

# THE REINTEGRATION OF ELDERLY PRISONERS: AN EXPLORATION OF SERVICES PROVIDED IN ENGLAND AND WALES

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## Abstract:

The elderly population in England and Wales has received relatively very little attention in the criminal justice system across a number of levels. This is despite a rapidly increasing elderly prison population which is contributing to an already overcrowded prison system. This poses a number of challenges for the Prison Service, since older people in prison experience a host of unique problems which differ to those of younger prisoners. One significant aspect that has been overlooked by academics, politicians and practitioners is the issue of re-integration. A literature review reveals that older inmates disproportionately struggle with resettlement as a result of distinct psychological adjustments they have made in prison, a reduced support network in the community and an increased likelihood of health and mobility concerns. These problems are exacerbated by a system oriented on a stereotypical understanding of the young male criminal. In England and Wales, this has restricted the usefulness of prison programmes and activities for older prisoners who are less likely to re-offend and who are less likely to be a threat to society upon release. With the prioritisation of reducing re-offending and protecting the public, the National Offender Management Strategy (NOMS) fundamentally conflicts with the characteristics of elderly prisoners and fails to consider their re-integrative needs. The findings of the research indicate that there is an absence of a cohesive strategy in England and Wales to manage these needs. However, there have recently been some attempts to address the gaps in current policy through the publication of toolkits for good practice by the Department of Health. There are also several examples of targeted measures for older prisoners across England and Wales, which have been driven by local prisons and voluntary agencies. These initiatives represent a positive shift in attention to the re-integrative needs of older prisoners, but the lack of national co-ordination and funding serves to impair these efforts. In order to develop a successful overarching plan, policy makers can look beyond England and Wales to learn how to best manage the needs of elderly prisoners. Age-segregation facilities in the United States have proven to provide a more focused approach to the elderly and the debates that have emerged from them might provide the basis of an effective national strategy. Further initiatives such as early release in the United States and specialised accommodation for the released in Canada offer further examples of how an integrated model of support might work in England and Wales.

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## **Introduction**

Older people have traditionally been overlooked by the criminal justice system (Wahidin 2010). However, a growing elderly prison population (Ministry of Justice 2008) has posed a number of challenges for the Prison Service in England and Wales and research has only recently begun to elucidate the experiences of this demographic (Howse 2003; HMCIP 2004; Wahidin 2004; Crawley and Sparks 2005a, 2005b, 2006; HMCIP 2008; Prison Reform Trust 2008a). These studies have identified a series of unique problems that the elderly population experience in prison, which have previously gone largely unnoticed in government policy and practice. While some of the research has briefly contemplated the implications of these experiences for resettlement (HMCIP 2004, 2008; Prison Reform Trust 2008a), there is very little known about the re-integrative needs of elderly prisoners. In the light of this, the underlying aim of this paper is to highlight the specific issues faced by those who are released from prison in old age and to identify how policy and practice has adapted and how it might further improve to meet their needs.

The absence of attention to the elderly in the criminal justice system has been regarded as a 'latent form of ageism' (Wahidin 2004, p.11). Such a disregard can be attributed to the relatively small proportion of elderly offenders in the criminal justice system (Ministry of Justice 2008). There might also be a reluctance to support older prisoners because of the serious nature of the crimes that some of these individuals have committed (particularly life-sentenced prisoners) (Dhuny 2010). Furthermore, the lack of effort to address the needs of elderly prisoners might be explained by their more compliant nature (HMCIP 2004). Indeed, some prison officers have expressed that working with elderly prisoners represents a challenge to their working status, since elderly inmates tend to be passive and predictable and working with them equates to domestic 'women's work' – which runs counter to their organisational ethos (Crawley and Sparks 2005a, p.358). Another reason for the invisibility of elderly people in extant policy and research might be found in desistance literature (Wilson and Herrnstein 1985; Laub and Sampson 2001; Maruna 2001). This research has indicated that elderly people tend to commit fewer crimes with age – meaning that they might be perceived to pose less of a threat to society upon release (Smyer and Burbank 2009).

However, findings from research indicate that elderly prisoners have very unique problems within the prison setting which can exacerbate problems of release and resettlement. For example, it has been suggested that many elderly prisoners may experience heightened psychological shock upon being incarcerated (Cohen and Taylor 1972; Crawley and Sparks 2005a, 2005b). Additionally, they are at increased risk of losing contact with friends and family (Sapsford 1978) and simultaneously face a number of health-related issues (Prison Reform Trust 2008b). Some elderly prisoners (particularly those who have served prolonged sentences) might also experience strong effects of 'institutionalisation', meaning that they might lack basic essential skills for coping upon release (Kerbs 2000). The sum of these problems is that elderly prisoners cost the prison service significantly more to manage and support than the rest of the prison population (National Institute of Corrections 1999; Wahidin and Aday 2005; Reimer 2008). It is therefore of great importance to assess the effectiveness of current policy and practice for elderly prisoners.

This dissertation has three key objectives. It aims to:

- Establish the age-specific issues that elderly inmates are faced with in prison, in particular observing concerns relating to reintegration;
- Explore and evaluate the re-integrative services that are available through policy and practice;
- Identify possible improvements and amendments to policy and practice in England and Wales.

These goals will be addressed in the form of a literature review. A quantitative analysis would be restrictive as it would limit the scope for understanding elderly prisoners' perspectives in the reintegration process. Simultaneously, a qualitative method would not enable a generalisable set of results due to time constraints and limited resources. A literature review on the other hand, allows for a holistic approach which is able to contemplate the various experiences of elderly prisoners. Nevertheless, the literature that will be used rests upon a wide selection of quantitative and qualitative data. The paper will examine evidence from academic, governmental and non-statutory agencies in order to effectively document the specific problems encountered by elderly prisoners. The information that is ascertained will also provide the basis from which to scrutinise attempts to improve the reintegration of elderly prisoners into the community.

The elderly female prison population is particularly small (there were 256 women in prison above the age of 50 and only 55 of those women were over the age of 60 in 2008) (Ministry of Justice 2008) and there has been very little research on elder women in prison (Reviere and Young 2004; Wahidin 2004; Strimelle 2007). Therefore, this study will focus primarily on the elderly male population, with 6,161 of the total male prison population over the age of 50 (Ministry of Justice 2008). There is no universally agreed age to signify when a prisoner becomes 'elderly' and different studies have proposed a variety of ages to categorise this group. Crawley and Sparks (2005c) use '65' as an appropriate marker for old age, since it is the state retirement age and it enables prisoners access to certain entitlements. Their preliminary research also found that this group had experienced distinct psychological and physiological changes compared to those in their fifties. However, other studies have used '50' as an appropriate base (Aday 2003; Frazer 2003; Wahadin 2004; Rikard and Rosenberg 2007), since imprisonment can increase an inmate's physiological age by about ten years (Kerbs 2000). While it is recognised that not all elderly prisoners fit into a homogenous group, this study will adopt the latter chronological marker. This will help to incorporate a wider spectrum of research on elderly prisoners and illustrate the broad-ranging problems associated with reintegration.

Chapter 1 will introduce the topic and provide a contextual analysis of elderly prisoners. It will explore a rising elderly prison population, before identifying the age-specific problems that these prisoners face. It will firstly review literature which has documented specific issues of psychological decline and problems of adjustment amongst the elderly in prison (Cohen and Taylor 1972; Sapsford 1978; Flanagan 1982; Crawley and Sparks 2005a, 2005b). It will further outline how older prisoners are more likely to have poorer relationships inside and outside of prison (Sapsford 1978; Flanagan 1982; Prison Reform Trust 2008a) and identify the escalated problems of health (National Institute of Corrections 1999; Marquart et al 2000;

HMCIP 2004; Loeb and Steffensmeier 2006; Prison Reform Trust 2008b; Reimer 2008). Lastly, it will contemplate the direct challenges that are posed to older prisoners' resettlement plans through a number of psychological (Sapsford 1978; Irwin and Owen 2004; Jewkes 2005) and practical barriers (Crawley 2004; Stojkovic 2007; Prison Reform Trust 2008a).

Chapter 2 will locate the relevant policy and practice in England and Wales and evaluate the effectiveness of these strategies. It will do so by focusing on two distinct areas: national policy and localised initiatives. It will firstly explore how the elderly fit into the broader government resettlement agenda and identify policy which has specifically attempted to alleviate problems which they face. It will highlight the positive measures which have been outlined in toolkits for good practice before exposing the lack of coordination that currently exists using the findings of key research reports (Howse 2003; HMCIP 2004, 2008; Prison Reform Trust 2008a). The chapter will then reflect upon how individual prisons and voluntary agencies have responded to the growing numbers of elderly people being released from prison. It will illuminate the innovative practice that is being undertaken at a localised level and illustrate the scope for positive attempts to address the needs of elderly prisoners.

Chapter 3 will consider the experiences of the United States and Canada in managing similarly rising levels of ageing prisoners. It will primarily contemplate the system of age-segregation that has been employed in the United States. It will discuss the relevant debates which have emerged from this policy and explore whether such a system could be successfully extended to England and Wales. It will use these debates to suggest that a novel method of defining 'elderly' could be used to better improve policies directed towards elderly prisoners based on recommendations by Reed and Glamser (1979) and Rikard and Rosenberg (2007). The chapter will also analyse other examples of re-integrative practice through early release programmes and specialised accommodation to cater for the elderly who have been released from prison. It will conclude by discussing how such examples might work together in England and Wales to achieve a unified and effective strategy to manage the release of elderly prisoners.

## **Chapter 1** **Introducing Elderly Prisoners**

The elderly prison population has increased at a significant rate in England and Wales over the last decade. For example, between 1998 and 2008, the numbers of over 50's in the prison system grew from 3,504 to 6,161 (Ministry of Justice 2008). This growth can be partially attributed to an expanding prison population which has witnessed a surge in the numbers of all age groups in prison. However, when expressed as a percentage, the only age groups that have increased in the last five years have been the 18-20's, the 40-49's, the 50-59's and the 60 or over subgroup (ibid). These figures imply that a greater number of elderly people are being incarcerated than those in younger age brackets. The introduction of indeterminate sentences of Imprisonment for Public Protection (IPP) in the Criminal Justice Act 2003 has meant that offenders could be sentenced without the opportunity of early release and that they could potentially remain incarcerated beyond the mandatory minimum release date. The use of this sentence has generally risen over the last decade, meaning that the number of elderly prisoners might be expected to continue to grow (Crawley and Sparks 2005a; Ministry of Justice 2008). In a similar fashion, one might point to a rise in the number of offenders who have been sentenced for four years or more (in 2006, 6,395 offenders were imprisoned for four years or more – a figure which had increased to 7,349 in 2008) (Ministry of Justice 2008). Such patterns in sentencing policy mean that the elderly population is not only increasing, but serving longer sentences.

Goetting (1984) distinguished between four main sub-groups of elderly prisoner: (i) 'old offenders' who have been imprisoned after committing an offence for the first time aged 55 or older; (ii) 'oldtimers', who are imprisoned before the age of 55 and have served over 20 years of their prison sentence; (iii) 'career criminals', recidivists who committed their first offence before 55 and have spent their lives in and out of prison; and (iv) 'young short-term first offenders', who were incarcerated before 55 and have served less than 20 years in prison. A further fifth group might be identified in the form of an 'historic offender', who has committed a crime in their youth but has only been convicted in old age (due to some new admission of evidence in the case) (Crawley and Sparks 2006). It would therefore be naïve to assume that elderly prisoners all share the same experiences in prison. However, many of the problems that these different types of elderly prisoner encounter do overlap. This chapter will therefore consider two key themes in the elderly prisoner experience: psychological and physical deterioration; and release and resettlement.

### **Psychological and Physical Challenges**

Crawley and Sparks (2005a, p.357) argue that the most distinctive feature of the elderly population is the increasing appliance of the 'life review'. This entails a process of retrospectively evaluating the failures and achievements that have accumulated over the course of one's life. A positive examination results in an attitude which accepts the idea of death, whilst a negative inspection can lead to fear, apprehension and depression. It is the elderly in prison who uniquely encounter this process and their imprisoned status means that they are far more likely to experience a pessimistic outlook. For Crawley and Sparks (2005a), this is what makes the prison experience significantly more hostile for the elderly prisoner. However, there are

several other equally pressing issues which serve to greatly exacerbate the experience of the elderly prisoner.

Some research has drawn on parallels with traumatic events in the social world in order to explain the impact of imprisonment on elderly prisoners. Crawley and Sparks (2005a) suggest that the prison experience is a psychologically damaging event which mirrors the ordeal of a survivor of a disaster, particularly for the life-sentenced prisoner. In the same vein, Cohen and Taylor (1972) argued that when an individual encounters some sort of tragedy in the normal world outside of prison, they are able to focus upon another part of their life which may be the source of encouragement and provide the catalyst for recovery. However, imprisonment means that the prisoner is unable to pitch certain domains of his life against each other, since it obstructs other sources of potential pride or happiness, such as family or work. Imprisonment therefore is likely to be experienced as a tragic event which cannot be resolved. Furthermore, a long prison sentence can lead to a 'spoiled identity', whereby the prisoner loses certain aspects of his identity (e.g. 'husband' or 'teacher') and is stigmatised through negative labels (e.g. 'dirty old man') (Cohen and Taylor 1972; Crawley and Sparks 2005a). This is particularly salient for historic or first-time elderly offenders, who might have spent a considerable portion of their lives raising families or establishing careers. Their identity becomes rooted in these life courses and first-time imprisonment is likely to be experienced as a highly traumatic event as it strips the offender of these ingrained roles. This proves to be particularly detrimental to an inmate's self-esteem (Flanagan 1982). The elderly prisoner is therefore more likely to feel the pains of 'relocation stress', which occurs as a result of entering a foreign environment for the first time (Crawley and Sparks 2005a, p.346). These threats to identity become heightened for older prisoners who find themselves unable to engage in meaningful programmes (the limited access to such programmes will be discussed further on) (ibid).

The trauma of imprisonment might be further exacerbated by limited potential for elderly prisoners to befriend other inmates. Human beings naturally seek the company of others in troubled situations – such as imprisonment (Cohen and Taylor 1972). However, the opportunities to make intimate friendships are limited within the prison setting, arguably even more so for the elderly. The Prison Reform Trust (2008a) found in their interviews with elderly prisoners, that almost half had experienced bullying or intimidation largely from other inmates. Difficulties in forming friendships might be due to the age gap that exists between these prisoners (Flanagan 1982), or a lack of respect for the elderly population (Kerbs and Jolley 2007). One might also point towards the mobility issues associated with old age which potentially reduce participation in various activities and programs within the prison, making it increasingly difficult to engage with other inmates (HMCIP 2004). Stigmatising labels might also curtail certain prisoners' opportunities for developing friendships. While it is important to stress that only a small minority of sex offenders comprise the total population of elderly prisoners, it is significant to note that in 2008, 83 per cent of those convicted of sexual indecency against children were aged 40 or older (Ministry of Justice 2008). In their study, Cohen and Taylor (1972) observed that many prisoners 'distinguished themselves sharply from sex offenders', declaring them as 'monsters' or 'animals' (p.64). This is another way in which elderly prisoners might face difficulties in connecting with other inmates.

There are also concerns regarding a loss of contact with the outside world, particularly for life-sentenced prisoners. Sapsford (1978) illustrated the difficulties in maintaining relationships in such confined and restrictive settings. He noted a general decline in involvement with the external world with the length of the sentence, marked by a reduction of letters sent and received, as well as a fewer number of visits. For some, this might be due to the natural pressures that are imposed upon relationships in the course of incarceration. For other prisoners, contacts might be old and frail and unable to visit the sometimes distant institutions that the prisoner is placed (Kerbs 2000, Prison Reform Trust 2008a). Yet for others, loss of contact with those on the outside might be part of a conscious decision on behalf of the prisoner in an attempt to cope. Toch (1972) observed a 'decathexis of relationships' in the prison setting, whereby lifers cut off contact with the outside world, since maintaining relationships was deemed by some prisoners to be more stressful (cited in Flanagan 1982, p. 119). These issues may aggravate loneliness and anxiety and can also worsen the prospects of release in the knowledge that they have little waiting for them on the outside.

In conjunction with the psychological adjustments that the elderly demographic face, a significant number encounter a myriad of health related issues in the prison setting. A series of reports cite a range of physiological challenges that are experienced by elderly populations in prisons, from respiratory conditions through to cardiovascular and musco-skeletal issues (Marquart et al 2000; HMCIP 2004, Loeb and Steffensmeier 2006; Reimer 2008). These conditions are compounded by the ageing process that takes place in prison (Kerbs 2000). In 1999/2000, the Department of Health observed that 85 per cent of prisoners in England and Wales over 60 had one or more major illnesses listed in their latest medical records (Prison Reform Trust 2008b). These health-related problems pose significant challenges for prison resources (National Institute of Corrections 1999; Wahidin and Aday 2005; Reimer 2008).

These concerns hold particular weight for two reasons. Firstly, they raise questions about the abilities of the prison service to cope with the abundance of psychological and health related issues amongst the elderly population. It challenges the principles of a system which inflexibly treats all prisoners in a uniform manner (this will be discussed in greater detail in Chapter 2). Secondly, these concerns create a number of obstructions for elderly prisoners working towards re-integration, since they may lack the functional ability and/or adequate support networks (in terms of family and friends) on the outside to make the transition. The final section of this chapter will further analyse the extent to which these unique challenges interfere with successful re-integration and re-settlement.

### **Release and Resettlement**

Some of the concerns raised thus far have meant that the potential for successful re-integration of some of these individuals is very limited. Psychologically, re-integration might be particularly challenging. Jewkes (2005) argues that life-sentenced prisoners are in a permanent state of transition (termed 'liminality'). Having spent a considerable period of their lives in prison, they are less likely to disengage with previous identities which makes reintegration particularly problematic, since these prisoners must engage in a new environment without

necessarily being psychologically ready to do so (ibid). This relates to the concept of 'institutionalisation', which is underpinned by the monotony of the prison lifestyle and results in apathy, decreasing motivation and dependency on routine (Sapsford 1978, Irwin and Owen 2004). From being catered for, to having clothes washed for them, through to abiding by a strict day-to-day structure, the prisoner exists in an almost robotic state. The prison experience has the potential to strip a prisoner of responsibility by making decisions for him (Pryor 2001), which can be infantilising for the prisoner (Jewkes 2005). After a prolonged period of exposure to such a system, the prisoner is at risk of losing the ability to function as an autonomous, responsible being. If the prisoner is released in this state of mindlessness, he is likely to face serious difficulties with resettlement.

The Prison Reform Trust (2008a) notes that older prisoners are the most likely to be institutionalised. Indeed, Crawley and Sparks (2006, p.74) found that many of the elderly prisoners who they had interviewed lacked the 'spark' necessary for dealing with life after release. In their research, they observed that the severe health problems experienced by many such prisoners meant that they had become dependent upon both the formal and informal healthcare provided in prison. They were extremely apprehensive about how they would cope without any support for their health considerations after leaving prison and some expressed a desire to remain in prison beyond their release date. They felt that they had an insufficient number of years left to live and did not have the energy to start a new life outside of prison. For many prisoners, moving out of prison equates to 'starting from scratch', with a limited number of resources and connections outside (Crawley 2004). Fatalistic attitudes are therefore common amongst this demographic and mean that few predictions into the future are made, especially for those with serious health concerns (Flanagan 1982).

Re-integrating into the community also demands a series of practical adjustments which might be experienced more by the elderly. Those that have been imprisoned for long periods of time will have to learn to cook, clean and take care of themselves (especially problematic if the prisoner has any health concerns), as well as adapting to changes that may have taken place in society (Stojkovic 2007). Adaptation might become all the more problematic in the face of hostility from the community (especially against sex offenders). Crawley (2004) found that a number of inmates who she had interviewed had received multiple threats pre-sentence from people in the local community. Fears of paedophilia have become a persistent feature of media and public attention, with regular calls for the disclosure of personal details of sexual offenders – encapsulated by 'Sarah's Law' (Maguire and Kemshall 2004; Kemshall 2008; BBC News 2010). This poses further practical and psychological problems for certain elderly prisoners attempting to reintegrate into society.

As highlighted earlier in this chapter, successful adjustment after release is impeded by the degradation of relationships during the prison sentence. Crawley (2004) found that only men with family on the outside had positive hopes for release. The family is a central support system which is able to re-introduce the offender gradually back into the community (Stojkovic 2007). However, the elderly prisoner might not be so readily welcomed back by the family, as he brings with him not only his criminal past, but also problems with physical and mental health (ibid). This might involve a substantial level of care and it could prove to be a serious financial burden, especially given the limited job prospects for elderly prisoners (Frazer 2003).



According to the Prison Reform Trust (2008a), 28% of elderly prisoners were expected to be released over the age of 70, meaning that a significant number would be over the state retirement age. Further obstacles of poor health, the presence of a criminal record and a limited range of skills mean that the elderly prisoner is highly unlikely to get a job upon release (Frazer 2003). In turn, this may limit social housing opportunities, since priority is given to those with a stable income (DirectGov 2010). Housing is another central concern for older prisoners (Davis 2010), which might be restricted by the terms of the sentence and the nature of the crime committed (Worrall 2010). Crawley (2004) notes how uncertainties regarding accommodation induced great fear amongst many elderly prisoners. For example, one prisoner in Crawley's (2004) study was terrified of the prospect of living in a hostel largely comprised of young men. This is reinforced by the Prison Reform Trust (2008a) report which highlighted the risks of victimization and disturbance from younger residents in such accommodation.

One of the greatest problems surrounding the release of elderly prisoners is connected with the huge uncertainty that governs resettlement. Crawley (2004) found that elderly prisoners had little knowledge about what to expect after release and they had been given very few details about what was going to happen to them. In her research, Crawley (2004) established that this was related to failings of the Probation Service, which prioritised those at high risk for support and supervision – to the detriment of the older inmates. For Crawley (2004), this relates to the idea that elderly prisoners tend to be less demanding and quieter in comparison to younger inmates and consequently they become overlooked by the system (indeed, the HMCIP 2004 report was entitled 'No Problems – Old and Quiet' – a direct acknowledgement of the invisible nature of the elderly in prison). This idea feeds into the concept of 'institutional thoughtlessness' (Crawley and Sparks 2005b).

This concept refers to a refusal to recognise the elderly prison population as a unique group with very specific needs and requirements. It captures the idea that prison policy and practice has failed to address these idiosyncrasies and has instead rigorously regulated regimes guided by the 'sameness principle' (Crawley and Sparks 2005b, p.352). Under this guideline, prison staff treat the whole prison population in a uniform manner to the detriment of elderly prisoners. 'Institutional thoughtlessness' can be identified within the findings of the HMCIP (2004) report, which discovered a lack of willingness on the part of staff to push infirm and elderly prisoners around in wheelchairs, instead giving responsibility to other inmates (who had no training in doing so safely). Crawley and Sparks (2005a) also noted that in some establishments, it was left to neighbours in the wing to support elderly prisoners who were depressed. In both instances, the staff appeared to be inadequately equipped to deal with the specific requirements of the elderly and demonstrated an unwillingness to assist. This has arguably been allowed to flourish under a cultural resistance to care expressed by prison officers, in conjunction with the docile and compliant nature of the elderly prison population (Crawley and Sparks 2005b).

## **Conclusion**

This chapter has illustrated the myriad of problems encountered specifically by elderly prisoners. Research has shown that this group of prisoners experience very distinct psychological journeys in comparison to their younger counterparts, being far

more likely to view it as a traumatic event (Cohen and Taylor 1972; Crawley and Sparks 2005a). Additionally, they are more likely to encounter isolation and are less likely to have support on the outside to assist in their resettlement (Stojkovic 2007). These difficulties are compounded by the prevalence of health concerns which are heightened by the rigid nature of the prison environment. These conditions evidently evoke great fear amongst elderly prisoners for release prospects, as suggested by Crawley (2004). The unsuitable response to the needs of the elderly prisoners and the anxieties regarding reintegration are allowed to flourish under a culture of 'institutional thoughtlessness'.

It is therefore important to now turn towards the current practice and policy in England and Wales and to examine the shortcomings. The next chapter will explore whether the issues raised in this chapter are addressed by extant national and local initiatives, measuring just how effective these attempts are. If these unique needs are not met, there are grave implications for the successful reintegration of elderly prisoners.

## **Chapter 2** **The Reintegration of Elderly Prisoners in England and Wales: Current Policy and Practice**

There is a very clear need for the government, the prison service and all relevant agencies to pay greater attention to the issues associated with the elderly, especially in relation to resettlement. The resettlement agenda has only notably gained prominence in the last decade in the light of an increasingly overcrowded prison population (Hucklesby and Hagley-Dickinson 2007). This interest has been driven by reports from the Social Exclusion Unit (SEU 2002), the Prisons and Probation Inspectorates (HM Inspectorates of Prison and Probation [HMIPP] 2001), the Home Office (2004) National Action Plan and the creation of the National Offender Management Service (NOMS). These policy developments have done much to improve the re-integrative services available to ex-offenders, but there remains some concern whether the resettlement needs of all offenders are being met (Hucklesby and Hagley-Dickinson 2007). Arguably one of the heaviest criticisms against current strategy has been that it applies a 'one-size-fits-all' approach to all offenders, to the detriment of minority groups such as women (Gelsthorpe and Sharpe 2007), ethnic minorities (Williams et al 2007) and dangerous offenders (Kemshall 2007). However, there has been a distinct lack of research and literature on how this resettlement policy works in relation to the specific needs of the elderly. The aim of this chapter is therefore to inspect reintegration policy and practice with regards to elderly prisoners, firstly at a national scale and subsequently, at a localised level. The implications of these findings will then be discussed.

### **National Policy and Practice**

There is currently no nationwide strategy for responding to the needs of elderly prisoners. Instead, the management of elderly prisoners rests upon piecemeal regulation and localised and individual initiatives. There is little in the way of prison policy which aims to assist elderly prisoners, with only limited reference in the Prison Service Orders in relation to the disabled (HM Prison Service 2003) and women (HM Prison Service 2008). Acknowledgement of the elderly in prison has principally emerged out of the health sector and the Department of Health have strived to ameliorate some of these concerns within the prison setting. In 2001, Prison Service Instructions (PSIs) incorporated the Department of Health's National Service Framework (NSF) for older people. It intended to assist healthcare staff in prisons and staff undertaking resettlement activities through improving partnerships with local authorities and other relevant agencies, such as housing (HM Prison Service 2001). However, it has not been adopted by all prisons (Wahidin 2010) and it uses 65 to define an elderly prisoner, ignoring the ageing effect that the prison environment has (Kerbs 2000). Wahidin and Aday (2005) further criticise the PSI as it is constrained by under-funding and is unable to provide additional staff or resources to implement effectively.

Other support for elderly prisoners is evident in the form of the Disability Discrimination Act 1994, which became applicable to prisons in 2005 (Hayes and Fazel 2008). This means that those older prisoners falling within the specifications of the act can expect to receive the same treatment as the rest of the general elderly population. This is beneficial for some prisoners but it can only account for those

prisoners who meet the requirements of the act (i.e. the more visibly frail inmates). These national strategies have meant that health for elderly prisoners has improved (HMCIP 2008), but it has done little in terms of ameliorating the re-integrative services for them. However, there has recently been a push towards improving social services for older prisoners, as illustrated by two recent resources published by the Department of Health – a toolkit for good practice created by Care Services Improvement Partnership (CISP 2007) South West; and a resource pack for working with older prisoners, jointly written by the Department of Health and Nacro (2009).

The CISP South West toolkit aims to guide prison staff and social services towards a better management of older prisoners. A significant aspect of this toolkit relates to improving the process of release for elderly prisoners and facilitating reintegration into the community. It asserts that a greater level of cohesion is needed between health care, Offender Managers, social services, GPs, local authority housing departments and home probation officers (CISP South West 2007). All relevant agencies should receive a copy of the pre-release assessment undertaken by the health care team so that appropriate planning can be achieved. The toolkit proposes that a referral process is properly installed so that relevant organisations can be identified and informed (*ibid*). It is suggested that there should be a greater level of involvement on the part of social workers and furthermore, that there should be a pre-release course designed especially for older and retired prisoners (*ibid*). CSIP South West (2007) also makes reference to enhancing community support for the elderly coming out of prison. One of the key recommendations stemming from this is that Offender Managers need to monitor the progress of the released prisoners to ensure that they can access the relevant health, social care and welfare services (*ibid*). Such recommendations have led HMCIP (2008, p.10) to suggest that the toolkit should be ‘used as a model for resettlement practice’ and that it should be implemented across all regions in England and Wales.

These proposals are supplemented by the Department of Health and Nacro (2009) resource pack for working with older prisoners. Whilst a major aspect of it relates to the maintenance of health for elderly people in prison, it provides a brief but valuable account of the ways in which older prisoners can be successfully resettled. Like the CSIP South West (2007) toolkit, the resource pack outlines the need for a single multi-disciplinary assessment to be undertaken prior to release so as to identify the needs of the elderly prisoner and to ensure he is given the appropriate support (Department of Health and Nacro 2009). To facilitate resettlement, it mandates prompt completion of the needs assessment by local social services and the securing of local authority funding for prisoners’ future accommodation in advance of his release date (*ibid*). The guide encourages relevant parties to provide practical information (such as access to state pensions) and preparations to maintain the well-being of the prisoner (for example, preventing isolation) (*ibid*). In addition, it invites prisons to distribute a resource pack for older prisoners before release, which could contain various pieces of information regarding services provided by the government for elderly people. In these ways, elderly people might be better equipped for reintegration back into the community.

These resources help to provide some direction for relevant prisons and social services to work towards the successful re-integration of elderly prisoners. However, while they offer some promising guidance, it is important to note that they do not

have any statutory backing to enforce some of these developments. The Department of Health and Nacro (2009) report has also faced limited implementation because of a lack of awareness about the pack (Worrall 2010). The recommendations are particularly difficult to implement given the various problems that have been identified by four key recent reports which have inspected the management of older prisoners in England and Wales. These publications include: a joint report produced by the Centre for Ageing and Policy and the Prison Reform Trust (Howse 2003); two HMCIP reports (HMCIP 2004, 2008); and a publication by the Prison Reform Trust (2008). These reports have uncovered a rather pessimistic picture of a range of aspects in the prison system for elderly people, such as healthcare, social care, sentence progression, regimes, prison environment, relationships and resettlement, which might imply the existence of 'institutional thoughtlessness' (Crawley and Sparks 2005b) across the prison system in England and Wales. It is important to now consider some of common criticisms that have emerged from these reports, especially in regards to the resettlement of the elderly, before exploring some of the remote practices that are being developed by prisons and voluntary agencies.

The core aims of current resettlement policy involve 'reducing re-offending' and 'protecting the public' (Home Office 2006). Arguably, by their very nature, these goals exclude the needs of elderly prisoners. Desistance literature has indicated that offenders commit fewer crimes with age (Wilson and Herrnstein 1985; Laub and Sampson 2001; Maruna 2001). Given this, concern has been expressed relating to the extent to which educational programmes in prisons focus on the rehabilitation of younger prisoners (Howse 2003; HMCIP 2004; Prison Reform Trust 2008). Howse (2003) highlighted the fact that rehabilitation programmes in prisons often excluded older prisoners because they focused on issues affecting younger prisoners, such as basic literacy and numeracy skills. Similarly, HMCIP (2004) found that there were very few prisons that offered courses that would be of potential benefit to the elderly, such as learning how to cook or budget on a pension, or how to deal with issues such as isolation. The NOMS Reducing Re-offending Pathways can be criticised in the same manner and has been charged with failing to meet the needs of older people through its focus on reducing re-offending (Prison Reform Trust 2008a). This mentality has flourished in the context of a 'risk-averse society', which focuses on the dangers of re-offending (Hill 2010). Similar questions may also be raised in relation to the goal of protecting the public when considering the resettlement of elderly prisoners – again linking back to ideas of desistance. It is contentious to assume that these prisoners pose the same threats to society upon release as their younger counterparts (Smyer and Burbank 2009). Those who are treated with this target in mind, such as sex offenders, are likely to be placed in accommodation in an unfamiliar area, which might foster feelings of loneliness and isolation (HMCIP 2004). The characteristics and needs of elderly prisoners have evidently been dismissed by such a strategy.

Even when meaningful programmes do exist, there remains scepticism over the ability of the prison service to provide sufficient access to these schemes, particularly for those with poor mobility. The layout of several prison establishments was heavily criticised by the HMCIP (2004) report, which identified numerous cases of substandard access to rooms across the prison estate. Many departments were situated up flights of stairs or placed at considerable distance from the cell blocks. These faults resonate with the assertion that the prison establishment is premised upon the

needs of the stereotypical criminal, who is young and able-bodied (Howse 2003). Crawley and Sparks (2005b, p. 350) condemn the prison estate of being 'constructed in the blithe unconsciousness of the needs and sensibilities of the old', meaning that it is often unable to provide suitable and accessible services to such populations.

One of the most dominant criticisms of current strategy has been the fundamental lack of co-ordination across all relevant agencies (Frazer 2003; Howse 2003; HMCIP 2004, 2008; Prison Reform Trust 2008). HMCIP 2008 expresses 'grave concerns' for the planning and provision of social care needs outside of prison for older prisoners and criticises the limited contribution that local authorities with statutory responsibility for social care have made (HMCIP 2008, p.31). In terms of resettlement, there is still very little support, with only four establishments offering concrete resettlement strategies for older prisoners (ibid). HMCIP 2008 concludes that '[t]here is still a *significant dislocation* between the government's overall strategy for an ageing population and the treatment of older prisoners, particularly in relation to resettlement' (emphasis added) (HMCIP 2008, p.5).

The evidence therefore resembles aspects of Crawley and Sparks' (2005b) 'institutional thoughtlessness' which has blinded national strategy to the specific needs of the elderly. Despite these concerns, the HMCIP (2004, 2008) reports and the Prison Reform Trust (2008b) have lauded the innovative work that has been undertaken by individual prisons and social services at a localised level. These disjointed projects can be seen as a direct response to the lack of formal strategy for elderly prisoners and might be used to dispute the argument that 'institutional thoughtlessness' has permeated throughout the re-integrative services for elderly prisoners. This challenge will now be evaluated through an inspection of these fragmented attempts.

### **Localised and Individual Approaches**

In the absence of any national strategy, local prisons have also adopted and developed a series of unique and creative techniques to manage these issues. For example, there is an 'elderly and disabled' offender team at HMP Wakefield, led by Fiona Brown, a senior officer who has gained much praise for her attempts to engage with these minority prisoners (Prison Service News 2009). The programme gives elderly prisoners a chance to join an elderly register, where the prisoner's perceived needs are assessed on an individual basis. This is a positive strategy in the light of findings from research discussed in Chapter 1, which emphasise the lack of voice that the elderly have in the prison setting (Crawley 2004; HMCIP 2004). The approach places the elderly prisoner's needs at the heart of the prison strategy, where a range of concerns might be resolved more comprehensively – including resettlement. This is achieved through strong links with social services outside of the prison, such as Age Concern, who are actively implementing a 'dignity tool' which specifically looks at the social concerns of older prisoners (Prison Service News 2009).

HMP Gartree has established an advocacy and support group for older prisoners in response to an Inspectorate report in 2001 which identified a problem of age discrimination (HMCIP 2001a). Recently renamed as the 'Evergreen 50+', this group has aimed to improve conditions for older people in prisons, strengthening relationships with family when appropriate in order to reduce issues of loneliness.

Evans (2005) contemplates how this could be further achieved with the implementation of a special visit session for visitors who are over 60, which would mean a quieter visiting time that caters to their needs. This would be a beneficial initiative which would account for some of the difficulties in sustaining positive relationships with the elderly prisoner's potentially older and frailer friends and family (Kerbs 2000; Prison Reform Trust 2008a). This approach empowers the elderly and alleviates fears of resettlement and isolation (Royle 2010). The scheme also compliments other work undertaken at HMP Gartree to address resettlement needs of the elderly. This includes visits from the Department of Work and Pensions who provide a 'Benefits Surgery' and an advice service dedicated to illuminating possible opportunities after release (Evans 2005).

HMP Leyhill has an older prisoners day centre which is supervised by care workers from the Primary Care Trust in order to meet the needs of those prisoners. Help the Aged have also helped to establish a forum for the over 50's to allow them to discuss all relevant issues which are then forwarded to the senior management team (Prison Service News 2008). More centrally to resettlement needs, Leyhill has been heavily involved with the Age Concern Older Offenders Project (ACOOOP) which primarily runs across the South West. ACOOP (2010) seeks to address the social care needs and resettlement requirements of older people in the criminal justice system. While the scheme strives to uphold criminal justice goals of reducing re-offending and protecting the public, it also works towards reducing isolation, increasing socialisation and improving community support. It achieves these goals through advocacy, befriending, support on release, one-to-one visiting and senior forums (ACOOOP 2010; Davis 2010). This supports not only the offenders, but also their families and carers, as well as improving the capabilities of relevant prison staff (ACOOOP 2010). ACOOP is increasingly being seen as a model for good practice (Davis 2010) and has had a growing presence across a number of prison establishments, such as HMP Nottingham, HMP Channings Wood and HMP Dartmoor.

As was emphasised earlier in this chapter, the neglect of elderly prisoners has been allowed to happen in a 'risk-averse' system (Hill 2010) which focuses on the dangers of re-offending. This has resulted in an 'offender responsibility' model of resettlement (Raynor 2004) being used for elderly prisoners, which runs contrary to their re-integrative needs. A more sensitive approach is required which employs a 'community focused' model (Maguire 2007). This approach makes use of the community sector to provide a support network for those being released and enables opportunities for mentoring and increases chances for employment and skill-building (Worrall 2010). This mentality has been embodied in the RESTORE 50plus support network which is voluntarily run by older prisoners who have been released from prison (Ware 2010). The project works in the South West region like ACOOP and provides peer mentoring and a befriending service to the over 50's who are either incarcerated or who have been released. The volunteers actively liaise with Offender Managers and other relevant support services to ensure that the prisoner has a holistic service which is able to account for his needs (ibid). The project has supported over 350 older prisoners to date and is currently being piloted in HMP Leyhill and the Isle of Wight (ibid).

These examples represent the type of original work that is being undertaken by a range of prisons and voluntary services to alleviate the experiences of elderly prisoners and their re-integrative needs. These examples are not exhaustive, and several other schemes have developed across other institutions, such as HMP Wymott, HMP Rye Hill, HMP Ranby and HMP Kingston (Howse 2003; HMCIP 2004; Fry 2005; HMCIP 2008). A further report by the Prison Reform Trust documenting the positive initiatives taking place for older prisoners is also expected to be published in the coming year (Prison Reform Trust, forthcoming). These further examples cannot be examined here due to space constraints, but the point of this section has been to highlight the range of beneficial work that is being undertaken on an individual basis.

## **Conclusion**

The individual approaches to manage the resettlement of elderly prisoners illustrate that this subgroup is becoming increasingly visible to a range of sectors. The development of the toolkit by CSIP South West (2007) and the resource pack by the Department of Health and Nacro (2009) have provided comprehensive guidelines for individual prisons and those working in the health and social services to effectively manage the specific resettlement needs. This has been further replicated by individual prison establishments and voluntary groups who have taken it upon themselves to meet these needs. Therefore, 'institutional thoughtlessness' has arguably not fully permeated through all levels of the criminal justice system.

Nonetheless, Anne Owers, in her introduction to the HMCIP (2008, p.8) report, criticises the existing situation for the over-reliance of 'the unsupported initiative of particularly committed officers'. The absence of a national overarching strategy to meet the re-integrative needs of elderly prisoners means that there is a high degree of discordance across different areas and establishments. Consequently, the needs of some are being ignored and elderly prisoners cannot expect to receive the same standard of care in different areas. For example, ACOOP can only offer throughcare services to those who live in the South West region, meaning that those older prisoners who reside elsewhere do not have access to this support (Davis 2010). The lack of coordination poses further problems which have been experienced at HMP Wymott. For example, the prison has been restricted by an ambiguity concerning whether the prison service, the health service or the social services should finance the Elderly and Disabled Community project that runs within the prison (Fry 2005). Furthermore, HMP Wymott has been unable to cope with the increasing levels of dependency amongst older prisoners due to a lack of adequate facilities and expertise (ibid). Indeed, there have been serious recommendations to improve staff training for those working with elderly prisoners (Prison Reform Trust 2008a; Department of Health and Nacro 2009). However, these are simply recommendations and they lack the statutory power (or funding) to enforce and regulate such changes.

The absence of any national coordination arguably emanates from the 'institutional thoughtlessness' that is able to flourish as a result of the docile nature of a relatively small group of prisoners (Crawley 2004, HMCIP 2004). However, the significant rise in the numbers of prisoners being released in old age has meant that prisons and local agencies have realised a need to develop various strategies to manage the resettlement needs of the elderly prisoners. It is important that the developments that have been



discussed in this chapter are able to expand and attract further attention from both academic and political circles. This will inevitably place greater pressure on the government for a much needed overarching strategy. The next chapter will go on to consider how England and Wales can learn from the experiences of other countries, such as the United States and Canada in order to form coherent and successful policy.

### **Chapter 3** **Policy Implications**

The specific needs of a growing number of elderly prisoners and a lack of coherent strategy to deal with their re-integrative requirements has highlighted the gap that must urgently be addressed by future policy and practice. Other jurisdictions outside of England and Wales have similarly encountered significant problems with a growing elderly prison population, which has resulted in the emergence of various measures to facilitate the reintegration of elderly prisoners. This chapter will examine the wealth of literature that has emerged from North America and it will contemplate how the United States and (to a lesser extent) Canada have developed such policies<sup>2</sup> and how they might be extended to England and Wales. The chapter will pay particular attention to the practice of segregating elderly prisoners in the United States and explore the extent to which a similar system could be employed in England and Wales. It will then consider the usefulness of the early release of elderly prisoners in the form of the 'Project for Older Prisoners' (POPS) in the United States. Finally, it will evaluate the potential benefits of the 'Reintegration Effort for Long-term Infirm and Elderly Federal Offenders' (RELIEF) programme that has been established in Canada to meet the needs of offenders who have been released from prison. The exploration of these approaches will illustrate how policy and practice in England and Wales might successfully implement a comprehensive system for dealing with the re-integrative needs of elderly prisoners.

The United States has the highest imprisonment rate in the world. In 2008, 756 per 100,000 of the population were incarcerated (compared to 153 in England and Wales and 116 in Canada) (Walmsley 2009). Both the United States and Canada have experienced soaring prison populations, particularly in terms of elderly prisoners: in 1995, prisoners over the age of 45 accounted for 13 per cent of the total prison population in the United States, which grew to 17.8 per cent in 2003 (meaning that the number of older prisoners has been rising at a rate of three times as fast as the general prison population) (Reimer 2008); while the number of over 55's in Canada rose by 60 per cent between 1993 and 2004 to account for 16 per cent of the total prison population (Sapers 2008). The 'graying' of the American prison system has been attributed to the ageing of the 'baby boom' population and better health which meant a growth in the numbers of people over 50; the enactment of mandatory minimum and longer sentences such as 'three-strike' laws and a greater number of serious crimes being committed by older people (Kerbs 2000; Aday 2003; Loeb and Steffensmeier 2006). Similar explanations can be used to explain the trends in Canada, with an increasing punitive severity playing a significant role (Uzoaba 1998). The dramatic increase in the number of elderly people in both countries has created a host of problems relating to their management which have led to a number of debates (Uzoaba 1998; National Institute of Corrections 1999; Kerbs 2000; Marquart et al 2000; Yates and Gillespie 2000; Mara 2002; Aday 2003; Wahidin and Aday 2005; Loeb and Steffensmeier 2006; Rikard and Rosenberg 2007; Stojkovic 2007; Reimer 2008; Sapers 2008). It is in this context that the United States Correctional Services and Correctional Services Canada (CSC) have developed some progressive measures to manage the elderly prison population and respond to their unique needs.

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<sup>2</sup> It is noted that other countries such as Australia (Dawes 2009) and Germany (Crawley and Sparks, forthcoming) have experienced similar issues but their strategies cannot be discussed here due to space constraints.

Since the 1970's, the Federal Bureau of Prisons began to realise the value of treating elderly prisoners separately from the younger prison population (Uzoaba 1998). Eighteen states have developed age-segregated facilities especially designed for inmates over 50 (Rikard and Rosenberg 2007). For example, Ohio has six correctional facilities which accommodate solely elderly prisoners. The largest unit is Hocking Correctional Facility (HCF), which holds 450 inmates and offers a range of selected services designed for the prisoners (ibid). This includes a pre-release programme which provides inmates with information on Social Security access, job seeking skills and contacts for housing; a vocational building and property maintenance training course; education programmes which instruct about the physical, psychological and social processes of ageing; education and literacy courses; and self-caring courses which offer inmates greater skills for dealing with ageing (National Institute of Corrections 1999; Rikard and Rosenberg 2007). In addition to these age-specific courses for the elderly, HCF trains staff to deal sensitively with the issues encountered by the older prisoners, such as death. Furthermore, throughcare is prioritised for those who are released and when necessary, some older prisoners are placed in a nursing home if they are assessed as being unable to take care of themselves (Rikard and Rosenberg 2007).

Segregating elderly prisoners in this way has clear advantages which can significantly improve the experiences of older prisoners, just as young people and women are segregated in the prison system (Cannings 2010). Segregation enables prison staff to take into consideration the specific health and social difficulties that older prisoners tend to face and means that educational and rehabilitative programmes are more focused towards the needs of elderly prisoners (Uzoaba 1998; Wahidin and Aday 2005). It also serves to instil a greater level of safety by limiting victimization from younger prisoners and through simultaneously creating safer environments which are better suited to frailer inmates (for example, fewer stairs, lower bunks, quieter communal areas) (Yates and Gillespie 2000; Rikard and Rosenberg 2007). By placing offenders of similar age-groups together, there is a greater opportunity for social interaction and cohesion which might overcome issues of isolation (Rikard and Rosenberg 2007) which have evidently caused problems for elderly prisoners in England and Wales (HMCIP 2004; Prison Reform Trust 2008). A further advantage of implementing such a system in England and Wales might be that costs of incarceration would be reduced, since fewer security staff would be needed to manage older prisoners (Stojkovic 2007) (although Reimer [2008] contends just how cost-effective age-segregation is with health costs and specialised courses being expensive).

However, one criticism that may be applied to the use of age-segregated facilities is that older prisoners may serve a functional purpose in that they have a calming effect on younger prisoners and can therefore assist staff in maintaining order in the prison (Uzoaba 1998; Yates and Gillespie 2000). Furthermore, the feasibility of implementing a wide-scale system of segregation in England and Wales is questionable based on the quantitative differences in elderly prisoners. There are considerably fewer older prisoners than there are in the United States and simultaneously, England and Wales currently faces serious restrictions in terms of space and resources (Travis 2009, Lyon 2010). While these concerns challenge the viability of extending such a scheme to England and Wales, it remains conceivable to

operate a similar system on a smaller scale through the use of individual prison wings<sup>3</sup> (Wahidin and Aday 2005). The use of segregated prison wings as opposed to isolated establishments serves to overcome the criticism that segregated facilities prevent older prisoners having a calming effect on younger inmates, since older prisoners could still have the opportunity to integrate with the rest of the prison at certain times. Such a system could also be more readily implemented than individual establishments in England and Wales as it would require less space and fewer resources.

To some extent, this has been demonstrated at HMP Kingston, which already had a separate wing for elderly prisoners in 2001 (HMCIP 2001b). It allowed better access to cells and specialist health care, but it is important to note that the regimes and programmes that were offered to these prisoners were the same as the rest of the prison (ibid). This led the HMCIP (2001b, p.30) report to conclude that 'the wing did not offer a clear model' for a national strategy. However, if the multitude of needs could be met by such a wing through specialised regimes and suitable re-integrative services, the use of segregated prison wings could be a valuable tool. While not every prison could dedicate a wing to elderly prisoners (due to small numbers of older inmates), their needs must still be met and these establishments could develop individualised care based on lessons from other prisons (Cannings 2010).

A serious criticism of age-segregation is that some elderly prisoners might be more capable than others of participating in activities and it may prevent some from engaging in valuable programmes that are offered to the general population (Uzoaba 1998). To place a prisoner in a segregated unit and grant him the title of 'elderly' may also have a stigmatising effect (Fennell et al 1988), especially if it makes restrictions on what the prisoner is able to do in comparison to the rest of the prison population. Indeed, Vito and Wilson (1985, cited in Yates and Gillespie 2000) argue that the placement of elderly people into a homogenous group can be highly problematic. The use of chronological age to delineate who is considered 'old' has therefore been criticised for failing to recognise the heterogeneity of the 'elderly' (Reed and Glamser 1979). As a way to overcome this issue a different method to define the elderly who are in need of support could be utilised, such as biological or physiological processes (Rikard and Rosenberg 2007). Alternatively, the elderly could be defined in terms of functionality (for example, an elderly person might be defined as someone who is able to undertake certain tasks) (ibid).

In order to assess whether an elderly prisoner is in need of specialist care or treatment, gerontologists have used the Activities of Daily Living (ADL) measurement and the Instrumental Activities of Daily Living (IADL) tool (Rikard and Rosenberg 2007). The former assesses functional dependence in relation to bathing, feeding and dressing for example, while the latter measures functional ability in terms of undertaking tasks such as shopping, housekeeping and food preparation (ibid). Rikard and Rosenberg (2007) argue that while some categories used by the ADL and the IADL might not be applicable within the prison context, they could conceivably be used as an effective system in the prison system to evaluate how best to manage elderly prisoners. This method of defining elderly prisoners through functionality

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<sup>3</sup> Cannings (2010) suggests that 'quiet wings' could alternatively be created in order to account for those who desire a quiet environment (such as the elderly), which would still enable integration with other prisoners.

rather than chronological age would help to prevent problems of denying some programmes to some more functional prisoners whilst simultaneously allowing the prison service and relevant agencies to provide a focused approach to those who truly need it. Both tools could certainly be extended to re-integrative policy in prisons in England and Wales to determine who should be given access to tailored programmes and facilities.

Another approach that can be used to improve the re-integrative experiences of elderly prisoners is through the use of early release, exemplified by POPS in the United States. Formed in 1989, the project seeks the early release of prisoners over the age of 55 who have served the average time for their offences and who are assessed to be a low risk to society (National Institute of Corrections 1999). The victim of the offender must also agree to the release of the prisoner (Wahidin and Aday 2005; Rikard and Rosenberg 2007). The programme is run on a voluntary basis, with students at law schools evaluating and screening elderly prisoners for early release. Once this has been achieved, the volunteers provide assistance in re-integrating the prisoner through seeking housing, employment and access to Social Security (National Institute of Corrections 1999).

A system of early release such as POPS adheres to the findings of desistance literature which stresses the reduced recidivism risks of the elderly (Wilson and Herrnstein 1985; Laub and Sampson 2001; Maruna 2001). Indeed, it is widely cited that there has been no reported cases of recidivism since the project began (National Institute of Corrections 1999; Yates and Gillespie 2000; Rikard and Rosenberg 2007). This can also be attributed to the strict screening process and the requirement that victims must agree to the early release of the prisoner (Yates and Gillespie 2000). The project could conceivably be adopted as an attractive strategy in England and Wales as it emphasises the importance of public protection – a key priority for the government (Home Office 2004, Home Office 2006). From a pragmatic perspective, such a programme would simultaneously help to relieve some pressure on an overcrowded prison system. It is important to note however, that an estimate of only 100 elderly prisoners have been released through the scheme (perhaps as a result of the strict assessment process) (Rikard and Rosenberg 2007), so the ability of such a programme to make any significant impact on prison population is arguably limited.

However, Wahidin and Aday (2005) propose that if the scheme were to be successfully implemented in England and Wales, it could foster a greater leniency towards sentencing elderly offenders to long custodial sentences. This in turn may have some notable impact on the prison population. At the very least, POPS provides a model which can be used for future projects involving the reintegration of elderly prisoners (Yates and Gillespie 2000), since it seeks to enhance the elderly prisoner's ties with the community. Therefore it resembles a 'community-focused' model of resettlement (highlighted in Chapter 2), which emphasises the need for a wider support network for the ex-prisoner (Maguire 2007) and provides greater opportunities for release and re-integration.

In terms of helping the elderly prisoner once he has been released from prison, relevant agencies in England and Wales might look to build an approach based on the RELIEF project in Canada. The project was established in 1999 in the Pacific Region

of CSC in order to facilitate the transition of elderly and infirm prisoners into the community (ACCPA 2000). Stewart (2000) explains that the aims of the project are:

- To address the direct needs of elderly and infirm ex-prisoners through responsible care-givers so as to provide a legitimate opportunity for successful reintegration.
- To offer a high level of care for dependent offenders, providing hope and dignity.
- To establish a standardised level of care-giving which is able to match that of the hospice movement in the community.
- To offer regular training to certain offenders on work release or day parole in providing care to elderly and infirm ex-prisoners.

The programme houses elderly and infirm conditionally released prisoners in a centre which is 'more home-like and less institutional-like' (ibid, p. 36). The care recipients are regularly assessed to gauge their level of need and are subsequently placed in facilities according to 'high', 'medium' or 'low' level assistance (ibid). A range of staff with different expertise are available on site, including health professionals, psychologists, parole officers and programme facilitators (ACCPA 2000). Priority is given to those offenders who have grown old in the prison system or those who were sentenced in old age, since it is claimed that they are at a stage when they need specialized care which is distinctive from the traditional programmes offered by the correctional service (Stewart 2000). Furthermore, residents are provided with training in self-sufficiency and basic living skills in preparation for those who might move on to alternative accommodation (ACCPA 2000). It is this type of focus that has notably been lacking in England and Wales (see for example HMCIP 2004). It is stressed that RELIEF is not simply about providing a nursing home for the frail, but rather it is about encouraging independence and facilitating re-integration of these offenders (Stewart 2000). To date, there has been no research into the success of the programme. One potential obstacle could be that the resource limitations in England and Wales (Travis 2009, Lyon 2010) could impose some challenges for implementing such a scheme, which can only house a limited number of people (APCCA 2000). However, like age-segregation and POPS, RELIEF offers a platform which local authorities and relevant agencies in England and Wales might be able to build upon in order to facilitate successful integration of elderly prisoners into the community.

## **Conclusion**

This chapter has attempted to provide an example of how policy makers in England and Wales might develop effective re-integrative services for elderly prisoners. The segregated facilities in the United States have offered the Prison Service some interesting opportunities for change, such as the implementation of separate wings constructed according to the needs of the elderly and infirm (Wahidin and Aday 2005). The debates surrounding segregation have also presented some insightful approaches of how best to assess what constitutes an 'elderly' prisoner. For example, the use of ADL's and IADL's could be used in the prison environment to measure levels of functionality and therefore offer a more tailored approach to those who truly need it (Rikard and Rosenberg 2007). The other examples of POPS and RELIEF both offer local authorities and voluntary organisations in England and Wales further ideas which they could engage with in order to facilitate the initiatives that the Prison Service might provide.

The segregation facilities and POPS in the United States, as well as the RELIEF project in Canada provide England and Wales with some clear models to pursue in order to ameliorate the re-integrative experiences of elderly prisoners. If similar approaches were to be adopted in England and Wales, they could feasibly work together to provide a holistic, all-encompassing service. For example, while the RELIEF programme in Canada exists specifically for those who have been released from prison, it is possible that a similar system could be extended to prisons. In Chapter 1, this paper highlighted how sometimes caring for elderly prisoners was left to other inmates who lacked adequate training for doing so (HMCIP 2004, Crawley and Sparks 2005a). The RELIEF project avoids such issues through formally training and employing offenders on parole or day release to assist in the care for elderly ex-prisoners. Following this principle, younger inmates in the prison system in England and Wales could be formally trained to look after the elderly in prison, which would have the dual benefit of providing care and advice for the frailer prisoners and accrediting other younger prisoners. Similarly, the ADL and IADL tools are not restricted to the prisons and could be used as a standard measure for local authorities and voluntary services in order to better respond to the elderly inmates who need help the most. For example, it might form the basis of the multi-disciplinary assessment tool that is proposed by the Department of Health and Nacro (2009) (see Chapter 2). These initiatives might foster a deeper awareness of the problems encountered by older prisoners and could be effectively translated into an extensive strategy to assist the direct needs of the elderly, including their re-integration.

## **Conclusion**

This paper has illustrated that elderly prisoners experience imprisonment differently to the rest of the prison population. Those serving life-sentences are especially more susceptible to developing psychological difficulties in adjustment, (Cohen and Taylor 1972, Crawley and Sparks 2005a), they are less likely to have friends and family to return to once they have been released (Sapsford 1978; Flanagan 1982; Prison Reform Trust 2008a) and are more likely to have serious health problems (National Institute of Corrections 1999; Marquart et al 2000; HMCIP 2004, Loeb and Steffensmeier 2006; Prison Reform Trust 2008b; Reimer 2008). The result of these unique issues is that those who will be released in the community in old age are likely to face significant challenges in their resettlement. These issues are heightened by processes of 'liminality' (Jewkes 2005), 'institutionalisation' (Sapsford 1978, Irwin and Owen 2004), a number of practical concerns (Crawley 2004; Stojkovic 2007; Prison Reform Trust 2008a) and a general lack of certainty regarding the future (Crawley 2004).

In England and Wales, the situation is compounded by the absence of a cohesive national plan which has failed to emerge in a culture of 'institutional thoughtlessness' (Crawley and Sparks 2005b). Several reports in the last decade have uncovered the fact that the current prison system and NOMS strategy fundamentally ignores the characteristics of elderly prisoners with its emphasis on reducing re-offending and ensuring public protection, therefore denying their real needs (Howse 2003; HMCIP 2004; 2008; Prison Reform Trust 2008). Nevertheless, there are pockets of good practice that have been developed by individual prisons and voluntary agencies such as RESTORE 50plus and Age Concern. Similarly, the Department of Health has issued two practical toolkits to assist the management of elderly prisoners. However, these practices are not enshrined in official law or policy and there remains little co-ordination between different areas and institutions. This obstructs practice and means that elderly prisoners cannot expect the same level of care and support across the country (Fry 2005; Worrall 2010).

These issues might be addressed through developing a nationwide policy based on initiatives that have emerged outside of England and Wales. Segregation in the United States prepares the ground for placing the elderly on the criminal justice agenda. It might be implemented at a reduced scale in the form of separate prison wings in England and Wales to account for the differences in population sizes and could conceivably work towards creating a standardized system of care. This could be reinforced by new assessment tools that are able to effectively measure levels of need and respond to them accordingly. The Prison Service and local authorities might be able to supplement this with a system of early release based on the POPS in the United States which enables a targeted approach for elderly prisoners, similar to a 'community-focused' model of support (Maguire 2007). This is able to function within a stringent public protection framework and could therefore overcome some of the current reluctance (Frazer 2003) to instil a national strategy for elderly prisoners. In the same vein, voluntary agencies could work towards installing an integrated system of care in the community which is able to provide a stepping stone for re-integration specifically for those older prisoners needing the most help. This could be based on the same principles as those advocated by the RELIEF project in Canada.



In this manner, policy might be able to successfully develop in order to recognise the elderly as a group with specific needs. This will require an acknowledgement of a gerontological perspective which is able to distinguish between age, period and cohort effects (Rikard and Rosenberg 2007).

'Age' effects are those which are caused directly by the ageing process, such as the deterioration of the immune system (Glenn 1976). 'Periodical' effects refer to changes in society at particular historical events such as the shift from a rehabilitative towards a incapacitation model in the 1970's in the United States (Glenn 1976, Rikard and Roseberg 2007); or the introduction of Indeterminate Sentences for Public Protection in England and Wales. Both events might be observed as having an effect on the numbers of elderly prisoners in both jurisdictions. Finally, 'cohort' effects are those which describe differences between generations (Glenn 1976). For example, Rikard and Rosenberg (2007) explain how the 'Convict Code' in the United States used to dictate that elderly prisoners were the most knowledgeable and therefore demanded the most respect. However, contemporary prison culture dismisses the code and younger inmates tend to lack respect for their elderly counterparts. Rikard and Rosenberg (2007) suggest that these differences are essential to policy making. For example, any short-term policy must pay tribute to cohort effects which are transient; while long-term policy should focus on persistent problems associated with age effects. Periodical effects would serve to raise awareness of the influence of policy and sentencing and how it might be used to ameliorate the problems of elderly people in prison.

This paper might have therefore been improved by a greater consideration of the heterogeneity of the elderly prison population. For example, it might have further contemplated how differences between prisoner type (Goetting 1984), gender (Reviere and Young 2004; Wahidin 2004; Strimelle 2007) or race can alter the experiences of certain older prisoners. However, the scoping nature of this paper has meant that it has been able to address the broader concerns of elderly prisoners. Consequently, it has been able to explore some of the advantages of segregation, thus creating a platform on which policy might be able to develop in England and Wales. A more comprehensive strategy has been advocated that can effectively respond to the general concerns of the elderly prison population which were addressed in Chapter 1. However, in the light of the disparate needs of some elderly prisoners, this strategy must be cautious of who is granted the title 'elderly' so as to include those who need the most support and to exclude those who would be restricted by such a label. It has therefore been suggested that the most effective approach would be one that measures 'elderly' in terms of functionality rather than chronological age (Reed and Glamser 1979; Rikard and Rosenberg 2007).

The number of elderly prisoners in England and Wales will continue to rise in a 'risk averse' society (Hill 2010). These prisoners will also grow older and will require a greater level of health care and social care provision. This will undoubtedly further stretch the resources of the Prison Service. Many of these prisoners will be released and face heightened re-integrative problems compared to the rest of the prison population. Currently the needs of the elderly are being ignored at a national scale, which has meant an absence of a much needed comprehensive strategy that is able to manage these problems. In order to form such a plan, policy makers must consider expanding the individual initiatives that have developed across England and Wales;

borrowing and integrating ideas from other jurisdictions; and applying a gerontological understanding to the manifested problems. Without such changes, elderly prisoners in England and Wales will increasingly feel the pains of 'institutional thoughtlessness'.

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