary) who were concerned with the rapidly ageing sex offender register and the implications for managing the risk posed by these offenders, particularly those requiring care or support in the community or residential care homes. The study sought to begin to address the gaps highlighted above by examining the current practices in relation to managing the risk posed by older sex offenders in the community with care or support needs.

Managing sex offenders in the community

Recent legislation has increasingly defined both sex offenders and violent offenders as distinct offender groups requiring increased levels of surveillance and control (Home Office 2001). The recent legislative provisions to manage sexual offenders in the community (including the Sex Offenders Act 1997, the Crime [Sentences] Act 1997, the use of Sex Offender Orders under the Crime and Disorder Act 1998, and a range of measures within the Criminal Justice and Court Services Act 2000) place clear responsibilities on the police (Home Office 2001). These responsibilities include the risk assessment and registration of sex offenders (Thomas 2008a), the effective assessment and communication of risk with other relevant agencies and the management of offenders in the community (Home Office 2001). In addition, a number of measures designed to strengthen the protection of children were incorporated within the Criminal Justice and Court Services Act 2000, including the creation of a statutory duty on the police and probation services to jointly establish arrangements for assessing and managing the risks posed by sexual and violent offenders in the community (Home Office 2001).

Sex offenders in the community are often managed by Multi-Agency Public Protection Arrangements (MAPPA), which involve a number of agencies working together to protect the public from serious harm by sexual and violent offenders (Nash and Walker 2009). MAPPA was introduced in 2001 under the Criminal Justice and Court Services Act (2000). It imposed a statutory duty on the police and probation services, as the responsible authorities, to assess and manage sexual and violent offenders in England and Wales and the Criminal Justice Act (2003) strengthened the provisions. There are a number of component bodies, including the Responsible Authority which is the police, prison and probation working together to ensure the risks posed by sexual offenders are assessed and managed appropriately.

Anyone convicted of a sexual offence is required to tell the police their details within the first three days of leaving prison (or conviction if the offender remains in the community). After this their details are kept on a sex offender register – something that has emerged from the recent legislative developments (though the register is not specifically outlined in the legislation – see Thomas 2008b). The length of time someone remains on the register depends on the length of their sentence and the age of the offender at the point of conviction. Those given a sentence of 30 months or more remain on the register indefinitely, regardless of whether they are over or under the age of 18 at the time of conviction, whereas those with a caution are on the registration for just 2 years (if an adult) or 1 year (if under the age of 18 at the time of conviction) (Prison Reform Trust 2015). Alongside the

register, restrictive interventions are important tools when working offenders who are high risk of harm to the public – the most commonly used being prohibited contact, accommodation/residence requirements and exclusion (CJJI 2010).

Defining and measuring risk

One of the primary roles the police play in managing offenders in the community is making assessments on the risk posed by offenders by monitoring the offender's behaviour and lifestyle (Nash 2014). A risk assessment is a 'probability calculation' that attempts to predict the likelihood that a harmful behaviour or event will occur, the frequency of the behaviour or event, who may be affected and the potential impact (Kemshall 1994). Although research suggests recidivism among sex offenders as a group is low (Hanson and Bussiere 1998 in Davidson 2009), further offences may not be reported and the risk of harm if reoffending does occur is high and as a result, the supervision of offenders in the community is challenging.

Within the context of offender management, risk assessment is the process of establishing both the likelihood of reoffending and the risk of harm to others (CJJI 2010). Preventing reoffending of sex offenders is one of the primary goals of the existing legislative and policy measures in relation to managing sex offenders in the community. The current risk assessment tools, including MATRIX 2000 are focused on predicting the likelihood of a person reoffending.

However, in response to some of the limitations of the static Risk Matrix 2000 tool, in particular the lack of flexibility in identifying individual offender characteristics, individualised treatment and management needs, a more comprehensive assessment known as the Active Risk Management System (ARMS) incorporates the Matrix 2000. ARMS is 'a structured assessment process to assess dynamic risk factors known to be associated with sexual re-offending, and protective factors known to be associated with reduced offending' (McNaughton and Webster 2014, p. i). The ARMS system focuses on seven key risk factors: opportunity; sexual pre-occupation; offence related sexual interests; emotional congruence with children; hostile orientation to other; poor self-management and antisocial influences. The protective factors are: a pro-social network; a commitment to desist; an intimate relationship; employment/being busy and citizenship/giving something back. Initial pilots have observed positive results with using this system (McNaughton and Webster 2014) and it has now been recommended as an approach the police and probation should consider by the College of Policing (see Blandford 2014 for more).

Some of the issues around measuring and managing 'risk' in relation to sex offenders has been considered elsewhere, for example in relation to housing sex offenders, which remains a 'perennial problem, not least because no one seems to want them in their "back yard"' (Thomas and Tuddenham 2002, p. 13). The difficulties and challenges in housing sex offenders have been given increasing research attention in the USA (e.g. Levenson and Cotter 2005, Pope 2008, Zgoba *et al.* 2009). One such issue relates to disclosing the sex offender status to members of the community. The MAPPA (2009) guidance emphasised the importance of disclosure in effective risk management, particularly where others could be at risk, for example in supported accommodation (National Offender Management Service, 2009).

Ageing is typically associated with a decrease in sexual desire and desirability (Clark and Mezey 1997). Research has generally shown that recidivism risk declines with age (known as the age-crime curve) and this is true of the older sex offenders literature, which has highlighted decreasing recidivism risk (Hucker and Ben-Aron 1985, Hanson 2002, Hood *et al.* 2002, Fazel *et al.* 2006). However, it is important to remember that sexual offending has long been linked to power, control, anger and violence rather than specifically or solely to sexual desire (e.g. Groth 1979, Holmstrom and Burgess 1980).

Older sex offenders

There is no universal definition of 'older' however the starting point tends to range from 50 to 65 depending on the context. The World Health Organisation suggests that, in the majority of developed

countries, old age is defined as beginning at 65 years old. However, in the existing criminal justice literature, 'older' offenders are defined as anywhere from 45 years old to 65 years old. The main argument for defining older at the younger end of the spectrum (45 years) is that older prisoners tend to have a range of mental and physical health problems which have resulted in more rapid age related issues compared to non-prisoners.

Older sexual offenders are an increasing problem for the criminal justice system. Across the West, the numbers of older people entering the criminal justice system and being given custodial sentences are rising faster than other age groups. Although offenders aged 50 and over present the lowest overall crime rate of all adult age groups, the number of arrests among individuals in this age category are rapidly increasing (Aday and Krabill 2012). In the UK, the number of male prisoners aged 60 and over more than trebled in the 10 years from 1994 to 2004, making them the fastest growing population in UK prisons (Mann 2012). The number of sentenced prisoners aged 60 and over rose 119% between 1999 and 2009 (Age UK 2011b), and those aged between 50 and 59 has doubled. Clinks (2013) reported that 12% of the population, or nearly 10,000 people, are aged 50 +. Importantly for the present study, around half of all male prisoners aged 60 and over are sex offenders (Fazel *et al.* 2006).

Older sex offenders present unique challenges for management both in prison and in the community, not least because of their increased risk of poor physical and mental health. Aday and Krabill (2012) note that older inmates are usually in worse health than their counterparts outside prison because they develop health issues much earlier due to their previous lifestyle, socioeconomic factors and the prison environment. Clinks (2013) report that more than 80% of male prisoners aged 60 and over suffer from a chronic illness or disability.

The reality is that the majority of offenders will be released into the community at some point and an increasing number will be elderly at the time of release. Research has highlighted many older offenders may be released into the community with no home to go to, due to broken family ties or the loss of family members (Clinks 2013). Furthermore, registered sex offenders are likely to have a range of restrictions and obligations placed on them, for example not living where there are young people under the age of 18 in the household, which can have implications for offenders staying with family who may have children. Thus, the management of older sex offenders in the community poses a number of challenges for offender managers, particularly in relation to housing and care.

Research aims and methods

The aims of the study were to explore the number of older sex offenders currently being managed, the issues that these offenders pose, how risk is managed in relation to offenders who have care/support needs, to highlight any best practice currently being followed and identify potential future issues. The data collection consisted of nine interviews with practitioners working across six forces in England and Wales in sex offender management roles, that is, public protection units. The majority of practitioners participating in the research were offender managers ($n = 7$) and two were working in senior managerial roles, responsible for the offender manager's working in their department. Offender managers in this context are usually police staff, or probation staff, working in the Public Protection Unit and responsible for managing violent and sexual offenders in prison and those in the community. Offender managers were accessed through existing networks with the commissioning police force that made introductions to relevant offender managers working in these forces. Interviews were conducted face-to-face or over the telephone. Interviews lasted between 45 minutes and an hour. The interviews covered the current number of sex offenders being managed by the force, the proportion of those aged 60 and over; how older offenders are currently managed in the community; identification of any issues, particularly in relation to offenders with care/support needs; and any current best practice. Interviews were not audio recorded but all

data were typed verbatim during the interview. Ethical clearance was granted by the School of Applied Social Sciences ethics board at Durham University.

This research has a number of limitations. First, it is based on interviews with a offender managers at seven police forces which, although geographically spread out across England and Wales, is less than 15% of the total number of forces in England and Wales and is therefore not necessarily generalisable across all forces. Furthermore, some offender managers had relatively small numbers of older offenders on their caseload and so their experiences were limited to those few cases. Moreover, this research project was an exploratory study based on the issues identified by the commissioning force and was therefore limited to interviews with police staff and did not include the experiences of practitioners working in other, related fields. However, given the lack of existing research in this area and a gap in knowledge in relation to the managing 'risk' of older offenders, this paper makes a unique contribution to the field and provides a starting point for future research.

Findings

The study produced a number of key findings: (1) there is an increasing number of older sex offenders subject to offender management, mostly involving the abuse of children and these offenders have particular needs in a number of areas, including housing and health care; (2) there are a number of specific challenges in managing older offenders – namely the perceived trustworthiness of older offenders, finding suitable housing for older offenders, deteriorating physical and mental health of older offenders, and coming off the register and (3) these create a number of a specific issues when managing older offenders with care or support needs. A number of future issues were predicted and the existing challenges are expected to increase. Each of these key findings will be discussed in turn.

Within the interviews, offender managers were asked to give headline figures in terms of the sex offenders their force was responsible for, however these should be considered a snapshot as they were in continuous flux with new people being registered, people moving area etc. Participating forces were responsible for between 500 and 1250 offenders each at the time of interview, with an average caseload per offender manager of between 60 and 70 (although two forces had an average individual caseload of 80 or more). The majority of registered offenders were living in the community, however a small proportion were being managed in prison. The proportion of offenders aged 60 or older ranged between just under 20–60% across the six forces. All offender managers had noticed an increase in the number of older offenders being managed over the last decade and all predicted that this increase would continue and older offenders would end up forming the majority of caseloads. The majority of offenders were described as male and had committed sexual offences against children, which a large proportion described as 'historic offenders' meaning their primary offence (which had resulted in them being placed on the sex offender register) had not been committed recently. However, one manager said about half of her case load of older offenders had committed offences recently and all offender managers gave examples of offenders they currently managed who had offended either for the first time recently or had reoffended recently.

Very few offenders were female and offender managers said the number of offenders who had committed sexual offences against adults was proportionately small. The majority of older offenders were still in their own homes so the offender managers felt there was no real difference in the management of these offenders, apart from where they had physical or mental health problems.

Older offenders had specific needs, especially around housing

There are currently no specific services offered to older sex offenders in the areas we looked at. Offender managers stated that management was bespoke and tailored to the individual, thus each offender was managed based on their offence, level of risk, lifestyle and individual needs.

However, age does have an impact on the type of agencies police will refer to. Older offenders are more likely to require support from social services, adult protection and health institutions. The offender managers are not primarily responsible for issues around housing or organising care but would make referrals to relevant agencies where it was identified that the offender needed this support. They would then get involved once accommodation had been found to conduct a risk assessment and take any required action to minimise the risk posed by and/or to the offender.

Health services were also important when managing older offenders. Offender managers felt younger offenders were less likely to have physical and mental health problems that required ongoing care in either the community or hospital or residential care/home settings. Again, multi-agency work with adult protection and social services were crucial here to ensuring that offenders were able to get the appropriate care and support whilst the risk to the public was kept to a minimum.

In relation to older sex offenders, all of the offender managers felt housing was the most important agency they worked with. None of the offender managers interviewed were responsible for housing themselves but worked closely with the local council and housing providers to secure accommodation for offenders. The majority of older offenders were in the community living independently and required housing which could meet their needs, for example ground floor accommodation.

There are a number of challenges relating to managing older sex offenders

Offender managers described a number of issues in relation to managing older offenders. The main challenges highlighted were: the perceived trustworthiness of older people; housing older sex offenders and coming off the register.

Perceived trustworthiness

The majority of older offenders were described as low or medium risk; however one offender manager stated that around 50% of his caseload of older offenders were considered high or very high risk and felt they remained high because of the perceived trustworthiness of older populations. This was a key theme running throughout the interviews and one of the biggest issues offender managers felt they encountered with older offenders. As one offender manager put it:

People see to an extent ageing offenders as a lower risk, which can be the case but not exclusively. (Offender Manager, Gwent)

This was echoed in another interview:

I think people don't perceive sex offenders as being an old man. Maybe that will change with the stuff in the press. One man we knew went off on his mobility scooter to the park with his ice cream despite knowing he couldn't do that and people don't see them as being a risk. Neighbours are less suspicious, not as weird an older man living alone, less unusual than a middle-aged man. (Offender Manager, Humberside)

Examples were provided where this perceived trustworthiness had been exploited:

We had a recent case of 15 year old girl delivering papers to a serial flasher who is in his 80s and we found a picture of the young girl on his mantelpiece, so clearly he has engaged with her to an extent she has come into his home and had a photo taken. So we quickly disclosed to her. We do perhaps perceive the elderly as less risky. He was 81. And his most recent conviction was in 2011. (Offender Manager, Gwent)

Offender managers had found that even agencies would sometimes underestimate the risk posed by offenders. One offender manager gave an example of a care home who were notified of a resident's sex offender registration and status as high risk but despite several attempts by the police, failed to take the risk seriously. Ultimately the offender reoffended in the care home.

Other offender managers stressed the importance of other factors, in particular their lifestyle – for example having stable housing, or being in a stable relationship. Offenders were considered to be

easier to manage if their lifestyles were more stable. Several offender managers said that this was more likely to be the case with older offenders, whereas younger offenders would be more likely to move, start new relationships or be seeking new employment.

Housing

Another key issue for offender managers managing older sex offenders was housing. Although housing was not a primary responsibility of any offender managers (social services and local housing services are responsible for placing people in accommodation) offender managers highlighted a number of issues in relation to finding appropriate housing. Offender managers all stated they worked closely with local housing providers to risk assess housing options. Although offender managers stated housing was an issue for all offenders, both in terms of the availability of housing and finding suitable housing in line with Sexual Offences Prevention Orders (SOPOs) requirements and individual needs, they felt that these issues were magnified for older offenders. Whilst some accommodation was owned by local councils, offender managers expressed concern that a significant, and increasing, numbers of houses are owned by private landlords who were reluctant to take any offender, but particularly older offenders who often had complex health needs. Whilst younger offenders may have family they can live with, older offenders could be more isolated. Furthermore, complex physical and mental health needs often impact on the suitability of housing. Several offender managers gave examples of individual cases where they had struggled to find suitable housing:

Offender was released from prison in a wheelchair, approved premises not equipped as not wheelchair accessible and other accommodation wouldn't take him, so he had to stay in hospital for 6 weeks whilst sorted out housing. (Senior Manager, Durham)

Older offenders are more likely to need accommodation on ground floor level or wheelchair access. Offender managers felt older offenders were more likely to need to be near health facilities such as general practitioner surgeries or hospitals.

The type and location of the housing can be difficult for offender managers trying to minimise the risk posed to the general public. The majority of older offenders have committed sexual offences against children, so the primary concerns around suitability of housing are usually associated with the likely presence of children. However, no matter where offenders are placed, there is always an element of risk.

Health

Whilst physical health posed a number of problems in terms of reduced mobility impacting on accommodation needs and access to healthcare services, including hospital stays, mental and sexual health were also mentioned as issues affecting older offenders. Sexual health among older offenders posed unique challenges to managing the risk posed by offenders. As one offender manager explained:

When we explore sexual thoughts many experience erectile dysfunction which makes them frustrated so have to find something which distracts them. Again many on medication which impacts libido which frustrates them and we don't want that to turn into anger and violence so have to create diversion activities for them. (Offender Manager, Northampton)

A number of examples were cited where offenders had become frustrated at their ability to get, or maintain, an erection and this led to them actively seeking out children or adults to fantasise about in order to try and achieve an erection. In some cases this just involved walking around in public areas and watching adult females, which in itself is not illegal, but as one offender manager explained, this is an escalation from 'just sitting inside at home' and was the first stage of the offender potentially going on to offend.

Mental health was also cited as an issue experienced by older offenders. Although this is not age-specific, as many younger offenders experience mental health problems such as depression, this was felt to be potentially magnified and exacerbated for older offenders who were often isolated and had limited contact with family or friends. Offender managers felt that they were sometimes the only regular contact that older offenders had and raised concerns about the impact that mental health could have on offenders, particularly if left undiagnosed and untreated.

Coming off the sex offenders register

Sex offenders who are required to sign the sex offenders register for life are usually able to apply to come off the register after 15 years. Some offender managers expressed concern around offenders applying to come off the register as this brings an end to their supervision and management. However, the majority of offender managers stated that even where offenders were eligible to apply to come off the register, very few actually applied. As one explained:

Offenders in their 40s generally really want to get off but older offenders generally like the support and interaction. And they are used to the routine. They don't want to go to court again, don't want the community finding out. They have lived with the conditions for a long time. (Offender Manager, Durham)

However, offender managers felt this may become more of an issue in the future as the number of older offenders on the sex offender register grows.

Where offenders had applied, few had been successful. This was usually because of recent behaviour or because they refused to admit to their offences. Where offenders showed no rehabilitation their applications were generally refused.

Despite a number of challenges, some offender managers felt older offenders were no more difficult to manage than younger offenders because they were used to adopting a bespoke, tailored approach to each offender. One offender manager actually felt older offenders were easier to manage as they generally had less chaotic lifestyles and were more likely to engage willingly with the police.

There are specific issues related to managing risk and supervising older sex offenders with care or support needs

The main themes emerging from the interviews around offenders with care/support needs can be separated into three areas: (1) managing offenders with dementia; (2) managing offender risk in care homes and (3) managing offenders with care needs in the community.

Managing offenders with dementia

None of the offender managers had extensive experience managing offenders with dementia, however several provided examples of offenders who were on the dementia spectrum. A number of challenges were highlighted. For example, one offender manager said they had supervised an offender with a SOPO that prevented him from going near children, which included public areas such as playgrounds, primary schools and parks. However, the offender kept forgetting their SOPO requirements and the police were increasingly finding the offender in places near children. This poses unique challenges for offender managers. As one manager explained:

One offender we had breached their requirements by leaving the country for holiday but couldn't remember doing it. He could no longer live independently yet putting him into care of older peoples' home posed risk because of children visiting these homes. (Senior Officer, Durham)

Some offender managers raised concerns around offenders with dementia becoming sexually disinhibited which, combined with cognitive issues and loss of memory, could be dangerous and difficult

for the police to manage. As well as the potential risk to members of the public, offender managers also raised concerns around protecting individuals who had dementia. Some offender managers felt this could make them more vulnerable to being attacked. Another offender manager shared similar concerns:

They could be more of a risk because they can't remember their requirements. I know with dementia lots of people lose their sexual inhibitions when they have dementia so if you are already a sex offender that could cause lots of issues. (Offender Manager, Humberside)

Offender managers had not received any specific training on how to manage offenders with dementia and all felt this would be helpful.

Managing offender' risk in care homes

Offender managers had not had extensive experience of managing sex offenders in care homes as the majority of offenders were living independently in the community, however all offender managers had at least one example of an offender who had needed care either in the community or in a residential care home. Although offender managers are not directly responsible for organising care (adult protection/social services) they do have to conduct risk assessments and consider potential danger to residents, staff and third parties. In relation to organising care, the majority of offender managers had found this relatively straight forward and said they had good relationships with existing agencies who were able to find suitable places for offenders. Many care homes are privately owned and offender managers felt they were generally economically motivated and would therefore happily accept offenders. However, a number of offender managers cited examples of cases where it had been difficult to organise care because homes had refused to take the offender. Furthermore, there were some examples where there had been ongoing issues with offenders who required hospital care for prolonged periods. One offender manager gave an example of a case where the hospital staff had been disclosed to and all the female nurses refused to treat the offender and were demanding that he was moved, despite the police grading the offender as very low risk.

Making disclosures to care homes posed some challenges to offender managers. Whilst the decision to disclose was straightforward, the repercussions were less easy to predict. Offender managers said the majority of care homes accepted the status of the offender, however some had refused to place them in their facilities when a disclosure was made. Furthermore, offender managers faced some issues in terms of deciding whether to disclose to residents. This was managed on a case-by-case basis.

However, the biggest issue for offender managers was assessing and managing the risk when offenders were placed in care homes. As the majority of offenders had committed sex offences against children, there were significant concerns about grandchildren visiting residents in care homes and offenders being in an environment where they were constantly in contact with people, many of whom are potentially vulnerable. Offender managers stated that once a care home accepted the offender into the home, it then became the organisation's responsibility to manage the offender's risk. Whilst the police would work with them to help them manage this risk, the primary responsibility was with the care provider. Offender managers raised concerns that care homes did not fully understand the risk and were not trained to recognise the signs that offenders were going to re-offend. One example was provided:

One very aged person going into sheltered accommodation, trying to tell the people that just because he is older doesn't mean he isn't a risk. Recommended supervised one-to-one at least 24 hours per day which increased three-to-one, 24 hours per day due to high level of risk. Despite high levels of supervision agreed to, he committed two offences. So not taking the risk seriously. (Senior Manager, Northumbria).

Offender managers felt training which helped care homes to understand the risks posed by offenders and how to manage this and safeguard other residents and visitors was a key area for development.

One concern raised was offenders who had come off the register. Care homes, particularly those privately owned, do not routinely conduct background checks on offenders and as the police would no longer have involvement with offenders who had been removed from the register, there was significant concern around the risk of reoffending and care homes being unaware of these risks.

Managing offenders with care needs in the community

Generally, the majority of older offenders with care or support needs were being treated in the community either by attending hospitals or GP surgeries or with community nurses or carers visiting them at home. Generally, organising this type of care was straightforward.

Offender managers stated they would always make disclosures to community carers or those working in residential care homes about the status of the offender. This generally did not pose any issues for community carers – offender managers had not experienced any issues with carers refusing to care for the offender. Usually disclosures were made to community carers to avoid them taking their children with them on visits, as very few offenders had committed offences against adults. However, in some situations, offenders had committed sexual offences against an adult and in these cases, carers were usually advised to double up and not to visit the offender on their own.

Generally, offender managers felt it is much easier to organise care and manage the risk in the community than in residential care settings. Several offender managers expressed the view that carers who visited offenders in the community were actually very helpful to the police as they acted as ‘another pair of eyes and ears’ for the police. One offender manager gave an example of this:

Carers are useful as another pair of eyes to report back any unusual activity. Last year an 80+ year old man who had been cautioned, was graded low risk and seen once per year, but carer saw picture of young girl in cadets uniform which was the neighbour’s child who had been round. Had breached his SOPO order. (Senior Officer, Durham)

Interviewees pointed out that depending on the Thornton Matrix risk level (now ARMS) allocated to the offender, offender managers would only visit the offender between 1 and 12 times per year. Carers, on the other hand, were likely to visit and be in contact with offenders on a much more frequent basis.

However, there were issues identified around disclosure with community carers. Every time an offender moves district area it involves the placement of a new carer, which can cause issues. Usually it is the local authority who organises the care so once police have disclosed to the relevant body their primary duty is satisfied. However, managers said they often do an initial meeting with the carer in order to introduce the social carer to the offender and explain that disclosure has been made. They also explain to offenders that if they abuse the help they will lose the care. Offender managers felt social carers were grateful for that first meet.

Conclusions and suggestions for moving forward

Although there is an association between ageing and a decline in recidivism (Fazel *et al.* 2006) the assumption that this will happen for all sex offenders poses significant issues for offender managers whose role it is to minimise the risk offenders pose to the general public. This is clearly a challenging and difficult task for the police which overlaps with other sectors, most pronounced being health and housing.

In general, offender managers felt registered sex offenders posed a continuous risk, something Nash (2014) also found, despite research indicating low recidivism levels among older sex offenders (Hucker and Ben-Aron 1985, Hanson 2002, Hood *et al.* 2002, Fazel *et al.* 2006). The tendency for people to trust older people and see them as safe was an area of concern for offender managers, particularly as it was felt among many that offenders would use their age to minimise or neutralise

their risk and as a tool to build trust with potential victims. This is an important addition to existing literature.

Older offenders with care/support needs pose a number of additional challenges for offender managers (Bledsoe 2006). None of the offender managers had extensive experience of offenders with care/support needs but all had managed at least one offender with a health condition or support need that required either community or residential care. Existing research has documented the range of negative health issues experienced by older offenders (Fazel *et al.* 2004, Sterns *et al.* 2008, Aday and Krabill 2012, Clinks 2013) who age at a faster rate than their contemporaries creating challenges for the prison service and housing providers. However, offenders with dementia were a particular concern for offender managers and posed significant challenges for risk management, as the effects of dementia include memory loss and unpredictable behaviour, an issue that is yet to receive thorough attention in the existing research and policy around older offenders (Moll 2013). In particular, inappropriate sexual behaviour and disinhibition, which can accompany dementia (Kuhn *et al.* 1998, Higgins *et al.* 2004) was a concern for offender managers which may exacerbate their risk for reoffending. Furthermore, although the majority of offender managers had not experienced issues with organising care for older offenders, some provided examples where care homes had refused to place registered offenders in their homes. Although organising housing and care was not the responsibility of the police, it could impact on their management of the offender and was an area of concern. As Mann (2012) has pointed out, older sex offenders may foster friendships with other older sex offenders in prison forming something of a 'community' which can be detrimental when they are released into the outside community as those friendships inevitably breakdown and they make the transition from a member of a safe club to a member of a community where they are typically unwelcome and subject to numerous requirements which impact on their housing. This community is 'strongly bound by a sense of unity against mainstream prisoners based on the vilification they tend to receive at their hands, this naturally-occurring community provides a great source of comfort and support' (Mann 2012, p. 354).

Despite the limitations of this small-scale exploratory study outlined earlier, the research is the first of its kind and brings to light a number of interesting findings that can be used as a springboard for further research and practice developments. We make a number of suggestions based on the specific findings outlined in this article, many of which reflect suggestions made elsewhere for working with older offenders. First, forces should be conscious that the age of the sex offender population is rapidly ageing and this increasing demand should be taken into consideration when budgeting and planning for offender management, a suggestion made elsewhere in relation to probation management of older offenders (Codd and Bramhall 2002). Training should be delivered to offender managers in conjunction with care homes, housing providers and those working with older people to alert them to the ongoing potential for abuse and how to spot warning signs and respond accordingly (Age UK 2011b, Kennedy and Kitt 2013) and should specifically include issues related to dementia and older offenders (Moll 2013). Linked in with that, practitioners across older people's services, care homes and the police should be aware that just because someone is not currently on the sex offender register does not mean they have never been on it, and should be alert to signs of abuse. This has been highlighted in the broader literature on older prisoners, for example a report by Age UK (2011b) that highlighted a number of existing collaborations between individual Age UK centres and police forces. In the present study, one force is already working with a service that provides support to older people and this is something other forces may wish to consider. Where possible, offenders should be kept in the community rather than care homes, as risk appears generally easier to manage in the community. Finally, any training or guidance must be flexible to adapt to new developments, given the emerging and limited nature of the knowledge on older sex offenders (Codd and Bramhall 2002, Kennedy and Kitt 2013). In order to inform these developments, further research is required to explore the risks posed by offenders and the current strategies and approaches for managing those risks.

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