Trends in the Aging Prison Population of England and Wales: A Useful Cross-National Comparison with Japan?

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1. Introduction/rationale

This chapter reviews the status of older adult offenders in England and Wales in order to contribute to a comparative perspective on the global phenomenon of aging prison populations and to consider future implications and trends. There are 118 prisons in England and Wales, all overseen by HM Prison and Probation Service (HMPPS), formerly the National Offender Management Service (NOMS). England and Wales currently hold more prisoners than any other Western European country, both in absolute numbers as well as in terms of proportion of the population (Council of Europe 2017).[1] There are around 85,000 prisoners currently held in England and Wales, or 182 per 100,000 citizens (Allen and Watson 2017). Older adults account for roughly 17% of the total population, or a 50% increase since 2011. In recent years, the state of prisons in England and Wales has come under increased scrutiny for overcrowding, poorly maintained structures, violent incidents, and a rapid rise in incidents of self-harm and suicide. Criticism has extended to the management of aftercare (probation, parole), which is similarly overburdened, especially as more and more probation services are contracted to private companies making it increasingly difficult to maintain standards,. The growing numbers of older adults are affected by all of these conditions without adequately resourced special provision.

This state of mass incarceration in England and Wales did not occur suddenly, but had been gradually taking form since the 18th century. England was one of the first countries to extend the Enlightenment philosophy of scientific, rational social planning to the prison system (Fassin 2017: 15). Doing so entailed not only changes in the ways English society understood crime and care of offenders, but it also masked the once public spectacle of corporeal punishment behind structures aimed at incapacitation, surveillance, and rehabilitation. English philosopher Jeremy Bentham's iconic Panopticon design exemplifies this philosophy and subsequently became a model for prisons

[1] Although Scotland and Northern Ireland are part of the United Kingdom, their judiciary and prison systems are separate. In 2017, Scotland held 7,500 offenders in prisons, while Northern Ireland held about 1,600, so the prison population of England and Wales accounts for the vast majority of the overall population of the UK.

around the world (Foucault 1991). The Panopticon was an early inspiration for Japanese administrator Ohara Shigechika, who was sent by the Japanese government to study prison designs in the British colonies of Hong Kong and Singapore in the 1870s (Botsman 2005: 146; Jolliffe 2016: 40) has been credited with establishing the first modern prisons in Japan.

Over time, changes in attitudes toward crime and punishment and relations between citizen and state transformed these institutions into instruments of increasingly punitive laws (Fassin 2017; Waquant 2009). The rise of 'penal populism' (Pratt 2007) and the quickening pace of the aging society have converged over the last twenty years in many countries, including Japan and the U.K., but still little is understood about the implications of this convergence for offenders, prison staff, and for society at large. Will demographic changes prompt a rethinking of penal policy and procedures? Will new efforts be made to improve conditions for incarcerated older adults and for ex-offenders? Can cross-national comparisons help us to better understand the lives of ex-offenders and the risk of re-offending?

This chapter suggests that as England and Wales come to grips with their aging prison population, the need for expertise on the lifeworlds of older offenders across the penal and probation system will become increasingly urgent. While there are remain serious deficiencies in various areas when it comes to the treatment of older offenders in England and Wales, we also consider possible lessons they might offer for Japan as well.

2. Background of trends in the aging society in England/Wales and Japan

Despite a lengthy post-war baby boom, fertility in the U.K. over the last four decades has generally remained low, and older adults make up an increasingly larger proportion of the population. The U.K. qualified as an 'aging society' by UN classification in the 1930s, when the proportion of those over 65 reached 7% of the population, and until recently, there had been little significant increase. Current estimates show the UK on track for the proportion of older adults to rise to 20% by 2025.

Average life expectancy at birth in the UK has been steadily rising since the mid-19th century, in large part due to the decline in infant and youth mortality. By 1948, however, a man who reached the age of 65 could expect to live to 78, and women tended to live even longer

(Thane 2012: 22). Half a century later, life expectancy at 65 was 17.6 years for men and 20.2 years for women (Thane 2012: 22). There were only 24 centenarians in Britain in 1917, compared to about 15,000 today.

Between the end of the Second World War and the 1960s, the UK, like Japan, experienced a 'baby boom', resulting in a large cohort of individuals who are now living much longer and healthier lives in old age than ever before. Based on Health Life Expectancy (HALE) data (WHO 2016), however, baby boomers will still likely require around five years of support in old age. Furthermore, it is important to note that the length of time spent living in poor health or with disability in old age is unequally distributed between people of different socioeconomic class and ethnic background (Thane 2012). Poor physical health, including a prevalence of mental illness and cognitive impairment among low income earners, minorities, and other marginalized groups is partially reflected in the older prison population as well.

The growing numbers of older people in England and Wales have drawn attention to the challenges the future holds. It is estimated that by 2025, about 3 million people in England and Wales will need care, representing a 25% increase since 2015 (Guzman-Castillo, et.al. 2017). Social care for frail and disabled older people is provisioned by the local authority through a grants system based on a needs assessment and a means test (calculating income). These grants may go to pay for various equipment, home adaptations, in-home care, or the costs of residential care homes. Those with assets valued at £23,250 or more (about 80% of those with care needs) must pay the full cost of care up to the lifetime care costs cap of £72,000.

Given the rising cost of care, the government has encouraged individuals to purchase commercial private insurance. For those who cannot afford this, accessing care can involve a slow bureaucratic process of applications and waiting, often depending on the help of family members, charities and volunteers to navigate the system and provide informal care in the meantime. Because the value of one's home is not included in the means test as long that is where one receives care, many individuals try to remain at home as long as they can. While "aging-in-place" has replaced institutional care as the preferred paradigm of long-term care

in most developed countries, including Japan, it may also be exacerbating the serious and growing problem of social isolation and loneliness. The Jo Cox commission on loneliness found that over 70% of older people in the UK describe themselves as lonely, with about half of those describing chronic loneliness over the last year.

Older prisoners, like their counterparts in the community also face challenges of health problems, poverty, and loneliness. As this chapter will detail, these characteristics, consistent with normal aging in the community become particularly costly for prisoners, both in terms of financial burden as well as cost to the individual's ability to manage social and emotional experience and to resettle after prison. The remainder of the chapter will provide a general profile of older adult offenders, the conditions they experience in prisons and the management of aftercare. In each case, we focus first on England and Wales, but return to Japan for notes on possible areas of useful comparison.

3.1 Background of elderly crime and incarceration

3.1.1 England and Wales

The demographic make-up of the British prison population has altered dramatically over the past two decades. Characterised by a threefold increase in the number of men aged 50 and over being sentenced to a term of imprisonment (PPO, 2017), this once insignificant section of the prison population now stands at approximately 12,600 (PPO, 2017). While their numbers still constitute a relatively small proportion of the 85,000 prisoners currently held in England and Wales (MOJ, 2017), it is the multitude of associated problems which accompany their incarceration, which has led to their recognition as a highly 'significant minority' (Wahidin, 2005).

This rapid and somewhat unexpected rise in the number of older prisoners can be directly linked to the general increase in life expectancy, which as Prisons and Probation Ombudsman Nigel Newcomen discusses (PPO, 2017) is, on its own, sufficient to keep the aging prison population rising. However, factors such as an increase in sentence lengths, which has been a characteristic of the justice system over recent years, along with the

targeted pursuit of the historic sexual offenders, have significantly added to the influx of older and aging prisoners.

The beginning of the marked increase in the aging prison population can be traced back to New Labour's thirteen year reign (1997-2010) which saw the implementation of a number of legislative changes which served to widen the net and inflate sentence lengths. Such changes included the introduction of the mandatory life sentence for those convicted of a second serious sexual assault under the Crime Sentences Act 1997 (Maguire et al, 1997), and the introduction of indeterminate sentences for public protection (IPP) in 2003 (Matravers & Hughes, 2003: 53-54)[2].

In subsequent years, such trends have continued to characterise our criminal justice system. The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012, brought in under the Coalition Government, aided the steady increase in the prison population by mandating a 'two strikes' principle for adult offenders and increasing the time spent in prison by limiting automatic early release (Skinns, 2016). This, along with the continued focus on bringing historic sexual offenders to justice, something which gained momentum in 2012 in the wake of the Jimmy Savile inquiry, saw a 17% rise in the prison population by 2014, with sexual offenders accounting for almost half (Independent, 2014).

The Prison Service in England and Wales was poorly prepared for their new role as the largest providers of residential care for frail and elderly men in England and Wales (PPO, 2017). The increased presence of aging individuals with complex and heterogeneous needs within prison establishments originally designed for able-bodied young men, has resulted in an extremely complex and costly management challenge for the Prison Service, in a time of record high populations and significant cuts to their budget (PRT, 2017).

3.1.2 Japan

[2] IPP was investigated in 2011 and later abolished in 2012 due to problems stemming from its use beyond intended purpose. Minimum sentences of IPP was replaced by more punitive sentences for violent and sexual offenders as well as extended supervision on license.

Prior to World War II, Japan's prisons were used extensively to remove and confine political prisoners, communists, and others that were ideologically disruptive. After the war, the Occupying authority imposed the 1949 Offender Rehabilitation law, which sought to reform the institution into a more modern, public and rehabilitative one. Still, similar to England and Wales, Japan's prisons were not meant as places for older people. In the 1960s, older adults constituted less than 1% of the total population in prisons. As with England and Wales, this proportion grew steadily following the trend of the general aging population. It has only been in the last two decades that a marked rapid increase in older prisoners has led to increased scrutiny of demographic change. By 2016, the proportion of prisoners at least 60 years of age was over 26% (JMoJ 2016).

Japanese prison law reform also began to include harsher sentencing laws around 2000, partially in response to police scandals and the pressure from well-organized and vocal victims rights groups (Leonardsen 2010). While applied only in extreme cases (i.e. multiple homicide), Japan maintains both indeterminate sentences and the death penalty, and over the last decade (2008-17) has executed 52 offenders. The overall trend of less flexible treatment of offenders has contributed to many older adults serving prison sentences even for relatively minor crimes such as shoplifting (about 62% of men over 65 and 92% of women in Japan are serving sentences for theft).

3.2 Trends in Crimes committed by elderly offenders

3.2.1 England/Wales (50%+ sex offenders)

The age at which a prisoner is defined as 'elderly' or 'old' is significant in terms of understanding the trends in both the offending and the incarceration of this sub-group. However, there has been ongoing discussion and debate regarding this issue. If we consider all relevant literature, 'old' could encompass anything from 25 years to 82 years (Brogden & Nihhar, 2000). However in more recent years, academics, charities and third sector agencies (Yorston & Taylor, 2006; Baidawi et al, 2011; Mann, 2012; Justice Select Committee, 2013; RECOOP, 2017) seem to have agreed on 50 years as being the point at which the majority of prisoners in England and Wales could be classified as 'old'; this definition is also supported by the fact that a prisoner will often have a physiological age ten years in advance of his

actual age (Aday, 2003; NACRO, 2009; Justice Select Committee, 2013; PPO, 2017). This relatively low age threshold of 50 years, does however, make it difficult to discuss aging prisoners in terms of being 'elderly', therefore many authors adopt the words 'older', 'old', or 'aging' in their discussions (Wahidin, 2004; Mann, 2012; Justice Select Committee, 2013; MOJ, 2014; PPO, 2017).

The aging prison population can be divided into four main categories; those who have committed a crime for the first time in old age; those who were sentenced to lengthy periods of custody and have grown old in prison; those who have been sentenced in old age for historical crimes, and those who are repeat offenders (Moll, 2013; MOJ, 2014). Despite serving sentences for a range of crimes including property, violence, drugs and fraud, along with more serious offences such as murder and manslaughter, the aging prison population is disproportionately made up of those serving a sentence for a sexual offence (Mann, 2012; Justice Select Committee, 2013; Moll, 2013; MOJ, 2014; PPO, 2017).

For prisoners aged 60 and over, 59% are currently serving a custodial sentence for sexual offences (MOJ, 2014), whilst for 50-59 years olds, this figure decreases slightly to approximately 34% (Centre for Policy on Ageing, 2016). Such high numbers of sexual offenders in the system, has led to the development of eight specialist prisons across England and Wales, which exclusively house sexual offenders (The Telegraph, 2014).

3.2.2 Japan

In stark contrast to England and Wales, the number of older prisoners convicted of sexual offenses is virtually nonexistent. It remains unclear why sexual offenses in Japan are so low for older adults compared with other countries, but the answer is likely found in both differences in law that makes it difficult to prove offenses and a lack of reporting due to fear of stigma. In recent years, however, stalking and domestic violence have come under increased attention as complaints and media coverage has increased. It was only in 2017 that minimum sentences for sexual assault increased from 3 to 5 years (the minimum sentence for robbery) and requirements that victims file complaints has been lifted. This

was the first revision of the law concerning rape and sexual assault in almost 110 years (since the Criminal Code was passed in 1907).

A five-year minimum sentence for a first sexual assault offense would bring Japan in line with the average sentence for offenders in England and Wales (63 months, MoJ 2015). Should reporting increase and a provision for historical cases be introduced, Japan's older adult prisoner population could very well come to resemble that of England and Wales. The growth in the older adult prison population would pose serious challenges on the capacity and conditions of prisons, and the case of England and Wales could become even more instructive.

3.3 Trends in conditions in prison

3.3.1 Health

The health complaints of the aging prison population unsurprisingly reflects the morbidity of the aging population in general society and includes such things as heart disease, diabetes, cancer, hypertension, and mental health problems, such as depression and anxiety disorders (Fazel et al, 2001; Justice Select Committee, 2013; Hayes et al, 2012). These specific health issues, coupled with the psychological strains of prison life and the relative inactivity of older prisoners, further accelerates the aging process and places even greater demand on prison healthcare. However, despite such high incidences of age related problems, provisions and standards of health care for older people in prison vary and very often fall short of that delivered in the community (Senior et al., 2013), despite the existence of PSO 3050 which dictates that prisoners should have access to the same level of care in prison as they would in general society (PPO, 2017).

Despite the existence of PSO 3050, the aging prison populations' experiences of healthcare is all too often characterised by poor access, delays in treatment, poor quality of care and delayed or mis-diagnoses (Mann, 2012; Justice Select Committee, 2013; PPO, 2017). Their specialised needs and high morbidity levels, means that healthcare for older prisoners can cost up to three times more than that of younger prisoners (Mann, 2012; Wahidin, 2013) and this, coupled with the ongoing cut-backs which have effected prisons in England and

Wales, means that the Prison Service has neither the funding nor the resources to employ the preventative model of healthcare which currently exists in general society.

3.3.2 Disability

Many of the prisons in England and Wales were built in the Victorian era and as such, present an extremely challenging environment for aging prisoners to live, something acknowledged by Crawley and Sparks when they state,

> Their (Prisons') very fabric (the stairs and steps and walkways, the distances, the gates, the football pitches and gymnasia; the serveries and queues; the communal showers; the incessant background noise) is, in general, constructed in blithe unconsciousness of the needs and sensibilities of the old (2005).

The suitability of the prison estate for older offenders is something which has long concerned both academics and third sector organisations, however, in 2004 the Prison Service acknowledged the need for specialised facilities, and HMP Norwich opened the first purpose built older offender unit which took the form of a care home style facility providing beds for fifteen aging prisoners who required assistance with daily living (Mann, 2012; Moll, 2013). This pioneering facility was welcomed as a sign of progress for the less mobile and more infirm older prisoners, but at a cost of £1.5 million, it was a clear demonstration of the financial implications of an aging prison population.

The Disability Discrimination Act (DDA) came into full force in 2006 and once again shone a light on the lack of appropriate facilities for offenders with disability and mobility issues. This Act mandated that prisons had a responsibility to provide for the needs of older prisoners and to make the regime accessible if the prisoner's condition could be defined as a disability (Equality Act, 2010). However, despite the presence of this equality legislation, older prisoners' equal access to the prison regime is still largely reliant on forward thinking staff and as such, experience of aging prisoners who have a disability, varies greatly across the prison estate.

3.3.3 Education and employment

The reality of prison life for many aging prisoners is boredom, isolation and loneliness (Mann, 2012). It is, therefore, paramount that meaningful activities such as education, training and employment are offered in order to overcome the very real potential for deterioration and decline. However, whilst younger prisoners are able to access appropriate education, a range of employment and training opportunities and gym based physical activities, older prisoners often find themselves engaged in monotonous activity, or simply left to 'stagnate' in their cell (Aday, 1994; Mann, 2012).

Over two decades ago, the Prison Reform Trust noted a grave lack of differentiation in prison activities, particularly within the area of education and training (PRT, 2003), a finding supported by the Justice Select Committee (2013). Sadly, this lack of differentiation still exists today, and whilst some prisons have utilised the services of organisations such as Age UK or RECOOP (Resettlement and care for older ex-offenders and prisoners), in order to run 'age tailored' programmes, nostalgia groups and specialised gym sessions (Mann, 2012; Justice Select Committee, 2013), the continued austerity measures which have seen Her Majesty's Prison and Probation Service budget reduced by nearly a quarter since 2011 (PRT, 2017), means even these piecemeal offerings are at risk.

The current penal crisis, which has seen a continual rise in the prison population, an increase in incidences of violence, escalating drug addiction and increasing rates of suicide (HMIP, 2017), has resulted in a dire situation where keeping prisons safe and well-ordered on a daily basis is as much as staff can hope to achieve. Within such a climate, the education and employment needs of a minority, however significant, are certainly not considered a priority and as such, there are still many aging prisoners who remain unemployed and unengaged.

3.3.4 Dementia [300]

An increase in the number of aging prisoners has inevitably brought with it an increase in incidences of those conditions associated with old age, such as cognitive frailty and dementia. However, despite the rapid increase in the aging prison population, Prison Officers still receive just one hour of training on older prisoners, and as such, the needs of

this age group are all too often addressed by healthcare staff often lack awareness and understanding of issues such as dementia and incontinence (Moll, 2013).

There is no official figure on the rate of dementia amongst the aging prison population, but it has been estimated that approximately 5% of prisoners aged 55 years and older would have the condition (PPO, 2016). This figure is in fact likely to be an underestimation of the actual numbers because many of the signs of dementia are masked by the predictability and regimented nature of the prison regime (Moll, 2013). Those who 'care' for aging prisoners are less likely to notice the subtle changes which can take place at the onset of dementia and thus it is likely that those prisoners demonstrating symptoms of memory loss, confusion and withdrawal, would simply be considered old and infirm (PPO, 2016), rather than suffering from dementia.

The prison environment itself has a substantial impact on the issue of dementia. Firstly, the poor physical and mental health of older prisoners, created by the stresses and strains of the prison environment and a lack of appropriate healthcare, puts individuals at a much greater risk of developing dementia initially (Maschi et al, 2012). Second, many of the common characteristics of the prison environment sit in stark contrast to those promoted by the Alzheimer's Society's 'Dementia Friendly Communities' (2014). The bare walls, the poorly lit corridors and landings, multiple stairs and undifferentiated floor surfaces are all likely to create significant difficulties for prisoners suffering from dementia, making their existence within the prison even more difficult.

The predicted growth of the aging prison population in coming years (Justice Select Committee, 2013; PPO, 2017) means dementia will become one of the most pressing concerns for the prison service. Small changes such as '…proper lighting, use of different colors for walls, such as the bathrooms, use of large lettered signs and pictures, handrails, wheelchairs, and accessible showers…' (Maschi et al, 2012) can greatly enhance the experiences of prisoners with dementia, but if prison is to accommodate the needs of the fastest growing population in prison (Mann, 2012; Justice Select Committee, 2013), there needs to be systemic change in the training of prison staff, the allocation of resources and value placed on the human rights of a prisoner.

3.3.5 Palliative and end of life care

The increasingly number of aging prisoners within the system, has resulted in an increase in deaths by natural causes within the custodial setting, and this, as Newcomen explains,

> '…has meant that the Prison Service increasingly has to grapple with risks and procedures they were not previously forced to consider, when prisons in England and Wales were more likely to hold fit young men…' (PPO, 2017:7);

The 'End of life Care Strategy' was published by the Government in 2008, and despite acknowledging prisons as possible places of palliative and end of life care provision, the Prison Service still has no formal guidance on expectations, and the care and management of those requiring such a provision. As Turner et al (2011) found in their study, the continual conflict of care versus custody often sees the potential security risks of the prisoner as a major barrier to accessing the quality of service delivered in outside hospices.

This is something noted by Newcomen, who discusses how prisons tend to assess their prisoners based on the risk they posed when healthy; this can lead to prisoners being denied compassionate leave, denied access to external hospices and even being physically restrained at the end of life (PPO, 2017). This issue of prisoner security, coupled with the fact that much of our prison estate is noisy, decrepit and wholly insufficient as a place for palliative care delivery, means that prisons are failing to provide a much needed service and failing to adapt to the changing demographics of their incarcerated population.

The lack of a general national strategy on the care and management of aging prisoners, has resulted in grave differences in service and delivery across the prison estate, and, as is the case with so much of the aging prisoner experience, pockets of good practice are largely due to the dedication and innovation of staff working with this age group.

Palliative and end of life care in prison is also characterized by some very good experiences (Turner et al, 2011; Papadopoulos et al, 2016; PPO, 2017), such as the development of palliative care suites, the recognition of the importance of family and fellow prisoner involvement in the dying process and the development of excellent working relationships

with local hospices. These pockets of good practice highlight how successful end of life care can be delivered within the prison setting, providing there is funding for equipment, training and delivery.

3.4 Summary comparison with Japan

While England and Wales have taken some steps towards acknowledging the need for adapting prisons to better meet the needs of its aging prison population, it is clear that these changes will take time and sustained effort to implement. Might Japan, whose prisons have been considered exemplary for their clean, orderly and violence-free environments, provide some hints about how to change?

Of the 70 prisons in Japan, 32 have reached the point where at least 20% of inmates are 65 or older (about 12.2% of the population system wide) (Yomiuri 2016). Within this population, about 14% are estimated to have dementia, or almost three times the proportion estimated in England and Wales. Even so, these estimates may still be lower than actual numbers, since the regimentation of prison life can sometimes mask symptoms of memory loss. As a result of these high numbers, several prisons will begin administering tests of mental ability to older offenders in order to identify those who should have lighter work duties or who could benefit from exercise and mental training programs. Currently, the 32 prisons with the highest concentration of older prisoners employ only one care specialist each. In 2017, the Japanese government committed 60 million yen (about £400,000) to eldercare certification programs for prison staff starting in 2018 (Komatsu 2018).

Until recently, Onomichi prison in Hiroshima Prefecture had been the only prison in Japan with a dedicated ward for older prisoners. Onishi (2007) reported that prisoners on the ward, whose average age was 74, were given lighter work duties for fewer hours than required of younger prisoners and were supplied with walkers, wheelchairs and adults diapers. In other prisons, older inmates enjoyed “preferential treatment” in terms of assigning private rooms, preparing food cut into smaller bites, and being exempt from following marching formations.

There is some evidence that Japan’s prisons are finally taking broad measures to better accommodate older prisoners. Asahikawa prison in Hokkaido, for instance, reopened in 2017 following an extensive remodeling that included 500 private cells and ramps with handrails

replacing steps (Ominato 2016). While such improvements have received backlash from some victim support groups, they are considered necessary for both successful rehabilitation and the prevention of incidents that could put a strain on an already overburdened staff.

Despite the very high numbers of prisoners in advanced old age, very little research has been conducted regarding palliative and end of life care in Japanese prisons. It may be noted that hospice and palliative care are relatively new in Japan in general. The National Health Insurance began covering palliative care in 1990 and has gradually expanded the coverage of end of life services since then. As a result, palliative care units have increased from 5 in 1991 to 357 in 2015 (Mori and Morita 2016). While there may be an interest in providing end of life support within prisons, the majority do not appear to have the staff to manage this.

4. Re-entry/resettlement of elderly prisoners

4.1 ROTL/probation

Prison Service Order 2300 sets out the resettlement responsibilities and good practice for Her Majesty's Prison and Probation Service. The order makes clear that successful resettlement work needs to be tailored to the needs of prisoners, with polices and strategies taking into account prisoner diversity. In the House of Commons Justice Select Committee on older prisoners (Justice Select Committee, 2013), it was acknowledged that resettlement strategies and key performance indicators tend to prioritise employment (including education and training), as well as accommodation, health and reductions in reoffending. Consequently, resettlement practices are often more relevant to the younger majority of prisoners, neglecting the distinct needs of older prisoners. These resettlement needs often result from older prisoners' likelihood of serving long prison sentences, including social isolation stemming from the loss of contact with family, peers and work networks (being of pensionable age), as well as their health and social care needs (Cornish, Edgar, Hewson and Ware, 2016).

Whilst Release On Temporary License orders (ROTL: whereby a prisoner is released for a day or longer) may be used with long term prisoners to gradually assist them to re-establish themselves in outside communities prior to release from prison (Cornish et al., 2016; Pedder, 2017), there is no specific policy on older prisoner resettlement. Furthermore, dedicated resettlement support in and out of prison is very patchy and fragmented (Cornish, et al., 2016), although the Government has responded to this criticism to say that, as for other prisoners,

their needs are responded to on an individual case by case basis (Justice Select Committee, 2013).

4.2 Release to no fixed abode

Older prisoners are highly likely to have lost their accommodation as a result of being in prison, either because of their length of sentence or the nature of their offending. Consequently, positive accommodation outcomes on release from prison reduce the older the prisoner is. In 2010-11 RECOOP (2017b) report that 81% of released prisoners had positive outcomes compared to just 79% of those over 60 years (with an average of 86% for the general prison population). This means that a significant proportion of older prisoners leave prison with no appropriate accommodation arranged and so are classified as no fixed abode (NFA) (Justice Select Committee, 2013). This is particularly challenging for older prisoners as they may have requirements related to their health, frailty or disabilities which make many forms of accommodation unsuitable. Furthermore, as such a significant proportion have committed sexual offences, this again limits the community accommodation assessed as suitable for them. As a result, many older prisoners are required to reside in Probation Approved Premises (PAP) on release. These provide semi-secure hostel type accommodation within which residents are observed and undertake offence-related work to reduce their risks of reoffending as well as to support resettlement (Reeves, 2016, 2013; Reeves and Cowe, 2012).

As PAP only house higher risk offenders whilst they are subject to their prison release license, those assessed as lower risk or have reached their sentence end-date may be released into emergency accommodation such as homeless hostels, shelters or Bed and Breakfast Guest Houses. There are strict criteria to qualify for longer term housing support, which includes prisoners' homeless status not being the fault of the prisoner, and being classed as 'vulnerable' (NACRO, 2018; Shelter, 2018). Even where a released prisoner qualifies for this support suitable accommodation can be difficult to find in practice, especially due to the complex needs of many older ex-prisoners. This situation is exacerbated by local authorities and private housing agencies often refusing to accommodate sex offenders, and even where they can, such housing may be unsuitable for the needs of older people. Mills, Gojkovic, Meek and Mullins (2013) found that even dedicated third sector organization supporting ex-prisoners to find suitable housing found this extremely challenging in a context of ex-prisoner

social stigma, high demand, stock shortage, budget cuts and strict risk assessments. To mitigate these difficulties the authors called for housing providers to be more willing to take released prisoners and work closely with local authorities in developing supportive housing strategies.

4.3 Community health and social care support [150]

The Care Act 2014 requires prisons and local authorities responsible for working together to deliver consistent support in prison, through release into the community. Cornish et al. (2016) estimate that around 3,500 older prisoners qualify for social care support under the Care Act as many older prisoners have complex health and social care needs requiring a seamless continuity of support on release from prison as they enter the community. However, reflecting concerns regarding the lack of integration between prison and community service on entry to prison (Centre for Policy on Ageing, 2016), there is strong evidence to demonstrate that there are structural weaknesses in this process on release as well. Consequently, older prisoners are often released without being registered with a GP, or having their medical records transferred, potentially resulting in dangerous breaks in support and medication (Cornish et al., 2016).

Some prisons have implemented schemes to support the continuity of care, for example by working with voluntary organisations to assist those with accessibility support needs on the day of their release, to providing health ‘passports’ detailing their medical needs to present when registering at a doctor’s surgery (Justice Select Committee, 2013). However, these are not joined-up and provide only patchy support, resulting in significant variances in experience for prisoners across the country and according to their offence type and risk level (Cornish et al., 2016).

4.4 volunteer sector [150]

As Prison Service Order 2300 outlines, successful release from prison and community resettlement requires joint and partnership working across the statutory and voluntary sector in order to best tailor the support provided to released prisoners. There are a number of dedicated voluntary sector charitable organisations which support older prisoners and resettlement, in particular, RECOOP (Resettlement and Care of Older ex-Offenders), Age

UK, as well as a wealth of smaller regional charities. The type of support provided ranges from pre-release planning and information to mentorship, advocacy and practical support in the community on release from prison (Centre for Policy on Ageing, 2016). Particular areas that the voluntary section can input into include aiding an older (ex)prisoner to access support and health services in the community, financial and benefit advice, housing applications as well as basic living skills and social interaction (Justice Select Committee, 2013).

4.5 Summary comparison with Japan [500] (485)

As with England and Wales, finding accommodation after a time in prison is particularly challenging for older adults. Japan does not offer the possibility of release on temporary license (ROTL) or on parole without a fixed abode. Older prisoners are less likely to have family who are able to accommodate them after release, and as a result, they are much more likely than younger prisoners to serve their entire sentence in prison, only to face very uncertain living situation post-release (Luo 2016: 47; Uotani 2013: 9). The recidivism rate for ex-offenders over 65 is 20% within the first two years post-release (JMoJ 2016).

In cases where prisoners must be released without a fixed abode, they may spend some time in non-governmental post-release hostels (*kosei hogo shisetsu*). Often these facilities have minimal provision for those with special health or care needs, and do not typically have staff who are trained in care for disabled or cognitively impaired older adults. In 2009, the Ministry of Justice established a national system of regional support centers (chiiki seikatsu teichaku senta), and as a result, older adults leaving prison are assisted in applying for social benefits (seikatsu hogo) or a place in a care home.

Another interesting difference between the care of ex-offenders in England and Wales in comparison to Japan is the role of community volunteer organizations. While there are a few ex-offender rehabilitation and support organizations, most ex-offenders will find support through the system of "voluntary probation officers" (Hamai and Ellis 2011). These are individuals appointed by the Justice Minister based on recommendation of heads of probation offices, which are in turn based largely on community self-governing groups and volunteers stepping forward. They are not paid and do not receive training. However, with more than 50,000 VPOs and only about 800 professional probation officers, VPOs do the majority of ex-offender surveillance, most often meeting regularly in the VPO's private home rather than a separate 'probation office.' Hamai and Ellis (2011) note that home visits with voluntary

community sentence supervisors are hard to conceive of in contemporary England and Wales, but that such a system may eventually provide a template for probation reform.

Japan's VPO system has been in place since 1950, but may have roots in older practices of community-based conflict management. Indeed, as others have argued, the mobilization of citizens in both the prevention of crime and the rehabilitation of ex-offenders was present even in pre-modern Japan, when relationships between detention facilities and communities were often complementary (Volger, 2005). It is too difficult to tell if the VPO system has had any significant measurable effects on recidivism among older adults, given its traditional concentration on juvenile ex-offender. It would be even more difficult to tell if such a system would translate to England and Wales. Nonetheless, in both contexts, the work of volunteers both inside and outside of prisons is likely to remain vital to the extended support of older ex-offenders and deserves greater attention.

5. Reasons for re-offending

5.1 England/Wales

In the last full year data is provided for (2014/15), official proven reoffending statistics show that 25% of all adult offenders, and 33% of adults released from custody or court orders reoffend within one year (MOJ, 2017b). However, as has been consistently reported in life-course research on criminality and desistance (see Rocque, Posick and Hoyle, 2016 for an overview), age is consistently correlated with reductions in re-offending across cultures, crimes, social and criminal justice contexts. For 2014/15, therefore, offenders over 50 years had a proven reoffending rate of 12%. This rate gradually reduced across prisoner age categories, with 18-20 years being the most likely to reoffend within the adult age categories (MOJ, 2017). Thus, Brunton-Smith et al. (2013) reported that each year of prisoner age was associated with a two percent reduction in the likelihood of reoffending. This is coupled with those serving longer sentences (over one year, as older offenders are often are) also having lower reoffending rates (Ministry of Justice, 2017).

There is a dearth of research exploring why older prisoners reoffend. However, research into prisoner reoffending in general indicates that many of the issues experienced by older prisoners both in prison and on release are risk factors for reoffending. For example, Brunton-Smith and Hopkins (2013) conducted longitudinal studies of proven reoffending by ex-prisoners across three waves of cohorts between 2005 and 2010, finding that reoffending is

associated with post-release drug use, stability of accommodation, employment (or similar positive social engagement) and as well as prior offending records (particularly associated with acquisitive crime), backgrounds and in-prison behaviours and attitudes. This has led to calls for work with older prisoners to focus on the establishment of pro-social and familial networks on release from prison, not only to support the integration and wellbeing of the released older prisoners, but to support desistance out of crime. McCarthy and Brunton-Smith (2017), for example, demonstrated for a general prison population that positive prisoner-family relationships are significantly associated with lower rates of reoffending, commenting that maintaining such ties are particularly challenging for older prisoners due to their likelihood of having long prison histories or of family breakdown or death.

Whilst there is little research focusing on older prisoners reoffending outcomes the existent corpus indicates some distinct areas of focus. Kamigaki and Yokotani (2014), for example, explored the outcomes for a small group of twenty-five homeless released prisoners over the age 65 years with similar characteristics in respect to resettlement, adjustment to entering society and reductions in reoffending. Ten of these released prisoners voluntarily took part in a reintegration program designed to assist their accommodation, financial, employment and social support needs to provide practical assistance and build social bonds. Whilst a limited study the outcomes are striking in that none of the supported group reoffended in a 250 day period, and more than one third of the control group had, thus indicating the value of holistic welfare support to reducing the likelihood of reoffending in older prisoners.

5.2 Japan

Owing in large part to the differences in the nature of the crimes committed by older adults in Japan, and to its relatively restrictive policy towards parole, older ex-offenders who have served their full sentence in custody have a recidivism rate of 50% within one year following release (Luo 2016: 8). Compared to other ages, reoffending occurs much faster. The rate is particularly high among those who have committed theft, which again, accounts for over half of crimes committed by older adults.

The reasons these older adults offer for why they re-offend vary. In cases of shoplifting and theft, lack of money may be one aspect, but it is usually not sufficient to explain the motivation (Uotani 2013). Offenders often speak of loneliness, an inability to find work and

support oneself, and difficulty understanding how to access health and social care. These are encompassed within a broader notion of "*ibasho*," or a place to dwell with belonging and purpose (Luo 2016). Lack of an *ibasho* makes it difficult to rebuild supportive connections (*tsunagri*) in the community and establishing a sense of security. Citizen-led initiatives meant to alleviate isolation among the general aging population in Japan often employ a'building places' (*ibasho-tsukuri*) approach, and expanding the accessibility and variety of these programs might help to include older ex-offenders.

Particularly troubling is reporting that older adults are committing crimes in order to return to prisons. An 83 year old Japanese man arrested recently for robbing a convenience store at knife point told police "I thought that I would do something like commit robbery because it would be easier to have a trouble free life in prison [than in the community]" (NHK 2016). Similar cases have been noted by others (Luo 2016) and are gaining attention in the media.

6. Conclusion

While it is beyond the scope of this chapter to suggest specific practical policy measures to reduce the numbers of older adults committing crimes or serving sentences in prison, we do hope that the cross-national comparative approach of this chapter and of the volume as a whole will generate greater attention to the effects of contemporary systems of crime and incarceration in aging societies. In addition, we have demonstrated that cross-national comparison on aging prison populations can be productive even between nations that are geographically or culturally distant from one another. Such comparisons can serve to highlight shared trends in attitudes toward crime and punishment, the institutional challenges of building and maintaining barrier-free environments and training staff, and gaps in the adequate provision of care for ex-offenders in the resettling in the community. At the same time, comparison also pulls into focus the important differences between national groups. In comparing England and Wales with Japan, the most noteworthy differences are in the types of crimes committed by older adults and the systems of probation and parole.

While these similarities and differences might serve as one starting place for building a comparative model, we also want to emphasize the importance of viewing culture and society as dynamic and complex. The life worlds of older adult offenders cannot be captured by the very rough general comparisons provided here, and if we are to develop a more detailed and

nuanced comparison, we also need to take into account their experiences as well. Furthermore, we keep in mind that these experiences are not bound within the temporal and spatial confines of direct encounter with criminal and penal institutions. Therefore any account of why crimes are committed, how older offenders cope with time in prison and how they rebuild their lives after re-entry must be undertaken with consideration of individual cases and local conditions. That said, even in these individual accounts, valuable points of comparison are still likely to arise. Here are a few potential areas that we believe might generate useful comparison:

1. *Types of crimes contributing to the aging prison population*: Looking at the case of England and Wales, as well as other countries, indicates that changing laws and public attitudes regarding sexual offenses in Japan could have a profound effect on the older offender population.
2. *Dementia and cognitive impairment*: England and Wales have already acknowledged the high rates of disability, chronic health needs, and mental illness (including addictions) that affect the majority of older adult offenders. The comparison with Japan suggests that if trends in the aging prison population continue, additional provision may also be important for prisoners with dementia. This includes not only remodelling, but also training of staff and the addition of dedicated staff specialists.
3. *The role of voluntary organizations*: While the Care Act 2014 has set out a clear agenda for providing care for older and disabled prisoners and ex-offenders, continuity of care still depends on cooperation between prisons, probation and various non-governmental or volunteer organizations such as RECOOP. In Japan, voluntary probation officers and, since 2009, Community Life Support Centres have had good success at care, rehabilitation, and preventing re-offending among older adults. However, with very high re-offending rates persisting, there may be a greater need to expand cooperation with the voluntary sector.

These three areas are not exhaustive by any means, but each occupies the gray area between similarity and difference, or convergence and divergence. Each area can only be addressed through an analysis of both policy trends and practices, as well as through research that explores the life worlds of older adults.

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