

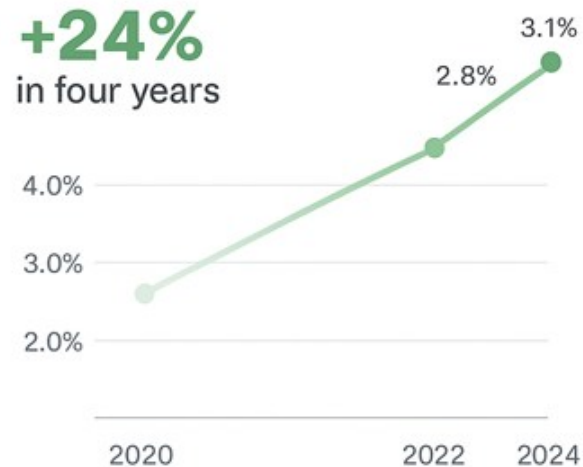


Old prisoners and Release: Rethinking Continuity of Care and Control in the Transition from Prison to Probation

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The Growing Older prisoner population



- \approx 15% of prisoners are 50+
- Longer sentences increasingly common
- Life expectancy rising
- Different profiles reaching old age in custody

65+ prisoners:

Croatia (9,8%)

Lithuania (6,0%)

Slovenia (5,2%)

Italy (5,1%)



European Policy and Legal Landscape



ECHR & ECtHR Case Law

- Dignity & humane treatment (Art. 3 & 8)
- Liberty & fair process (Art. 5 & 6)
- Rehabilitation & release prospects
- Health continuity as a rights issue

Murray v. Netherlands (2016, GC)
Paposhvili v. Belgium (2016, GC)



Council of Europe Standards

- European Prison & Probation Rules: reintegration, proportionality,
- Community sanctions & measures: least-restrictive, rights-based supervision
- Safeguards: electronic monitoring, foreign nationals



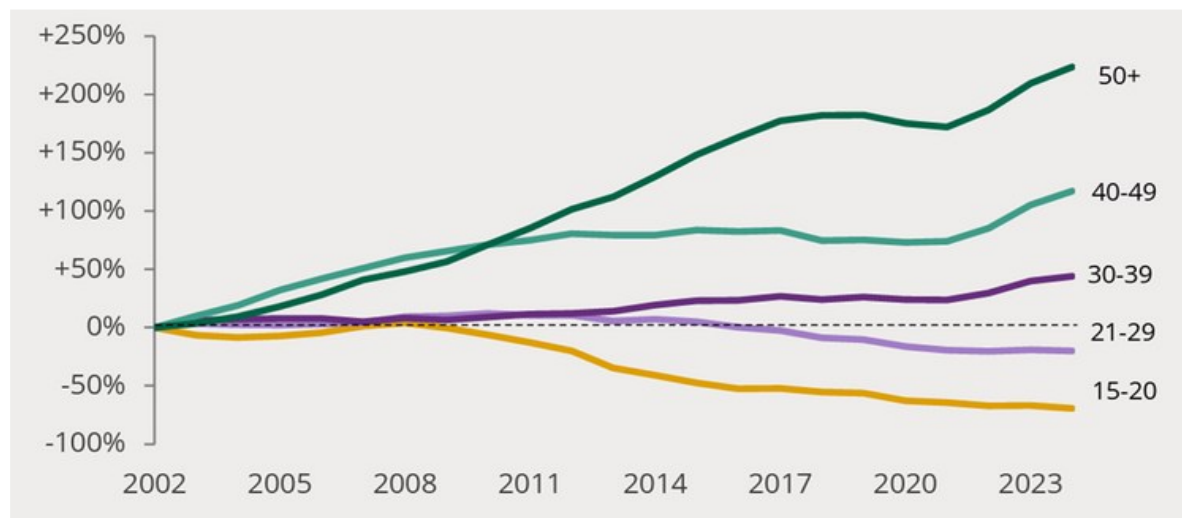
EU Instruments Set

- Mutual recognition of probation/alternatives (2008/947, 2009/829)
- Charter of Fundamental Rights: dignity, liberty, family life, healthcare
- Victims' rights & data protection frameworks

The case of England and Wales – when care and
control meet

Ageing prison population in England & Wales

- Ageing alongside overcrowding prison crisis
- Penal attention to older prisoners (Independent Sentencing Review, 2025; Chief
- Over-50s constitute nearly 18% of the prison population, up from around 7% in 2002 (MOJ, 2025). Set to continue rising.
- 1 in 7 over-50s are serving a life sentence, compared to 1 in 14 under-50s (Prison Reform Trust, 2025).
- Older, life-sentenced prisoners are the fastest growing group



*Change in prison population, by age category; England and Wales
[MoJ, Offender Management Statistics Quarterly, 2025]*

Recent report (6 Nov. 2025) by Chief Medical Officer for England

Key findings

- Older prisoners face age-related health problems that historically were rare in prison settings, and will become more common.
- The prison environment can *exacerbate* existing poor physical and mental health of older prisoners, and there are barriers to prevention and care (e.g., data gaps, transitions into/out of prison, fragmented health services).
- There are good practice examples in some locations (e.g., peer-support “buddy” models, dedicated age-related provision) but are not yet uniformly available across the estate.

The health of people in prison, on probation and in the secure NHS estate in England

A report commissioned by the Lord Chancellor and Secretary of State for Justice and the Secretary of State for Health and Social Care from the Chief Medical Officer



Recent cont'd

Key recommendations

- Ensure **adequate accessible provision** for older people in prison: health care, operational/health workforce, age-appropriate support.
- Expand use of **telemedicine** for prisoners with chronic diseases to reduce need for escorted hospital visits.
- Prioritise prevention and management of chronic diseases and age-related conditions in prison settings.
- Mitigate environmental risks that disproportionately affect older prisoners (for example, heat in prison cells, mobility/access issues)
- Improve data flows and continuity of care (entry, between prison/healthcare settings, and on release) especially important for older populations with complex, multi-morbid health needs.

An academic reflection: Old age, Risk and Vulnerability: A Humanitarian-Punitive Complex

Vannier, M. (2025). Old age, risk and vulnerability: A humanitarian-punitive ethos. *Punishment & Society*, 0(0). <https://doi-org.manchester.idm.oclc.org/10.1177/14624745251378636>

Context

- Old age approached through two separate lenses : vulnerability and risk
 - ➔ low risk or heightened risk when sex crime; illnesses, frailty, dependency (Crawley and Sparks 2005; levins 2023)
- Two logics: humanitarian (care-oriented) and punitive (control-oriented)

The aim

To trace how the competing logics of control and care frame prison staff narratives surrounding older prisoners in contemporary penal governance



Old age and Risk

- Minimal risk

“They are likely here for life, and they just want to live out their days quietly”
(Interview AD).

- Dormant risk

“Some older prisoners would find a way to harm others if pushed” (Interview AG).

- Exposed to risk from *others*
- Equal risk

“The offense doesn’t change with age” (Interview AE).

Old age and Omni-Vulnerability

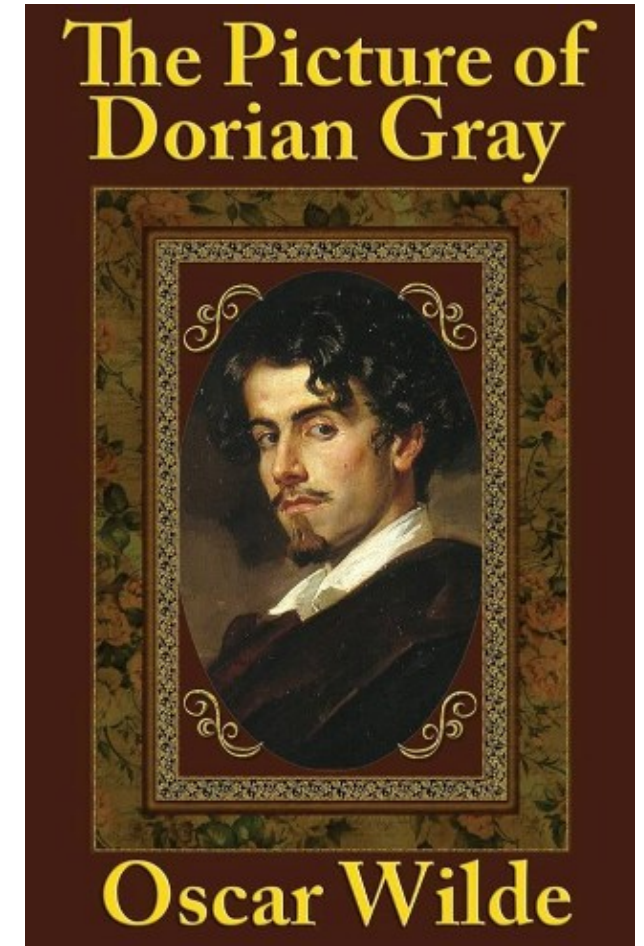
- A matrix of vulnerabilities: physical, social, cognitive ...
- ... That require a variety of care resources

- Interwoven vulnerabilities:

“I just physically can't manage to do that anymore (Interview AH).

“The reality is we're not equipped for this. When you've got 70-year-olds needing almost constant care, it's not like we have a nursing home setup. We're understaffed, and it's the staff that bear the brunt of it.” (Interview AQ)

“I feel part of that might be me aging as well... I'm finding it harder and harder to absorb all that negativity at the moment.” (Interview AR).



The Emergence of a Humanitarian-Punitive Ethos

- The old age, vulnerability and risk nexus reflective of a humanitarian-punitive ethos
- Implications:
 - **The ontology of the older prisoner:** defined as old *because* he is vulnerable and thus low risk, but equally, it is *because* they are vulnerable that they can be a source of more risk
 - **The meaning of prison work:** a two-fold fusion 1) palliative control agents; 2) '*us versus them*' becomes '*us becomes them*'.

Conclusion: towards penal care homes / palliative prisons?

Lord Timpson, The Minister of State said: [...] *“I remember going to HMP Stafford a few years ago, where I met a prisoner who was in a wheelchair. On talking to him, I found out he was 104 years old. We have a range of work ongoing to improve provision for elderly prisoners, focusing on health and care support.”* (9 September 2024)

“As set out in our response [...] our view remains that prisoners should be managed based on individual needs not solely based on their age”. (Ministry of Justice, Department of Health and Social Care, Public Health England, NHS England and Improvement 2022:20).

Discussion:

1. Should we rethink the rationale for (a) keeping older prisoners in prison (b) their early release ?
2. From a CEP/EuroPris perspective, what are the main hurdles when it comes to preparing for / releasing older prisoners?
3. Penal care homes or palliative prisons?

Questions?

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THANK YOU !