

Ageing Prisoners in Ireland: Issues for Probation and Social Work

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Summary: Interest in older prisoners is gaining momentum, and this is reflected in research undertaken in the USA and the UK over the past decade. Studies on this sub-population of prisoners have focused on prevalence, profile, specific health and social needs, and raised questions about how different sectors of the criminal justice sector should be adjusting policy and practice in response. Attention has also been directed to what probation/social work has to offer to older prisoners and their specific needs. This paper presents a review of the literature relating to older male prisoners alongside key findings from a research study undertaken in an Irish prison in 2011. The research study was conducted using a mixture of quantitative and qualitative methods, and sought to provide a preliminary description of ageing male prisoners and their specific needs in Ireland. The implications of these findings for social work/probation policy and practice are considered, and directions for future service provision are recommended. Further insights into the circumstances of older men imprisoned in Ireland are offered to the various professionals (including Probation Service/social work staff) working in the criminal justice system who strive towards providing 'prisoner well-being' and a 'duty of care'.

Keywords: Older male prisoners, older prisoners' needs, Irish prisoners, probation, social work, social work response to working with older prisoners, social work policy and practice with older prisoners.

Introduction

The social phenomenon of ageing prisoners has become part of the research agenda in criminology and gerontology internationally (Phillips, 2006, p. 53; Wahidin, 2011). However, while research on ageing in the

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general Irish population is gaining momentum (National Council on Ageing and Older People, 2002; The Irish Longitudinal Study on Ageing, 2011), the focus on ageing in Irish prisons seems very limited. Therefore, the key themes explored in this study include a profile of older prisoners, followed by an analysis of their health and social needs and a review of the implications for social work policy and practice. While much of the more recent research conducted about prisoner populations has focused on the merits of risk assessment as an effective guide to managing rehabilitation and resettlement, it is argued that needs assessments remain equally important in order to achieve best social work/probation practice (Bracken, 2010).

Research methodology

The research consisted of a pre-experimental design involving a cross-sectional study of men aged 50 years and above who are imprisoned in one particular Irish prison. The principal qualitative data collection method employed was data mining from Probation Service files. Quantitative data on the profiles of ageing prisoners was also collected through data mining from Probation Service files and existing statistics and other relevant documents from the Irish Prison Service (i.e. Annual Report, 2012).

Data mining was used as it was viewed as the least obtrusive method and limited financial costs were involved. All cases selected were of men who were serving current prison sentences and subject to working with the Probation Service in terms of their sentence (Part Suspended Sentence Supervision Order or life sentence). Thirty-four men who met the selection criteria were sent notification of the research and were invited to participate by giving their informed consent. Fourteen of these men consented to participate in the research. The overall findings were presented using mainly descriptive accounts and offered a preliminary description of ageing prisoners as opposed to explanatory or generalisable outcomes.

All recommended precautions and measures, outlined by the ethics committees from the Irish Prison Service and University College Dublin, were undertaken to safeguard the ethical issues of confidentiality and informed consent for participants throughout the course of this research study.

International literature on ageing prisoners

Although research and policy development in the Irish context remains limited, the findings from international studies clearly suggest that ageing prisoners are appearing on the research agenda especially in areas of gerontology and criminology. A number of credible international researchers, such as Marquart *et al.* (2000), Fazel *et al.* (2001), Wahidin (2006), Aday (2006) and Mann (2012), have drawn attention to the increase in older prisoner populations and the implications for criminal justice services as well as health and social care services. This paper will now highlight key findings from the international literature and, where possible, consider whether there is evidence of similar trends developing in the Irish context.

Research has demonstrated that the increasing numbers of older prisoners on both sides of the Atlantic have been occurring in the over-fifties group of male prisoners (Wahidin and Aday, 2012). Older prisoners currently account for 10% of the total prison population in the United States (Sabol and Couture, 2008). Coupled with this, recent statistics outlined for the United Kingdom have led to some researchers describing older prisoners as 'the fastest growing age group in prison' (Prison Reform Trust, 2008, p. 1). The official statistics from the UK in 2010 revealed that 9% ($n = 7,751$) of the total prison population were men aged over 50 years (Wahidin, 2011).

The latest statistics from Ireland show that 8.2% ($n = 293$) of the total sentenced prison population were men aged over 50 years (Irish Prison Service, 2013). In addition, the number of prisoners being sentenced to life imprisonment increased by 4.8% in 2011–12, and the number of prisoners serving a sentence of 10 years or longer was unchanged (Irish Prison Service, 2013). These findings indicate that there is potential future growth in the older prisoner population in Ireland. Marquart *et al.* (2000) advise of the need to consider middle-aged 'lifer' population growth in order to estimate the future demand of ageing prisoners in our societies.

A range of factors are related to the significant increase of older prisoners. In the USA, Aday (2006, p. 210) identifies the 'war on drugs', historical offences, laws specifying longer sentences and the rise of violent crimes perpetrated by older men as the main causes. Subsequent American studies have suggested that these factors have contributed to an increase in the older prisoner population and that the criminal justice

sector is now facing a 'crisis' in trying to manage the needs of older prisoners (Snyder *et al.*, 2009; Maschi *et al.*, 2011). Earlier research studies from the UK predicted that the number of ageing prisoners would increase due to longer sentences and longer life expectancy in the general population (Fazel *et al.*, 2001). A report from the UK Prison Reform Trust (2008) supported these predictions by indicating that the number of older prisoners had increased considerably in the past decade. Crawley and Sparks (2006) highlighted the fact that the increase of historic convictions for sex offences in the UK led to an increase in older men serving prison sentences there. This has been supported by UK government statistics, which show that 41% of older prisoners are serving sentences for sex offences (Ministry of Justice, 2011).

It is believed that the situation for the Irish prison population is very similar to the international situation outlined above. Improvements in the detail of statistics from the Irish Prison Service (2010) reveal that life-sentence prisoners are serving longer sentences. The length of actual life sentence served increased from an average of 14 years between 1995 and 2004 to 17 years in 2009. The number of middle-aged prisoners serving longer sentences is also steadily rising, with 5,025 men aged between 30 and 50 years imprisoned in 2012 (Irish Prison Service, 2013). These findings suggest that some of the factors related to population growth in older prisoners internationally are also a feature of Irish prisons, and this population growth will therefore continue.

While ageing prisoners are generally regarded as a heterogeneous group, some recurring similarities have emerged from the various international research studies (Snyder *et al.*, 2009). Most of the older prisoners interviewed as part of Fazel *et al.*'s research (2001, p. 404) identified themselves as being separated or divorced, employed in skilled non-manual work with no educational qualifications, and renting their accommodation. Similarly, participants in research undertaken by Marquart *et al.* (2000) were mainly single, with low levels of educational achievement, and unemployed. However, the profile of older prisoners remains underdeveloped as the existing research studies used relatively small sample sizes and findings are therefore not considered generalisable or completely representative (Maschi *et al.*, 2011).

According to international literature reviewed to date, the most prominent concerns for ageing male prisoners relate to their health and social care needs (Phillips, 2006). Marquart *et al.* (2000) conducted specific research on two groups of older prisoners (aged over 50 years) in

a Texas State prison. They interviewed 23 prisoners from the 'geriatric facility' and 46 prisoners from the mainstream facility about 'health habits', 'perceptions of health' and actual 'conditions'. Their main findings revealed that older prisoners were more likely to smoke, unlikely to have used health services before imprisonment, and more likely to be suffering from arthritis, hypertension, coronary heart disease or back trouble. Much of the research conducted in the USA concludes that older prisoners experience higher rates of 'chronic disease and significant functional disability compared to similar age groups on the outside' (Aday, 2006, p. 213) and have poorer health than their counterparts in the community (Reimer, 2008).

Fazel *et al.* (2001) interviewed more than 200 male prisoners aged over 60 years across 15 prisons in the United Kingdom with specific reference to their health problems. They found that over 80% of older prisoners suffer poor health, the most common complaints being 'psychiatric, cardiovascular, musculoskeletal and respiratory' (Fazel *et al.*, 2001, p. 405). Crawley and Sparks (2006) undertook qualitative research on older men's experiences of imprisonment over a two-year period in four British prisons. They found that many interviewees worried about their health and about accessing healthcare while in the prison setting. The Inspector of Irish Prisons (2011) acknowledges that existing international research on older prisoners reveals that they are more likely to experience health difficulties.

A specific health need in relation to older prisoners that was identified in most of the international literature concerns 'end of life' issues and palliative care (Aday, 2006; Crawley and Sparks, 2006; Prison Reform Trust, 2008; Snyder *et al.*, 2009). The increase in terminally ill older prisoners has been noted in the USA and the UK and hospice programmes have become a feature of service provision in many prisons (Wahidin, 2006, 2011). Accounts are given of these men experiencing increased isolation while ill, and 'a dread of dying in prison' (Crawley and Sparks, 2006, p. 72). It is thought that this specific health need could pose real challenges for the various service providers working in Irish prisons as the older prisoner population increases.

The social needs of older prisoners are defined differently by various international researchers. However, needs in relation to adjustment/coping with prison environment, age-appropriate education programmes or work schemes, maintaining family/social supports and resettlement planning are most commonly stressed (Prison Reform Trust, 2003, 2008;

Aday, 2006, Crawley and Sparks, 2006; Wahidin, 2006). Imprisonment is a traumatic experience at any age; however, recent qualitative research undertaken by Crawley and Sparks (2006) indicates that older prisoners can experience more difficulties in trying to adjust and cope with the prison environment than their younger counterparts. The 'elderly first timers' are found to experience a culture shock, while older 'long-termers' are thought to withdraw socially in order to cope (Crawley and Sparks, 2006).

Snyder *et al.* (2009, p. 121) believe that older prisoners are 'overlooked' for education/work programmes due to their smaller numbers. Aday (2006) states that education and work programmes for older prisoners are not responsive enough to their needs and interests. The situation in Irish prisons remains unclear. Recent strategy statements from the Irish prison authorities commit to providing adequate services and programmes to enable prisoners to 'achieve positive personal development ... and successful re-integration and resettlement in the community' (Irish Prison Service, 2011, p. 22). However, it is argued that very little detail is known about what specific education programmes or work schemes are targeted at older prisoners.

Maintaining family and social supports is a well-documented difficulty for all prisoners (Mills and Codd, 2007, 2008). Older prisoners face extra difficulties in maintaining family and social networks. Older prisoners are less likely to be married or to be in a stable relationship (Fazel *et al.*, 2001; Prison Reform Trust, 2003), which is viewed as a contributing factor to weakened family and social supports. The types of offence usually committed by older offenders are also viewed as having a negative impact on maintaining family bonds, especially in the case of sex offenders (Prison Reform Trust, 2003). Difficulties in maintaining family and social supports raise concerns among researchers and practitioners, as maintaining these supports is being increasingly linked to effective resettlement and desistance (National Economic and Social Forum, 2002; Mills and Codd, 2007, 2008). The Irish Prison Service has identified maintaining family support as a 'core value' (Irish Prison Service, 2009, p. 9). However, it remains unclear whether older Irish prisoners experience specific needs in relation to maintaining their family and social supports and how Probation Service/social work staff could best respond.

Specific needs in relation to resettlement planning are experienced by older prisoners because of the social needs already highlighted. If older

prisoners have not benefited from appropriate education programmes or work schemes in the last years of their sentence, they will be less prepared for resettlement in the community (Prison Reform Trust, 2008). Similarly, if older prisoners have reduced family and social supports they will receive less practical support and will be more reliant on statutory or voluntary agencies for finances and accommodation (Prison Reform Trust, 2008). Some researchers have described cases of older prisoners feeling anxious about the prospect of release and requesting to remain in prison indefinitely (Crawley and Sparks, 2006; Prison Reform Trust, 2008). As older prisoners seem more likely to experience extra difficulties in terms of their social needs, attention should be given to how these needs can be addressed by service providers (including social workers) in the prison setting (Wahidin, 2011).

The social work tasks of assessment, sentence planning or 'through care', welfare work and resettlement planning are usually undertaken by Probation Officers in the British and Irish prison systems (Williams, 1996; Probation Service, 2010). Therefore the following discussion on social work policy and practice in relation to older prisoners has a direct relevance to probation work too.

While healthcare needs are mainly addressed by the medical professions, evidence from the international research suggests that some features of older prisoners' healthcare needs have special implications for the social work role (Aday, 2006; Snyder *et al.*, 2009). Social workers are viewed as the most effective advocates for better health service provision within the prison system, and the most skilled in offering counselling or 'emotional care' to prisoners facing terminal illness or death (Aday, 2006; Snyder *et al.*, 2009). Research from the Prison Reform Trust (2008) recommends that social work staff should receive specialised training and increase utilisation of local hospices as part of their response to the specific health needs of older prisoners.

Recommendations arising from international research studies that seem to have the most implications for social work practice in relation to social needs include supports for adjustment/coping, maintaining family/social links and resettlement planning (Aday, 2006; Wahidin, 2006; Prison Reform Trust, 2008; Mann, 2012). Researchers in the field believe that probation/social work services have a responsibility and are best placed to address many of the social needs that older prisoners may have (Prison Reform Trust, 2008). Many interventions are suggested, including using formalised assessments to ascertain individual needs and

guide service provision (Wahidin, 2006, p. 187; Prison Reform Trust, 2008, p. 5; Maschi *et al.*, 2011), consultations with prisoners to improve links with family or other social supports (Prison Reform Trust, 2008, p. 15) and better communication around resettlement planning (Crawley and Sparks, 2006, p. 77). The issue of appropriate accommodation for older prisoners on their release is relevant to Probation Service/social work staff, and researchers have outlined liaison and negotiations with relevant 'community-based programmes' as key tasks to be undertaken (Prison Reform Trust, 2008; Snyder *et al.*, 2009). Counselling to address feelings of loss and social isolation among older prisoners is another social work intervention that is recommended by researchers (Snyder *et al.*, 2009).

Main research study findings on the specific needs of older prisoners in Ireland

The research findings on the profiles of ageing men (i.e. those aged over 50 years) imprisoned in Irish prisons described how most of the men were at the younger end of the 'older prisoner' scale (i.e. between 50 and 60 years). All of the older men studied had committed very serious types of crime, including murder and sexual offences, and were serving long sentences as a result. This differs from the most common types of crime and sentence lengths being served by younger men in the general Irish prison population.

While many of the men studied had children and even grandchildren, very few remained in supportive relationships with partners or wives. Little information was identified in the research findings about the older men's pre-imprisonment employment status. However, nearly a third of all the men studied had second-level education prior to their imprisonment, and a similar proportion of men were pursuing further education while imprisoned.

Over half of the men studied were facing homelessness on release, and this was viewed as a most worrying finding by the researcher in terms of its implications for future service demands.

All of the men studied in this research reported having some level of ill-health that seemed age-related. While the younger men (aged between 50 and 60 years) were more likely to view themselves as being in 'general good health', they acknowledged that prolonged abuse of alcohol and drugs, combined with ageing, was impacting negatively on their health.

The older men (aged 60 and above) seemed more convinced that their health problems were age-related. It was evident from their files that these men spoke openly to Probation Service/social work staff about their health problems, concerns and subsequent needs.

The specific health needs of the older men studied centred on increased medical appointments, treatment and monitoring; changes to their physical environment, information about social welfare entitlements, access to staff who demonstrated understanding about the impacts of ageing and poor health, psychological services, emotional support and counselling, advocacy and multidisciplinary work.

Specific tasks for Probation Service/social work staff included emotional support and counselling to address feelings of loneliness and isolation, worries and concerns about deteriorating health and death while imprisoned. In addition, Probation Service/social work staff undertook advocacy and multidisciplinary work to ensure the delivery of appropriate medical care and psychological services for the older men.

Most findings about the specific health needs of older prisoners from this research study corresponded well to findings from previous studies. For example, older prisoners experienced poor health (such as heart conditions, arthritis, smoking-related respiratory problems and depression or worries/concerns) that required high levels of medical or psychological treatment and social work interventions such as emotional support, counselling, advocacy and multidisciplinary work (Marquart *et al.*, 2000; Fazel *et al.*, 2001; Aday, 2006; Snyder *et al.*, 2009; Wahidin, 2011). Findings from this research study that had not emerged in previous research studies centred on the large proportion of older men who reported past alcohol abuse and associated ill health.

Most of the men studied reported social problems of homelessness and low levels of contact with many family members, and were approaching the 'end of their working lives'. Most of the men aged between 50 and 60 years were occupied within the prison through work programmes, further education and offending behaviour programmes. There was little evidence that these men were concerned that their age was impacting negatively on their ability to be occupied throughout their prison sentence. However, most of these men were serving lengthy sentences and would be over the official age of retirement (65 years) on release. It is expected that Probation Service/social work staff will need to address the needs of these men in the near future.

The men aged 65 years and above were less likely to be occupied within the prison and seemed more likely to acknowledge the 'end of their working lives'. They were meeting with Probation Service/social work staff to address their specific needs in relation to social welfare and state pension entitlements. Some multidisciplinary work was also being undertaken by Probation Service/social work staff and other prison services (education and psychology) to ensure that responsive programmes were being offered.

Other specific social needs identified for the older men included access to information about social welfare entitlements (specifically state pensions and medical cards), adjusting to the impacts of ageing while imprisoned, maintaining contact with family members and friends, and coping with feelings of grief and loss about changes to family circumstances, i.e. weakened levels of contact, family breakdown and family bereavements.

Specific tasks for Probation Service/social work staff included providing emotional support and counselling to address feelings of grief, loss and separation about family breakdown and bereavements. Assessment, consultation and ongoing planning in relation to sentence management and resettlement options formed a main part of the social work tasks. Advocacy work to promote family/social supports and multidisciplinary work to ensure the delivery of appropriate services within the prison and the community also appeared as a specific social work task.

Conclusion

This paper outlines how the findings from a research study about older prisoners in Ireland offer preliminary descriptions of their profiles and specific needs. The findings also correspond well to many of those from previous international research studies and main areas of need highlighted in relation to health and social problems. For example, older prisoners are likely to be experiencing physical health problems (heart conditions, arthritis and smoking-related respiratory illnesses) and mental health problems (depression or worries and concerns about their deteriorating health or fear of death while imprisoned) that require high levels of treatment and care from a range of health and social service providers. Specific social problems such as homelessness and limited family supports were also identified. New findings have emerged from this study

that inform us about older prisoners having health problems related to past alcohol abuse or facing the 'end of their working lives' and needing support to come to terms with this.

Future implications for social work policy and practice include the importance of meeting with and providing a 'listening ear' to older prisoners, conducting ongoing holistic assessments, and referrals to relevant prison-based and community services. As a result of the key research findings it is recommended that time and resources be allocated to ensure that staff can undertake specific social work tasks required when working with older prisoners. Post-qualification training with a geriatric focus may contribute further to delivery of best social work practice. Policy guidelines should be agreed and implemented between prison management and social work agencies that reflect the specific needs of older prisoners as a matter of priority.

It is recommended that future research from social work and criminal justice sectors should include longitudinal studies using much larger sample sizes across a number of Irish prison settings. The use of semi-structured interviews to collect data from older prisoners, prison officers, medical prison staff and probation/social work staff would result in much richer detail and findings. On a final note, the issue of elder abuse in Irish prisons needs to be explored, and research that promotes anti-ageism in service delivery should be generated.

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