Intersectionality? Essential.

The Importance of An Intersectional Approach to Understanding the Pains of Imprisonment for Older Offenders, and Exemplary Models of Rehabilitation

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Abstract

Older offenders suffer from the intersectional disadvantage of poor physical and mental health, the most prominent issues being frailty and dementia. Their health is further worsened through inconsistencies in the provision of social care. Older offenders additionally experience loss of contact with family members due to difficulty accessing prisons in rural areas, subsequently leading to poor mental wellbeing. This unique set of disadvantages suggests that Sykes's (1958) deprivations of prison life do not capture the full extent of disadvantages that older offenders face. Therefore, this report proposes that an intersectional perspective can be applied to further understand the disadvantages that older offenders face in prison, from a more holistic perspective. This report additionally proposes that multi-agency rehabilitation, early identification of social care needs, and through-the gate support are exemplary models of rehabilitation fit for older offenders.

Background

‘Older’ Offenders

Older offenders, defined by RECOOP (UK Parliament, 2013), refer to individuals over the age of 50. The rationale for this threshold stems from the fact that older people in prison develop health symptoms of people ten years older in the community, due to adverse effects of the ‘pains of imprisonment’.

The Deprivations of Prison Life (Sykes, 1958)

Sykes (1958, cited in Shammas, 2017) conducted a study in a male, heterosexual prison in the United States (US), in which five fundamental deprivations of prison life were identified:

- **The Deprivation of Autonomy:** Offenders lose the ability to make decisions about their daily life, including when and what to eat and how to move within prison, dramatically ‘reducing offenders to a child-like state’ (Sykes, 1958: 4)
- **The Deprivation of Goods and Services:** Offenders experience material scarcity through lack of varied foods, alcohol, furniture, clothing, and privacy. Difficult or reduced access to rehabilitation services may also manifest
- **The Deprivation of Heterosexual Relationships:** Also known as the deprivation of voluntary sexual relations. Affects transgender offenders in particular as they lack freedom to socialise with individuals of their desired gender, due to prison allocation being made based on legal gender
- **The Deprivation of Liberty:** Offenders are confined within the four walls of the prison area itself, and subject to further control measures within. Secondary effects include loss of contact with family members
- **The Deprivation of Security:** Offenders experience prison violence and are subject to discrimination by fellow offenders and prison guards

However, due to the reductionist nature of his investigation of an American, heterosexual prison, as well as the lack of emphasis on the struggles of older offenders in prison, these deprivations arguably serve as a mere foundational understanding of their pains of imprisonment. Crenshaw’s (1989) concept of intersectionality develops Sykes’s (1958) deprivations a step further by providing a more holistic approach to understanding the disadvantaged prison life, and difficult journey to rehabilitation that older offenders face.

Intersectionality (Crenshaw, 1989)

Developed by Crenshaw (1989), intersectionality explains that multiple social identities such as race and gender, can intersect to create unique experiences of

disadvantage for individuals. Crenshaw (1989) draws particularly on the experiences of Black women, highlighting that the intersectional discrimination Black women face in the Criminal Justice System (CJS) cannot be understood as the sum of racism and sexism; both Crenshaw (1989) and a plethora of notable feminist scholars critique political developments for translating the discrimination of black women into the sum total of a ‘women’s experience’ and the ‘Black experience’, ultimately failing to consider the intersectionality of race and gender.

Report Aims

In essence, this report emphasises the importance of an intersectional approach to understanding the pains of imprisonment that older offenders face. Drawing on an intersectional approach, section one outlines social identities including old age, disability, lack of family bonds, poor mental health, poor social care provision, as well as difficulties in resettlement and poor pre-release planning, subsequently explaining how these social identities interact with one another to create a unique experience of disadvantage for older offenders. The intersection of these social identities explicitly demonstrate that the deprivations of prison life can span across multiple deprivation categories, reinforcing the importance of an intersectional approach to further understand the pains of imprisonment. This report concludes with section two in which exemplary models of rehabilitation and resettlement for older offenders are introduced.

1. Understanding the Pains of Imprisonment and Difficulties Post-Release for Older Offenders Through an Intersectional Lens

1.1 Old Age and Disability in Prison

Old Age and Physical Disability

Older offenders are the fastest growing age group in prisons within England and Wales, with the number of offenders aged 60 or over increasing by 82% since 2013, and 243% since 2002. The rationale for this rise is attributed to the increase in the number of older men being convicted for sexual offences, use of Imprisonment for Public Protection (IPP), and an increase in the breach of license conditions (Ridley, 2023). Data from a 2025 Recoop survey conducted in seven prisons across the UK further reinforces the growing older offender population, with 34% of prisoners surveyed being over 70 ***(see Appendix A for raw data table).***

A multitude of unique disadvantages manifest for older offenders in prison, the most notable being the exacerbated psychological shock during initial admission. An intersectional lens reveals that institutional shock- the deprivation of liberty is experienced on a more extreme level by older men, in contrast to younger and more regular prison attendees (Crawley and Sparks, 2006 in Ridley, 2023; Bromley Briefings Prison Factfile, 2024). Furthermore, unlike younger offenders, older offenders in prison have higher physical health needs, the most common condition being frailty (The British Association for Counselling and Psychotherapy, 2019; Ridley, 2023). As prisons are designed primarily for a young offender population, reduced mobility becomes a great challenge for older offenders, rendering it difficult to navigate narrow corridors and wings, or access rooms on upper levels of the prison. Data from the Prison Reform Trust (2024) additionally highlights that long-term health issues in prison are main source of concern, with inmates reporting lack of treatment, screening, and inadequate recognition of the link between poor physical and mental health. These inconsistencies in provision only serve to deteriorate the physical health of older offenders who already suffer from increased risk of physical disability.

What About Dementia?

Apart from physical disability, an intersectional lens can be applied to understand that older offenders suffer from the exacerbated burden of mental disabilities that are not common in young offenders, the most common being dementia. Characterised by the erosion of mental capacity, decreasing concentration, inability to problem solve, and difficulty in communication, the risk of dementia increases significantly

with age, causing older offenders to be doubly punished by the intersection of the pains of imprisonment, and mental disabilities that come with old age (Moll, 2013; National Health Service (NHS), 2023). The prevalence of dementia in the older offender population is reinforced by Forsyth et al. (2025), who studied the prevalence of dementia and mild cognitive impairment in a sample of 869 prisoners aged 50 and above, across 11 male prison estates and 10 female prison estates in England and Wales. They concluded that approximately 1020 older adults living in prison have dementia symptoms, with service provision for this group being inadequate. The highest prevalence of dementia was found among offenders aged 70 and above at 11.8%. Moreover, Forsyth et al. (2025) highlights that the intersectional disadvantage of old age and dementia is further escalated for 30% of older offenders who suffer from symptoms of depression, anxiety, and aggression, as a byproduct of dementia. Cipriani et al. (2017) additionally reveals that dementia remains a hidden problem in prisons for several reasons: offenders are not screened upon entry; prison staff lack skills to identify possible dementia; offenders themselves are reluctant to report cognitive or physical symptoms of dementia out of fear. The lack of screening and reluctancy of reporting intersect to worsen the already disadvantaged prison life of older offenders.

1.2 Lack of Family Bonds and Poor Mental Wellbeing in Prison

As informed by Claire and Dixon (2017), family connection plays an important role on offender well-being and future behaviour. Their systematic review revealed that studies consistently reported positive effects of offenders receiving visits, such as improvements in mental health and decreased risk of recidivism.

While dealing with the adverse effects of old age, older offenders suffer from decreased relationships outside of prison, reflecting Sykes (1958) deprivation of liberty. Findings from the Older Offender Strategy (Price, 2024) shine light on the thoughts of older offenders towards their relationships outside of prison. Participants spoke about family and friends moving on without them, with this decrease in relationships hindering their motivation to leave prison. This decreased motivation then led to feelings of disconnection and loneliness (Price, 2024; Maschi, 2015). A report by the Criminal Justice Alliance (2019) further states that these feelings of disconnection are exacerbated as older offenders are likely to have old-age friends and family members. The design of prison institutes for an able-bodied population creates difficulties for older family members and friends visiting prison, with the lack of wheelchair access being a major concern. Frustrations also arise in the remoteness of some prisons.

An informal interview with older offenders at HMP Ashfield in March 2026 additionally revealed that many offenders had deceased family members; one offender has lost both his sister and mum during his sentence. When asked about

his current feelings and state of mental health, the offender reported low levels of motivation and a reluctancy to leave prison due to a fear of loneliness.

In essence, while the lack of family bonds affects the younger offender population, an intersectional approach reveals that old age can play a role in the decrease of family bonds due to the death of older family members, or difficulties with prison visits due to the non-accessible nature and remoteness of prison institutes.

1.3 Poor Social Care Provision in Prison

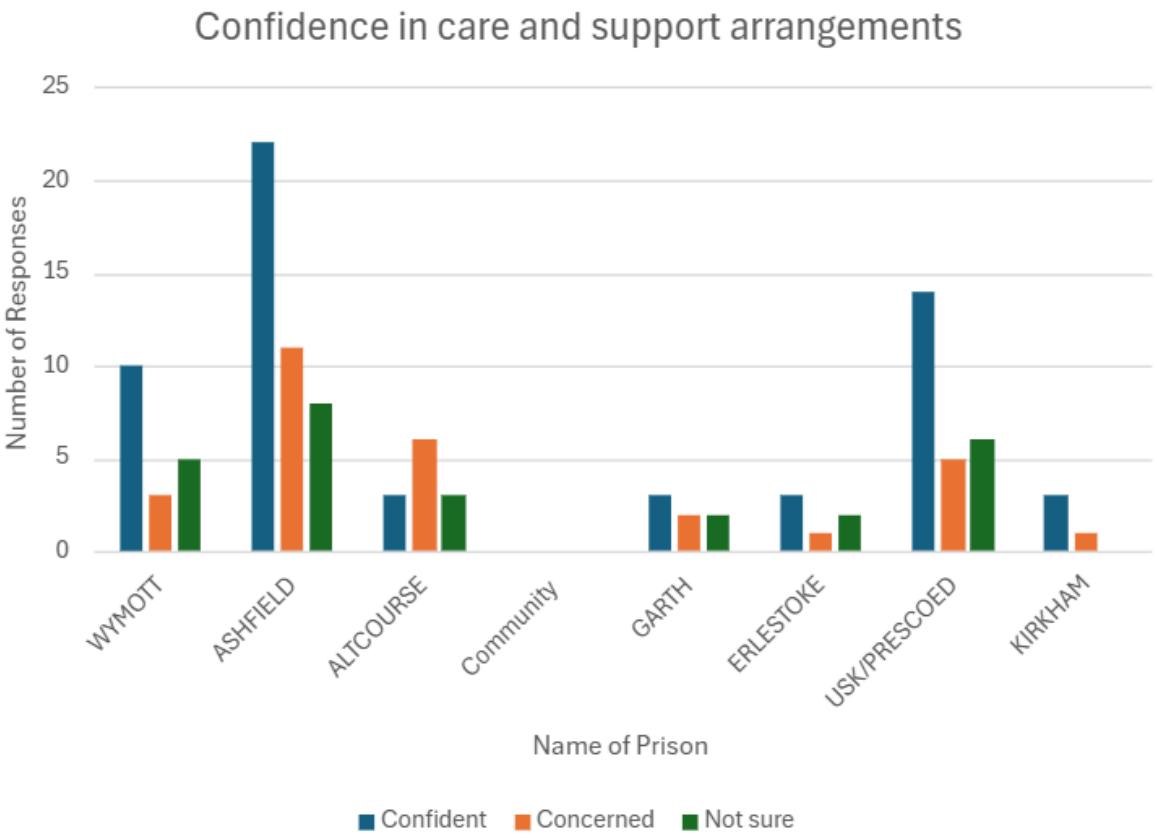
The Care Act (2014) states that the local council where an offender resides is obligated to assess the offender's eligibility for social care needs (Prison Reform Trust, 2018). While a study by Tucker et al. (2019) finds that older prisons were significantly more likely than younger prisoners to require assistance with personal hygiene, dressing, and mobility, the extent of social care provision in prisons has been critiqued by some (HM Inspectorate of Prisons, 2018; Gavin, Porter and Macdonald, 2025).

An intersectional lens reveals that the deprivations older offenders face in prison do not fit neatly into a single deprivation category. In fact, they cut across multiple deprivation categories, the first being frailty due to old age, and the second being the inadequate provision of social care services to combat the demobilising effects of frailty. In this sense, older offenders are doubly punished by the intersectional disadvantage of their old age, as well as the low standard of social care provision in prisons.

A thematic report by the HM Inspectorate of Prisons (2018) highlights a wide variation in the delivery of social care packages, where offenders could receive a poor, satisfactory, or very good standard of social care depending on the prison they were assigned to. Two notable reviews also critique the unsuitability of older prisons for the older offender population; prisons from the Victorian era had great difficulty making physical adaptations, such as wheelchair ramps, to support those with physical social care needs (HM Inspectorate of Prisons, 2018; Gavin, Porter and Macdonald, 2025). The HM Inspectorate of Prisons (2018) also reports inadequate training of staff to deal with an older offender population as a major cause of concern.

Evidence from a 2025 Recoop questionnaire additionally highlights the extent of offender confidence towards their social care arrangements.

Figure 1: Graph illustrating the extent to which offenders across seven UK prisons had confidence in their care and support arrangements



(Recoop, 2025) ***(see Appendix B for raw data table)***

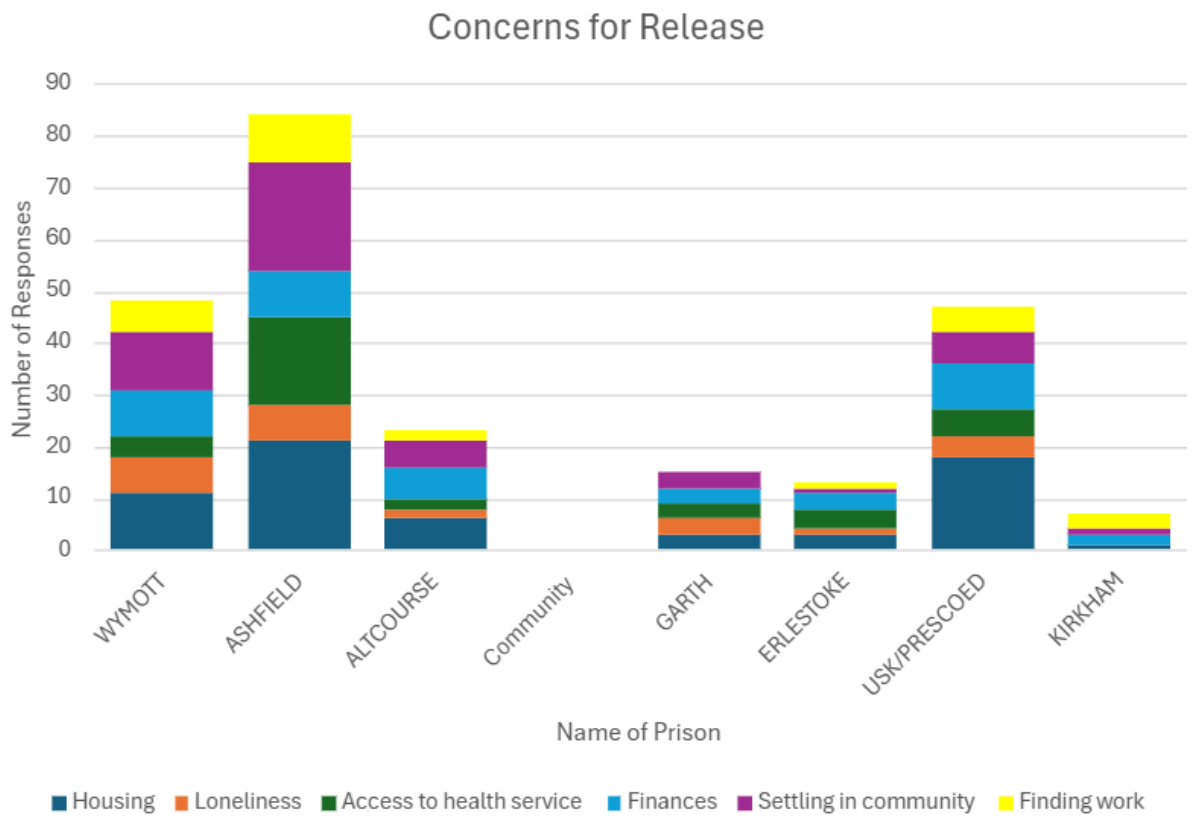
Figure 1 illustrates that the majority of offenders across all seven prisons were confident in their social care provision. The high levels of confidence in care and support are likely attributed to Recoop's buddy support provision in all sites, which aims to ease the burdens that older offenders face during imprisonment. However, a notable number of offenders expressed concern, or were unsure about this provision, reinforcing HM Inspectorate of Prisons's (2018) claim regarding the varied quality of social care provision across prisons in the UK.

1.4 Difficulties in Resettlement and Poor Pre-Release Planning

Upon release from prison, housing is noted as one of the most essential aspects for maintaining good rehabilitation progress. Statistics from Nacro (2026) illustrate that offending rates are increased by 50% without stable accommodation. However, while stable housing reduces offending, adequate support for the offender, such as organised pre-release planning, is equally as important for a successful journey to rehabilitation.

While difficulties in resettlement and poor pre-release planning affects both young and older offenders, an intersectional approach reveals that age related health conditions such as dementia, frailty, and reduced mobility make older offenders' experiences of probation much harder than those of young age. Cadet (2022) draws on issues unique to older offenders on probation: bullying and harassment in approved premises; increasing number of health and social care needs; access to residential care homes is compromised by criminal records. Recoop further (2025) emphases the difficulties of resettlement unique to older offenders, through a questionnaire administered to seven UK prisons. Figure 2 below shows that housing, settling in the community, and access to health services were of particular concern for an older offender population.

Figure 2: Graph illustrating offenders' concerns for release across seven UK prisons, by category



(Recoop, 2025) ***(see Appendix C for raw data table)***

Drawing on an intersectional approach, the difficulties of resettlement can be worsened by poor pre-release planning. According to HM Chief Inspector of Prisons' Annual Report (2014, cited in Cornish et al., n.d), eight prisons were asked to feed back on the resettlement needs of older offenders, and results suggested that none of the managers had a specific strategy for older offenders- only an older offender

forum where complaints were addressed. A study by Forsyth et al. (2015) further reinforces the lack of pre-release planning for older offenders, describing the planning to be ‘non-existent’. Offenders in this study reported a lack of formal communication and continuity of care: ***‘nothing has been planned for my release’***, ***‘It’s a very strange feeling when you came out they just threw you out’.*** While some prisons in Forsyth et al.’s (2015) study did offer pre-release courses to offenders, many were unaware of their existence, and those who did attend felt that the courses were not tailored to meet the needs of older offenders. As such, an intersectional approach additionally illustrates that the unsuitability of pre-release courses (deprivation of goods and services), intersects with the difficulties in resettlement due to old age, to create a uniquely disadvantaged experience of probation life for older offenders.

2. Exemplary Models of Rehabilitation and Resettlement for Older Offenders

2.1 Multi-agency Rehabilitation

As reinforced in the previous sections, older offenders suffer from the intersectional disadvantages of worsened mobility, poor mental health, loss of family interaction, and poor pre-release planning, exacerbating their alienation from society compared to younger offenders. As Hadjisergis (2023) suggests, because of the extensive intersectional disadvantages they face, probation officers should take a more inclusive and individual approach to ensure smooth rehabilitation, an example being the multi-agency public protection approach (MAPPA).

MAPPA refers to the collaboration of probation, prisons, and the police to manage serious offenders on probation (Hadjisergis, 2023). According to statutory MAPPA guidance released by the national MAPPA Team (2024), Level one comprises the majority of offenders and requires single agency involvement in preventing recidivism. Level two involves the management of offenders by two or more agencies, while level three involves the management of high-risk offenders by the maximum number of agencies. Hadjisergis (2023) suggests that the MAPPA framework is of particular interest for older offenders due to its focus on violent and sexual offenders for multi-agency work; most older offenders have been convicted of a sex offense. Furthermore, the complexity of needs exhibited by older offenders poses good reason for their rehabilitation to be managed through inter-agency collaboration.

2.2 Early Identification of Needs Combined with Through-the-Gate Support

Smooth rehabilitation and resettlement into the community also involves early identification of the intersectional needs of older offenders. Upon admission into prison, any social care needs they have should be identified, to ensure the smooth and realistic implementation of care-plans post release (Hedderman, 2007; Kemshall, 2007; Malloch et al., 2013, cited in Cracknell, 2023).

Regarding through-the-gate support, all older offenders should be assigned a community probation officer. This probation officer ensures that the offender's support plan is put into place and ready for use. This model is of particular interest to older offenders as their extensive care needs require continuity of care, which a through-the-gate model provides; key characteristics of the model include forming a plan before release, beginning targeted work in prison, and putting the resettlement plan into practice post-release (Cracknell, 2023).

Conclusion

Ultimately, older offenders suffer from the intersectional disadvantage of poor physical and mental health, hindering their life in prison and journey to rehabilitation. The lack of family bonds and poor state of social care create further disadvantage, with this issue affecting older offenders in particular. Due to the plethora of intersectional disadvantages unique to older offenders, an intersectional perspective, rather than Sykes's (1958) deprivations of prison life, would provide a more holistic explanation of the intersectional disadvantages that older offenders face during their time in prison and journey to rehabilitation. It is highlighted that multi-agency rehabilitation, early identification of needs, and through the gate support are exemplary methods of rehabilitation particularly suitable for older offenders.

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Appendices

Appendix A

	WYMOTT	ASHFIELD	ALTCOURSE	Community	GARTH	ERLESTOKE	USK/PRESCOED	KIRKHAM	
Current age	0	0	0	0	0	0	0	0	0/113
40 – 50	4	4	4	0	1	1	8	2	24/113
51 - 55	4	4	3	1	0	1	2	1	16/113
56 – 60	1	2	2	0	0	1	2	0	8/113
61 – 65	1	8	3	0	1	1	4	0	18/113
66-70	2	5	0	0	1	0	1	0	9/113
70+	7	19	0	0	2	2	8	0	38/113

Raw data table illustrating the proportion of offenders over 70 across seven prisons in the UK.

Appendix B

Confidence in care and support arrangements

	WYMOTT	ASHFIELD	ALTCOURSE	Community	GARTH	ERLESTOKE	USK/PRESCOED	KIRKHAM
Confident	10	22	3	0	3	3	14	3
Concerned	3	11	6	0	2	1	5	1
Not sure	5	8	3	0	2	2	6	0

Raw data table illustrating the proportion of offenders who were confident, concerned, or not sure about their care and support arrangements, across seven UK prisons.

Appendix C

Which of following concern for release tick all	WYMOTT	ASHFIELD	ALTCOURSE	Community	GARTH	ERLESTOKE	USK/PRESCOED	KIRKHAM
Housing	11	21	6		3	3	18	1
Loneliness	7	7	2		3	1	4	
Access to health service	4	17	2		3	4	5	
Finances	9	9	6		3	3	9	2
Settling in community	11	21	5		3	1	6	1
Finding work	6	9	2			1	5	3

Raw data table illustrating offenders' concerns for release across seven UK prisons, by category