Introduction

This chapter explores the nature, context and consequences of ageing in prison, focusing on the experiences and needs of older prisoners, and using the work of Nancy Fraser (2005, 2010) as an innovative and original framework for analysing and exploring ageing in prison as a social justice issue. In England and Wales, and many other countries, including Ireland, the US and Australia, older prisoners, including older women, make up a significant and growing minority within a penal estate populated primarily by young men (Davoren et al., 2015; Mann, 2012; Baidawi et al., 2011; Human Rights Watch, 2012; Stevens et al., 2018). Although older prisoner numbers are growing, older prisoners form a minority of prisoners, and older women form a minority within a minority, as around 95% of prisoners are male (Wahidin, 2011). Just as the number and proportion of older offenders is increasing, so is the published research, and there is a large and growing international literature which approaches issues related to older prisoners including perspectives from psychiatry, psychology, medicine, health and gerontology, sociology, social work, social and penal policy, criminology, corrections and prison management (Aday, 2003; Baidawi et al., 2011; Kim and Peterson, 2014; Fazel et al., 2001). This research literature has utilised a range of quantitative and qualitative methods to render older prisoners and their experiences and needs much more visible in criminological and penological contexts. This chapter uses the work of Nancy Fraser as a tool to develop an understanding of ageing in prison as an issue not only of criminal but also social justice.

Background and context

Whilst it is no longer appropriate to describe older prisoners as ‘invisible’ in penological research and policy development, due to the expansion of academic and practitioner interest in older offenders over the last two decades, a number of core questions still vex researchers. Although the UN has classified older prisoners as ‘special needs prisoners’ (United Nations, 2009) there is no agreement on national or international definitions of ‘older prisoner’ and the
threshold adopted by different researchers, agencies and policymakers ranges from 45 to over 70. The terms ‘older’ and ‘elderly’ tend to be used interchangeably (Kim and Peterson, 2014). International comparisons can thus be difficult as there is no shared common definition of an ‘older’ or ‘elderly’ prisoner, and this lack of consensus has been argued to impede the development of a sound evidence base (Baidawi et al., 2011). Setting the defining threshold at 45 or 50 may seem very low, but as Ginn (2012) pointed out, although a 50-year-old man living in the community would not usually be described as old, some commentators argue that typical prisoners are functionally older than their chronological age. It has been contended that some prisoners may experience ‘accelerated ageing’ as a result of previous lifestyle, lack of prior medical care, and the experience of incarceration, meaning that a person in their 50s in prison may have the physical appearance and health problems of someone at least 10 years older in the community (Turner and Peacock, 2016; Wahidin, 2011; Aday and Krabill, 2012). This point of view is controversial, however, and is not accepted universally (Spaulding et al., 2011), some commentators arguing that access to health care in the prison may mitigate the impact of accelerated ageing. It is important to recognise differences in ageing between individuals, as highlighted by Crawley in her evidence to the House of Commons Justice Committee (2013) in which she contended that ‘people from all walks of life age differently’ and that the current male retirement age when she was conducting her research, which was 65, was the point at which most people both within and outside prison begin to ‘feel old’ (cited at 9, para. 9).

It is interesting to note that the UK House of Commons Justice Committee (2013), when considering older offenders, stated that in their view it ‘did not make sense to impose a rigid classification of age’ in defining the older prisoner population, but went on to explain that in their view ‘the duty to treat each prisoner as an individual should not inhibit the identification of common features among the older prisoner population that can inform policy’ (15, para. 27). Thus, the precise point at which a prisoner can be defined as ‘older’ continues to vary widely.

Whatever definition is chosen, it is clear that in many jurisdictions the number of ‘older’ prisoners is increasing, for both men and women. For example, in England and Wales, the number of sentenced prisoners aged 60 and over rose by 164% between 2002 and 2015, and people aged 50 and over account for 14% of the prison population (Ministry of Justice, 2014). Older people may have been sentenced to imprisonment or remanded in custody later in life, or may have grown older in the prison while serving a long sentence. For some older offenders, their first experience of prison is in older age, whereas for others their lives have been lived within a pattern of regular short sentences. This expansion in numbers has been mirrored in many jurisdictions, and on a global scale, the number of older prisoners worldwide is projected to increase in the future. There are several reasons for this, although caution should be exercised in asserting that this is due to increased criminal behaviour by older people creating a so-called geriatric crime wave (Brogden and Nijhar, 2000). Instead, one
Ageing in prison

The increase in academic interest in older offenders has been echoed in policy and practitioner concerns about appropriate policies and practices in relation to sentencing, prison environments, and specific aspects of inmate life such as accommodation, education, health care and release and resettlement planning and programmes. This has included a growing awareness of the changing role of prison staff working with older offenders, especially those who have extensive health care needs, including terminal illnesses, for whom end-of-life care has to be provided within the prison setting, thus requiring prisons to adjust to new roles as de facto care homes and hospices (Prison and Probation Ombudsmen, 2017; Maschi, Marmo and Han, 2014).

Nancy Fraser, social justice and ageing in prison

Nancy Fraser’s work has been described as providing a ‘highly sophisticated framework’ for mapping problems of equality and social justice (Lynch, 2012, 49), identifying a three-dimensional theory of social justice based on principles of representation, recognition and resource distribution/access to resources (Fraser, 2005; Nash and Bell, 2007) building on her previous two-dimensional framework which neglected the role of political relations in generating injustice. Her work has been celebrated but is also controversial, prompting ongoing engagement with critics including Richard Rorty, Iris Marion Young and Judith Butler (Olsen, 2008). Alongside this, the institution of the prison has
long been linked to concepts not only of justice but also injustice, including debates around the justness or otherwise of offenders receiving prison sentences as a manifestation of the effects of other forms of inequality, such as crimes prompted by economic deprivation (Reiman and Leighton, 2012). The prison itself has been identified as a site for the reproduction of institutional inequalities and injustices (Scott and Codd, 2010). It is thus valuable to explore the relevance of Fraser’s work to penology and sentencing, and, in this chapter, older prisoners.¹

**Representation**

Fraser uses ‘representation’ in relation to political participation, and stresses that a key issue for promoting justice is that of participatory parity, i.e. that it permits all members of the global community to interact with one another as peers. As she writes (Fraser, 2010):

> The political constitution of society must be such as to accord roughly equal voice to all social actors. This condition rules out electoral decision rules and media structures that systematically deprive some people of the fair chance to influence decisions that affect them.

(365)

Fraser (2009) elaborated on the principle of participative parity, and this further exposition of its normative meaning is of value in relation to older prisoners. In a published interview dialogue she explained her view that participative parity is ‘an interpretive ideal of social justice, and, as such, does not exist’ (Palacio Avendaño, 2009, 2); rather, it should be used as a critical ideal to reveal existing disparities in participation, identifying those obstacles to participation that are rooted in social relations:

> The question in this case would be, what are the structural conditions that prevent participative parity? This is how I understand this ideal, as a way of shining light on the obstacles to justice.

(Palacio Avendaño, 2009)

The inclusion or exclusion of older prisoners in political participation is circumscribed by the legislative context of imprisonment in particular nation states. Opportunities for the democratic voices of older prisoners to be raised, and for those voices to be heard, are governed by controls on voting and limits on communication between prisoners and the ‘outside world’, including the media. The most obvious block on the participation and representation of older prisoners is a blanket ban on prisoner voting, such as that which continues to exist in the UK (Hodgson and Roach, 2017). Although it was announced in December 2017 that a very small number of prisoners will be permitted to register to vote, and to vote, these plans have not yet been implemented and,
in any event, are estimated to enfranchise only around 100 prisoners who are eligible for release on temporary licence (ROTL) (Bowcott, 2017). In jurisdictions where universal adult suffrage is the norm, it is not uncommon for prisoners to lose their right to vote, either during the period of their imprisonment (as in the UK) or for life (as in some US states). Indeed, in some US states felony disenfranchisement rules mean that the right to vote is lost for life upon conviction of any crime classed as a felony rather than a misdemeanour. That said, prisoner enfranchisement would need to be accompanied by provisions that would facilitate full and informed participation in the democratic process, including specific provision for disabled and ill prisoners.

Thus, older prisoners may be formally barred from participation in democratic decision making via the ballot box, not by reason of age but by reason of their status as prisoners. Although UK case law has made it clear that a prisoner retains all usual human rights except those expressly removed by the sentence of imprisonment (Scott, 2013), the removal of the right to vote reinforces antiquarian concepts of imprisonment as a form of ‘civil death’, with no political potential vote-winning benefit for policymakers in recognising and responding to the needs of prisoners, older or otherwise.

In the broader political public arena, the needs of older prisoners are becoming increasingly visible within research, publications and campaigns by activist groups and NGOs, leading to the publication of a number of reports which include rich qualitative accounts of older prisoners’ own experiences and views (Joyce and Maschi, 2016). This is not, however, the same as participation in democratic political decision making, and the restrictive frameworks of the custodial setting make such participation in the public sphere almost impossible. Although there are strong principled voices advocating against this form of disenfranchisement, many politicians and mass media commentators continue to maintain that the loss of the right to vote is a justified consequence of criminal behaviour. This has been evident in the UK when, despite the insistence of the European Court of Human Rights that prisoner disenfranchisement contravenes the European Convention on Human Rights, the UK government has continued to refuse to implement any changes and has only recently conceded, as a consequence of pressure from other countries within the Council of Europe, that a tiny number of prisoners released on temporary licence (ROTL) would be eligible to register and to vote. The composition of the population of imprisoned older male offenders poses a particular challenge when arguing for representation and participation in decision making, as a substantial proportion of older male prisoners are serving sentences for sexual offences, and sex offenders are not only vilified within the prison itself, occupying the lowest levels of the internal inmate hierarchy, but also experiencing social demonisation and stigmatisation (Rickard, 2016). Within Fraser’s framework, therefore, not only is the political representation of older prisoners very limited, there is little political will to enable such participation and representation. This may not be simply a consequence of being older, but a consequence of social and political stigmatisation of sex offenders of all ages.
Recognition

Academic and practitioner interest in older prisoners has expanded over the last 25 years, with a corresponding expansion of published research findings and associated recommendations for policy and good practice in the design of penal settings, regimes and activities (Howse, 2003; Her Majesty’s Inspectorate of Prisons, 2004; Her Majesty’s Inspectorate of Prisons, 2008; Cooney and Braggins, 2010). That said, the scope of this recognition tends to focus on a narrow interpretation of ageing, focusing on medical and care needs. There is little recognition of the diversity of needs and experiences within the penal population of older prisoners and a tendency to assume homogeneity due to older age rather than diversity due to other elements of identity including ethnicity, religious faith, social class and sexual orientation.

The particular medical needs of some older prisoners are being recognised increasingly both as a challenge for prison management and health care, and also as a public health issue (Public Health England, 2017; Ginn, 2012). Older prisoners in the UK and elsewhere have a high incidence of multiple medical conditions and experience a heavy burden of disease (Fazel and Baillargeon, 2011). Chronic diseases are more prevalent in older people in prison than in both people of comparative age living in the community and with younger people in prison (Hayes, 2016). In one of the most influential studies, Fazel et al. (2001) found that 85% of male prisoners aged over 60 had at least one chronic illness recorded in their medical notes, and 83% reported at least one long-standing illness, most commonly including psychiatric, cardiovascular, musculoskeletal and respiratory disorders. More recently, Hayes et al. (2012) found that, globally, up to 90% of the older imprisoned population have at least one moderate or severe health condition, with more than 50% having three or more. Multiple medical conditions are common amongst older prisoners regardless of jurisdiction, with a high global incidence of non-communicable chronic diseases, including heart disease, COPD and arthritis. Social care needs often accompany medical needs, the typical older person in prison having six or more health or social care needs (Hayes et al., 2013). There are, however, significant differences in the needs of older prisoners, and whilst some older prisoners are still able to work, care for themselves and navigate the prison setting, others experience disability, mobility difficulties and cognitive impairment, and need high levels of assistance.

Women’s average life expectancy is longer than that of men, and so in theory there is a potential problem of women living in prisons until they are very aged indeed with multiple needs. In reality, however, women do not tend to be incarcerated for the types of crime which older men may be, such as historical sexual offences, and the nature of their offending may justify either a community penalty rather than custody, or a short prison sentence. That said, the specific health care and medical needs of older women in prison continue to be under-researched and under-recognised. Imprisoned older women facing a range of challenges including inconsistent access to breast and cervical
screening facilities and very mixed provision of preventive care, older women in prison tending to experience a greater level of functional decline than older male prisoners (Wahidin, 2011; Williams et al., 2006).

Prison establishments themselves have developed specific initiatives for older prisoners, the first special unit for older male offenders being opened at HMP Kingston in the early 1990s but later being closed after a highly critical inspection report. A number of other prisons have created designated wings for older prisoners, though not for women, or adapted cells to cater to the needs of older inmates. Similarly, some prisons have developed recreational, educational and social provision for older prisoners, for whom routine provision focusing on employability, skills development, sports and pre-release preparation may not be appropriate or suitable, but reflecting the fact that older prisoners remain engaged in such activities where they are suitable (Trotter and Baidawi, 2015; Joyce and Maschi, 2016). That is not to say that the development of designated separate provision for older prisoners is always desired by prisoners themselves: research has explored how many older offenders enjoy and benefit from interactions with younger prisoners, but also conversely may welcome the opportunity to have accommodation away from the noise and activities of younger inmates (Wangmo et al., 2017).

Older prisoners were the subject of a review by the House of Commons Justice Committee (2013), which considered oral and written evidential submission from a number of experts and organisations. There was, however, a tendency within this review process to take account of evidence provided by people speaking ‘about’ or ‘for’ older prisoners, with older prisoners themselves being far less visible. This reflects an approach to ageing in prison which responds to older prisoners as recipients and users of facilities and services, without necessarily recognising them being as having a role in the design and delivery of those services as informed service users and ‘experts by experience’. In relation to older prisoners, there is some overlap between recognition, representation and resource allocation as sites of social injustice, and so to some extent these are interwoven so it is difficult to tease out each individual strand: taken together these three themes combine to highlight imprisonment as a site of social injustice for older people.

**Resources**

Access to resources, and related issues around just resource distribution, is one of Fraser’s key elements of social justice. Issues around poverty, deprivation and disadvantage in relation to older prisoners are complex. For example, prisoners as a whole tend to come from backgrounds of socio-economic deprivation, but it cannot be said with any certainty that the same applies to older prisoners. In the context of sex offenders convicted and imprisoned in later life, they may have been in respected positions of power and trust, which to some extent facilitated their offending and in some cases led to accusations being disbelieved (Allnock and Miller, 2013). Indeed, as convictions of public figures have
demonstrated, ‘fame and fortune’ provided opportunities for them to meet and
abuse young people. However, once the person is imprisoned the nature of the
prison system means that although wealthy prisoners may not struggle with, for
example, the cost of telephone calls, questions of relative wealth and disadvan-
tage within the prison are less visible, simply because the nature of the regime
means that all prisoners eat the same food and share the same accommodation.

Considering access to resources within prisons, it is important to appreci-
ate the current funding context in England and Wales, in which prisons are
experiencing ongoing funding restrictions which have had a direct and very
negative impact on staff numbers, provision of activities and opportunities and,
by extension, on safety for both staff and prisoners (Institute for Government.
2017). There is a core theoretical challenge in justifying allocation of resources
to meet the specific needs of older prisoners, beyond the core legal obligations
towards all prisoners in terms of food, accommodation and minimum exercise
periods, as, with the exception of whole life tariff prisoners, most prison activi-
ties focus on addressing offending behaviour, ultimately with a view to release,
resettlement and reintegration, the core aim being the reduction of risk and
re-offending. Where older prisoners are concerned, there may be no prospect
of release, and the traditional vocational focus of prison work and training may
be largely irrelevant as the prisoner may be too old, or unable, to enter the
labour market on release. That is not to say that training activities are irrelevant
and unwelcome, as the research indicates that older prisoners may be keen to
engage in educational and training activities (Joyce and Maschi, 2016). However,
within a culture of results-based policy decision making, which utilises preven-
tion of re-offending as a core criterion for funding of resources, older prisoners
may find their needs being deprioritised in the face of the far larger numbers of
younger prisoners incarcerated. This can lead to failings in the provision of suit-
able accommodation, for example, where the costs of adapting cells for prisoners
with special needs may be prohibitive, or the age and design of the building itself
makes structural modifications almost impossible. This has been highlighted at
HMP Dartmoor, which was built in the early 1800s and is five storeys tall (Ginn,
2012). Prisoners have given accounts of being in their 70s, living with arthritis,
but being allocated to a top bunk in a cell, or wheelchair-using prisoners being
unable to fit their wheelchairs in through the doorway of their cells (Joyce and
Maschi, 2016; House of Commons Justice Committee, 2013). Cells may be situ-
atued away from dining facilities and religious, educational and social areas, and
in some cases older prisoners have found themselves eating alone in their cells
because they cannot access the dining area due to mobility difficulties (Joyce and
Maschi, 2016). Prisoners who need support in their daily living activities, such
as help in dressing and washing, may not need full-time health care support such
as to necessitate admission to the hospital/medical wing, but may also not have
the care and support they need and instead rely informally on other prisoners’
assistance (Ginn, 2012). This illustrates a contrast in some cases between the sup-
port that can be accessed by older people in the community, subject to resource
limitations, and that available in prisons.
Access to appropriate health care in prisons has long been a focus of research on the needs and experiences of older prisoners. Concerns have been expressed around inadequate access to screening programmes, including breast cancer screening programmes for older women. Prison regulations, combined with mobility difficulties, may pose challenges to prisoners taking medication on time. In addition, the nature of the prison setting may mean prisoners whose conditions would benefit from gentle and regular exercise, such as walking, may not have that opportunity, and the same can be said of conditions where particular dietary changes are recommended. Facilities and access to resources such as mobility aids vary from prison to prison, and sometimes mobility aids such as walking sticks are deemed to pose a challenge to prison security and safety (Ginn, 2012; Aday and Krabill, 2012).

Resources can be more than simply economic and can include social capital, and resources of care, friendship and relationships. Access to resources of care, affinity and relationship are also significant and Lynch (2012) argues that affective inequality should be added to Fraser’s tripartite framework as a fourth dimension of injustice. Older prisoners may experience loneliness and isolation in similar ways to some older people in the community, especially where, as they age, they have outlived friends and family or, pertinent, where either they have ceased contact with friends and family or, as is not infrequent, family and friends have ceased contact with them as a consequence of their offending and conviction (Mann, 2012). Within the prison, older prisoners may not develop their own contacts and friendships as easily as younger men, some of whom may have known fellow prisoners from time on the outside prior to imprisonment, or from previous sentences. That is not to say that older prisoners do not make friends or mix, however, but the dynamics of prison interactions cannot be assumed to be the same as for younger men. There are illuminating accounts in the published research literature of older prisoners being supported by other, often younger, prisoners, and also accounts of friendships between older prisoners themselves. That said, concerns have also been expressed about the possibility of bullying and coercion of older prisoners who need care and support (Stevens et al., 2018) and conversely, the exploitation of younger prisoners by older prisoners who are perceived as powerful within the prison, or whose reputation and outside contacts can be used to coerce younger and vulnerable fellow inmates (Joyce and Maschi, 2016).

Supportive family relationships have long been recognised as playing a significant role in promoting prisoner well-being during the prison sentence and also in preventing reoffending (Farmer, 2017). However, relatively little attention has been paid the experiences and needs of older prisoners and their families, either in terms of the family relationships of older prisoners or prisoners’ partners and family members who are older themselves. Older people in the community may benefit from a variety of forms of unpaid caring by family and kin, and the nature of the prison means that the scope for older people to benefit from this kind of unpaid caring is highly limited. Family members can care for prisoners by paying for, and having sent in, books, magazines and hobby
materials, for example, but cannot assist in providing daily personal care, meals and social activities in the way that they might wish to.

Prison visiting rooms can be noisy, populated by young inmates with young partners and young children, and older prisoners may wish for a different kind of setting in which to spend time with their families. That is not to assume that all older prisoners want this, of course, but the focus on family relationships, and provision such as family days and so on, tend to focus on parents of young children, and there is less attention paid for to links, for example, between older prisoners and their grandchildren. In addition, the challenges of visiting prisons which are in rural areas, often without public transport links, have been well-documented, especially the challenges of travelling long distances to visit with young children: far less attention has been paid to the challenges of older people visiting older people. The research has explored the role of grandparent caregivers for prisoners’ children, but far less attention has been paid to those older people who visit prisoners who are themselves older. Just as cells and the prison environment can pose problems of access, so can visiting rooms. Where prisoners are deemed low-risk, and approaching the end of their sentence (or serving their sentence in low-security open conditions) family and kin may be able to meet prisoners and spend time with them under the ROTL scheme, but this is far from universal and depends on the nature of the offence, the security categorisation of the establishment and the offender’s risk (and indeed, the risk to their own safety in public). Research has explored grandparents caring for prisoners’ children, but there is little awareness in the research literature of the role of prisoners as imprisoned grandparents, for example, nor discussion of how grandparenting is negotiated when one grandparent is in prison and the other is not. The sociology of grandparenthood has explored the role of grandparents within families and society but research with prisoners’ families still tends to focus on the traditional ‘nuclear’ family unit centred on prisoners’ partners and children, and the restrictions inherent in the prison setting limit imprisoned grandparents’ access to family-based support.

The ‘shadow’ of the prison stretches beyond prison walls, and whilst offenders age in prison, so do their family members on the outside (Codd, 2008). Older prisoners may thus have limited social resources on which to draw outside the prison by reason not only of their age but also of their family, kin and friends. For example, the research demonstrates that prisoners’ mothers often continue to visit prisoner long after marriages and romantic partnerships have ended, or after other family members have ceased contact (Codd, 2008). Simple issues of old age may mean that by the time older prisoners are in prison, their parents including their mothers may have died, or they experience the death and bereavement of older family members while in custody, which can be experienced as deeply distressing in the prison environment where the availability and adequacy of bereavement support varies from prison to prison (Masterton, 2014).

Older prisoners’ experiences of release, resettlement and reintegration are under-researched and those of older women leaving prison are even less visible
(Crawley, 2004). When older prisoners are released, accessing resources can be challenging, especially if they have few friendship networks and no accommodation to which to return, or have special accommodation needs. Forsyth et al. (2015) found that older prisoners perceived release planning to be non-existent, discovering a reported lack of formal communication and continuity of care, causing high levels of anxiety. Older prisoners indicated high levels of anxiety about the prospect of living in probation-approved premises, but those who went on to live in such premises had their immediate health and social care needs better met than those who did not. Release planning for older prisoners is generally inadequate and there is currently a missed opportunity to address the needs of this vulnerable group. Voluntary organisations which focus on employing former offenders, may not be able to offer appropriate services for older ex-prisoners as they are not seeking a route into the labour market, so employment-focused release and resettlement schemes may not be relevant.

**Conclusion**

Fraser’s concepts of representation, recognition and resource allocation offer a useful starting point for analysing ageing in prison, and for exploring the needs and experiences of older prisoners in terms of social justice. Fraser’s concept of representation as political participation means that, by definition, prisoners cannot be said to have access to justice and imprisonment itself is thus socially unjust, echoing the arguments of penal abolitionists (Scott and Codd, 2010). The prison setting poses challenges to ideas of justice and equality, as the nature of imprisonment itself limits elements of freedom of choice, activity, participation and engagement which form the foundations of justice and equality and, by extension, a socially just society. In the context of custodial sentences in jurisdictions where prison voting is limited, and even if prisoners legally retain the right to vote ongoing restrictions on contact with the outside world and the media can limit prisoner engagement with political campaigning. Fraser’s framework of analysis would support penal abolitionism on the grounds of social justice, not just for older prisoners but for all prisoners.

Within the limitations inherent in a prison sentence, however, there are questions around justice and equality *within* the prison and between older prisoners, staff and visitors which are themselves worthy of further discussion, analysis and exploration. Older prisoners are being recognised increasingly as an identifiable group, although responses to specific needs and age-aware provision of services and facilities varies widely between institutions, with the published research including both examples of well thought-out good practice but also institutional ageism. Older people in prison are a highly heterogeneous population (Mann, 2012) but the literature is still dominated by research with male prisoners, although limited issues of diversity in experience and needs have been explored, most notably in work with older women prisoners (Wahidin, 2011). That said, there are still many aspects of diversity in prison ageing which are under-researched and under-explored, and little attention has been
paid to the nuances of intersectional identities including the experiences of LGBTQ+ older prisoners, ethnicity, faith and class and gender. Further research is needed in order to develop intersectional perspectives which recognise the complexities of older prisoners’ identities, some identities pre-dating the prison but becoming amended or augmented by the impact of the consequences of a criminal conviction and a prison sentence. To date, much of the published research has focused on documenting and exploring the needs and experiences of people ageing in prison, and on developing and implementing age-aware provision for older prisoners. By drawing on broader theoretical perspectives, such as those of Nancy Fraser, analyses of the needs and experiences of older prisoners can be developed which go beyond focusing on facilities, resources and programmes, and which situate issues relating to ageing in prison not just within concepts of criminal justice but as key aspects of social justice.

Note
1 For a discussion of the application of Fraser’s approach to the criminal sentencing of indigenous offenders, as a form of affirmative social justice, see Anthony (2012).

References


