**Case type definition**

**Case type:**  group 1

**Name:** Albert **Age:** 60

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| --- | --- |
| Dementia | All ACE scores suggest Dementia |
| ADLs | All no ADL needs |
| Physical health | All good physical health |
| Mental health | All good mental health |

**Summary of individuals in case type (n=18)**

|  |  |
| --- | --- |
| **Variables** |  |
| ACE score | Mean ACE score = 68 (Attention 72%, memory 61%, fluency 50%, language 77%, visuospatial 69%) |
| Gender | Only one female in this group. |
| Age (50+) | Mean age = 60 |
| Type of offense (Sexual offense, Violence against a person, Burglary) | 50% sexual offenders, followed by violence (17%) |
| Bristol Activities of Daily Living Survey (BADLS Score) | Majority no ADL needs. |
| Geriatric Depression Scale (GDS Score) | All scored less than 5 indicating no depression |
| PrisnQuest score (screen for mental illness in Prison) | Majority scored 1 indicating no suggested need to see a psychiatrist |
| Mental health problems | All but 1 stated good mental health |
| Physical health problem | All stated in good physical health |
| Learning Difficulties | 1/3 had learning difficulties |
| Variables concerned with individuals’ past/current medical history | 28% have diabetes and 28% have hypertension. Few have other problems. |
| Risk | The majority are considered at high risk of reoffending. |

**Suggested exemplars:**

**Vignette 1: Albert (age 60)**

**Background:** Albert has been convicted of a historical sexual offence and is two years into a six year sentence.

**Current situation:**

Cognition: Albert is showing signs of possible dementia. He often struggles to name certain items/people and has difficulties with his short term memory. For example, he will often come down to see officers but has forgotten why he has come to see them and can get confused with the prison regime. This can lead to some bullying from other prisoners who take advantage of his loss of memory. He also finds using the telephone difficult. Albert does own his own home but has no friends or family he can rely on to support him. If Albert was living in the community unsupported he would be vulnerable to harming himself or others as a result of his memory problems. For example he could leave the pan on the cooker to boil dry.

Physical health problems: Albert described himself as being in good physical health.

Activities of daily living: Albert is fully independent with regards to his basic activities of daily living needs (e.g. washing, eating, drinking, dressing etc.) and manages to care for himself within the prison.

Mental health: Albert describes his mental health as good and shows no indication of depression or other mental illness.

Risk: Albert’s current risk assessment stipulates that he is at high risk of reoffending.