

Understanding Older Male Prisoners' Satisfaction with Quality of Life and Wellbeing

Claire de Motte

A thesis submitted in partial fulfilment of the requirements of Nottingham Trent University for  
the degree of Doctor of Philosophy

August 2015

## **Preface**

*The researcher and participants share the common bonds of humanity. Prisoners are not numbers. They are living, breathing people with personalities, characteristics, likes, and dislikes. In the current penal climate, as more and more people are locked up all the time, this simple observation is all too often forgotten (Bosworth et al. 2005, p. 251)*

## Statement of Research Outputs

The methodology from the programme of work presented in this thesis has been published as:

De Motte, C. 2014. A Mixed-Methods Approach to Explore the Quality of Life and Experience of Older Male Prisoners in HMPS. *Sage Research Methods Case*, DOI: 10.4135/978144627305013500012.

## **Abstract**

This thesis is of originality and value as it is the first piece of research to explore whether older male prisoners are satisfied with quality of life (QoL) and wellbeing and if the most appropriate prison regime for an older prison population could be identified. The thesis offers the most recent insight into the experience of being older in prison across three prison regimes, high secure, training, and open.

A mixed methodology explored older male prisoners' satisfaction with QoL and wellbeing and is the first research study to adopt this approach with an older prison population. The mixed methodology consisted of two phases, the first phase, a quantitative questionnaire to assess QoL and wellbeing was circulated to all older male prisoners aged 50 years and over across three prison regimes. The quantitative results were then analysed via descriptive and inferential statistics. The second phase, qualitative interviews with older male prisoners and prison staff, explored their experiences of being older in prison and aspects of prison life that reduced and increased their satisfaction with QoL and wellbeing. Interviews were then analysed using thematic analysis.

The main quantitative findings suggest older prisoners are more satisfied with their QoL and wellbeing in an open prison regime than training and high secure. The main qualitative findings illustrate aspects of humanity and the opportunity to promote positive identities contribute to a good QoL and high wellbeing in the older prison population. However, the experience of constraints within the prison regime limits older prisoners' potential and subsequently reduces their satisfaction with QoL and wellbeing. These original findings are discussed in reference to previous academic literature on

older prisoners and recommendations for prison policy are made to ensure older male prisoners are located within an age appropriate prison regime that accentuates the positive aspects of being older in prison.

## Table of Contents

Preface .....	2
Statement of Research Outputs .....	3
Abstract.....	4
Table of Contents.....	6
List of Figures and Tables.....	9
Statement of Copyright.....	11
Acknowledgements.....	12
Chapter 1 Introduction .....	14
1.1 Wider Context: The Older Population .....	14
1.2 Wider Context: Older Prisoners.....	15
1.3 Research Aim.....	19
1.4 Original Contribution.....	20
1.5 The Structure of the Thesis .....	21
Chapter 2 Theoretical Context .....	24
2.1 Introduction.....	24
2.2 The Philosophies of Kropotkin .....	25
2.3 The Notion of Flourishing .....	27
2.4 Model of Life Satisfaction .....	34
2.5 Chapter Summary .....	37
Chapter 3 Literature Review .....	39
3.1 Introduction.....	39
3.2 Satisfaction with QoL and Wellbeing.....	39
3.2.4 Summary .....	46

3.3 Satisfaction with QoL and Wellbeing in Older Prisoners.....	47
3.4 Chapter Summary and Research Questions.....	90
Chapter 4 Research Methodology.....	92
4.1 Introduction.....	92
4.2 Pragmatism: a research paradigm.....	92
4.3 Method of Research Inquiry.....	96
4.4 Methods of Data Collection.....	109
4.5 Methods of Analysis.....	131
4.6 Chapter Summary.....	135
Chapter 5 Ethical Considerations.....	136
5.1 Introduction.....	136
5.2 Prison Research Ethics: A Brief Historical Context.....	136
5.3 Obtaining Ethical Approval.....	137
5.4 Ethical Dilemmas in Prison Research.....	140
5.5 The Impact of a Female Researcher in a Male Prison.....	148
5.6 Chapter Summary.....	150
Chapter 6 Quantitative Findings.....	151
6.1 Introduction.....	151
6.2 Demographic Information.....	152
6.3 The Subjective Wellbeing of Older Prisoners.....	153
6.4 Older Prisoners Satisfaction with QoL.....	160
6.5 Other variables that effect Older Prisoners Satisfaction with QoL.....	181
6.6 The Internal Reliability of the MANSA.....	196
6.7 Policy Implications: Improving Older Prisoners Satisfaction with QoL.....	198
6.8 Chapter Summary.....	200

Chapter 7 Qualitative Findings .....	204
7.1 Introduction.....	204
7.2 Humanity.....	206
7.3. Identity .....	231
7.4 Constraints .....	258
7.5 Summary of Qualitative Findings .....	285
Chapter 8 Discussion and Recommendations .....	289
8.1 Introduction.....	289
8.2 Summary of Findings.....	290
8.3 Recommendations.....	293
8.4 Critical Evaluation of the Thesis.....	296
8.5 Final Remarks .....	297
References.....	299
Appendices.....	386



## List of Figures and Tables

TABLE 1.1 A COMPARISON OF THE ESTIMATED COST OF A YOUNGER TO OLDER PRISONER PER YEAR ACROSS THREE PRISON REGIMES.....	17
TABLE 3.3 CATEGORIES OF PRISONERS .....	57
FIGURE 4.1 ADAPTED EXPLANATORY DESIGN: PARTICIPANT SELECTION MODEL.....	105
FIGURE 4.2 CHARACTERISTICS OF THE THREE SAMPLE PRISONS .....	134
TABLE 6.1 DESCRIPTIVE STATISTICS ILLUSTRATING THE AGE RANGES OF THE OLDER MALE PRISON SAMPLE.....	153
FIGURE 6.1 OLDER MALES' IN PRISONS SUBJECTIVE WELLBEING ACROSS ALL FOUR MEASURED DOMAINS .....	155
TABLE 6.2 A COMPARISON OF UK AND OLDER MALE PRISON SAMPLE SUBJECTIVE WELLBEING SCORES.....	157
TABLE 6.3 AVERAGE WELLBEING SCORE FOR EACH WELLBEING DOMAIN ACROSS PRISON REGIME .....	159
TABLE 6.4 DESCRIPTIVE STATISTICS OF THE SUBJECTIVE VARIABLES MEASURED BY THE MANSA .....	163
TABLE 6.5 HIGH SECURE REGIME: OLDER MALES SATISFACTION WITH QOL.....	167
TABLE 6.6 TRAINING REGIME: OLDER MALES SATISFACTION WITH QOL.....	171
TABLE 6.7 OPEN PRISON REGIME: OLDER MALES' SATISFACTION WITH QOL .....	174
TABLE 6.8 HIGHEST AND LOWEST SCORED QOL DOMAINS BY PRISON REGIME .....	176
TABLE 6.9 DESCRIPTIVE STATISTICS BETWEEN PRISON REGIME TYPES .....	176
TABLE 6.10 COMPARISON OF MQPL AND MANSA MEAN SCORES ACROSS ALL THREE PRISON REGIMES .....	179
TABLE 6.11 THE RELATIONSHIP BETWEEN TIME SPENT IN PRISON TYPE AND OVERALL SATISFACTION WITH QOL .....	183
TABLE 6.12 ORDINAL REGRESSION ANALYSES ILLUSTRATING THE SIGNIFICANT RELATIONSHIPS BETWEEN PARTICIPANT CHARACTERISTICS AND OVERALL QOL.....	186
TABLE 6.14 THE ITEM-TOTAL STATISTICS FOR EACH DOMAIN OF QOL.....	197
FIGURE 7.1 A THEMATIC MAP TO ILLUSTRATE THE THEMES IDENTIFIED IN THEMATIC ANALYSIS.....	205



## **Statement of Copyright**

This work is the intellectual property of the author. You may copy up to 5% of this work for private study, or personal, non-commercial research. Any re-use of the information contained within this document should be fully reference, quoting the author, title, university, degree level and pagination. Queries or requests for any other use, or if a more substantial copy is required, should be directed to the owner of the Intellectual Property Rights.

## **Acknowledgements**

This work was supported by Nottingham Trent University, Vice Chancellor's Scholarship and I firstly owe many thanks to the scheme for providing me with the opportunity to complete the thesis.

Thanks must be also be paid to the older males and prison staff who participated in this research. It was a pleasure getting to know you all. I hope this thesis accurately represents your experiences and contributes to improving the lives of older prisoners, if not in your generation, but for the next.

I wish to thank my Director of Studies, Di, for her support, guidance, constant reassurance, friendship, and proof reading of drafts. Without your confidence in my abilities, I would never have completed. I will always aim to be less 'tentative'! I would also like to thank my supervisor, Simon, for his support and critique in the beginning and final stages of study.

Ant, thank you for wiping away my tears and tolerating sitting with me for endless evenings and weekends whilst I wrote; your company meant the world. I am looking forward to having our weekends back and spending some quality time together. Mum, thanks for always making me laugh when you were never quite sure of my thesis topic, but also reminding me that a Ph.D. is not the be-all and end-all, and thanks to Dad for knowing my research topic (!) and always asking "how's it going?".

Finally, thanks to our little surprise in my fourth year of study. Your tiny kicks and punches gave me the drive and motivation to complete and submit so that we can

provide you with the best possible future. I am looking forward to your arrival when I can put the laptop away and remind myself what life is actually all about.

# **Chapter 1**

## **Introduction**

The overarching aim of this thesis is to explore if older male prisoners are satisfied with their quality of life (QoL) and wellbeing. The thesis provides both quantitative and qualitative evidence detailing the extent to which older prisoners are satisfied with their QoL and wellbeing across three prison regimes. This thesis also seeks to identify what contributes to older male prisoners' perceptions of a satisfactory life and what elements of prison life reduce such satisfaction. The conclusions of this research aim to contribute to the existing body of literature on older prisoners and promote the need for prison policy reform. Such action will ensure that this previously neglected prison population receive age appropriate provision in the most suitable prison regime.

### **1.1 Wider Context: The Older Population**

In England, life expectancy has steadily increased since 1981 (Public Health England 2015) and in 2004 England was considered to be one of the world's 'oldest' societies (Dean 2004b). Today, an estimated 0.3 percent of the population are expected to live to 95 years or older, the oldest life expectancy on record, and one which illustrates the extent of England's ageing population (Public Health England 2015). Explanations for this increase include the introduction of the National Health Service (NHS), which enables more effective health management, stricter control of infectious diseases, improved housing conditions and healthier nutritional intake (Tapia Granados 2012).

Gerontology promotes successful ageing in later life and places great emphasis on the environment or setting in which an older person lives (Brown, Bowling and Flynn 2004; Phillips, Ajrouch and Hillcoat-Nalletamby 2010). With such a heavy focus on the environment, Evans (2009) stressed that institutions, government structures and policies should accommodate the changing physical health and social care needs of an older population in all environments where older people live. Such views are supported by academic research (Wahl 2001; Kendig 2003) which encourage living environments to reflect modernisation and technological advances, thus in turn ensuring successful ageing

## **1.2 Wider Context: Older Prisoners**

A small number of academics have focussed specifically on older prison populations and have subsequently become the leading names in the field. Among these scholars are Azrini Wahidin (2000; 2001; 2002; 2003; 2004a; 2004b; 2005) who comprehensively studied older female prisoners, and Handtke et al. (2015), whose more recent research identified the layers of vulnerability in the older female prison population. In the USA, Ronald Aday published a number of articles on older prisoners, with a particular focus on healthcare (1978; 1984; 1992; 1994a; 1994b; 1994c; 1997; 2003; 2004; 2005-2006; 2006) and has worked together with Azrini Wahidin to explore the needs of older prisoners (Aday and Wahidin 2005; Wahidin and Aday 2011) and older female prisoners (Wahidin and Aday 2012). The work of Elaine Crawley and Richard Sparks contribute significantly to the literature on how older males 'survive' the prison experience (Crawley and Sparks 2005). The authors identify aspects of life in prison that hinder surviving and discuss poor physical and mental health, inappropriate prison

regimes, and limitations on the powers of prison staff. The work of Natalie Mann (2006; 2011; 2012a; 2012b) focusses on older prisoners in England and Wales, exploring their experiences of ageing within the prison environment. Although Mann (2012) included older males from three differing prison environments or regimes, she made no comparison between the prison types, thus providing an opportunity for this thesis to fill the research gap

In the Prison Reform Trust's (2010) publication *Doing Time: Good Practice with older prisoner*, authors Cooney and Braggins recommend that the prison service offer more appropriate accommodation that improves the QoL of older prisoners. However, to date no literature explores the current standard of life for the older prison population nor improvements; offering an additional gap in the literature this thesis will aim to fill.

Literature indicates that the older prison population are imprisoned across all types of prison regimes including, high security, training and open institutions (Marshall, Simpson and Stevens 2000), while within each regime, older prisoners require increased medical care, healthcare, and social care support (World Health Organisation 2005). With external escorted visits to outside hospitals and the costs of palliative care, detaining an older prisoner costs up to three times more than a younger prisoner (Dubler 1988). Based on the financial figures obtained from Ministry of Justice (MoJ) (2014) table 1.1 illustrates the estimated cost of an older prisoner across three types of prison regime in comparison to their younger counterparts.



TABLE 1.1: A COMPARISON OF THE ESTIMATED COST OF A YOUNGER TO OLDER PRISONER PER YEAR ACROSS THREE PRISON REGIMES

Prison Regime	Cost of Non-Older Prisoner Per Year (2013-2014)	Estimated Cost of Older Prisoner Per Year
High Secure	£59,484	£178,452
Training	£30,196 – £33,356	£90,588 – £100,068
Open	£26,069	£78,207

This table signifies higher security regimes such as the high security and training prison estates that require additional security elements, results in an increased cost of housing an older prisoner. Table 1.1 displays a difference of £100,245 between detaining an older prisoner in a high security and open prison regime and £78,384 between the maximum costs of an older prisoner in the training regime compared to a high security regime. The age associated needs of the older prison population place pressure on the current prison service and increase, by three times, the cost of detaining an older person in prison. Indeed, in the higher security regimes, this cost can exceed £178,000.

These calculations highlight the estimated savings that the MoJ could make from, where feasible, housing an older prisoner in a lower security prison regime. Indeed, it is from these calculations that one of the main political drivers for this thesis emerges. While the recent House of Commons Justice Committee (2013) suggests it would be beneficial to identify which type of prison regime is most suited for older prisoners, we currently know very little about older prisoners across all prison types. This research responds to

such urgency and explores which prison regime is the most appropriate for an older prison population by examining older prisoners' satisfaction with QoL and wellbeing.

Throughout the life of this PhD (2011-2015), the recognition of older prisoners began to emerge into the public domain. In January 2012, BBC Radio 4 presented a documentary by producers Bloomstein and Jacobs (2012) on older prisoners who were *Dying Inside*. In British radio or television history, this was the first ever-broadcast programme on older prisoners' experiences, indicating an increased political and social awareness of older prisoners. However, there is limited knowledge on the impact of being older within prison, particularly how older prisoners perceive their experience (Phillips 2006).

More recently, the Justice Select Committee (House of Commons Justice Committee (2013) reviewed the Ministry of Justice's (MOJ) current policy on older prisoners and identified that the prison service neglects the needs of older prisoners, which often results in the population feeling invisible and experiencing unnecessary discomfort within a secure prison environment. However, literature is yet to explore the impact this has on their QoL and wellbeing generally and across different levels of prison regime security.

The older prison population remain at the bottom of any political or social priority list (Tarbuck 2001; Cooney and Braggins 2010) and any political change is usually reactionary (Phillips 2006). Yet, the valuable pieces of work conducted by Aday, Cooney and Braggins, Mann, and Wahidin evidence the number of barriers faced by the older prison population in the current prison system and are proof that research has begun to explore the methods of coping adopted by offenders when serving their sentence in older age. However, there remain unanswered questions regarding satisfaction with QoL and wellbeing amongst older prisoners, as well as which type of

prison regime promotes satisfaction for the older prison population. Indeed, research is yet to explore older prisoners' perceptions of satisfaction with QoL and wellbeing.

### **1.3 Research Aim**

The primary aim of this thesis is to discern whether older male prisoners are satisfied with their QoL and wellbeing and identify the most appropriate prison regime for an older prison population. The thesis is timely as it will make an original contribution to knowledge at a time when older prisoners are receiving increasing political attention due to the growing population, welfare needs, and associated healthcare costs (House of Commons Justice Committee 2013). The findings of this thesis may provide a valuable opportunity to encourage reform to the current prison service and formulate recommendations for policy reform. In order to achieve this aim, five research questions I ask throughout the thesis:

1. How can older male prisoners' satisfaction with QoL and wellbeing be measured across all three prison regimes?
2. What is the current level of satisfaction with QoL and wellbeing of older prisoners, as assessed by the MANSA and ONS subjective wellbeing scales across all three prison regimes?
3. Does male prisoners' satisfaction with QoL and wellbeing differ across three prison regimes?
4. What aspects of the prison regime achieve and reduce satisfaction with QoL and wellbeing for older prisoners across all three prison regimes?
5. Can older male prisoners' satisfaction with QoL and wellbeing be improved across all three prison regimes?

## 1.4 Original Contribution

This thesis provides a number of contributions to the field of older prisoners. As a whole, this thesis is the first piece of research to explore older prisoners' satisfaction with QoL and wellbeing, offering an in-depth and the most recent insight into the experience of being older in prison across three prison regimes.

Throughout the thesis, I make four original contributions and summarise them as follows:

1. Humanity and humane actions feature daily across prison regimes. Older prisoners show acts of benevolence, compassion, and human kindness towards their younger and older peers. Prison staff also display these acts towards the older prison population. This rejects previous assumptions that prison life in older age is fundamentally oppressive and challenges negative views that imply older prisoners are not valued or respected by other prisoners, prison staff, and the prison service.
2. The theoretical framework provides a clear context to explore a complex phenomenon in an under researched population and offers an original and unique aspect of the thesis. This is the first theoretical framework to combine the philosophies of Kropotkin, the notion of flourishing, and the satisfaction model, and provides an original approach to exploring older prisoners' satisfaction with QoL and wellbeing. The framework encourages achievement and successful functioning in older age and challenges oppressive prison practice.

3. This is the first research study to have explored satisfaction with QoL and wellbeing for an older prison population via a mixed methods approach. Indeed, the study contributes to the topical literature on older prisoners and methodological literature on mixed methodology.
4. The thesis' findings resonates with previous work on older prisoners and highlights a consistency of findings. This contributes towards, and strengthens, the existing body of literature on older prisoners, emphasising older prisoners needs remain unchanged over time and are still unmet. The use of mixed methods to understand how older prisoners experience such needs further contributes to the body of literature and offers a distinctive element.

Collectively, these contributions offer a thorough understanding of older prisoners' satisfaction with QoL and wellbeing. This thesis can be utilised to inform both the academic literature on, older prisoners, mixed methodology, and the satisfaction and QoL literature. This work can also offer prison policy makers the opportunity to re-evaluate their current approach to the older prison population in an effort to ensure older prisoners are placed in the most age appropriate and cost-effective regime, in turn, ensuring older prisoners serve their sentence in a prison environment that is humane and views older age in a positive manner.

## **1.5 The Structure of the Thesis**

This initial chapter provides an overview of the thesis, including its rationale and its overall aim. Chapter 2 presents the theoretical contributions of the thesis and discusses the philosophical principles of Kropotkin and prison reform adopted for the research.

This chapter also discusses the notion of flourishing and the values of promoting a positive and fulfilling life during older age, and the importance of measuring objective and subjective elements of QoL and wellbeing through the satisfaction model. This chapter also provides an illustration of the theoretical framework developed for this thesis.

Chapter 3 presents the literature review of the thesis and explores academic, grey, and other literature relevant to the thesis. This includes a critical review of satisfaction with QoL and wellbeing in the general population as well as older prisoners. The challenges in defining satisfaction, QoL and wellbeing are discussed and the current methods of measuring satisfaction with QoL. This chapter also provides a breakdown of the current literature on the older prison population and discusses the extent to which aspects of prison life in older age effects older prisoners' satisfaction with QoL and wellbeing.

Chapter 4 presents the research methodology and provides the philosophical assumptions of pragmatism adopted for this research study. This chapter provides the justification for the use of a mixed methodology and illustrates the research design and phases of study, including the sampling strategy. This chapter also discusses the two methods of data collection and analysis.

Chapter 5 assesses the ethical considerations of this thesis and pays particular attention to the importance of ethical values of principles when recruiting prisoners as participants. I provide a short historical context of prison ethics and discuss the process of applying for ethical approval. I consider the ethical concerns of to this research study and the potential methods of overcoming these issues.

Chapter 6 presents the quantitative findings from the first phase of the research study, including the amalgamation of two surveys for every person aged 50 and over at each

participating prison site. Descriptive and inferential statistics analyse both survey tools, and the results for all three prisons presented. The results of satisfaction with QoL are broken down into numerous life domains, while the most influential life domain for older prisoners identified. In addition, this chapter makes the case for an open prison being the most suitable prison regime for an older prisoner population.

Chapter 7 presents the qualitative findings from the second stage of the research study, as well as the findings from thematic analysis of all interviews conducted with both older prisoners and prison staff. The analysis presents three main themes, humanity, identity, and constraints. These three themes are then broken down further and the sub-themes discussed. This chapter concludes with critical discussion of the qualitative findings.

The final chapter, Chapter 8, discusses the contribution of the thesis to knowledge surrounding older male prisoners' satisfaction with QoL and wellbeing, as well as the limitations of the thesis. Recommendations for practice, policy, and future research are discussed.

## Chapter 2

### Theoretical Context

*“The main things to be studied – the key factors, concepts or variables - and the presumed relationship among them”* (Miles and Huberman 1995, p. 18).

#### 2.1 Introduction

Literature highlights that research can be at the mercy of the researcher’s own underlying assumptions, beliefs or approaches, influencing research findings and interpretations (Ravitch and Riggan 2011). Robson (2011) argues that providing a theoretical context is a crucial part of the research design as it provides a *“an argument about why the topic one wishes to study matters, and why the means proposed to study it are appropriate and rigorous”* (Ravitch and Riggan 2011, p. 13). Chapter 1 of this thesis illustrates that current literature fails to explore the QoL and wellbeing of older prisoners, and presents the rationale and research aim to fill this gap. This second chapter builds on the rationale for the research and presents a theoretical discussion that conceptualises how I chose to approach the main areas of focus within this thesis.

The philosophical and theoretical influences of Kropotkin, the notion of flourishing, and Lehman’s model of life satisfaction help to shape my understanding of older male prisoners’ satisfaction with their QoL and wellbeing. This chapter defends the approach I have chosen to study this topic and I present a textual and visual illustration of the main concepts of study.



## 2.2 The Philosophies of Kropotkin

In order to understand prison reform and the ability to make change, I adopt the philosophies of an overlooked philosopher in academia and research to underpin the thesis, Peter Kropotkin. I embrace Kropotkin's assumptions of humanity and drive for prison reform in order to create a more humane environment for inmates (Riessman 1965; Dwyer and Maruna 2011). Providing an in-depth analysis of Kropotkin's work is beyond the remit of this thesis, but I will put forth a summary of Kropotkin's philosophies that help to shape the theoretical context of the thesis.

A prominent Russian philosopher and anarchist, Peter Kropotkin (1842-1921) adopted an anarchist identity because of his own poor experiences and treatment during incarceration. Kropotkin fought against the authoritarian states that enforced power and control over others, reducing their liberty and resulted in him striving to improve environments that oppressed and reduced individual power (Howell 2015). Kropotkin put this drive into practice and helped to liberate oppressed Russians, ridding them of their seemingly hopeless future so that they could live satisfactory lives (Kropotkin 1906).

Kropotkin focussed on the importance of individuals maintaining the human spirit in oppressive environments and conceptualised his thoughts on human nature and society in his monologue, *Mutual Aid* (Kropotkin 1989). Kropotkin (2009) fought for his belief that all individuals have the ability to demonstrate humanity through compassion and kindness and this increases their feelings of life satisfaction. Kropotkin criticised societies that oppressed individuals and failed to offer opportunities for "meaningful development" (Shone 2000, p. 193). He believed that in order to regain power and achieve a sense of freedom, one must take responsibility for one's own life, show

cooperation, and be compassionate to others, ensuring the wellbeing of the human race (Tifft and Stevenson 1985). During discussion regarding Kropotkin's work, Hayward, Maruna and Mooney (2010) assessed *mutual aid* as support and teamwork between individuals, rejecting competition and working together to achieve satisfaction with life.

The term *mutual aid* is a common expression in contemporary work on desistance and ceasing from crime, and indeed, the term has been quoted within the MoJ document *Transforming Rehabilitation* as a method of encouraging desistance by encouraging the offender and prison service to work together as equal parties (Ministry of Justice 2013b). Conversely, Hayward, Maruna and Mooney (2010) suggest that *mutual aid* is often oppressed within the prison environment and social hierarchies exist that render prisoners helpless and allows the prison service to take absolute control of prisoners' lives. Such feelings of subjection can reduce ones general feelings of QoL and wellbeing. A reform of the prison environment that encourages cooperation would allow inmates to 'flourish' (*ibid* p. 34), contributing to the desistance of crime once an offender is released and during their prison sentence.

Kropotkin (1906) argued that prison generally fails to create and release moral individuals. He condemned prison's failings to produce moral citizens and argued that "*once a man has been in prison, he will return*" (Baldwin 2002, p. 220) and return having committed a more serious offence than the first. Consequently, he demonstrated strong views on prison reform and campaigned to create a more humanitarian prison environment for all, encouraging a civilised prison regime that prevents oppression and does not strip the person of his or her humane qualities (Kropotkin 1906; Baldwin 2002).

Due to the oppressive practice experienced in custodial environments, Kropotkin called for all prisons to be demolished. Although such dramatic views are highly unlikely to occur, the prison system has shown improvement by introducing The Prison Act 1898, The Prevention of Crime Act 1908 and The Criminal Justice Act 1948, evidencing its switch in attention from security to the welfare and wellbeing of prisoner. Yet, to date, there remains no political strategy that focuses on the welfare needs of older prisoners (House of Commons Justice Committee 2013).

By underpinning the thesis with the philosophies of Kropotkin, his views of humanity adopt a perception of people that promotes the positive attributes of the human spirit, such as compassion, cooperation, and concern of the welfare and wellbeing of others. In addition, Kropotkin's philosophies are highly critical of environments that oppress the human spirit and exert power and control to the helpless. Kropotkin's philosophies that focus on the mutual support humans offer to one another, the focus on prisoner welfare, and the importance of prisoners seeking power in powerless situations, allows me to view prisoners as a population that can embody and promote humanity. Kropotkin's philosophies illustrate the importance of reforming prison environments that oppress its inmates and the need to challenge the prison service's provision of older prisoners. Furthermore, his intention to emancipate Russians to ensure they live their remaining lives well resonates with the older prison population and the aim of this thesis.

## **2.3 The Notion of Flourishing**

Kropotkin's philosophies are critical of oppressive environments and favourable of nurturing the human spirit and led me to adopt the notion of flourishing as another

influential concept of the thesis. Work by Criminologist, Alison Liebling, embraces these notions of hope and development, maximising human potential in a restricted and controlled prison environment. Liebling discusses the notion that people can *flourish* within prison and achieve portions of their human potential during incarceration (Liebling 2012). Although Liebling explores this notion with the general prison population, however she is yet to apply it to an older prison population only. Therefore, my desire was to apply this concept to the thesis.

This section discusses the development of the notion of flourishing generally, and in reference to a prison environment. It also presents its contribution to the development of the thesis's conceptual framework.

### ***2.3.1 Wider Context: The Notion of Flourishing***

The notion of a *good life* has been present since 400 BC in Ancient Greece (Ryan and Deci 2001). Greek philosopher, Aristippus, believed in the importance of seeking as much pleasure as possible during one's life to achieve the greatest level of happiness (Gilhooly, Gilhooly and Bowling 2005). Soon after World War II ended in 1945, a concept known as the 'good life' developed into the notion of QoL and served as an expression with which to describe the materialistic nature of Western societies (Farquhar 1995; Carr, Thompson and Ktrwan 1996). The 1960s saw changes to the definition of QoL and the concept became more focussed on life fulfilment achieved from simple pleasures such as contact with family, personal and political freedoms, and leisure activities, detaching itself from the ownership of possessions and materialistic items (Farquhar 1995). These ruminations contributed to the beginnings of the notion of flourishing as a way to describe a good QoL.

Flourishing is a term that encapsulates a successful experience of life (Huppert and So 2013) and is often defined by positive functioning that achieves a good standard of mental health, wellbeing, and social gratification (Keyes 2002; Seligman 2011). Literature states when humans successfully function through life, they achieve a sense of *satisfaction* and these feelings of contentment indicate that an individual is flourishing (Fredrickson and Losada 2007). Keyes (2002, p. 262) provide a more detailed definition and describe people who flourish as “*individuals who have enthusiasm for life and are actively and productively engaged with others and in social institutions*”. Michalec et al. (2009, p. 391) develops this and suggests that flourishing is “*to thrive, prosper and fair well [...] [and] function positively in private and social realms*”. Both definitions touch on aspects of life such as, engaging with others, having successful relationships, and positive functioning (Raz 2003). Furthermore, a number of studies state the notion of flourishing is significant in its contribution to improving positive behaviour, mental and physical health, increased life expectancy and resilience in the face of adversity (Fredrickson and Losada 2005; Dolan et al., 2008; Diener et al., 2010).

Studies suggest that one can achieve satisfaction with QoL by living a flourishing existence (Donovan et al., 2003; Friedli and Parsonage 2007; Friedli 2009). Indeed, scholars suggest a number of ways in which a flourishing life is achievable. Arneson (1999) theorises that leading a life that benefits the self and others, results in a great deal of satisfaction, whilst Keyes (2002) contends that an individual positively functioning within their environment maintains high wellbeing.

The notion of human flourishing has risen to prominence across research disciplines, including business, philosophy and the social sciences (Yen 2010; Davis and Brotherton

2013). Research continues to call upon the government to encourage flourishing lives in society (Shah and Marks 2004). With an increased boost in research exploring wellbeing and satisfaction (Ruyter 2004; Layard 2007), studies on flourishing appear to offer an alternative to ‘happiness’, capturing a deeper notion of human contentment (Brighthouse 2000).

Traditional notions of happiness tend to suggest that happiness is a straightforward and idealistic concept whereby people are either happy or unhappy (Seligman 2012). Martin Seligman (2008; 2012), a prominent author within the field of human flourishing, discusses the flaws of ‘happiness’. His recent research urges academics and the general population to discard the notion and phrase of ‘happiness’ and adopt the notion of *flourishing* as it provides a more appropriate term to define such multifaceted experiences and feelings of contentment and discontentment (Seligman 2012). The notion of flourishing indicates that one can achieve contentment and successfully *flourish* without being *happy* per se, highlighting the dynamic nature of the concept. The notion embraces the innate humane aspects and explores the virtuous nature of human behaviour in *all* people (Younkins 2008; Bunkers 2010) including the prison population.

### ***2.3.2 Flourish in a Prison Environment***

Criminologist Alison Liebling’s interest in flourishing has led her to believe that whilst nurturing favourable aspects of an individual in a prison “*is not common*”, it is nonetheless “*possible*” (Liebling 2012, p. 1). Park, Peterson and Seligman (2004) are in agreement with this and state that individuals have the ability to flourish at any time and in any environment.

Pro-social or ‘flourishing’ behaviours are beneficial to prisoners, with many suggesting they create a different image to the stereotypical prisoner that regularly represents the *mad, bad or evil* offender (Morgan et al., 2010). The concept of flourishing has links to desistance (Burnett 1992, 2004; Farrall 2002), as it encourages individuals in prison to morally change, thus reducing their bond to offending behaviour and reducing costs to the prison service (Laub and Sampson 2003; Farrall and Calverley 2006; Veysey et al., 2009). Desistance incorporates both individual (Maruna 2001) and social processes (Laub and Sampson 2001) emphasising the role that the prison service plays in encouraging this process.

Recent developments within the literature focus on ‘positive criminology’ and its ethos of encouraging constructive experiences for offenders within the criminal justice system (CJS) (Elisha et al., 2011; Ronel 2011). Literature highlights close links to desistance, particularly within enabling prison environments that enhance optimism and moral development (Cherry 2005; Ronel et al., 2013). The ethos behind positive criminology encourages meaningful experiences within a prison setting and supports those in prisons to develop “*pro-social behaviour, social acceptance and human kindness*” (Ronel et al., 2013, p. 2). These behaviours are encouraged through formal interventions and are observed and learnt through daily exposure to affirmative behaviours by fellow prison peers and prison staff (Helliwell 2011). Thus, it is argued that these actions and reinforcements allow individuals in prison to socially grow or *flourish* (Ronel 2000).

Of particular note at this point is the Good Lives Model (GLM) which is a globally successful treatment program implemented within prisons (Ward and Stewart 2003; Ward and Gannon 2006). This strength-based approach takes its ethos from positive psychology and expands on the Risk, Need, and Responsivity (RNR) intervention, which has proved to be a successful approach when dealing with offenders during

imprisonment (Andrews and Bonta 2010). The GLM embraces similar notions to that of the notion of flourishing, as it encourages and aids humans to achieve and lead better lives (Ward and Gannon 2006). The theory behind the model dictates that experiencing fulfilling and satisfactory aspects of life such as, successful social relationships, meaningful work, and leisure activities, results in offenders reducing their reoffending behaviour or desisting from crime. McGrath et al. (2010) evidences that achieving these aspects of life results in a reduction in risk of reoffending and signals that individuals may be able to flourish within a prison environment.

### ***2.3.3 Flourish in Older age***

Literature is critical of residential environments for older people due to their unwillingness to encourage older people to age positively and lead a *flourishing* life by adopting a medical model to view ageing and being older (Bland 1999; Hubbard, Tester and Downs 2003). Literature argues that in order to achieve a social environment that supports an older person in reaching their human potential, ageing and being older are best understood via multiple perspectives to reject assumptions that older age is a barrier to achievements in later life (Edmonson and Von-Kondratowitz 2009).

In 2002, the World Health Organisation (WHO) launched their *Active Ageing* framework that promotes positive aspects of life during older age and supports the prevention of physical and mental ill health. The framework redirected the focus of ageing away from maintaining one's physical health to ensuring that older people were living meaningful, independent and satisfactory lives (Bowling and Illiffe 2011). Since then, a number of phrases have been adopted to describe *active ageing*, including 'successful ageing' (Rowe and Kahn 1998; Chou and Chi 2002) and 'positive ageing' (Cheung et al., 2002) and a wide array of studies explore positive experiences of ageing



and being older (Pinquart and Sörensen 2000; Woo 2000; Martin 2002; Kahana et al., 2003). The rate and severity of ageing varies from person to person and as a result of this heterogeneity, remains one of nature's least understood processes (Vina, Borras and Miquel 2007; Armstrong et al., 2014; Hur, Stork and Walker 2014; Walker 2014).

Most theories of ageing tend to begin with the notion of genetics and focus on the degenerative nature of cells as well as the effectiveness of organs (Chodzko-Zajko and Ringel 1987; Aitken and Rudolph 2012). Ageing and being older is usually recognised by physical aspects and the changes or loss in appearance associated with older age (e.g. change in hair colour, loss of skin elasticity and sensory decline which often leads to the need for visual and hearing aids) (Kuh et al., 2014). Such degeneration often results in the loss of eyesight, hearing and mobility, with many suggesting that it leads to reduced satisfaction with life (Higgs et al., 2003). Sociological theories often discuss what is lost in older age, including a decline in social activities and interaction with others in later life and a reduction in active lifestyles, such as loss of employment and a decline in social relationships (Powell 2001; Nimrod and Rotem 2012). As well as physical changes, ageing and being older can affect the cognitive ability of individuals and result in memory loss, confusion, and even a change in personality (Oberauer 2005; Aitken and Rudolph 2012).

Such negative theories of ageing fail to acknowledge the positive experiences of older people in life and/or can offer and overlook their potential (Bowling 2005). This results in past literature failing to explore the experience of being older once an individual has aged (Gullette 1997). However, contemporary research is beginning to move towards a new approach that explore ageing and being older. Most notably, research indicates that due to the freedom of previous constraints, such as work or raising young children, the later stages of life for a person can have flourishing aspects and be self-fulfilling and

gratifying (Higgs et al., 2009). An alternative body of literature views older age as an optimistic period of life that provides numerous opportunities for personal and psychological development and growth (Bowling 2007). Such positive elements of older age have shown to have strong links with satisfaction, QoL, and wellbeing during older age (Campbell et al., 1976; Atkinson 1979; Weissman et al., 1985; Bowling and Illiffe 2011). Many have also suggested that achieving positive psychological health in older age enables individuals to flourish and increases their feelings of life satisfaction (Ruthig, Trisko and Chipperfield 2014).

In summary, building on the philosophies of Kropotkin that are critical of oppressive environments such as prisons, the notion of flourishing offers a lens to understand how older prisoners may consider their lives to be successfully functioning in prison and in older age. This body of literature enabled me to gain an insight into what constitutes a good standard of QoL and wellbeing and the ability for humans to achieve this in both older age and within a prison environment.

## **2.4 Model of Life Satisfaction**

Previous research has all too often described the experience of living in a prison environment rather than evaluating its suitability for its varied number of inmates (Bottoms and McClintck 1973; Moos 1975; Genders and Player 1995). Studies that adopt an evaluative framework often assess the outcome of specific medical or psychiatric treatments for prisoners, and not the evaluation of specific prison regimes for specific prison populations (Liebling and Arnold 2004). Therefore, in order to determine whether achieving a good standard of life in older age and prison was satisfactory to the older prisoners, I required a model that captured individuals' evaluation of their life in a specific environment and adopted a life satisfaction model.

The life satisfaction model captured my interest after reading the following quote: *“Perspectives on what they have, how they are doing, and how they feel about their life circumstances”* (Lehman 1996, p. 78). As the quote demonstrates, the model of life satisfaction focuses on the perceptions and experiences of individuals to assess their satisfaction with QoL and wellbeing, embracing the views of those at study and treating them as the experts. This model seemed appropriate for a thesis that was embracing the philosophies of Kropotkin that reject social hierarchies and inequality.

In addition, Plagnol and Scott (2011) argue that we can only identify life domains that positively influence individuals QoL and wellbeing via exploring the individual’s perceptions and experiences. Munhall (2008) supports this viewpoint and the importance to include service users’ perceptions in research to access deeper understandings of a unique experience. Thus, I wished to use this approach to explore older prisoners’ satisfaction with QoL and wellbeing.

The life satisfaction model is the most commonly used framework within QoL and wellbeing research, often used by governments to measure progress and the success of communities and societies through self-reported levels of satisfaction (Frisch et al., 1992; Barry and Zissi 1997; Carr, Higginson and Robinson 2003; Rapley 2003; Huppert and So 2013). This form of outcome measure makes it possible to assess the effectiveness or the delivery of a service, and for its service users to score their level of satisfaction with the service (Felce and Perry 1995).

Rapley (2003) suggests that QoL provides an evaluation of a person’s lived experience in a social context and assesses the extent to which that environment encourages pro-social or flourishing behaviour. In addition, literature indicates that the satisfaction model can illustrate exactly which domains add quality to one’s life (Turkseven and

Atalik 2001; Erdogan et al., 2012) and which domains provide a source of contentment (Cummins 1998; Wu, Chen and Tsai 2009; Erdogan et al., 2012).

The satisfaction model's most notable utilisation is within Anthony Lehman's Quality of Life Interview (Lehman, Possidente and Hawker 1986; Lehman 1988). This model measures individual satisfaction with whole life and life domains, while also allowing the inclusion of both objective and subjective domains. This model is person centred and heavily focussed on the evaluation of current life conditions. Lehman (1988, p. 52) summarises the model as measuring "*the experience of general well-being as a product of personal characteristics, objective life conditions in various life domains, and satisfaction with life conditions in these various domains*".

The QoLI is one of the most appropriate measures to provide an overall view of life satisfaction as it provides a multidimensional view of QoL that combines a number of life domains (Dolan, Peasgood and White 2008). It also offers an insight into areas of life that could be improved (Levitt, Hogan and Bucosky 1990; Anderson, McNeil and Reddon 2002). Forgeard and others (2011) highly praise the satisfaction model for its multidimensional view, and Waldron (2010) attributes the success model to the subjective questions it asks. The model demands the respondents to judge their current life situation in comparison to the standard that they feel their life *should* be at (Andrews and Withey 1976; George 1979; Diener 1984). Research by Sen (1999) suggests that if individuals assess their current standard of life and are satisfied, then this permits individuals to *flourish*. The author argues that policies should adopt a similar mind-set and implement guidelines that encourage such flourishing lives.

The satisfaction model assesses QoL by measuring the extent to which needs are satisfied for each individual. Previous populations that have successfully adopted this

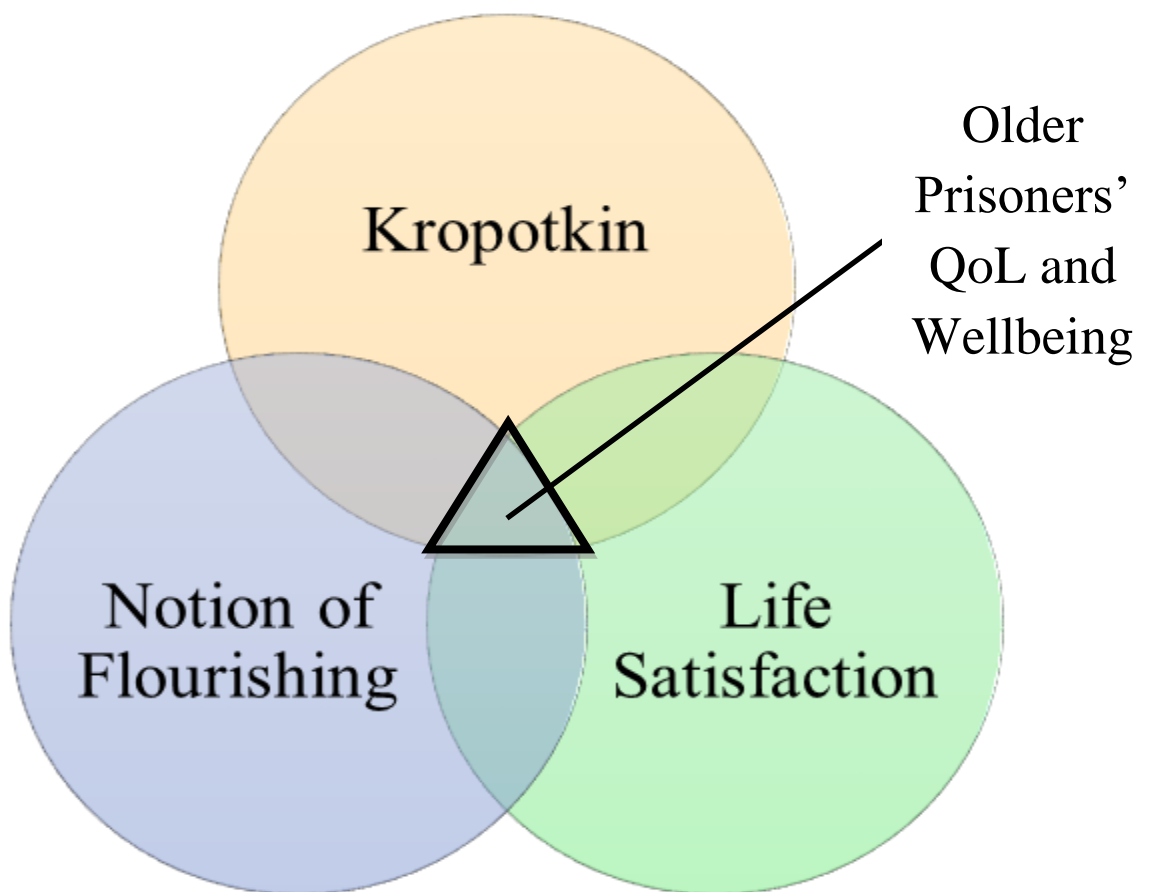
framework include adults with ill health (McKenna et al., 1999) and adults living with substance misuse (Hornquist 1982). Contemporary use of the satisfaction model often involves the assessment of university students' satisfaction levels at their corresponding institution (Gottfredson et al., 2008) and also assesses satisfaction amongst ill health populations (Lobana et al., 2002). Economists regularly adopt this model and implement it within social policy research (Donovan and Halpern 2002). Life satisfaction and wellbeing are also associated with higher job satisfaction (Jones 2006) and are an important concern for a number of companies to ensure that employers are happy and as a result perform to a higher standard (Cook and Crossman 2004). Despite systematic searches of the literature, the model is yet to be used in older adult prison populations, only in research with older populations (Hyde et al., 2003). This provides an original and unique element to this thesis' conceptual framework.

## **2.5 Chapter Summary**

In order to explore whether older male prisoners were satisfied with their QoL and wellbeing, I adopted the philosophies of Kropotkin, the notion of flourishing, and the model of life satisfaction to provide a unique conceptual framework for this thesis. By taking philosophical influences from Kropotkin, the framework embraces the ability to reform prison environments that oppress its inmates and view prisoners as a population that can embody and promote humanity, challenging the prison service's provision of prisoners. The notion of flourishing offers a lens to understand how older prisoners may consider their lives to be successfully functioning in prison and how this is achievable in both older age and within a prison environment. Finally, the model of life satisfaction pays attention to the perspectives of the older prisoners and embraces their voice and view. The conceptual framework provides an original approach to exploring older prisoners' satisfaction with QoL and wellbeing and views older prisoners as efficient

contributors to the prison regime that other conceptual frameworks do not provide. Figure 2.1 provides a visual illustration to show how the three concepts interact in order to explore older prisoners' satisfaction with QoL and wellbeing.

FIGURE 2.1 THE CONCEPTUAL FRAMEWORK



## Chapter 3

### Literature Review

#### 3.1 Introduction

Within this literature chapter, I set out to paint the current picture of older prisoners and their current satisfaction with QoL and wellbeing. I achieve this through a review of the academic, grey, and other literature and include discussions of satisfaction with QoL and wellbeing in older age and older prisoners, which guides me to formulate my research questions.

This literature review makes four contributions to the thesis and development of the research question. Firstly, I identify that life satisfaction amongst older prisoners receives little attention in the academic literature. Secondly, I point out how prison regimes and aspects of prison life reduce life satisfaction amongst older prisoners, particularly if the regime implements high security procedures and neglects to manage the needs of older prisoners. Thirdly, no academic research empirically studies the impact of the prison regime on the satisfaction levels of older prisoners. Finally, QoL and wellbeing are effective methods with which to measure the satisfaction of the older prison population.

#### 3.2 Satisfaction with QoL and Wellbeing

*“Quality of life is the individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns” (Harper and Power 1998, p. 551)*

Aristotle (384-322 B.C.) remains influential in contemporary studies of human happiness, wellbeing, and contentment (Bok 2010; Liu 2012; Parry 2012). Aristotelian philosophy focusses on *eudaimonia* and the human purpose within life, encouraging the notion of a good life through feelings of purposefulness within life activities (Ackrill 1987). Eudaimonia is widely interpreted by Grisp (2004, p. 206) as “*whatever makes a human life good for the person living it*” while the term *flourishing* is used as a contemporary interpretation of Aristotle’s notion of *eudaimonia* (Ross 1923). Contemporary academics indicate that Aristotle’s concept of happiness to be the most important ambition in an individual’s life and humans constantly strive to achieve contentment in life (Diener, Sapyta and Suh 1998; Erdogan et al., 2012).

Research on QoL, wellbeing, and satisfaction is now fully cemented within the social sciences and an abundance of literature focusses on achieving the healthiest societies through high levels of wellbeing and life satisfaction (Ferris 2006; Maditinos, Papadopoulos and Prats 2014). In the UK, public policy illustrates a strong desire to evaluate the public’s sense of happiness, satisfaction, and wellbeing (Dolan and Peasgood 2008) and aims to improve areas of societal life that reduces these concepts (Walker 2005). Authors such as Walker (2005) suggest there are many constraints on policy and government initiatives to improve QoL, and that these constraints limit the level of impact such policies have on QoL. However, other academics argue that government policies can have a positive impact on British citizens’ QoL and therefore should embrace this social responsibility to improve QoL for all (Gilhooly, Gilhooly and Bowling 2005).



### 3.2.1 Defining Satisfaction, QoL and Wellbeing

The concepts of QoL and wellbeing are ambiguous and the lack of a clear definition is the subject of much debate and discussion within the academic literature (Farquhar 1995; Felce and Perry 1995; Langlois and Anderson 2002; Brown, Bowling and Flynn 2004). Frustrated with the ambiguity of the concept, authors Felce and Perry (1995, p. 52) stated “*there [are] as many definitions of QoL as there are people*”.

Historically, the terms QoL and wellbeing independent from each other. Wellbeing refers to positive aspects of life that can be generalised to the population, and QoL referring to subjective qualities that are individual to a person (Linley et al., 2009). Contemporary research uses both terms simultaneously and contributes to the difficulties in identifying a clear definition (Galloway 2005). One explanation for the lack of consensus to identify a uniformed definition is the subjective nature of the concepts and the multiple interpretations that one can conclude from them (Theofilou 2013). Cummins (1997) warned that the failure to provide a single definition of QoL or wellbeing might result in researchers interpreting the terms to suit their own research motivations, thus biasing the research findings.

The World Health Organisation’s (WHO, 1997, p. 1) definition of QoL is the most commonly used, yet does not provide much clarity to the complexity of the topic:

Individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence,

social relationships, personal beliefs and their relationship to salient features of their environment.

Although ambiguous, this definition introduces the notion of satisfaction with life to be explored from a quality (high standard of life) rather than a quantity (additional years) perspective. It also explores the positive and negative aspects of life and suggests satisfaction is internally experienced but not externally defined (Farquhar 1995; Smith 2000).

Literature highlights the limitation of ambiguous QoL definitions that do not clearly distinguish between QoL and life satisfaction (Felce and Perry 1995). Veenhoven (2001, p. 10) is one of the few academic that acknowledges the differences between the two concepts and defines satisfaction with life as the “*degree to which an individual judges the overall quality of his life favourably*”. Other academics apply a similar notion within QoL research and refer to satisfaction as the extent to which a person is content with particular life domains that contribute to a good QoL (Terhurne 1973; Emerson 1985; Maditinos, Papadopoulos and Prats 2014).

Although satisfaction with life and QoL remain separate notions, they are closely related, and their similarities have been utilised in various research studies to explore general QoL (Campbell, Converse and Rogers 1976; Diener 1984). The similarities of the notions results in satisfaction being regularly confused with happiness. Recent literature illustrates the inaccuracy of this association and criticises the simplicity of the notion of happiness as it suggests a person is either happy or unhappy and nothing in-between (Michalos 2004).

Accurate descriptions of contentment utilise satisfaction and describe it as an evaluation of the person’s overall life that a) assess aspects of life such as overall material wealth,

overall health, overall residence, and happiness, and b) considers the extent to which they are pleased with separate aspects of life (George and Bearon 1980; Michalos and Zumbo 1999, 2000). In order to assess one's satisfaction, individuals make judgments on how they feel their life could have been, or evaluate their life in comparison to other people's lives (Felce and Perry 1995). Thus, life satisfaction is an evaluation of what is achievable for that individual in their current situation and if it is equal to someone similar.

Felce and Perry (1995) highlight the importance of including both subjective and objective elements within a definition to capture both micro and macro elements of life (Rosenberg 1992). Macro levels contain objective societal views that can compare with other groups and include level of income, accommodation, and the general environment in which one lives. Micro levels are more subjective and focus on the individuals' own experiences, circumstances and personal values, evaluating their QoL in comparison to how they expect their QoL to be (Brown, Bowling and Flynn 2004).

### **3.2.2 Measuring Satisfaction with QoL and Wellbeing**

The measurement of satisfaction with QoL and wellbeing is growing in popularity within research, with academics tending to adopt one of two elements to measure satisfaction, namely the objective or subjective approach (Ryan and Deci 2001; Michalos and Zumbo 2002; Sirgy 2002; van Praag and Ferrer-I-Carbonell 2004). Literature distinguishes between the two and describes objective measures as the distinct occurrences in a person's life. These are basic needs that allow a person to flourish, such as food, safety, and rest (Sen 1999). Subjective aspects measure whether a person's judgment of food, safety and rest are perceived positively or negatively and

provide a deeper exploration of aspects of life and the person's judgement of the extent to which they are happy with their life occurrence (Gasper 2007; Eid and Larson 2008).

Objective factors are an essential part of measuring satisfaction as they can provide an insight into which, if any, life domains are present in a person's life and can be useful to create a picture of a person's current life. For example, an individual may have friends and family, but they may not receive regular visits from their loved ones. The main critique of objective factors is that they do not explore the extent to which life domains are important to an individual nor the extent to which they influence QoL (Smith and Clay 2010). Consequently, objective measures can be misleading and indicate that a person may have many friends, assuming they are satisfied with their life because of their large social network, but loses the subjective description that enhances the interpretation.

Social science literature debates whether objective or subjective factors are the most appropriate to measure satisfaction (Solomon, Mikulincet and Hobfoll 1987). Easterlin (2001) supports combining both objective and subjective approaches in order to allow comparisons. Studies that successfully combine both objective and subjective measures include exploring stress in ex-combatants (Solomon, Mikulincet and Hobfoll 1987), the British Household Panel Survey (BHPS) (Peasgood 2008), and satisfaction with care in treatment in medical and health populations (Leone, Moja and Vegni 2013). The inclusion of objective and subjective life domains accurately assess a patient or service user's satisfaction with the care or treatment that they receive and is deemed to be a reliable outcome measure.

### 3.2.3 Satisfaction and QoL and Wellbeing in Older Age

With an ever-increasing ageing population, research has begun to focus on successful ageing to ensure that older people experience a positive QoL and wellbeing in older age, thus increasing their satisfaction with life (Bowling 1993; Hayflick 2001). Ageing successfully in later years is the result of a variety of factors including “*health, wellbeing, lifespan and a complex mix of biological, environmental, socioeconomic and cultural factors throughout life*” (Medical Research Council 2010, p. 4). The array of factors emphasise the challenge of ensuring the older population achieve high levels of satisfaction in later life and the mental and emotional impact of growing older are considered (Phillips 2006).

As a way to monitor the QoL of older people in the general population, charities such as Age UK regularly produce reports to provide the current picture of the QoL of older people (Age UK 2015). In 2011, AGE UK distributed a survey exploring *Later Life in the United Kingdom* to all older people in the community. The survey highlights 82 percent of older people are mostly content with their lives on a day-to-day basis, however, 11 percent of older people describe their QoL as ‘very poor’. Age UK (2015) explain this finding by the negative affect of poor physical health, poor mobility, poor nutrition, anxiety, and fatigue have on their overall QoL. This is supported by a number of pieces of research in academia which find older people report a poor QoL if they experience a wide array of age related needs (Poon et al., 2010; Brown and Barrett 2011; Mathew et al., 2011).

A number of studies identify positive mental health, physical health, positive relationships with others, financial security, opportunity to participate in leisure

activities, and opportunity to live independently increase older populations' satisfaction with life (Vaillant 2002; Bowling et al., 2003; Gabriel and Bowling 2004; Bowling 2005). The studies identify that satisfaction levels are closely associated with basic needs found in Maslow's (1943) hierarchy of needs (Zalenski and Raspa 2006). Recent research builds on these needs and find positive health, longer life expectancy, healthier sleep patterns, and reduced fatigue, increase satisfaction with life and wellbeing during older age (Chida and Steptoe 2008; Haar and Roche 2010).

Research shows that satisfaction with QoL does not necessarily decrease as a person ages and a good QoL is achievable in later years (Bearon 1989). Literature illustrates that older people are satisfied if they live a life that is purposeful and meaningful (Bowling 2013). However, the degenerative nature of older age and age inappropriate living environments, such as prisons, can make a meaningful life difficult to attain (Brown, Bowling and Flynn 2004). To date, the QoL and wellbeing of older people within a prison environment is yet to be empirically explored.

### **3.2.4 Summary**

This brief overview of satisfaction, QoL and wellbeing provides the historical context of satisfaction and the promotion of a good life that enables a person to *flourish*. The difficulty in pinpointing an exact definition of QoL and wellbeing remains one of the challenges of conducting research in this area. However, distinguishing between satisfaction, QoL, and wellbeing allows for a more comprehensive understanding of what is under study; the aspects of life that make a good quality of life, or the extent to which one is satisfied with his or her QoL and wellbeing. This thesis adopts the latter.

The literature highlights the importance of including both objective and subjective elements of QoL to a) provide a full picture of satisfaction and b) to allow for comparisons with other groups of people; the latter is important aspect of this thesis, and makes it possible to compare regimes. QoL and wellbeing in older age proves to be a complex phenomenon that comprises both the achievement of basic needs, whilst also ensuring later life is purposeful, meaningful, and achieved within an age appropriate environment. This background provides the foundations for the exploration of satisfaction with QoL and wellbeing in older people within a prison environment.

### **3.3 Satisfaction with QoL and Wellbeing in Older Prisoners**

Philosopher Jeremy Bentham (1748-1832) significantly contributes to works within the CJS and is particularly influential in the reform of prison policies. Bentham explores how to measure the positive and negative impact of policies and political decisions on the quality of peoples' lives, naming this *felicific calculus*. Bentham's *felicific calculus* is one of the first theories to measure the extent to which social environments impact on a person's level of pain and pleasure and is the foundation for studies on QoL and wellbeing (Michalos 2006).

There is a notable shortage of research exploring satisfaction with QoL and wellbeing in prison and the reasons for this are still unclear (Håkon Bjørngaard, Rustad, and Kjelsberg 2009; Carcedo et al., 2015). Measuring the satisfaction levels of hospital patients, school pupils, and victims of crime is a regular occurrence, yet prisoners is not (Crow et al., 2002; Office of National Statistics 2015), suggesting the satisfaction levels of prisoners is not a worthwhile research endeavour or that life in prison affords little satisfaction.

The concept of satisfaction is explored in prison research within topics that include: heterosexual relationships with partners on the outside whilst serving a prison sentence (Carcedo et al., 2012); the healthcare and hygiene services in prison (Marshman, Baker and Robinson 2014); inmates diagnosed with ADHD and QoL (Westmoreland et al., 2010); and inmates' satisfaction with healthcare (Ross, Liebling and Tait 2011). Other studies which employ a satisfaction model are those which explore the satisfaction levels of prison workers, job satisfaction amongst prison staff (Blau, Light and Chamlin 1986; Avdija and Roy 2013), and satisfaction amongst prison volunteers (Tewksbury and Dabney 2004). However, satisfaction research is yet to focus on the older prison population.

Gillespie and Galliher (1972) are the first academics to study older male prisoners exploring their definitions of ageing in prison. The older prison population identify a number of positive aspects of life in prison, including receiving regular meals, having a comfortable sleeping environment, and free 'gym membership'. Prisoners also discuss how prison prevents them from engaging in criminal activity and alcohol and drug use, reducing their exposure to daily stressors in the outside world. Indeed, these inmates provide a positive overall picture of prison life during older age, yet they also exhibit great concern that prison had aged them and were angry at the prison system for not providing age appropriate support.

Over three decades later from Gillespie and Galliher (1972) study, the same issues that older prisoners highlighted feature in the HM Chief Inspectorate of Prisons report *No problems: old and quiet* (2004), evidences that older prisoners still receive age inappropriate care. The report identifies that although *some* prison estates manage the needs of the older prison population effectively, the majority fail to provide appropriate health support, daily activities, and resettlement for their older prison population. Four



years later, a follow-up study found the prison service made only minimal changes and the needs of older prisoners remained unmet (HM Chief Inspectorate of Prisons 2008). The HM Chief Inspectorate of Prisons (2008) concluded that if England wished to achieve a humane and decent society that prides itself on Human Rights and Equality legislations, the care provided to the older generations should reflect this, regardless of their current place of residence.

Following guidance from Hart (2001), the following sections critically discuss academic, grey, and other literature at the heart of the debate of old age in prison. Literature evidences the main themes that contribute to the satisfaction levels of older prisoners include: the rise of older prisoner; the challenges in defining 'older'; the types of older prisoner; the management of older prisoners; the prison regime; purposeful activities; mental health, physical health; social care needs; end of life and palliative care; the stigma of older age and offender labels; and relationships with others. The critical discussion of these areas identifies limitations of previous studies and contributes to the development of the thesis' research questions.

### **3.3.1 The Rise of Older Prisoners**

Older prisoners continue to be the highest rising prison population (Fazel et al., 2004; Williams et al., 2012; House of Commons Justice Committee 2013; Saunders 2013). Statistics illustrate that between 2002 and 2013 the population of prisoners aged 50 years and over increased by 100 percent, while those aged 60 years and over grew by 120 percent (Ministry of Justice 2013a). Figures from 1996-2000 illustrate that within these four years, the number of inmates serving life sentences rose by a staggering 66 percent and will contribute to the figures of older people in the English prison system in

the future (Wahidin and Cain 2006). Figures from 2007 indicate the number of older people who committed an offence during older age reached 12,000 per year (Williams et al., 2012) and contributes to the strain on prison policy and daily prison practice (Snyder et al., 2009). It is worth noting that research on older prisoners was virtually non-existent until the prison population began to rise, which saw the prison service struggle to manage the increasing cost of the older prison population. However, this issue is now firmly on the political agenda (Lemieux, Dyeson and Castiglione 2002; House of Commons Justice Committee 2013).

Media reports attribute the rise of older prisoners to an ‘elderly crime wave’ and a sudden influx of people now committing crimes in older age results in many prisoners growing old behind bars (Lindesay 1996; McVeigh 2010). AGE UK state the increase in the older prison population is not a phenomenon attributable to demographic changes, nor can it be explained by a so-called ‘elderly crime wave’. Instead, the charity state the increase in the number of older people in the CJS is the result of an ageing population in society.

Moreover, the political influence of Tony Blair and the Labour party’s ‘tough on crime’ mantra in 2004 led to the courts distributing much harsher and longer prison sentences to offenders (Howse 2003; Wahidin and Aday 2005; Le Mesurier 2011). In addition, the introduction of indeterminate sentences such as the *Indeterminate Sentence for Public Protection (IPP)* (2003) resulted in many inmates serving prison sentences for an undetermined length, thus further increasing the number of prisoners growing old behind bars (Omolade 2014). Aday (2003) refers to the increase of older prisoners because of an ageing population and harsher prison sentences, labelling this as the ‘stacking effect’.

### **3.3.2 The Challenges of Defining ‘Older’**

The criterion for the age classified as ‘older’ in prison varies across prison research (Phillips 2006; Williams et al., 2012). The two most common age thresholds applied in prison research of an older population are 50 and 60 years. However, there is a great deal of debate within the literature as to which age is the most appropriate cut-off to distinguish between the younger and older prison population (Caie 2012).

Justifications for an age criterion of 50 years and above, coincides with community support available from third sector agencies such as AGE UK (Le Mesurier 2011). This also aligns with age criteria used with prison research (Cooney and Braggins 2010), prison inspections (HM Chief Inspectorate of Prisons 2004) and research (Phillips 2001; Wahidin 2001). Other age thresholds used within documents such as the PSO 2855, applies the age of 55 years as the cut-off for an older prisoner. Indeed, academics such as Dr. Elaine Crawley contend that the older age range should be in conjunction with the national retirement age in the community population of 65 years (House of Commons Justice Committee 2013). Crawley draws from her own research findings suggest that from the age of 65, people begin to feel mentally and physically old (Crawley 2005; Crawley and Sparks 2006).

The accelerated ageing theory provides a common justification for defining older age in prison as 50 years and above. The theory suggests prisoners biologically age by up to 10 years faster than their comparative community population and experience a wider range of health issues at a younger age compared to their community counterparts (Morton 1992; Aday 2003; Wahidin 2002; Wahidin 2003; Wahidin 2005; Wahidin and Cain 2006; Wahidin and Aday 2011; Moll 2013). For example, a 70-year-old prisoner

experience similar physical ailments, degenerative conditions and physical appearance as an 80 year old in everyday society (Kakoullis, Le Mesurier and Kingston 2010). The main argument of the accelerated ageing theory is that older prisoners experience age related illness at an earlier age than their community counterparts (Fazel et al., 2001; Aday 2003; Wahidin 2005; Loeb and Steffensmeier 2006; Wahidin and Cain 2006; HM Chief Inspectorate of Prisons 2008; Wahidin and Aday 2011). As a result, this advancing of ageing results in the older prison population requiring healthcare, medical care and social care earlier than may be expected for their age. This places huge strains on prison healthcare services as they are expected to manage more serious health issues in a younger prison population.

Prison research fails to differentiate between the 'older' and the 'elderly' result in a range of ages categorised under one umbrella term of 'older' (Uzoaba 1998). Consequently, prisoners in their 70s, 80s and older receive the same provision as inmates who are in their 50s and 60s. The difference in health needs for such a vast range of ages results in the needs of the elderly population going unmet or untreated and does not reflect the age appropriate provision provided to the elderly population in the community.

### **3.3.3 Types of Older Prisoners and the Prison Regime**

The heterogeneity of older prisoners continues to the *types* of offenders currently in prison and highlights the complexities of the population (Mann 2012b). Loeb and Steffensmeier (2006) claim there are three types of older prisoner, namely those imprisoned with long-term sentences, those who are repeat offenders and commit offences throughout their life, and those who commit their first offence during older

age. The American Civil Liberties Union (2012) argue there is little evidence to suggest there are many first time older offenders and attribute the rise to the numbers of older people in prison convicted for historical offences. This reflects the advances in DNA technology and change the face of the older prison population (House of Commons 2013; Omolade 2014). Statistics from 2013 show that 42 percent of the older prison population are serving long-term sentences for a sexual offence and consequently grow old in prison (Saunders 2013). Such a variety of older prisoners highlights the scale of the older prison population. Although all are clustered under one categorisation of 'older', the different types of prisoner in the prison service emphasise the distinct differences between this prison population and the challenges that the prison service faces if it is to effectively manage the needs of all within different prison regimes.

The first discussion of the prison regime are within Erving Goffman's (1961) publication *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Through a collection of essays, Goffman introduces the term *total institution* to describe closed worlds like prisons. His essays stimulate discussions on the bureaucratic nature of institutions and the control they enforce on their inmates by restricting activities and applying a strict schedule in the day-to-day running of the institution (Marquart and Sorensen 1997). Sparks, Bottoms and Hay (1996) discuss the formal aspects of the prison management and organisation, prison policies and structure of the daily running of the prison. Sykes (1958) and Mann (2012b) contend the regime can also include aspects of oppression and pains of imprisonment, and Garland (1990) highlights the security categorisation of the prison is a fundamental aspect of the regime and reflects the security procedures of the prison estate. The number of components of an institutional regime can affect satisfaction life satisfaction and QoL. Gerontology research has explored these effects on older people (Phillips, Ajrouch and Hillcoat-

Nalletamby 2010; Webber, Porter and Menec 2010) yet research fails to extend to the older prison population.

Research tells us prison regimes tend to focus on the security of the prison rather than the welfare of its prisoners (Wahidin, Moore and Convery 2012) and Drake (2012) attributes this preoccupation to governmental and political changes that result in more punitive prison regimes. Consequently, older prisoners are usually located in a prison estate that reflects their security category rather than placed in the regime that best suits their age related needs (Crawley 2005).

A prisoner's category is a result of their risk of escape or abscond, risk of harm to public, and any issues that affect security of the prison and safety of those within it (HMPS 2017). A prisoner is assigned to one of four broad categories and each category determines which level of security is appropriate for each offender (see table 3.3) (NOMS 2015).

TABLE 3.3 CATEGORIES OF PRISONERS

<b>Category</b>	<b>Definition</b>
<b>A</b>	A prisoner whose escape would be highly dangerous to the public, or the police or the security of the State, and for whom the aim must be to make escape impossible.
<b>B</b>	Prisoners for whom the very highest conditions of security are not necessary but for whom escape must be made very difficult.
<b>C</b>	Prisoners who cannot be trusted in open conditions but who do not have the resources and will to make a determined escape attempt.
<b>D</b>	Prisoners who present a low risk; can reasonably be trusted in open conditions and for whom open conditions are appropriate.

Category A and B prisoners tend to accommodate within higher security estates that adopt a more restricted regime (Marshall et al., 2000). High security prison regimes are considered to hinder their inmates progression in comparison to lower security prisons (i.e. open prisons) that provide additional freedoms and responsibilities to its lower category prisoners (i.e. C and D) (Prison Reform Trust, n.d; Wright 2008; Nagin, Cullen and Jonson 2009).

Many penologists disapprove of open prisons and have openly criticised their ability to resettle individuals in a prison environment. They have also condemned the lack of support provided for prisoners who are due to be released (Flynn 1998; HM Inspectorate of Prisons 2008). These studies signify that the security levels of prison regimes negatively influence offenders' general experience of prison.

Literature identifies the negative implications of a poor prison regime and highlight larger prison populations experience overcrowding, placing huge demands on prison healthcare and making prisoners access to appropriate healthcare service difficult (Condon et al., 2007). As a result, the mental health of older prisoner can often go undetected and untreated (Dixey and Woodall 2011; Walker et al., 2014). Additional research has illustrated that an overcrowded prison regime creates barriers for a female prison population to engage in purposeful and/or physical activities (Meek and Lewis 2014). Although not yet explored, overcrowding may create similar barriers for older prisoners.

Similarly, a prison regime that neglects the social care needs of older prisoners by failing to provide simple amenities (Wahidin 2003) such as appropriate sleeping arrangements, accessible washing facilities and respectful management of issues such as

incontinence, reduces the mental health wellbeing of the older prison population (Kakoullis, Le Mesurier and Kingston 2010).

The physical environment of the prison regime can negatively influence prisoners' health (De Viggiani 2007) and a limited amount of literature has explored the effects of the physical prison environment on older inmates (Cohen and Taylor 1972; Wahidin 2002; Aday 2003; Crawley 2005; Crawley and Sparks 2005; Wahidin and Aday 2005; Aday 2006; NACRO 2009). The findings of these studies jointly concluded that the prison environment is not suitable for an older population due to the inappropriate physical aspects of the prison, such as cold and damp prison buildings, uncomfortable living environments, difficulty in mobility access to certain locations around the prison estate, and high levels of noise.

The operational layout and structure of the prison, as well as discomforts such as hard bed frames, stairs and low temperature at night-time in the cells can exasperate the physical health of older individuals (HM Chief Inspectorate of Prisons 2013). The Prisoner Health Research Network found that older prisoners are not provided with sufficient clothing, heating or bed sheets, which goes against the government's 2012 'Keep well, keep warm' campaign (Docherty 2009).

Literature highlights that current prison regimes may be unsuitable for an older prison population, as they neglect to provide age appropriate cell accommodation, access to facilities and suitable healthcare (Potter et al., 2007). In her work with older women, Wahidin (2002) refers to the ageist regime that many prisons enforce and Aday (2006) argues that heightened security levels in a prison regime reduces privacy of older prisoners. Crawley and Sparks (2005) built on such notions and discuss the invisibility



of older prisoners, as well as the application of the “sameness principle” (p. 352) that is apparent across prisons.

The compliant and quiet nature of the older population results in older inmates rarely questioning the prison regime and contributes to their sense of invisibility (Crawley 2005). Recent practice sees the introduction of older prisoners’ forums to provide the older population with a voice to discuss aspects of the prison regime they are dissatisfied with and to provide them with a more active role within the prison regimes (Le Mesurier 2011).

Literature stresses the need for a more age appropriate prison regime that achieves the required levels of prison security but ensures the needs of older prisoners are catered for accordingly (Marks, Gray and Pearce 2006). HM Chief Inspectorate of Prisons (2008) recognise the need for a specific regime for older prisoners and highlights the importance of consistency in retirement pay across the prison service, participation in the daily regime, and the need for a designated member of staff for all older prisoners. Williams (2013) contends that such a regime should have a heavier focus on the health and rehabilitation of older prisoners, and encourage independent living. However, he also cautions changing the regime for older prisoners, as this may create difficulties in maintaining the order and control of other prisoners who may feel that older people receive special treatment and begin to engage in disruptive behaviour. As such, in order to avoid unrest amongst prisoners, it is important the prison service treats prisoners of all ages in a reasonable manner and achieve this via a decent regime (Woolf 1991; Liebling 2004).

Prison estates such as HMP Wymott made efforts to improve the prison regime for older prisoners, with the aim of enhancing QoL for its older prisoner population

(Crawley 2005). Crawley and Sparks (2005) suggest the older prison population is more satisfied if its age related needs are met by the prison regime. No empirical research has assessed such satisfaction amongst the older prisoners, hence the purpose of the present study. In order to provide a full account of older people across prison regimes, this thesis will build on the recommendations of Dixey and Woodall (2011) whilst also listening to the voices of prison officers and take their viewpoints and experiences into consideration.

Another important variable that contributes to satisfaction in life for older populations is food. The basic human need of food, and the nutrition that it provides, gives older people a sense of pleasure and fulfilment (Deana et al., 2008). Research has pointed out that the taste and appearance of food served at an institution greatly affects an older person's feelings towards where they reside and has implications for their physical health, particularly if the nutritional content is not suitable for an older person (Edwards et al., 2007). The busy nature of the prison environment can be particularly chaotic and frenzied during meal times in prison and as a result, older prisoners avoid the mealtime rush and miss at least one main meal a day (Gallagher 2011). This reduces older prisoners' recommended daily calorie intake and means they fail to gain the nutrients they require. The European Prison Rules (2006) stated that prisoners are entitled to nutritional meals and a balanced diet, which must take into consideration age and the changes in nutritional needs as a person ages (Council of Europe 2006).

Literature has pointed out that prison regimes can be beneficial to prisoners while research has shown that the prison regime can provide prisoners with structure and purpose during their daily lives (Gately et al., 2006). This can be particularly beneficial to those who experienced chaotic lives prior to imprisonment. Harding (2014) explored the 'What works?' literature and found numerous aspects of the prison regime that are

positive for prisoners, e.g. responding to the unique needs of groups of offenders in a holistic manner and employing offender management programmes that promote positive roles.

There is limited knowledge regarding the benefits of each type of regime for older people and as a result the most suitable regime for older prisoners is currently unknown (Crawley 2005). The present thesis builds on this gap in the literature and seeks to identify which prison regime provides the most satisfaction for older prisoners.

### **3.3.4 Current Management and Support of Older Prisoners**

A lack of national strategy for older prisoners' means there is inconsistent management of older prisoners across prison estates (HMCIP 2008). As a result, the current management and support of older prisoners is at the prison governor's discretion or priority, guided by NACRO and the Department of Health (2009) resource pack for working with older prisoners. This disparity influences the regime older prisoners' experience and the support they receive.

An inconsistency in management widely discussed within the literature, is the segregation versus integration debate. Academic and policy literature debate the risk that younger prisoners may pose to older prisoners' and regularly cite this as justification for segregating the old from the young (Kratcoski and Babb 1990; Aday 2003; Davies 2011; Cruise 2012). Yet recent research deplores age segregation and highlights the detrimental effects it can have on older prisoners' wellbeing (Lundstrom 1994; Anno et al. 2004; Hill et al. 2006; Williams et al. 2006; Kerbs and Jolley 2007; 2009; Smyer and Burbank 2009; Blowers, Jolley and Kerbs 2014). Supporters of segregation argue that housing all older prisoners within one location would allow older

prisoners needs to be collectively managed and enable the physical space to be appropriately adapted to meet the needs of prisoners in older age; however stakeholders, including older prisoners, offer mixed perspectives on the debate (Wangmo et al., 2017).

Nevertheless, academic studies and first person testimony shows that the wisdom and life experience of older prisoners has a positive mentoring impact on younger prisoners (Morton 2001; Anno et al. 2004). There is also evidence that older prisoners can deescalate apprehensive situations, and have a calming influence on younger aggressive prisoners (Curtin 2007). The benefits older prisoners bring to an integrated environment can contribute to a smooth running of daily prison life, however justifying the integration of older prisoners to aid in the management of prison life is morally questionable.

Liebling (2004) highlights older prisoners' 'special kind of community' that is built on support and reliance for each other and the need to protect and preserve this through age segregation. Wilson and Vito's (1986) study illustrates this sense of community as they find older prisoners are more likely to express their fear of death when segregated from the main prison population. This suggests that older prisoners are more likely to vocalise their fears to peers who may be experiencing similar thoughts. Although these studies suggest age segregation may have positive influences for the management of older prisoners and aid in addressing these issues, complete segregation is considered to be an unsuccessful method of managing older prisoners (House of Commons Select Committee 2013).

Academics such as Kerbs and others (2014) argue that age segregation should be an option for older prisoners if some wish to be separate from the rest of the prison

population. However, a thorough process of information giving to the older prisoner should be followed and the advantages and disadvantages of segregation presented, followed by the older prisoner providing informed consent.

The integral support provided for older prisoners by third sector and external agencies is rarely acknowledged within the literature base. The House of Commons Select Committee (2013) describe the support as ‘lost’ within the literature. Where literature is available, there is evidence of good practice from the Prison Reform Trust, NACRO, Action for Prisoners’ Families, FaithAction, Restore Support Network, RECOOP, the Royal British Legion, and AGE UK. These agencies provide care, activism, guidance, and purposeful activities to older prisoners in various prison across England and Wales. This support from external agencies is invaluable in its support for both prison staff and older inmates and helps to reduce the cost for the prison service whilst easing the pressure on prison staff (HMCIP 2008).

The work of local AGE UKs advocate the practice of Older Prisoners’ Forums to provide the older prison population with a medium to freely voice their thoughts and needs on being older in prison, as well as providing a safe place to suggest improvements to the current prison regime for older people (AGE UK 2011). As well as establishing older prisoner forums, AGE UK provide age-appropriate services in prison (e.g. pension advice, housing advice, chiropodist services, older diet and exercise advice) as well as promotes initiatives to provide dementia training to older prisoners as a method to identify changes in behavior of older prisoners that may go undetected by staff. RECOOP suggest older prisoner forums increase confidence and independent life skills that the older prisoner can apply once released (House of Commons Select Committee 2013).

Prison estates such as HMP Dartmoor, Hull and Isle of Wight; evidence the success of the buddy system for both younger and older prisoners. The support provided by younger buddies has a positive impact on all stakeholders involved; supporting prison staff in the management of older prisoners; formally providing low-level care (e.g. meal collecting, cell cleaning, bed changing) to older prisoners in need and; positively influencing the attitude of younger prisoners (House of Commons Justice Committee 2013). Informally, the support and care provided to older prisoners by buddies seems to extend physical support to aid in mobility around the prison estate and include emotional, social, and at times, mental health support (The Butler Trust 2017). The USA extend this support further and run paid buddy schemes specifically for prisoners with dementia (Moll 2013). At HMP Dartmoor, buddies are trained to identify signs of dementia in older prisoners, but are yet to tailor their training to provide care and support (House of Commons Justice Committee 2013). Evaluations from the USA model show that although successful, the buddy's role is emotionally and physically demanding, requiring 36 hour weeks for \$50 pay (Moll 2013).

Security and safeguarding concerns means there are limits to the personal care a buddy can formally provide to an older prisoner and contributes to the neglect of older prisoners' social care needs. Studies show that regardless of these formal restrictions, levels of informal personal care of older prisoners does occur within prison, and there is evidence some prisoners are comfortable in providing this care for another prisoner by way of agreement between two prisoners (Cooney and Braggins 2010).

Evidence presented at the House of Commons Select Committee on older prisoners (2013) highlights the success of the buddying system for older prisoners, yet a low

number of prisons implement a formal buddy system in their regime (Cooney and Braggins 2010; O'Hara et al., 2014).

### **3.3.5 Purposeful Activities for Older Prisoners**

The prison service defines purposeful activities as “*activity that is likely to benefit them [prisoners]*” (HM Chief Inspectorate of Prisons 2013, p. 47). This includes time out of cell, employment, education, training and physical education. These types of activity are often referred to as purposeful due to the fact that they are considered to be “*time well spent*” for the imprisoned individuals as they provide physical and mental stimulation for the prisoner (Jamieson 2007, p. 16). This complements research in gerontology that states a person's later stages of life should be self-fulfilling, gratifying and full of meaning and purpose achieved by staying active through purposeful activities that create a daily routine that provides meaning to life (Becker 1971; Frankl 1959; Higgs et al., 2009; Pierce and Timonen 2010).

Implementing purposeful activities for older people within a prison environment is difficult, with HM Chief Inspectorate of Prisons (2007) highlighting the lack of activities for older prisoners in England and Wales. The review strongly recommends that prisoners of all ages should spend a minimum of ten hours per day outside of their cell where they can take part in activities that provide adequate stimulation or in education or employment. However, prisoners whom were retirement age or over, were prevented from accessing opportunities to activities and often remained in their cells for the bulk of the day (HM Chief Inspectorate of Prisons 2007). This lack of purposeful activity does not challenge individuals' cognitive ability skills, nor does it prevent “mindful activity” and healthy mental functioning (Csikszentmihalyi 2000; Erdogan et

al., 2012, p. 1055). Consequently, such reduced opportunities for social activities can have a negative social, physical and mental impact (Aday 2006; Phillips 2006).

Research suggests that leisure activity during older age is one of the most important contributors to satisfaction with life (Silverstein and Parker 2002; Heo et al., 2013). However, Myers and Diener (1995) and Verbruggen and Sels (2010) argue that the challenge of the activity and the sense of achievement experienced once the challenge is accomplished provides more satisfaction to an individual than the daily structure.

Literature suggests that a reduction in mobility during older age reduces independence and prevents inclusion in social groups, thus resulting in exclusion and the significant reduction of satisfaction with QoL (Musselwhite and Haddad 2010). The link between independence, mobility and wellbeing in older people identifies a number of elements that contribute to high life satisfaction during older age, including the ability to independently care for oneself, social interaction with others, and opportunities to reminisce about pastimes (Aberg et al., 2005; Schwanen and Ziegler 2011).

Among the purposeful activities beneficial to the psychological health of older people are attending nostalgia groups or participating in reminiscence writing (Lundgren 2010). The same can be said for learning programmes that have helped older people keep their brains active and stimulated (*ibid*). Literature has revealed that engaging in nostalgia can reduce feelings of boredom and provide a sense of purpose to older prisoners through its social encompassing, meaningful and evocative qualities (Van Tilburg, Igou and Sedikides 2013).

Due to the personal and private nature of memories, nostalgic reflections tend to only be shared with close friends, relatives or loved ones (Wildschut, Sedikides and Arnd 2006) while the benefits have been shown to be particularly effective when memories of a



specific time or event can be concurrently shared with others (Seehusen et al., 2013). Reflecting upon topics with individuals of similar ages permits the discussion of shared topics whilst simultaneously promoting frequent interactions with others, thus permitting social connectedness within a social group (Iyer and Jetten 2011). These shared social interactions can be self-affirming and increase self-esteem, bringing much psychological comfort, and increasing perceived levels of social belonging (Baldwin and Landau 2013). Empirical studies have indicated that nostalgia has powerful qualities that increase feelings of self-positivity, social connectedness and provide meaning to one's life (Routledge et al., 2011; Wildschut et al., 2006). This, in turn, increases resilience to external threats (Batcho 2013) which older male prisoners may experience at the hands of younger inmates.

As the age and self-mortality of individuals becomes a reality, the frequency of nostalgia increases and acts as a coping strategy, which can manage ones feelings and cognitions surrounding potential mortality (Routledge et al., 2008). The therapeutic benefits of nostalgia allow individuals to draw on meaningful past experiences and life events (Zhou 2008). There is limited research on nostalgic practice within the prison service, although older prisoners sharing nostalgic memories with others appears to serve a number of functions including increasing the frequency of interactions with others in prison, thus creating a support system with other older people (Routledge et al., 2011). Attending activities such as nostalgia provide a sense of enjoyment and achievement, all of which contribute to positive ageing and increased life satisfaction (Menec 2003; Eakman, Carlson and Clark 2010).

Employment has many benefits for older individuals' sense of satisfaction, and includes the status that an occupational role provides, as this increases their self-esteem and self-worth (Aquino et al., 1996). The financial security that employment provides strongly

correlates with increased life satisfaction, reducing feelings of vulnerability and allowing additional opportunities to purchase small indulgences and home comforts (Dean 2004a).

Within the community, this is achieved via suitable employment that provides a fair income and pay for the work completed. However, prison research has highlighted that older prisoners who are of retirement age experience reduced opportunities to attain prison employment and prison pay (Dugger 1990; Williams 2012).

Employment within prison has links with active citizenship and creates strong social relationships and positive pro-social behaviour amongst those in prison (Secretary of State for Justice 2010). This is achieved through engagement with others, which in turn results in a sense of community through promoting pro-social behaviour and personal flourishing, all of which contributes to an increased QoL (King and Napa 1998; Krause 2007; Low and Molzahn 2007).

The literature presented demonstrates that purposeful activities permit older prisoners to be active during their later years, gaining time out of their prison cell and involvement in the prison regimes. The benefits that purposeful activities provide to older prisoners include giving meaning and structure to the day, mental stimulation, and cognitive challenges, as well as the creation of opportunities to socialise with others. These all increase older people's feelings of satisfaction with their QoL and wellbeing. A successful example of purposeful activities for older people includes nostalgia practice, which is beneficial to mental health wellbeing as it helps older people confront feelings of mortality and reflect on positive aspects of life. Older prisoners who are not provided with sufficient opportunities to engage in or access purposeful activities throughout the

prison day have reduced mental stimulation, poor social status, and experience isolation, thus reducing their satisfaction with QoL and wellbeing.

### **3.3.6 The Mental Health Needs of Older Prisoners**

Literature has estimated that 500,000 older males in the UK experience mental illnesses such as dementia and Alzheimer's disease, schizophrenia, bipolar disorder and substance misuse disorders (Williamson 2011). Studies have also shown that self-harm and suicide in older males is on the rise and is a result of poor mental health (Lamprecht et al., 2005; Dennis and Owens 2012). Contemporary research has estimated that 7.1 percent of the older community population aged 65 and over have dementia, while this figure rises to 8.8 percent for the 65-69 age group, and to 48.5 percent for individuals aged 95 years and over (Knapp et al., 2007; Ray and Davidson 2014). However, interpretation should be carried out with care due to the inconsistency of data recording and under-diagnoses of dementia, suggesting that the figures may be higher (National Audit Office 2007).

Jacoby (2002) suggested that 20 percent of the older community population experience depression, and this figure increases to 25 percent for older individuals living in residential accommodation. These figures have not changed since 2002, and are still quoted on the Age UK and the Mental Health Foundation websites, thus suggesting the figures are similar today. However, present-day research is required to confirm that these are the most up-to-date figures (Age UK 2015b; Mental Health Foundation 2015).

Recent literature has shown there is a relationship between depression and dementia, as depression is an early symptom of dementia while people with dementia are likely to become depressed due to the confusion and distress they experience because of the disorder (Prince et al., 2014).

There are significant gender differences in satisfaction and QoL between older males and females. Older males are more satisfied than their female counterparts (Bonsaksen 2012) and is explained by an increase in diagnoses of depression amongst the female sample. However, a more recent study conducted with both male and female elderly populations found that females are more likely to rate their satisfaction with life higher during older age than males (Chakraborty 2014).

When considering the older prison population, research by Le Mesurier et al. (2010) highlighted mental illness is under researched and neglected in prison data recordings. Consequently, this results in significant difficulty when identifying the extent of the issue. Rickford and Edgar (2005) illustrated that, generally speaking, there is a high rate of mental disorders across all ages of prisoner, although mental illnesses have been found to increase amongst the older prison population as a result of older age and the prison environment (Fazel et al., 2001; Le Mesurier et al., 2010; Senior et al., 2013).

With a limited array of literature on mental illness amongst the older prison population, there is a general lack of knowledge in the academic field when it comes to explaining why there is a high prevalence of mental illness amongst the older prison population. However, the psychological impact of long-term imprisonment experienced by some older prisoners can help to explain experiencing mental health illness to a certain degree (Cohen and Taylor 1972) and may be exasperated by older age.

Age related depression has been discussed across a number of similar studies (Fazel et al., 2001; Murdoch, Morris and Holmes 2008) while psychiatric morbidity has proven to be higher in prison than in the community (Le Mesurier et al., 2010). The natural ageing of older peoples' social and network groups often leads to higher frequency of bereavements within an older population (Aday 1994a). The experience and managing of such emotions within a confined prison environment emphasises the pains of imprisonment (Sykes 1958) while the lack of autonomy experienced by older prisoners can trigger low moods.

Studies from the US have identified that older prisoners have much higher rates of depression and anxiety than their community aged counterparts (Koenig et al., 1995; Regan, Alderson and Regan 2002) while more contemporary research has signified that depression is the most common mental health concern amongst the older prisoner population (Murdoch, Morris and Holmes 2008). Literature has also shown that there is a high prevalence of psychosis and schizophrenia amongst the older prison population (Caverly 2006), thus demonstrating the extent to which the prison service must manage the mental health needs of the older prison population.

In addition to this, many older prisoners experience age related mental illnesses such as dementia, Alzheimer's and Parkinson's disease, which may all be exasperated due to the unsuitable healthcare provisions in prison (Wilson and Vito 1986). The National Service Framework for Older People (Department of Health 2001) placed a great deal of focus on the specific mental health illnesses related to age, including Alzheimer's disease and dementia and this guidance should be applied within the prison service. In Crawley and Sparks' (2006) study of older prisoner, qualitative interviews identified

that the older prison population express much anxiety over their future mental and physical health. The impact of such anxiety places limitations on the older populations' daily activities within the prison, resulting in prisoners feeling safer and more secure if they are in their cells or near prison staff. Anxiety in older prisoners is heightened in specific locations where staff cannot provided immediate medical assistance. Indeed, this illustrates the prison services' lack of consideration for the older prison population and their physical health needs.

### **3.3.7 The Physical Health Needs of Older Prisoners**

Literature has signified that older age can reduce mobility (Nilsson, Avlund and Lund 2011) independence (Senior et al., 2014) and health (Gordon et al., 2014). A person's age is judged by their physical capabilities as well as changes in appearance associated with older age, such as change in hair colour, loss of skin elasticity, and sensory decline, the latter of which leads to the need for visual and hearing aids that are visible to others (Walker 2005). Although ageing is not a homogenous process (Walker 2014), older people experience a number of similar grievances including an impact on their cognitive abilities of individuals (Washburn, Sands and Walton 2003), confusion, memory loss and even a change in their personality (Cully, LaVoie and Gfeller 2001; Cooper, Balsis and Oltmanns 2014).

Liu and Guo (2008) identified that physical health is a strong determinant of overall life satisfaction and the most important element to a community's male population. Other research supports the argument that physical health is more crucial to an older population than a sense of control, emotional wellbeing and social support (Abu-Bader, Rogers and Barusch 2002). McKevitt and Wolfe (2002) interviewed residential staff who worked with the older population. Findings from the staff interviews generally

defined QoL as 'life satisfaction'; while staff believed, that poor physical health significantly influenced a decline in older people's sense of satisfaction.

Research by Bowling and Illife (2011) has reinforced the importance of physical health but also stressed the positive influence physical health has on the mental health and wellbeing of older individuals (Bowling and Illife 2011). Good health in later life allows for increases in a person's wellbeing and makes it possible for one to lead a fulfilling and contented phase of life (Higgs et al., 2009).

The chance of falls or other physical harm increases for older people due to their reduced awareness of their surroundings and loss of postural balance (Wang et al., 2015). In general, older people were more satisfied with their life if they were physically active and considered themselves to have an active social network. Good, La Grow and Alpass (2011) corroborated such findings and identified that people aged 85 years and over are significantly less satisfied than their younger counterparts. The authors cited a reduction in mobility and independence as the main factors that reduced their satisfaction.

Literature has shown that as a result of poverty and poor nutrition prior to incarceration and the ageing nature of the prison environment (Wahidin and Cain 2006; Wahidin and Aday 2011) prisoners tend to be of poorer general health than their community counterparts, and this contributes to an increased likelihood of premature death (Fazel and Baillargeon 2011).

Research has highlighted the extent of poor physical health in the older prison population and has revealed that, although older prisoners experience the same needs as older people in the community, these needs exacerbate due to the unsuitable nature of the physical prison environment (Aday 1994a; 2003). Recent figures have shown that

approximately 85% of older prisoners have one or more major illnesses (Williams et al., 2012). Similar research by Kingston et al. (2011) illustrated that older prisoners generally have two or more physical health problems and that these are generally associated with natural ageing and the subsequent decline of the body (Fazel et al., 2004). The research also revealed that an estimated 10 percent of older prisoners have a disability (Tarbuck 2001). Earlier research identified high rates of cardiovascular, musculoskeletal and gastrointestinal illnesses experienced by older prisoners (Fazel et al., 2004) while research by Aday (2003) showed that audio, visual, respiratory, and urinary problems, as well as diabetes and arthritis, are amongst many of the health complaints from older prisoner.

The fact that such a large proportion of the older prison population is in poor physical health puts a huge strain on the prison service to manage the illnesses effectively and provide appropriate medication. With figures indicating that 77 percent of the total older prison population are on some form of medication for a health condition (Fazel et al., 2004), the cost of healthcare for older prisoners with specialised needs is considered to be up to three times more than that of the younger prison population (Lemieux et al., 2002).

Nevertheless, because of *The National Service Framework for Older People*, the promotion of a healthy active life is applicable to all older people who are currently detained in prison (Department of Health 2001; Wahidin and Cain 2006). The framework includes a section dedicated to older prisoner, which states that “*The NHS and Prison Service are working in partnership to ensure that prisoners have access to the same range and level of health services as the general public*” (Department of Health 2001; s.15, p. 4). NOMS and NHS England restated this in 2013, and agreed to work together in commissioning and delivering healthcare in adult prisons (NHS



England 2013). NHS England aim to nationally provide consistency of access to healthcare services and stated that “*prisoners should receive an equivalent health and wellbeing service to that available to the general population with access to services based on need*” (NHS England 2013, p. 13). As a result, the prison population are entitled to receive the equivalent level of healthcare provision to that received by the community (Marks, Gray and Pearce 2006). However, the standards of prison healthcare still face much scrutiny (Tarbuck 2001).

Recent research found that prison institutions across England and Wales fail to regulate access to healthcare and consequently the physical health of the older prison population has declined (Bretschneider, Elger and Wangmo 2013). Brown, Bowling and Flynn (2004) discussed the drive by public policies to ensure that the increasing ageing population are ageing positively, can remain independent and mobile, and do not become reliant on the system (Phillips 2006). However, Aday (1994c; 2003) recognised that prison institutions rarely implement or possess an older prisoner policy and public policy agendas are disregarded.

Limited staff training and the unsuitable environment for older prisoners results in the ineffective management of elderly prisoners complex health needs (Hayes et al., 2010). Prison staff report feeling anxious when trying to care for ill older prisoners whose condition they are inadequately trained to manage. In addition, Marks, Gray and Pearce (2006) interviewed General Practitioners (GPs) in prison, with said GPs admitting that their practice would benefit from additional training that is specific to prisoners and the impact the prison regime has on the health management of prisoners. Cooney and Braggins (2010) identified that prison staff try to ensure older prisoners receive the best care possible, however often struggle to fulfil the needs of this prison population in an environment and system that is not designed with the needs of older people in mind.

Diseases and life threatening illnesses such as cancer and HIV can be particularly difficult to manage effectively within a prison environment. Although these conditions are not specific to the older population only, literature has shown that, as older people have a reduced immune system, they are more likely to experience such ill health (Shaw et al., 2010). This lack of foresight surrounding the needs and provision for an older prison population highlights the ‘institutional thoughtlessness’ of the prison environment and the potential of poor management to impact on the levels of satisfaction in an older prisoner population (Crawley 2005).

Literature has emphasised the importance of physical health in old age to ensure the best possible QoL during the latter stages of life (Higgs et al., 2009). The prison service medicalises older age, and consequently older prisoners with ailments or illnesses are excluded from the usual prison population (Cooney and Braggins 2010). The ‘pathologising’ of age that excludes the older prisoners from the general inmate population.

The prison service are required to manage a large scope of physical health needs of the older prison population, ranging from terminal illnesses and diseases to reduced mobility and an increasing number of falls. The healthcare services that prisoners receive should, in theory, be equivalent to those experienced by the community; however, the substantial number of older prisoners who require healthcare puts a huge strain on prison staff who are not equipped to effectively manage the health needs of the older prison population, thus reducing inmates’ satisfaction with QoL and wellbeing.

### **3.3.8 The Social Care Needs of Older Prisoners**

There are increasing demands to meet the social care needs of older people in the general population (Vlachantoni et al., 2011). Research illustrates that people aged 65 years and over report difficulties bathing and dressing independently, maintaining their house and garden, and getting in-and-out of bed (Breeze and Stafford 2011). The National Census (2011) shows that 29 percent of older people aged 65 years and over report their daily activities are highly limited due to poor health, physical illness, disability or older age (Office of National Statistics 2013). As a result, older individuals require assistance from agencies such as community care to aid them in their day-to-day living (Zaninotto and Steptoe 2012). Section 47 of the National Health Services and Community Care Act (1990) gives older people in need the right to an assessment of social care services to receive additional support (NHSCCA 1990). Until the publication of the Care Act in 2014, older prisoners were denied this right. Support provided to older prisoners who experience similar social care needs to older people in the community is unknown as research in the area is sparse, however the Government White Paper ‘Caring for our future: reforming care and support’ (2012) acknowledges the social care crisis within prisons and commits to resolve the problem.

Limited evidence exists on the social care needs of older prisoners, but the work of Crawley and Sparks (2005, p. 345) and the ‘hidden injuries’ of older prisoners highlights the neglect of social care practice for older prisoners. The authors draw attention to the social, emotional and health needs of older prisoners that are all too often ignored or ‘forgotten’ (Vito and Wilson 1985, p. 18). O’Hara and colleagues’ (2015) work with older prisoners explains this neglect by the disparity in the opinions of

what constitutes appropriate social care in prisons. This discrepancy causes confusion and results in the assumption that the social care of older prisoners is the responsibility of healthcare staff, placing enormous pressures on prison healthcare teams. Due to the lack of social care responsibility, current healthcare staff almost exclusively meet the personal care of older prisoners and work beyond the remit of the healthcare staff role.

Other research that explores the specific health and social care needs of older prisoners identifies that the prison service adopts a homogenous approach to all prisoners, regardless of age, as a way to offer fair justice and treatment for all (Hayes et al., 2013). This negates the needs of older prisoners and makes it difficult for the older prison population to access health and social care services, thus reducing prisoners' levels of satisfaction (Crawley and Sparks 2006; Williams 2012). Similarly, Senior et al. (2013) highlight the social care needs of older prisoners in a climate where local authorities and commissioners resist their responsibility to provide social care services for older prisoners. The House of Commons Select committee (2013) recommends a national strategy to manage the social care needs of older prisoners. The committee suggests an older prisoner should not be detained within a prison estate that cannot appropriately manage their social care needs

The introduction of the Care Act (2014) ensures prisoners have access to the same level of care that they would receive in society, providing the prison service with clear expectations of appropriate levels of social care for its older prisoners. The Care Act (2014) introduced the legal structure for Local Authorities to take responsibility for its prisons and ensure that each prisoner, who meets eligibility, receives an appropriate level of support for their social care needs (Lee et al, 2016).

The Care Act 2014 now places formal responsibility for the, complex and costly, social care needs of older prisoners on the prison service and local authorities. With figures estimating that up to 3500 older prisoners may be eligible for support in prison, the financial implication of providing this support is vast, particularly for the higher secure estates who house a greater number of long-term and therefore older prisoners (Lee et al., 2016).

Analysis of costings show that the budget set aside for local authorities is unlikely to offer significantly impactful support such as adapting the prison environment (Lee et al., 2016). However, it will be able to address more low-level support needs such as mobility aids, which will financially help individual prison budgets.

Longer-term implications of the Care Act 2014 include, where space is available, to adapt current prisons to be more age-appropriate. Developing older prisoner units specifically designed to support the needs of older prisoners may be more appealing, but the cost implications are vast. Another implication is the adaptation of prison regimes, to reflect the social care needs of the older prison population. Increasing access to healthcare, providing age appropriate gyms and age specific resettlement and palliative care options will address the social care needs of this increasing prison population.

### **3.3.9 End of Life and Palliative Care for Older Prisoners**

Due to increased life expectancy, older people experience a range of healthcare illnesses and diseases that may be terminal or untreatable and require end of life or palliative care (Senior et al., 2013). This is a growing issue during older age and has practical implications for environments that house older people, such as residential care homes, prisons and hospices.

The philosophy for end of life or palliative care for people in England and Wales is based on the work of Dame Cicely Saunders, who opened the St. Christopher's Hospice, London in 1967 (Richmond 2005). Dame Saunders implements her belief that all whom are dying receive quality care; regardless of their location and who they are (*ibid*). Academic research on palliative care applies a similar philosophy and encourages the belief that end of life care should be achievable for all (Clark et al., 2005; Katz 2005). This led the way for hospice programmes and the better management of end of life, including “*physical, psychological, social and spiritual care*”, that ensures a person's final days are as comfortable and pain free as possible (Stone, Papadopoulos and Kelly 2011, p. 969).

The World Health Organisation (Sepulveda et al., 2002, p. 92) define palliative care as:

An approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

Catt et al. (2005) focus on the importance of improving QoL for both patients and families who receive palliative care to ensure that end of life is as comfortable as possible. In order to achieve this, palliative care works with both the patient and their

family members (Clark 2007; Junger et al., 2012) employing the skills from nursing staff, doctors and chaplaincy (Van Mechelen et al., 2013) to meet all patients' needs.

Research shows aspects of palliative care which people are satisfied, bear similarities to domains of general life satisfaction and include the importance of relationships with others, mental health support, information on financial implications and care to be delivered via a whole person approach (Aspinal et al., 2003). Many studies explore satisfaction with end of life care tend to focus on non-prisoners' family and carer's experiences, rather than the patient's experience (Wilkinson et al., 1999; Roza 2015; Ciemins et al., 2015).

Research explores the interpretation of dignity across a variety of environments and calls for criminologists to explore this term within prison environments (Tifft and Stevenson 1985). The UK End of Life Care Strategy (Department of Health 2008) stresses that the same principles of care in the community population also apply to a prison environment. The strategy stress the importance of treating prisoners with dignity, respect and provide them with as much autonomy as possible within the constraints of a custodial environment. However, research identifies that this strategy is not implemented equally in the prison environment and prisoners are only referred for end of life care when they have an estimated three months left to live, which is three months less that they are eligible for in the community (Stone, Papadopoulos and Kelly 2011). This highlights the treatment imbalance between community patients and prison patients. Indeed, it also suggests that terminally ill prisoners may receive less end of life care than they are entitled to, even when government strategies recommend equal treatment. The British media criticise the government and prison service for providing

prisoners with 'special treatment' (Turner, Payne and Barbarachild 2011).

Dubler and Post (2001) argue that terminally ill inmates should not remain in prison and granted early release so that they can die as free men. These views on prisoners' rights are the subject of much debate (Byock 2002; Turner and Payne 2011; Turner, Payne and Barbarachild 2011). For early release to occur, a prisoner must meet certain criteria set out in the PSO 4700 (HM Prison Service, 2012b, p. 1):

Under section 30 of the Crime (Sentences) Act 1997, the Secretary of State may at any time release a prisoner on licence if he or she is satisfied that exceptional circumstances exist which justify early release on compassionate grounds.

Although no standardised time limit for death to occur is set, the general rule is that the estimated death should be imminent and likely to occur within the next three months. This timeframe suggests that any application made for a prisoner to be released on compassionate grounds will instil a sense of urgency in the prison system to ensure that the prisoner "significantly benefit(s)" (HM Prison Service, 2012b, p. 1) from the early release.

Literature suggests that deaths amongst older prisoners tend to be due to natural causes rather than self-inflicted (Howse 2003) although that is not to say that older prisoners never commit suicide (House of Commons Justice Committee 2013). The number of natural deaths in prison rose by 7 percent between 2013 and 2014 and 58 percent of



those were aged 60 years or over. This emphasises the ever-increasing older prison population and demands end of life places on the prison service (Prison and Probation Ombudsman 2014).

Studies identify that fear and uncertainty feature heavily in the lives of older prisoners (Johnson 1999; Jewkes 2005) and they are prone to experiencing intense fear of death within the prison estate (Aday 1994a; Deaton, Aday and Wahidin 2009-2010). Explanations for this include poor provision for prison palliative care and prison staff not appearing to show genuine compassion or interest in their needs and concerns; reducing life satisfaction amongst an older population (Princy 2013). In addition, prisoners who witness the death of other inmates reinforces their fear of death in prison as they foresee a similar future for themselves (Flanagan 1981). Tesu-Rollier (2013) expands on these discussions and suggests that witnessing death in prison results in feelings of bereavement and loss, which are difficult emotions to manage within a restricted prison environment.

Moreover, older prisoners show particular concern for the related shame and stigma associated with dying as a 'prisoner' (Flanagan 1981; Aday 1994a). Byock (2002, p. 107) supports this and states that "*dying in prison is what inmates dread most, as they fear spending their last hours in agony, alone, separated from family outside and from friends within prison walls*". This is endorsed by supporting training materials provided to prison staff, which describe death in prison as providing 'no light at the end of the tunnel'. The materials emphasise the distress experienced by older prisoners who accept that they are not likely to die as free men, which staff find difficult to manage (NACRO 2009).

Further distress to older prisoners is caused by the security aids and restraints enforced during palliative care in outside hospitals or hospices (House of Commons Justice Committee 2013). The use of handcuffs and the supervision of prison officers suggests to the public that the individual receiving care is dangerous and causes humiliation to the older prisoner (Evans, Herzog and Tillman 2002; Wahidin 2003). Studies argue that although some older prisoners may be physically less mobile or experience cognitive degeneration, we should not assume that they pose less danger to other inmates, staff, or to the community and thus restraints are necessary (Kerbs 2000; Williams et al., 2012). Nonetheless, some argue that the physical frailty of older prisoners should be taken in to consideration when judging the necessity of physical restraints during palliative care. (Newman, 1984; Steffensmeier and Motivans 2000).

Fletcher and others (2014) criticise palliative care within the prison service in England and Wales and discuss the need for an integrated approach across all prisons to deliver gold star practice, effectively managing the needs of terminally ill prisoners. Cooney and Braggins (2010) explore palliative care in prisons and conclude that to ensure an individual has the most dignified experience possible, a person centred approach that allows the individual to contribute to their own care is required. This will allow the terminally ill individual to gain autonomy and feel a sense of empowerment in their final days; vital for flourishing.

Palliative care practice in the community show it is important for patients and their families to have as much choice as possible over the location of death. This provides a sense of autonomy and control that is comforting during distressing times that increase satisfaction and a sense of wellbeing (Mahon and McAuley 2010; Phillipson 2011). The same concept applies to prisoners who desire the right to choose their location of death (Pizzini 2008); yet this right is rarely achieved (Turner and Barbarachild 2011).

Studies show that prisoners attach to their prison environment and become fond of the social interaction and familiar schedule of their institution, with many wishing to remain within the prison estate in their final days (Rowles 1978). The comfort of an environment to which an older terminally ill prisoner is accustomed, can be more appealing than the alternative of release to a lonely and unfamiliar setting. Prisoners will often choose this option despite the fact that being released would offer more freedom and easier access to medication and pain relief (Aday 2003; Stone, Papadopoulos and Kelly 2012). This desire to remain in the familiar and socially functioning environment of a prison, even if this means accepting the constraints of a prison environment, links strongly to Clemmer's (1940) prisonisation and evidences the institutionalising nature of prison, further evidencing the difficulties one may face in resettling an older, long-term, prisoner.

One of the earliest studies with older prisoners shows that the resettlement plans for older prisoners' were rarely considered due to uncertain futures and the real possibility of death in prison (Cohen and Taylor 1972). Although literature shows uncertain futures and death in prison is still a possibility, because of being more informed, older prisoners are more optimistic about their future (Mann 2012b). This honest and open dialogue between the prison service and older prisoners should continue.

Increased life expectancy and the rise of older prisoners means that end of life or palliative care in prison is now a big issue for the prison service. The philosophy of palliative care promotes a comfortable death for all who need it, although older prisoners seem to receive end of life support at much later stage than their community counterparts, thus suggesting that they may experience long periods of discomfort and pain. Older prisoners experience anxiety and show concern over a number of aspects related to palliative care including experiencing a general fear of death that is

exasperated by witnessing fellow inmates dying in prison. This emphasises the mental and emotional support that older prisoners may benefit from, although literature has not indicated that this support is available. A lack of autonomy and control over the location and arrangements of death also causes concern, while passing away with the prisoner label also contributes to feelings of shame and humiliation that may reduce satisfaction with QoL and wellbeing.

### **3.3.10 The Stigma of Older Age and an Offender Label**

Erving Goffman's exploration of stigma identified the Ancient Greeks use of cuts and burns as a form of human branding to shame immoral individuals. The characteristic stereotypes associated with these visual aids resulted in blanket assumptions regarding the moral self of every individual brandished with permanent markings. The stigmatised individuals were associated with danger— a process referred to by Goffman (1963) as *virtual* versus *actual* identity. Goffman's theory applies to older prisoners who experience reactions and prejudice from other prisoners which challenges their moral self and are built on stereotypes regarding both age and offender status (Link and Phelan 2001). Such stereotypes increase prejudice towards the stigmatised individual and, due to the 'social rejection' of stigmas, reduce satisfaction with life (Gamliel and Hazan 2006, p. 357; Stuenkel and Wong 2013). Research indicates power status influences stigmatised views and individuals with a minority social status receive increased stereotypical misrepresentations than more powerful counterparts (Ferree and Smith 1979; Bos et al., 2013). The low status of older age and prisoner, suggests an older prisoner is likely to be stigmatised.

Stereotypes of ageing and older people are built from the media and are often negative representations of older fictional characters (Lee, Carpenter and Meyers 2007; Robinson, Gustafson and Popovich 2008; Lamont 2011). Media depictions of crime and justice place a heavy focus on the *evil* of an offender and the ineffectiveness of the justice system, which fails to protect the public from evil or harm (Greer and Reiner 2002). This contributes to the encouragement of society's hysteria of risky individuals and harmful offences. This culture of fear (see Glassner 1999) divides rather than unifies society, encouraging unrealistic panic and false perceptions of crime, thus destroying the trust of others in the process.

Lamont, Swift and Abrams (2015) criticise advertisement companies that litter our television screens, newspapers and internet browsers with advertisements that encourage youth maintenance and the prevention of old age. Negative stereotypes associate older age with cognitive impairment (Cuddy and Fiske 2002; Cuddy, Norton and Fiske 2005; Steele 2010), memory loss (Abrams et al., 2008; Swift, Lamont and Abrams 2012), physical illnesses (Richeson and Shelton 2006), ill temper and irritability (Brewer, Dull and Lui 1981). As a result, older age becomes hugely stigmatised and older people are mocked for their age related characteristics (Robinson et al., 2003; Richeson and Shelton 2006; Hehman and Bugental 2013). Because of the negative characteristics associated with older age, the third age is a period of life that one should try to prevent and older people lack of authority, value and status (Butler 1969; Youmans 1971; Feinman and Coons 1983; Graham and Baker 1989).

As well as the negative stereotypes associated with older age, studies indicate that the offender label is the most damaging, filled with shame, humiliation and disgrace (Goffman 1963; Edwards 2000; Clear, Rose and Ryder 2001). Tarbuck (2001) explores socially excluded prisoners and found the additional stigma of older age results in

further marginalisation, as does older prisoners who committed crimes of a sexual nature, who would often receive verbal abuse from their peers and prison staff (Aday 1994a; Mann 2012b). The formation of stigmas and labels often leads to changes in treatment from prison staff and younger prisoners (Higgins and Ireland 2009), yet how prison staff treat older prisoners is yet to be empirically explored.

When an older inmate is serving a sentence for a sex offence, the stigma of the prisoner label intensifies (Mann 2012a). The additional label of 'sex' increases the negative connotations associated with prisoners and has negative consequences in terms of their time in prison and community reintegration (Levenson and Cotter 2005; Tewksbury 2005; Wright 2008; Ricciardelli and Moir 2013). The term 'sex offences' groups all types of sexual offending together, yet is mostly associated with paedophilia or child sex offences with these inmates considered to be the lowest type of prisoner in the prison hierarchy (Schwaebe 2005; Lacombe 2008). This form of labelling socially excludes some prisoners and puts them at risk of violent or sexual attacks from others (Ristroph 2006; Ricciardelli and Moir 2013). In accordance with Goffman's theory of Stigma (1964), individuals who face the threat of shameful labels will often withdraw from stigmatised groups in order to protect their own moral identity. As a result, older prisoners avoid associations with this particular label at any cost.

Older prisoners who seek outside hospital treatment are escorted in prison uniform and/or handcuffs which may not be necessary (Nash and Williams 2010). Although yet to be empirically explored, it is interesting to consider that many older people's health needs are invisible to the *normal* public, although the security aids used during escort remain visible and represent aspects of danger and threat. The use of such security methods could be viewed as defensive behaviour from the prison service to reduce

threatening stimuli (Blanchard and Blanchard 2008) and to emphasise the image of control from prison staff who are able to keep the public safe (Bennett, Crewe and Wahidin 2008). Items such as cuffs and chains physically demonstrate to the public that an individual is 'less desirable' (Goffman 1963, p. 12) and simultaneously endorse the portrayal of prisoners as evil people who have committed wicked acts and that the public should keep their distance (Blanchard and Blanchard 2008). Socialising the stigmatised with the *normal* public creates much uncertainty for the prisoner due to their low social status, and creates a level of self-consciousness surrounding the image of self that is portrayed to others (Goffman 1963).

Older prisoners receive two types of stigma, namely negative stereotypes associated with older age and their status as a prisoner. Consequently, this double association results in older prisoners viewed as sex offenders, and results in the older person occupying a low position in the prison hierarchy and thus being at risk of physical attacks. Hostile treatment from others in prison is the result of stigmas and stereotypes can reduce satisfaction with QoL and wellbeing. To date, no studies have explored older prisoners' satisfaction with QoL and specifically the stereotypes and stigmas that this older population face.

### **3.3.11 Older Prisoners Relationships with Others**

Literature identifies older people in the community are satisfied with their QoL and wellbeing when they have good health, positive relationships with family, and feel safe and secure (Vaarama 2009; AGE UK 2014). Sener et al. (2008) highlight that family

and friends also contribute to older peoples' satisfaction as they provide emotional, financial and practical support. Davidson, Warren and Maynard (2005) find gender differences in satisfaction levels and identify older males are less satisfied with their friendships and relationships than women are. The authors discuss older males' reluctance to participate in social activities, preferring to participate in solitary activities (Arber and Davidson 2004). Research in residential homes also finds staff-resident relationships are a crucial element of life satisfaction in their population (Roberts and Bowers 2015) and evidences the significance of relationships with others in older age.

Research contests the importance of older people engaging with others to increase their perception of QoL and wellbeing and studies show that a lack of relationships or social interaction with others can increase the risk of loneliness and reduce satisfaction with QoL (Gabriel and Bowling 2004; Borg, Hallberg and Blomqvist 2006). Heylen (2010) states there is a positive correlation between age and emotional (lack of attachment figure) and social loneliness (the inability to socially integrate); evidencing as people age, the lonelier they feel. This finding was more evident in older men than women and may be explained by older males preference to be involved in solitary activities (Davidson and Arber 2004; Davidson, Warren and Maynard 2005; Victor and Scharf 2005).

Some argue that prison is an environment that provides daily contact and engagement with others (Aday 1994a; Krabill and Aday 2007); however, the extent to which this contact is meaningful and prevents isolation and loneliness is unknown (Mann 2012b). Other studies show that as result of growing older in prison, some older offenders have meaningful connections with longstanding members and staff (Bennett, Crewe and Wahidin 2008). Research shows that as a result of these 'friendships' with older



prisoners, some staff members feel responsible for the health of older inmates and provide ad-hoc care to the older prisoner if they are in need (Crawley and Sparks 2005).

Literature presents a number of contradictions in relation to older prisoners' experiences of QoL. One body of literature signifies that older prisoners become victims of bullying at the hands of younger inmates (Prison Reform Trust 2008). However, an alternative body suggests older prisoners actually secure respect from younger prisoners due to the amount of time they have been incarcerated (Krabill and Aday 2007). Bond, Thompson and Malloy (2005) identify that long-term older prisoners are less likely to fall victim to younger prisoners due to their experience and knowledge of prison life.

Furthermore, older prisoners offer regular support to others, and regarded as a pillar of strength for the younger prison population, often acting as a role model or father figures (Goetting 1985; Mann 2012b; Cobbs and Farrant 2014). This offers a fulfilling role for the older prison population and allows them to fulfil paternal roles that they may hitherto have been unable to demonstrate. This form of quasi "parental support" positively contributes to a sense of solidarity and community amongst the older prison population while also benefitting the social group as a whole and its individual members (Thoits and Hewitt 2001; Thalos 2012).

Research suggest males exhibit extremely strong alliances to the social group with which they identify and that group membership gives members meaning and purpose to their daily lives, and are protective of their group when faced with external threats (Baumeister 2005; Durcan 2008; Yamagishi and Mifune 2009). Indeed, this creates a strong argument for the segregation of older people from younger prisoners.

As the years pass, older prisoners lose contact with friends and family on the outside. Aday (1994a) highlights the death and ageing of family and friends as explanations for

this. In addition, the changeable nature of prison and prisoners location can have a detrimental impact on the maintenance of friendships with others in and out of prison (Phillips 2006; Cooney and Braggins 2010). This breakdown in friendships and contact with family and friends can be unsettling for older people whose social group may already be limited; however, its impact on the satisfaction levels of older prisoners is unknown.

Studies demonstrate the importance of relationships with family and friends to increase the satisfaction levels of older people. In general, older men are less satisfied with their relationships with others than women are, and explained by men being less social and more solitary. Older prisoners face a number of challenges in maintaining relationships with family and friends and this lack of social relationships can increase loneliness and reduce satisfaction with QoL and wellbeing. However, studies identify positive relationships between older prisoners, prison staff, and younger prisoners. These forms of relationships within the prison service may increase satisfaction with QoL and wellbeing.

### **3.4 Chapter Summary and Research Questions**

The literature review highlights that life satisfaction amongst older prisoners receives little attention within academia, however, the combination of older age and an inappropriate prison environment and regime is detrimental to an older person's sense of satisfaction with QoL and wellbeing. Although the literature presented provides valuable insights into some areas of life experienced by older prisoners, their satisfaction with QoL and wellbeing is yet to be empirically explored.

As such, this thesis combines the current knowledge and gaps in the research literature to explore satisfaction with QoL and wellbeing amongst the older prison population across prison regimes. To measure and explore levels of satisfaction with QoL and wellbeing, both objective and subjective elements are used for this research study. The inclusion of objective measures allows for comparisons of life domains across prison regimes while subjective measures provide the extent of satisfaction with a particular life domain.

The literature contributed to the development of the present thesis' main research question, *Are older prisoners satisfied with their quality of life and wellbeing in prison?* By combining the theoretical context and findings from the literature review, the following objectives present as sub-research questions and will be answered throughout the thesis.

1. How can older male prisoners' satisfaction with QoL and wellbeing be measured across all three prison regimes?
2. What is the current level of satisfaction with QoL and wellbeing of older prisoners, as assessed by the MANSA and ONS subjective wellbeing scales across all three prison regimes?
3. Does male prisoners' satisfaction with QoL and wellbeing differ across three prison regimes?
4. What aspects of the prison regime achieve and reduce satisfaction with QoL and wellbeing for older prisoners across all three prison regimes?
5. Can older male prisoners' satisfaction with QoL and wellbeing be improved across all three prison regimes?

## Chapter 4

### Research Methodology

*Mixed method[s] [...] focuses on collecting, analysing, and mixing both quantitative and qualitative data in a single study or series of studies. Its central premise is that the use of quantitative and qualitative approaches in combination provides a better understanding of research problems than either approach alone (Creswell and Plano-Clark 2007, p. 5).*

#### 4.1 Introduction

This chapter presents the methodological assumptions that underpin and guide the design of the research. Within this chapter, I discuss the sampling strategy employed for the prison sites and participants, alongside the tools I employed for data collection and my choice of analysis of both the quantitative and qualitative data.

#### 4.2 Pragmatism: a research paradigm

Literature states that prior to conducting research, a researcher should be aware of their own research approach and be mindful of their own preferences and assumptions of *reality and knowledge* (Kuhn 1962). Seale (1998, p. 3) supported such notions and suggests that in order to achieve a sound methodological design the researcher must consider “*the political, theoretical and philosophical implications of making choices when doing research*”. This is achieved by identifying the core ontological and epistemological positioning of the research and helps to provide a robust justification for the key decisions a researcher makes regarding the methodology and methods that assist in answering the research question. Philosophical assumptions surrounding

ontology, epistemology, methodology and subsequent methods, dictates the design of the research and allows a clear philosophical trail throughout the research study, adding value and rigour to the research design (Punch 2011).

Traditionally, when a social scientist attempts to solve or broaden academic knowledge regarding a social phenomenon, a single paradigm, such as interpretivist or positivist, is usually adopted (Alasuutari, Bickman and Brannen 2008.). Yet, literature demonstrates there are limitations in forcing research into one paradigm, particularly when trying to solve complex social issues that may profit from both objective and subjective perspectives (Bergman 2011).

Both positivist and interpretivist traditions stem from different ontological and epistemological assumptions, and these beliefs guide the research inquiry in opposing directions (Brannen 2005). Positivism builds on deductive theory that acquires knowledge from a scientific approach, seeking explanatory answers by scientific measurements such as surveys and questionnaires. Conversely, interpretivism builds on inductive theory that encourages subjective meanings to explore reasoning through methods such as interviewing (Henn, Weinstein and Foard 2006).

The literature review discussed in chapter three has demonstrated that understanding satisfaction with QoL and wellbeing in older prisoners is a complex issue, and thus attempting to study complex phenomena requires a philosophical framing that allows for a flexible research design and a range of methods to achieve a detailed level of understanding of the phenomena at study. Candy's work (1989, p. 8) supported the view that a researcher's paradigm requires flexibility stating, "*Few pieces of research are ever 'pure' examples of any one paradigm, fitting unequivocally into one category*". Tashakkori and Teddlie (1998) also contended that there is much more value in

employing one or more paradigm to solve different aspects of a research phenomenon, rejecting the requirement to adopt either an interpretivist or positivist position and adopting a more flexible approach that encourages the combining of both paradigms (Candy 1989; Tashakkori and Teddlie 1998). Although met with support, such flexible worldviews can face criticism and Kuhn (1962) suggested that such an approach could produce flawed research outcomes that fail to provide either a true interpretivist or positivist research study.

Although Thomas Kuhn (1922-1996) and his work are respected within his field, his concern for combining both positivist and interpretivist paradigms appears to be outdated. In recent years, combining two positions is becoming more common in social science research, with contemporary studies beginning to place more focus on the similarities of the competing paradigms, rather than their differences (Onwuegbuzie and Leech 2000). Reichardt and Rallis (1994) argued that the two paradigms share a general thirst for knowledge and an ethos of improving lives and society through the practical application of research findings.

These similarities demand research to adopt both quantitative and qualitative methods where research questions may be complex and require both objective and subjective answers (Clarke and Yaros 1988). With social science research ever developing and increasingly becoming more complex, employing both forms of research inquiry can offer an alternative to a single paradigm or philosophical position (Clarke and Yaros 1988; Bryman 2012) and provides the best of both worlds contributing to the explanation (positivism) and understanding (interpretivism) of any social process (Morgan 2007).

The limitations of merely employing a positivist approach to explore the phenomena of satisfaction with QoL and wellbeing in an older prison population would reduce the design of the research to explore the topic objectively, neglecting the subjective experience of being older in prison and exploring the prison life domains that influence satisfaction with QoL. Therefore, I opted to include an element of interpretivism to explore the subjective and unique meanings of satisfaction with QoL and wellbeing of older prisoners. I also sought a flexible philosophical framing that allows comparisons at two stages of the research design that included comparing older prisoners' satisfaction levels of QoL and wellbeing and comparing recurring themes from qualitative interviews across prison regimes.

The pragmatic paradigm offers the flexibility that I require for the research design of this thesis and is the most commonly adopted paradigm within mixed method research (Riggin 1997; Creswell 2003; Tashakkori and Tedlie 2003; Johnson, Onwuegbuzie, and Turner 2007). Employing pragmatism as a philosophical underpinning of mixed method research has been utilised in many studies (Greene 2007; Morgan 2007; Biesta 2010; Greene and Hall 2010; Tebes 2012) and is proving to be popular for research that intends to explore social phenomena. Datta (1997) illustrated that a pragmatic paradigm is practical and contextual and is applicable within a range of restricted environments, including prison settings.

The intersubjectivity of pragmatism allows the objective and subjective examination of human behaviour, and does not restrict the researcher to one paradigm or worldview (Tebes 2012). This paradigm values both objective and subjective knowledge, appreciating both the positivist and interpretivist standpoints (Feilzer 2010). Pragmatism argues rather than *“be the prisoner of a particular method or*

*technique*” (Robson 1993, p. 291), positivists and interpretivist paradigms should and can be used together (Onwuegbuzie and Leech 2000). O’Donnell and Tharp (2011) testified to understand the human experience and social phenomena; the intersubjectivity of *how* knowledge is formed when framing research, is required. Cherryholmes (1992) and van Griensven, Moore and Hall (2014) supported this notion and stress the need for a flexible and malleable world lens to understand the range of cultural identities within society. Moreover, Patenaude (2004) concluded that prison research could only be valuable if it adopts a pragmatic approach that can help to inform policy through its objective and measurable explanations and subjective explorations.

The justifications discussed above illustrate that pragmatism is an appropriate paradigm for this research study. Its philosophical assumptions offer flexibility when solving complex social phenomena that require both identification and explanation of the satisfaction with QoL and wellbeing of older prisoners across prison regimes as well as an exploration of older prisoners’ experiences of being older in prison. Its practical nature allows easy application within research environments that encourage an enhanced understanding of human experiences and it is for these reasons that I employed a pragmatic approach to frame the philosophical assumptions of this research design.

### **4.3 Method of Research Inquiry**

My aims of this research are to identify and understand satisfaction with QoL across three different prison regimes and thus I required a standardised measure to identify the current satisfaction levels of an older prison population and compare across regimes. I



also wished to elicit an in-depth understanding of older prisoners' satisfaction with QoL and wellbeing and compare any recurring patterns and themes across prison regimes. As I am framing the research within the foundations of pragmatism, this philosophical approach allowed me to ask what method of inquiry works best to answer the research question (Creswell and Plano-Clark 2006) and for this research; the answer is both quantitative and qualitative methods or mixed method research. This chapter provides my rationale for the adoption of a mixed method inquiry and discusses the research design that allows the objective and subjective exploration of satisfaction with QoL and wellbeing of older prisoners.

#### ***4.3.1 The Rationale for Mixed Methods***

The use of either quantitative and qualitative methods or mixed method research has grown to be a popular approach within social science research (Brannen 2005). Contemporary research favours the use of quantitative methods to provide figures and statistics and qualitative methods to add context and perspective when solving social phenomena's such as homelessness (Meschede and Chaganti 2015), male teenage fathers (Aventin et al 2015), and racism (Embrick and Henricks 2015). Scholars state when solving problems in the social world, mixed methods is the most natural approach, as one sole method is rarely used in everyday life and therefore provides a more realistic approach when providing answers to a social phenomenon (Bryman and Bell 2003). By encompassing a practical approach that builds on everyday methods of problem solving, both numbers and words can help to inform social policy, and current and future practice (Hammersley 2000). Mixed method research acts as an 'accelerant' (Morse 2003, p.147) as both methods aids the researchers understanding of social issues

such as being older in prison. In addition, by employing a mixed method approach I am contributing to the academic literature and expansion of knowledge of using mixed methods in QoL research (Blaikie 2000; Dunning et al 2008; Harley et al 2012).

In chapters two and three, I explained the limitations of understanding satisfaction with QoL as an objectively measured concept, a body of research related to satisfaction, and QoL indicates that a subjective dimension is just as complex. For these reasons, I required methods that would allow me to access a hard to reach population, such as prisoners. By using mixed method research, the flexibility of both methods helps to increase the accessibility and recruitment of an oppressed population through the researcher's willingness to offer a number of ways for the population to participate (Schostak and Schostak 2008). Mixed method research also provides a voice to traditionally unheard populations that add weight and value to research and encourage social change within policy and practice (Henn, Weinstein and Foard 2009).

Modern day research calls for the use of both nomothetic and idiographic approaches when researching topics related to human experience (Diener and Fujita 1995; Hindle and Franco 2009) and the work of Robbins and others (2008) stressed the need for the use of both methods, calling it a "*winning combination*" in research (p. 105). Koshy, Koshy and Waterman (2011) supported this view and stressed to fully understand a phenomenon the integration of both quantitative and qualitative methodologies is needed.

#### **4.3.1.1 Mixed Methods and Satisfaction Research**

Within satisfaction with QoL and wellbeing research, quantitative methods appear to be the most popular method of choice and examine measurable domains across a number of areas including physical health (Holtz et al. 2014), mental health (Layard 2013) the

environment (Banzhaf et al. 2014) and people living with dementia (Trigg et al. 2012). Although less pertinent, qualitative methods are found within research that explore QoL and physical health illnesses (Abbey et al. 2011; Bowes et al. 2014) or where participants are children (Elliot, Lach and Smith 2005; Witvliet et al. 2013).

Literature suggests that mixed methods provides a valuable approach to capture a fuller and richer picture of satisfaction with QoL and wellbeing, particularly within specific sample populations (George 2011). In life satisfaction research with older people, Rapkin and Fischer (1992) contended that research must go beyond just quantitative findings to access the full picture of what makes a good life. The complexity of satisfaction with QoL and wellbeing adds weight to the argument that two methods of inquiry are needed to fully appreciate a phenomenon (Morse and Niehaus 2009). Employing two forms of research inquiry provides a more complete picture of the experience under study (Esbensen, Thomé and Thomsen 2012) allowing for comparisons across prison regimes to be made.

Employing mixed methods to explore satisfaction with QoL and wellbeing offers an original contribution in a limited area of the literature that have neglected to combine methods thereby limiting studies to description.

#### **4.3.1.2 Mixed Methods and Prison Research**

Prison research has traditionally employed quantitative methods to examine prison life (Hagan 2010). Reasons for this include its accessibility and ability to objectively measure and therefore describe the prison environment and population (Patenaude 2004). The limits of quantitative methods include the generation of rich data and the inhibition of a deeper understanding of the complexities of the prison environment and

its inmates, that qualitative methods have the potential to produce (Geertz 1973). This allows for a better understanding of this prison population's experiences.

Mixed methods is growing in popularity amongst academics conducting research in prison and this approach has been implemented across a range of topic areas including understanding therapeutic prison environments for sex offenders (Blagden, Winder and Hames 2014), understanding prisoner re-entry into society (Phillips and Lindsay 2009), and understanding how grief is experienced by female prisoners (Ferszt et al. 2009). Evaluation of these studies suggests that mixed methods is helpful when trying to understand how prisoner experience custody.

In prison research, mixed methods is strategically employed to obtain data from a restrictive environment and hard-to-reach population. Jenness (2010) used mixed method research for this reason and circulated a quantitative questionnaire to prisoners. This use of quantitative questionnaires allowed for easier access to the prison environment without too many difficulties and allowed Jenness to gain a presence within the prison site. This approach also served to promote the research and encouraged participants to take part in the qualitative phase of the research. Participant familiarity with the researcher and the research study reduced participants' anxiety and uncertainty about the research study, encouraging prisoners to participate. Furthermore, other research has argued that using both quantitative and qualitative methods in prison ensures that the most accurate picture of the topic of study is recorded as prison life can be both described and explained (Reiter 2014).

Both quantitative and qualitative methods are regularly employed by prison inspectorates in their inspections of prisons (HM Inspectorate of Prisons 2010; 2011; 2012; 2014). Each report used both quantitative and qualitative methods to draw data

together for each review and included the use of secondary numerical data, the circulation of surveys and questionnaires, observations, and interviews to “*strengthen the validity of [our] assessments*” (HM Chief Inspector of Prisons 2014, p. 10). The use of these methods then generated a combination of data, and was analysed using descriptive statistics and thematic analysis. This has proved to provide a successful and easily interpretable picture of current prison life across differing prison estates and regimes. It is for these reasons that this thesis employs mixed methods.

#### **4.3.1.3 Mixed Methods, Prison and Older Males**

Literature searches of academic research that employ mixed methods to explore the experiences of older prisoners is sparse and highlights that this approach is underutilised for this research topic. The reasons for this appear to be unclear and require further exploration.

The most notable piece of mixed method research with older prisoners is an outdated thematic review *No Problems Old and Quiet*, which uses a variety of quantitative and qualitative methods that explored the neglect and oppression of older prisoners (HM Inspectorate of Prisons 2004). A mixture of surveys, focus groups and interviews with both older prisoners and prison staff, gathered the evidence. At the time of publication the authors offered the most comprehensive understanding of how being older in prison was experienced and additionally provided key recommendations for policy and prison reform; an element of research which this thesis wishes to replicate.

In Gerontology, positive theories of ageing suggest elements of life in older age should be measured both objectively and subjectively (Fernández-Ballesteros 2011). Turner, Payne and Barbarachild (2011) conducted research into palliative care in prisons in

England and Wales and employed a mixed method design. The research findings indicates that a high proportion of prisoners who use the end-of-life facilities are identified as 'older', however the research focusses on the views of prison and healthcare staff and not the older prisoner. This research has shown that prison staff harbour alternative perspectives on older peoples' experiences in prison. Although this thesis focuses on the voices of the older prison population, it sought to gain the views of a variety of prison staff within the qualitative phase to build on the understanding of satisfaction with QoL and wellbeing of older prisoners from an alternative perspective.

The most recent research project that utilises mixed methods in prison is an ESRC project that explored the health and social care services for older male adults (Senior et al. 2013). The study employed diagnostic tools, surveys and interviews and explored the health and social care services for older male adults across three consecutive time phases, when entering prison, during prison and when leaving prison and returning to the community. The quantitative element provided a screening phase that identified unmet health and social care needs. Participants were then purposively sampled and invited to attend interviews in the qualitative phase to discuss their personal experiences. The structured design of the research and the different phases of study appeared to offer a manageable structure that was easy for the researchers to navigate. The additional element of purposive sampling for the qualitative interviews ensured that a range of older prisoners were included in the qualitative phase of the study to increase generalisability and a wide range of perspectives of the older prison population. I considered this approach to offer 'research thoroughness' and hence adopted a similar approach for this thesis.

#### 4.3.1.4 Summary

The conceptual framework presented in chapter 2 illustrates the concepts that guide the research and thesis that cannot be explained by one method alone. The concepts of satisfaction with QoL and wellbeing within an older prison population are complex and require the use of a pragmatic epistemological positioning that permits the use of both quantitative and qualitative methods. This mixed methods approach draws on values that “*minimise poverty and hardship, increase sum of human satisfaction and enhance QoL*” (Beverluis 2000, p. 63). This study achieves this through a quantitative study that explores which prison regime results in the highest levels of satisfaction with QoL and wellbeing in an older prison population, and by a qualitative study that allows for the understanding of which aspects of life contribute satisfaction with QoL and wellbeing and encourages human potential. This mixed methods approach also allows for a deeper understanding of what particular features of prison life prevent satisfaction with QoL rather than just assuming all prison regimes are oppressive for older prisoners per se. To date there is no research that specifically employs mixed methods to explore prison and satisfaction with QoL and wellbeing and this thesis offers the first study to conduct such a study. To summarise, a mixed methodology to explore satisfaction with QoL and wellbeing within an older male prison population is adopted for the following reasons:

- The objective and subjective nature of QoL and wellbeing requires different methods to obtain a full understanding and provide a true account of being an older male within a prison environment

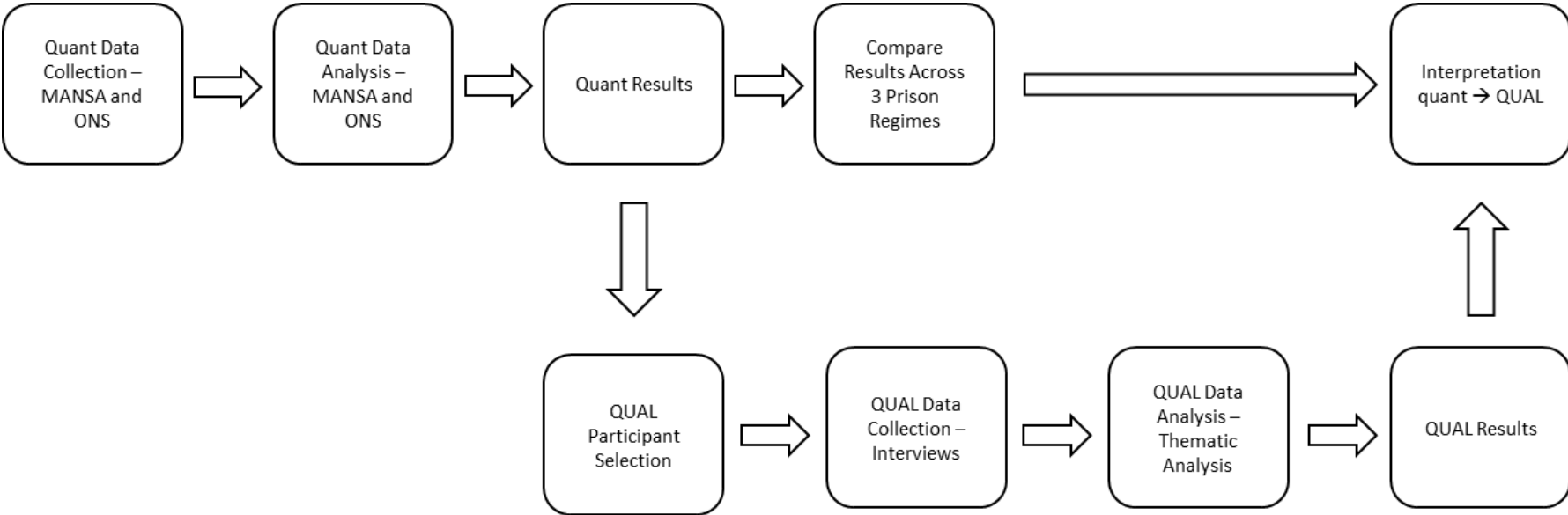
- A quantitative survey offers an accessible method to obtain an insight of QoL and wellbeing within a prison environment
- Qualitative methods allow for the domains of QoL and wellbeing surveyed within the quantitative method to be further explored at a deeper level
- Employing both quantitative and qualitative methods provides participants with the choice to the extent at which they wish to participate within the research process, whilst still providing an opportunity for their voices to be heard.

#### ***4.3.2 Research Design***

According to Bryman (2012), the identification of a robust research design is vital when conducting a mixed method study. Therefore, I needed to make a number of decisions about my principal method of gathering data and whether this would be sequential or concurrent. In order to answer the research questions efficiently, I adopted Creswell and Plano-Clark's (2007) sequential 'Explanatory Design: Participant Selection Model'. The Explanatory Design: Participant Selection Model adopted for this thesis was adapted from Creswell and Plano-Clark to illustrate the two phases of the research as well as the comparison of QoL experiences of older prisoners across the prison regimes.



FIGURE 4.1 ADAPTED EXPLANATORY DESIGN: PARTICIPANT SELECTION MODEL



This type of sequential mixed method design employs two distinct phases that I completed in a specific order; the quantitative phase followed by the qualitative phase. This allowed me to build upon the quantitative results through the qualitative study and “*put[s] flesh on the bones of quantitative results, bringing results to life through in-depth case elaboration*” (Patton 1990, p. 132). Morse (1991) suggested this type of design is appropriate for researchers who wish to use the results from the quantitative study to purposively guide the sampling for the qualitative phase of the research. This enhances the study from the description of a phenomenon to a deeper understanding of it and its related concepts (Creswell 2003).

I adopted this model of the design so that a range of QoL and wellbeing scores from older prisoners could be sampled, and then explored within the qualitative phase of the study at a much greater depth. This was a strength of the explanatory design as I could purposively sample participants for the second qualitative phase of study from the first quantitative phase. Research by Kelle (2001) argued that mixed methods research often places more focus on either the qualitative or quantitative stage. For the purpose of this research, the qualitative phase of the study was designed to add depth to the quantitative findings and to hold more analytical weight than the quantitative phase of the study. This is illustrated by capital letters in figure 4.1. My justifications for adding more analytical focus to the qualitative phase of the study includes the opportunity it provided me to explore the survey scores at a deeper level, contributing a rich understanding why any differences in QoL and wellbeing may be experienced across prison regimes (Johnson, Onwuegbuzie and Turner 2007).

Having opted for a sequential approach of the research design that would involve me in collecting two sets of data across two phases of the fieldwork, I had to be mindful

that this process could be more time consuming than a concurrent model which collects both quantitative and qualitative data at the same time. However, through exploring the literature I found that a sequential model is more practicable for single researchers as the data collection occurs within two separate phases, allowing the study to be much more manageable than a concurrent approach, which requires more practical organisation (Creswell 2006). Therefore, this approach was adopted for this thesis.

My research design would also offer a comparative element, quantitatively and qualitatively comparing satisfaction with QoL and wellbeing across three prison regimes. Literature states that comparative designs are useful for quantitative research, as they do not require a control group providing that at least two groups be compared (Basham 1986). Moreover, Tourigny and others (2010) advocate a comparative design due to its avoidance of the use of a control group as well as the refusal to conform to experimental designs that manipulate variables and affect the data.

Comparative designs are useful for research questions that wish to identify if a particular group is 'superior' to another when measuring a common area across the differing groups. Quantitative comparison can also identify how the groups differ from each other and can be useful when comparing different types of environments with varying characteristics. Comparative designs also allow for comparisons to be made at the macro level between whole prison regimes and amongst individual participants and such approaches are commonly used in comparative research between a number of countries (de Vaus 2008) but are yet to be employed with older prison populations.

A comparative design offered an insight into whether any prison regime provides the highest satisfaction levels with QoL and wellbeing and how the satisfaction levels correlate across prison regimes and in what areas of life domains.

#### **4.3.2.1 Phases of the Research Design**

The first stage of quantitative data collection collated quantifiable survey data from a sample population of older prisoners and provided a description of their satisfaction with QoL and wellbeing of older prisoners. This first phase answered three research questions:

1. How can older males' in prisons satisfaction with QoL and wellbeing be measured across all three prison regimes?
2. What is the current level of satisfaction with QoL and wellbeing of older prisoners as assessed by the MANSA and ONS subjective wellbeing scale across all three prison regimes?
3. Does satisfaction with QoL and the wellbeing of older prisoners differ across three prison regimes?

Quantitative data analysis then followed, allowing the findings to dictate the 'QUAL participant selection' phase of the model (see figure 4.1). Individuals who participated in the first quantitative stage of the research were purposefully sampled to provide a range of scores and ages for the qualitative stage of the study so that an understanding of satisfaction with QoL and wellbeing could be better understood.

The qualitative stage aimed to answer two research questions:

1. What aspects of the prison regime achieve and reduce satisfaction with QoL and wellbeing for older prisoners across all three prison regimes?
2. Can older prisoners' satisfaction with QoL and wellbeing be improved in all three prison regimes?

In addition, prison staff undertaking a range of roles within the prison sites were interviewed to elicit their experiences and daily interactions with older prisoner. All qualitative data was analysed separately and then considered alongside the quantitative data in the 'Interpretation quant → QUAL' phase of the model (see figure 4.1).

## **4.4 Methods of Data Collection**

This section presents the process of data collection for the mixed method study and discusses the sampling strategy, the tools used for both the quantitative and qualitative phase of the research and the methods of analysis.

### ***4.4.1 Data Collection Tools***

In order to encapsulate objective and subjective areas of satisfaction and wellbeing, two quantitative data collection tools, the ONS and MANSA were employed to identify the items of QoL and wellbeing that were most pertinent to the satisfaction of older prisoners, as well as the use of semi-structured interviews to understand satisfaction with QoL and wellbeing from older prisoners' perspectives. The data collection tools are discussed in the following sections.

#### 4.4.1.1 Quantitative Survey

The body of research most relevant to this thesis is Alison Liebling's (2004) work on *Prisons and their Moral Performance* and this space provides an opportunity for discussion of the work. The monograph led to the development of the Measuring Quality of Prison Life (MQPL) survey which aims to understand prison life by quantitatively surveying a number of domains including respect, staff-prisoner relationships, humanity, fairness, staff professionalism, organisation and consistency, policing and security, personal development, and well-being (Liebling 2004; Crewe, Liebling and Hulley 2011; Liebling, Price and Shefer 2011; Liebling 2012).

The MQPL builds on humanistic values that add quality to prison life and measures these across all serving prisoners at a number of prison establishments (Liebling 2004). Liebling, Hulley and Crewe (2012) discuss the design of the survey and present over a hundred closed questions on 21 domains of life in prison. The authors discuss how they collated data on the experiences of prison inmates and staff, provide information to the prison service and its policy makers on decisions regarding prison culture and changes to the prison environment, and measures the extent to which the prison environment encourages positive outcomes on release.

The MQPL has proved to be a popular and accurate measure in prisons and is used in studies that measure satisfaction levels with prison healthcare and the prison environment (Ross, Liebling and Tate 2011). However it also presents a number of limitations. Firstly, the MQPL does not take age into consideration (Liebling, Hulley and Crewe 2011). In addition, the survey is lengthy, totalling 23 pages per booklet with 123 open and closed questions, taking over one hour to complete (Liebling

2012). Given that, the majority of the prison population experience reading difficulties (Social Exclusion Unit 2002) it is impractical for me to accompany the participant in his completion of the questionnaire, creating time issues and practical demands on the day-to-day running of the prison.

Furthermore, a number of items such as relationships with family, activities within the prison, and identity are considered to be vital in the assessment of QoL (Bond and Corner 2004; Victor and Scharf 2005) but are neglected in the MQPL. I consider these essential elements to include in a survey that explores older peoples' satisfaction with their QoL effectively and sought to find a survey that includes these items.

Finally, in Liebling's own admission, she states that the MQPL assessment does not measure satisfaction with QoL as its main objective and "*the most important goal of the original project: [is] to understand, and find an appropriate language for describing the prison experience and its effects*" (Liebling 2012, p. 5). Although a useful tool for the prison service, the MQPL fails to address the QoL of prisoners, providing a general insight into the prison experience and I wished to adopt a tool that specifically captured satisfaction with QoL and wellbeing.

Based on the limitations of the MQPL, I wished to avoid such demands on the participating prison sites and prison staff, ensuring that my research places limited demands on the day-to-day running of the prison. I also felt that such a lengthy survey would deter many individuals from participating and so I looked elsewhere for an alternative survey that still focussed on satisfaction with QoL but was easier and quicker to complete. I also sought a survey that was self-reporting to ensure that I needed to attend the prison on a few occasions thereby preventing difficulties in organising my escort around the prison by the prison staff. It is for these reasons that

I did not adopt the MQPL for this research study and I used a more suitable tool that provides a shorter alternative that specifically measures satisfaction with QoL and wellbeing.

This research ultimately required a questionnaire or survey that would be quick and easy to complete for the participants, which would not place too much time or demands on the prison staff or cause too much disruption to the daily prison routine, as well as identify an accurate snapshot of the older prison population's satisfaction with QoL and wellbeing. Criticisms of the MQPL also indicate a gap in the research for a specific tool to measure older prisoners' satisfaction with QoL and wellbeing; therefore, I developed the Older Prisoners Quality of Life questionnaire (TOPQoL) (see appendix iii).

The TOPQoL was an amalgamation of two surveys, the Manchester Short Assessment of Quality of Life (MANSA) Scale and The Office of National Statistics (ONS) Subjective Wellbeing Survey. This section will discuss the two surveys separately and highlight their differences, strengths, limitations, and relevance to the research study.



#### 4.4.1.1.1 The Office of National Statistics (ONS) Subjective

##### Wellbeing Survey<sup>1</sup>

*Research has shown that it is possible to collect meaningful and reliable data on subjective as well as objective well-being. Subjective well-being encompasses different aspects (cognitive evaluations of one's life, happiness, satisfaction, positive emotions such as joy and pride, and negative emotions such as pain and worry): each of them should be measured separately to derive a more comprehensive appreciation of people's lives ... [subjective wellbeing] should be included in larger-scale surveys undertaken by official statistical offices (Stiglitz, Sen and Fitoussi 2009, p. 10).*

The ONS Subjective Wellbeing survey was developed by Dolan and others (2011) and was included within the *Integrated Household and the Lifestyle and Opinions Survey* distributed by the ONS in 2011 (see appendix i). The ONS Subjective Wellbeing survey is based on theoretical approaches of subjective wellbeing and measures three domains of wellbeing; evaluative, eudemonic and experience. The evaluative approach is reflective and calls on the individual to assess their life thus far, the eudemonic approach measures individuals' sense of meaning and purpose in life and finally, the experience approach assesses individuals' current wellbeing,

---

<sup>1</sup> The National Offender Management Service (NOMS) granted ethical approval for the study on the condition that I included Office of National Statistics (ONS) Subjective Wellbeing Survey as a supplement to the MANSA survey.

measuring both positive and negative experiences. This final domain asked two questions within the survey.

The four subjective questions score on a Likert scale of 0-10, with 0 'not at all' and 10 'completely', which can then be analysed via descriptive statistics. By circulating this survey, the scores of older prisoners can compare to those of the general population and any similarities and differences in subjective wellbeing between a community and prison population can be made. This offers a baseline to compare the ONS subjective wellbeing data between an older prison population and the general population, this comparison has not been previously undertaken and offers an original contribution to knowledge.

Yet, there are limitations of applying this survey to an older prison population. The first limitation is that the survey is not age specific and therefore inferences related to age cannot be made when comparing the community and prison population. Secondly, the survey only captures data that will permit descriptive statistics. Finally, this survey merely offers a snapshot of wellbeing in the older prison population across the four domains and fails to provide a deeper insight into older prisoners' satisfaction with wellbeing.

#### **4.4.1.1.2 The Manchester Short Assessment of Quality of Life**

##### **(MANSA) Scale**

In order to assess satisfaction with QoL accurately within a prison environment and an older population sample, and considering the limitations of the MQPL, I concluded that a quantitative scale needed to be, self-reporting, quick and accessible, have good readability, be completed and understood with ease; achieve the relevant information desired and encompassing sound psychometric properties. When

scoping the literature for a scale that would reflect such demands, I identified that the MANSA would satisfy these requirements (see appendix ii).

The MANSA is a shortened version of the Lancashire Quality of Life Profile (LQLP) that originated from Lehman's Quality of Life Interview (1983) and discussed in the framing of the research (see chapter two). The original LQLP was developed for the specific use of community patients diagnosed with a mental illness, however due to criticisms of the LQLP's focus on psychopathology the authors redesigned the survey. As a result, the MANSA developed as a community friendly scale for assessing satisfaction with QoL and no longer just used for patients diagnosed with a mental illness (Priebe et al 1999).

I began to explore the feasibility of implementing the MANSA with an older prison population and assessed the MANSA's concurrent, face and construct validity. Pearson's  $r$  statistic illustrated a strong positive correlation between all measured domains in both the LQLP and the MANSA and in addition, the Cronbach's alpha for the satisfaction ratings of the MANSA demonstrated high internal consistency and coefficient reliability (Priebe et al. 1999). As the tool was not being used to inform treatment decisions or interventions but rather to provide a description of satisfaction with QoL within each prison regime, I concluded that the statistical analyses suggested that the MANSA was a valid tool to obtain condensed and accurate satisfaction with QoL data.

I explored other reported strengths of the MANSA in the literature and found that it was suggested to offer quick administration and counteracted some of the time issues associated with the MQPL (Liebling 2004). Priebe and others (1999) suggested that self-administration of the survey should take between three and five minutes, which encourages participation and the high response rates, which counteracts the

limitations of the MQPL. The MANSA was attractive to me as the National Institute of Health Research Mental Health Research Network paper (2010) quoted that experienced service users rated the tool as a good outcome measure to use in adult services. The MANSA is rated as highly as famous tools such as, the Beck Depression Inventory (Beck et al. 1961) and rated even more highly than the Health of the Nation Outcomes Scale (HoNOS) (Wing, Curtis and Beevor 1996), the Global Assessment of Functioning Scale (GAF/GAS) (Endicott et al. 1976), the General Health Questionnaire (GHQ) (Goldberg 1978) and the 12 item short form health survey (Ware, Kosinski and Keller 1996).

Explanations for this are credited to the aspects or domains of life that the MANSA explores. Items of interest such as health, family and leisure are suggested to be areas that service users deem to be essential to their QoL and they are therefore motivated to respond to such domains. When discussing the MANSA, the Royal College of Psychiatrists (2011) consider the MANSA to be the most widely used QoL measure due to its high validity and quick and easy administration. In addition, research by Murphy and Cutts (2009) identify that the use of the MANSA in clinical settings had had a positive influence in the treatment of service users. These authors endorsed the MANSA and called for more research to implement the survey in differing settings and environments.

I was keen to circulate this survey amongst the older prison population but was mindful of literature that discussed the practical issues of conducting prison research (Hagan 2010) and I felt that I needed to overcome such issues before I circulated the survey to an older prison population. My reflections included taking into account the dullness for the participant who may have participated in similar research studies previously and be reluctant to take part again. In addition, I was mindful of

inconveniencing staff and affecting their working day, as well as the difficulties in obtaining a sufficient response rate.

I considered the limitations of the MANSA for a prison environment and reflected on ways to overcome its limits in order to circulate the most appropriate survey for older people in three prison regimes. Firstly, a number of the questions asked on the MANSA scale directed the respondent to rate their answer on a 7-point Likert scale. The original presentation of the scale displayed a single illustration of the scale with each question and a small asterisk that guided the respondent back to a separate page that presented the Likert scale (see appendix ii). My initial response was that this would be confusing to the participant and irritating to refer back to the page with the Likert scale, negatively influencing the response rates. Therefore, to ensure that the respondent completed the MANSA fully and easily, I redesigned the appearance of the survey and repeatedly presented the Likert scale after each subjective question with relevant instructions for how to complete.

I also redesigned the appearance of the survey as recommended by advice given in *Criminal Justice Survey Research* (Hagan 2010), presented the survey in a booklet format, and printed the survey in blue. Edwards and others (2009) suggest that cosmetic changes can increase response rates for postal and online questionnaires and therefore I adopted a similar theory for the TOPQoL.

Secondly, I was concerned over the MANSA's appropriateness for an older male prison population. In particular, I wished to nuance the wording of the items to make the questions more relevant to a prison environment. In correspondence and with permission of the authors of the original scale (Priebe et al. 1999), the wording of questions VD4, VD5, VD8, VD9, S2, O3 and S8 were nuanced. An example of this is the original subjective question S8 that asks 'How satisfied are you with the

people that you live with?’ In order for the participant to be clear that the questions was referring to their current living situation in prison, the question changed to ‘How satisfied are you with the people that you live with in your cell or on your wing?’ These small changes have not affected the psychometric properties of the survey (see chapter five).

A report commissioned by the National Literacy Trust indicated that 60 percent of the prison population show difficulties with basic literacy skills (Clark and Dugdale 2008). Furthermore, the Social Exclusion Unit reported that 80 percent of prisoners have writing skills at or below the level expected of an 11-year-old child, which is 30 percent higher than in the non-offending population (50 percent) (Social Exclusion Unit 2002 p. 6). To ensure the suitability of the MANSA for a prison environment, I carried out a number of readability tests through Microsoft Word on all the documents the participants were expected to read and, crucially, understand. These included the MANSA tool, Information Sheet and Consent Form. The readability tests performed on the documents were as follows: The Frequency of Passive Sentences, The Flesch Reading Ability and The Flesch-Kincaid Grade Level. All tests showed to have a good ease of readability and a suitable reading level for a prison population. In addition, the presentation of the MANSA was redesigned for older prisoners who might have additional visual needs. Research by Malen and others (2008) suggests that a larger font size increases response rates in self-report questionnaires and Eyles, Skelly, Schmuck (2003) conclude the most legible font for older people is size 14 with a clear sans serif style. Based on these findings and to ensure that the older prisoner population could complete the MANSA accurately and easily, the survey was edited from the original and presented in the recommended style.

Following cosmetic changes to the presentation of the MANSA, the survey was presented to the older prisoners in five sections. Section A requires the respondent to provide the name of the prison estate and the total years spent in prison. This acted as a unique identifier so that I could match individual data if any participant wished for their data to be withdrawn. Section B requests demographic data of the participant including their date of birth, ethnic origin, gender, any diagnoses of psychiatric, behavioural or mood disorders, and the participants' length of stay in prison for their current conviction, which was used in additional analyses to provide descriptive information of the sample population. Sections C and D of the MANSA explores education and employment, family life outside of prison, as well as accommodation. Finally, Section E presents the fundamental core of the MANSA scale. There were 16 items in total, 11 subjective questions and 5 objective questions. The subjective questions requests the participant to provide a rating from 1-7 (1 = couldn't be worse to 7 = couldn't be better) on 11 subjective domains. The subjective domains include overall current life satisfaction, satisfaction with employment or unemployment, satisfaction with financial situation, satisfaction with number and quality of friendships, satisfaction with leisure activities, satisfaction with accommodation, satisfaction with personal safety, satisfaction with people that they lived with or satisfaction living alone, satisfaction with relationship with family, satisfaction with mental health and satisfaction with physical health. Subjective domains presented on a Likert scale that follows each subjective question, specifically questions S1, S3, S4, S5, S6, S7, S8, S9, S10, and S11. Questions O1, O2, O3, O4 and O5 require an objective answer and participants are asked to provide an answer of either 'Yes', 'No' or 'I don't know' (see appendix iii).

#### **4.4.1.2 Qualitative Interviews**

The second phase of the research design employed a qualitative method. There is no one set definition of qualitative research and older definitions expose variations of similar characteristics, such as the interpretations of experiences (Holloway 1997; Gabrielian 1999; Malterud 2001). More modest definitions, such as the one quoted below by Savin-Baden and Howell Major (2013 p. 11), define qualitative research as “*social research that is aimed at investigating the way in which people make sense of their ideas and experiences*”. Conducting qualitative methods in participant’s natural surroundings provides a better understanding of the participant’s experiences and behaviour (Savin-Baden and Howell Major 2013) and thus provides an opportunity to capture subjective experiences and understanding of older prisoners’ satisfaction with QoL and wellbeing.

To fully understand older prisoners’ satisfaction with QoL and wellbeing, I felt it was imperative to interview prison staff. The Prison services ‘decency agenda’ introduced the need for humane treatment from prison staff towards individuals in prison for whom they are responsible (Liebling 2004). This includes duties that maintain integrity, conscientiousness and respect (Prison Service 2007). Extensions of this include the duty of care to maintain the wellbeing of prisoners (Livingstone, Owen and Macdonald 2003) and the importance for prison staff to provide appropriate support to older prisoners. The relationships between inmates and prison staff have often been explored within the literature (Bennett and Shuker 2010; Crewe 2011; Marzano, Ciclitira and Adler 2012). Sullivan (2007) explores a workable and mutually beneficial relationship that can be obtained and a recent study identified the most persuasive characteristics of a prison officer were those who were less punitive and more flexible and compassionate. In order to evaluate the perceptions of older



prisoners' satisfaction with QoL by prison staff across prison regimes a range of prison staff were interviewed from all three participating prison estates.

Based on this literature, I felt conducting semi-structured interviews with both older prisoners and prison staff would benefit the thesis and provide context and meaning to the quantitative data that I had previously collated.

#### **4.4.1.2.1 Semi-structured Interviews**

Qualitative interviews provide a form of social inquiry that produces social knowledge (Kvale and Brinkman 2009). Biddle and others (2012) argued qualitative interviewing could be cathartic for particularly vulnerable populations who are not regularly provided the opportunity to voice their views. With this in mind, employing qualitative interviews within this research study seems highly appropriate, with additional potential benefits to the participants. Participant I evidenced this at the beginning of their interview stating:

*I've been here 10 months now and this prison hasn't done anything for me [...] you are the first person to call me up and actually said 'how you doing in prison?' or in regards to being older y'know [...] no one else has bothered to ask [Participant I, aged 65 years, Open Prison].*

Semi-structured interviews were conducted with two groups of participants, older prisoners aged 50 and over, and prison staff in a variety of roles and separate interview guides were used for each (for semi-structured interview schedule for older prisoners see appendix iv, and for prison staff see appendix v). I chose this type of

interview structure to provide structure and consistency to interviews conducted with each participant, but it also allowed me to have a degree of flexibility within the interview process.

As previously explained, participants recruited for qualitative interviews were older prisoners aged 50 and over and were purposefully sampled from the participants who completed the quantitative survey. All participants were invited to attend an interview to discuss themes such as the prison environment, being older in prison, relationships with others, and their personal evaluation of their QoL in their particular prison regime. The literature and results of the quantitative survey informed the topic areas discussed during the interview (Cohen and Taylor 1972; Aday 2003; Davies 2011; Kingston et al. 2011). Although the interview structures were organised into clusters of themes or areas of focus, I employed an iterative process for the interviews so that I could build on topics discussed in previous interviews with other participants. This allowed for flexibility within the interviews.

A design of the semi-structured interview was prepared for the interviews with older prisoners and I utilised open-ended questions, phrases such as 'Describe to me', Tell me, and 'How do you feel'. When I felt participants had provided answers that were lacking in detail I employed a series of prompts and encouraging words or phrases. I ensured that I avoided asking questions that were over-empathetic, manipulative, leading or closed to ensure that the most truthful, descriptive, and analytical answers were given.

In order to encourage an in-depth understanding of the phenomenon, the interviews were exploratory in nature. All interviews lasted for approximately 30 minutes to one and a half hours depending upon the individual participant. All of the interviews were completely voluntarily and participants were informed they were under no

pressure to participate and if they chose not to, their refusal would have no bearings on the remainder of their custodial sentence.

Due to time constraints and demands on the older participants to discuss quite sensitive topics, a second interview was offered to participants if they wished to discuss any interview topics further or to have shorter interviews that might be less intense and emotionally demanding. However, no participants opted for this. One participant did become visibly upset during the interview and I stopped the interview immediately. Once the participant had settled, he stated that he wished to remain in the interview room and a natural conversation ensued regarding the oil paintings he had completed in the prison Art class.

Once the interview came to a natural close, and in agreement with the participant, I notified his wing officer, who assured me that he and his staff would be mindful of the participant's disquiet and would "*keep an eye on him*". This also provided me with an opportunity to discuss with the prison officer how I felt the interview went and the point at which the participant became distressed. In essence, this acted as an informal debriefing session, which I feel I benefited from. The following day I contacted the same wing officer to check that the participant had a comfortable evening and the officer assured me that the participant was in "*good spirits*".

I designed each interview to begin with an introduction of myself and then prompted the participant to reciprocate if they wished. This was to ensure that the participant was at ease and made to feel as comfortable as possible during the interview. I also hoped that sharing initial information would create a sense of balance between the participant and me, and would result in the interview replicating a natural conversation. I also reiterated that the research was independent of the prison site and prison service and that the participants had the right to terminate the interview at

any point and did not have to answer any questions that they did not feel comfortable discussing. I also felt strongly that I should make it clear to the participants that at no point would they be required to discuss the offence(s) that they had committed and were imprisoned for, as this was not directly relevant to the research questions area. Yet, throughout the interviews, most participants volunteered information about their index offence.

I endeavoured to ensure that all qualitative interviews with older prisoners ended on a positive note either by exploring happy memories they had discussed throughout the interview or by identifying positive aspects of the future. For example, the interviews often ended discussing with the older prisoners their positive relationships with their grandchildren or their plans for release. The respondents were offered a chance to contribute any additional information they had not discussed during the interview and provided with time to ask any questions about the research.

The same semi-structured approach was applied in interviews with prison staff and topic areas discussed were informed by the literature (Dixey and Woodall 2011; Williams 2012; Senior et al. 2013) and included the prison environment and regime, experiences of their contact with older prisoners, and healthcare and social care provided to older prisoners. I was particularly interested in the latter area to identify if prison staff were aware of any health and social care provision for older prisoners and their particular involvement in the delivery of this care.

#### ***4.4.2 Sampling Strategies***

Gaining access to prisons for research is notoriously challenging (Liebling 1999). The negotiation of ethics, governor permission, and the practicalities of escorting the researcher around prison, often leads to the rejection of independent research. This section discusses the difficulties I experienced gaining access to three prison sites and the levels of negotiation to conduct the two stages of the study.

##### ***4.4.2.1 Phase One: Prison Sites***

As I wished to target a specific prison population and prison regimes I employed a 'purposeful sampling' (Patton 2002, p. 169) strategy to allow me to recruit the most relevant prison sites that represented all prison regimes. This range of prison regimes also ensured I could generalise the findings of the thesis to the male prison population. I identified ten potential prisons from the MoJ (2012) with differing prison regimes i) high secure, ii) training, and iii) open. I contacted all ten prison sites via a formal letter addressed to the governor of the prison and attached the research proposal, my curriculum vitae, and a formal request to visit the prison estate to discuss the project further. I made the reasons for identifying that particular prison site clear and that the project was for doctoral research.

Within three months, four out of ten prison estates responded. One prison estate declined to participate due to a recent changeover in Governor and the prison experiencing an unstable period. The remaining six prison estates did not respond. Three prison sites showed a genuine interest in the research and were eager to participate. They agreed there was a practical need for the development of

knowledge of older males within HMPS. Fortunately, all three-prison sites covered the three different types of regime I wished to sample (i.e. open, training and high secure) and allowed a comparative element of the study design to take place. The characteristics and regimes of the three prisons sampled for this study are summarised in table 4.2.

I met a number of prison staff to discuss what I would need to facilitate my research. All three prisons were supportive in facilitating the study, which would enable smooth management of the research within a security-focussed environment; however, this was not without lengthy discussions on the least impactful method on the daily running of the prison. It also required a number of psychology and prison officer staff to escort me around the prison and facilitate the distribution and collection of survey packs, as well a prisoner escort to the interview room. The prison staff members who escorted me around the prison were courteous and seemed happy to oblige to my needs. However, during escorts, I was aware of the busy nature of prison life and the impact I must have had on their working day.

TABLE 4.2 CHARACTERISTICS OF THE THREE SAMPLE PRISONS

PRISON	PRISON CHARACTERISTICS	PRISON REGIME FOR OLDER PRISONERS (AT TIME OF DATA COLLECTION 2012-2014)
HIGH SECURE	Public sector; adult male; category A and B prisoners; serving 4 years and over and imprisonment for public protection (IPP) or life sentence; operational capacity: 808; single cell	No prison policy for older prisoners; weekly nostalgia sessions; 'be active' centre; annual health checks; mobility and health aids; older person mental health pathway; peer buddy scheme; staff and buddy training for end of life and dementia care; limited daily activities
TRAINING	Public Sector; Adult male; Category C prisoners; At least 3 months left to serve form arrival; Operational Capacity: 1098; Single and double cells	Comprehensive policy for older prisoners; quarterly older prisoner meetings; older only gym and sport sessions; older only wing locations; a designated senior health lead for older prisoners
OPEN	Public Sector; Adult male; Category D prisoners; Resettlement focused; ROTL; Operational Capacity: 581; Single and double cells	No prison policy for older prisoners; weekly older prisoner forum; no specific activities for older prisoners and few age-appropriate activities; older only gym and sport sessions; no multidisciplinary care plans for older prisoners; no external agency support for older prisoners; no designated healthcare lead

#### ***4.4.2.2 Sampling Phase Two: The Participants***

The chosen sampling strategy for participants was ‘purposeful sampling’ (Patton 2002, p. 169) and was chosen as I needed to select particular categories of participants based on their specific characteristics, such as older age (Coyne 1997). This method of sampling allowed me to intentionally select individuals who could contribute a wealth of knowledge to the research topic under study (Schatzman and Strauss 1973; Merriam 2002) treating them as experts of the phenomenon at study. This approach also ensured that individuals who are happy to participate in the study are those who are willing to discuss the topic under study and offer their viewpoints, opinions, and thoughts on the subject area (Silverman 2005). In turn, this provides high quality and relevant data that allows analyses to flourish (Creswell 2007).

This research study consisted of three sets of participants, (1) older prisoners who completed the QoL and wellbeing survey, (2) older prisoners who participated in an interview and (3) prison staff who participated in an interview. Following reviews of the literature and advice from colleagues within the prison sites sampled for this study, I used 50 years and over as my definition of older status (Aday 2003; Frazer 2003; Wahadin 2004; Rikard and Rosenberg 2007; Davies 2011). A discussion of the sampling strategies for each set of participants is below, categorised under whether individuals participated in the quantitative or qualitative phase of the study.



#### **4.4.2.2.1 Quantitative Survey**

The first set of participants in my study; older males aged 50 and over who completed TOPQoL, were purposively sampled across all three prison sites and asked to take part in the first quantitative stage of the study. The use of the prison's internal database system allowed the identification of potential participants who were aged 50 and over across all three prison sites. An authorised staff member carried this out. The staff member then passed the individual's prison number and cell location to me in order to address the envelope of a survey pack that was sealed and then distributed to their personal cell. This confidential information was kept within the prison site. The pack included, an invitation to take part in the research (see appendix vi), an information sheet and consent form (see appendix vii), the TOPQoL (see appendix iii), and a return pre-addressed envelope to an identified member of prison staff who would store all the completed surveys in a secure location for me to collect at a mutually agreed date.

If the potential participant wished to take part in the survey, they were asked to complete the consent form and the survey and return in the envelope provided within a specified time. A disclaimer was included on the back page of the survey and asked participants to tick and return the form if they did not wish to take part in a follow-up interview. On collection of the completed surveys, data was only included for analysis from participants who had returned their completed consent form. All consent forms remained at the prison site and I only took the completed anonymised surveys out of the prisons to analyse at the university campus. A total of 94 older prisoners aged 50 and over across all three prison sites completed the survey. Chapter 6.2 discusses the response rates in further detail.

#### **4.4.2.2.2 Qualitative Interviews**

Two sets of participants took part in the qualitative stage of the study, (i) older prisoners aged 50 years and over who had completed the TOPQoL and who had shown an interest in taking part in a qualitative interview, and (ii) a sample of prison staff who were interviewed to gain their perspective of older prisoners' satisfaction with QoL in prison. The following sections discuss the sampling strategy for each set of participants.

##### ***4.4.2.2.2.1 Older Prisoners***

Based on the findings collated from phase one, older prisoners were purposively sampled for the second stage of the research study. During analysis of the quantitative surveys, I identified participants who illustrated a range of satisfaction with QoL and wellbeing scores and sampled those who demonstrated low, medium or high satisfaction levels on the TOPQoL across all three prison sites. Respondents who showed an interest in participating in the interviews were sent a letter of invite detailing further information of the study. If they still wished to participate, they were instructed to contact a designated member of staff who in turn contacted me. This method of communication meant that I could liaise with the prison staff to set up an appropriate meeting date, time and location, and the prison staff member could then confirm these arrangements with the older male participant. All three participating prison sites agreed this approach was the most practical and least disruptive method of organising the interviews. A total of 29 prisoners aged 50 and over who demonstrated a range of satisfaction with QoL scores were interviewed across all three prison sites (Open n=9; Training n=9; High Secure n=11).

#### ***4.4.4.2.2 Prison Staff***

Staff participants recruited through purposive sampling across a range of staff roles to represent the diverse staff population at each prison site. A total of six staff members were interviewed across all three prison regimes and covered the roles of chaplain, custodial officer, a member of the education team, principle healthcare officer, head of security, and the librarian.

On reflection, I am disappointed with the low numbers of prison staff I was able to recruit for participation in this study. I hypothesise that due to time demands, prison staff interviews were difficult to organise and staff members regularly put time constraints on the interview, for example stating ‘How long will this take as I only have 30 minutes?’. There was a general sense of reluctance from staff to take part in the interviews across all three prison sites, and unfortunately, this did seem to affect the general quality and depth of the data obtained. Due to the low sample number, I considered excluding the prison staff data altogether. However, during analysis I identified a number of important themes and discussions that corroborated and negated areas that the older male sample had identified and therefore provided an additional perspective that was vital to highlight.

### **4.5 Methods of Analysis**

The methods of analysis for both the quantitative and qualitative data and the justification for these forms of analyses are discussed within this section.

#### ***4.5.1 Quantitative Analysis***

Both the ONS Subjective Wellbeing and MANSA survey published guidance for analysis (Priebe et al. 1999; Dolan et al. 2011) and therefore I followed these instructions and produced the recommended descriptive statistics and frequencies using the Statistical Package for the Social Sciences (SPSS) versions 21 and 22. In order to exploit the wealth of data collated and include more in-depth analyses, I felt that the thesis would benefit from a number of additional inferential statistics.

The research questions I posed dictated the type of quantitative analyses I used and four types of inferential statistical analyses including, a one-way ANOVA, ordinal regression, Pearson's Chi-Square, and multiple regression. A one-way ANOVA to identify if there was a significant difference in older prisoners' overall satisfaction with QoL across three types of prison regime. Ordinal regression analyses to establish if there was a statistically significant relationship between other multiple variables measured in the survey and overall satisfaction with QoL. These variables included *length of time in prison type*, *total length of time in prison* and *participant characteristics* and allowed me to establish if these three variables had an effect on the 11 domains of satisfaction with QoL. I used a Pearson's Chi-Square analysis to identify any other significant associations between categorical data and satisfaction with QoL domains and finally I used a multiple regression to identify the most influential domains of satisfaction with QoL for older prisoners.

#### ***4.5.2 Qualitative Analysis***

I conducted a total of 35 interviews, 29 with older prisoners and six with prison staff and thus had a large amount of qualitative data to analyse. As audio recording was only permitted in the open prison, interviews conducted at the high secure and

training regime were captured via careful and detailed note taking. Initially, when the training and high secure prison estate rejected my application for the use of Dictaphone, I was concerned at the extent to which I would be able to accurately capture the data. This was my first experience of taking written notes during an interview and I did not feel particularly confident in my ability to manage a successful research interview and accurately capture the participant's responses. A few weeks before the fieldwork was due to take place, and to ensure I gave myself the best possible chance of recording the data, I decided to practice making notes of freely available audio online. This gave me an indication of what would equip me to capture the data quickly and accurately. From these practice sessions, I concluded that when desk space would not be available in an interview room I would need a clipboard and that I wrote much quicker in pencil than biro. These sessions also gave me confidence in my ability to record the data, prepared me for the fieldwork, and resulted in my preference for note taking.

Although audio recordings are traditionally considered to be vital for the accuracy of interview transcription and subsequent analysis (Wengraf 2001; MacLean et al. 2004) other literature has indicated that written field notes provide a more reflective interpretation of the interview due to its independent to not rely on verbatim transcriptions (Fasick 2001; Halcomb and Davidson 2006).

Forcing me to capture the participant's interview response via written notes, allowed me to consider the meaning and analysis of the data via an iterative process where concepts, themes, and interpretations formed during the interview. Of course, there are limitations to capturing data via written notes, including the likelihood that particular nuances and subtleties in language and tone may be overlooked. However,

analyses such as thematic analysis (Braun and Clarke 2006) do not rely on such factors and written notes can provide appropriate data for this type of analysis.

I chose thematic analysis due to its flexibility and ability to provide a rich and detailed account of the data and its inductive nature that encourages themes to naturally emerge from the data (Boyatzis 1998). This method of analysis identifies, analyses and reports patterns, themes and concepts embedded throughout interview and focus group data. Thematic analysis is a particularly accessible method of analysis as it reports participants' experiences, the meanings behind these experiences and the participants' perceptions of their own reality and offered me the tools to understand satisfaction with QoL and wellbeing in an older male prison population. Thematic analysis can analyse the interviews with prison staff and help to capture staffs' experiences of older prisoners and the aspects of prison life they believe provide or reduce satisfaction in the older male prison population. As previously discussed, this will not be the first time thematic analysis has explored an older prison population as the HM Inspector of Prisons (2004) previously used thematic analysis in their research with an older prison population. This proved to be an accessible form of analysis for this prison population and complimented the mixed method nature of the HM Inspector of Prisons (2004) study.

Before the thematic analysis could take place, I transcribed the notes I had taken during the interviews to form a coherent interview transcript and I transcribed the interviews that were audio recorded verbatim. Once the transcripts were stored within a word document, I then uploaded them to NViVO 10 software, which allowed me to theme and code the data via an easily accessible and manageable way. The process of coding the data into themes was a protracted and iterative practice where themes progressively emerged and developed over time before the final

themes presented in this thesis were established. As recommended by Braun and Clarke (2006) I used a thematic map to aid me in identify the main interactions between the clusters of topics I identified in the qualitative interviews. Chapter 7 illustrated in chapter 7.

## **4.6 Chapter Summary**

This chapter has provided a detailed overview of the research methodology employed for the thesis. The theoretical underpinning paradigm of *pragmatism* allows for a flexible and pluralistic basis for mixed method research. The use of mixed methods provides accessibility to a hard to reach population and allows a social phenomenon to be understood, strengthening the argument of this thesis. The research design of an *Explanatory Design: Participant Selection Model* provides the fieldwork with a clear process of phases to follow and allows participants to be purposefully selected for the qualitative phase of the fieldwork, ensuring a range of perceptions with satisfaction of QoL and wellbeing are captured.

## **Chapter 5**

### **Ethical Considerations**

#### **5.1 Introduction**

This chapter presents the ethical considerations for this thesis. To ensure participants in prison research are appropriately safeguarded, prison research requires reflection on a number of practical and moral aspects. In this chapter, I provide a brief historical context to ethics in prison research, before presenting the ethical processes for this research study.

#### **5.2 Prison Research Ethics: A Brief Historical Context**

The use of prisoners as participants in research has been common throughout history, with their earliest recorded use in 1906 for medical research (Stanley 1922). World Wars created a high number of prisoners of war and it was common for the imprisoned to be treated as ‘guinea pigs’ for biomedical research trials (Pont 2008). The most notable exploitation of prisoners for research occurred within Nazi concentration camps and clinical trials (Nie 2006). Prisoners were often viewed as an easy research population to target due to their stable location and perceived ease of recruitment due to their unused time throughout the day spent in their cells (Pont 2008). Within these apparent appealing elements lie serious ethical issues surrounding coercion, manipulation, and informed consent. This mistreatment of prisoners of war in Nazi concentration camps led to the Nuremberg code (1947) that provided ethical guidelines on the use of human participation in research experiments. The code stressed that research should only take place if, informed



consent was obtained, the research did not lead to human suffering, and the research is beneficial to the wider society (Pont 2008).

Conducting research in a prison environment and with participants currently serving a prison sentence naturally raises a number of ethical and practical considerations (Ward and Bailey 2012) and I felt it was imperative to give this due attention to ensure that every individual who participated in this research study was safeguarded. Research has indicated that particular areas of concern in prison research are studies that may cause long-term harm, emotional distress, have a negative impact on self-esteem, and are coerced into participation through the offer of inappropriate incentives (Kelman 1972). Literature that discusses ethical issues around research involving prisoners as participants, state that for the research to be ethically justifiable, the benefits must outweigh the risk to the individual taking part (Overholder 1987). In order to assess that the research conducted for this thesis was ethically justifiable, a number of ethics committees were applied to and these processes are discussed in the following section.

### **5.3 Obtaining Ethical Approval**

Literature has highlighted that ethical safeguards for conducting prison research should be addressed within the information sheet, consent and debrief forms for all participants (Liebling 1999; Bosworth et al 2005; Gostin, Vanchieri and Pope 2007). Additionally, in order to obtain ethical approval, the research proposal and associated protocols must be approved by relevant research ethic committees (RECs). Due to the number of institutions involved in this research study, I was

required to submit my proposed research for ethical approval to six separate organisations:

- The National Health Service Research Ethics Committee (NHS REC)
- National Offender Management Service (NOMS) National Research Committee (NRC)
- Nottingham Trent University Research Ethics Committee (REC)
- The three participating prison estates

The NHS REC required an ethical submission due to wellbeing being a main concept explored throughout the research. Prison health research is discussed by the Offender Health Research Network (Hayes, Lennox and Senior 2010) as a broad category that contains various topics, including wellbeing. Participants from the high secure estate were recruited via the prison healthcare wing and as such are viewed as NHS patients, which also required approval from the NHS REC. In addition, the MANSA tool asked all older males to rate their satisfaction with their physical and mental health and this was explored further in many of the interviews. It was taken into consideration that due to the demographics of the sample population, health related issues were likely to occur during interviews and thus an ethical submission the NHS REC would be appropriate.

I submitted an application to the NHS REC via the Integrated Research Application System (IRAS) and my supervisor and I were invited to attend a REC panel to discuss the ethical implications of the research. The NHS REC panel provided a provisional favourable opinion of the research study, on the proviso that the method of storing and destroying audio data was clarified.

I also made an ethical submission to the NOMS NRC through IRAS, however my application was initially declined. The NRC questioned why my research was not intending to compare the older prison populations' satisfaction with QoL with younger males in custody. The NRC were also concerned the qualitative phase of study would require considerable time from prison staff to escort me and those participating throughout the prison day and the NRC requested that I revise the research design.

Whilst my supervisory team and I acknowledged the NRC's recommendations, we wished to retain the original design and ethos of the study and asked the NRC for further clarification before making any amendments. A few weeks later, I received more detailed clarification and on receipt of this I resubmitted my application to the NRC addressing the concerns that my supervisors and I deemed valid. I reiterated that the research was exploratory in nature that held an exclusive focus on older prisoners. I stated that the research had a comparative component, but wished to compare across regimes and not age, and I stressed the intention of the study was not to draw comparisons with younger age groups. I also felt comparisons with both regime and younger age groups would paradoxically place more demands on the prison staff and potentially increase the disruption of the day-to-day running of the prison estate.

Following this, the resubmission was accepted, subject to conditions, which I could address in a final letter. Particular conditions of gaining full approval included a request that I liaise with the NOMS Health and Wellbeing Co-commissioning Manager to inform policy development as findings emerged.

As two external bodies had already approved the study, I made a final ethical submission to Nottingham Trent University's REC and my research was approved. Research and ethical approval was then sought and obtained from each prison site

and provided by each governor/serving governor. The total length of time the process of applying for and receiving both research and ethical approval was eight months (March to November 2012) and created a significant delay in data collection. Consequently, this took my research into a fourth year of study. A discussion surrounding the complexities of the ethical and research approval process is beyond the scope of this thesis, but researchers are beginning to explore the impact that ethical processes have on the timeframe of funded research (Bair and Hawort 2005; Jiranek 2010; van de Schoot et al. 2013). This has particular significance for doctoral researchers who are completing research within a comparatively short timeframe with often associated financial constraints of self-funding (Jonker et al 2011).

## **5.4 Ethical Dilemmas in Prison Research**

The ethical issues most pertinent to my study were identified by my supervisors and I as informed consent, limits of confidentiality, recruitment and coercion, and emotional duress. Within this chapter, I discuss how I addressed each of these issues in accordance with the British Psychological Society (BPS) and the British Society of Criminology (BSC) ethical guidelines. I also provide a final section that discusses the implications of being a female researcher in a male prison and the dynamics that this may cause during data collection.

### ***5.4.1 Informed Consent***

Informed consent can be defined as ‘the process of agreeing to take part in a study based on access to all relevant and easily digestible information about what participation means, in particular, in terms of harms and benefits’ (Parahoo 2006, p. 469). In accordance with the BSC, ethical principles of informed consent safeguards

participants' in the first instance because the researcher provides the full details of the proposed research. This process of information giving to the participants should include the justification for the research, the details of who will conduct the research study, the credentials of the researcher, and a clear explanation of how the findings from the research will be disseminated and to which audiences. All participants, both staff and older prisoners, were only recruited when they had been given information about the research project.

In accordance with the Mental Capacity Act (MCA) (Department of Health 2005) if there were any doubts about an individual prisoner's capacity or if a prisoner was considered to lose capacity during the course of the research, they would be withdrawn at this point and any data that had been collected with their written consent would continue to be included. This was stated in the consent form (see appendix vii and viii) however, no participants were withdrawn from the research study.

Older prisoners' consent was obtained at both quantitative and qualitative stages of the research and follows guidance from Ward and Bailey (2013) who recommend acquiring consent at each phase of research study. The quantitative consent form includes areas of consent such as right to withdraw, harm to self and others, agreement to an identified member of staff being aware of their participation and the inclusion of data prior to loss of capacity or death in prison. Both the information sheet and consent form for the qualitative phase of the study with older prisoners include information on the participant's right to withdraw data and information, how data will be captured by either audio or written recording of interviews, the supervisory team's access to data, risk of harm to self or others, and how the researcher would manage these risks if they occurred. The inclusion of data obtained

prior to loss of capacity or death was also clarified. If an older prisoner loses capacity during the study they would be withdrawn from this point on, but any data obtained with their consent would be retained and included.

The information sheet and informed consent form for qualitative interviews with prison staff included similar information to that outlined above and in addition clearly stated my responsibility to report any allegations of bad practice or harm that may be discussed during the interviews. The security and destroying of audio or written recording of the interviews and the requirement of consent to allow the supervisory team to access their data was also stated within these research forms.

#### ***5.4.2 Limits of Confidentially***

I felt it was integral to inform all participants that given the limits of confidentiality that arise from conducting research with a prison population where the security and safety of all parties are NOMS operational priorities, absolute confidentiality is unrealistic (NOMS 2014). In certain circumstances such as threats to prison security, threats to staff, and inmate safety, it is necessary to breach confidentiality and this was explained to all the research participants throughout the life of the project. Although limits to confidentiality were discussed, controls were implemented to ensure the highest standards of confidentiality are achieved. Such controls include that quantitative and qualitative data are rendered anonymous and this was achieved in a number of ways. Individual prison sites were not identified per se but by a unique number code that was given to each prison site. This method allowed me to identify the prison site and the specific regime individual participants were from, whilst simultaneously protecting the identity of individual persons.

Research participants' anonymity was achieved by providing each participant with a unique identifier. This was created by merging together the participant's date of birth and a number allocated to the prison site. In order to purposively sample older prisoners to participate in the qualitative phase of the research, the names of each participant and their unique identifier were stored at each prison site by the staff member who was facilitating my access for this study. This unique number provided anonymity to each participant, but also allowed the name of the participant to be identified by the prison staff member, which then allowed for older participants to be invited for an interview in the second phase of the study.

To ensure confidentiality and anonymity were maintained, the storage and destroying of both the audio data obtained via interviews and word processing data gathered from surveys was considered and is discussed below.

#### **5.4.2.1 Audio Data**

All audio recordings were recorded via a password protected dictaphone that only I, the researcher, had access to. Recordings were stored on my work computer on Nottingham Trent University's (NTU) campus which was password protected. My computer was housed in a key locked office, which was only accessible through a staffed main building with a smartcard system. Once logged onto the computer, the audio files were kept in a password protected file that only I could access. As soon as I had securely transferred the audio files, they were fully erased from the password protected dictaphone. Once the time allowance for storing the data is reached (see section 5.4.2.2) I will delete all audio files stored on the university computer and ensure the files from the deleted files section are also securely removed.

### **5.4.2.2 Word Processed Data**

I transcribed all the audio data verbatim and ensured all identifying features discussed within the interviews, such as names and locations of the participants, were made anonymous. These transcriptions were stored in Microsoft word and saved on my work computer, on the university campus, in a password protected file. Ethical committees had granted permission for both the audio and transcription data to be kept for up to three years from the beginning of interview data collection (01/02/2013). This would allow for any journal articles or publications that draw on the original data to be submitted by 31/01/2016<sup>2</sup>. Once the time allowance for storing data has exceeded, I will destroy all electronic transcriptions of the data on the university computer and will ensure the files from the deleted files section are also removed. All hard copies of the transcripts will be destroyed confidentially via Wastecyle UK (2014) who practise secure destruction of confidential waste items and The Data Protection Act (1998) ensures that Wastecyle have an obligation to dispose of confidential waste in a secure manner.

### ***5.4.3 Recruitment and Coercion***

Ethical approval requires consideration of how participants are recruited for research (McDermott 2013). The constraints of the prison environment are suggested to negatively influence participation due to the time-out from prison work that taking part requires, resulting in the loss of pay, however positives of participation include

---

<sup>2</sup> Prior to submission in August 2015, I applied to the relevant ethical committees and requested an extension to allow for publications. At the time of writing I am still awaiting a response, but am hopeful the extension will be granted.



the opportunity for different conversations with new people, and to relieve boredom from a regimented routine (Bosworth et al. 2005).

To ensure there were no additional influences for participation, I felt it was inappropriate to offer incentives for participation. By not providing an incentive can also instil confidence in the researcher that the individuals who participate have a genuine desire to contribute to the study (Bosworth et al. 2005). Incentives for participation can also place the participating individuals in a vulnerable position from other inmates who may bully or intimidate the person to gain access to their incentive (Hanson et al. 2012).

In accordance with ethical agreement and to limit the amount of impact on the daily running of the prison, I explained to prison staff that they should only participate if this could be accommodated within their normal working day. I also emphasised to prison staff that choosing to, or declining to participate, would have no effect on their employment within the prison service. Additionally, I reiterated to older male participants that participation or non-participation would have no effect on their length of sentence, treatment, or care within the prison.

Given the coercive nature of the prison environment, I felt it was vital to ensure participants did not feel under any duress to participate in the research study. Their right to decide on participation was made clear in the information sheet and prior to interviews. If participants agreed to take part, they were asked to provide informed consent (see appendix vii, viii and ix).

#### ***5.4.4 Emotional Duress***

Literature highlights qualitative research can induce stress inducing when it touches on topics of a personal or sensitive nature (Draucker, Martsolf and Poole 2009; Flick

2009). Although I did not intend for my study to cause distress to my participants, I was mindful that some participants might find the topic areas distressing and I prepared for this by consulting the literature that provided guidance on ways to deal with such events if they were to occur (Bartholomew, Henderson and Marcia 2000; King and Wincup 2008).

Topics that I had needed to discuss during interviews and felt may trigger adverse emotions in the respondents included thoughts and feelings on being older within a prison environment and thoughts and experiences of end of life and palliative care within prison. Research indicates discussing such topics can cause anguish (Jorm, Kelly and Morgan 2007) and I was keen to prevent this if I could. Therefore, I reassured participants at the beginning of their interviews they were not obliged to answer any questions that they did not feel comfortable doing so and if they were to experience any distress or upset, the interview could be stopped at any point without prejudice, judgement, or affect upon their treatment, sentence, or employment within the prison.

To minimise the risk of distress to any participants involved in the qualitative interviews, I liaised with the multidisciplinary staff team in each of the prison sites and engaged with the process of academic supervision with my supervisors to allow several opportunities for reflection. I also strove to establish a rapport with key staff and the older prisoners so that expectations and ground rules could be set and to allow participants to become familiar with me so that they might feel more comfortable disclosing personal experiences in the qualitative interviews. I achieved this by engaging in numerous phone calls and emails with prison staff, attending staff meetings and being present at various groups for the older prisoners such as a nostalgia group at the high secure estate.

Following the interviews, all participants were provided with the contact details of a qualified professional within the prison estate and additional contact details for the Samaritans accessible from the prison phonebox should they wish to discuss any distressing issues further. I am only aware of one older male in prison who became visibly upset during the interview which I discussed in chapter 4.4.2.2.1 and the follow-up that took place following the interview.

## **5.5 The Impact of a Female Researcher in a Male Prison**

Research methods literature historically neglects the impact that gender has on the interview process and the assumption is made that “anyman” can conduct the same research study with no impact on the findings (Johnson 1975, p. 91). Critiques of this theory include Easterday et al., (1977) who express issues regarding rapport and the unequal status of gender that arise from females conducting research with a male population or within a male orientated setting, and studies have explored the power dynamics created by a female researcher and male participants (Gurney 1985; Olesen 2011). The majority of the literature assumes that females are the physically weaker sex and focus on the danger that female researchers place themselves in when conducting interviews with male participants (Arendell 1997; Yassour-Borochowitz 2012).

More recent literature argues there are a number of positive contributions a female researcher can bring to research that employs a male sample (Finch 1984). Literature identifies the positive elements of being a female researcher for a male sample including a more sympathetic and non-aggressive nature that is usually associated with females (Easterday et al. 1977). These characteristics are suggested to reduce the levels of apprehension that are usually experienced by participants and thus

encourage males to take part in studies. Literature is particularly complimentary regarding the use of female researchers conducting interviews with older participants, suggesting they are more likely to obtain detailed and enriched data than their male counterparts of a similar age (Dingwall 1980).

When designing the research, I was aware that my gender might have implications for this research and indeed the NHS REC board raised these issues with me directly. When attending the ethical review, the panel asked what thought I had given to my gender and my age as a researcher within a male prison environment, specifically interacting with older males. Although I was aware of the issues that may arise as a female working with prisoners (Liebling 1999) I was taken aback by the NHS REC's concern, which seemed to focus on *my* safety, rather than the safety of the individuals participating in the research. It left me wondering whether some ethical committees devalue prison participants and are less ethically concerned about these individuals, yet conflictingly show more concern towards the researcher and the risks of conducting research with this population; a perspective that the Nuremberg code (1947) aimed to eradicate.

This seemed to be confirmed by the abundant 'advice' I was given by peers that suggested I should reflect upon my appearance when conducting the fieldwork and was encouraged not to appear too feminine. Gill and MaClean (2002) discuss similar experiences of being a female researcher with a community sample of males and explore the association of femininity with sexuality and associated gendered expectations of women. On reflection, I accept that my peers' advice was given in good faith, yet I found it somewhat offensive to both myself and the prison population that I should need reminding to dress anything other than professionally

and the implicit assumption being made that all inmates in the prison sites would be sexually motivated and a risk to me if I dressed *too* femininely.

Having undertaken previous research within a male prison environment, I was prepared for the reactions I would receive from being a 'new face' within the prison. I initially found that my presence on the wings was met with interest and intrigue and many older prisoners across all three prison sites expressed genuine interest in the research and demonstrated a desire to be involved in either the survey and/or interviews. This interest even led to me being invited to attend a weekly Nostalgia session for older males in the high secure estate and to discuss the research with a large group of older prisoners at the open prison site.

My personal reflections on being a female researcher with an older male sample are that my gender helped me to gain a rapport with the male participants, which resulted in them feeling more comfortable to discuss the topics surrounding their satisfaction with their QoL and wellbeing within the interview. Literature indicates that conducting research where the respondent is the opposite sex to the interviewer are successful when the respondent identifies the researcher within an endearing gendered role such as "*favourite uncle*" (McKeganey and Bloor 1991, p. 201) and this was apparent during my research interviews. The older prisoners often adopted a paternal role and regularly made comments such as 'you remind me of my daughter/granddaughter'. This appeared to reduce the power imbalance of interviewer and participant and created a valuable rapport that allowed for a more natural conversation to be had. This view is supported by Natalie Mann (2012) in her research of older men in prison, and Mann describes similar benefits to those I experienced of being a young, female researcher. These benefits are further endorsed by Dingwall (1980) who discusses the personable aspects of female researchers.

Dingwall (1980) extended his validation of female researchers particularly for “[...] *studies of older men*” (1980, p. 811) and discusses the benefits of age and personality of young women researchers.

Through regular reflection of the fieldwork, I feel that my age also favoured data capture. As respondents perceived me as younger, they assumed I had a level of naivety and inquisitiveness which allowed me to ask questions to gain more in-depth information through prompts such as ‘I don’t fully understand, could you please explain that again?’. Rather than becoming impatient with my apparent confusion, all participants were happy to oblige and I obtained ample high-quality data through this method of questioning.

## **5.6 Chapter Summary**

The ethics of prison research have dramatically developed over time and contemporary understandings have been informed by previous mistreatment of inmates who have been used for participation in unethical research activities. My experience of obtaining ethical approval was at times, laborious and time-consuming, and did delay the beginning of my data collection by several months. However I feel that completing the ethical process ultimately strengthened the methodology and design of my research and forced me to reflect on aspects of the research that I had yet to consider. My influences of a female researcher appear to be beneficial to the research and did not seem to hinder the qualitative data collection, at times even contributing to the detailed information that participants provided during interviews.

# Chapter 6

## Quantitative Findings

### 6.1 Introduction

This chapter presents the quantitative data analysis and findings of older prisoners' satisfaction with their QoL and wellbeing. The findings from the TOPQoL are presented to separately illustrate the subjective wellbeing of older prisoners via the ONS and to indicate the current picture of older males' in prison satisfaction with QoL via the MANSA across three types of prison regime, high secure, training and open. All quantitative data was analysed using SPSS versions 21 and 22. This chapter addresses the research questions:

1. How can older males' in prisons satisfaction with QoL and wellbeing be measured across all three prison regimes?
2. What is the current level of satisfaction with QoL and wellbeing of older prisoners as assessed by the MANSA and ONS subjective wellbeing scale across all three prison regimes?
3. Does satisfaction with QoL and the wellbeing of older prisoners differ across three prison regimes?

The chapter seeks to answer the research question through four research objectives:

- a) To explore if older prisoners' wellbeing differs in comparison to the UK community population
- b) To examine how satisfied older prisoners are with their QoL collectively and specifically across three types of prison regime

- c) To identify if other objective variables affect older prisoners' satisfaction with QoL
- d) To identify predictors that promotes older prisoners' satisfaction with and wellbeing.

## **6.2 Demographic Information**

A total of 263 surveys were distributed to all older prisoners aged 50 years and over across all three prison estates and 94 surveys were returned providing an overall response rate of 36 percent. The high secure prison returned the highest number of surveys (45%) followed by the open (27%) and training (26%) prison estates. In comparison to other studies that have conducted self-report surveys in prison, a total response rate of 36 percent is creditable (Fazel and Danesh 2002). A response rate of 36 percent also exceeds the response rate of a national prison-based survey which obtained a response rate of 12 percent (Gojkovic, Meek and Mills 2011). The authors contend this was a usual response rate for self-completed surveys within prisons and thus this thesis' response rate surpasses this 'usual' response rate threefold.

The overall sample of older prisoners consisted of 93<sup>3</sup> male participants aged 50 years and above. The average age of the population sample surveyed was 61.17 years (M = 61.7, SD 7.25) ranging from 50-88 years and resulting in a span of ages across 38 years. As table 6.1 illustrates the most frequent age range in the population sampled was 50-59 years (48.4%) and the least frequent 76-80 years (1.1%). The proportion of older prisoners at retirement age of 65 years and over equated to 28

---

<sup>3</sup> N=94, however one case was excluded due to the unreliability of the date of birth provided



percent of the total population sampled. The average older prisoner sampled for the quantitative study had spent 8.64 years in prison for their current conviction. This demographic highlighted the largest range of years spent in prison, with a minimum time served of 0.41 years and maximum of 33.25 years.

TABLE 6.1: DESCRIPTIVE STATISTICS ILLUSTRATING THE AGE RANGES OF THE OLDER MALE PRISON SAMPLE

Age Range		Frequency	Percent	Cumulative Percent
Years	50-59	45	48.4	48.4
	60-65	22	23.7	72.1
	66-70	15	16.1	88.2
	71-75	9	9.6	97.8
	76-80	1	1.1	98.9
	80+	1	1.1	100.0
	Total	93	100.0	

### 6.3 The Subjective Wellbeing of Older Prisoners

This section explores whether older prisoners' subjective wellbeing differs to a UK population in the community. In order to achieve this, and at the recommendation of the NOMS research ethics committee, the ONS subjective wellbeing measure was

circulated to all participants as a supplementary survey alongside the MANSA and formed the TOPQoL. The authors of the ONS, Dolan, Layard and Metcalfe (2011 p. 6) describe wellbeing as “*preference satisfaction [...] that [...] allows people to decide how good their life is going for them*”.

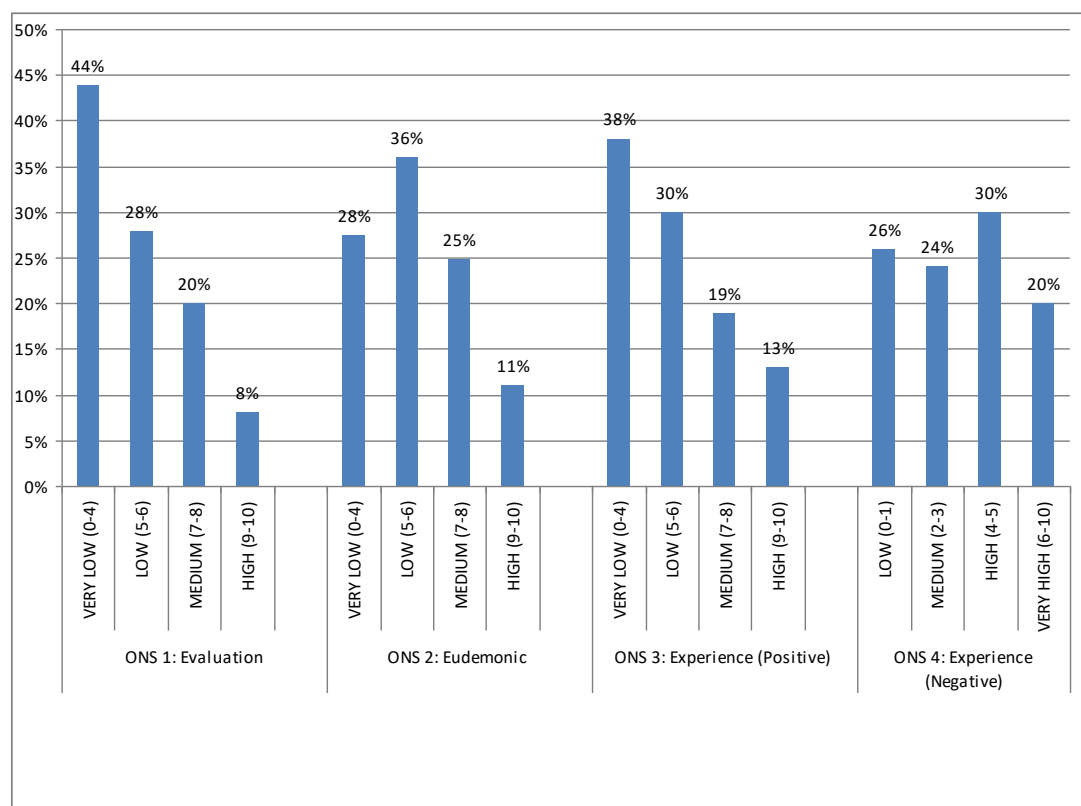
The three wellbeing domains assessed and measured by the ONS include evaluative, experience and eudemonic, and allows for a manageable approach to monitor subjective wellbeing. Literature suggests that assessment of these domains is useful to inform changes to practice and policy so that strategies can be implemented to increase wellbeing (Layard 2005).

Measures of the *evaluation* domain assess the life satisfaction of an individual and have shown to positively correlate with marital status, health, employment, income and social life (Dolan, Layard and Metcalfe 2011). Measures of the *eudemonic* domain quantify an individual’s sense of meaning, purpose and autonomy (Ryff 1989) and the domain of *eudemonia* concentrates on the aspects of life that are pleasurable and rewarding and is shown to strongly correlate to feelings of worth (White and Dolan 2009). Finally, measures of the *experience* domain measure positive and negative experiences and are developed from Bentham’s (1789) theory of wellbeing and are based on pleasure and pain. The advantages of measuring both positive and negative experiences over a short and identical period of time allows for the specific level of emotion experienced at that point in time to be identified (Dolan, Layard and Metcalfe 2011).

Through the analysis of frequencies and as figure 6.1 illustrates a higher proportion of older prisoners’ demonstrated low or very low satisfaction in the *evaluative* domain (a total of 72%) and indicates the majority of older prisoners experience low life satisfaction. Similarly, a total of 64 percent of the older prisoners sampled

demonstrate a low or very low satisfaction on the *eudemonic* domain, suggesting a lack of self-sufficiency and autonomy. A total of 32 percent of older prisoners sampled illustrate medium and high satisfaction with their day-to-day positive *experiences* and 20 percent show high negative daily *experiences*.

FIGURE 6.1 OLDER MALES' IN PRISONS SUBJECTIVE WELLBEING ACROSS ALL FOUR MEASURED DOMAINS



Interpretation of these scores suggests that overall life satisfaction is particularly low in older prisoners and that reflecting on their life, having a sense of purpose, and recent positive and negative experiences produces high levels of dissatisfaction. Low satisfaction scores in the *eudemonic* domain suggest a lack of integration within a social group, sense of meaning, purposeful activities, and failure to sustain a specific and meaningful role within the prison environment. The lack of daily positive

*experiences* is mirrored by high negative experiences and highlights the poor wellbeing of this prison population.

### ***6.3.1 Comparing the Wellbeing of Older Prisoners to the Wellbeing of the UK Population***

In order to make convenient comparisons between the wellbeing of the older prisoner population and the wellbeing of the UK population, I took data from the ONS subjective wellbeing survey circulated in 2013 and compared it to the findings from the ONS survey circulated to the older prisoner sample.

Comparisons of the total percentages for each domain illustrate that the UK population score much higher satisfaction ratings than older prisoners across all four wellbeing domains. Although this comparison is limited by its inability to liken two populations by age, it is useful to benchmark the findings from the older prisoner population against a non-prison population. This provides an overall picture of older prisoners and suggests a difference in wellbeing across two contrasting environments. These results provide an insight into the general satisfaction of older prisoners and the expected subjective wellbeing ratings for a UK community sample, allowing for a number of conclusions to be made.

TABLE 6.2: A COMPARISON OF UK AND OLDER MALE PRISON SAMPLE SUBJECTIVE WELLBEING SCORES

<b>Subjective Wellbeing Domain</b>	<b>UK Sample April 2012 to March 2013<sup>1</sup></b>	<b>Older Prison Sample</b>	<b>Variance of UK to Older Prison Sample</b>
ONS 1: Evaluative (medium + high %)	77%	28%	- 49%
ONS 2: Eudemonic (medium + high %)	81%	36%	- 45%
ONS 3: Experience (Positive) (medium + high %)	72%	32%	- 40%
ONS 4: Experience (Negative) (high + very high %)	38%	50%	+ 12%

The older prisoner sample illustrates a distinctly lower sense of wellbeing than the UK community sample and this is consistent across all four wellbeing domains. Findings suggest the older prison population are generally less satisfied than the UK community population, varying up to and over 40 percent across three wellbeing domains. Due to this substantial difference, a lower satisfaction of personal wellbeing in older prisoners can be determined yet no statistical significance can be concluded.

### ***6.3.2 Older Prisoners Wellbeing across Prison Regimes***

In order to identify whether older prisoners' wellbeing differs across a high secure, training or open prison regime, I further analysed the subjective wellbeing scores collated from the older prison sample according to prison regime. The average wellbeing score for each prison regime was identified and ranked as low, medium or high satisfaction, this enabled these scores and rankings to be compared (see table 6.3).

The findings illustrate that the open prison's mean scores are higher than both high secure and training estates across all three positive wellbeing domains. In addition, the open prison holds the lowest mean in the *negative experiences* domain ( $M = 2.636$ ). This suggests the open prison has a higher satisfaction for subjective wellbeing than both training ( $M = 2.693$ ) and high secure prison estates ( $M = 4.0179$ ). Findings from older prisoners in the high secure estate indicate they experience less meaning and purpose than those sampled in both the training and open prison. Yet, older prisoners from the training prison have less *positive experiences* ( $M = 4.5385$ ) and are generally less satisfied ( $M = 3.7692$ ) than older prisoners in a high secure and open estate. ONS 4 is reversed scored and illustrates older prisoners express high *negative experiences* within a high secure prison. The average score is reduced in a training prison ( $M = 2.693$ ) and reduces even further in open prison ( $M = 2.636$ ) indicating a reduction in negative experiences as the prison type and its related security levels reduce. These comparisons show older prisoners illustrate several differences in feelings of wellbeing across three prison regimes.

TABLE 6.3: AVERAGE WELLBEING SCORE FOR EACH WELLBEING DOMAIN ACROSS PRISON REGIME

Subjective Wellbeing Domain	High Secure	Training	Open
ONS 1: Evaluative	4.2679 (43%) Very low	3.7692 (38%) Very low	5.9545 (59%) Low
ONS 2: Eudemonic	4.9641 (50%) Very low	5.6154 (56%) Low	7 (70%) Medium
ONS 3: Experience (Positive)	4.8751 (49%) Very low	4.5385 (45%) Very low	6.455 (65%) Low
ONS 4: Experience (Negative) Reversed scoring	4.0179 (40%) High	2.693 (27%) Medium	2.636 (27%) Medium

Analyses of the data indicate that older prisoners in a high secure estate have the lowest subjective wellbeing scores of the three prison estates sampled. Older prisoners in the training prison score poorly across the three positive domains, but only illustrate a medium level of daily negative experiences, significantly mirroring the open prison regime than training or high secure. Overall, the subjective wellbeing of older prisoners is higher in an open prison estate. In comparison to scores obtained from the UK population, older prisoners across all three prison regimes are less satisfied across the evaluative, eudemonic and positive experience domains than a non-prison population. Comparing negative experiences indicate that less daily negative experiences occur in the training and open prison regime than daily negative experiences in the UK population.

I was cautious when drawing conclusions from this data due to the limitations of the ONS survey which include the limited opportunities to conduct statistical analyses on the data collected and the inability to decipher meaning and interpretation (UK Statistics Authority 2014). Although the ONS survey has its limitations, the tool provides a snapshot into the general wellbeing of older prisoners. This has been useful to contribute towards the overall picture of older prisoners' wellbeing and satisfaction with QoL. In addition, circulating the ONS survey with an older prison population did allow for a quick and accessible tool for the participants to complete and the findings have provided a baseline for wellbeing in prison to be compared with the wellbeing of the UK community population. However further and more in-depth analyses are needed to provide more substantial explanations of the aspects of prison life that influence the older prisoners' wellbeing scores.

## **6.4 Older Prisoners Satisfaction with QoL**

This section is presented in two parts, the first part explores older prisoners' overall satisfaction with QoL across all prison regimes and the second part examines older prisoners' satisfaction with QoL by type of prison regime. The findings presented were collated from the circulation of the MANSA and a total sample of 93 (N = 93) older prisoners across three types of prison regime, high secure, training and open, returned a completed survey. A total of 11 domains of satisfaction with QoL were assessed including whole life satisfaction, employment activity, financial situation, number and quality of friendships, leisure activities, accommodation, personal safety, people that they live with, relationships with family and, physical and mental health.



In accordance with the author's analysis instructions (Priebe et al. 1999) I conducted descriptive statistics on the overall older sample population and analysed these by prison regime. In order to provide more detailed analysis and thus allow for more meaningful interpretation, I chose to further analyse the data using a one-way ANOVA and ordinal regression analyses.

#### ***6.4.1 Overall Satisfaction of Older Prisoners***

In order to provide demographic information on the older prisoners, a number of objective questions are asked in the MANSA survey and designed to be answered, yes, no or I don't know. The objective variables measured include the existence of a friend, a visit from a friend, family member or other prisoner on the wing within the last week, accusation of a crime, and being the victim of physical violence (Priebe et al. 1999). Other details collated in the survey and subject to analysis include ethnicity, the diagnosis of mental health illness or disorders, employment status, average monthly income, number of children, the age left education, highest level of education achievement, and plans for release.

Descriptive statistics conducted on the objective data collected illustrate the majority of older prisoners have somebody they call a close friend (67.4%) and a large proportion received a visit from family, friends or another person in prison within the past week (69.5%). A total of 78 percent of older prisoners have one child or more, and the majority had left full-time education at 15 years old (40.4%) yet only a small proportion (2.1%) continued into higher education in their younger years.

At the time of completing the survey, the majority of older prisoners sampled reported no diagnosis of a mental health illness or disorder (66.3%) however 6.3 percent disclosed a diagnosis of schizophrenia. A total of 29.5 percent of older

prisoners received a monthly income between £41-70, yet over a tenth (11.6%) only received between £0-20 per month. A small proportion (6.3%) of older prisoners received the highest income recorded and received in excess of £101 per month.

The subjective variables measured were analysed via descriptive statistics and frequencies as stated in the MANSA guidelines. This provided findings of the overall satisfaction with QoL for all older prisoners sampled (see table 6.4). Findings indicate that the domain of *mental health* has the highest satisfaction rating of all the 11 domains measured (M = 5.467391; 76.2%). Other high scoring domains include *who the older prisoners lived with* (M = 4.957447; 65.0%) and satisfaction with *physical health* (M = 4.826087; 60.9%). Satisfaction ratings for *financial situation* (M = 3.500000; 47.9%), *life as a whole* (M = 4.000000; 31.9%) and *employment activity* (M = 4.021277; 34%) are the lowest scoring domains and suggest high dissatisfaction in the older prison population.

TABLE 6.4: DESCRIPTIVE STATISTICS OF THE SUBJECTIVE VARIABLES MEASURED BY THE MANSA

<b>QoL Domain</b>	<b>N</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Life as a whole	94	1.0000	7.0000	4.000000	1.7719438
Employment Activity	94	1.0000	7.0000	4.021277	1.7163272
Financial Situation	94	1.0000	7.0000	3.500000	1.8064996
Accommodation	94	1.0000	7.0000	4.170213	1.6632543
Leisure Activity	94	1.0000	7.0000	4.255319	1.6587090
Number and Quality of Friendships	93	1.0000	7.0000	4.602151	1.5190084
Personal Safety	94	1.0000	7.0000	4.638298	1.3348196
Who they live with	94	1.0000	7.0000	4.957447	1.3353337
Relationships with Family	89	1.0000	7.0000	4.808989	2.2757437
Physical health	92	1.0000	7.0000	4.826087	1.4571438
Mental health	92	1.0000	7.0000	5.467391	1.4331329
Valid N	88				

From the observed scores it can be concluded the subjective QoL domains with the highest level of satisfaction across all older prisoners sampled are *mental health, who they lived with* and *physical health*. The QoL domains that have the least amount of satisfaction across all older prisoners sampled are *financial situation, life as a whole* and *employment activity*. These findings provide an insight into aspects of prison life that successfully encourage elements of the prison regime that result in older prisoners feeling satisfied with their QoL. The domains with the least amount of satisfaction scored illustrate aspects of prison life that reduce satisfaction in older prisoners. These findings demonstrate the prison areas of prison life that could be improved for older prisoners across the high secure, training and open prison regimes.

#### ***6.4.2 Overall Satisfaction with QoL by Prison Regime***

In order to explore whether specific QoL domains are influenced by different prison regimes, I analysed the 11 domains of QoL by the prison regime that older prisoners were sampled from. This helped to identify whether there was a difference in satisfaction with QoL across prison regimes, and if so, which type of regime resulted in the highest satisfaction levels of QoL. By analysing the data further this way and using both descriptive and inferential statistics, allowed me to make predictions and inferences about the type of prison regime that would be likely to increase satisfaction levels in the older prison population.

### ***6.4.3 Descriptive Statistics***

#### **6.4.3.1 High Secure Regime**

The objective variables surveyed by the MANSA provide demographic data on the characteristics of the older prison population in the high secure estate. The findings highlight that 86.7 percent of the population sampled in a high secure prison are of white ethnicity. A total of 55 percent did not declare a mental health diagnosis, but 8.3 percent of those who did reported a diagnosis of schizophrenia. Half of the older prisoner population sampled in the high secure estate (50%) left education at 15 years of age and a quarter (25%) did not have any children.

Within the high secure estate a large proportion (61%) of older prisoners are in paid employment within the prison, yet 10 percent are unemployed. A total of 18.3 percent are retired and 1.7 percent declared themselves as on long-term sick. Five percent are in training or education and the remaining 3.4 percent did not provide an answer. The majority of older prisoners in the high secure estate (40.8%) have a monthly income of £41-£70, however 10.2 percent received the lowest income range of £0-£20 per month. The remaining 49 percent of older prisoners received £21-40 (10.2%), £71-100 (28.6%), £101-200 (6.1%) and £201+ (2%).

A total of 70 percent of older prisoners within a high secure prison estate report they have somebody who they would call a *close friend* and 68.3 percent received a *visit* within the past week. A total of 6.8 percent of older prisoners disclosed they had been a *victim of physical violence* within the past year. Questions exploring issues of future release indicated that the majority (42.1%) of older prisoners sampled in the high secure estate believe they would be released to hostel accommodation and 14 percent said they would be released to 'no fixed abode'. A large proportion of older

prisoners in the high secure estate (73.7%) also state they will be living alone on release.

The subjective questions asked within the MANSA survey illustrated that the highest satisfaction ratings with QoL were scored in the domains of *mental health* (76.2%), satisfaction with *who they lived with* (65.0%) and satisfaction with *physical health* (60.9%). The lowest scoring domains in the high secure prison are *financial situation* (47.9%), *leisure activity* (34%) and satisfaction with *life as a whole* (31.9%).

TABLE 6.5: HIGH SECURE REGIME: OLDER MALES SATISFACTION WITH QOL

<b>QoL Domain</b>	<b>N</b>	<b>Minimu m</b>	<b>Maximu m</b>	<b>Mean</b>	<b>Std. Deviation</b>
Life as a whole	59	1	7	3.7966	1.789
Employment activity	59	1	7	4.0169	1.757
Financial Situation	59	1	7	3.7458	1.787
Number and Quality of Friendships	58	1	7	4.4655	1.592
Leisure activity	59	1	7	3.7966	1.730
Accommodation	59	1	6	4.0169	1.559
Personal safety	59	1	7	4.4237	1.417
Who they live with	59	1	7	4.7627	1.278
Relationships with Family	57	0	7	4.4211	2.492
Physical health	59	1	7	4.9492	1.634
Mental health	59	1	7	5.3898	1.402
Valid N (listwise)	56				

Older prisoners in a high secure estate demonstrate high satisfaction levels with their mental health which can be explained by the low percentage who disclosed a mental health diagnosis. This low proportion indicates the majority of older prisoners in a high secure estate experience good mental health, increasing their levels of satisfaction. Yet, it is also possible that more age specific illness and disorders are going undiagnosed within the high secure estate. The high proportion of older prisoners who claim to have a close friend may relate to their contentment of who they share the prison wing with. This particular high secure prison had a vulnerable prisoner unit (VPU) and many older prisoners are located here. This may suggest that high levels of satisfaction are linked to sharing with others in prison who are of a similar age and supports the argument for age segregation in the prison service. High satisfaction with physical health may be explained by the high proportion of older prisoners in full-time employment within the high secure prison. This employment could provide older prisoners with a meaningful role that allows them to remain active. Such high satisfaction with physical health may also suggest good healthcare provision within the high secure estate.

Satisfaction with employment is counteracted with the dissatisfaction older prisoners in the high secure estate demonstrate with the prison's daily leisure activities for older people. Nearly a fifth of older prisoners in the high secure estate are retired (18.3%) and a lack of daily activities may deny them purposeful ways of passing the time. In comparison with the training and open prison estate, the majority of older prisoners at the high secure estate received one of the highest monthly incomes; however satisfaction levels with the QoL domain *financial situation* are poorly scored and require further exploration in interviews with older prisoners from the high secure estate.



### 6.4.3.2 Training Prison Regime

The objective variables surveyed by the MANSA at the training prison estate provide demographic data of the sites older prisoner population. The findings of the survey illustrate that 71.4 percent of older prisoners at the training site are of white ethnicity. Over half of older prisoners at the training estate did not declare a mental health diagnosis (57.2%) yet those who did have a mental or behavioural disorder (14.3%). A total of 46.2 percent of older prisoners left education at 16 years of age. A high proportion of older prisoners within the training prison (57%) are in paid employment and 20.4 percent are retired. A total of 8.6 percent are unemployed, 7.4 percent in training or education and 1.1 percent are on long-term sick. The remaining 4.3 percent stated 'other' but did not specify their employment status. Nearly half of older prisoners at the training estate (42.9%) received the lowest monthly income of £0-20 and 35.7 percent have two children.

Survey questions that explore release highlight that 64.8 percent of older prisoners at the training estate believe they will live alone on release and 18.7 percent with their partner. A total of 8.8 percent will live with their children and 1.1 percent with a friend. The remaining 6.6 percent did not answer. A total 14.3 percent of older prisoners report they will be released to no fixed abode and 36.3 percent will be released to a hostel. Only 7.4 percent will return to their own property and 15.8 percent will live in sheltered housing or housing association property. A total of 2.2 percent report to be released to a hospital ward or residential home.

Additional findings illustrated that half (50%) of the older males surveyed at the training estate stated that had somebody whom they could call a *close friend* and over half (57.1%) had received a *visit* within the last week. A total of 14.3% of older

prisoners sampled at the training estate had been a *victim of physical violence* within the past year, reflecting the highest percentage of all three prison regimes sampled.

TABLE 6.6: TRAINING REGIME: OLDER MALES SATISFACTION WITH QOL

QoL Domain	N	Minimum	Maximum	Mean	Std. Deviation
Life as a whole	13	1.00	7.00	3.8462	2.15430
Employment activity	13	1.00	7.00	3.7692	1.48064
Financial Situation	13	1.00	7.00	2.6923	1.75046
Number and Quality of Friendships	13	2.00	7.00	4.0769	1.49786
Leisure activity	13	1.00	6.00	3.7692	1.53590
Accommodation	13	2.00	6.00	4.2308	1.64083
Personal safety	13	2.00	6.00	4.6923	1.31559
Who live with	13	3.00	7.00	5.0000	1.29099
Relationships with family	12	1.00	7.00	4.4167	2.35327
Physical health	12	2.00	6.00	4.0000	1.12815
Mental health	12	1.00	7.00	4.4167	1.67649
Valid N (listwise)	12				

Subjective findings from the training prison presented in table 6.6 illustrate that older prisoners gave positive satisfaction ratings (%) for *who they lived with* (M = 5.0000; 61.5%), their current feelings of *personal safety* (M = 4.6923; 69.2%) and equally satisfied with *relationships with family* (M = 4.4167; 50%) and *mental health* (M = 4.4167; 50%). The lowest positive satisfaction ratings include *financial situation* (M = 2.6923; 7.7%), *employment activity* (M = 3.7692; 23.1%) and *leisure activity* (M = 3.7692; 23.1%).

Interpretation of these findings indicate older prisoners within a training estate may report satisfaction with their general mental health, as relatively few have a formal diagnosis and are therefore content with their current standard of mental health. Nearly half of the prison population sampled received the lowest recorded level of monthly income and this is reflected in the satisfaction score for the QoL domain *financial situation*. Although a relatively high proportion had been a *victim of physical violence* within the past year, this does not seem to have influenced the satisfaction levels reported that relate to personal safety within the training estate.

The proportion of *visits* and number of *close friends* reflects the positive satisfaction scores related to the domains of *friends* and *family*. Unsatisfactory domains of *employment* and *leisure activities* may be due to the 50% of older prisoners being either unemployed, retired or not in training. This indicates that there may be a lack of daily activities for those who are not in work or are not in purposeful or age appropriate work.

### **6.4.3.3 Open Prison Regime**

The objective variables surveyed by the MANSA at the open prison estate indicate that 87 percent of the older prisoners sampled are of white ethnicity. No older

prisoners at the open estate disclosed any mental health diagnoses, suggesting older prisoners do not have any diagnosed mental health illnesses, they did not wish to report the illness, or there was not an available answer option provided on the survey.

The largest proportion of older prisoners in the open prison (40.9%) had left education at 16 years of age and 4.5 percent had continued into higher education. A total of 63.6 percent of older prisoners were currently in paid employment at the open prison estate, and 27.3 percent are retired. The remaining 9 percent did not answer this question. Findings indicate that no older prisoners' monthly income was less than £20 and the majority (52.6%) received an income between £21-40. The average older prisoner at the open prison estate had two children (45.5%) had received a visit within the past week (73.9%) and believed to have a *close friend* (65.2%). A total of 8.7% of older males had been a *victim of physical violence* within the past year.

Additional findings show that over a quarter (26.1%) of older prisoners in an open prison regime believed they would be released to a hostel, yet a higher proportion (31.8%) believed they would be released to their own property. A total of 8.7 percent believed they would be released to no fixed abode. On release from the open prison, nearly half of older prisoners (47.8%) stated they would be living alone and just over a third believed they would live with a partner on a release (34.8%).

TABLE 6.7: OPEN PRISON REGIME: OLDER MALES' SATISFACTION WITH QOL

QoL Domains	N	Minimum	Maximum	Mean	Std. Deviation
Life as a whole	22	2.00	7.00	4.6364	1.36436
Employment activity	22	3.00	7.00	5.1818	1.09702
Financial Situation	22	1.00	7.00	3.3182	1.80967
Number and Quality of Friendships	22	3.00	7.00	5.2727	1.12045
Leisure activity	22	1.00	7.00	4.7727	1.63100
Accommodation	22	1.00	7.00	4.5455	1.94513
Personal safety	22	4.00	7.00	5.1818	.95799
Who live with	22	1.00	7.00	5.4545	1.43849
Relationship with family	21	2.00	7.00	5.8571	1.35225
Physical health	21	3.00	6.00	4.9524	.86465
Mental health	21	4.00	7.00	6.2857	.84515
Valid N (listwise)	21				

The analysis of satisfaction data presented in table 6.7 from the open prison illustrates that older prisoners in an open prison regime have much higher positive

satisfaction ratings (%) overall than the training and high secure estate, scoring particularly high in the domains of *mental health* (M = 6.2857; 95.2%), *relationships with family* (M = 5.8571; 85.7%) and *who they live with* (M = 5.4545; 77.8%). The three lowest scoring domains include satisfaction with *financial situation* (M = 3.3182; 54.5%), *accommodation* (M = 4.5455; 31.8%) and satisfaction with *life as a whole* (M = 4.6364; 18.2%).

Interpreting these findings, it can be concluded that high satisfaction levels with the QoL domain of mental health are likely to be linked to no disclosures of mental health diagnoses by the older prisoners sampled. Satisfaction levels with employment activity are particularly high and may be related to findings which indicate all older prisoners surveyed were either in paid employment or retired and receiving retirement pay. Although no older prisoner surveyed in the open prison received an income less than £20 per month, satisfaction levels with *financial situation* were low and indicate that there may be other variables influencing these scores. The high number of visits and close friends reflect satisfaction scores with relationships with family and to a certain extent the domain of *who the older prisoner lives with*, particularly if the close friends and visits are and received from fellow inmates. However this cannot be determined from the findings of the MANSA. The dissatisfaction with *accommodation*, but satisfaction with *who they live with*, suggests that it is the physical living environment and structure of the open prison that causes this discontentment.

In summary, descriptive statistical analyses reveal that satisfaction levels differ in QoL domains across the three sampled prison regimes. Findings show there are similarities across all three prison regimes, including high satisfaction scores in the

domains of *mental health* and low satisfaction scores in *financial situation*. Table 6.8 illustrates the highest and lowest scoring QoL domains by prison regime.

TABLE 6.8: HIGHEST AND LOWEST SCORED QOL DOMAINS BY PRISON REGIME

<b>Prison Regime</b>	<b>Highest Scoring QoL Domain</b>	<b>Lowest Scoring QoL Domain</b>
High Secure	Mental health (76.2%)	Life as a whole (31.9%)
Training	Personal safety (69%)	Leisure activity (31%)
Open	Mental health (95.2%)	Life as a whole (18.2%)

TABLE 6.9: DESCRIPTIVE STATISTICS BETWEEN PRISON REGIME TYPES

<b>Prison Type</b>	<b>N</b>	<b>Range</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Std. Deviation</b>
Training	13	3.00	2.00	5.00	4.0000	1.00000
High secure	60	5.00	2.00	7.00	4.3833	1.15115
Open	22	4.00	3.00	7.00	5.0909	.86790



Through analyses of the MANSA survey, the use of descriptive statistics identified older prisoners within an open prison estate illustrated higher satisfaction levels across all QoL domains measured, except financial situation, of which the high secure estate boasted a higher mean score. When comparing the overall means across the high secure, training and open prison regimes, table 6.9 illustrates that the open prison regime possesses the highest level of satisfaction at 73 percent ( $M = 5.0909$ ,  $SD .86790$ ). When these scores are measured against the descriptors on the MANSA likert scale, older prisoners in an open prison estate could be described as being 'mostly satisfied' with their QoL in an open prison regime. Older prisoners from a high secure regime illustrate a satisfaction rating at 63 percent ( $M = 4.3833$ ,  $SD 1.15115$ ) and could be described as holding 'mixed' satisfaction with their QoL in a high secure prison regime. Older prisoners sampled from the training prison demonstrated the lowest satisfaction score with a total of 57 percent ( $M = 4.00$ ;  $SD 1.00$ ) satisfaction and could also be described as holding 'mixed' satisfaction with their QoL in a training prison regime. The range of scores across each prison type also reveals that the sample surveyed at the training prison only rated satisfaction using four scores; dissatisfied, mostly dissatisfied, mixed and mostly satisfied. In comparison to the open and high secure prison sample, the ranges of scores were much wider with some domains being given the highest rating such as 'couldn't be better'.

#### ***6.4.4 Inferential Statistics***

In order to determine whether the difference in satisfaction levels across the three prison regimes was statistically significant and had not occurred by chance, I opted to conduct further inferential statistical analyses on the data obtained from circulation of the MANSA. These types of analyses are not recommended by the

authors (Priebe et al. 1999), however I felt that the rich data I had collated could provide more meaningful findings and this should be exploited.

In order to identify if there was a significant difference in older prisoners satisfaction ratings across three prison regimes, I conducted a one-way ANOVA that would appropriately identify such differences using the mean satisfaction score from the three prison regimes. I opted for a one-way ANOVA due to its ability to produce a weighted mean that takes into account the unequal sample sizes from the data collected across the three prison regimes (Howell 2002). I used SPSS version 21 to conduct the analysis and found significant differences in overall satisfaction with QoL across the three prison regimes,  $F(2, 91) = 5.681, p = .005$ . From these findings it can be concluded that the type of prison regime has an effect on the satisfaction scores of older prisoners.

In order to identify where the significant effect occurs across the three types of prison regimes, a Tukey post-hoc analysis was conducted. Tukey post-hoc comparisons of the three regimes indicate that older prisoners in the open prison ( $M = 5.09, 95\% \text{ CI } [4.71, 5.48-3]$ ) gave significantly higher satisfaction with QoL ratings than older prisoners from the training ( $M = 4.00, 95\% \text{ CI } [3.40, 4.60]$ )  $p = .010$  and high secure prison regime ( $M = 4.43, 95\% \text{ CI } [4.05, 4.63]$ ),  $p = .013$ . These findings indicate that older prisoners' satisfaction with QoL is significantly higher in the open prison regime and comparisons between the high secure and training prison indicate no statistically significant differences at the  $p < .05$  level. These findings conclude that the high secure and training prison regimes have no statistically significant effect on the overall satisfaction with QoL of older prisoners, but an open prison does. The statistical significance for higher satisfaction with QoL in the open prison site mirrors the MANSAs descriptive findings in chapter 6.4 and prompts

further questions regarding the contribution an open prison environment plays in the satisfaction levels of QoL for older prisoners.

In order to determine whether the statistically significant finding that older prisoners are more satisfied in an open prison is a finding that is specific to an older prison population and not a general finding that can be applied to all age ranges of prisoners, I compared the findings of all three prison regimes to findings from the MQPL report. The MQPL provides a mean score for each prison estate but this includes all age ranges surveyed (i.e. not older people specific). I identified the latest reports for each prison regime and recorded the mean QoL score that was reported.

TABLE 6.10: COMPARISON OF MQPL AND MANSA MEAN SCORES ACROSS ALL THREE PRISON REGIMES

<b>Prison Regime</b>	<b>MQPL (mean QoL)</b>	<b>MANSA (mean satisfaction QoL)</b>	<b>Difference (MQPL - MANSA)</b>
High secure	4.95	4.38	-0.57
Training	4.46	4.00	-0.46
Open	4.60	5.09	+0.49

Table 6.10 illustrates the scores from the MQPL reports and indicates the highest standard of QoL across all ages of prison population is found in the high secure regime. This is in contrast to my findings that illustrate the older prison population are more satisfied in an open prison estate. It is interesting to note that when comparing the scores of my study to the MQPL, the results from the MANSA for the

open prison estate is the only site to receive a higher mean than its corresponding MQPL score. The older prison population sampled in both the high secure and training regimes receive lower means than their MQPL equivalent. These findings suggest an open prison regime may be more suitable for the older prisoner population; however statistical comparisons between the MANSA and MQPL means cannot be determined due to the unavailability of the raw data of the MQPL.

#### ***6.4.5 Summary***

This section presents the older prisoners' satisfaction with their QoL by prison regime. The statistical significant findings indicate that older prisoners in an open prison regime are more satisfied with their QoL, than older prisoners in either a high secure or a training prison regime. This is a critical finding for this research study and for policy makers to ensure the older prison population are placed in the most suitable prison regime.

Although the open prison regime has received a number of positive findings, it is not without its flaws and indicates that its older prison population are particularly dissatisfied with their financial situation and this warrants further investigation. From the findings presented it appears that improvements to the overall satisfaction with QoL in the older prison population across the prison service would include more purposeful employment activities, improved financial situations including access to pensions and age specific leisure activities.

## **6.5 Other variables that effect Older Prisoners Satisfaction with QoL**

This section identifies whether other variables impact on older prisoners' overall satisfaction with QoL. A total of three other variables, *length of time in prison regime type*, *total length of time in prison* and *participant characteristics* were analysed to test if they had a significant influence on the satisfaction levels of QoL in older prisoners.

### **6.5.1 Ordinal Regression Analyses**

In order to establish if there was a statistically significant relationship between other multiple variables and overall satisfaction with QoL, I opted to conduct ordinal regression analyses on the quantitative data I had collated. I chose ordinal regression analyses due to the ordered nature of the MANSA survey. The variables I explored in this analysis were collated as part of the MANSA survey and included *length of time in prison regime type*, *total length of time in prison* and *participant characteristics*. Ordinal regression was also conducted to establish if the variables of *participant characteristics* and *prison type* had an effect on the satisfaction levels of all 11 domains of QoL.

#### **6.5.1.1 Relationship between length of time at prison regime type and overall satisfaction with QoL**

In the MANSA survey, all older prisoners are asked to declare the amount of time they had served in their current prison regime. The amount of time they declared was also included in the unique identifier of each participating older prisoner. This variable of *length of time* was tested to identify if the length of time an older

individual had spent at a particular prison (and its related regime) impacted on the satisfaction with QoL of older prisoners. Again, I opted to conduct an ordinal regression analysis and recoded the timeframes an individual had spent in the current prison regime into monthly time ranges that had a naturally ascending order, <12 months, 12-24 months, 25-60 months, 61-120 months, 121-180 months, 181-300 months and >301 months.

The ordinal regression analysis identified that there are no statistically significant relationship between the amount of time spent in current prison regime and overall satisfaction with QoL at the  $p < .05$  level. Although this finding is not statistically significant, the regression coefficients reported allow for the direction of the relationship between the independent variables (IV) of monthly timeframes *spent in current prison regime* and the dependent variable (DV) *overall satisfaction with QoL*, to be identified and indicate whether there is a positive or negative relationship between the two variables.

TABLE 6.11 THE RELATIONSHIP BETWEEN TIME SPENT IN PRISON TYPE AND OVERALL SATISFACTION WITH QOL

Variable	Category	Regression Coefficient	Standard Error	Wald	P Value
0	<12 months	.414	.985	.177	.674
1	12-24 months	.308	.950	.105	.746
2	25-60 months	-.547	.920	.354	.552
3	61-120 months	-.429	.919	.218	.640
4	121-180 months	-.254	.995	.065	.799
5	181-300 months	.172	1.153	.022	.882
6	>301 months	0 <sup>a</sup>	.	.	.

. This parameter is set to zero because it is redundant.

Through the regression coefficient table 6.11 illustrates variables 0, 1 and 5 demonstrate a positive direction and therefore a positive relationship with satisfaction with QoL. Modest conclusions from this data suggests that spending <12 months, 12-24 months and 181-300 months in the same prison regime is likely to increase overall satisfaction with QoL for an older prisoner. Yet, variables 2, 3 and 4

indicate a negative relationship and suggest spending these timeframes in the same prison regime may reduce satisfaction with QoL. If this test was to be conducted with a larger sample size, this may have produced a much larger effect size and thus a significant result, providing another area to be further explored in future research.

From this analysis it can be concluded that the amount of time an older prisoner spends at a particular prison regime does not significantly affect their overall satisfaction with QoL. From the three prison regimes sampled, it can be suggested that if an older prisoner was to be moved between prison regimes, the time that they spent at the previous prison would not influence their overall satisfaction with QoL and may suggest that satisfaction with QoL is a present feeling that is established based on an individual's current circumstances and prison environment.

### **6.5.1.2 Relationship between Total Length of Time in Prison and Satisfaction with QoL**

When completing the MANSA survey all participating older prisoners were asked to declare the total time that they had spent in prison overall for their current conviction. This second variable is labelled *total length of time in prison* and analysed using an ordinal regression to establish if there is a relationship between satisfaction with QoL and the differences in length of prison stay. Length of stays were coded into monthly timeframes that were naturally ordered, <12 months, 12-24 months, 25-60 months, 61-120 months, 121-180 months, 181-300 months and >301 months. The analysis concludes this relationship is not significant at the  $p < .05$  level indicating there is no relationship between the older prison populations' satisfaction with QoL and length of time in prison. Again, this emphasises that satisfaction with



QoL may be based on an individual's present situation and feelings; however the findings should be interpreted with caution due to the low sample size.

### **6.5.1.3 Relationship between Overall Satisfaction with QoL and Personal Characteristics**

Personal characteristics of each participating older prisoner were collected from questions within the MANSA that required an objective answer. This data provides a snapshot of the personal characteristics of the whole older prison population sampled. The objective questions surveyed included *ethnic origin, mental health diagnoses, employment status, who and where they would live on release, monthly income, existence of a close friend, visited, accused of a further crime and victimisation of physical violence* and these were used as the IVs for the ordinal regression.

An ordinal regression was run on all objective IVs to identify if they had any significant effects on overall satisfaction with QoL. Four IVs are identified as having a statistically significant effect on older prisoners overall QoL at the  $p < .05$  level. These are *victimisation of physical violence, who live with on release, monthly income* and *mental health diagnosis*. Within the four IVs presented, a specific category of the variable is identified as causing the significant effect and is illustrated in table 6.12.

TABLE 6.12: ORDINAL REGRESSION ANALYSES ILLUSTRATING THE SIGNIFICANT RELATIONSHIPS BETWEEN PARTICIPANT CHARACTERISTICS AND OVERALL QoL

QoL (DV)	Variable (IV)	Category	Coefficient	Std. Error	Wald	P Value
Overall QoL	Victimisation of Physical Violence	Victim	-1.563	.681	5.261	.022
Overall QoL	Who live with on release	Partner	2.365	1.033	5.239	.022
		Parents	4.877	2.347	4.320	.038
Overall QoL	Monthly Income	£0-20	-1.831	.742	6.092	.014
Overall QoL	Mental Health Diagnosis	Behavioural syndromes	-4.386	1.434	9.348	.002

The statistically significant findings are discussed.

Findings indicate that older prisoners who have been a *victim of physical violence* are less likely to give an overall satisfied QoL score than those who are not a victim (Wald  $\chi^2(1) = 5.261$ ,  $p < .05$ ). This finding could be explained by feelings of vulnerability in older age. The impact of physical violence may also have more serious consequences for the older prisoner and/or they are more aware of their vulnerability because of their older age.

Findings also illustrate that older prisoners who have arranged to live with their parents (Wald  $\chi^2(8) = 4.320$ ,  $p < .05$ ) or partner (Wald  $\chi^2(8) = 5.239$ ,  $p < .05$ ) on

release are more likely to score highly and be more satisfied with their overall QoL than older prisoners who have nobody to live with or will be living with children, friends or other relatives. A strong support network and knowledge of the support available on release may contribute to higher satisfaction with QoL and highlights the importance of older prisoners' relationships with their existing partner and surviving parents.

Older prisoners whose monthly income is between £0-£20, are likely to have lower satisfaction with QoL than those whose monthly income is higher (Wald  $\chi^2(6) = 6.092, p < .05$ ). This suggests older prisoners who cannot afford to buy many items in prison will have a reduced level of satisfaction and emphasises the importance of reasonable financial stability to increase satisfaction with QoL in older prisoners.

Satisfaction with QoL is also poorly rated by older prisoners who have a specific diagnosis of behavioural syndromes associated with psychological factors, as described in ICD-10 (Wald  $\chi^2(36) = 9.348, p < .05$ ). This includes syndromes such as eating and sleep disorders and sexual dysfunction, however the type of disorder older prisoners are diagnosed with could not be determined by the QoL survey and needs to be studied in more depth in future research.

### ***6.5.2 Pearson's Chi-Square Analysis***

In order to continue to identify if other variables impact on older prisoners' overall satisfaction with QoL, I explored the relationship between the QoL domains presented in the MANSA, the three prison regimes sampled, and the personal characteristics of the older prisoners. Due to the categorical nature of these variables,

I opted to conduct a Pearson's Chi-square test of analysis to examine if there are any significant associations between these types of categorical variables.

Although a useful tool to indicate association, the Pearson's Chi-square test does have its limitations, mainly that it does not provide a direction of the association (Greenwood and Nikulin 1996). However to overcome this, I included percentages to present the proportion of variance that a particular variable is associated with another, allowing me to provide a form of interpretation and meaning from the findings.

#### **6.5.2.1 Relationship between Prison Regime Type and Satisfaction with QoL Domains**

I conducted a Pearson chi-square test to establish if the type of prison regime older prisoners are located in is statistically associated with satisfaction levels of an individual domain of QoL as assessed by the MANSA. The three prison regimes included in the analysis are high secure, training and open and the 11 domains of QoL are life as a whole, employment activity, financial situation, number and quality of friendships, leisure activity, accommodation, personal safety, who they live with, relationship with family, physical health and mental health.

The results reveal there is a significant relationship between prison regime and satisfaction with two QoL domains; accommodation  $\chi^2 (12, N = 94) = 24.041, p < .05$ , Cramér's  $V = .358$  and satisfaction with physical health  $\chi^2 (12, N = 92) = 21.824, p < .05$ , Cramér's  $V = .344$ . The significant association between prison regime and satisfaction with accommodation is considered to be of medium strength (Greenwood and Nikulin 1996). The analysis identifies that a larger proportion (63.7%) of older prisoners in the open prison regime rate their satisfaction with

prison accommodation more positively than training (61.6%) and high secure (44%) regimes.

The significant association between prison regime and satisfaction with physical health is also considered to be of medium strength (Greenwood and Nikulin 1996). From the results, I identify that higher satisfaction ratings are provided from the older males in the open prison (71.5%) than older males from the training (25%) and high secure regimes (64.4%).

Interpretations from these findings suggest there is a significant association between prison regime and satisfaction with accommodation with older males from the open prison presenting a high proportion of satisfaction than the high secure and training regimes.

### **6.5.2.2 Relationship between QoL Domains and Personal Characteristics**

I conducted additional analyses to identify if there is a relationship between any of the individual 11 QoL domains and the personal characteristics of the older prisoner sample. The 11 domains assessed were life as a whole, employment activity, financial situation, number and quality of friendships, leisure activity, accommodation, personal safety, who they live with, relationship with family, physical health and mental health. The personal characteristics included in the analysis were obtained from the objective questions assessed in the MANSA and include ethnic origin, diagnosis of mental health illness or behavioural disorder, age left education, employment status, employment type, hours worked per week, number of children, who they would live with on release, where would they live on

release, monthly income, had a close friend, received a visit in past week, accused of a further crime in the last year and was a victim of physical violence in the past year.

I conducted a Pearson Chi-Square test to identify if there is a significant association between the variables presented and identified 12 statistically significant associations at the  $p < .05$  level. These are presented in table 6.13.

TABLE 6.13: A TABLE TO ILLUSTRATE THE STATISTICALLY SIGNIFICANT ASSOCIATIONS BETWEEN QOL DOMAINS AND PERSONAL CHARACTERISTICS

VARIABLE	VARIABLE	CHI-SQAURE VALUE	CRAMER'S V	P LEVEL OF SIGNIFICANCE
Ethnic Origin	Satisfaction with Safety	47.215	.356	P = .003
Ethnic Origin	Satisfaction with who they live with	67.450	.426	P = .000
Diagnosis	Satisfaction with Safety	81.487	.409	P = .002
Diagnosis	Satisfaction with Physical Health	83.526	.426	P = .001
Diagnosis	Satisfaction with Mental Health	102.338	.465	P = .000
Where they will live on release	Satisfaction with Employment Activity	58.079	.328	P = .050
Close friend	Satisfaction with Accommodation	26.815	.378	P = .008
Close friend	Satisfaction with Family	19.013	.327	P = .040
Received a visit	Satisfaction with Friendships	21.834	.485	P = .001
Victim	Satisfaction with Safety	24.290	.511	P = .000
Victim	Satisfaction with Physical Health	23.306	.506	P = .001
Victim	Satisfaction with Mental Health	16.491	.426	P = .011

The analysis identified that there is a significant association between ethnic origin and satisfaction with the QoL domains of safety  $\chi^2 (24, N = 93) = 47.215, p < .05$ , Cramér's  $V = .356$  and who they live with  $\chi^2 (24, N = 93) = 67.450, p < .05$ , Cramér's  $V = .426$ . Both associations are of medium strength. From the results I identified that a higher proportion of older prisoners of black African (100%) and Indian (100%) ethnic origins provide positive rankings of their satisfaction with their safety compared to 63.4 percent of older prisoners of white and 50 percent of black Caribbean ethnic origin. This suggests older prisoners of white and black Caribbean ethnic origin may experience feelings of vulnerability, however further conclusions cannot be made from these findings.

Three significant associations are identified between the personal characteristic of diagnosis and the QoL domains of satisfaction with safety  $\chi^2 (48, N = 81) = 81.487, p < .05$ , Cramér's  $V = .409$ , satisfaction with physical health  $\chi^2 (48, N = 81) = 83.526, p < .05$ , Cramér's  $V = .426$  and satisfaction with mental health  $\chi^2 (48, N = 81) = 102.338, p < .05$ , Cramér's  $V = .465$ . All association are of medium strength. From the findings I recognised that a higher proportion of older prisoners diagnosed with a behavioural syndrome associated with psychological and/or physical factors (66.7%) provided a negative ranking of their satisfaction with safety than any other diagnosis and indicates older prisoners with this diagnosis may experience feelings of vulnerability. Again, these feelings of vulnerability cannot be determined to be caused due to this type of diagnosis but warrants further exploration.

Older prisoners' satisfaction levels with their physical health differ depending on the type of diagnosis. All older prisoners who have a mental and behavioural disorder due to substance misuse, ranked their satisfaction with physical health positively



(100%), yet all older prisoners diagnosed with a mood disorder ranked their satisfaction with physical health negatively (100%). This suggests that further exploration into mood disorders and physical health in older prison populations may be beneficial to the literature.

Sixty-six percent of older prisoners diagnosed with a neurotic, stress related or somatoform disorder are positively satisfied with their physical health, as are a high proportion of those diagnosed with a behavioural syndrome (66.7%). Older prisoners diagnosed with a disorder of adult personality and behaviour remain fairly neutral (50%) in their satisfaction levels of physical health.

Similar results are found in the significant association between diagnosis and satisfaction with mental health. Fifty percent of older prisoners diagnosed with a disorder of adult personality and behaviour remain fairly neutral in their satisfaction levels of mental health. All older prisoners diagnosed with a mental and behavioural disorder due to their substance misuse (100%) rank their satisfaction with mental health positively and mirrors their satisfaction levels with physical health. Again, fifty percent of older prisoners diagnosed with a disorder of adult personality and behaviour provide neutral scoring in their satisfaction levels of mental health and mirror findings from satisfaction with physical health. A large proportion of older prisoners diagnosed with a behavioural syndrome (66.6%) are not satisfied with their mental health yet 66.6 percent of those with a neurotic, stress related and somatoform disorder are, requiring further exploration in future studies.

The significant association between where older prisoners will live on release and the satisfaction with QoL domain employment activity  $\chi^2(42, N = 90) = 58.079, p < .05$ , Cramér's  $V = .328$  is of medium strength. The findings illustrate older prisoners give negative rankings of their satisfaction with their employment

activities if they believed they will be released to live in either housing association accommodation (69.4%), a hostel/supported housing/group home (72.2%) or a residential home (100%). Older prisoners who believed they will be released to either their own property (52.3%) or are of no fixed abode (78.5%) gave a higher proportion of positive responses of their satisfaction with employment activity in the prison. These findings suggest that older prisoners who will be released to supportive or dependent housing are less satisfied with their employment activity. This may be explained by the level of independence and mobility they currently have within the prison, which contributes to their future release plans.

The significant associations between having a close friend and QoL domain satisfaction with accommodation  $\chi^2(12, N = 94) = 26.815, p < .05$ , Cramér's  $V = .378$  and more satisfaction with family  $\chi^2(10, N = 89) = 19.013, p < .05$ , Cramér's  $V = .327$  are considered to be of medium strength. A higher proportion of older prisoners who declare they have a close friend provide a positive ranking of satisfaction with their accommodation (57.8%) compared to a lower proportion of older prisoners who did *not* consider they had a close friend but ranked their satisfaction with accommodation positively (39.3%). These findings suggest that having friendships may contribute to the overall evaluation of prison accommodation for an older prisoner. However, it cannot be determined whether the close friend is from their current prison estate or in the community.

A large proportion of older prisoners who declare they have a close friend score positively on satisfaction with family (69.4%) compared to fifty percent of older prisoners who did *not* have a close friend but rate their satisfaction with their family positively. These findings suggest that there may be some older prisoners who have difficult social and familial relationships.

The significant association between receiving a visit and satisfaction with friendships  $\chi^2(6, N = 93) = 21.834, p < .05$ , Cramér's  $V = .485$  is considered to be of medium strength. From the analysis I identified that a higher proportion of older prisoners who received a visit within the past week positively rank their satisfaction with friendships (69.7%) compared to 44.4 percent who positively ranked their friendships but did not receive a visit. This finding suggests older prisoners who receive visits feel more satisfied with the number and quality of their friendships.

I also identified that older prisoners who had been the victim of physical violence within the past year had a significant association between feelings of satisfaction with safety  $\chi^2(6, N = 93) = 24.290, p < .05$ , Cramér's  $V = .511$  and satisfaction with physical health  $\chi^2(6, N = 91) = 23.306, p < .05$ , Cramér's  $V = .506$ . Both associations are considered to have a large strength of association. A higher proportion of older prisoners who have been a victim of violence within the past year (62.5%) gave a negative or neutral satisfaction rating of safety compared to 40 percent who have not been a victim. This suggests older prisoners who have been a victim may be feeling less safe than those who have not experienced victimisation. In addition, a higher proportion of older prisoners who declare they have *not* been a victim within the past year gave a more positive ranking of their satisfaction with their physical health (63.1%) compared to 42.9% who have been a victim. Such an association between lower satisfaction levels of physical health and victim of physical violence needs to be explored further in an older male prison population to identify if older prisoners of poor physical health are more likely to be victims of physical violence in prison.

Older prisoners who have been a victim of violence within the past year illustrate a medium strength of association with the QoL domain satisfaction with mental health  $\chi^2(6, N = 91) = 16.491, p < .05, \text{Cramér's } V = .426$ . The findings indicate that a higher proportion of older males who have not been a victim of violence rank their satisfaction with mental health more positively (78.6%) compared to 57.2 percent of older males who have been a victim of violence within the past year. Similarly, this warrants further exploration to identify if this association suggests that older males with poor or deteriorating mental health are more likely to be victims of physical violence in prison.

## **6.6 The Internal Reliability of the MANSA**

For the second element of the quantitative phase, I wished to identify if the MANSA tool can be validated for older people in a prison setting. In order to achieve this, I conducted a Cronbach's alpha coefficient of reliability to assess if the MANSA assesses satisfaction with QoL consistently across all 11 domains in an older prison population.

Within social sciences, a Cronbach's alpha of 0.7 considers the tool to be reliable and as a result successfully and appropriately measure its intended items with its targeted population (Nunnally 1978). Results from the MANSA exceeded this and scores a Cronbach's alpha of 0.858. This is considered to be a very high level of internal consistency and a higher level of internal consistency than declared by the authors when the survey was used for its intended sample of psychiatric patients (Priebe et al. 1999). This suggests the MANSA may be a more suitable tool to measure satisfaction with QoL in older prisoners than its intended population. I

conducted further analyses to explore whether any of the 11 domains assessed in the MANSA could be excluded to increase the overall internal reliability of the survey.

TABLE 6.14: THE ITEM-TOTAL STATISTICS FOR EACH DOMAIN OF QOL.

Item-Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
Life as a whole	45.5618	106.681	.662	.565	.836
Activity	45.4045	106.403	.707	.714	.833
Finance	46.1236	111.996	.480	.375	.852
Friendships	44.9775	112.113	.619	.441	.841
Leisure	45.6067	106.923	.648	.654	.838
Accommodation	45.4157	109.405	.632	.534	.839
Safety	44.9438	113.395	.666	.592	.839
Who live with	44.6292	114.895	.616	.498	.843
Family	44.8315	109.824	.383	.234	.867
Physical Health	44.7079	121.368	.345	.604	.859
Mental health	44.0899	118.401	.434	.603	.853

Table 6.14 illustrates that all 11 domains have a Corrected Item-Total Correlation score of 0.3 or above and suggests that each measurable domain successfully

correlates with overall satisfaction with QoL. The domains of *Physical Health* and *Family* would slightly increase the overall Cronbach's alpha from 0.858, to 0.859 and 0.867 respectively. In order to increase the overall reliability of the scale these, findings could warrant the deletion of both *physical health* and *family*. However, as the internal reliability is still very high when these two domains are included (over 0.8) inclusion of the domains is still considered to be reliable (Field 2013). I considered these domains to be important to measure satisfaction with QoL and concluded that such a small increase was not significant enough to justify deletion of these domains and therefore should remain within the survey. These results conclude that the ONS and MANSA are suitable tools for measuring satisfaction with QoL and wellbeing in an older prison population.

## **6.7 Policy Implications: Improving Older Prisoners**

### **Satisfaction with QoL**

This section identifies predictors that prevent and promote the satisfaction with QoL in an older prison population. I achieve this by identifying the variables that have the biggest impact on promoting satisfaction. These findings can help policy makers to ensure that the most influential domains of QoL can be focussed on in practice to ensure instant improvements to older prisoners' satisfaction with QoL. I conducted multiple regression analyses to identify which predictor (QoL domain (IV)) has the largest effect on the total variance (Satisfaction with QoL (DV)). Findings then forecast which QoL domain has the biggest impact on satisfaction and thus can be recommended to be focussed on within policy and practice to achieve quick improvements to older prisoners' satisfaction.

Multiple regression analysis indicate that all predictors explained 99.7 percent of the total satisfaction variance ( $R^2 = .997$ ,  $F(11,77) = 2547.550$ ,  $p < .001$ ). Analysis found the variables that have the largest beta coefficients, and therefore largest influence on overall satisfaction with QoL across all three prison estates were, *life as a whole* ( $\beta = .157$ ,  $p < .001$ ), *financial situation* ( $\beta = .165$ ,  $p < .001$ ) and *relationships with family* ( $\beta = .194$ ,  $p < .001$ ).

Conclusions from the findings illustrate that if older prisoners' satisfaction with QoL is to be improved, and improved quickly, then a greater focus is needed on the amount of contact an older prisoner has with his family. Previous analyses discuss the importance of the partner and parents, particularly for release plans. However, due to the nature of offences that some of the older prisoner may have committed, family contact and support may have been affected. In addition, the older age of the males may result in family and friends passing away or due to the location of the prison, visits prove difficult for family to easily access.

An exploration of the finances of older prisoners also requires greater focus. Practically this translates into the legislation surrounding access to pensions, financial help and benefits on release, as well as phone card charges requiring further attention. For older prisoners who are retired, the opportunity to earn additional income, if they wish to do so, should be made available. This would significantly increase older prisoners' levels of satisfaction with their QoL in prison.

Due to the inability to change negative events of the older prisoners past, it is challenging to change overall satisfaction with *life as a whole*. However, in order to improve this aspect of life, more opportunities to participate in reflective and nostalgic practices should be encouraged amongst the older prison population which may increase overall satisfaction with QoL.

## 6.8 Chapter Summary

Using the theoretical context discussed in Chapter 2 to frame the quantitative findings, this phase of the research explored objective elements of the satisfaction model and identified how older prisoners can reclaim power in oppressive environments and flourish by living a successful and fulfilling life.

Prior to this discussion, it is important to highlight the severe limitations of the quantitative findings identified in this chapter. These include, but are not limited to, the small sample size of respondents resulting in a lack of statistical power, and the absence of comparing the findings to an older community population. In addition, despite performing sophisticated analyses, a full picture of older prisoners' satisfaction with QoL and wellbeing is not provided and requires further exploration in the qualitative phase of study.

However, benefits of the quantitative phase included the opportunity to purposefully sample a number of participants who provided an array of QoL and wellbeing scores. For example, I was able to purposefully select and invite participants for interview who demonstrated low, medium and high satisfaction scores. This protected the qualitative phase of study from any sample bias and strengthened the sample used for the qualitative phase. Moreover, the quantitative findings did provide modest indications of the domains of QoL and wellbeing that older prisoners were satisfied and dissatisfied with and allowed further exploration in the qualitative phase of study.

The most pertinent quantitative findings include the open prison regime scoring the highest satisfaction scores in QoL and wellbeing than a high secure and training regime, suggesting older prisoners flourish more within an open regime. Analysis of



the data collated from the MANSA in the open prison regime shows that *finance*, *accommodation*, and *leisure activities* have the largest impact on older prisoners' satisfaction ratings in an open prison regime, enabling them to reclaim some form of independence.

Older prisoners from an open prison regime have higher satisfaction levels with their accommodation and physical health than older males from the training and open prisons. Explanations for higher satisfaction with accommodation may include the opportunity an open prison regime provides prisoners to access the prison grounds more freely, as well as attending home visits. Explanations for higher satisfaction with physical health are not clear from the quantitative findings and are further explored within the qualitative phase. These findings provide prison policy makers with evidence to address the prison environment for older prisoners to encourage a more satisfactory life by increasing their financial situation, addressing prison accommodation, and providing suitable leisure activities.

The older male prison population are satisfied with their *mental health*, *who they lived with*, and *physical health* and this can be explained by previous literature that discusses the importance of both mental and physical health in older populations (Jones 2003; Song and Kong 2015). This is not to indicate that mental and physical illnesses are not present in the older male prison population sampled, but satisfaction with current health status is generally high. This is explored further during the qualitative interviews in chapter 7.

Interestingly, the majority of older prisoners are highly satisfied with others they share a prison cell or prison landing with. For the participants sampled, this is particularly noteworthy as all the inmates sampled currently share a cell or a wing with others of a similar age. The prison establishments or individual participants

were not selected for the research study for this reason, and although no prison policy was enforced, the prison regimes made efforts to ensure that older males in each prison are kept together. This finding greatly contributes to the *integration versus segregation* debate and supports the argument for age segregation in the prison service.

Statistical findings show that older prisoners satisfaction levels reduce if their income is between £0-20. Low levels of satisfaction may be related to low *financial income* which impacts on an older prisoners ability to purchase items that provide comfort and hygiene in a prison environment. Recent experience of being a victim also reduces satisfaction levels and can be explained by feelings of a lack of safety and security, as well as feelings of vulnerability. Tighter security prison regimes, such as high secure and training estates, may indirectly enforce the protection of inmates through higher staffing levels and tighter restrictions on their inmates. Yet older people in an open prison may lose such protection through the reduced staffing levels of frontline prison staff. This is an area that should be enforced throughout the prison service to contribute to the increase in satisfaction of older prisoners. These concerns raise the question of whether detaining older people in a prison within a regime that enforces excessive security regimes actually reduces satisfaction with QoL, rather than increasing satisfaction via its assumed levels of inmate protection.

Through conducting more fine grained analyses it is possible to identify the domains that have the largest impact on the older prisoner population's satisfaction with *life as a whole, finance, and relationships with family*. Taking these issues into consideration, if the prison service wishes to increase the older male prison population's satisfaction, then the domains of *life as a whole, finance, and relationships with family* are likely to have the biggest impact on growth in

satisfaction levels. Similarly, the domains that significantly reduce satisfaction include low *financial income* and reduced opportunities for *leisure* and *employment activities*. To ensure the older prisoner population maintain the highest standard of life, it is imperative that the prison service and its regimes provide a number of opportunities to earn a satisfactory wage (more than £20 a week) through increased employment and provide prospects to participate in age related and meaningful prison activities.

Finally, the quantitative findings conclude that the MANSA is a suitable tool to measure satisfaction with QoL specifically within an older male prison population. The MANSA's self-report nature, quick administration and simple analysis are its strengths and offer a brief alternative to the MQPL. This tool is more suited to an older prison population than its original intended population and thus offers an original contribution to knowledge.

Although the quantitative phase of study has provided this thesis with an indication of the aspects of prison life that contribute to a good QoL and high wellbeing for the older prison population, measuring QoL and wellbeing via quantitative measures does not provide a full picture of older prisoners' satisfaction with QoL and wellbeing. I therefore needed to explore the experiences and perspectives of older prisoners via a qualitative phase of study.

# Chapter 7

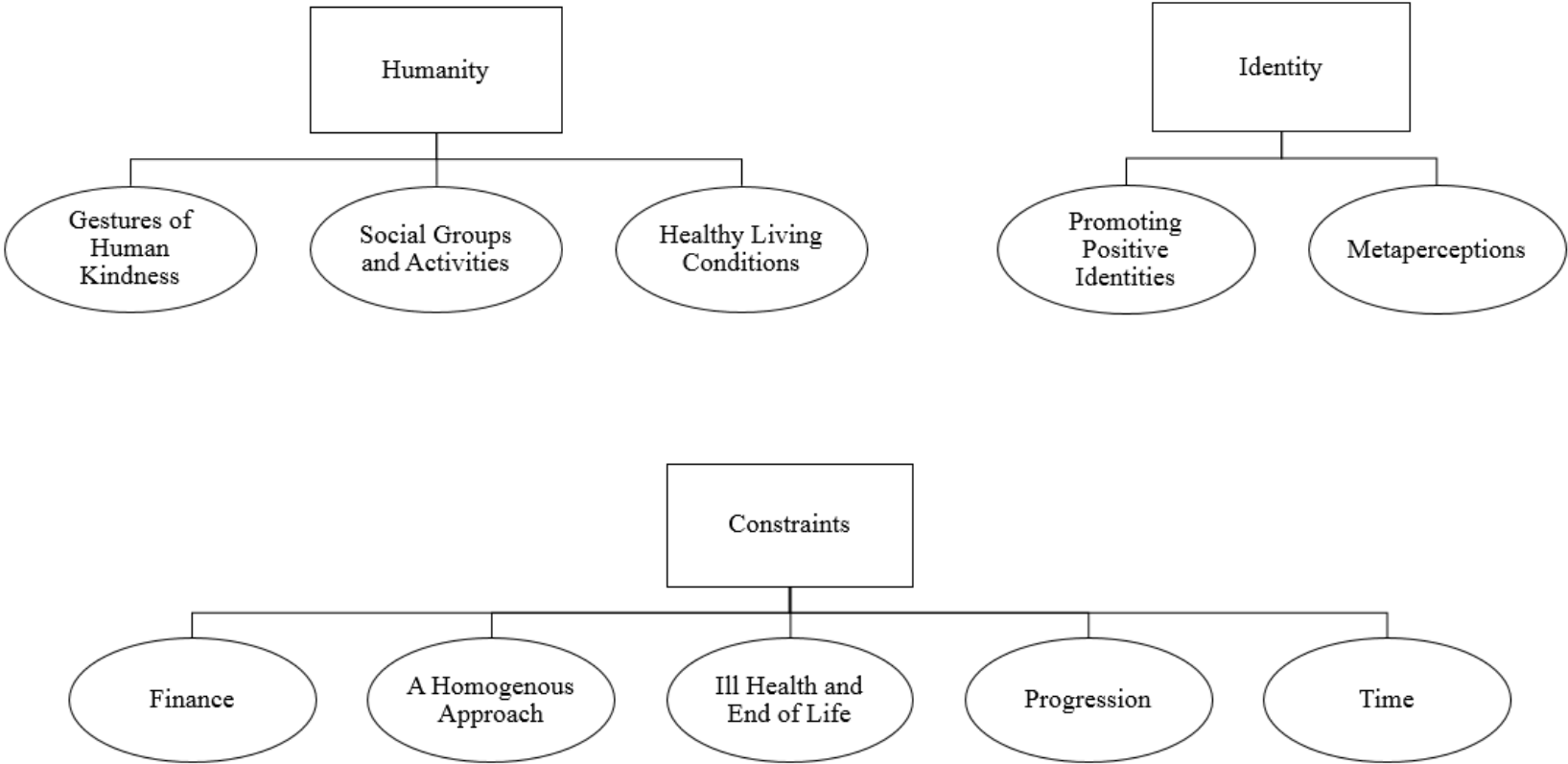
## Qualitative Findings

### 7.1 Introduction

This chapter presents the findings from analysis of the qualitative interviews conducted with both older prisoners and prison staff. Using thematic analysis (Braun and Clarke 2006) to analyse the interviews I identified three main themes across the three participating prison regimes, *humanity, identity, and constraints*. Within these main themes I discovered a number of sub-themes which provided a deeper level of understanding and description of the main themes and these are discussed within each main theme.

This section analytically discusses the three main themes and their subsequent sub-themes and includes extracts from interviews with both older prisoners and prison staff to support and evidence the theme presented. As recommended by Braun and Clarke (2006) I developed a thematic map to help illustrate the main themes and their branching sub-themes. This is illustrated in figure 7.1 and helps to visually present the levels of thematic analysis.

FIGURE 7.1: A THEMATIC MAP TO ILLUSTRATE THE THEMES IDENTIFIED IN THEMATIC ANALYSIS



## **7.2 Humanity**

As illustrated in the thematic map (see figure 7.1) I identified a main theme of *humanity* to categorise an aspect of prison life that contribute to older prisoners' satisfaction with QoL and wellbeing. A number of sub-themes including gestures of human kindness, activities as a means of escape, and healthy living conditions help to deduce how humanity is evidenced in the three prison regimes from older prisoners' perspectives. Using extracts from the qualitative interviews with both older male prisoners and prison staff, I discuss these sub-themes and depict the extent to which they provide satisfaction to the older male prison population across all three prison regimes sampled.

### ***7.2.1 Gestures of Human Kindness***

This section focuses on the first sub-theme of gestures of human kindness and how it contributes to general humanity in the older prison population. I identified this sub-theme due to both prison staff and older prisoners recurrent reference to the support older inmates receive from others and the positive impact this has on their satisfaction with QoL. This section presents interview extracts as evidence of the gestures of human kindness referred to throughout qualitative interviews.

#### **7.2.1.1 Displayed by Prison Staff**

Through thematic analysis I identified that gestures of human kindness such as compassion, consideration, kindness, and acts of generosity were displayed by prison staff towards older

inmates. Interviews indicated that when working with the older prison population, staff do not behave within their typical role of maintaining security and control but display personal traits that show a genuine concern for the older population and their needs. These acts provide satisfaction to older prisoners and contribute positively to their QoL and wellbeing. These staff gestures add towards feelings of contentment during older prisoners' sentences and the older prison population demonstrated appreciation towards prison staff for these acts. Staff gestures were evident in qualitative interviews across all three prison regimes and suggest staff gestures of human kindness feature across the prison service, regardless of prison regime.

One example of gestures of human kindness demonstrated by prison staff was their willingness to alter the day-to-day prison regime to make general prison life less strenuous for the older inmates who experience significant physical illnesses. This is evidenced by participant N who is serving his prison sentence with terminal leukaemia and is corroborated by the prison staff who care for N.

The prison officers know that I'm dying and I think because of that they look after me that little bit more [...] they bend the rules slightly, so instead of having to come out of my cell to the office for register, they come to me, little things like that [Participant N, aged 66 years, Training Prison]

[N] is a very sick man so we do try and look after him, we're always asking him if he needs anything or if he's warm enough, he lets us know if he wants the heating on or off or he'll ask for an extra blanket [Staff D, Custodial Officer, Training Prison]

Staff gestures extend from frontline staff such as prison officers, to other members of staff within the prison estate such as kitchen staff. Participant Q from the training prison regime recently underwent surgery and treatment for throat cancer which made eating food difficult

and he discusses his experiences of receiving free additional milk from prison staff to make his mealtimes more comfortable.

I have difficulty swallowing since I had surgery and radiotherapy, it made swallowing difficult, so they [prison kitchen staff] supplied me with extra milk to help me swallow the food, free of charge [Participant Q, aged 62 years, Training Prison]

Participant N describes similar experiences of receiving gestures from the prison kitchen staff, yet he struggles to accept their acts of human kindness within the prison environment and believes his prisoner identity exempts him from such gestures. This assumed exemption results in the small treats that he receives from staff having even more value and meaning.

I get £4 per week [...] The kitchen send me a gift pack every Friday, I get a mars bar and some jelly sweets in there [...] I think one of the officers told them that I'm only on £4 so I can't afford much, and that's when they started sending me it [...] I must admit, it is lovely to receive it, to say that it's a prison and all [Participant N, aged 66 years, Training Prison]

During observing an interaction with an older prisoner and prison officer at a high secure estate, I watched Participant BB (aged 74 years) display immense gratification towards the prison officer who ordered him a shoe horn stating *"thank you ever so much boss, that would be a big advantage actually"*. The gratitude and appreciation older inmates display towards the prison staff who provide them with more personal care and support than they may expect to receive within a prison environment ran throughout interviews with older prisoners.

I'm diabetic and deaf and I didn't think it would have been spotted, but the staff did and now I have a hearing aid, so I'm very grateful to them for that [Participant Y, aged 59 years, High Secure



[When talking about the prison officer] I appreciate everything he's done for us so far [Participant AA, aged 65 years, High Secure]

Professional gestures shown by prison staff include the discretion they show to the older prison population and the willingness to 'bend the rules' if it will benefit the older individual. The use of 'discretionary power' (Crewe 2009, p. 104) suggests prison staff are willing to adjust the boundaries for the older prison population. An example of this awareness was apparent throughout interviews and demonstrates the vital impact this awareness has on the satisfaction with QoL and wellbeing of older prisoners.

Me and my brother were moved off that wing [...] it wasn't very nice [...] we just tended to keep ourselves to ourselves [...] I have nothing but admiration and praise for the staff [...] they were the ones that recognised that we weren't coming out of cell and mixing with the other lads during association, as we just didn't want to mix with them [...] so the staff recognised that in a way we were missing out, so they moved us away [...] it's good that they were aware of it, but there's nothing written down, there's no policy or procedure, nothing official or guidelines to follow [Participant O, aged 59 years, Training Prison]

This extract illustrates the officer's awareness of the older prison population and their professional discretion and ability to 'pull strings' to ensure the two older males experience a better QoL. Staff D's ability to 'fast track' the inmates to a more suitable prison environment and to influence the type of employment that would promote positive mental health evidences professional discretion, personal care, and gestures of human kindness.

There were two brothers in their sixties who came here and they were like fish out of water, they were terrified [...] so we fast tracked them up here away from the less mature individuals [...] one of them, his mental health was really deteriorating rapidly but we got him a job in the garden and he got better [...] but their experience would have been totally different if they had been on other wings with the younger prisoners [Staff D, Custodial Officer, Training Prison]

Participant D discusses a similar experience in an open prison regime and the discretion used by a prison officer to improve his living situation. Participant D indicates the serious consequences if he continued to live with his younger padmate, further highlighting the differences between the younger and older prison population and supporting the argument for age segregation in prison. Participant D expresses how, through effective communication with the officer, he requested a reasonable change and the staff member responded with compassion and fairness. This may have just been a mundane task for the prison officer but for participant D the impact the officers' actions had on D's QoL, was the most extraordinary gesture of all.

At first I had an awful padmate, another non-smoker, a little younger than me, I thought he was alright at first until the evening came and at midnight he puts the TV on. Now because of a health issue I have to sleep with the window open, but he taped it with duct tape so I couldn't open it, so there's no fresh air! [laughs] so that didn't work. Then after a week of this he then brought a rug into the room and started applying carpet cleaner that he got from somewhere, so I said 'please don't use that because I'm asthmatic and I'm particularly prone to cleaning fluids' so he said 'oh no it'll be alright!' so I'm like [makes wheezing noise]. Now this is midnight and you're not meant to be out of your cell, but I thought 'I've had enough' and the older guy opposite me had just lost his padmate, so I said to the man 'would you mind if I came in yours' and he said 'oh no that'd be great we can go to sleep at 8:30 and go to the gym together!' so I asked the officer and said 'look I'll be leaving here dead if I don't move, because I can't breathe at night' and the officer let me move and I thanked him, but he was brilliant [...] and it's strange because that one officer's kindness can literally make the difference between life and death in prison sometimes. If you ask for something that's not unreasonable but slightly against the rules, some are prepared to bend the rules [...] and it really did make an unbelievable difference [Participant D, aged 71 years, Open Prison]

Additional gestures from prison staff within the open prison regime are evident in the opportunities that staff offer to the older prison population. Through the prisons resettlement

scheme, participant F was currently working as a gardener at the local church and was offered release on temporary license (ROTL) by a prison officer to attend the local church fete at the weekend. The excitement participant F shows is projected throughout the quote and the high level of energy and enthusiasm exemplifies the significance this opportunity impacted on his satisfaction with QoL within prison and is a direct result of one officer's kindness.

On Saturday one of the officers said 'oh you work on the gardens at the local church don't you? Well there's a garden fete there at the weekend, would you like to go?' I said 'I'd love to!' So I'm going to the garden fete! I'm going to help put the stalls out and all that, it's going to be about 3 hours. But what I'm thinking of is all the people who will go from the village who will know me, they'll be saying 'oh hiya nice to see you' and well [laughs] I've never been to a garden fete in my life! This is all new to me! See what I'm trying to get it, this is exciting for me, I want to know what garden fetes are all about! [Laughs] so I'm looking forward to it [Participant F, aged 70 years, Open Prison]

When attempting to explain why prison staff may provide acts of personal kindness and professional discretion to the older prison population staff B describes her actions as acting through free-will and making the right choice based on her humanistic values. Staff B illustrates that she chooses to act compassionately and not as a result of an enforced prison regime or expected behaviour of prison staff. These correlate with a humanistic perspective that embody human values that treat each person as an individual, regardless of their identity and are pertinent in providing aspects of humanity to older people in a prison environment.

It is about being a decent person, not because you have to do something [Staff B, Education, Open Prison]

### **7.2.1.2 Displayed by Older Prisoners**

Older prisoners are also found to carry out gestures and acts of human kindness towards other older prisoners. These acts provide a support system for the older prisoners and are found to be beneficial for the older prison population when they are feeling low. The awareness that others in prison are aware of their feelings and show concern is appreciated by the older prison population. This form of friendship increased the older prisoners' sense of group connectedness and solidarity.

At times its hard [...] you have good days and bad days [...] anniversaries or events are difficult and I can sometimes feel down, but then I just have a coffee and lie down [...] my cell door is normally always open, wide open, but if I'm having a day where I feel down, I do close it, just to have a bit of space [...] the others seem to know that too, they know what the closed door means, so sometimes they pop their head in to ask if I'm OK and then they just leave me to it [Participant U, aged 69 years, High Secure]

A strong sense of solidarity and camaraderie is evident within interviews with older prisoners, manifesting through the completion of daily activities such as physical activities and communal cooking. Older prisoners value social interactions with others, sharing amenities and finances in an attempt to improve their prison experience.

In the gym we play indoor bowls, which to be honest it was a life saver, it just all got us out our cells and doing something together! [Participant Q, aged 62 years, Training Prison]

I do a bit of cooking in here, I do sausage, eggs and beans and sometimes a bit of pork, I enjoy that [...] sometimes a few of us club our money together to buy ingredients to make a big shepherd's pie or something, then we can freeze that and all have it at a later date, and that seems to work quite well [...] we tend to defrost it and cook it before bang up and then we

can eat it in our cell after [bang up] [Participant U, aged 69 years, High Secure]

I enjoy cooking [...] cooking anything and everything! We tend to cook with others otherwise it's too expensive to cook on your own, so two or three of us normally cook together [Participant S, aged 55 years, High Secure]

The previous extracts show older prisoners experience feelings of solidarity and community which promotes levels of trust. The gestures and acts of human kindness older prisoners display towards their peers' forms a social support system for other older males in prison. The sense of camaraderie and solidarity provides older prisoners with emotional and practical support and assures them there are people who care for them and are concerned about their wellbeing. Participant Z discusses how these forms of friendships in prison provide him with feelings of security and instils him with confidence that if he ever needed support from others, help would be there.

For me a good quality of life is about health and companionship [...] here if I fall, I know I will be OK [Participant Z, aged 56 years, High Secure]

Older prisoners regularly discuss the altruistic acts their fellow peers display within their social group and includes acts of generosity and consideration for others. The ability to recognise the benefits of these acts to others are not characteristics one may expect from a prisoner and links to the second theme of identity discussed later in chapter 7.3.

I have hearing problems so I need an amplifier for the phone to be able to use it and that really has made a real difference, really improved things [...] because it's my personal one some of the older guys ask to borrow it off me, so I let them, I don't mind because I know how much difference it made to me [Participant S, aged 55 years, High Secure]

I try to keep active in my cell, I do a lot of hobbies - design and make greeting cards or make model aircrafts [...] I could be modelling until 4am when its light I get so into it, I enjoy it [...] I use cardboard mainly, a lot of other prisoners will give me their cardboard boxes from cereal if

they don't want them or their toilet roll tubes [...] one of the lads gives me his cardboard box from his washing powder or bits like that - they're really generous [Participant U, aged 69 years, High Secure]

Detaining older prisoners inevitably results in prison institutions having to manage serious and complex health needs. Such health needs often require an element of social care and an awareness of whose responsibility the social care of prisoners is, creates uncertainty within the prison service. The vagueness and ambiguity surrounding who is responsible for providing social care to older prisoners, as well as a lack of formal support system in place at the open and training prison estates, results in prison staff assuming other inmates will voluntarily provide this support to their fellow inmates.

We find if the prisoner needs that help or support sometimes their pad mate will be supportive of that person, but as far as I'm aware there is no buddy system in place [Staff B, Education, Open Prison]

This assumption is confirmed by a number of older prisoners, aged between 62 to 85 years, who discuss the provision of social care support they provide to other inmates. This provision of social support mirrors previous discussions around the friendships older prisoners strive to achieve whilst providing support to others who are in more need than themselves and evidencing gestures of kindness displayed by the older prison population.

We've now got four people here in wheelchairs [...] now there's never been any set up of the buddy system here, so I'm usually the one, at aged 72, who is pushing him around in his wheelchair and take him on his town visits, otherwise he wouldn't get out [...] Even the prison itself is not particularly wheelchair friendly [...] there are very few ramps here which makes the access difficult [...] I mean to get [anon] to his cell, I have to bump him up in the curb in his wheelchair because there's no ramp, and there should be for him to be able to get into the building, but there's no ramp there's steps [...] so it's not particularly easy for them [Participant B, aged 72 years, Open Prison]

When I moved here I was really anxious about my nail length, as everything is taken off you so you can't cut them unless you request it [...] I wanted my hair cut but there are no hairdressing facilities, so you have to rely on others in prison to do it for you [Participant Q, aged 62 years, Training Prison]

There's another man here who is 70, I'm 85, nearly 12 months ago he was like [demonstrates shortness of breath] he had breathing problems, so I helped him walk and [name of staff] is laughing saying 'bloody hell he's younger than you and your helping him, you must be stronger!' and I said 'no it's not about being stronger, he couldn't breathe, I could' - y'know? [Participant E, aged 85 years, Open Prison]

The social care support older prisoners receive from others develops relationships with those who provide the care. This is evident in a conversation between participant CC and participant BB who suggests he has recently experienced a rapid decline in health which results in an increased need for assistance from others. The use of mother shows a protecting and caring side of CC who completes chores on behalf of BB. Participant BB acknowledges that he is being cared for by CC and recognises that he cannot manage independently and thus relies on the help. Within this recognition, participant BB expresses much gratitude for CC's concern and care of him.

It's only the past year really that I've had to help him [...] I cook for him [...] do his cell for him [Participant CC, aged 52 years, High Secure]

He's like a besotted Mother! But I couldn't cope without him [Participant BB, aged 74 years, High Secure]

The health and social care needs of the older prisoners extend to personal care and at times older inmates require support to ensure they maintain a healthy level of personal hygiene, are able to get dressed, and maintain a clean cell. The principle healthcare officer of the high secure estate discusses the confusion and conflict surrounding who is responsible for providing this care and the extent of care that 'buddies' can provide.

Social care [...] we're struggling with [...] as people age and grow older, the needs are greater [...] we have an established buddy scheme here, but there are restrictions on the assistance that they can give, so assisting another prisoner into the bath or shower [Staff F, Principle Healthcare Officer, High Secure]

During the interviews, I present a hypothetical situation to participating prison staff and older prisoners where an older inmate requires assistance getting into the shower and I ask the respondents if they could or would help. This question is met with much uncertainty and is evident by the numerous questions respondents ask whilst formulating their response. Some staff assume other inmates would assist the older prisoner as highlighted by staff D, yet participant N assumes the responsibility lies with prison staff. These contradictory views testify to the uncertainty of responsibility of older prisoners' personal social care across the three prison regimes.

I couldn't do that so I would ring healthcare [Researcher: what if healthcare said it wasn't their responsibility] well I'd really hope they wouldn't! But having said that, other prisoners would do it, wouldn't they? [...] I don't know [...] I probably can't answer that [Staff D, Custodial Officer, Training Prison]

They wouldn't want you stinking, so they would have to wash you wouldn't they? Surely if it had to be done the staff would do it? [...] or would other prisoners do it? I like to think that other prisoners could help other prisoners, but I'm not sure that they would actually be allowed to, because most of them aren't honest people, they can't even be honest about their own crime, so I don't know if that would be allowed, so the staff would have to do it [Participant N, aged 66 years, Training prison]

Participant N stresses the need for a collectivist approach that promotes the core and decent values of humanity to ensure that nobody receives detrimental or unjust treatment. N assumes the responsibility of personal social care lies with everybody who is in contact with the



individual in need and highlights that he believes a prison environment should not discourage humane qualities.

I think it [social care] should be everybody's responsibility surely? It's just courtesy and humanity isn't it? That's just decent humanity to help someone if they're struggling [...] just because you're in prison doesn't mean that you have to lose humanity [Participant R, aged 52 years, Training prison]

Older males' who adopt a quasi-professional role demonstrate high levels of compassion.

The following quote indicates the level of social care support an older male provides to his older peer and the reassurance his support gives to a particularly vulnerable older prisoner. In this extract, the level of mutual respect and trust between each man evidences the notion of personal flourishing and participant S evidences extraordinary levels of humanity and behaviours that are not typically associated with prisoner.

I wheeled him to the shower and then me and another officer helped him into the shower unit to let him get on with it [...] with this chap he just needed the confidence to go in the shower [...] I think because of his offence he was worried that he would be attacked in the shower and left there, or because he was elderly he'd fall and be left there and forgotten about, so I just tried to make him feel as comfortable as possible [...] I just said to him that I was there for him and reassured him that no one was judging him [...] I told him he'd feel so much nicer and better once he was clean, because you do don't you, you feel better in yourself if you're clean [...] I said if he wanted that I could stay near the showers and just pop my head round every now and then and ask if he was OK [...] so all he had to do was shout if he needed me [Participant S, aged 55 years, High Secure]

Other benefits of older prisoners caring for other older inmates include the personal and private information that is shared with others they trust. Participant S suggests older prisoners are more likely to share honest information with him than prison officers and explains this by the time spent together and the relationship they have built. Participant V

corroborates these feelings of trust and the benefits he gains from the trust of others and the responsibility of the carer role.

They talk to me about anything, their health, what they're really experiencing I suppose, not what they think the POs want to hear [...] it makes you feel good as they trust you to tell you those things [...] you have to humour them really and get to know them, it's important to build that relationship [...] there was one chap who was a bit down and so hadn't showered for 3 days so I just sat down and had a chat with him, encouraging him to have a shower and he did in the end [...] I suppose 'counselling's' part of the role too [Participant S, aged 55 years, High Secure]

You also spend a lot of time in their cell, with their belongings, so the other prisoners are giving you a lot of extra trust in that way, he sometimes might want you to write letters to his family for him so there could be things in that there are private - you need to be security cleared like, but it's still a responsibility [...] I like the responsibility though, it does make me feel good [...] helping people though, that's what I do [...] when you read letters for them and write back, in a way you get to know the family too [...] once I got mentioned to the family and now they ask how I am [...] I also got a Christmas card from one of the lad's granddaughters and I got a real buzz from that! [Participant V, aged 57 years, High Secure]

In addition, the identification of older prisoners who lose some form of mental functioning is often recognised by their fellow peers rather than prison staff. In the following extract participant B discusses his own experience identifying the decline in a fellow older inmate and the neglect of others who fail to spot such changes in his peer's behaviour. Such oversights highlight the lack of individual monitoring for the older prison population, but emphasises the elements of human kindness displayed by older prisoners and their willingness to aid others in need.

There was a guy in here a year older than me [...] but has the beginnings of dementia which I've picked up, but no one else has [...] so nobody is really monitoring the elderly on a one-to-one basis to be able to pick up these things [Participant B, aged 72 years, Open Prison].

The lack of mental health support for older prisoners is a concern for others in prison who are often the first to recognise a change in their peers. Interview extracts show that many older prisoners decide to take on the responsibility of monitoring their peers' mental health needs. Participant T recounts his feelings of accountability for his friend's wellbeing and assumes the responsibility of his welfare. This extract demonstrates participant T is distressed by his friend's behaviour and admits that he does not know how to help him, but nonetheless commits to informally monitoring his friend and his behaviour.

I think my friend's going a bit [...] you know mentally [...] there's nothing physically wrong with him or his health [...] we normally meet in the evening in each other's' cells to chat and watch Hollyoaks together, but we were talking and he literally wouldn't answer me for 10 minutes [...] they'd just done a cell turnover so I was asking him about that, he pointed, nodded, but wouldn't say anything [...] I couldn't handle it so I had to leave [...] I don't know what anyone can do though, I suppose I'll just have to keep an eye on him  
[Participant T, aged 63 years, High Secure]

Further interviews with older prisoners indicate there is a natural working relationship between older prisoners and frontline prison staff. An unofficial process appears to operate between some older inmates and the prison staff which helps identify individuals in prison who experience mental health difficulties. Their position as a fellow inmate provides them with a more trusted position and they are able to gain access and engage in conversations that the prison officers would not achieve. If the older inmate has any concerns, they then inform the prison officers who refers to the formal prison procedures. Although unofficial, this process appears to be successful and allows inmates whose mental health needs may have previously gone undetected, a greater opportunity to access appropriate support within the prison healthcare framework.

Sometimes you might notice signs in their cell that they're losing it a bit or you might see changes in their cell that

suggests everything is not quite right with that person [...] I don't know just different behaviour, out of character [...] so then you let the staff know and let them deal with it [...] and I suppose I notice it because I work with them closely every day [Participant V, aged 57 years, High Secure]

This informal process introduces a new working relationship between prison staff and prisoner and works particularly well within the buddy system at the high secure estate. The use of the buddy system to share information to prison staff is effective, without any sign of reluctance from the older person for breaking the 'inmate code' (Crewe 2005). In the following extract, participant S gives another example of this unofficial role and the limits to the help that he can provide. The vocal emphasis on 'real' and 'really' stresses the belief that the emotions and feelings being shared by the inmate to the older prisoners are genuine and evidences human kindness.

I'm a full time buddy here, so I help the older or disabled or older disabled residents [...] they tend to tell you things, so you have to liaise with the officers [...] they might tell the officers something and then they'll come to me and say 'oh I just completely fanned him off' but then they'll open up to you about what they're really feeling and tell you their real emotions and that's when I have to tell the officers because they can only deal with it, that's sort of out of my role [Participant S, aged 55 years, High Secure]

The role older prisoners play in informing prison staff of individuals they are concerned for, offers an effective but unofficial process in identifying illnesses that may have otherwise been overlooked. Older prisoners' concerns regarding health stem from their previous health illnesses and fear of the illness returning and by witnessing others in prison deteriorating either physically or mentally. The limited accesses to healthcare, particularly for illnesses that require immediate life-saving treatment, reinforce such concerns. Older prisoners in all three prison regimes experience such health concerns and can be suggested to contribute to a reduction in satisfaction in the older prison population.

This section shows the gestures of human kindness demonstrated by prison staff and older prisoners towards other older prisoners. Older prisoners show a strong desire to help other older inmates who are in greater need than themselves, illustrating compassion, kindness, and selflessness. The willingness to help others seems to increase their own feelings of self-esteem, increasing satisfaction with their own QoL and contributing to the QoL of other older males' in prison.

Prison staff display gestures of kindness to a certain extent, but fail to provide or arrange adequate social care for older prisoners in need. Instead there is a large assumption from prison staff that other older prisoners will provide this care to the older prisoners in need. This seems to be an accurate assumption and the older prisoners do evidence provision of social care, however the ethical issues of this are questionable as the level of personal care that some older prisoners require could be suggested to be too high a level of personal care for other prisoners to provide.

The uncertain responsibility of social care results in the health and social care needs of older prisoners going undetected and unmet by prison staff and the ambiguity of social care provision appears to contribute to the constraint of older prisoners.

There are benefits of older prisoners who provide support to other older inmates and aid in the social care, healthcare, and personal care of the individual. Prison research suggests prisoners usually act on 'a need to know' basis and therefore personal aspects of life are rarely discussed with other inmates (Crewe 2009). Older prisoners who provide a high level of personal care to other older inmates value the high level of responsibility and trust they own in this role. The loyalty older prisoners demonstrate to each other indicates that a form of relationship exists with the prison environment, encouraging gestures of human kindness within a prison environment.

### ***7.2.2 Social Groups and Activities***

A second example of humanity that provides satisfaction to older prisoners is being a member of a social group and participating in activities as a means of escape from the strains of daily prison life, providing feelings of meaning and purpose, and offering older prisoners the chance to socialise with others, encouraging social interaction, and friendships. Social groups were found to create a feeling of camaraderie with other older prisoners and built a sense of community. Participant Z demonstrates this through his belief that belonging to a community improves his sense of satisfaction with life.

As an older category A prisoner I think community, being with similar people who know each other, makes your life better'  
[Participant Z, aged 56 years, High Secure]

Older prisoners discuss church attendance as creating an opportunity to meet with others and provide a sense of belonging to a social group. Participant N conveys his appreciation of human gestures that are demonstrated throughout the church service, such as shaking hands with others, suggesting a sense of acceptance between others in prison that attend the service.

One thing that has helped me though is the chapel on a Sunday [...] you get to meet others like the pastor [...] and then in the middle of the service there's the bit where all the other prisoners shake hands with each other [...] little things like that [...] it's nice [Participant N, aged 66 years, Training prison]

Throughout interviews, older prisoners illustrate their desire for the number of prisoners that attend social groups to increase as attendance levels are generally low. Current social groups within the prison estate are fondly discussed and indicate many older prisoners gain much

enjoyment from attending, however limited group capacity restricts the number of older males that can attend and this impacts on the experience of older prisoner.

I love the music club [...] I play the drums there and we all have a bit of jam - well we try to! [laughs] there's only limited places at this club though, so there's only a few people there at any one time, it could be better if it was a bit bigger [Participant R, aged 52 years, Training Prison]

The majority of daily activities for the older prison population are provided by the voluntary sector. The older prisoners show much gratitude towards the voluntary organisations that push for activities to occur within the prison regime and the benefits afforded by these social opportunities which include the chance for distraction and escapism from their current circumstances, own thoughts, and reflections.

I think if the charities didn't come in, then I don't think we would have any activities to do [...] if it wasn't for the volunteers then a lot of things that go on in prison wouldn't happen, they put a real effort in to stay and make it work [Participant R, aged 52 years, Training Prison]

The Koestler trust just takes you out of your own head for a little bit [...] there's nothing worse than being locked in the cell with your own thoughts [...] you need a distraction [Participant Q, aged 62 years, Training Prison]

One older prisoner within the high secure regime places a strong focus on the importance of hobbies to occupy him throughout his prison sentence. Participant U demonstrates his particular approach to his prison sentence and prison time by keeping both his body and mind active. Access to the library provides him with the opportunity to conduct in-cell activities and affords him the opportunity to gain new knowledge and sense of achievement in his accomplishments.

I normally get a flight book out of the library, scale it down to the size I want and design it from that [...] it just takes a bit of innovation and intelligence - I don't believe in lying on your bed all day every day, I try to occupy myself and my

mind [...] I'm always busy whether it be illuminated writing or reading [...] something where I'm going to learn something [...] you need to do something to help you through your sentence [Participant U, aged 69 years, High Secure]

The older prison population are offered opportunities to acquire new knowledge through the educational classes that they can attend. Many older prisoners achieve educational success to a high level, including Participant BB who recently completed a replica of the famous Leonardo di Vinci's portrait, *Mona Lisa*. Participant BB's sense of achievement and pride shines throughout the following extract; illustrating the benefits such activities have for the satisfaction levels of QoL in the older prison population.

Education, art classes - they are the most fantastic thing [...] if I could be there every day, I'd have my meals there, I'd live there if I could - but only near the bottom end where it's quiet! [...] I've just finished a painting of the Mona Lisa, oils [...] took me about three weeks, you should go down and have a look [...] Before prison I couldn't [sic] even know how to draw, but I kept at it years and years, and over the years it just fell into place [...] [anon] done a degree in it [Art] whilst I've been here! [Participant BB, aged 74 years, High Secure]

Interviews show that art and educational classes are a popular choice for the older prison population within the high secure estate. Participant U amalgamated all his achievements into a portfolio so to act as evidence that his time within prison had been *well spent*. This indicates that U feels a sense of pride in all that he has achieved and describes the amount of pieces he has completed during his art classes as a '*pad-full!*'. Participant U stresses how attending such classes positively impacts on him as a person and his identity, resulting in him believing that he is a changed man.

I really feel like a new person since I've been in here, I do feel like I've progressed and am a better person [...] to sort of evidence my progression, I've put a portfolio together of all my drawings - I've got a pad full! [...] it's just proof of what I've been doing in prison, photos, drawings, pieces of



writing, just to demonstrate that my time in here has not been wasted, and it hasn't [Participant U, aged 69 years, High Secure]

A sense of pride is also evident in participants interviewed from the training estate whose educational achievements are recognised by the education staff who provide individuals with certificates. Participant R discusses receiving a certificate in a personal context and the extent that acknowledging his achievements whilst serving a prison sentence means to him.

I didn't really go to school, so when I get a certificate from one of the education classes, it meant a lot to me [...] I suppose I'm just trying to make the best of a bad job [Participant R, aged 52 years, Training Prison]

When exploring social groups and activities within a high secure estate, older prisoners regularly refer to attending a nostalgia group run by the prison librarian. During fieldwork I discussed the sessions with the librarian and she endorsed the role that nostalgia plays in the lives of older prisoners as it offers them the opportunity to engage in reflection and meaningful activity during the prison day. Reflecting positively on enjoyable aspects of life increases the self-esteem of older prisoners and contributes to increased feelings of satisfaction with QoL. In addition, the nostalgia group provides older prisoners with a further opportunity to socialise with their older peers.

I knew that older prisoners' were the fastest growing prison population and saw the needs of them when lots of them weren't able to get to the library because of the stairs and were becoming alienated, so I thought I'll take the library to them! I was taking orders and delivering books and saw that the older prisoners' used to socialise generally and they enjoyed it, so I thought I'll give it a go. I researched into the power of nostalgia and how it can be good for a person for a number of reasons and we piloted it and it really took off. I give them control of it really, so they guide the sessions they chose the topics, then I go away and

research it for next week's session. We have a quiz every week [...] When we had our one year anniversary we wanted to acknowledge it, so we had a 1950s tea party and the prison supplied old style lemonade, paste sandwiches, scones and the governor came down and I asked all the men to think of one nostalgic memory - first pint, first word, one guy didn't speak until he was eight, so to him that was a real achievement and I stuck up all the quotes around the room and some of their work, they were really proud [...] I made a speech and we acknowledged one of the founder members who had passed away. It went really well [Staff E, Librarian, High Secure]

Reflecting on their previous identities and life prior to prison is important for the older prison population as it promotes a sense of escape from the 'prisoner' label. In addition, these practices serve as a valuable way of coping with low moods that occur throughout their prison sentence. Participant T's extract is nearly identical to an interview extract quoted in Aday's (1994a) paper and his discussions of older prisoners signs of depression. This illustrates such behaviour may be a universal coping mechanism for prisoners experiencing low moods.

I had various jobs, I ended up a van driver, it was the most marvellous of jobs, the phone would ring I'd jump in a van and I could be off for years [...] I was paid £220 per week which in those days was extremely well paid [...] I was well respected [Participant X, aged 74 years, High Secure]

I tend to just face the wall and close my eyes and let my mind get outside of that wall [...] and I go back to my mum and dad and I'm back to all the good times that I had [...] I was well thought of in my community [Participant T, aged 63 years, High Secure]

The nostalgia group also serves to remind prison staff of the personal identities that older prisoners lived prior to their incarceration, providing prison staff with an alternative and positive perspective of the older prisoner population.

It [nostalgia group] gives a real insight into the lives of these guys previously - you forget they had lives [Staff E, Librarian, High Secure]

Analyses of the extracts indicate older prisoners positively discuss the opportunities to socialise with others during their sentence, particularly with those of a similar age; supporting the argument for age segregation. Benefits older prisoners gain from socialising includes a sense of belonging to a group or community and a sense of camaraderie across the older male prison population. Further opportunities to be involved in activities such as educational classes and access to the library increases older prisoners' satisfaction as their time with prison is meaningful and well spent. Interacting with others is an additional benefit of these activities. Discussions of social groups and activities are only present in the high secure and training regimes and highlight an opportunity for the open prison regime to provide more opportunities for the older male population to interact with others and be involved in meaningful activities.

### ***7.2.3 Healthy Living Conditions***

A third and final characteristic of humanity that contributes to older prisoners' satisfaction is healthy living conditions and this was a view shared across all three prison regimes. Aspects of healthy living conditions that contribute to a satisfactory QoL include having clean and hygienic accommodation and the opportunity to access the outside prison grounds. The emphasis on a clean prison environment was particularly prevalent during interviews with older prisoners and they discuss how being located on a clean wing improves their satisfaction with QoL.

I think quality of life is about your surroundings, the people you're with and accommodation [...] especially in here [...] I

think if you were doing a life sentence you would want those things [...] I think they're very similar to a good quality of life on the outside really, having decent and clean surroundings, having a good neighbour who keeps their surroundings clean and picks up their rubbish after them [Participant P, aged 55 years, Training prison]

Recently I've moved into a single cell and its really quiet and clean landing, so I would say my quality of life has gone up measurably, it really has [Participant C, aged 53 years, Open Prison]

Feelings of comfort are expressed by older prisoners in the training estate when they are located on the unofficial '40 plus' wing. Living with others of a similar age reassures the older prisoners that the living environment will be kept clean and tidy due to their shared values and standards of living and supports the argument for age segregation.

Wings where it's 40 plus [...] the general standard of living is better for older prisoners [...] I think it's because the older guys have been brought up properly and know how to clean up after themselves, keep hygienic and are respectful of their surroundings [Participant M, aged 52 years, Training Prison]

On A wing where it's mainly 40 plus, it is better [...] just being cleaner makes a huge difference [Participant O, aged 59 years, Training Prison]

Older prisoners from the open and training prison regimes show further appreciation and gratitude for the surrounding prison grounds and gardens and appreciate the opportunity to gain a sense of freedom, experience nature, and have time and space to reflect. The outside space also offers older prisoners a chance for respite from the younger prison population and an opportunity for gentle exercise that is more age appropriate and offer an alternative to the sports and competitive exercises that the younger prison population opt to play.

Do I look well? Tanned? Slim? Well, that's because I can walk around in the fresh air [Participant D, aged 71 years, Open Prison]

I prefer here to other prisons [...] the gardens and grounds really make a difference [Participant N, aged 66 years, Training Prison]

I'm very lazy by nature, so I just tend to walk around [...] it's better here than being in an A and B cat because you get more freedom to walk around the grounds [...] it's just nice being able to get out and have some fresh air [...] I used to play football, but now I can't, I'm not fit enough, so rather than playing it, I have to talk about it instead! [Participant K, aged 53 years, Training Prison]

The benefit of fresh air was often noted as a positive contribution to the mental health and wellbeing of the older prisoners. The opportunities to be outside provide many prisoners with a form of 'headspace' and the chance to have a break from the pressures of prison life. These small opportunities contribute to satisfaction with QoL within the older prison population.

It would be really good to carry on with my art and to get a job on the gardens, that would really suit me [...] I just think it's important to stay active and in the fresh air [Participant L, aged 64 years, Training Prison]

This morning before it started to rain, I was walking around from 7:30 until 8:30 [...] weather permitting you can just walk around and it does make a big difference to how you feel [Participant H, aged 57 years, Open Prison]

The importance of a healthy living environment is raised in discussions about end of life care with older prisoners. Participant N states that he wishes to remain within the prison estate when he is nearing the end of life. The busy and active environment of a prison wing is much more appealing to N than an unknown environment of a community hospice that in his eyes will be his final place. Participant N recognises that as a 'prisoner' he will not have the right to make this choice and the decision is out of his hands. Yet, he justifies his desire to remain in a prison environment that is familiar to him and has an animated atmosphere.

I'd rather die in prison [...] I've never been in a hospice, but what I've been told is that if you go there, that's it [...] that's your final place [...] here there are windows, there's people, they're playing football, it's active [...] in a hospice I imagine that it is literally [...] well, dead [...] you're going to be sat in a chair or in your bed [...] I don't

want that around me [...] if I have to go though, I have to go, I have no choice really [...] there's no other option for me [...] if they were to give me the choice though, I would rather stay in prison [Participant N, aged 66 years, Training Prison]

In further discussions with participant N, he acknowledges the current prison regime does not cater for all his health needs and the quality of care is not high, yet he would still prefer to remain within a prison environment where he feels comfortable, than a more suitable medical facility where he may feel vulnerable.

The fact that here doesn't have 24 hour healthcare, doesn't make a difference to me [...] if that time came and I did need the 24 hour care, I think I would sacrifice being healthy and the medical treatment for a better environment and stay here [Participant N, aged 66 years, Training Prison]

Discussions of the prison environment show that older prisoners appreciate a healthy living environment that is clean, hygienic and respected by their fellow inmates, has access to outside space, and has an active atmosphere and highlights such environments are imperative in their contribution to high levels of satisfaction in an older male prison population. Older prisoners discuss their enjoyment of the outside prison grounds and the freedom that this provides them to reflect on aspects of their life. However, the importance of accessing the outside prison grounds is emphasised more by older prisoners in the open and training regimes than those in high secure and suggests that older prisoners from the high secure regime have less opportunity to experience being outside in the prison yards or to walk around the prison grounds.

#### ***7.2.4 Summary of Humanity***

Research has demonstrated small aspects of humanity can have a large impact on one's satisfaction with their QoL and wellbeing (Watkins et al. 2003) and this appears true for the

older male prison population. Analyses of interviews with older prisoners evidence the importance of experiencing humanity in prison to increase their satisfaction with QoL and wellbeing. Gestures of human kindness from prison staff and older prisoners demonstrate humanistic values and wish to treat individuals as a person first and a prisoner second. Older prisoners recognise this and acknowledge the difference that these gestures make to their life in prison.

Social groups and activities allow older males to keep active, have a purpose, and escape from the daily strains of prison life. Yet, this is specific to a high secure and training prison regime only and highlights the need for an open prison regime to provide opportunities for socialising with others. Finally, healthy living conditions that promote outdoor living and opportunities for age-appropriate exercise increases the physical and mental health of older prisoners and contributes to their overall satisfaction with their current QoL. Overall this section concludes that displays of humanity with prison positively contribute older prisoners' satisfaction with their QoL and wellbeing.

### **7.3. Identity**

A second theme identified from analysis of the qualitative interviews is *identity*. The opportunity to promote positive identities and fulfil meaningful roles during their sentence increases satisfaction in older prisoners. Within prison research the notion of identity and self is not an uncommon area and is discussed by Erving Goffman (1963) in the theory of the spoiled identity and in theories of desistance (Burnett and Maruna 2004; Farrall and Maruna 2004; Maruna and Roy 2007). Yet discussions of identity within an older prison population

are rarely discussed in depth. This section discusses how older prisoners *promote positive identities* during their sentence and hold *metaperceptions* on how others perceive them. The constructive identities older prisoners adopt during daily prison life include *father figure* and *mentor*, and each role contributes to the overall positive perception older prisoners' hold of their own identity.

### ***7.3.1 Promoting Positive Identities***

Analyses of interviews highlight older prisoners hold the self-perception they are a good person and illustrate a strong desire to promote this self-perception within the prison wherever and whenever possible. Explanations for why older prisoners wish to promote positive identities is illustrated well by participant C. Based on the offence committed and life sentence C is currently serving, C states that his general identity is 'murderer', yet his own perception of self is not of a 'murderer' or even a 'criminal' and he rejects this stigmatised identity and adopts an ordinary identity, minimising his offence and offender identity. It is interesting to note that C does not believe his offence to be an act of evil or malice, and he minimises his actions by explains it as human behaviour, but recognises his punishment as living with the knowledge of his actions.

I don't regard myself as a criminal, even though I was convicted of murder [small laugh] I definitely don't regard myself as a murderer either, I am just somebody who behaved a certain way and I will always be conscious that because of what I've done [...] but it's a funny one [...] I'm at least grateful that I get a chance to have another life as such [Participant C, aged 53 years, Open Prison]

The following extract illustrates the buddy role older prisoners in the high secure estate adopt, providing support to other older inmates in the prison estate and promoting a positive



identity. Participant V is particularly vocal about his experience of being a buddy and describes the support he provides to others. He emphasises the professionalism he maintains within his role and puts aside any personal biases or prejudices that he may have, treating the prisoners he helps respectfully. In addition, V describes the satisfaction he receives from helping others within this positive role.

I can sort of better myself a different way through other things I do [...] like being a buddy [...] so an average day being a buddy, I'll get up, take them to breakfast, do their laundry, help them with any requests they have [...] I sort of get a buzz from doing all that sort of stuff [...] I'd be a buddy for anyone, even if there was a prisoner who I didn't like, I would be respectful and I would give him exactly the same treatment that I'd give anybody [Participant V, aged 57 years, High Secure]

Actions that benefit others can be described as redemption seeking behaviours and older prisoners often discuss these behaviours when considering their future plans. Older prisoners express a strong desire to continue to contribute to humanity, society, and the community and try to achieve this through in-cell crafts.

I mean it probably sounds quite girly [...] but I make flowers out of left over dough [...] other prisoners' showed me how to do it, and it's just something to do [...] I gain a bit of satisfaction out of it [shows the researcher his craftwork] it might be similar to how they decorate wedding cakes [...] I might look into selling them when I get out, or giving them to a charity shop so that they can sell them and make a bit of money from them [Participant P, aged 55 years, Training prison]

Participant Q expresses a similar desire to help others and through his discussions of his outside identity as a member of the freemasons indicates that a charitable nature comes naturally to him. By continuing redemptive work inside the prison helps participant Q to promote a positive identity and he expresses his humanitarian reasons for helping those in need.

I would like to do charity work in Africa one day [...] my son's been out there and worked in an orphanage and with the Aids foundation [...] I used to be a member of the freemasons so I'm used to being charitable and I have given to charities in the past [...] but out there I could help mix cement or dig a ditch, put a pipeline in [Why do you want to help Africa?] Well in here I do creative writing and I've won prizes from the Koestler trust for my creative writing about Africa [...] the one that won was a poem called 'Black Babies', would you mind if I read it to you? [reads poem; theme of slavery and power of white people; apologises to Africans in poem for their treatment; themes surround being ashamed to be white and redemption] so that's why really [...] you might think its cliché, but that's what I feel about humanity [...] it's all about redemption for what you've done [Participant Q, aged 62 years, Training Prison]

Other older prisoners demonstrate similar motivations to help others in need and adopt specific identities in the prison estate that are usually associated with helping others in the community. Within my analysis of the interviews I identified two identities older prisoners adopt, including *father figure* and *mentor*. These are discussed in the following sections.

### **7.3.1.1 A Father Figure**

Older prisoners assuming a father figure identity is present across all three prison regimes with many older males providing regular support to younger prisoners on a daily basis. The pillar of strength older prisoners provide to younger inmates across all three prison regimes allows them to fulfil the identity of father figure and accomplish paternal roles, that due to long sentences may otherwise go unused. These paternal instincts are reported to provide wisdom and knowledge to younger prisoners who in turn feel they benefit from the support they receive.

Interview extracts illustrate older prisoners speak fondly of how they are addressed by the younger prisoners often using paternal roles such as 'uncle', 'granddad', 'pops' and 'old man'. These nicknames reveal a sense of endearment from the younger males towards this

older prison population and suggest the two groups of prisoners experience a positive relationship with each another.

The lads on here call me 'pops' or 'old man' [Participant P, aged 55 years, Training prison]

Quite a lot have said 'can I call you uncle' or 'can I call you granddad?' which is sad that they've never had that male influence in their lives [Participant B, aged 72 years, Open Prison].

Older prisoners display confidence in their adoption of a father figure identity within the prison regime. Participant B offers an insight into the three behaviours that he employs within this role including providing younger prisoners with guidance, tough love, and approval. Participant B also fondly reflects on the use of these behaviours with his own children and makes the comparison between his daughter and the younger male prisoners. He suggests that both sets of younger people desire approval from their elders and he provides this to both his daughter and younger inmates.

You've got some really good youngsters here who need guidance - I mean they love me because the one thing that they get from me is tough love - I mean I have children of my own, my youngest is 28 but if I tell her what's what, she'll burst into tears [laughs] they're just desperate for someone's approval [Participant B, aged 72 years, Open Prison].

This form of informal peer support and the positive influence that older men in prison can have on the younger prisoners is also recognised by prison staff. This is endorsed in the following extract and demonstrates the diplomatic methods prisoners employ to effectively communicate with the younger prison population on behalf of prison staff.

Older prisoners can be a good influence on younger prisoners, a sort of a father figure and go-between for staff and prisoners [...] they can be quite tactful and are able to sugar coat or pacify the communication, especially if we're

saying 'no' to something [Staff D, Custodial Officer, Training Prison]

Explanations for older prisoners who adopt a father figure identity in prison includes prisoners' rejection from their own children. The loss or limited contact with family or friends reduces satisfaction with QoL and wellbeing of the older prisoners sampled, yet it is counteracted by the assumption of a father figure identity from others within the prison environment.

I feel completely isolated in here from people on the outside [...] I've no contact details of my son and I don't think friends or family are bothered by me [...] but it's my own fault, I've isolated myself because of what I've done and what happened [...] I just can't believe I let it get that bad [Participant R, aged 52 years, Training Prison]

Restrictive contact with his grandchildren is particularly distressing for participant Q. The description of grandchildren as "*little gold nuggets*" highlights how valuable and precious they are to him, however Q shows respect to his family's feelings and wishes by accepting a loss of contact. This extract demonstrates participant Q's awareness of his grandchildren's other set of grandparents and hints that he feels they are purposefully segregating and isolating him from involvement in his grandchildren's lives. Analysis shows Q's strong desire to be a grandfather to his grandchildren but his helplessness to fulfil that role within a prison environment.

I've lost a lot of stuff [...] my kids have grown up and I'm heartbroken because I can't see my grandchildren, they're like little gold nuggets that I don't get to see [...] but I would never force myself on them, it wouldn't be fair on them or my children [...] and I know the in-laws would prefer if I was completely gone and out the way! And I understand that [...] it's all due to my offence and I know that I can't do anything for them in here [Participant Q, aged 62 years, Training Prison]

A characteristic of a father figure identity is protector and older prisoners display this characteristic throughout qualitative interviews. An example of the protector role shields other older inmates when the younger prison population cause conflict. Analyses of interviews suggest the older prison population unify and offer protection for each other when this occurs, creating a strong sense of unity and camaraderie amongst the older prison population.

We watch each other's back as a watch and tobacco have been stolen [Participant W, aged 75 years, High Secure]

I've seen that happen a couple of times [...] half a dozen older prisoners going in together [...] the [older] guy moved off the wing and the younger guy quietly got on with his life, with his broken stereo there as a reminder [Participant C, aged 53 years, Open Prison]

The older guys tend to look after the older, when the younger ones are trying it on like [...] I don't know if its bullying, but when they're trying to get something from you, they're like little sharks swimming around you [...] I had one incident where a young lad took my hash browns off my dinner plate [Participant M, aged 52 years, Training Prison]

The metaphorical nature of sharks illustrates that older prisoners are intimidated by younger prisoners and recognise their potential threat. This results in feelings of vulnerability in the older population and their response to unify in order to protect each other. This also indicates a sense of empathy and a shared experience within the older population.

This protective role extends to the safeguarding of inmates from older prisoners whose behaviour makes others feel uncomfortable. Participant S discusses exhibitionist behaviour from one older male that made others on the wing feel uneasy. The democratic and non-confrontational approach that S employs shields others from feelings of unease or distress and provides him with an important role in the day-to-day running of the prison.

We've got this other guy who thinks of himself as a bit of an exhibitionist, he goes into the shower and 'forgets' his towel, so to make sure that no one else feels uncomfortable, and before we leave to go to the showers, I check his bag and make sure his towel's in there and if not, I put one in!  
[Participant S, aged 55 years, High Secure]

It is not only others in prison who older prisoners protect. The prison librarian discusses the loyalty and passion she has witnessed the older male prison population display for their social groups, protecting the opportunities to socialise and to hold a valuable group identity. This defensive behaviour illustrates the importance of group activities for the older prison population, particularly in a prison environment that traditionally strips people of their belongings, identity, and sense of self (Clemmer 1940; Sykes 1958).

They'll do anything if the group's threatened [...] I think it's because they care about something, and in prison you lose all that [Staff E, Librarian, High Secure Prison]

This discussion shows older prisoners gain much satisfaction from promoting a father figure identity and behave in a paternal manner towards the younger prison population. Older prisoners often made fond reference to their own children and grandchildren suggesting that separation due to imprisonment encourage application of their paternal behaviour to younger prisoners, increasing their satisfaction levels through the opportunities they have to fulfil this role and showcasing a positive relationship with the younger prison population.

### **7.3.1.2 A Mentor**

A second positive identity older prisoners adopt across all three regimes is a strong mentoring role. The analogy discussed by Maruna (2001) that *every ex-drug addict wants to be a drug worker* can be appropriately applied to older inmates who wish to symbolically repair the harm they have caused by trading in their time in prison and help other inmates.

Participant B applies a mentor role by drawing on his previous work experience to enhance the weaknesses of the current regime that he believes wrong other inmates. The following extract shows participant B to be quite critical of the content of the current business course taught at the open prison estate and chooses to teach his fellow prisoners other aspects of business that he believes they will find more appropriate and practical on release. The confidence he expresses in the success of his unofficial tutoring sessions promotes his self-esteem and provides B with a meaningful role within the prison service.

They run a business course here, but a lot of people who start it leave it because they're teaching stuff such as the latest business legislation and they're teaching accountancy up to a level that they'll never ever use. Now when I asked the course leader 'do you teach them the need to apply for VAT before they reach the VAT level?', 'no', 'do you teach them how to fill out a VAT form?', 'No' - those are the basic things that people need to know! So I'm running my own little course, where they come to me and I give them a little one-to-one and they leave with a better idea of what to do in business [Participant B, aged 72 years, Open Prison]

Some older prisoners recognise they can use their life experiences and wisdom to inform others in prison who may benefit from their guidance. Participant O believes older inmates positively contribute to the rehabilitation and resettlement of younger and foreign national prisoners through utilising their own life experiences and supporting general literacy. The awareness of older prisoners to identify the needs of other and the charitable intentions they display to support the needs of others, evidences the development and embodiment of a mentoring role.

I think older prisoners and especially me, well, we help in other ways [...] you have the younger prisoners and the foreign nationals who need support in reading and completing forms, so I put down to be a mentor [...] but I don't think that's enough [...] on the out I ran my own business so I know what skills you need, I have life experiences and I've employed people, so I

know what employers are looking for [...] and that's where I think I could help more [Participant O, aged 59 years, Training prison]

I also help them read or write anything, I fill in the canteen form for them, check any forms or apps they want to put in [...] I tend to get a good response from people [Participant S, aged 55 years, High Secure Prison]

Interviews with older prisoners identify areas of the prison service that are currently unhelpful or cause uncertainty in the general prison population. Participant A uses the lack of information surrounding prescription entitlement as an example of this and explains it causes much distress to inmates who are unsure of their rights. Participant A uses his experience of healthcare and develops a document that informs the prisoners about the prisons rules of prescription so they are fully aware of their prescription entitlement. He discusses the positive feedback he has received and suggests he has positively contributed to the prison regime and assisted prison staff in their role.

I actually wrote an induction manual for inmates here, warning them that they would not be entitled to the likes of tramadol etc. that they used to get, if you haven't got a surgeon or GP notes or any x rays, you can't walk into the doctors and demand tramadol and df118, when they read it there's a lot of muttering, but then at least at the same time they're a bit more prepared - and the doctor says that it really has worked a treat, because somebody has actually took the time to tell them and they don't kick off at him anymore [Participant A, aged 64 years, Open Prison]

The older prison population illustrate a strong desire to contribute to the day-to-day running of the prison and participant L discusses how he could use his past experience as a musician to create activities for other inmates. Participant L identifies a day in the week when he remains in his cell and suggests that he could teach others who are also unoccupied on this day about music; creating a meaningful day for all inmates involved.



At the other prison I was at, they let me work on the prison radio which I really enjoyed [...] I was using my past experience and doing something positive [...] I go to a music club here so it would be great if they could let me do something similar and develop some music lessons for other prisoners [...] on a Monday when I'm not doing anything and sitting in my cell, I could teach the others to play [Participant L, aged 64 years, Training Prison]

This is a similar experience for participant O who expresses a desire to help others in prison by sharing their life experiences. He believes older prisoners can be of value to the prison service through supporting others in prison.

Older prisoners are not given the opportunity to tell people about their life experiences and I think the prison service are missing a massive opportunity there for prisoners to share the lessons that they have learnt [Participant O, aged 59 years, Training Prison]

Edgar, Jacobson and Biggar (2011) describe prisoners as being active citizens and discuss the enjoyment they gain from the social responsibility and contributing to the prison community. This sense of active citizenship is evident within the older prisoners interviewed who embrace opportunities to keep active whilst positively contributing something meaningful to prison life, particularly if they are helping and supporting others. This increases their sense of purpose and satisfaction in prison.

An average day is very, very, busy [...] occasionally I can go to the library or read the newspaper, but then there will be a knock at the door and a guy will be there 'oh would you mind helping me with this?' [Laughs] so I'm busy all the time and I love it [Participant B, aged 72 years, Open Prison].

Interviews even identified the desire older prisoners' show in helping others following release and reflect the potential older inmates have to continue to adopt a mentoring role for others on release. Participant D falls into this category and discusses his post-release plans to help more vulnerable members of society with legal issues. Through utilising his own

expertise and legal knowledge learnt through his experience of the criminal justice system, participant D plans to aid others to reduce their anxiety and provide legal advice services at a lower financial rate.

Well I have a website and all the injustices of the system are on this website, and we will help people [...] those who have no role models or no education, when they receive a letter that says 'solicitor or legal' on it, they don't worry that they haven't got the £10,000 they need upfront to pay for a lawyer to help them, they'll come to me and I will help them, for a lot, lot less in dealing with their problem [...] so I'm hoping to get a 'popup shop' in [location] and advertise my services as a sort of lawyer type, legal advisor - because I've been through all the courts, the high courts, court of appeal, I've addressed lord justices, I've given as good as I've got really [laughs] so I'm going to use my experiences to try and help people, yes I am [Participant D, aged 71 years, Open Prison]

Analyses of interviews indicate that the passing on of wisdom from older people to others in prison is performed in order to help shape others future paths through the teaching of their past mistakes. Maruna (2001) found that these helping roles allow older prisoners to teach their peers about their past mistakes in the hope that the prisoner receiving the advice does not make similar errors. This is particularly evident in interviews with older prisoners who demonstrate more reflection on their past and sought ways to help change the future of others.

I've been in the system 26 years now and my tariff was only 7! But I'm just going to have to carry on [...] I'm going to join AA, Alcoholics Anonymous, but not because I've got an issue, but because I want to share with people and help them - voluntary, nothing to do with my license - if you've got a group and they're listening to me who's opening up about my other issues, his issues halve, and he'll think his issues are nothing when he hears mine! [Participant F, aged 70 years, Open Prison]

If possible I'd like to [...] do something regarding counselling or something like that [...] I got counselling myself 8 months before I was convicted, and when I came to prison I was in a really good place because the counselling really helped me [...]

so I'd like to get involved with helping people because it really helped me and I was surprised at how much it did help me, if I'd have come in here without it, the way my head was, I wouldn't have been able to cope with it I don't think, but they helped me no end [...] they really got to the root of my problem and helped me understand why I was doing what I was doing [Participant G, aged 54 years, Open Prison]

The informal mentoring role adopted by the older prisoners seem to increase their feelings of satisfaction as it provides the older prison population with a positive role that constructively contributes to the lives of others in prison. Older prisoners who adopt a successful mentoring role indicate other prisoners highly trust the older population and accept any advice and help that they may offer them. Extracts suggest that the prison service benefits from older inmates adopting a mentoring role and provides the younger prisoners with an older role model figure.

This section discusses how older prisoners adopt two positive identities, *father figure* and *mentor*, engaging in nurturing behaviours. This section evidences how older prisoners draw on the very core of human nature and humanity and develop personal characteristics that could render them 'reformed' and signify rehabilitation. A prison environment that allows older prisoners to promote these positive identities allows older prisoners to flourish and exercise aspects of their identity that may otherwise go unused. This seems to have a positive influence on their satisfaction with QoL and wellbeing.

### ***7.3.2 Metaperceptions***

Metaperception is a term derived from social psychology that describes how an individual believes they are perceived by others (Laing, Phillipson and Lee 1966). Much of the research surrounding metaperceptions explores the accuracy of such beliefs and the impact that

negative metaperceptions have on an individuals' feelings of self-esteem and self-worth. Analyses of interviews illustrate how older prisoners have metaperceptions of prison policy makers, the public, and others in prison. This section explores the consequences metaperceptions have on the self-esteem of older prisoners and considers their accuracy.

### **7.3.2.1 The Metaperceptions of Older Prisoners**

Throughout qualitative interviews older prisoners highlight their belief of how they are perceived by others. This belief is usually negative and detrimental to their perception of self. Analysis of the interviews suggests older prisoners believe prison policy makers view them as dangerous criminals and subsequently enforce rules and procedures to restrain, such as numerous escorts and visible security.

Due to the natural progression of ageing, some of the older prisoners interviewed discuss the health issues they experience but that cannot be effectively managed with the prison's healthcare regime, and as a result require outside hospital treatment. The following extract illustrates older prisoners' experiences of this process in the previous year when he was at a training prison and diagnosed with a kidney infection. Participant D discusses the security measures put in place for this hospital visit and his experiences of the public's reaction towards him.

[It was] eventually decided that I needed to go to hospital, so 10 day's later I finally went [...] I had one 20 stone officer this side of me, one 17 stone officer the other side of me, with three irons and a chain, we got into the taxi like that, walked through reception [laughs] with all these Daily Mail readers' seeing Hannibal Lector looking at them! [laughs] so I smiled at them, half looked away and the other half wryly smiled back, but not sure whether I was going to eat their heart or something! It was ridiculous [...] but that was the treatment I got [Participant D, aged 71 years, Open Prison]

Participant D's account reveals there was a significant time delay before he was taken for treatment. The security procedures enforced within public places such as, in the taxi and at the hospital reception, were particularly embarrassing for participant D who was visibly restrained using hand-cuffs. The comparisons participant D makes to the fictional character Hannibal Lector illustrates how he believes the public view him due to the clearly visible irons and chains that he wears. There is a clear indication that participant D believes the public identify him as an extreme and dangerous criminal and not as an older person seeking hospital treatment for a kidney infection. The two contradictory identities of 'dangerous criminal' and 'unwell older person' causes conflict for prison staff in terms of the security measures enforced for a prisoner taken to hospital and for an older person who is physically unwell.

A high level of security for outside hospital treatment is further emphasised by participant K who describes the animalistic nature of the use of a chain that he believes dehumanises the older prisoner. The significant description of two prison officers and an additional senior officer portrays to the public that his risk of escape and harm to others is high. Participant K describes these practices as 'extreme' and emphasises the unnecessary extent of his supervision. Interestingly, participant K accepts that these procedures are part of prison policy and that this treatment is not at the discretion of individual staff suggesting that he places blame on prison policy makers.

I had to go to hospital and they chained me up [...] dog chain, that's what I call it [laughs] it's around your waist and then you're connected to a prison officer [...] there were 2 officers and one senior officer [...] I know they have to do it but it seems a bit extreme [Participant K, aged 53 years, Training Prison]

Participant N highlights two issues that could cause potential upset when leaving prison and visiting hospital for medical treatment including staring from the public due to the obvious identity of being a prisoner and being placed in handcuffs. However, staring from the public does not cause him any distress and he accepts this as the inquisitive aspect of human nature. Participant N adopts a similar attitude to participant K, as both direct no blame towards the people who are staring, but direct culpability towards the regime that enforces this type of security which results in the public staring. Due to poor health, participant N indicates feelings of vulnerability and illustrates that his main priority is to seek medical treatment and not abscond.

I am in cuffs which I don't like [...] I get stared at, but that's human nature [...] it doesn't upset me [...] but I think the cuffs bother me because for me in my condition, I'm not going to do a runner [...] I don't really see the point [Participant N, aged 66 years, Training Prison]

Further distress is caused to the older prisoners by the prison clothes many are forced to wear in public that provide a clear and obvious prisoner identity and cause embarrassment. Participant Q reports being in handcuffs in public is the ultimate humiliation for him and lists three times when he feels he was put in handcuffs unnecessarily; when receiving medical treatment, when unconscious, and when using the toilet. Participant Q ensures that he reminds me that at this time he was receiving treatment for cancer and suggests that embodying an identity of old man in poor health provides him with immunity from absconding. From participant Q's perspective, his health outweighs the risk that he poses and hints the prison service should adopt a similar view.

I went for a check-up at the hospital [outside] and I was wearing prison shoes and the tracksuit and I looked like an absolute tramp [...] people were looking at me, it can be quite degrading [...] a bit humiliating [...] but to make it worse I was in chains [...] even when I had my Anaesthetic I was in

chains [...] then they took it off for the operation and I woke back up they were on again [...] they were even on when I went to the toilet [...] I thought it was a bit extreme and excessive, I mean would you have run? I just thought 'I've got cancer, I'm not a bloody escape risk' [Participant Q, aged 62 years, Training Prison]

The high level of security imposed on older prisoners when being treated in an outside hospital treatment only emerges from interviews with older males serving a sentence in the training prison estate. Reasons for this may be due to the older prisoners' expected levels of security in accordance with the category or security status of the prison they are located. For example, older males within a high secure estate may expect a high level of prison security regardless of whether they are leaving the prison for medical treatment or not. Yet, for an older male who holds a category C status, security methods such as cuffs and chains may feel unnecessary to the older male. Such security methods for older prisoners who are in ill health are perceived by participant Q as being redundant, suggesting that ill health results in automatic exemption from risk of escape.

Participant F explores this notion more deeply and considers that ill health itself prevents its own type of freedom. Applying this metaphor highlights that the prison regime views freedom as a rigid entity; in prison you have no freedom, but out of prison you do. Yet, older prisoners view freedom more dynamically and particularly so when they are in poor health. In essence, this provides two versions of freedom; physical freedom and freedom of health. Prisoner F indicates that an older male in prison may never have true freedom if he is in poor health and it is this awareness that reduces the risk of some older prisoners.

I'm going to put a question to you seeing as you're interested. I work outside now, starting to adapt to the outside, and I put it to the church warden and some of the public, and I said 'right I'm giving you two choices, health, or freedom?' and I said 'but you can only pick one'. A handful of people have picked freedom, but the majority of people have

picked health [...] and I'm picking health. I've never been in hospital in my life. I'm grateful for my health, because if you've got bad health but you have freedom, that's not freedom is it, well to me. And people sadly outside have never been in prison, but they're like in prison themselves because of their health 'aint they? Can you see that? [Participant F, aged 70 years, Open Prison]

The metaperception that other prisoners view older prisoners as sex offenders, and particularly child sex offenders, is evident across all three prison sites. Older prisoners believe their older age is associated with the identity of a sexual offender and this is at the forefront of many of their minds. This metaperception is often enhanced due to their cell location within the prison. The prison service's attempt to accommodate vulnerable prisoners on a wing that is separate from the rest of the prison population automatically labels those who are placed there as a sexual offender and are thereby at a higher risk of violence from other prisoners by virtue of this label. Older prisoners may wish to seek respite on a separate wing to the normal wing environment for other reasons, but show concern that they may be automatically labelled as a sex offender and wish to avoid this stigma.

There is a separate wing here, but there's a lot of elderly and disabled chaps on there [...] then again that wing gets perceived in a certain way [...] you know what I'm getting at [...] if you went on that wing, people would think maybe you can't hack it on normal wing [...] and you're labelled with the sex offender tag if you go on there [Participant G, aged 54 years, Open Prison]

Older prisoners are acutely aware that specific prison locations influence how they are perceived by others in prison. Participant V discusses the attitude of others and incorporates both the age of the males on the specific landing as older and approaching death, as well as the assumed character of a sex offender. It is interesting that the assumed offence is specifically paedophilia, thereby reducing older males on a specific landing to the lowest



position within the prison hierarchy. Participant V discusses how this perceived attitude impacts upon him and his desire to avoid such labels.

Everyone on this landing is looked on by the other prisoners as paedos [...] they look at it as the 'death row of paedos' [...] it does bother me actually, the whole dirty old paedo attitude, but maybe it's because I'm not one, so I don't want to be labelled with that [Participant V, aged 57 years, High Secure]

Prison staff agree that particular crimes are associated with certain prison locations. They support older prisoners' beliefs that those who are placed on a wing that is segregated from the normal prison environment are automatically labelled with a sex offender tag. Prison staff warn there is a high risk of a sex offender identity becoming permanently attached to an older person who resides on a segregated wing for reasons of age, regardless of the crime they committed. Prison staff stress that once a sex offender label is associated with an individual it is difficult for the inmate to separate themselves from that label within a prison environment.

I think once you're on the VP wing, then you're labelled and that label sticks, which isn't good for some prisoners [...] I think if we had an older prisoner wing you'd be automatically labelled again, and that can become stayed [Staff D, Custodial Officer, Training Prison]

Older prisoners' efforts to ensure they retain a 'normal' identity are evident from their reluctance to be segregated and avoid the identity they assume will be ascribed to them by other prisoners if they are segregated. Participant BB discusses his decline in health and mobility as he ages, but also his reluctance to surrender, for fear of being located in a segregated wing. Vocal emphasis placed on the word 'them' illustrates participant BB's reluctance to use specific terminology such as 'sex offender' and illustrates the low prison status ascribed by prisoners generally of this prison population.

Well in the space of 10 years you think you will get older [...] at 60 you think 'I'm not the man I used to be', but at 70 you're definitely not the man you used to be! [laughs] I want to be up here, I like to climb the stairs whilst I can [...] to use them for exercise as well [...] before I end up in a wheelchair [...] whilst I can stay in a normal environment I will, I don't want to be with them [Participant BB, aged 74 years, High Secure Prison]

The assumption that older prisoners have committed sexual offences is held by prisoners of a younger age. Participant G discloses his own experiences from interactions with other younger prisoners and his belief that they assume he is serving time for a sexual offence against children. The metaperception is confirmed by the use of '*I think they think*', demonstrating the uncertainty of the assumed perception. Justifications for believing this is the way he is perceived include being on the receiving end of aggressive and intimidating behaviour from other male prisoners.

I think they [younger prisoners] think you're in for a crime which they think is a 'nonce' type of crime as you're older, they seem to perceive you as that sort of prisoner and it's difficult to deal with and get over that, especially initially [...] they get to know you a bit better after you've been in a while, but I found that initially being sneered at and hearing them say 'he's got to be in for sex crimes' [...] and when they've asked me what I was in for and I've said I'm in for a section 18 and they think 'well is he?' y'know, well that's how it came over to me [Participant G, aged 54 years, Open Prison]

Older prisoners show their anxiety and concern surrounding the metaperception of a sex offender during discussions about their release plans. Release to unstable accommodation such as hostels often ties the individual into a range of assumed offences and stereotypes, including that of a 'child sex offender'. Participant P discusses specific release locations such as 'hostels' as being renowned for housing child sex offenders. The fear of others on release having this perception of him results in his desire to remain in a prison environment.

When I leave I'll be sent to a hostel with all the child sex offenders [...] I mean we all know that's where they're sent and

there is no way that I am going there with them [...] I'd rather stay here [Participant P, aged 55 years, Training prison]

Similar to participant BB, participant P refuses to address this category of offender with specific terminology and prefers to use vocal emphasis on the word '*them*'. Participant P also illustrates his metaperception that it is general knowledge within the prison and wider community that post-release accommodation mostly houses sex offenders. Participant P's fear of association with a sex offender label results in P stating his preference to remain within the prison environment, where his non-child sex offender identity is already firmly established.

The metaperceptions older prisoners hold has negative consequences for their confidence, self-esteem and release plans and these discouragements result in reluctance to seek help and support within the prison estate. Across all three prison sites sampled, older prisoners show a general reluctance to seek help or be vocal about issues within the prison with which they are dissatisfied for fear of being negatively labelled and resulting in an internalised identity.

Unless someone asks us [if anything is wrong] then we won't say anything as we'll just be labelled a 'whinging old fart' [Participant M, aged 52 years, Training prison]

The natural ageing process results in the need for additional aids to support everyday functioning such as hearing and walking. Participant B found himself in this position and requires the use of a walking stick and a hearing aid. Participant B discusses his refusal to accept an identity that represents older age and a loss of independence, employing language that minimises the severity of his physical needs using discourse such as 'just' and 'not so bad'. After further prompts, participant B reveals his real reasons for refusing to use physical aids are because he is fighting an older identity.

It's just wear and tear [...] I mean some days I'm walking with a stick, today it's not so bad and I only use it when I really

have to because I want to keep walking as long as a possible and [...] well I just don't want to use a stick if I don't have to [...] I mean I only have hearing in one ear, but to get me to wear my hearing aids is a no hope! I'm fine in a situation like this, but if there's a lot of background noise then I do struggle [Participant B, aged 72 years, Open Prison]

The reluctance to utilise physical aids to avoid the older identity contributes to many health issues being invisible to the human eye. This results in the needs of many older prisoners going untreated or not catered for in the day-to-day prison regime.

I've got four broken vertebrate in my back, I should walk with a stick, but I don't want to just sit there, I want to keep going and keep working for as long as I can [Participant S, aged 55 years, High Secure]

Faced with the possibility of needing to access healthcare within the night, some older prisoners illustrate a complete reluctance to rely on their neighbours in the next door cell for help. The following extract illustrates participant I adopts a 'no fuss attitude' and minimises the seriousness of an illness. This denial raises questions about the sense of community within prison for the older prison population, emphasising feelings of reluctance by the older prisoners to rely on another, even in times of need.

I've got people both sides, but I don't think I'd want to disturb them [Researcher: Even if you were ill?] well, y'know, it'd be the middle of the night [...] I suppose you'd have to, but I wouldn't want to [...] I guess I'd have to say something like 'sorry to disturb you, but would you mind just nipping to the centre and getting someone because I'm not feeling too well' [Participant I, aged 65 years, Open Prison]

The lack of confidence older prisoners appear to hold in relation to their poor or declining health, produces barriers to their everyday personal flourishing. As a consequence of this, their health needs become invisible and they are unable to seek the help and support that is available within the prison service.

The discussions of metaperceptions illustrate how older prisoners believe others may view them negatively and this reduces their sense of satisfaction with QoL. Older prisoners discuss their experiences of treatment from other prisoners, prison staff, and members of the community has led them to suppose they are treated as a prisoner first and person second, even when they are visibly older or receiving treatment from an outside hospital. In addition, older prisoners express their efforts to ensure they are not associated with sex offenders to avoid such stigma and negative reactions from other prisoners. The metaperceptions older prisoners hold across all three prison regimes reduce their sense of satisfaction with QoL and the need to avoid such negative perceptions from others is their main endeavour.

### **7.3.2.2 The Perceptions of Prison Staff**

In order to address whether the metaperceptions of older prisoners are accurate, interviews with staff provide insights into staffs' experiences of this specific prison population. These interviews reveal that the majority of staff hold no prejudice or negative attitudes towards older prisoners. Instead analyses of prison staff interviews highlight the positive qualities of older prisoners that staff regularly experience and include benevolent qualities of the older prison population such as *respectful* and *loyal*. These themes ran throughout interviews with all prison staff and are particularly pertinent in staff interviews from the high secure estate. This section illustrates the discrepancy between how older prisoners believe they are perceived by prison staff and prison staffs' legitimate views.

Prison staff also discuss the human potential older prisoners bring to interactions with other prisoners and the valuable aspects that they can offer the prison service in terms of gratitude and respect. Prison staff consider these as essential virtues of the older prison population and could be more actively promoted across the prison service.

Most of the time they're very humbling, respectful and the majority are grateful for what we do [Staff F, Principle Healthcare Officer, High Secure]

They would never put the group under scrutiny as they know anything inappropriate would be reported and they can't take advantage [...] and they don't [...] We had one chap who passed away, he was a great asset to the group with his sense of humour and dry wit [Staff E, Librarian, High Secure]

Humorous; we have some laughs, they're such characters and every one of them is unique. Enthusiastic; they should be encouraged and not written off, they are capable of much more than this environment offers [Staff E, Librarian, High Secure]

During interviews prison staff focus greatly on the compliant nature of older prisoners and suggest that the older prison population are less reliant on prison officers than the younger prisoners. Prison staff believe this perceived independence emerges from older prisoners' consciousness to avoid being a burden on prison staff and resonates with the report *No problem old and quiet* (HM Inspectorate of Prisons 2004).

Vulnerable [...] confused [...] and they don't want to be a hindrance or problematic [...] they're quiet and unheard so accept decisions easier than younger prisoners [Staff F, Principle Healthcare Officer, High Secure]

Mature, sensible and less troublesome [Staff D, Custodial Officer, Training Prison]

Older prisoners tend to be less trouble [...] they've gone past their twenties and thirties where they want to fight the world and all the rest of it! They've settled down a bit and have got a family and children of their own outside, so they tend to be a bit more [...] mature in the outlook and that's down to age [Staff C, Head of Security, Open Prison]

Prison staffs' perception that the older male population are less troublesome contributes highly towards opinions on the most appropriate regime of running a prison with an older population. Staff E defends her belief for why older prisoners require a less punitive and

restricted prison regime and includes their compliant nature and increasing health needs within her argument.

I know what they're saying, people in their 70s can still be dangerous, we have 12 men who are still cat As, I understand that, but, if they're not high risk then it needs to be run more like a care home, not a prison. It just needs a more relaxed approach, as they are easier to manage, as physically they're not as able as they used to be. The issues they have are mostly with any pain they're in, their medication or general comfort within the prison, they're not kicking off like the younger ones [Staff E, Librarian, High Secure]

The difference in views from two differing prison staff is important to highlight. The head of security whose role involves only limited daily contact with older prisoners' reports views of older people based on the risk that he believes they may pose. His comparison of older prisoners to Harold Shipman highlights an extreme perception of older people who have committed offences, viewing them as serious offenders.

I think you have to risk assess every individual, irrespective of age, colour or creed [...] look at Harold Shipman or people like that, you can never say never, and just because somebody has aged, that doesn't mean that they aren't a risk [...] so I don't think you can ever say that just because somebody is becoming older the risk is not there, I would say in some cases it lessens, but I think you have to treat everybody as an individual and you have to risk assess them on proven history [Staff C, Head of Security, Open Security]

Comparing the perception of the security staff to the perception of a custodial officer (who has regular daily contact with older prisoner) illustrates a stark difference between the two. The custodial officer demonstrates a perception that focuses on the age of the older person and not the risk that they may pose. Analyses of staff interviews suggest there is a difference in attitudes and perceptions of older prisoners across different staff roles. Staff interviewed who hold a frontline position, such as the librarian and custodial officer, focus more on the age of the individual and consider the appropriateness of a prison environment for this older

population. When compared with the attitude of prison staff who have less daily contact with the older prison population there is focus on the potential risk older prisoners may pose.

I think I see them as less of a security risk because of their age [...] I don't know if that's just a mental thing and the way that 'we' view old people, but they do tend to be less hot headed and tend not to cause any trouble like the daft younger prisoners [...] the older ones have been here for a long time and have progressed through the system [...] but it's not always like that you can get some, but its rare [...] I suppose it's just like ageing in society though, people tend to calm down as they get older [Staff D, Custodial Officer, Training Prison]

Staff-prisoner relationships in England and Wales are internationally considered to be one of the most positive (Liebling and Price 2001) with the negative divide between staff and prisoner rapidly diminishing (Crewe 2011). Previous research has illustrated a transition from the traditional role of the prison officer and its associated control and at times brutality towards prisoners to a role that is orientated prisoner welfare and rehabilitation (McDermott and King 1988). All three prison regimes illustrate examples of positive relationships between staff and older prisoner.

All the staff help me, they like me [...] I respect the staff and they show respect back to me [Participant E, aged 88 years, Open Prison]

The great majority of prison officers are OK and friendly [...] You can have a friendship with officers and staff [...] but I appreciate that they have to keep a certain distance [Participant Q, aged 62 years, Training Prison]

The people around me, friends and family, officers - they're not my friends but they're more than just officers [Participant AA, aged 65 years, High Secure]

A relationship that is built on mutual respect can contribute more positively to the progress of older prisoners through the prison system and increase satisfaction with QoL and wellbeing. Prison staff who focus on the positive attributes and worthwhile qualities of the individual



can have a powerful impact on the older male that encourages and empowers the individual to make positive changes to their life. Participant F provides evidence to support the importance of positive staff-prisoner relationships and discusses the positive influence prison staff have on his prison experience.

I'm different now [...] in 2005 the officers said to me 'Sit down, I've had a look at your file, you're no trouble, you're so much of a good person, but I know you've been in institutions and all that, but get released please, you're too much of a good person to waste your life in prison' [...] so I went back to my room, and again its nothing to do with religion or anything like that, but it got to me and I thought [...] 'I'll change' and I'm talking and thinking different now [Participant F, aged 70 years, Open Prison]

Interviews with prison staff illustrate that prison staffs' perceptions of older prisoners is starkly different to the metaperceptions of the older prison population. Prison staff demonstrate compassion and understanding towards the older prison population, recognising their needs and the limitations to daily life that these needs cause.

### ***7.3.3 Summary of Identity***

The theme of identity offers an understanding of older prisoners' perceptions of their own identity, how they believe others perceive them, and their desire to promote positive identities. The identification that older prisoners believe they are negatively perceived by others becomes an internalised identity and results in reluctance to access support or ask for assistance. The metaperceptions older prisoners hold are fuelled by the use of restraints and reduces their satisfaction. The analysis also identifies how prison staff from the open prison estate show more negative views of older prisoners, however these are staff in roles that do not tend to have much daily contact with older prisoners. Prison staff from high secure and

training regimes demonstrates highly positive opinions of older prisoners and acknowledge their positive qualities. Older prisoners recognise the positive qualities they have and aim to promote these throughout their sentence, flourishing in a prison environment that allows positive identities to be promoted, providing older prisoners with a role and purpose, achieving satisfaction.

## **7.4 Constraints**

This section of analysis discusses elements of the prison experience for older prisoners that detract from older prisoners' QoL and wellbeing. The term *constraint* indicates restrictions, limitations, and control, and interviews with older prisoners highlight these areas of the three prison regimes that constrain older prisoners. This section discusses five forms of constraint older prisoners experience and includes financial constraints, constraints of a homogenous approach, progression constraints, constraints of poor health and end of life care, and time constraints.

### **7.4.1 Finance**

Older prisoners across all three prison regimes refer to their experience of financial constraints that are enforced by the prison service. Analyses of interviews indicate older prisoners attribute financial constraints to the rise in prison canteen prices, restrictions on access to disability allowance, and inconsistencies across the prison service regarding free hygiene essentials. Financial constraints are compounded by limited opportunities for age appropriate paid work after retirement age and no access to a pension or personal savings accrued prior to incarceration.

Participant M highlights the consequences of financial constraints for older prisoners when the prison does not provide toiletries results in older prisoners having to purchase their own toiletries or rely on other inmates to share if they cannot afford to buy their own. This extract highlights the low expectations of an individual who internalises a 'prisoner' identity and due to this identity expects to receive poor treatment as part of his punishment. Participant M appears to tolerate this treatment, yet desires fairness and equality.

Some have to survive on a pittance [...] some prisons give toiletries to prisoners, others don't and it's not cheap if they don't [...] we know we're in prison, so we don't expect a great deal, but we just want what's fair [Participant M, aged 52 years, Training prison]

Older prisoners often compare their current prison finances to their estimated financial situation and state benefits they would receive if they were in the community. Participant A discusses the rationale behind receiving benefits such as disability allowance in prison. He argues he should still receive such benefits as his disability impacts on his QoL in prison. Once again the impact that a prisoner law has on receiving allowances and equal treatment is apparent and makes the case that such restrictions result in financial constraints for the older prison population and the disparity between being older in prison compared to being older in the community.

On the out, I get £60 p/w disability allowance; I should still get something in here because it's harder for me to get around than it is for someone who is fit and well. But the minute you go to jail you lose all your allowances [Participant A, aged 64 years, Open prison]

The lack of access to private bank accounts and life savings is a constant cause of frustration for the older prison population. Participant L reflects on his professional success prior to prison and the financial gains from his previous hard work and talent and

discusses the additional groceries he would purchase from the canteen if his finances were not restricted.

I used to be a musician in a band, we had links with [name of band] so we were quite successful [...] I wrote the theme tune to '[name of TV show]' so I get a small amount of royalties for that [...] but I'm not allowed access to my bank account [...] if I could access that I could buy more from the canteen like extra coffee and sugar [...] now I've just used the last of my sugar, so I'm having to go a whole week without it [...] I mean it probably sounds silly to you on the outside but it's a big deal in here [Participant L, aged 64 years, Training Prison]

The prison service is criticised by the HM Chief Inspectorate of Prisons (2008) for restricting prisoners' access to finance and express particular concern for the financial needs of the older prison population. Cooney and Braggins (2006) emphasise the lack of access to pensions accrued prior to imprisonment limits older males independence to purchase additional items that may improve their QoL. Financial constraints as a result of restricted pension access are a grievance that recurs throughout interviews with older prisoners.

One thing that is really bad you know and you ought to take it up, is once you reach retirement age the first thing they ask you is 'what's your National Insurance number?' and then they ring the pension service and they stop your pension [...] so my old age pension that I've paid in for since I started work in 1956 - yes I've been paying in since 1956 - and in the late 60's I opted to do a graduated pension so I put more money in so that I'd get an even bigger pension supplement [...] and they even stopped that! So it's stopped whilst I'm in here, but it doesn't accrue, that's money that's never ever - well I've lost it! [Participant D, aged 71 years, Open Prison]

Participant Q expresses his disdain at restrictions to his pension by comparing his current income to how much he would receive if he was not in prison. Participant Q distinguishes between *want* and *need* and makes the case that he does not require access to his entire pension, just a small proportion, and identifies the daily items he would purchase with the money. Participant Q discusses the consequences of such financial constraints on older

prisoners' behaviour in prison, forcing them to behave in an undignified manner.

Participant Q evidences this with the actions others have resorted to in order to access items such as tobacco.

The prison service should help out with pensions a bit more [...] I just think I've paid my national insurance and I've paid tax into my pension all my life [...] I just think it's unfair that I'm not allowed access to it [...] I wouldn't even need all of it, just a bit [...] if I was outside I think I'd get £500 per month, I don't need all that in here [...] all I probably need is £25 or £30 just to get a few stamps, milk, coffee [...] but if you're on £5 per week in here and like me have to spend £3 on toothpaste, you're really not left with a lot [...] and those who smoke, well I've seen older prisoners picking up dog ends of fags because they can't afford tobacco [...] I mean how degrading [...] at that age and you're reduced to that!  
[Participant Q, aged 62 years, Training prison]

Interviews highlight financial constraints often spread to the families of older prisoners and many families of the incarcerated males experience financial difficulties as they are dependent on the inmate's pension income. As a result, the financial circumstance of the family members become a huge concern for the older prisoners and this creates much anxiety. Restraints on individual pensions also affects the older prisoners prison income as family members can no longer afford to send money into the prison. Participant D explains how the loss of his pension forces his wife to rely on the welfare system and the impact the loss of his pension has on her QoL outside.

Just because I'm in prison, I still have bills [...] If you haven't got your pension how do you pay your electric bills, because the company won't just stay 'oh no worries, we'll wait until he comes out!', so my wife has to pay for that, food, phone calls to me and what about sending me money? I mean I was getting £165 a week, so as soon as I'm in here, I've no money [...] but what about my wife, what can she do? They don't think about your dependents. Well, they said 'she'll have to go on benefits' so she has benefits, she looks after her mum, so she has carer allowance and income support and that all comes to £270 a week. Well she's getting more than my pension!

[laughs] so why did they stop it, I don't understand it, they're not saving money? [Participant D, aged 71 years, Open Prison]

Some older prisoners, such as participant T, discuss a loss of income due to the passing of family members who contributed to their finances whilst they were in prison. Participant T also discusses prison as being 'free', yet in order for him to maintain basic levels of hygiene and enjoy small comforts he has to manage a small weekly income with very little financial help from others.

My mother died in 2010 [...] my parents used to send me money every week [...] my brother and sister have only recently started bothering with me again and they send me money now at Christmas - they send quite a bit, my brother sends me £25 and my sister sends me £30 [...] I just have no income at all [...] I get unemployment wage at 63p per day, for five days, which is £3.15 a week [...] I know prison is free but it's not good as I still have to pay for stuff like shampoo, soap, toothpaste, chocolate bars, coffee, sugar, fag papers [...] so that £3.15 pays for my TV and TV magazine [Participant T, aged 63 years, High Secure]

Older prisoners who are similar to participant T and who have little or no contact with family or friends on the outside, discuss how they are forced to survive on a low level of pay with no opportunity to access additional finances. Due to a lack of income, participant Z states he cannot afford to buy any new clothes and is forced to wear standard prison clothes, however due to the sizing and fitting of the clothing, he often exposes his stomach, causing him embarrassment and a loss of dignity.

When you're older you put weight on more easily and I struggle to get clothes to fit and I don't want my belly showing to staff and prisoners [...] I don't have a family, so I don't have money sent in to buy clothes so I have to wear prison clothes and they don't fit [Participant Z, aged 56 years, High Secure]

Older prisoners who have been in prison for a long period of time often make comparisons to early prison life when shopping items were cheaper, emphasising the increase in prison prices and inflation. Participant C discusses the difficulties in affording prison items that encourage a healthy diet such as tuna and items that promote relationships with family and friends such as stamps.

In 2000, I was earning £25 a week, and now 14 years later I'm on £10 a week and I don't need to tell you the cost of living [...] a small tin of tuna was 25p now it's like £1.70 or something daft like that [...] certainly money for phones, stamps, things like that, to keep the communication lines open with friends and family, financially it's harder than it was 10-12 years ago [Participant C, aged 53 years, Open prison]

This section illustrates that due to inflating prison prices, restrictive access to pensions and limiting contact with family and friends that previously helped financially older males' in prison experience cause many financial constraints. Retirement pay for older prisoners is particularly low and did not afford many everyday toiletries, TV rental or stamps. Consequently, older prisoners often rely on the sympathy of other inmates to share their items. These financial constraints appear to contribute to the reduction of satisfaction levels with QoL in the older male prison population across all three prison regimes; however they also provide older prisoners with an opportunity to engage in gestures of human kindness towards other older prisoners who are less financially fortunate than themselves.

#### ***7.4.2 A Homogenous Approach***

A common complaint from the older prison population across all three prison regimes was a homogenous prison regime and generalised treatment from prison staff for all ages of prisoner, including a regime which integrates all ages of prisoner. The tendency for prison

staff to group all individuals in prison together under one category of 'prisoner' creates much tension and frustration across the older prison population. Prison staff illustrate their awareness of the frustrations caused by this homogenous approach.

Frustrations arise when POs don't know them from Adam and treat them like a normal prisoner [Staff E, Librarian, High Secure]

The desire to be treated differently from others in prison is apparent in an extract from Participant Z. He justifies his frustration by raising the negative impact that equal treatment can have on an older prisoner, arguing the consequences are more severe for an older than younger prisoner.

My only issue is that older prisoners are treated the same as younger [...] and older prisoners have more problems so because the process [at healthcare] takes so long, it [the wait] can be detrimental to older prisoners [Participant Z, aged 56 years, High Secure]

Crawley and Sparks (2006) discuss the notion of 'entry shock' for older prisoners serving their first prison term and the difficulties adapting to an unfamiliar environment. This theory can be applied to long-term sentenced older prisoners who move through the prison system and whose age and related differences are not factored into the induction process. The induction process the prison service offers to older prisoners was heavily criticised by older inmates from the open and training prison regimes and participant G discusses his own experiences of induction and highlights the difficulties he experienced adjusting to a 'young' environment. Further analysis suggests there is a general lack of support from prison staff to ensure older prisoners are appropriately helped throughout the induction process and in the first few days following induction.

I found it really hard when I came for my induction process, you're given no real help at all [...] you come in, you're shoved in with somebody that you've never seen before and



you're more or less told to get on with it. You go around resettlement, library, get yourself a job, but - I understand that you're in a D cat, so you've got to start doing stuff for yourself again, but they're doesn't seem to be enough to help you along, to settle in and stuff like that. You're just left to your own devices. There are a few older guys here, but it's still a very young environment [Participant G, aged 54 years, Open Prison]

Participant O discusses similar experiences as above and describes his induction process as 'traumatic'. These feelings of trauma stem from participant O's anxiety regarding his age and crime and the response he fears he may receive from the younger prison population. Participant O sees the benefits of introducing age specific inductions that address issues the older prison population explicitly experience.

It wasn't very nice at all [...] I actually found it quite traumatic [...] my age was definitely a concern for me [...] I mean you're the wrong age group to be in prison, prison's for young people [...] I was worried about how the younger prisoners would react to me [...] in prison you're viewed as and judged for the crime you're in prison for, rather than the person you are [...] your age isn't taken into consideration in induction, it's just standard induction [...] they should introduce age differences [...] particularly around things that you might worry about as an older prisoner, like the younger ones, and what the prison service can do to help [Participant O, aged 59 years, Training Prison]

The benefits of age specific induction can be seen in an interview with participant L who also criticises the homogenous approach to induction. He suggests that identifying age specific ailments that can be addressed during the prison induction would help to address the issue before it becomes a serious problem that affects the older prisoners everyday QoL.

During induction all the new ones are all thrown in to a room together, all mixture of ages, they don't make references to your age, you're all treated the same [...] I guess they're assuming prisons the same for all, but I don't think it is [...] older people tend to have issues with their backs and temperature, so rather than waiting for the backaches and cold to be a problem, just give older prisoners decent mattresses

in the first place [Participant L, aged 64 years, Training Prison]

This discussion summarises the homogenous approach that the prison service applies to all ages of prisoners. Older prisoners discuss their particular dissatisfaction with the induction process particularly the lack of age specific support and expectation to successfully integrate to what older prisoners describe as a 'young environment'. This age identical approach seems to contribute to the constraints of older prisoners.

Across all three prison sites sampled, both older and younger males are integrated within their respective regimes and are required to share their space with younger prisoners. All three sites offer a designated wing for the more vulnerable inmates however these are not older age specific and thus vulnerable younger prisoners can reside on this wing. Older prisoners within the open estate discuss sharing their space and cell with younger prisoners and the conflicts that arise from this integration, whilst older prisoners from the training and high secure regimes describe encounters with younger prisoners that result in them feeling vulnerable and frustrated.

It's quite obvious to everybody and doesn't need me to emphasise the difference in older and younger prisoners, even in society there is a difference between older and younger people. Older people living in troublesome areas will complain about anti-social behaviour by younger people, hanging around on street corners or general vandalism, general noise or racing cars up and down the street [...] once you tend to hit middle aged, say mid-40's to anything over, you prefer a quieter life, you don't want the noise or the aggravation, certainly that's not true for all and I don't speak for all over 50s or anything, but the vast majority would prefer to associate with people of the same age group who have the same interests and who are not really worried to accommodate the younger element [Participant C, aged 53 years, Open Prison]

Older prisoners display a strong desire for a quieter life and regularly express frustrations with the younger prison population who prevent this quieter lifestyle and relaxed

atmosphere on the prison wing. Participant K displays a yearning for respect for his own personal space and wishes to 'do his time', indicating that the younger population may not afford him these requests. This results in him feeling exasperated and irritated by the younger prisoner population.

There's 24 of us on the landing and it can be annoying when they try to get 'bums on seats' and fill the spaces by putting some noisy knobhead on the landing [...] it ruins it really [...] I mean we've all been there, younger and that, but I just don't want to deal with it now [...] it's all just bravado though, y'know sticking your chest out [...] it just becomes so tiring, you think 'just be a bit more mature, you were man enough to get yourself in here' [...] I just want to get on with it and do my time with my head down [...] but I want them to respect my boundaries and not be in my face, I'm tired of it all [Participant K, aged 53 years, Training Prison]

Extracts show when there is a lack of mutual interest and the sharing of space between the younger and older prison population, conflicts arise. Participant C echoes the previous account and highlights a lack of respect and high volumes of noise from the younger population are the main issues for age integrated prisons. The consequence of such integration, particularly within a shared cell environment, reduces satisfaction in older prisoners and participant C emphasises the simplicity of a solution to avoid such conflicts.

I was sharing a cell with a lad of 24 and we had no interests whatsoever in each other's lives and it was only when he moved on and someone of my age moved in that we had a more comfortable environment. And I think that's true, generally, of a number of prison populations anywhere. If you've got a young lad, 21, 23, who doesn't have any respect for his elders and who's grown up with whatever antisocial behaviour and has those tendencies [...] he turns up on a wing and has a loud stereo on every day and night, well until the officers deal with it, it's an irritant that doesn't need to be there [...] and it does cause friction and it does cause anxiety or unrest or y'know general discomfort for an older prisoner [...] that could have been avoided by sticking a likeminded individual in with his mates [Participant C, aged 53 years, Open Prison]

As previously discussed, the value of social and educational activities for older prisoners are vital for their wellbeing, yet age integration within activities such as educational classes can result in the younger population disrupting the sessions for older prisoners. This disruption prevents older inmates like participant BB from gaining respite and space from boisterous younger prisoners and from receiving a full educational experience.

The art studio takes you out of the prison environment, but the younger prisoners are starting to ruin it [...] They're stealing all the materials, they're just noisy and boisterous [...] The group starts open and free, then the young prisoners come in, kicking off and playing up and then it ends up closed and restricted [Participant BB, aged 74 years, High Secure]

The high level of noise and nocturnal nature of the younger prison population results in many sleep disturbances for older prisoners. Participant T illustrates the impact disrupted sleep has on the quality of his life the following day and emphasises the younger population's lack of consideration and forethought for the impact of their actions on others they are sharing space. Participant T begins to hint at the potential harm that may be caused to him if he were to confront the younger inmates about the noise levels and hints that he feels vulnerable from potential aggression from the younger prisoners with whom he lives in such close proximity.

I don't bother speaking to the younger ones on the wing [...] there are two things that bother me about them though, their loud music and shouting out the windows. When it's lock up, all their windows are open and they're shouting through at each other and have their music on loud [...] you can buy yourself earplugs but I have trouble with my ears so I can't wear them [...] I just think its bloody ridiculous and that they should be thoughtful and think of others! I mean some don't stop talking or shouting until 3am [...] but I can't concentrate the next day or sleep with noise. I would say something but because of my accent they'd know it was me straight away and they'd come after me [Participant T, aged 63 years, High Secure]

Interviews illustrate the threat of violence from other prisoners does cause a degree of anxiety and concern for older prisoners. Explanations for this surround the level of serious consequences or injury for older prisoners if they were to be victims of violence from a younger and potentially stronger individual. In addition, participant A discusses the unpredictable nature of the younger prison population and considers how this adds to the anxiety older prisoners feel surrounding the threat of violence and the serious consequences of aggression and violence.

I think the risk of being hit is more serious for an older person, as I think the older you are, the more effect a hit would have on your body and your mentality, it would affect you more than if you were younger [...] so I suppose I'm aware of that [Participant Q, aged 62 years, Training Prison]

They can turn on you straight away saying 'I'll smash your face in, you're not talking to me like that!' but then you think, well that's pretty big, you're a thirty year old body builder and you're threatening a pensioner! [Participant A, aged 64 years, Open Prison]

An alternative result of prisoner integration is not of violence but that the older prison population feel invisible. Participant G reflects on the emotional impact of such personal disregard from the younger prisoners and emphasises his feelings of invisibility by using descriptions such as 'look through you'. Participant G also discusses how prison locations influence how the younger inmates behave towards him. This suggests an element of hierarchical age status within the prison estate but also results in older prisoners feeling uncertain about their role and position during interactions with the younger inmates due to their inconsistent behaviour towards them.

I've never felt threatened in jail [...] but sometimes you feel like you're not included. It can be as if you don't exist sometimes [...] y'know the young lads, they'll look through you and they'll think 'oh he's a certain age' and they'll not want to associate - it's not cool y'know to associate with you - I've had an occasion last year, where I was on a wing with a

young guy and he'd speak to me all day long, but when he was in the gym with his pals he wouldn't speak to me [...] it's not a cool thing to do [...] it's all a bit playground really [Participant G, aged 54 years, Open Prison]

Older prisoners raise their feelings of invisibility or irrelevance to younger prisoners during interviews. An ageist divide and isolation from younger social groups is particularly difficult for some older prisoners to comprehend as they have never considered themselves as 'older'. Older prisoners reflect on the difficulties adjusting to facing a prominent age divide within prison when they had once freely associated with younger individuals prior to their imprisonment.

I didn't think I was old until I came into prison [...] I've always managed to interact well with younger people so I never really thought about my age, but since I've been in prison, because of the way they've [younger prisoners] reacted towards me [...] Some of them don't want to talk to you [...] I've never had that problem outside, I've always been one of the lads and age has never come into it, but it does in here and I feel like I'm not part of it all, like I did out there [...] it took me a while to come to terms with it, but then I realised that you are just perceived differently by the young men in prison than you are by young men out there [Participant G, aged 54 years, Open Prison]

Although a sense of invisibility reduces the older prison population's involvement and acceptance within age integrated social groups, other older prisoners discuss how being invisible can reduce their vulnerability. Participant Q discusses his theory that his age related invisibility reduces the likelihood that he will be attacked or becoming involved in illegal activity within the prison estate.

They say that on the outside ladies over 50 become invisible don't they? Well I think it's like that here [...] you don't have any competition, you're sort of exempt from the whole competitive nature of other prisoners [...] I mean I'm no competition for a younger guy! And I think that makes you less vulnerable as you're not dragged in to all that. You also don't have to risk getting involved with drugs or anything [...]

they all smoke this fish food 'mamba' here, but you can never be tempted by it as you never get offered it anyway! [laughs]  
[Participant Q, aged 62 years, Training Prison]

Other benefits of age integration are further discussed by older prisoners who valued the youthful outlook on life they adopted by associating with younger inmates. Yet older prisoners did stress that such benefits did not require constant contact with the younger population and can be achieved through free association. Free association would allow older prisoners to make an informed choice as to when and with whom they chose to come in contact with and ensure that interaction with younger prisoners is not forced by the prison regime. Older prisoners did not appear to expect the prison estate to provide a segregated area for them, but would benefit from an opportunity to *seek respite* from the younger prison population.

If you were to ask an over 50 'would you prefer your own independent wing where everybody is over 50?' I think the majority of them would say 'yes' there may be a small amount who say no they like spending time with the younger guys as they give them a bit of vitality - but you can associate with them anyway throughout most prison workshops, lunch, exercise yards, things like that - but in your own particular space, you want a bit of peace and quiet once you get to a certain age [Participant C, aged 53 years, Open Prison]

On my wing there's a mixture of both [young and old] I think it's good to be integrated, but I do think that they need a facility to get away from them [...] to have a bit of peace and quiet every now and again [...] when you're on a normal wing they can be a bit in your face 24/7 [...] they're just hard work [Participant M, aged 52 years, Training Prison]

There's no VP unit here, and that's the way that they want to run it here, integrated [Researcher: do you think that's a good thing?] yes and no [...] I think if you integrate, you take away that place to hide, but sometimes some prisoners do need a place to hide [Staff D, Custodial Officer, Training Prison]

The discussion of age integration evidences older prisoners recognise both the advantages and disadvantages of living with a younger prison population. Older prisoners discuss

feeling invisible and intimidated by the younger males they share the prison wing with, seemingly reducing their satisfaction. However others see the limitations of age segregation and the benefits that sharing with younger prisoners can offer. Nonetheless there is mutual agreement across older prisoners that they desire and require a place for respite from the younger prison population, supporting findings that support accommodation that is flexible by Aday (2003) and Wahidin (2006). Once implemented, these opportunities for respite may contribute to reducing feelings of constraints from an age integrated regime.

### ***7.4.3 Progression***

This section discusses how risk and fear prevents progression of older prisoners and contributes to feelings of constraint within the three prison regimes. Interviews suggest that prison staff feel reluctant about the release and release on temporary licence (ROTL) of older prisoners. Analyses indicate the reluctance of prison staff and prison service is a result of the risk they believe older individuals pose to themselves or others. Participant L discusses his current experience of attempting to evidence his non-offender identity and his struggle in battling a criminal identity in an attempt to prove that he is no longer a risk to the public.

I've just been refused my cat. D status [...] apparently I'm not safe [...] a menace to society me! [...] apparently I haven't complied with the courses, but I know I have [...] but that still makes me a danger to society, but I know I'm just a normal guy [...] I've done the courses that they've asked me to do [...] so I don't know how else I can prove to them that I'm not a danger [Participant L, aged 64 years, Training Prison]

Feelings of frustration leave the older prisoner feeling they are fighting a losing battle. This idiom is particularly prominent due to the comparison participant A makes to his involvement



in the army. This declaration of loyalty and honour for his country and countrymen is provided as evidence of the pro-social and trustworthy qualities he holds, overwriting the offender identity, and in his view reducing his risk to others.

[Researcher: do you consider yourself to be a risk to the public?] Absolutely not no, I've never been a risk to the public [...] I mean Christ, I fought for my country for twenty years, you know what I mean! It's just a joke really  
[Participant A, aged 64 years, Open Prison]

Witnessing the progression of fellow inmates proves to be difficult to cope with for some older prisoners and this is particularly distressing for participant F who believes he evidences his lack of risk to the highest degree, yet still remains in an open prison and has not been released. The desperation of participant F is clear from his statement that he is '*finished*' with institutions and highlights his determination to desist from crime on release.

I'm seeing that other people are progressing [...] and I'm not. I don't know why - I abide by all that is asked of me! I've had enough of institutions, this is as serious as it gets [...] I want out now [...] I'm trying to be positive [...] I will not be a risk to anybody in society or risk to myself ever again. I am finished with institutions. That's as serious as it gets and I hope they believe it [...] but I've had enough  
[Participant F, aged 70 years, Open Prison]

When managing an older prisoner who is unwell, the prison service faces a conflict of needs such as risk versus health and participant N is a good example of where this conflict occurs. N is currently serving a sentence for arson endangering life and thus considered to be a risk to others, yet he is also managing a terminal illness. Participant N hints there are debates amongst staff as to the most appropriate location for him and his needs and he eloquently summarises this as a 'catch 22'.

They're [prison] trying to get me to an outside hospice [...] they tell me that there's no need for me to be in prison and that I'd be better on the outside [...] but I'm an alcoholic, and I'm in here for arson [...] so I don't know if they're

going to let me go [...] they tell me it's a 'catch 22' [...] that they would like me to go to a hospice but are frightened that I might set it on fire [...] at least they're being honest with me I suppose [...] I understand that their priority is the risk I pose and not my health [...] but I suppose my health is my priority and they're just looking at it differently [Participant N, aged 66 years, Training Prison]

As well as lack of release preparation, the prison service creates barriers for older prisoners to participate and attend educational classes and activities. Participant N discusses how his recent attendance at an Art class was stopped by the prison regime due to the risk that his age related health issues pose. This form of oppression prevents N from participating in activities that he enjoys and from opportunities to gain educational qualifications. This event provides his day with meaning and purpose as well as helps him financially through the payment he receives for attending.

When I first came here they did Art, but they stopped me going to the class [...] it was a shame because it got me out of my cell and it got me a bit of money for education [...] they said it was because of my health and the risk of something happening to me [Participant N, aged 66 years, Training Prison]

The resettlement progression of older prisoners is restricted due to the age of the individuals and their associated risks of older age. The restrictions that participant E faces are not based on his offender identity and risk to others, but the risk of injury to him. It may be that the prison staff are attempting to protect E from any injuries that due to his older age may have more severe consequences, yet this prevents participant E from progressing through the system and reduces his chances of release.

Yeah I go to hostel [...] it's a very big place, so far it seems very good, I've been there three times, five times to [city nearby] so it's not too far, but now my supervisor says I'm not allowed to leave to go to the city in case I fall in the street [Participant E, aged 88 years, Open Prison]

Every second Saturday I go out to see my fellow countrymen and I go to the temple to worship but now my home leaves been stopped [...] my solicitor asked the governor why it'd been stopped for the last 12 months and he said 'it's because he's 88! I can't let him go on public transport in case he damages himself!' he asked me how I travel to [location] from prison, so I told him I take the prison van to station, then the train to [location], then the number 45 bus to home and walk - it's only 3 bus stops - it's easy! [Participant E, aged 88 years, Open Prison]

This section illustrates prison staff and the prison services belief that older prisoners pose a risk to self or other creates fear and this fear prevents older males from progressing through the prison system, resulting in feelings of constraint and dissatisfaction. The concern prison staff show towards the harm that older prisoners may come to, prevents the older prison population from benefiting from the resettlement provision and activities on offer within the prison regimes. Discussions surrounding risk and fear were far more prevalent within the open and training prison where progression and resettlement are the main objectives of the regime. This suggests older prisoners within these prison regimes have expectations that they will positively progress through the prison system and will receive support by prison staff, yet do not receive the support they expected to receive.

#### ***7.4.4 Ill Health and End of Life***

A natural element of living, ageing, and human life is the experience of ill health. An older prison population experience health related issues but experience these within a restricted environment that dictates when, where, and how much treatment they receive. This creates much uncertainty amongst the older prison population for those who experience poor health and/or those who show concern about their future health as they age. This section presents

concerns older prisoners have in effectively managing their health in the constraints of a prison environment.

Participant Q discusses his health concerns that stem from his previous experiences of ill-health. For Q, his concerns and anxiety heighten when he believes his cancer is returning and he wishes to seek reassurance from a health professional that this is not the case. However participant Q highlights the practical difficulties a prison environment creates for arranging such healthcare provision.

Before I had this operation for this cancer I thought I was going to die [...] now if I ever feel a little twinge I think 'oh god its back!' so I just have to try not to think about it [...] an underlying anxiety about it I think [...] I should probably go and get the twinges looked at, just to get peace of mind, but it's always quite difficult in a prison environment [Participant Q, aged 62 years, Training Prison]

For some older prisoners their previous experiences of poor health results in daily medication and they describe the physical act of taking medication is a constant reminder of their previous poor health and their reliance on medication to prevent an illness from recurring. The act of taking medication appears to increase the awareness of their ill health and enhances their feelings of health anxiety.

I'm on meds for life because of my heart attack [...] so I suppose for that reason I'm always conscious of my health [Participant K, aged 53 years, Training Prison]

Older prisoners place much importance on maintaining their mental health to retain their physical health and the following extract supports this notion and opens the debate as to whether health should be considered as a whole and approached holistically. Participant F discusses the intense nature of anxiety and makes the comparison between mental anxiety and physical infection. The need to be mentally strong in order to be physically strong is a

pertinent need of the older prison population and highlights the importance of eliminating anxiety.

If somebody's got a worry or anything and it worries and worries and worries and it turns septic or manic depressive, you're finished. Because it's out of control, it's not sorted. So what I say to you is if somebody's not right in their mind, his body deteriorates from it and I'm a great believer in that [Participant F, aged 70 years, Open Prison]

Older prisoners from the high secure regime demonstrate a general concern they may lose mental capacity or more specifically, lose some form of mental functioning as a result of experiencing a stroke. Both participants' AA and V make reference to other inmates within the prison who have had a stroke and discuss the effects this has on the older individual. The following extracts illustrate the sense of apprehension participants AA and V feel that they may experience a similar fate in the future.

I think my main concern in here, is keeping this [points to head] I don't want to let it stagnate, because I think if you don't use it, you lose it and I really don't want to end up like some of the chaps in here who have had strokes or whatnot. I'm really conscious that I keep this going [points to head] [Participant AA, aged 65 years, High Secure]

I want to die quickly and functioning properly in my head [...] I would not want to have a stroke like the other blokes in here [...] they're alive but nothing's going on [points to head] do you know what I mean? [Participant V, aged 57 years, High Secure]

End of life care within the prison service is an area of provision that all three prison regimes sampled are required to manage. End of life in an older prison population is often a consequence of long-term illness and requires effective palliative management within a prison environment. Participant N illustrates the extent of his illness and the level of care that he requires.

Seven years ago in HMP [anon] I was diagnosed with Leukaemia [...] the consultant told me the truth, and told me that it was terminal [...] since I've been here I've had three blood transfusions, chemotherapy - which I had an allergic reaction to, so now I'm on daily meds which is a mixture of vitamins and antibiotics [...] I take 13 tablets a day [Participant N, aged 66 years, Training Prison]

Older prisoners who discuss their thoughts of dying in prison, mirrors the work of Crawley and Sparks (2006) who describe the *catastrophic* feelings older long-term sentenced prisoners experience considering their uncertain future and spending their final days in prison. Both participant K and BB describe their feelings of death in prison when they were first sentenced and emphasise these catastrophic feelings through descriptions such as 'end of my world'. They assume a collective attitude for all individuals in prison stating that 'nobody wants to die in prison' suggesting this reality for any prisoner is calamitous.

When I was sentenced it was the end of my world [...] I was 34 years old [...] all I kept thinking was 'I do not want to die in prison', that's all I thought about [...] because I've been in and out of prison all my life, I'd experienced prison and knew everything about it [...] I knew that it was no place to die [Participant K, aged 53 years, Training Prison]

I was 64 when I was sentenced, so dying in prison crossed my mind [...] it was my main concern [...] nobody wants to die in prison [Participant BB, aged 74 years, High Secure]

These fearful feelings towards death in prison are often heightened due to the labelling of the wing where end of life care is provided. The terminology used when discussing palliative care focuses on a doomed ending with no hope of a future and this instils much fear into two older males within an open prison estate. In order to cope with such anxiety of death in prison, the use of laughter and humour when discussing the terminology is used during discussions in an attempt to cope with their concerns.

It was originally termed the 'end of life unit' [...] because you're going to want to go there! [laughs] [Participant B, aged 72 years, Open Prison]

I don't think it should be like hospice wing [Laughs] 'end of life' what an awful expression! Can you imagine it! Hopeless isn't it? End of life wing - not yet, please! [Participant D, aged 71 years, Open Prison]

Older prisoners also demonstrate concern for where they would spend their final days. Transgender inmate, participant AA, expresses determination to remain in her cell through the language that she employs such as 'never', 'refuse' and 'I'll be' and displays a strong sense of autonomy and free-will. This attitude contradicts those of previous participants who believe nobody wants to die in prison.

I'm never going to go to hospital and die [...] I will refuse to be moved, I'll be in that cell until I die [...] I'm comfortable with that as my partner will be able to be with me [Participant AA, aged 65 years, High Secure]

Qualitative interviews highlighted some older prisoners who face death behind bars, portray a level of acceptance of their fate which results in a nonchalant attitude towards death. Interviews with older prisoners indicate this nonchalant attitude towards death is genuine and offers older prisoners the chance to escape prison and the prisoner label, achieving equality with other non-prisoners. Participant AA describes how he will achieve equality with others through the burial of his body, receiving similar treatment to non-prisoners. Participant W illustrates similar attitudes to participant AA and demonstrates a complete lack of concern for his funeral arrangements after he passes. These extracts contradict previous extracts that all older prisoners experience concern regarding end of life and illustrates that some older prisoners are indifferent to the later stages of life or accept the reality that they may die in prison.

I'll be happy when I can just shake the dust of this place off me forever [Participant X, aged 74 years, High Secure]

I've been told I will die in prison, but I don't worry [about it] because if I did it would only aggravate the situation and

I'll die a lot quicker! I'm not interested in it, I'm not being funny, but my body will go in the ground like everybody else's [Participant AA, aged 65 years, High Secure]

I'm not bothered what happens to my body [...] they can take me out the backyard and burn me for all I care [laughs] it really does not bother me [Participant W, aged 75 years, High Secure]

Discussion with older prisoners who face the real possibility of death behind bars present this indifferent attitude toward their future, focussing on organising practical arrangements such as their finances and cremation following their death. Participant W suggests that he discussed these arrangements with his daughter and she has made arrangements for when this time occurs.

I think I'll die in prison and I've made arrangements for it, it's all paid for, the crematorium, everything, my oldest daughter's sorted all that for me recently [Participant W, aged 75 years, High Secure]

Further discussions with an older transgender prisoner highlight that for her, death in prison is inevitable. Yet, this reality does not instil fear in participant AA but creates concerns regarding the practical and legal issues that will be left once she has passed away.

I need a liver transplant, if there's a spare one I'll have it, but I don't think I would survive the operation [...] so I know I'll die here [...] death doesn't scare me [...] my only issue is what happens to my partner [...] I want my finances to be for him in prison, so that I know he will be OK [...] he'll be left with money so that he can survive when he is released from here [Participant AA, aged 65 years, High Secure]

This section illustrates contradictory evidence that suggests a difference in older prisoners' feelings towards end of life in prison. Older prisoners illustrate a sense of apprehension towards the end of their life and express concern over where they will be located when this time occurs. The labelling of the wing where end of life care is provided contributes to a



sense of fear around dying and emphasises the finality of their life if they are placed on this wing. In addition, the assumed lifeless atmosphere of an outside hospice creates much resistance in older prisoners who prefer to remain in their usual prison location where their surroundings are familiar and the mood is livelier. Other older prisoners adopt a nonchalant attitude towards end of life and view death as a form of escape from prison or chance to achieve equality with non-prisoners. The difference in views emphasises the range of views older prisoners express. Although findings on end of life are contradictory, they emphasise that older prisoners experience an array of concerns regarding the delicate nature of end of life in prison and appear to currently receive little, if any support.

#### ***7.4.5 Time***

The sub-theme of time constraints was an issue that recurred throughout qualitative interviews with older prisoners. The use of older prisoners time becomes an important subject in how their time is best utilised. It may not be surprising that time increases its value as a person becomes older and the use of their time becomes more significant.

Older prisoners display their frustration when their time is squandered due to the constraints of the prison environment. One of the constraints is the restricted and limited opportunities to access prison healthcare which are often coupled with extensive waiting times to receive necessary assessments or treatment. The nature of the prison environment resulted in accessing healthcare following a fairly long-winded process that required older prisoners to manage their own health needs during the period they are waiting to be seen by a specialist.

My complaints aren't really about healthcare, but it's more access to healthcare, that's my biggest complaint [...] if you need your ordinary meds, access to the dentist, opticians or to see a doctor then you have to wait [...] everything has to be done through an application [...] if you can't get to the dentist, then whilst you're waiting you just have to take painkillers and get on with it [...] you can't just pick up the phone like you can do on the outside, everything has to be done through an application [Participant Q, aged 62 years, Training prison]

If you ever need anything from healthcare, it's a pretty steady, prolonged and long winded process [...] you firstly have to put an app in, then you might get to see the triage nurse [...] to be honest I don't really have much to say about it [...] they have a dentist, a chiropodist and the opticians [...] I did have a problem with my toe so I put an app in to see the chiropodist, apparently I was fourth on the list, but I couldn't be seen for up to two weeks [Participant J, aged 61 years, Training prison]

From interview analyses it is clear that none of the three prison regimes sampled provided 24 hour healthcare. The restricted access this time restriction imposed increased anxiety amongst older prisoners, particularly when considering emergency healthcare and access to care within the night. During interviews, older prisoners also show concern regarding the methods of alerting prison staff to sudden ill health if it was to occur within their cell at night, which added to their feelings of anxiety.

There's no healthcare overnight, so after 5pm at night, healthcare's gone [...] say you had a heart attack at night, you'd be dead before the ambulance got here because it'd take them half an hour to get in here. I think that they should have someone here at the night-times [...] just in case somebody does take bad [...] another thing they don't have is any buttons in the cell where you'd press it and you'd get assistance straight away [...] if you were ill in the middle of night, you'd have to walk over to the centre where the night staff

are [...] but you can't do that if you're on the floor!  
[Participant I, aged 65 years, Open Prison]

I think it's highly dangerous [...] if you are going to have older prisoner, you must have 24 hour healthcare [...] if for instance I had a heart attack in the middle of the night, I have no way of calling anybody, there's no buzzer in the cells [...] if I were to have a heart attack no one would know because I'm the other side of the building [...] I really do think that everybody from the age of say 65, should have a tag worn round their neck that they can pull and do an emergency call. That's also probably the cheapest way of managing it [Participant B, aged 72 years, Open Prison]

The constraints of time also had positive impact on older prisoners and linked to promoting a positive identity within their prison regime. The length of sentence time many older prisoners were currently serving provided them with the opportunity to promote a positive identity by rejecting the prisoner or offender identity. One approach older prisoners employed that promotes a positive identity seeks redemption or to right any wrongs during the time of their sentence. This acts as a way for the older prisoner to compensate for faults, sins, or past offences. Participant B demonstrates his atonement by making his time in prison meaningful by helping others. The vocal emphasis participant B places on his time being *his*, places more significance on the importance of the prison time being productive and purposeful. For participant B, helping others minimises the amount of *his* time that is wasted.

When I came here I told myself that I didn't want my time to be wasted and I wanted to do good, so I try to help people where I can [Participant B, aged 72 years, Open Prison].

Participant B continues to discuss his time as a commodity and its use for the younger prison population. Participant B discusses how he approaches younger prisoners with both discipline and patience in order to understand about their individual experiences and suggests that his approach to the younger prisoners is unique and individual to him, offering the open prison a specialist service.

We've got a lot of people in this prison with mental health problems, both young and old [...] there was a young man in here who I found really interesting, he had severe mental health issues, but when I spoke to him I also found that he was extremely bright, a very clever boy [...] he was getting into all sorts of silly difficulties which I managed to stop him doing because I was the first person to ever say to him 'no, behave yourself' [...] and we got to become quite friendly in here [Participant B, aged 72 years, Open Prison]

The constraint of time within the prison environment has increased value for older prisoners who may feel their time is limited. As a result it is vital to older prisoners that they spend their time well and it is meaningful. Lengthy waiting times and irregular access to healthcare may have more severe consequences for older than younger prisoners, as their health needs may need more urgent attention. Limited opportunities to exercise their time evocatively and increased time waiting for healthcare may have a detrimental influence on the QoL and wellbeing of the older prison population.

#### ***7.4.6 Summary of Constraints***

The theme of constraints showcases elements of prison life that restrain the older prison population and reduce their satisfaction with QoL and wellbeing. A prison regime that fails to adopt a heterogeneous approach to age results in the older prison population experiencing feelings of neglect, invisibility and intimidation, preventing them from living a successful and satisfactory life in prison and in older age. Financial restrictions constrain older prisoners to limited amenities and the reliance on other prisoners to access small luxuries reduces independence and feelings of liberty. The fear the prison service and prison staff display regarding the older age of inmates and their assumed vulnerability appears to prevent older prisoners from progressing through the prison system and from benefiting from resettlement provision provided by the prison. Older prisoners recognise this restriction placed on them

and experience feelings of age based injustice. Experiencing ill health and end of life care in a prison environment challenges the purpose of prison and highlights the weakness of the prison service to cater for the needs of the older prison population. Finally, the constraints of time showcase how precious time is to the older prisoners and the frustrations which arise when they feel their time is wasted due to long-winded prison processes.

## **7.5 Summary of Qualitative Findings**

Thematic analysis identified three themes that contribute to the understanding of satisfaction with QoL and wellbeing from older prisoners' perspectives. The three themes identified include *humanity*, *identity*, and *constraints* and reflect the complex nature of studying older prisoners QoL and wellbeing. This section considers the main qualitative findings and I use the theoretical context discussed in Chapter 2 to frame my discussions.

Analysis identified that aspects of prison life which embody *humanity* strongly contributes to older prisoners' satisfaction with QoL and wellbeing. Prison staff's kind gestures and discretion in bending the prison rules, humanised the prison officers and strengthened staff-prisoner relationships within all three prison regimes. Staff acts were usually unexpected and the older prison population displayed surprise at receiving such gestures, yet were also valued by the older population and evidenced by their sense of gratitude and appreciation.

There was a stark difference in prison staff's perceptions of older prisoners in comparison to the metaperceptions the older prisoners believe others hold of them. Due to the daily contact the majority of prison staff have with older prisoners permits them to make reasoned judgments regarding the nature of older prisoners and results in them having a great awareness of the older prison population's needs. Prison staff's recital of the older prisoners'

positive characteristics paints a picture that the older population are benevolent, compliant, and grateful for any help they receive. It is clear from qualitative analyses that prison staff are complimentary and view the older population as an asset to the prison service, particularly in their care for other older prisoners. Older prisoners do not appear to be aware of the prison staff's positive opinions, but this knowledge and awareness may help to increase the older prisoners' satisfaction levels. The acts of humanity displayed by prison staff illustrate the prison service may have moved from punitive practice to concern of prisoners' welfare.

Such positive characteristics continue in the self-identities older prisoners adopt and promote throughout the interviews. Opportunities to promote such positive identities increase satisfaction in the older male prisoner population as they fondly recite the pleasure they gain from interacting with others within the prison. The opportunity to reject the labels of 'prisoner' and 'criminal' and adopt a more positive identity is met with enthusiasm and provides older prisoners with opportunities to participate in redemptive behaviour and regain power in a powerless prison environment. The older prisoners revel in the chance to help others who require personal or social care and at times this goes above and beyond the necessary requirements of a fellow inmate and highlights the need for social care in prisons. In order to increase or maintain the satisfaction of older prisoners, both prisoners and prison staff may benefit from their perceptions being shared with one another so older prisoners are aware of the confidence prison staff have in them. This belief is evident in the reliance the prison service places on older prisoners to provide high levels of personal care to others. However this requires addressing to ensure older prisoners who receive the care are doing so appropriately and effectively so they are able to *flourish* within the prison environment.

Metaperceptions reduce the levels of satisfaction in the older prisoner population sampled, and the interviewees regularly demonstrated uneasiness about how they feel they are perceived by the government, public policy makers, the public, and others in prison. Older

prisoners indicated that being perceived as dangerous criminals influences the rules and regulations policy makers enforce, and these policies impose the use of physical restraints during hospital visits that the prisoners deem to be dehumanising. This form of oppression reduces the power older prisoners feel they own within these situations and prevents them from leading a flourishing life in prison.

A large concern for older male prisoners is the belief that being older and located on the vulnerable prisoner (VP) wing automatically labels them as child sex offenders, and they illustrated attempts to avoid the negative connotations associated with this label. This results in the more vulnerable older prisoners refusing to reside in the VP units that are quieter and offer more protection, but often house a high proportion of individuals convicted of sexual offences, which has negative consequences on their experience of prison.

In addition, older prisoners refuse to use physical aids that could support a more comfortable lifestyle within the prison environment. Holding such negative beliefs results in negative consequences for the older population, who actively try to avoid such perceptions by modifying their behaviour and, as a result, live in greater discomfort. Through better communication between staff and older male prisoners, the inmates' metaperceptions can be changed, increasing their satisfaction and confidence in using physical aids and relocating to a quieter environment where they will not be stigmatised and able to successfully reside in prison in older age.

Satisfaction in the older prison population is reduced when discussing end of life or palliative care, and is particularly diminished due to feelings of anxiety surrounding the uncertainty of their future. The extracts suggest an air of mystery around the end of life unit and many assumptions are made regarding the unit's environment and atmosphere. This suggests a general lack of knowledge and information shared with older prisoners on end of life care

across all three prison regimes. A feeling of a lack of control surrounding end of life is a common experience in the older prison population, and the feeling that end of life and post-death decisions are being made by prison officials on their behalf, increases their feelings of helplessness and powerlessness. Increasing the power older prisoners have when making palliative care decisions may increase their sense of satisfaction with prison life and provide them with a sense of autonomy.

In summary, the qualitative analysis provided an exploration into prison life for the older male prison population and identified aspects of life that increased or reduced satisfaction. The depth of this examination expanded on the quantitative findings presented in Chapter Six, and provided further explanation of the elements of prison life that older prisoners are either satisfied or dissatisfied with. Experiencing humanity, promoting positive identities, and the opportunity to reject negative identities allows older prisoners to flourish and increases their satisfaction with QoL and wellbeing. However constraints found in the prison regime deduce these feelings and contribute towards feelings of oppression and powerlessness that requires prison reform.



## Chapter 8

### Discussion and Recommendations

#### 8.1 Introduction

The primary aim of this thesis was to identify whether older male prisoners are satisfied with their QoL and wellbeing. In order to achieve this aim and discern which prison regime provides older males with the most satisfaction, a mixed method approach was applied while 94 quantitative surveys and 29 qualitative interviews were completed by older prisoners aged 50 and over across three prison regimes, along with six interviews with prison staff. This research was conducted with a view to challenging current prison policy, promoting policy reform, and encouraging NOMS to adopt and implement a national strategy for older prisoners so as to ensure that this previously neglected population receive age appropriate care in the most suitable prison regime.

The thesis was approached via a conceptual framework that adopted the philosophies of Kropotkin and embraced the ability to reform prison environments and promote humanity, the notion of flourishing as a lens to understand successful functioning in prison and in older age, and the life satisfaction model that placed value in the perspectives of older prisoners. This provided the thesis with a unique lens to investigate and understand older prisoners' satisfaction with QoL and wellbeing.

This thesis is the first research study to explore and compare older prisoners' satisfaction levels with QoL and wellbeing in prison across three prison regimes via a mixed method approach. As such, I hope that prison policy makers will consider the findings on the current satisfaction levels of the older male prison population and this thesis' conclusions will

contribute to the development of a future strategy that effectively manages the needs of this older prison population and promotes their QoL and wellbeing.

## **8.2 Summary of Findings**

The research was guided by five research questions:

1. How can older male prisoners' satisfaction with QoL and wellbeing be measured across all three prison regimes?
2. What is the current level of satisfaction with QoL and wellbeing of older prisoners as assessed by the MANSA and ONS subjective wellbeing scale across all three prison regimes?
3. Does male prisoners' satisfaction with QoL and wellbeing differ across three prison regimes?
4. What aspects of the prison regime achieve and reduce satisfaction with QoL and wellbeing for older prisoners across all three prison regimes?
5. Can older male prisoners' satisfaction with QoL and wellbeing be improved across all three prison regimes?

Research question 1 is addressed within Chapter 6 and indicates that the MANSA scale offers a great deal of internal reliability when adapted for an older prison population. This is the first known attempt to circulate the MANSA to an older prison population, with the results proving encouraging. The high level of reliability identified when circulating the MANSA to an older prison population exceeds the level of reliability found in the survey's intended recipients (Priebe et al., 1999) and suggests the tool is appropriate for this prison population.

Previous discussions in Chapter 4.4.1.1.2 showed that the MANSA already has an existing positive reputation and these findings can only continue to improve the MANSA's status. These findings indicate a promising start to the search for a convenient tool that is quick and easy to administer, and that accurately assesses older male prisoners' satisfaction with their QoL. Indeed, this may also offer a shorter alternative to the MQPL that specifically targets the older male prisoner population.

The second research question is answered by measuring wellbeing via the ONS subjective wellbeing survey and QoL via the MANSA. It identified that satisfaction with QoL and wellbeing was low across all three prison regimes sampled. The training prison regime presented the lowest levels of satisfaction, followed by the high security and open prison regimes. This was a surprising finding as the general nature of the training estate results in a lower level of security than a high secure regime, and naturally permits higher levels of freedom within the prison estate. Explanations for this finding may include the training prison promoting its 'working prison' status, however when compared to the open and high secure regimes, has the lowest number of older prisoners in paid employment and the highest number of older prisoners receiving the lowest weekly wage (£0-20). A lower proportion of older prisoners from the training regime declared having a close friend indicating difficulties surrounding maintaining relationships in older age in a training prison regime.

Although findings from the MANSA showed that satisfaction levels were generally considered low in the open prison regime, the open prison regime had higher levels of satisfaction than older prisoners in the training and high security prison regimes. This suggests older prisoners are more satisfied in an open prison regime. The difference in satisfaction levels across the three prison regimes was statistically significant, thus indicating the open prison regime positively affects older male prisoners' satisfaction with QoL. When comparing the open regime to training and high secure, explanations emerge that include the

high proportion of older prisoners in paid employment, no older prisoners receiving the lowest weekly wage (£0-20) and more opportunity for additional freedoms within the open regime, re-claiming autonomy and allowing older prisoners to flourish.

However, the weaknesses of the quantitative survey addressed in Chapter 6.8 limit the extent to which these findings can be reliable and they should be interpreted with caution. As a result, the qualitative findings of this thesis should be given more consideration when considering the impact of this thesis. Indeed the intention of the thesis was to provide more focus to the qualitative phase of the study and is illustrated in the research design in Chapter 4.3.2.

Research questions 3 and 4 are answered via quantitative and qualitative findings. As previously discussed, my research identified that satisfaction levels with QoL and wellbeing *do* differ across prison regimes and an open prison regime promotes higher levels of satisfaction in an older male prison population. Quantitative findings illustrated that *mental health, who they lived with in their cell or wing* and *physical health* achieved the highest ratings of satisfaction. However, older prisoners were less satisfied with their *financial situation, life as a whole* and *employment activity*. The findings from the qualitative study corroborated findings from the quantitative study and identified general satisfaction with modest aspects of a healthy prison environment, social groups and activities, as well as the opportunity to promote positive identities illustrating links to satisfaction with *who lived they with in their cell or wing* and *mental and physical health*. Reductions in satisfaction stemmed from the constraints older prisoners experienced within the prison regime. Discussions of constraint corroborated the quantitative findings of dissatisfaction with financial situation and suggested that the prison regime reduces opportunities to receive a decent standard of financial income and employment activity within the prison, thus contributing to older prisoners' dissatisfaction with QoL.

The final research question was answered in Chapters 6 and 7 via quantitative and qualitative analyses. Multiple regression analyses were conducted to identify the life domains that had the largest impact on QoL, with results leading to the conclusion that *satisfaction with life as a whole*, *financial situation* and *relationships with family* would improve satisfaction levels amongst the older prisoner population across all three prison regimes. Whilst, thematic analysis suggests reducing constraints of prison regimes for older prisoners, increasing their access to finance, providing accessible and humane health and palliative care, as well as treating them as a heterogeneous group would increase their satisfaction with QoL and wellbeing.

### **8.3 Recommendations**

This research has given rise to a number of recommendations for both prison policy and future research. Following the research, my main policy recommendation is the need to explore the feasibility of housing older male prisoners in an open prison regime in order to promote higher levels of satisfaction with QoL and wellbeing in the older prison population and reduce costs to the prison service. Although a less secure prison regime may incur some security concerns amongst prison policy makers, this thesis evidences prison staff from high security and training estates do not express any apprehension towards the risk older prisoners pose to the public and others. Furthermore, the findings from both the older prison population and the prison staff suggest the use of costly physical and visible restraints are unnecessary for the older prison population during hospital visits. As such, further exploration into the level of security older prisoners require during outside visits should be reviewed and age

appropriate procedures considered. If the current risk assessment procedures can be reduced for older prisoners, the cost to the prison service could also be decreased.

In addition, older prisoners should be located on an age specific wing and not integrated into the VP wing. A separate wing location will provide older prisoners with the opportunity to receive respite from younger inmates who at times can be intimidating, threatening, and ignorant to the older prison population. In addition, an age specific wing may prevent older male prisoners from feeling they are stigmatised by the sex offender tag, which often contributes to feelings of anxiety and an increased fear they may experience physical violence from other prisoners. However, based on the findings, I do not feel that the older prison population will benefit from total age segregation from the younger prisoners. Indeed, these findings suggest some older prisoners enjoy spending time with younger prisoners within a mentoring role and the benefits they experience from socialising with the younger population.

Prison policy makers should explore the feasibility of employing older prisoners to provide personal and social care to other older prisoners in need. The qualitative findings of this thesis illustrate the extent of social care needs older prisoners display, and the willingness more able older prisoners exhibit to provide this care. The levels of trust and formation of relationships between older prisoners who provide such care benefits the promotion of a positive identity of the older carer, providing them with meaning and purpose within the prison regime. If this role was implemented within the prison regime, the costs of housing an ill or immobile older prisoner may reduce as their needs will be managed.

Research should explore the benefits of providing older prisoners with a paid mentoring role that supports the younger prison population. This thesis indicates an official job role which allows the older prisoners to ‘give back’ and offers them structure and purpose as well as financial help will increase older prisoners’ satisfaction with QoL and wellbeing. A research study that measures the impact of this role on the satisfaction levels of older male prisoners would be useful to provide substantive conclusions that will allow for further recommendations aimed at prison policy makers.

Additional recommendations include making healthcare services more accessible to the older male prisoners and implementing 24 hour healthcare within prison estates that house older prisoners with medical health needs. Finally, an end of life care strategy should be introduced and distributed to all prisons within England and Wales so as to ensure older prisoners who face death in prison are thoroughly informed about the care they will receive and the practical issues associated with dying in prison. In addition, prison policy makers may wish to consider implementing emotional support for older prisoners who face death in prison and are experiencing anxieties regarding their future. The same welfare support may also be beneficial to older prisoners who witness the death of their fellow inmates to reduce feelings of apprehension surrounding their own future and to discuss their concerns.

Future research should begin by circulating the MANSA with a much larger sample of older prisoners, to ensure its rigour and reliability for the entire older male prison population. In addition, the MANSA’s validity and reliability should be measured in an older female population to identify its suitability across genders. Further research should be undertaken to explore the benefits of implementing a specific prison staff role that advocates the older

prison population who are equipped to identify the mental and physical health needs of this prison population and ensure that their needs are managed effectively.

## **8.4 Critical Evaluation of the Thesis**

This thesis is not without its flaws and the present section provides me with the space to present and reflect on these limitations. The first limitation of this thesis is the quantitative phase of the research study.

The small sample size recruited for the quantitative study only provides a snapshot into the QoL and wellbeing of older prisoners across three differing regimes. Although literature has indicated that this size is sound for a self-report survey in a prison environment (see Chapter 6.2) larger numbers of older prisoners would have provided more insightful and significant results that could be generalised to all older prisoners.

In addition, the small number of staff recruited for interviews affects the range of staff views collated and may not provide a generalised view of prison staff across all three prison regimes. This was the most frustrating aspect of the research and one that I found challenging to overcome. As discussed in Chapter 5 staff attributed the lack of participation to the demands that interviews placed on their working day and I would not wish to impact on this. However, I do question whether these reasons were honest or if there was a general reluctance on the part of prison staff to participate in 'outside' research.

I feel that the inclusion of the ONS only provided a snapshot of wellbeing of the older male prison population and offered limited opportunities to conduct in-depth quantitative analysis.



As such, I question the usefulness of this tool for the present research study. However, inclusion of this tool was a requirement of the NOMS REC and they may benefit from these findings more than the present research (see Chapter 4.4.1.1.1).

In addition to this, the inability to make age specific comparisons using my findings from the ONS and MANSA with findings from a community population is the biggest limitation of the quantitative phase of the thesis. Without making these comparisons, the findings cannot be generalised to the older prison population and only modest conclusions can be made.

A further limitation of the thesis includes the restricted use of an audio dictaphone to capture the qualitative interview data in the high security and training prison regimes may have impacted on the quality and depth of data capture. However, as discussed in Chapter 4.5.2, I endeavored to put in place provisions to ensure I was best equipped to deal with note taking methods of data capture. On reflection, I feel that I did this well and do not feel that the qualitative data was substantially affected. At the same time, I am aware that the combination of note taking and audio recordings is an inconsistency in data capture in the methodology of this thesis.

## **8.5 Final Remarks**

There is much to be explored within this increasing and diverse prison population and a great deal to be changed within the prison service to ensure the welfare needs of the older prison population are effectively managed. The use of mixed methods has proven useful to explore this phenomenon and contributes to a new body of literature on older prisoners. I hope that by exploring older prisoners satisfaction across three prison regimes will reinforce the needs and consequences of detaining older people in prison previously highlighted within the literature

by Ron Aday, Natalie Mann, and Azrini Wahidin. The consistency of this thesis' findings with this previous literature emphasises that the needs of older prisoners have not changed across five decades of research and as a result the consequences of a prison regime that fails to cater for the needs of this growing population impacts on older prisoners' satisfaction with QoL and wellbeing. It is hoped that by exploring the objective and subjective satisfaction levels of older prisoners, prison policy makers will find the motivation to implement change for this population within the prison service.

## References

- Abbey, S.E., De Luca, E., Mauthner, O.E., McKeever, P., Shildrick, M., Poole, J.M. Gewarges, M. and Ross, H.J. 2011. Qualitative interviews vs standardized self-report questionnaires in assessing quality of life in heart transplant recipients. *The Journal of Heart and Lung Transplantation*, 30 (8), 963–966.
- Aberg, A.C., Sidenvall, B., Hepworth, M., O'Reilly, K. and Lithell, H. 2005. On loss of activity and independence, adaptation improves life satisfaction in old age--a qualitative study of patients' perceptions. *Quality of Life Research*, 14 (4), 1111-1125.
- Abrams, D., Crisp, R. J., Marques, S., Fagg, E., Bedford, L., and Provias, D. 2008. Threat inoculation: Experienced and imagined intergenerational contact prevents stereotype threat effects on older people's math performance. *Psychology and Aging*, 23, 934 –939.
- Abu-Bader, S.H., Rogers A. and Barusch, A.S. 2003. Predictors of Life Satisfaction in Frail Elderly. *Journal of Gerontological Social Work*, 38 (3), 3-17.
- Ackrill, J.L. 1987. *A New Aristotle Reader*. Oxford: Clarendon Press.
- Adan, B., Beck, U. and Van Loon, J. 2000. *The Risk Society and Beyond - Critical Issues for Social Theory*. London: Sage Publications Ltd.
- Aday, R.H. 2003. *Aging Prisoners: Crisis in American Corrections*. Westport CT: Praeger.
- Aday, R.H. 1978. Toward the Development of a Therapeutic Program for Older Prisoners. *Offender Rehabilitation*, 1 (4), 343-348.

Aday, R.H. 1984. Criminals. In: E. Palmore, ed. *Handbook on the Aged in the United States*. Westport CT: Greenwood, 1984, 295-310.

Aday, R.H. 1992. Providing for the Geriatric Inmate: Implications for Training. *Journal of Correctional Training*, 12 (20), 14-16.

Aday, R.H. 1994a. Aging in Prison: A Case Study of New Elderly Offenders. *International Journal of Offender Therapy and Comparative Criminology*, 38 (1), 79-91.

Aday, R.H. 1994b. Golden Years Behind Bars: Special Programs and Facilities for Elderly Inmates. *Federal Probation*, 58 (2), 47-54.

Aday, R.H. 1994c. Aging in Prison: A Case Study of New Elderly Offenders. *International Journal of Offender Therapy and Comparative Criminology*, 38 (1), 79-91.

Aday, R.H. 2004. Aging Prisoners: A New Frontier in Social Work. In: B. Berkman, ed. *Oxford Handbook of Social Work and Aging*. New York: Oxford University Press, 2004, 231-244.

Aday, R.H. 2005-2006. Aging Prisoners' Concerns Toward Dying in Prison. *Omega: Journal of Death and Dying*, 52 (3), 195-212.

Aday, R.H. 2006. Managing Aging Prisoners in the United States. In: A. Wahidin and M. Cain, eds. *Aging, Crime and Society*. UK: Willan Publishing, 2006, 210-229.

Aday, R.H. and Wahidin, A. 2005. The Needs of Older Men and Women in the Criminal Justice System: An International Perspective. *Prison Service Journal*, 160, 13-22.

Aday, R.H. and Webster, E.L. 1979. Aging in Prison: The Development of a Preliminary Model. *Offender Rehabilitation*, 3 (3), 271-282.

Aday, Ronald H. 1997. Golden Years Behind Bars: Programs, Policies and Facilities. *In: L. Froik, ed. Aging and the Law*. Philadelphia: Temple University Press, 1997, 613-623.

AGE UK. 2014. *Improving later life. Services for older people – what works*. London: AGE UK.

AGE UK. 2015a. *Later Life in the United Kingdom*. Available at: [http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later\\_Life\\_UK\\_factsheet.pdf?dtrk=true](http://www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf?dtrk=true) Accessed 23/06/15.

AGE UK. 2015b. *Looking after your mind and body*. Available at: <http://www.ageuk.org.uk/health-wellbeing/keeping-your-body-healthy/> Accessed 04/01/15.

Aitken, M. and Rudolph, M. 2012. Biological and social theories of aging. *In: R. Padilla, S. Byers-Connon and H. Lohman, eds. Occupational therapy with elders: Strategies for the COTA* Maryland Heights: Elsevier, 2012, 19-26.

Alasuutari, P., Bickman, L. and Brannen, J. 2008. *The SAGE Handbook of Social Research Methods*. London: Sage Publications Ltd.

American Civil Liberties Union. 2012. *At America's Expense: The Mass Incarceration of the Elderly*. New York: American Civil Liberties Union.

Anderson, A.L., McNeil, D.C. and Reddon, J.R. 2002. Evaluation of Lehman's Brief Quality of Life Interview in assessing outcome in psychiatric rehabilitation in people with severe and persistent mental disorder. *Social Work in Mental Health*, 1 (2), 43-59.

Andrews, D.A. and Bonta, J. 2010. *The psychology of criminal conduct*. 5<sup>th</sup> ed. New Providence, NJ: Lexis Nexis.

Andrews, F.A. and Withey, S.B. 1976. *Social indicators of well-being in America: The development and measurement of perceptual indicators*. New York: Plenum Press.

Aquino, J.A., Russell, D.W., Cutrona, C.E. and Altmaier, E.M. 1996. Employment status, social support, and life satisfaction among the elderly. *Journal of Counselling Psychology*, 43 (4), 480-489.

Arber, S. and Davidson, K. 2008. *Older Men: their Social Worlds and Healthy Lifestyles, 1999-2002*. Colchester, Essex: UK Data Archive.

Arendell, T. 1997. Reflections on the Researcher-Researched Relationship: A Woman Interviewing Men. *Qualitative Sociology*, 20 (3), 341-368.

Armstrong, L., Al-Aama, J., Stojkovic, M. and Lako, M. 2014. Concise review: the epigenetic contribution to stem cell ageing: can we rejuvenate our older cells? *Stem Cells*, 32 (9), 2291-2298.

Arneson, R.J. 1999. Human Flourishing Versus Desire Satisfaction. *Social Philosophy and Policy*, 16 (1), 113-142.

Aspinal, F., Addington-Hall, J., Hughes, R. and Higginson, I.J. 2003. Using satisfaction to measure the quality of palliative care: a review of the literature. *Journal of Advanced Nursing*, 42 (4), 324-339.

Atkinson, T. 1979. *Public perceptions of the quality of life*. Perspective Canada III. Ottawa: Statistics Canada.

Avdija, A.S. and Sudipto, R. 2013. The Effects of Emotional Exhaustion on Prison Employees' Job Satisfaction and Personal Accomplishments. *International Journal of Criminology and Sociological Theory*, 6 (4), 144-154.

Aventin, A. Lohan, M., O'Halloran, P. and Henderson, M. 2015. Design and development of a film-based intervention about teenage men and unintended pregnancy: Applying the Medical Research Council framework in practice. *Evaluation and Program Planning*, 49 (2), 19-30.

Bair, C. and Hawort, J. 2005. Doctoral student attrition and persistence: A meta-synthesis of research. In: J.C. Smart, ed. *Higher Education: Handbook of theory and research*. Amsterdam: Springer Netherlands, 2005, 481–534.

Baldwin, M. and Landau, M.J. 2013. Exploring Nostalgia's Influence on Content, triggers, functions. *Journal of Personality and Social Psychology*, 91 (1), 975–993.

Baldwin, R.N. 2002. *Peter Kropotkin, Anarchism: A Collection of Revolutionary Writings*. New York: Dover.

Banzhaf, E., de la Barrera, F., Kindler, A., Reyes-Paecke, S., Schlink, U., Welz, J. and Kabisch, S. 2014. A conceptual framework for integrated analysis of environmental quality and quality of life. *Ecological Indicators*, 45 (1), 664-668.

Barry, M.M. and Zissi, A. 1997. Quality of life as an outcome measure in evaluating mental health services: a review of the empirical evidence. *Social Psychiatry and Psychiatric Epidemiology*, 32 (1), 38-47.

Bartholomew, K., Henderson, A.J.Z. and Marcia, J.E. 2000. Coded semi-structured interviews in social psychological research. In: H.T. Reis and C.M. Judd, eds. *Handbook of Research Methods in Social Psychology*. Cambridge, Mass: Cambridge University Press, 2000, 286-312.

Basham, R.B. 1986. Scientific and practical advantages of comparative design in psychotherapy outcome research. *Journal of Consulting and Clinical Psychology*, 54 (1), 88–94.

Batcho, K.I. 2013. Nostalgia: Retreat or support in difficult times? *American Journal of Psychology*, 126 (1), 355–367.

Baumeister, R. F. 2005. *The cultural animal: Human nature, meaning, and social life*. New York: Oxford University Press.

Beck, A.T., Ward, C.H., Mendelson, M., Mock, J. and Erbaugh, J. 1961. An inventory for measuring depression. *Archives of General Psychiatry*, 4, 561-571.

Beck, U. 1986. *Risk Society: Towards a New Modernity (Published in association with Theory, Culture and Society)*. Sage: London.



Beck, U. and Levy, D. 2013. Cosmopolitanized Nations: Reimagining Collectivity in World Risk Society. *Theory, Culture and Society*, 30 (2), 3-31.

Becker, E. 1971. *The Birth and Death of Meaning* (2<sup>nd</sup> ed). New York: The Free Press.

Bennett, J., Crewe, B. and Wahidin, A (eds). 2008. *Understanding Prison Staff*. Devon: Willan Publishing

Bennett, P. and Shuker, R. 2010. Improving Prisoner-Staff Relationships: Exporting Grendon's Good Practice. *The Howard Journal of Criminal Justice*, 49 (5), 491-502.

Bentham, J. 1789. *An Introduction to the Principles of Morals and Legislation*. Oxford: Clarendon Press.

Bergman, M. 2011. Beyond the Interaction Paradigm? Radical Constructivism, Universal Pragmatics, and Peircean Pragmatism. *The Communication Review*, 14 (3), 96-122.

Berman. G. 2012. *Prison population statistics*. London: House of Commons.

Beverluis, J. 2000. *Sourcebook of the World's Religions: An Interfaith Guide to Religion and Spirituality*. Novato, CA: New World Library.

Biddle, L., Cooper, J. Owen-Smith, A. Klineberg, E., Bennewith, O., Hawton, K. Kapur, N., Donovan, J. and Gunnell, D. 2013. Qualitative interviewing with vulnerable populations: individuals' experiences of participating in suicide and self-harm based research. *Journal of Affective Disorders*, 145 (3), 356-362.

Biesta, G. 2010. Pragmatism and the philosophical foundations of mixed methods research. *In: A. Tashakkori and C. Teddlie, eds. Sage handbook of mixed methods in social and behavioral research.* Thousand Oaks, CA: Sage, 2010, 95-117.

Birren, J.E. and Schaie, K.W. 2001. *Handbook of the Psychology of Ageing.* USA: Academic Press.

Blagden, N., Winder, B. and Hames, C. 2014. "They Treat Us Like Human Beings"- Experiencing a Therapeutic Sex Offenders Prison: Impact on Prisoners and Staff and Implications for Treatment. *International Journal of Offender Therapy and Comparative Criminology*, DOI: 10.1177/0306624X14553227.

Blaikie, N. 2000. *Designing Social Research.* Oxford: Blackwell.

Blanchard, D.C. and Blanchard, R.J. 2008. Defensive behaviors, fear, and anxiety. *Handbook of Behavioural Neuroscience*, 17 (1), 63-79.

Bland, R. 1999. Independence, privacy and risk: two contrasting approaches to residential care for older people. *Ageing and Society*, 19 (1), 539-560.

Blau, J.R., Light, S.C. and Chamlin, M.B. 1986. Individual and Contextual Effects on Stress and Job Satisfaction: A Study of Prison Staff. *Work and Occupations*, 13 (1), 131-156.

Bloomstein, R. and Jacobs, J. 2012. *Dying Inside.* BBC Radio 4. Available at <http://www.bbc.co.uk/programmes/b0194n0q> Accessed 08/11/2012.

Bok, S. 2010. *Exploring happiness: From Aristotle to brain science.* New Haven, CT: Yale University Press.

Bond, G.D., Thompson, L.A. and Malloy, D.M. Vulnerability of older adults to deception in prison and nonprison contexts. *Psychology and Aging*, 20 (1), 60-70.

Bond, J. and Corner, L. 2004. *Quality of Life and Older People*. Buckingham: Open University Press.

Bonsaksen, T. 2012. Exploring gender differences in quality of life. *Mental Health Review Journal*, 17 (1), 39-49.

Borg, C., Hallberg, I.R. and Blomqvist, K. 2006. Life satisfaction among older people (65+) with reduced self-care capacity: the relationship to social, health and financial aspects. *Journal of Clinical Nursing*, 15 (5), 607-618.

Bos, A.E.R., Pryor, J.B., Reeder, G.D., Stutterheim, S.E. 2013. Stigma: Advances in theory and research. *Basic and Applied Social Psychology*, 35 (1), 1-9.

Bosworth, M., Campbell, D., Demby, B., Ferranti, S.M. and Santos, M. 2005. Doing Prison Research: Views From Inside. *Qualitative Inquiry*, 11 (2), 249-264.

Bottoms, A. and McClintock, F. 1983. *Criminals Coming of Age: A Study of Institutional Adaptation in the Treatment of Adolescent Offenders*. London: Heinemann.

Bowes, H., Jones, G., Thompson, J., Alazzam, M., Wood, H., Hinchliff, S., Ledger, W. and Tidy, J. 2014. Understanding the impact of the treatment pathway upon the health-related quality of life of women with newly diagnosed endometrial cancer - a qualitative study. *European Journal of Oncology Nursing*, 18 (2), 211-217.

Bowling, A. 2005. *Ageing well. Quality of life in older age*. Maidenhead: Open University Press.

Bowling, A. 2005. *Ageing well: quality of life in old age*. Maidenhead: Open University Press.

Bowling, A. 2013. *Quality of life*. London: Age UK

Bowling, A. 2007. Aspirations for older age in the 21<sup>st</sup> century: What is successful ageing? *The International Journal of Aging and Human Development*, 64, (3), 263-297.

Bowling, A. and Iliffe, S. 2011. Psychological approach to successful ageing predicts future quality of life in older adults. *Health and Quality of Life Outcomes*, 9 (13), 1-10.

Bowling, A.L., Gabriel, Z., Dykes, J., Dowding, L.M., Evans, O., Fleissig, A., Banister, D. and Sutton, S. 2003. Let's ask them: a national survey of definitions of quality of life and its enhancement among people aged 65 and over. *International Journal of Aging and Human Development*, 56 (4), 269-306.

Boyatzis, R.E. 1998. *Transforming Qualitative Information*. Cleveland: Sage Publications Ltd.

Brannen, J. 2005. *Mixed Methods research: A discussion paper, ESRC National Centre for Research Methods NCRM Methods Review papers, NCRM/005* [online]. Available at: <http://www.bournemouth.ac.uk/cap/documents/MethodsReviewPaperNCRM-005.pdf>

Accessed 20/10/2012.

Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2), 77-101.

Breeze, E. and Stafford, M. 2011. Receipt and giving of help and care. In: J. Banks et al (eds) *Financial circumstances, health and well-being of the older population in England. The 2008 English Longitudinal Study of Ageing*. London: Institute for Fiscal Studies, 2011, 348-385.

Bretschneider, W., Elger, B., and Wangmo, T. 2013. Ageing prisoners' health care: analysing the legal settings in Europe and the United States. *Gerontology*, 59 (3), 267-275.

Brewer, M.B., Dull, V. and Lui, L. 1981. Perceptions of the Elderly: Stereotypes as Prototypes. *Journal of Personality and Social Psychology*, 41 (4), 656-670.

Brighouse, H. 2005. *On Education*. London: Routledge.

Brown, J., Bowling, A. and Flynn, T. 2004. *Models of quality of life: a taxonomy, overview and systematic review of the literature*. FORUM project, European Forum on Population Ageing Research. Sheffield: University of Sheffield.

Brown, R.L. and Barrett, A.E. 2011. Visual Impairment and Quality of Life among Older Adults: An Examination of Explanations for the Relationship. *The Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 66 (1), 364-373

Bryman, A. 2012. *Social Research Methods*. 4<sup>th</sup> ed. Oxford: Oxford University Press.

Bryman, A. and Bell, E. 2003. *Business research methods*. Oxford: Oxford University Press.

Bunkers, S.S. 2010. A focus on human flourishing. *Nursing Science Quarterly*, 23 (4), 290-295.

Burnett, R. 1992. *The Dynamics of Recidivism - Research Report for the Home Office*. Oxford: Centre for Criminological Research, University of Oxford.

Burnett, R. 2004. One-to-One Ways of Promoting Desistance: In Search of an Evidence Base. In: R. Burnett and C. Roberts, eds. *What Works in Probation and Youth Justice*. Cullompton: Willan, 2004, 180–197.

Burnett, R. and Muruna, S. 2004. So ‘Prison Works’, Does It? The Criminal Careers of 130 Men Released from Prison under Home Secretary, Michael Howard. *The Howard Journal of Criminal Justice*, 43 (4), 390-404.

Butler, R. 1969. Age-ism: Another form of bigotry. *The Gerontologist*, 9 (1), 243–246.

Byock, I.R. 2002. Dying Well in Corrections: Why Should We Care. *Journal of Correctional Health Care*, 12, 27-35.

Caie, J. 2012. The impact of the custodial setting on the mental health of older prisoners: a biopsychosocial perspective. *Prison Service Journal*, 202, 31-37.

Campbell, A., Converse, C.P. and Rodgers, W.L. 1976. *The Quality of American Life: Perceptions, Evaluations and Satisfaction*. New York: Russell Sage.

Campbell, D.T. and Fiske, D.W. 1959. Convergent and discriminant validation by the multitrait-multimethod matrix. *Psychological Bulletin*, 56 (2), 81-105.

Candy, P. 1989. Alternative Paradigms in Educational Research. *Australian Educational Researcher*, 16 (3), 1-11.

Carcedo, R.J. Perlman D., López, F. and Orgaz, M. 2012. Heterosexual Romantic Relationships, Interpersonal Needs, and Quality of Life in Prison. *The Spanish Journal of Psychology*, 15 (1) 187-198.

Carcedo, R.J., Perlman, D., Lopez, F., Orgaz, M.B. and Fernández-Rouco, N. 2015. The Relationship Between Sexual Satisfaction and Psychological Health of Prison Inmates - The Moderating Effects of Sexual Abstinence and Gender. *The Prison Journal*, 95 (1), 43-65.

Carr A.J., Higginson, I.J. and Robinson, P.G. 2003. *Quality of life*. London: BMJ Books.

Carr, A.J., Thompson, P.W. and Ktrwan, J.R. 1996. Quality of life measures. *British Journal of Rheumatology*, 35 (3), 275-281.

Catt, S., Blanchard, M., Addington-Hall, J., Zis, M., Blizard, R. 2005. Older adults' attitudes to death, palliative treatment and hospice care. *Journal of Palliative Medicine*, 19 (5), 402-10.

Caverly, S.J. 2006. Older Mentally Ill Inmates: A Descriptive Study. *Journal of Correctional Health Care*, 12 (4), 262-268.

Chakraborty, S. 2014. Gendered Satisfaction about Quality of Life of Indian Elderly: An Inspection. *Journal of Alternative Perspectives in the Social Sciences*, 6 (2), 248-258.

Cherry, S. 2005. *Transforming Behaviour: Pro-Social Modelling in Practice*. Devon: Willan publishing.

Cherryholmes, C.H. 1992. Notes on Pragmatism and Scientific Realism. *Educational Researcher*, 21 (6), 13-17.

Cheung, J., Kwan, Y. H., Ng, S. H., Ngan, R., Lau, A., Leung, M. F., Chan, S. and Chan, K. K. 2002. Conceptions of positive aging among older people in Hong Kong. *In*: Y.H. Kwan, ed. *Aging Hong Kong: Issues Facing an Aging Society*. Hong Kong: Cosmos, 2002, 12–39.

Chida, Y. and Steptoe, A. 2008. Positive psychological well-being and mortality: a quantitative review of prospective observational studies. *Psychosomatic Medicine*, 70 (7), 741–756.

Chodzko-Zajko, W.J. and Ringel, R.L. 1987. Physiological aspects of Aging. *Journal of Voice*, 1 (1), 18-26.

Chou, K. and Chi, I. 2002. Chronic illness and depressive symptoms among Chinese older adults: A longitudinal study. *International Journal of Aging and Human Development*, 54 (2), 159-171.

Ciemins, E.L., Brant, J., Kersten, D., Mullette, E. and Dickerson, D. 2015. A qualitative analysis of patient and family perspectives of palliative care. *Journal of Palliative Medicine*, 18 (3), 282-285.



Clark, D. 2007. From margins to centre: a review of the history of palliative care in cancer. *Lancet Oncology*, 8 (1), 430–438.

Clark, D., Small, N., Wright, M., Winslow, M. and Hughes, N. 2005. *A Bit of Heaven for the Few? An oral history of the hospice movement in the United Kingdom*. Lancaster: Observatory Publications.

Clarke, P.N. and Yaros, P.S. 1988. Research blenders: Commentary and response. *Nursing Science Quarterly*, 1, 147–149.

Clear, T.R., Rose, D.R. and Ryder, J.A. 2001. Incarceration and the Community: The Problem of Removing and Returning Offenders. *Crime and Delinquency*, 47 (3), 335-351.

Clemmer, D. 1940. *The prison community*. Boston: Christopher.

Cobb, S. and Farrants, J. 2014. Male prisoners' constructions of help-seeking. *Journal of Forensic Practice*, 16 (1), 46-57.

Cohen, S. 1985. *Visions of Social Control*. Cambridge: Policy Press.

Cohen, S. 2007. *Folk Devils and Moral Panics*. 3<sup>rd</sup> ed. London: Routledge.

Cohen, S. and L. Taylor. 1972. *Psychological Survival*. Harmondsworth: Penguin.

Collins, D.R. and Bird, R. 2007. The penitentiary visit—A new role for geriatricians? *Age and Ageing*, 36 (1), 11–13.

Condon, L., Hek, G. Harris, F., Powell, J., Kemple, T. and Price, S. 2007. Users' views of prison health services: a qualitative study. *Journal of Advanced Nursing*, 58 (3), 216-226.

Cook, J. and Crossman, A. 2004. Satisfaction with Performance Appraisal System: A Study of Role Perceptions. *Journal of Managerial Psychology*, 19 (5), 526-541.

Cooney, F. and Braggins, J. 2010. *Doing Time: Good Practice with Older Prisoner – The Views of Prison Staff*. London: Prison Reform Trust.

Cooper, L.D., Balsis, S. and Oltmanns, T.F. 2014. Aging: Empirical Contribution: A Longitudinal Analysis of Personality Disorder Dimensions and Personality Traits in a Community Sample of Older Adults: Perspectives from Selves and Informants. *Journal of Personality Disorders*, 28 (1), 151-165.

Council of Europe. 2006. *European Prison Rules*. Council of Europe: Committee of Ministers.

Coyne, I.T. 1997. Sampling in qualitative research. Purposeful and theoretical sampling; merging or clear boundaries? *Journal of Advanced Nursing*, 26 (3), 623-630.

Crawley, E. 2005. Institutional thoughtlessness in prisons and its impacts on the day-to-day prison lives of elderly men. *Journal of Contemporary Criminal Justice*, 21 (4), 350-363.

Crawley, E. and Sparks, R. 2006. Is There Life after Imprisonment? How Elderly Men Talk about Imprisonment and Release. *Journal of Criminal Justice*, 6 (1), 63-82.

Crawley, E. and Sparks, R. 2005. Hidden Injuries? Researching the Experiences of Older Men in English Prisons. *The Howard Journal of Criminal Justice*, 44 (4), 345-356.

Creswell, J.W. 2003. *Research design: Qualitative, quantitative, and mixed methods approaches*. 2<sup>nd</sup> ed. Thousand Oaks, CA: Sage Publications Ltd.

Creswell, J.W. 2007. *Qualitative inquiry and research design: Choosing among five approaches*. 2<sup>nd</sup> ed. Thousand Oaks, CA: Sage Publications Ltd.

Creswell, J.W. and Plano Clark, V.L. 2007. *Designing and conducting mixed methods research*. Thousand Oaks, CA: Sage Publications Ltd.

Crewe, B. 2005. Prisoner society in the era of hard drugs. *Punishment and Society*, 7 (4), 457-481.

Crewe, B. 2009. *The Prisoner Society: Power, Adaptation and Social Life in an English Prison*. Oxford: Oxford University Press.

Crewe, B. 2011. Soft power in prison: Implications for staff-prisoner relationships, liberty and legitimacy. *European Journal of Criminology*, 8 (6), 455-468.

Crewe, B., Liebling, A. and Hulley, S. 2011. Staff culture, the use of authority, and prisoner outcomes in public and private prisons. *Australia and New Zealand Journal of Criminology. Special issue on Contemporary Penal Politics*, 44 (1), 94–115.

Crow, R., Gage, H., Hampson, S., Hart, J., Kimber, A., Storey, L. and Thomas, H. 2002. The measurement of satisfaction with healthcare: implications for practice from a systematic review of the literature. *Health Technology Assessment*, 6 (32), 1-244.

Cruise, C. 2012. *Longer Prison Terms Mean More Seniors Behind Bars*. Voice of America [online] Available at: <http://learningenglish.voanews.com/content/meeting-the-needs-of-elderly-prisoners-148505265/611101.html> Accessed 02/06/2013.

Csikszentmihalyi, M. 2000. *Beyond boredom and anxiety. Experiencing flow in work and play*. San Francisco: Jossey-Bass.

Cuddy, A. J. C., and Fiske, S. T. 2002. Doddering but dear: Process, content, and function in stereotyping of older persons. In: T. D. Nelson (Ed.), *Ageism: Stereotyping and prejudice against older persons*. Massachusetts, MA: MIT Press, 2002, 3–26.

Cuddy, A. J. C., Norton, M. I., and Fiske, S. T. 2005. This old stereotype: The pervasiveness and persistence of the elderly stereotype. *Journal of Age-based stereotype threat*, 61, 267–285.

Cully, J.A., LaVoie, D. and Gfeller, J.D. 2001. Reminiscence, personality and psychological functioning in older adults. *The Gerontologist*, 41 (1), 89-95.

Cummins, R. A. 1997. Assessing quality of life. *In: R. I. Brown, ed. Quality of life for people with disabilities: Models, research and practice.* Cheltenham, UK: Stanley Thornes Ltd, 1997, 116-150.

Cummins, R.A. 1998. The second approximation to an international standard of life satisfaction. *Social Indicators Research*, 43 (3), 307–334.

Data Protection Act 1998. pt 1, s2.

Datta, L. 1997. A pragmatic basis for mixed-method designs. *New Directions for Evaluation*, 74, 33-46.

Davidson, J., Maynard, M. and Warren, L. 2005. Social Involvement: Aspects of Gender and Ethnicity. *In: A. Walker and C. Hennessy (eds). Understanding Quality of Life in Old Age*, Maidenhead: Open University Press.

Davies, M. 2011. The Reintegration of Elderly Prisoners: An Exploration of Services Provided in England and Wales. *International Journal of Criminology*, 1, 1–32.

Davis, C. and Brotherton, T. 2013. Human Flourishing Theory in Advertising: Case Studies. *Journal of Marketing Development and Competitiveness*, 7 (2), 83-94.

De Vaus, D. 2008. Comparative and Cross-National Designs. *In: P. Alasuutari, L. Bickman and J. Brannen, eds. The Sage Handbook of Social Research Methods.* London: Sage Publications Ltd, 2008, 249-264.

De Viggiani, N. 2007. Unhealthy prisons: exploring structural determinants of prison health. *Sociology of Health and Illness*, 29 (1), 115–135.

Dean, A. 2004a. Links between organisational and customer variables in service delivery. *International Journal of Service Industry Management*, 15 (4), 332-350.

Dean, M. 2004b. *Growing older in the 21st century*. Swindon: Economic and Social Research Council.

Deana, M., Grunertb, K.G., Raatsa, M.M., Nielsenb, N.A. and Lumbersa, M. 2008. The impact of personal resources and their goal relevance on satisfaction with food-related life among the elderly. *Appetite*, 50 (2-3), 308-315.

Deaton, D., Aday, R.H. and Wahidin, A. 2009-2010. The Effect of Health and Penal Harm on Aging Female Prisoners' Views of Dying in Prison. *Omega: Journal of Death and Dying*, 60 (1), 51-70.

Dennis, M.S. and Owens, D.W. 2012. Self-harm in older people: a clear need for specialist assessment and care. *The British Journal of Psychiatry*, 200 (5), 356-358.

Denzin, N.K. 1970. *The Research Act in Sociology*. Chicago: Aldine.

Department of Health. 2001. *The National Service Framework for Older People*. Department of Health: London.

Department of Health. 2005. *Mental Capacity Act*. London: HMSO.

Department of Health. 2008. *End of Life Care Strategy Promoting high quality care for all adults at the end of life*. London: Department of Health.

Diener, E. 1984. Subjective Wellbeing. *Psychological Bulletin*, 95 (3), 542-575.

Diener, E. and Fujita, F. 1995. Resources, personal strivings, and subjective well-being: A nomothetic and idiographic approach. *Journal of Personality and Social Psychology*, 68, 926-935.

Diener, E., Ng, W., Harter, J. and Arora, R. 2010. Wealth and Happiness Across the World: Material Prosperity Predicts Life Evaluation, Whereas Psychosocial Prosperity Predicts Positive Feeling. *Journal of Personality and Social Psychology*, 99 (1), 52-61.

Diener, E., Sapyta, J.J. and Suh, E. 1998. Subjective Well-being Is Essential to Well-being. *Psychological Inquiry*, 9 (1), 33-38.

Dingwall, R. 1980. Ethics and ethnography. *Sociological Review*, 28 (4), 871–891.

Dixey, R. and Woodall, J. 2011. Prison staff and the health promoting prison. *International Journal of Prisoner Health*, 7 (4), 8-16.

Docherty, J.L. 2009. *The Healthcare Challenges of Older Prisoners – a briefing paper*. London: Prison Health Research Network.

Dolan, P., Layard, R. and Metcalfe, R. 2011. *Measuring Subjective Well-being for Public Policy*. London: Office of National Statistics.

Dolan, P., Peasgood, T., and White, M. P. 2008. Do We Really Know What Makes Us Happy? A Review of the Economic Literature on the Factors Associated with Subjective Wellbeing. *Journal of Economic Psychology*, 29 (1), 94-122.

Donovan, N. and Halpern, D. 2002. *Life Satisfaction: The state of knowledge and implications for Government*. London: Prime Minister's Strategy Unit.

Dostoyevsky, F. 1862. *The House of the Dead*. Russia: Vremya.

Drake, D.H. 2012. *Prisons, Punishment and the Pursuit of Security*. Basingstoke: Palgrave Macmillan.

Draucker, C.B., Martsof, D.S. and Poole, C. 2009. Developing distress protocols for research on sensitive topics. *Archives of Psychiatric Nursing*, 23 (5), 343-350.

Dubler, N. and Post, L. F. 2001. *Improving Palliative Care Practice in Jails and Prisons*. Rockville, MD: Health Resources and Services Administration.

Dubler, N.N. 1988. The Collision of Confinement and Care: End of Life Care in Prison and Jails. *Journal of Law, Medicine and Ethics*, 26, 149-156.

Dugdale, G. and Clark, C. 2008. *Literacy changes lives: An advocacy resource*. London: National Literacy Trust.

Dugger, R.L. 1990. Life and Death in Prison. *Prison Journal*, 7 (1), 112-114.

Dunning, H., Williams, A., Abonyi, S. and Crooks, V. 2007. A Mixed Method Approach to Quality of Life Research: A Case Study Approach. *Social Indicators Research*, 85 (1), 145-158.



Durcan, G. 2008. *From the inside: Experiences of prison mental health care*. London: Sainsbury Centre for Mental Health.

Dwyer, C. and Maruna, S. 2011. The Role of Self-Help Efforts in the Reintegration of 'Politically Motivated' Former Prisoners: Implications from the Northern Irish experience. *Crime law and social change*, 55 (4), 293-309.

Eakman, A.M., Carlson, M.E. and Clark, F.A. 2010. The meaningful activity participation assessment: a measure of engagement in personally valued activities. *International Journal of Aging and Human Development*, 70 (4), 299–317.

Easterday, L., Papademas, D., Schorr, L. and Valentine, C. 1977. The Making of a Female Researcher: Role Problems in Field Work. *Journal of Contemporary Ethnography*, 6 (3), 333-348.

Easterlin, R.A. 2001. Income and Happiness: Towards a Unified Theory. *The Economic Journal*, 111 (473), 465-484.

Edgar, K. and Rickford, D. 2009. Neglecting the mental health of prisoners. *International Journal of Prisoner Health*, 5 (3), 166-170.

Edgar, K., Jacobson, J. and Biggar, K. 2011. *Time Well Spent: A practical guide to active citizenship and volunteering in prison*. London: Prison Reform Trust.

Edmondson, R. and Von Kondratowitz, H.J. 2009. *Valuing Older People. A Humanist Approach to Ageing*. Bristol: The Policy Press, Ageing and the Lifecourse Series.

Edwards, J.S.A., Hartwell, H.J., Reeve, W.G. and Schafheitle, J. 2007. The diet of prisoners in England. *British Food Journal*, 109 (3), 216-232.

Edwards, K. A. 2000. Stigmatizing the stigmatized: A note on the mentally-ill prison inmate. *International Journal of Offender Therapy and Comparative Criminology*, 44(4), 480–489.

Edwards, P.J., Roberts, I., Clarke, M.J., DiGuseppi, C., Wentz, R., Kwan, I., Cooper, R., Felix, L.M. and Pratap, S. 2009. Methods to increase response to postal and electronic questionnaires. *Cochrane Database of Systematic Reviews*, 3, DOI: 10.1002/14651858.MR000008.pub4.

Eid, M. and Larsen, R. 2008. *The science of subjective wellbeing*. New York: Guilford Press.

Elisha, E., Idisis, Y. and Ronel, N. 2011. Positive Criminology and Imprisoned Sex Offenders: Demonstration of a way out from a criminal spin through acceptance relationships. *Journal of Sexual Aggression*, 19 (1), 66-80.

Elliot, I.M., Lach, L. and Smith, M.L. 2005. I just want to be normal: a qualitative study exploring how children and adolescents view the impact of intractable epilepsy on their quality of life. *Epilepsy and Behaviour*, 7 (4), 664-678.

Embrick, D.G. and Henricks, K. 2015. Two-faced-isms: racism at work and how race discourse shapers classtalk and gendertalk. *Language Sciences*, DOI: 10.1016/j.langsci.2015.03.004.

Emerson, E.B. 1985. Evaluating the impact of deinstitutionalisation on the lives of mentally retarded people. *American Journal of Mental Deficiency*, 90 (1), 277-288.

Emmons, R.A. and McCullough, M.E. 2003. Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology*, 84 (2), 377-389.

Endicott, J., Spitzer, R.L., Fleiss, J.L. and Cohen, J. 1976. The Global Assessment Scale: A procedure for measuring overall severity of psychiatric disturbance. *Archives of General Psychiatry*, 33 (6), 766-771.

Erdogan, B., Bauer, T.N., Truxillo, D.M., and Mansfield, L.R. 2012. Whistle while you work: A review of the life satisfaction literature. *Journal of Management*, 38 (4), 1038-1083.

Esbensen, B.A, Thomé, B. and Thomsen, T. 2012. Dependency in elderly people newly diagnosed with cancer - A mixed-method study. *European Journal of Oncology Nursing*, 16 (2), 137-44.

Evans, C., Herzog, R. and Tillman, T. 2002. The Louisiana State Penitentiary: Angola prison hospice. *Journal of Palliative Medicine*, 5 (4), 553-558.

Evans, S. 2009. *Community and Ageing - Maintaining quality of life in housing with care settings*. Bristol: Policy Press.

Eyles, P., Skelly, J. and Schmuck, M.L. 2003. Evaluating patient choice of typeface style and font size for written health information in an outpatient setting. *Clinical Effectiveness in Nursing*, 7 (2) 94-98.

Farquhar, M. 1995. Definitions of quality of life: a taxonomy. *Journal of Advanced Nursing*, 22 (3), 502-508.

Farrall, S. 2002. *Rethinking What Works with Offenders: Probation, Social Context and Desistance from Crime*. Cullompton: Willan publishing.

Farrall, S. and Calverley, A. 2006. *Understanding Desistance From Crime: Theoretical Directions in Resettlement and Rehabilitation*. England: Open University Press.

Farrall, S. and Maruna, S. 2004. Desistance-Focused Criminal Justice Policy Research: Introduction to a Special Issue on Desistance from Crime and Public Policy. *The Howard Journal of Criminal Justice*, 43 (4), 358-367.

Fasick, F.A. 2001. Some uses of untranscribed tape recordings in survey research. *Public Opinion Quarterly*, 41 (4), 549-552.

Fazel S, Hope T, O'Donnell I, et al. 2001. Hidden psychiatric morbidity in elderly prisoners. *British Journal of Psychiatry*, 179 (1), 535–539.

Fazel, S. and Baillargeon, J. 2011. The Health of Prisoners. *The Lancet*, 377 (9769), 956-965.

Fazel, S. and Danesh, J. 2002. Serious mental disorder in 23000 prisoners: a systematic review of 62 surveys. *The Lancet*, 359 (9306), 545-550.

Fazel, S., Hope, T., O'Donnell, I. and Jacoby, R. 2004. Unmet Treatment Needs of Older Prisoners: a Primary Care Survey. *Age and Aging*, 33 (4), 396-398.

Fazel, S., Hope, T., O'Donnell, I., Piper, M. and Jacoby, R. 2001. Health of elderly male prisoners: worse than the general population, worse than younger prisoners. *Age and Ageing*; 30 (1), 403-407.

Feilzer, M.Y. 2010. Doing mixed methods research pragmatically: Implications for the rediscovery of pragmatism as a research paradigm. *Journal of Mixed Methods Research*, 4 (1), 6-16.

Feinman, S., and Coons, R. 1983. The effect of status on the evaluation of behavior. *Research on Aging*, 5, 119-135.

Felce, D. and Perry, J. 1995. Quality of Life: Its Definition and Measurement. *Research in Developmental Disabilities*, 16 (1), 51-74.

Fernandez-Ballesteros, R. 2011. Positive ageing: Objective, subjective, and combined outcomes. *E-Journal of Applied Psychology*, 7 (1), 22-30.

Ferree, M.M. and Smith, E.R. 1979. A cognitive approach to social and individual stigma. *The Journal of Social Psychology*, 109 (1), 87-97.

Ferris, A. 2006. A theory of social structure and the quality of life. *Applied Research in Quality of Life*, 1, 117–123.

Ferszt, G., Salgado, D., DeFedele, S. and Leveillee, M. 2009. Houses of healing: A group intervention for grieving women in prison. *Prison Journal*, 89 (1), 46–64.

Field, A. 2013. *Discovering statistics using IBM SPSS Statistics: and sex and drugs and rock 'n' roll*. 4th ed. London: Sage Publications Ltd.

Finch, J. 1984. It's great to have someone to talk to: The ethics and politics of interviewing women. In: C. Bell. And H. Roberts, eds. *Social researching: Politics, problems, practice*. London: Routledge and Kegan Paul, 1984, 70-87.

Flanagan, T.J. 1981. Dealing With Long-Term Confinement: Adaptive Strategies and Perspectives Among Long-Term Prisoners. *Criminal Justice and Behavior*, 8 (2), 201-222.

Fletcher, A., Payne, S., Waterman, D. and Turner, M. 2014. Palliative and End of Life Care in Prisons in Great Britain and Northern Ireland – Experiences of Physicians Working in Specialist Palliative Care Services. *British Medical Journal of Supportive and Palliative Care*, 4 (A19), DOI: 10.1136/bmjspcare-2014-000654.51

Flick, U. 2009. *An introduction to qualitative research*. 4<sup>th</sup> ed. London: Sage.

Flynn, N. 1998. *Introduction to Prisons and Imprisonment*. Winchester: Waterside Press.

Forgeard, M.J.C., Haigh, E.A.P., Beck, A.T., Davidson, R.J., Henn, F.A., Maier, S.F., and Seligman, M.E.P. 2011. Beyond Depression: Toward a Process-Based Approach to Research, Diagnosis, and Treatment. *Clinical Psychology: Science and Practice*, 18 (4), 275-299.

Frankl, V. 1959. *Man's Search for Meaning*. Boston: Beacon press.

Frazer, L. 2003. *Ageing Inside: School for Policy Studies Working Paper Number 1*. Bristol: University of Bristol, School for Policy Studies.

Fredrickson, B.L. and Losada, M.F. 2005. Positive affect and the complex dynamics of human flourishing. *American Psychologist*, 60 (7), 678–686.

Friedli, L. 2009. *Mental health, resilience and inequalities*. Denmark: World Health Organisation.

Friedli, L. and Parsonage, M. 2007. *Mental Health Promotion: Building an Economic Case*. Northern Ireland: Northern Ireland Association for Mental Health.

Frisch, M.B., Cornell, J., Villanueva, M. and Retzlaff, P.J. 1992. Clinical validation of the Quality of Life Inventory: A measure of life satisfaction for use in treatment planning and outcome assessment. *Psychological Assessment*, 4 (1), 92–101.

Gabriel, Z. and Bowling, A. 2004. *Quality of life from the perspectives of older people*, *Ageing and Society*, 24 (1), 675-691.

Gabriel, Z. and Bowling, A.L. 2004. Quality of life from the perspectives of older people. *Ageing and Society*, 24 (5), 675-691.

Gabrielian, V. 1999. Qualitative Research Methods: An Overview. *In: G.J. Miller and M.L. Whicker, eds. Handbook of Research Methods in Public Administration.* New York: Marcel Dekker, 1999, 167-203.

Gallagher, E.M. 2011. Elders in prison: health and well-being of older inmates. *International Journal of Law and Psychiatry*, 24 (2-3), 325–33.

Galloway, S. 2005. *Well-being and quality of life: Measuring the benefits of culture and sport. A literature review and think-piece.* Scotland: Scottish Executive Social Research.

Gamliel, T. and Hazan, H. 2006. The meaning of stigma: identity construction in two old-age institutions. *Ageing and Society*, 26 (3), 355-371.

Garland, D. 1990. *Punishment and Modern Society: A Study in Social Theory.* Oxford: Clarendon Press.

Garstka, T.A., Schmitt, M.T., Branscombe, N.R.; and Hummert, M.L. 2004. How Young and Older Adults Differ in Their Responses to Perceived Age Discrimination. *Psychology and Aging*, 19 (2),-335

Gaspar, D. 2007. Conceptualising human needs and wellbeing. *In: I. Gough and J.A. McGregor (eds). Wellbeing in Developing Countries: From Theory to Research.* Cambridge: Cambridge University Press, 2007, 47-70.



Gately, C., Bowen, A., Kennedy, A., MacDonald, W. and Rogers, A. 2006. Prisoner perspectives on managing long term conditions: A qualitative study. *International Journal of Prisoner Health*, 2 (2), 91-99.

Geertz, C. 1973. *The Interpretation of Cultures: Selected essays*. New York: Basic Books.

Genders, E. and Player, E. 1995. *Grendon: a study of a therapeutic prison*. Clarendon Press: Oxford.

George, D.R. 2011. Intergenerational volunteering and quality of life: mixed methods evaluation of a randomized control trial involving persons with mild to moderate dementia. *Quality of Life Research: an international journal of quality of life aspects of treatment, care and rehabilitation*, 20 (7), 987-995.

George, L.K. 1979. The happiness syndrome: Methodological and substantive issues in the study of social-psychological well-being in adulthood. *Gerontologist*, 19 (2), 210-216.

George, L.W. and Bearon, L.B. 1980. *Quality of Life in Older Persons: Meaning and Measurement*. New York. Human Sciences Press.

Ghubach, R., El-Rufaie, O., Zoubeidi, T., Sabri, S., Yousif, S. and Moselhy, H.F. 2010. Subjective life satisfaction and mental disorders among older adults in UAE in general population. *International Journal of Geriatric Psychiatry*, 25 (5), 458-465.

Gilhooly, M., Gilhooly, K. and Bowling, A. 2005. Quality of Life: Meaning and Measurement. In: A. Walker, ed. *Understanding Quality of Life in Old Age*. Maidenhead, UK: Open University Press, 2005, 14-26.

Gill, F. and Maclean, C. 2010. Knowing your Place: Gender and Reflexivity in two Ethnographies. In: P. Atkinson and S. Delamont, *SAGE Qualitative Research Methods*. Thousand Oaks, CA: Sage Publications, 2010, 2-79.

Gillespie, M. and Galliher, J. 1972. *Age, anomie, and the inmates' definition of aging in prison: An exploratory study*. New York: Research Planning

Glassner, B. 1999. *Culture of Fear*. USA: Basic Books.

Goetting, A. 1985. Racism, sexism, and ageism in the prison community. *Federal Probation*, 49 (3), 10-22.

Goffman, E. 1961. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. New York: Doubleday Anchor.

Goffman, E. 1963. *Stigma*. London: Penguin.

Gojkovic, D., Meek, R. and Mills, A. 2011. *Offender engagement with third sector organisations: a national prison-based survey*. Third Sector Research Centre Working Paper No. 61. Available at: <http://www.birmingham.ac.uk/generic/tsrc/documents/tsrc/working-papers/working-paper-61.pdf> Accessed 29/03/14.

Goldberg, D.P. 1978. *Manual of the General Health Questionnaire*. Windsor, England: NFER Publishing.

- Good, G.A., La Grow, S.J. and Alpass, F.M. 2011. A study of older adults: Observation of ranges of life satisfaction and functioning. *New Zealand Journal of Psychology*, 40 (3), 96-103.
- Gordon, A.L., Franklin, M., Bradshaw, L., Logan, P., Elliot, R. and Gladman, J.R.F. 2014. Health status of UK care home residents: a cohort study. *Age and Ageing*, 43 (1), 97-103.
- Gostin, L.O., Vanchieri, C. and Pope, A. 2007. *Ethical Considerations for Research Involving Prisoners*. Washington (DC): National Academies Press.
- Gottfredson, N.C., Panter, A.T., Daye, C.E., Wightman, L.F., Allen, W.A. and Deo, M.E. 2008. Does diversity at undergraduate institutions influence student outcomes? *Journal of Diversity in Higher Education*, 1 (2), 80-94.
- Graham, C. 2010. *The Challenges of Incorporating Empowerment into the HDI: Some Lessons from Happiness Economics and Quality of Life Research*. United Nations Development Programme Human Development Reports Research Paper 2010/13. Available at: [http://hdr.undp.org/sites/default/files/hdrp\\_2010\\_13.pdf](http://hdr.undp.org/sites/default/files/hdrp_2010_13.pdf) Accessed 19/09/12.
- Graham, I.D., and Baker, P.M. 1989. Status, age, and gender: Perceptions of old and young people. *Canadian Journal on Aging*, 8 (1), 255–265.
- Greene, J. and Hall, J. 2010. Dialectics and pragmatism: being of consequence. In: A. Tashakkori and C. Teddlie, eds. *Sage Handbook of Mixed Methods in Social and Behavioral Research*, California: Sage, 2010, 119-143.
- Greene, J. C. 2007. *Mixed methods in social inquiry*. San Francisco: John Wiley and Sons.
- Greenwood, P. and Nikulin, M.S. 1996. *A Guide to Chi-squared Testing*. New York: Wiley.

Greer, C. and Reiner, R. 2012. Mediated mayhem: media, crime, criminal justice. *In: M. Maguire, R. Morgan, and R. Reiner, eds. The Oxford Handbook of Criminology.* Oxford: Oxford University Press, 2012, 245-278.

Grisp, R. 2004. *Aristotle: Nicomachean Ethics.* London: Cambridge University Press.

Gullette, M.M. 1997. *Declining to decline: cultural combat and the politics of midlife.* Charlottesville: University Press of Virginia.

Gurney, J. 1985. Not One of the Guys: The Female Researcher in a Male-Dominated Setting. *Qualitative Sociology*, 8 (1), 42-62.

Haar, J.M. and Roche, M.A. 2010. Family supportive organization perceptions and employee outcomes: The mediating effects of life satisfaction. *International Journal of Human Resource Management*, 21 (1), 999–1014.

Hagan, F.E. 2010. *Essentials of Research Methods for Criminal Justice.* 3<sup>rd</sup> ed. New Jersey: Prentice Hall.

Håkon Bjørngaard, J., Rustad, A. and Kjelsberg, E. 2009. The prisoner as patient - a health services satisfaction survey. *BMC Health Services Research*, 9 (1), 176-185.

Halcomb, E.J. and Davidson, P.M. 2006. Is verbatim transcription of interview data always necessary? *Applied Nursing Research*, 19 (1), 38-42.

Hale, C., Hayward, K., Wahidin, A. and Wincup, E. 2005 (eds) *Criminology.* Oxford: Oxford University Press.

Hamilton, P., Moore, R. and De Motte, C. 2012. *A Preliminary Investigation of Resettlement Policy and Provision at HMP Sudbury*. Nottingham: Nottingham Trent University.

Hammersley, M. 2000. Varieties of social research: A typology. *The International Journal of Social research Methodology: Theory and Practice*, 3 (3), 221-231.

Handtke, V., Bretschneider, W., Elger, B.S. and Wangmo, T. 2015. Easily forgotten: Elderly Female Prisoners. *Journal of Aging Studies*, 32, 1-11.

Hanson, R.K., Letourneau, E.J., Oliver, M.E., Wilson, R.J. and Miner, M.J. 2012. Incentives for Offender Research Participation Are Both Ethical and Practical. *Criminal Justice and Behavior*, 39 (11), 1391-1404.

Harding, R. 2014. Rehabilitation and prison social climate: Do 'What Works' rehabilitation programs work better in prisons that have a positive social climate? *Australian and New Zealand Journal of Criminology*, 47 (2), 163-175.

Harley, C., Takeuchi, E., Taylor, S., Keding, A., Absolom, K., Brown, J. and Velikova, G. 2012. A mixed methods approach to adapting health-related quality of life measures for use in routine oncology clinical practice. *Quality of Life Research*, 21 (3), 389-403.

Harper, A. and Power, M. 1998. Development of the World Health Organization WHOQOL-BRIEF Quality of Life Assessment. *Psychological Medicine*, 28 (3), 551-558.

Hart, C. 2001. *Doing a literature search*. London: Sage.

Hayes, A., Lennox, C. and Senior, J. 2010. *Researchers' Handbook - A Guide for Researchers in Offender Health*. 5<sup>th</sup> ed. University of Manchester: Offender Health Research Network.

Hayllick, L. 2003. Living Forever and Dying in the Attempt. *Experimental Gerontology*, 38 (11-12), 1231-1241.

Hayward, K.J., Maruna, S. and Mooney, J. 2010. *Fifty Key Thinkers in Criminology*. London: Routledge.

Hedderman, C. 2007. Rediscovering resettlement: narrowing the gap between policy rhetoric and practice reality. *In: A. Hucklesby and L. Hagley-Dickenson, eds. Prisoner resettlement: policy and practice*. Devon: Willan, 2007, 9-25.

Helman, J.A. and Bugental, D.B. 2013. "age-specific" variations in performance in response to age stereotypes. *Developmental Psychology*, 49 (7), 1396-1406.

Heliwell, J.F. 2011. Institutions as enablers of wellbeing: The Singapore Prison case study. *International Journal of Wellbeing*, 1 (2), 255-26.

Heller, D., Watson, D., and Ilies, R. 2004. The role of person versus situation in life satisfaction: A critical examination. *Psychological Bulletin*, 130 (4), 574-600.

Henn, M., Weinstein, M. and Foard, N. 2006. *A short introduction to social research*. London: SAGE Publications Ltd.

Henn, M., Weinstein, M. and Foard, N. 2009. *A Critical Introduction to Social Research*. London: SAGE Publications Ltd.

Heo, J., Stebbins, R.A., Kim, J. and Lee, I. 2013. Serious leisure, life satisfaction, and health of older adults. *Leisure Sciences*, 35 (1), 16-32.

Heylen, L. 2010. The older, the lonelier? Risk factors for social loneliness in old age. *Ageing and Society*, 30 (7), 1177-1196.

Higgins, C. and Ireland, C. A. 2009. Attitudes towards male and female sex offenders: A comparison of forensic staff, prison officers and the general public in Northern Ireland. *The British Journal of Forensic Practice*, 11 (1), 14-19.

Higgs, P., Hyde, M., Wiggins, R. and Blane, D. 2003. Researching Quality of Life in Early Old Age, *Social Policy and Administration*, 37 (3), 239-252.

Higgs, P., Leontowitsch, M., Stevenson, F. and Jones, I.R. 2009. 'Not just old and sick': The will to health in later life. *Ageing and Society*, 29 (5), 687-707.

Hindle, G. and Franco, L.A. 2009. Combining problem structuring methods to conducting research: A mixed methods approach to study fitness-to-drive in the UK. *Journal of the Operational Research Society*, 60 (12), 1637-1648.

HM Chief Inspectorate of Prisons (HMCIP). 2004. *No problems – old and quiet': Older prisoners in England and Wales A thematic review by HM Chief Inspector of Prisons*. London: Home Office.

HM Chief Inspectorate of Prisons (HMCIP). 2007. *Annual Report 2007-2008*. London: Home Office.

HM Chief Inspectorate of Prisons (HMCIP). 2008. *Older prisoners in England and Wales: a follow-up to the 2004 thematic review*. London: Home Office.

HM Chief Inspectorate of Prisons (HMCIP). 2013. *Annual Report 2012-2013*. London: The Stationary Office.

HM Chief Inspectorate of Prisons (HMCIP). 2014. *A joint thematic review by HM Inspectorate of Prisons, HM Inspectorate of Probation and Ofsted Resettlement provision for adult offenders: Accommodation and education, training and employment*. London: Home Office.

HM Inspectorate of Prisons. 2010. *Muslim Prisoners' experiences: A thematic review*. London: Home Office.

HM Inspectorate of Prisons. 2011. *Resettlement provision for children and young people Accommodation and education, training and employment*. London: Home Office.

HM Inspectorate of Prisons. 2012. *Remand Prisoners: a thematic review*. London: Home Office.

HM Inspectorate of Prisons. 2014. *Prisoner: Gypsies, Romany and Travellers*. London: Home Office.



HM Prison Service. 2001. *Resettlement (Prison service Order 2300)*. London: Department of Health

HM Prison Service. 2003. *Clinical governance: quality in prison healthcare (Prison service Order 3100)*. London: Department of Health.

HM Prison Service. 2007. *Professional Standards Statement*. London: HM Prison Service.

HM Prison Service. 2012a. *Rehabilitation services - in the community and rehabilitation services - deliver activity requirement specifications (prison instructions 06/2012)*. London: Department of Health.

HM Prison Service. 2012b. *Indeterminate sentence prisoners compassionate release on medical grounds (Prison service order 4700)*. London: Department of Health.

Hollaway, I. 1997. *Basic Concepts for Qualitative Research*. Oxford: Wiley-Blackwell.

Holtz, C., Sowell, R., VanBrackle, L., Velasquez, G. and Hernandez-Alonso, V. 2014. A Quantitative Study of Factors Influencing Quality of Life in Rural Mexico Women Diagnosed with HIV. *Journal of the Association of Nurses in Aids Care*, 25 (6), 555-567.

Hood, B., Bruck, D. and Kennedy, G. 2004. Determinants of sleep quality in the healthy aged: the role of physical, psychological, circadian and naturalistic light variables, *Age Ageing*, 33 (2), 159-165.

Hörnqvist J.O. 1982. The concept of quality of life. *Scandinavian Journal of Social Medicine*, 10, 57-61.

House of Commons Justice Committee. 2013. *Older Prisoners. Fifth Report of Session 2013–14*. House of Commons London: The Stationery Office Limited.

Howell, C. 2015. *Anarchism: A Critical Analysis*. *Radical Criminology*, 1 (4), 155-164.

Howell, D.C. 2002. *Statistical Methods for Psychology*. 5<sup>th</sup> ed. USA: Wadsworth.

Howse, J. 2003. *Growing Old in Prison: A Scoping Study on Older Prisoners*. London: Centre for Policy on Ageing and Prison Reform Trust.

Hubbard, G., Tester, S. and Downs, M.G. 2003. Meaningful social interactions between older people in institutional care settings. *Ageing and Society*, 23 (1), 99–114.

Hucklesby, A. and Hagley-Dickinson, L. 2007. Conclusion - opportunities, barriers and threats. In: A. Hucklesby and L. Hagley-Dickinson, eds. *Prisoner Resettlement: policy and practice*. Cullompton: Willan, 2007, 289-300.

Huppert, F.A. and So, T.T. 2013. Flourishing Across Europe: Application of a New Conceptual Framework for Defining Well-Being. *Social Indicators Research*, 110 (3), 837-861.

Hur J.H., Stork D.A. and Walker D.W. 2014. Complex-I-ty in aging. *Journal Bioenergetics and Biomembranes*, 46 (4), 329-335.

Hyde, M., Wiggins, R.D., Higgs, P. and Blane, D.B. 2003. A Measure of Quality of Life in Early Old Age: The Theory, Development and Properties of a Needs Satisfaction Model. *Ageing and Mental Health*, 7 (3), 186-194.

Iyer, A. and Jetten, J. 2011. What's Left Behind: Identity Continuity Moderates the Effect of Nostalgia on Well-Being and Life Choices. *Journal of Personality and Social Psychology*, 101 (1), 94–10.

Jacoby, R. and Oppenheimer. 2002. *Psychiatry in the Elderly*. 3<sup>rd</sup> ed. Oxford: Oxford University Press.

James, E. 2008. *Do prisoners need PlayStations?* The Guardian [online] Available at: <http://www.theguardian.com/society/joepublic/2008/sep/11/prisonsandprobation> Accessed 17/02/12

Jamieson, A. 2007. Education and the quality of life in later years. *Quality in Ageing and Older Adults*, 8 (3), 15-23.

Jenness, V. 2010. From Policy to Prisoners to People: A “Soft Mixed Methods” Approach to Studying Transgender Prisoners. *Journal of Contemporary Ethnography*, 39 (5), 517-553.

Jesson, J.K., Matheson, L. and Lacey, F.M. 2011. *Doing Your Literature Review. Traditional and Systematic Techniques*. Los Angeles: Sage.

Jewkes, Y. 2005. Loss, Liminality and the Life Sentence. In: A. Liebling and S. Maruna (eds) *The Effects of Imprisonment*, Cullompton: Willan Publishing, 2005, 366–88.

Jiranek, V. 2010. Potential predictors of timely completion among dissertation research students at an Australian faculty of sciences. *International Journal of Doctoral Studies*, 5 (1), 1-13.

Johnson, C.G. 1999. Commentary: A personal view on palliative and hospice care in correctional facilities. *Journal of Law, Medicine and Ethics*, 27 (3), 216-233.

Johnson, J.M. 1975. *Doing Field Research*. New York: The Free Press.

Johnson, R.B., Onwuegbuzie, A.J. and Turner, L.A. 2007. Toward a definition of mixed methods research. *Journal of Mixed Methods Research*, 1 (2), 112-133.

Jones, M.D. 2006. Which is a better predictor of job performance: Job satisfaction or life satisfaction. *Journal of Behavioral and Applied Management*, 15 (6), 77-97.

Jones, R. 2003. Mental Health in Older People in Practice. *Gerontology*, 49 (5), 340-354.

Jonker, L., Cox, D. and Marshall, G. 2011. Considerations, clues and challenges: Gaining Ethical and Trust research approval when using the NHS as a research setting *Radiography*, xxx,1-5.

Jorm, A.F., Kelly, C.M. and Morgan, A.J. 2007. Participant distress in psychiatric research: a systematic review. *Psychological Medicine*, 37 (7), 917-26.

Junger, S., Payne, S., Brearley, S., Ploenes, V. and Radbruch, L. 2012. Consensus building in palliative care: a Europe-wide delphi study on common understandings and conceptual differences. *Journal of Pain and Symptom Management*, 44 (2), 192-205.

Justice. 2012. *Prison finder*. Available at: <https://www.justice.gov.uk/contacts/prison-finder>  
Accessed on: 02/05/2012

Kahana, E. and Kahana, B. 1996. Conceptual and empirical advances in understanding aging well through proactive adaptation. *In: V. Bengtson, ed. Adulthood and Aging: Research on Continuities and Discontinuities*. New York: Springer Publishing Company, 1996, 18–41.

Kajonius, P.J. and Kazemi, A. 2015. Safeness and Treatment Mitigate the Effect of Loneliness on Satisfaction With Elderly Care. *The Journal of Gerontology* [online], DOI: 10.1093/geront/gnu170

Kakoullis, A., Le Mesurier, N. and Kingston, P. 2010. The Mental Health of Older Prisoners. *International Psychogeriatrics*, 22 (5), 693-701.

Karmel, M. 1969. Total Institutions and Self-Mortification. *Journal of Health and Social Behavior*, 10 (2), 134-141.

Kashdan, T. B., Uswatte, G., and Julian, T. 2006. Gratitude and hedonic and eudaimonic well-being in Vietnam war veterans. *Behaviour Research and Therapy*, 44 (2), 177–199.

Kates, R.W. and Kasperson, J.X. 1983. Comparative risk analysis of technological hazards (a review). *Proceedings of the National Academy of sciences*, 80 (22), 7027-7038.

Katz, J. 2005. Palliative Care in residential care facilities: a brief review. *International Journal of Palliative Nursing*, 11 (3), 130–131.

Kelle, U. 2001. Sociological Explanations Between Micro and Macro and the Integration of Qualitative and Quantitative Methods. *Forum Qualitative Social Research*, 2 (1), Available at: <http://www.qualitative-research.net/fqstexte/1-01/1-01kelle-e.pdf>. Accessed 03/02/14.

Kelman, H.C. 1972. The rights of the subject in social research: An analysis in terms of relative power and legitimacy. *American Psychologist*, 27 (11), 989–1016.

Kendig, H. 2003. Directions in environmental gerontology: a multidisciplinary field. *The Gerontologist*, 43 (5), 611–615.

Kerbs, J. 2000. The Older Prisoner: Social, Psychological and Medical Considerations. In: M. Rothman, B. Dunlop, and P. Entzel. *Elders, Crime and The Criminal Justice System - Myth, Perceptions, and Reality in the 21st Century*. New York: Springer Publishing Company, 2000, 207-228.

Keyes, C.L.M. 2002. The Mental Health Continuum: From Languishing to Flourishing in Life. *Journal of Health and Social Research*, 43 (June), 207-222.

King, L.A. and Napa, C.K. 1998. What makes a life good? *Journal of Personality and Social Psychology*, 75 (1), 156–165.

King, R. and Wincup, E. 2007. *Doing Research on Crime and Justice*. Oxford: Oxford University Press.

Kingston, P., Le Mesurier, N., Yorston, G., Wardle, S., and Heath, L. 2011. Psychiatric morbidity in older prisoners: unrecognized and undertreated. *International Psychogeriatrics*, 23 (8), 1354-1360.

Knapp, M., Prince, M., Albanese, E., Banerjee, S., Dhanasiri, S., Fernandez, J., Ferri, C., McCrone, P., Snell, T. and Stewart, R. 2007. *Dementia UK : the full report*. London: Alzheimer's Society.

Koenig, H.G., Johnson, S., Bellard, J., Denker, M., and Fenlon, R. 1995. Depression and anxiety disorder among older male inmates at a federal correctional facility. *Psychiatric Services*, 46 (4), 399-401.

Koshy, E., Koshy, V. and Waterman, H. 2011. *Action research in healthcare*. Thousand Oaks, CA: Sage.

Krabill, J.J. and Aday, R.H. 2007. Exploring the Social World of Aging Female Prisoners. *Women and Criminal Justice*, 17 (1), 27-53.

Kratcoski, P.C. and Babb, S. 1990. Adjustment for older inmates: An analysis by institutional structure and gender. *Journal of Contemporary Criminal Justice*, 6 (4), 139- 56.

Krause, N. 2007. Evaluating the stress-buffering function of meaning in life among older people. *Journal of Aging and Health*, 19 (1), 792–812.

Krimsky, S. and Golding, D. 1992. *Social Theories of Risk*. USA: Praeger Publishers.

Kropotkin, P. 1906. *The Conquest of Bread*. New York: G. P. Putnam's Sons.

Kropotkin, P. 1972. *Kropotkin's Revolutionary Pamphlets: a collection of writings by Peter Kropotkin*. New York: Dover Publications.

Kropotkin, P. 2009. *Mutual Aid: A Factor of Evolution*. London: Freedom Press.

Kuh, D., Karunanathan, S., Bergman, H. and Cooper, R. 2014. A Life-Course Approach to Healthy Ageing: Maintaining Physical Capability. *Proceeding of the Nutrition Society*, 73 (2), 237-248.

Kuhn, T. 1962. *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.

Kvale, S. and Brinkmann, S. 2009. *Interviews: Learning the craft of qualitative research interviewing*. London: Sage Publications Ltd.

Lacombe, D. 2008. Consumed With Sex: The Treatment of Sex Offenders In Risk Society. *British Journal of Criminology*, 48 (1), 55-74.

Laing, R.D., Phillipson, H., and Lee, A.R. 1966. *Interpersonal perception: A theory and method of research*. New York: Springer.

Lamont, R. A. 2011. Stereotype threat and physical performance among the elderly: Exploration of mechanisms and after-effects. Unpublished master's dissertation.

Lamont, R.A., Swift, H.J. and Abrams, D. 2015. A review and meta-analysis of age-based stereotype threat: Negative stereotypes, not facts, do the damage. *Psychology and Aging*, 30 (1), 180-193.



- Lamprecht, H.C., Pakrasi, S., Gash, A. and Swann, A.G. 2005. Deliberate self-harm in older people revisited. *International Journal of Geriatric Psychiatry*, 20 (11), 1090-1096.
- Langlois, A. and Anderson, D.E. 2002. Resolving the Quality of Life/Well-being Puzzle: Toward a New Model. *Canadian Journal of Regional Science*, 3 (Autumn), 501-512.
- Laub, J.H. and Sampson, R.J. 2001. Understanding desistance from crime. *Crime and Justice*, 28, 1-69.
- Laub, J.H. and Sampson, R.J. 2003. *Shared Beginnings, Divergent Lives: Delinquent Boys to age 70*. Cambridge: Harvard University Press.
- Layard, R. 2005. *Happiness: Lessons from a New Science*. New York: Penguin Press.
- Le Mesurier, N. 2011. *Supporting older prisoner: ideas for practice*. AGE UK: London.
- Le Mesurier, N., Kingston, P., Heath, L. and Wardle, S. 2010. *A Critical Analysis of the Mental Health of Older Prisoners: Final Report*. South Staffordshire NHS PCT and Staffordshire University: Centre for Age and Ageing.
- Leacock, V. and Sparks, R. 2002. Criminogenic needs and the transformative risk subject: Hybridizations of risk/need in penalty. *Punishment and Society*, 7 (1), 29-51.
- Lee, M.M., Carpenter, B. and Meyers, L.S. 2007. Representations of older adults in television advertisements. *Journal of Aging Studies*, 21 (1), 23-30.
- Lehman, A.F. 1983. The wellbeing of chronic mental patients. *Archives of General Psychiatry*, 40 (4), 369-373.

Lehman, A.F. 1988. A quality of life interview for the chronically mentally ill. *Evaluation and Program Planning*, 11 (1), 51-62.

Lehman, A.F. 1996. Measures of quality of life among persons with severe and persistent mental disorders. *Social Psychiatry and Psychiatric Epidemiology*, 31 (2), 78-88.

Lehman, A.F., Possidente, S. and Hawker, F. 1986. The well-being of chronic mental patients in a state hospital and community residences. *Hospital and Community Psychiatry*, 37 (9), 901-907.

Lemieux, C.M., Dyeson, T.B. and Castiglione, B. 2002. Revisiting the literature on prisoners who are older: are we wiser? *The Prison Journal*, 82 (4), 440-458.

Leone, D., Moja, E.A. and Vegni, E. 2013. Satisfaction for quality of life: a comparison of patient and occupational therapist perspectives. *Scandinavian Journal of Occupational Therapy*, 20 (4), 315-20.

Levenson, J. S., and Cotter, L. P. 2005. The effect of Megan's Law on sex offender reintegration. *Journal of Contemporary Criminal Justice*, 21(1), 49-66.

Levitt A.J., Hogan T.P. and Bucosky C.M. 1990. Quality of life in clinically mentally ill patient in day treatment. *Psychological Medicine*, 20 (3), 703-710.

Liebling, A. 1999. Doing Research in Prison: Breaking the Silence? *Theoretical Criminology*, 3 (2), 147-173.

Liebling, A. 2008. Measuring the Quality of Prison Life (MQPL). In: Y. Jewkes and J. Bennett, eds. *Dictionary of Prisons and Punishment*. Cullompton, Devon: Willan Publishing, 2008, 163-164.

Liebling, A. 2012. *Can human beings flourish in prison?* [Presentation University of Cambridge] 29 May 2012.

Liebling, A. and Maruna, S. 2005. *The Effects of Imprisonment*. Cullompton: Willan.

Liebling, A. and Price, D. 2001. *The Prison Officer*. HMP Leyhill: Waterside Press.

Liebling, A., Hulley, S. and Crewe, B. 2011. Conceptualising and Measuring the Quality of Prison Life. In: D. Gadd, ed. *Handbook of Criminological Research Methods*. London: Sage Publications, 2011, 358-372.

Liebling, A., Price, D. and Shefer, G. 2010. *The Prison Officer*. Oxon: Wilan publishing.

Liebling, A.; assisted by Arnold, H. 2004. *Prisons and their Moral Performance: A Study of Values, Quality and Prison Life*. Oxford: Oxford University Press.

Lindesay, J. 1996. Elderly People and Crime. *Reviews in Clinical Gerontology*, 6 (2), 199-204.

Link, B.G., and Phelan, J.C. 2001. Conceptualizing stigma. *Annual Review of Sociology*, 27 (1), 363-385,.

Linley, P.A., Maltby, J., Wood, A.M., Osborne, G. and Hurling, R. 2009. Measuring happiness: The higher order factor structure of subjective and psychological wellbeing measures. *Personality and Individual Differences*, 47 (8), 878–884.

Liu, L. and Guo, Q. 2008. Life satisfaction in a sample of empty-nest elderly: a survey in the rural area of a mountainous county in China. *Quality of Life Research*, 17 (1), 823–830.

Liu, W. 2012. Creating Character: Aristotle on Habituation, the Cognitive Power of Emotion, and the Role of Prudence. *Frontiers of Philosophy in China*, 7 (4), 533-549.

Livingstone, S., Owen, T. and Macdonald, A. 2008. *Prison Law*. Oxford: Open University Press.

Lobana, A., Mattoo, S.K., Basu, D. and Gupta, N. 2002. Convergent Validity Of Quality Of Life Interview (Qoli) In An Indian Setting: Preliminary Findings. *Indian Journal of Psychiatry*, 44 (1), 118–24.

Loeb S.J. and Steffensmeier, D. 2006. Older male prisoners: Health status, self–efficacy beliefs, and health–promoting behaviors. *Journal of Correctional Health Care*, 12 (4), 269–278.

Low, G.I. and Molzahn, A.E. 2007. Predictors of quality of life in old age: a cross-validation study. *Research in Nursing Health*, 30 (2), 141-50.

Lundgren, A.S. 2010. "In the good old days": Insidious nostalgia and the constitution of old age identity. *Journal of Aging Studies* 24 (1), 248–256.

MacLean, L.M., Meyer, M. and Estable, A. 2004. Improving accuracy of transcripts in qualitative research. *Qualitative Health Research*, 14 (1), 113-123.

Maditinos, D.I., Papadopoulos, D. and Prats, L. 2014. The free time allocation and its relationship with the perceived quality of life (QoL) and satisfaction with life (SwL). *Procedia Economics and Finance*, 9 (1), 519–532.

Mahon, M. and McAuley, W.J. 2010. Oncology Nurses' Personal Understandings about Palliative Care. *Oncology Nursing Forum*, 37 (3), 141-150.

Mallen, C.D., Dunn, K.M., Thomas, E. and Peat, G. 2008. Thicker paper and larger font increased response and completeness in a postal survey. *Journal of Clinical Epidemiology*, 61 (12), 1296-1300.

Malterud, K. 2001. Qualitative research: standards, challenges, and guidelines. *Lancet*, 11 (358), 483-488.

Mann, N.R. 2006. Crises of Identity and Masculinity amongst Third Age Prisoners, *The Essex Graduate Journal* 6. Available at: [https://www.essex.ac.uk/sociology/documents/pdf/graduate\\_journal/mann.pdf](https://www.essex.ac.uk/sociology/documents/pdf/graduate_journal/mann.pdf) Accessed: 31/11/2013.

Mann, N.R. 2011. Ageing Prisoners. In: B. Crew and J. Bennett, eds. *The Prisoner*. UK: Routledge, 2011, 92-102.

Mann, N.R. 2012a. Ageing Child Sex Offenders in Prison: Denial, Manipulation and Community. *The Howard Journal of Criminal Justice*, 51 (4), 345-358.

Mann, N.R. 2012b. *Doing Harder Time? The Experience of an Ageing Male Prison Population in England and Wales*. UK: Ashgate Publishing.

Marks, L., Gray, A. and Pearce, S. 2006. General practice in prisons in England: Views from the field. *International Journal of Prisoner Health*, 2 (1), 49 – 62.

Marks, N. and Shah, H. 2004. *A well-being manifesto for a flourishing society*. London: New Economics Foundation.

Marquart, J.W. and Sorensen, J.R. 1997. *Correctional contexts: Contemporary and classical readings*. Los Angeles: Roxbury.

Marshall, T., Simpson, S. and Stevens, A. 2000. *Health Care in Prisons: A Health Care Needs Assessment*. Birmingham: University of Birmingham.

Marshman, Z., Baker, S.R. and Robinson, P.G. 2014. Does dental indifference influence the oral health-related quality of life of prisoners? *Community Dentistry and Oral Epidemiology*, 42(5), 470-480.

Martin, P. 2002. Individual and social resources predicting well-being and functioning in the later years: conceptual models, research, and practice. *Ageing International*, 27 (2), 3–29.

Martinez, J. 2012. The Impact of Stigma on Medication Adherence Among HIV-Positive Adolescent and Young Adult Females and the Moderating Effects of Coping and Satisfaction with Health Care. *AIDS Patient Care and STDs*, 26 (2), 108-115.

Maruna, S. 2001. *Making Good: How Ex-convicts Reform and Rebuild their Lives*. Washington, DC: American Psychological Association.

Maruna, S. and Roy, K. 2007. Amputation or Reconstruction: Notes on 'Knifing Off' and Desistance from Crime. *Journal of Contemporary Criminal Justice*, 23 (1), 104-124.

Maruna, S. and LeBel, T.P. 2002. Revisiting Ex-prisoner Re-entry: A Buzzword in Search of a Narrative. In: S. Rex and M. Tonry, eds. *Reform and Punishment*. Cullompton: Willan, 2002, 158–180.

Maruna, S., LeBel, T.P., Mitchell, N., and Naples, M. 2004. Pygmalion in the Reintegration Process: Desistance from Crime through the Looking Glass. *Psychology, Crime and Law*, 10 (3), 271–281.

Marzano, L., Ciclitira, K. and Adler, J. 2012. The impact of prison staff responses on self-harming behaviours: prisoners' perspectives. *British Journal of Clinical Psychology*, 51 (1), 4-18.

Maschi, T., Viola, D., and Morgen, K. 2013. Trauma and coping among older adults in prison: Linking empirical evidence to practice. *Gerontologist*. DOI:10.1093/geront/gnt069

Maslow, A.H. 1943. A theory of human motivation. *Psychological Review*, 50 (4), 370–396.

Maslow, A.H. 1954. *Motivation and personality*. New York: Harper.

Massey, R. 2012. *MP launches campaign for tougher sentences as it's revealed one in three killer drivers escapes jail*. Daily Mail [Online] Available at: <http://www.dailymail.co.uk/news/article-2225050/MP-launches-campaign-tougher-sentences-reveal-killer-drivers-escapes-jail.html> Accessed on 16/04/2012. Accessed 16/04/2013.

Mathew, R.S., Delbaere, K., Lord, S.R., Beaumont, P., Vaegan, and Madigan, M.C. 2011. Depressive Symptoms and Quality of Life in People with Age-Related Macular Degeneration. *Ophthalmic and Physiological Optics*, 31 (1), 375-380.

McCullough, M.E., Kilpatrick, S.D., Emmons, R.A., and Larson, D.B. 2001. Is gratitude a moral affect? *Psychological Bulletin*, 127 (2), 249–266.

McDermott, B.E. 2013. Coercion in Research: Are Prisoners the Only Vulnerable Population? *Journal of the American Academy of Psychiatry and the Law Online*, 41 (1), 8-13.

McDermott, K. and King, R. 1988. Mind games: Where the action is in prisons. *British Journal of Criminology*, 28 (3), 357–377.



McGrath, R.J., Cumming, G.F., Burchard, B.L., Zeoli, S. and Ellerby, L. 2010. *Current Practices and Emerging Trends in Sexual Abuser Management: The Safer Society 2009 North American Survey*. Brandon: Safer Society Press.

McKeganey, N. and Bloor, M. 1991. Spotting the invisible man: The influence of male gender on fieldwork relations. *British Journal of Sociology*, 42 (2), 195-210.

McKenna, M.C., Zevon, M.A., Corn, B., and Rounds, J. 1999. Psychosocial factors and the development of breast cancer: A meta-analysis. *Health Psychology*, 18 (5), 520–531.

McKenna, S.P. and Doward, L.C. 2004. The needs-based approach to quality of life assessment. *Value Health*, 7 (1), S1-3.

McKevitt, C. and Wolfe, C. 2002. Quality of life : What, how, why ? : The view of healthcare professionals. *Quality in Ageing and Older Adults*, 3 (1), 13-19.

McVeigh, T. 2010. *Pensioner crimewave marks rise of the 'Saga lout'*. The Guardian [online] Available at: <http://www.theguardian.com/uk/2010/nov/21/pensioner-crimewave-saga-lout> Accessed on 22/04/12.

Medical Research Council. 2010. *A strategy for collaborative ageing research in the UK - Developed under the auspices of the Lifelong Health and Wellbeing Programme*. London: Medical Research Council.

Meek, R. and Lewis, G. 2014. Promoting well-being and desistance through sport and physical activity: The opportunities and barriers experienced by women in prison. *Women and Criminal Justice*, 24 (2), 151-172.

Menec, V. 2003. The relationship between everyday activities and successful aging: A 6-year longitudinal study. *Journal of Gerontology: Social Sciences*, 58B (2), S74-S82.

Mental Health Foundation. 2015. *Mental Health in Later Life*. Available at: <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/O/older-people/>  
Accessed 04/01/15.

Merriam, S.B.A. 2002. *Qualitative research in practice: Examples for discussion and analysis*. San Francisco, CA: Jossey-Bass.

Meschede, T. and Chaganti, S. 2015. Home for now: A mixed-methods evaluation of a short-term housing support program for homeless families. *Evaluation and Program Planning*, 52 (1), 85-95.

Michalec, B., Keyes, C.L.M. and Nalkur, S. 2009. Flourishing. In: S.J. Lopez, ed. *The Encyclopaedia of Positive Psychology*. West Sussex: Wiley Blackwell, 2009, 391-394.

Michalos, A.C. 2004. Social indicators research and health-related quality of life research. *Social Indicators Research*, 65 (1), 27-72.

Michalos, A.C. 2006. Militarism and the Quality of Life. *Ethical Issues Associated with Scientific and Technological Research for the Military*, 577 (1), 216-230.

Michalos, A.C. and Zumbo, B.D. 1999. Public Services and the Quality of Life. *Social Indicators Research*, 48 (2), 125-156.

Michalos, A.C. and Zumbo, B.D. 2000. Criminal Victimization and the Quality of Life. *Social Indicators Research*, 50 (3), 245-295.

Michalos, A.C. and Zumbo, B.D. 2002. Healthy days, health satisfaction and satisfaction with the overall quality of life. *Social Indicators Research*, 59 (1), 321-338.

Middelkoop, H.A.M., Kerkhof, G.A., Smilde-Van Den Doel, D.A., Ligthart, G.J. and Kamphuisen, H.A.C. 1994. Sleep and Ageing: The Effect of Institutionalization on Subjective and Objective Characteristics of Sleep. *Age Ageing*, 23 (5), 411-417.

Miles, M.B. and Huberman, A.M. 1994. *Qualitative data analysis: An expanded source book*. 2<sup>nd</sup> ed. Newbury Park, CA: Sage.

Mills, C.W. 1959. *The Sociological Imagination*. Oxford: Oxford University.

Ministry of Justice. 2012. *Resettlement of released prisoners*. London: Ministry of Justice.

Ministry of Justice. 2013a. *Offender Management Statistics Quarterly Bulletin April to June 2013, England and Wales*. London: Ministry of Justice.

Ministry of Justice. 2013b. *Transforming Rehabilitation: a summary of evidence on reducing reoffending*. London: Ministry of Justice.

Ministry of Justice. 2014. *Costs per place and costs per prisoner - National Offender Management Service Annual Report and Accounts 2013-14 Management Information Addendum*. London: Ministry of Justice.

Mitka, M. 2004. Aging prisoners stressing health care system. *Journal of the American Medical Association*, 292 (4), 423–424.

Moll, A. 2013. *Losing Track of Time. Dementia and the ageing prison population: treatment challenges and examples of good practice*. London: Mental Health Foundation.

Moos, R. 1975. *Evaluating correctional and community settings*. New York: John Wiley and Sons.

Morgan, D.L. 2007. Paradigms lost and pragmatism regained. Methodological implications of combining qualitative and quantitative methods. *Journal of Mixed Methods Research*, 1 (1), 48-76.

Morgan, R., Fisher, W. H., Duan, N., Mandracchia, J. T. and Murray, D. 2010. Prevalence of criminal thinking among state prison inmates with serious mental illness. *Law and Human Behavior*, 34 (4), 324-336.

Morse, J.M. 1991. Approaches to qualitative-quantitative methodological triangulation. *Nursing Research*, 40 (2), 120-123.

- Morse, J.M. 2003. Principles of mixed method and multi-method research design. *In: C. Teddlie and A. Tashakkori. Handbook of Mixed Methods in Social and Behavioural Research.* London: Sage, 2003, 189-209.
- Morse, J.M. and Niehaus, L. 2009. *Mixed Method Design: Principles and Procedures.* Walnut Creek, CA, USA: Left Coast Press Inc.
- Morton, J.B. 1992. *An administrative overview of the older inmate.* Washington DC: Department of Justice, National Institute of Corrections.
- Munhall, P. 2008. Perception. *In: L. Given, ed. The SAGE encyclopaedia of qualitative research methods.* Thousand Oaks, CA: Sage Publications Ltd, 2008, 607-608.
- Murdoch, N., Morris, P. and Holmes, C. 2008. Depression in elderly life sentence prisoners. *International Journal of Geriatric Psychiatry, 23 (9), 957-962.*
- Murphy, N. and Cutts, H. 2009. Can the introduction of a quality of life tool affect individual professional practice and the quality of care planning in a community mental health team? *Journal of Psychiatric and Mental Health Nursing, 16 (10), 941-946.*
- Musselwhite, C. and Haddad, H. 2010. Mobility, accessibility and quality of later life. *Quality in Ageing and Older Adults. 11 (1), 25-37.*
- Myers, D.G. and Diener, E. 1995. Who is happy? *Psychological Science, 6 (1), 10-19.*
- NACRO. 2009. *Working with older prisoners workshop.* NACRO: London.

Nagin, D.S., Cullen F.T. and Jonson C.L. 2009. Imprisonment and reoffending. *Crime and justice: A review of research*, 38 (1), 115-200.

Nash, M. and Williams, A. 2010. *Handbook of Public Protection*. Oxon: Willan Publishing.

National Audit Office. 2007. *Improving services and support for people with dementia*. London: The Stationery Office.

National Offender Management Service (NOMS). 2014. *National Offender Management Service Business Plan 2014 – 2015*. London: NOMS.

Newman, E. 1984. Elderly Offenders and American Crime. *In: E. Newman, D. Newman, M. Gewirtz et al. Elderly Criminals: Massachusetts: Gunn and Hain Publishers Inc, 1984, 17-29.*

NHS England. 2013. National Partnership Agreement Between: The National Offender Management Service, NHS England and Public Health England for the Co-Commissioning and Delivery of Healthcare Services in Prisons in England. Available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/422620/national\\_partnership\\_agreement\\_commissioning-delivery-healthcare-prisons2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/422620/national_partnership_agreement_commissioning-delivery-healthcare-prisons2015.pdf) Accessed 16/12/13.

Nie, J.B. 2006. The United States cover-up of Japanese wartime medical atrocities. Complicity committed in the national interest and two proposals for contemporary actions. *American Journal of Bioethics*, 6 (3), W21-33

Nilsson, C.J. Avlund, K. and Lund, R. 2011. Onset of mobility limitations in old age: the combined effect of socioeconomic position and social relations. *Age and Ageing*, 40 (5), 607-614.

Nimrod, G. and Rotem, A. 2012. An exploration of the Innovation Theory of Successful Ageing among older tourists. *Ageing and Society*, 1 (3), 379-404.

Noltemeyer, A., Bush, K., Patton, J. and Bergen, D. 2012. The relationship among deficiency needs and growth needs: An empirical investigation of Maslow's theory. *Children and Youth Services Review*, 34 (9), 1862–1867.

Nunnally, J. C. 1978. *Psychometric theory*. 2<sup>nd</sup> ed. New York: McGraw-Hill.

O'Donnell, C.R. and Tharp, R.G. 2012. Integrating cultural community psychology: Activity settings and the shared meanings of intersubjectivity. *American Journal of Community Psychology*, 49 (1), 22–30.

Oberauer, K. 2005. Age Difference and Individual Differences in Cognitive Functions. *In: R. Engle, G. Sedek, U. von-Hecker and D. McIntosh. Cognitive Limitations in Aging and Psychopathology*. Cambridge: Cambridge University, 2005, 44-72.

Office of National Statistics. 2013. *What Does the 2011 Census Tell Us About Older People?* London: Office of National Statistics.

Office of National Statistics. 2015. *Victims of Crime Survey*. London: Office of National Statistics.

Olesen, V. 2011. Feminist Qualitative Research in the Millennium's First Decade. *In*: N.K. Denzin and Y.S. Lincoln, eds. *The SAGE Handbook of Qualitative Research*, 4<sup>th</sup> ed. London: Sage Publications, 2011, 129-146.

Omolade, S. 2014. *The needs and characteristics of older prisoners: Results from the surveying Prisoner Crime Reduction (SPCR) survey*. London: Ministry of Justice.

Onwuegbuzie, A.J. and Leech, N.L. 2000. Validity and qualitative research: An Oxymoron? *Quality and Quantity*, 41 (2), 233-249.

Overholser, J. 1987. Ethical issues in prison research: A risk/benefit analysis. *Behavioral Sciences and the Law*, 5 (2), 187–202.

Park, N. and Peterson, C. 2006. Methodological issues in positive psychology and the assessment of character strengths. *In*: A.D. Ong and M. van Dulmen, eds. *Handbook of methods in positive psychology*. New York: Oxford University Press, 2006, 292-305.

Park, N., Peterson, C. and Seligman, M.E.P. 2004. Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23 (5), 603-619.

Park, N., Peterson, C., and Seligman, M.E.P. 2004. Strengths of character and well-being. *Journal of Social and Clinical Psychology*, 23, 603–619.

Parry, R. 2012. Review of Exploring happiness: From Aristotle to brain science. *International Journal of Wellbeing*, 2 (3), 284-287.



Patenaude, A.L. 2004. No promises, but I'm willing to listen and tell what I hear: Conducting qualitative research among prison inmates and staff. *The Prison Journal*, 84 (4), 69S–91S.

Patton, M.Q. 1990. *Qualitative evaluation and research method*. Newbury Park, CA: Sage Publications Ltd.

Patton, M.Q. 2002. *Qualitative research and evaluation methods*. 3<sup>rd</sup> ed. Thousand Oaks, CA: Sage.

Pavot, W. and Diener, E. 2008. The Satisfaction with Life Scale and the emerging construct of life satisfaction. *Journal of Positive Psychology*, 3 (2), 137–152.

Peasgood, T. 2008. *Measuring Well-Being for Public Policy*. Ph.D. thesis, Imperial College London.

Peterson, C., Ruch, W., Beerman, U., Park, N. and Seligman, M.E.P. 2007. Strengths of character, orientations to happiness, and life satisfaction. *Journal of Positive Psychology*, 2 (3), 149-156.

Phillips, J. 1996. Crime and Older Offenders, *Practice*, 8 (1), 43-55.

Phillips, J. 2006. Crime and Older People: The Research Agenda. In: A. Wahidin and M. Cain (eds). *Ageing, Crime and Society*. Cullompton: Wilan.

Phillips, J., Ajrouch, K. and Hillcoat-Nalletamby, S. 2010. *Key Concepts in Social Gerontology*. London: Sage Publications Ltd.

Phillips, L. and Lindsay, M. 2009. Prison to Society: A Mixed Methods Analysis of Coping with Reentry. *International Journal of Offender Therapy and Comparative Criminology*, 55 (1), 136–154.

Phillipson, C. 2011. *Handbook of Social Gerontology*. London: Sage.

Pierce, M. and Timonen, V. 2010. *A Discussion Paper on Theories of Ageing and Approaches to Welfare in Ireland North and South*. Belfast and Dublin: Centre for Ageing Research and Development in Ireland.

Pinquart, M. and Sorensen, S. 2000. Influences of Socioeconomic Status, Social Network, and Competence on Subjective Well-Being in Later Life: A Meta-Analysis. *Psychology and Aging*, 15 (2), 187-224

Pizzini, N.J. 2008. *A Qualitative Analysis of the Experience of Dying for Prisoners with a Terminal Illness*. Ph.D. thesis, University of Iowa.

Plagnol, A. and Scott, J. 2011. What matters for well-being: Individual perceptions of quality of life before and after important life events. *Applied Research in Quality of Life*, 6 (2), 115-137.

Pont, J. 2008. Ethics in research involving prisoners. *International Journal of Prisoner Health*, 4 (4), 184-197.

Poon, L.W., Martin, P., Bishop, A., Cho, J., da Rosa, G., Deshpande, N., Hensley, R., MacDonald, M., Margrett, J. and Randall, K. 2010. Understanding centenarians'

psychosocial dynamics and their contributions to health and quality of life. *Current Gerontology and Geriatrics Research*, 1-13.

Potter, E., Cashin, A., Chenoweth, L. and Jeon, Y-H. 2007. The healthcare of older inmates in the correctional setting. *International Journal of Prisoner Health*, 3 (3), 204–213.

Powell, J.L. 2001. Theorizing Gerontology: The Case of Old Age, Professional Power, and Social Policy in the United Kingdom. *Journal of Aging and Identity*, 6 (3), 117-135.

Priebe, S., Huxley, P., Knight, S. and Evans, S. 1999. Application and results of the Manchester Short Assessment of Quality of Life (MANSA). *The International Journal of Social Psychiatry*, 45 (1), 7-12.

Prince, M., Knapp, M., Guerchet, M., McCrone, P., Prina, M., Comas-Herrera, A., Wittenberg, R., Adelaja, B., Hu, B., King, D., Rehill, A. and Salimkumar, D. 2014. *Dementia UK: Update*. 2<sup>nd</sup> ed. London: Alzheimer's Society.

Princy, T. 2013. Death Anxiety (Thantaphobia) Among Elderly: A Gender Study. *Indian Journal of Gerontology*, 27 (4), 637-646.

Prins, H. 2010. Dangers by being despised grow great. In: M. Nash and A. Williams, eds. *Handbook of public protection*. Oxon: Willan Publishing, 2010, 15-40.

Prison and Probation Ombudsman. 2013. *Learning from PPO Investigations – End of Life Care*. Prisons and Probation Ombudsman: London.

Prison Reform Trust. 2008. *Older Prisoners' in Bromley Briefings: Prison Factfile*. London: Prison Reform Trust.

Prison Reform Trust. N.d. *Prison Life*. Available at: <http://www.prisonreformtrust.org.uk/Portals/0/Documents/PIB%20extract%20-%20Prison%20life.pdf> Accessed on 30/06/12.

Prisons and Probation Ombudsman. 2014. *Prisons and Probation Ombudsman Annual Report 2013-2014*. Prisons and Probation Ombudsman: London.

Public Health England. 2015. *Recent Trends in Life Expectancy at Older Ages*. London: Public Health England.

Punch, K.J. 2011. *Introduction to social research: quantitative and qualitative approaches*. London: Sage.

Ramsbotham, D. 2003. *Prisongate: the shocking state of Britain's prisons and the need for visionary change*. London: Free Press.

Rapkin, B.D. and Fischer, K. 1992. Framing the construct of life satisfaction in terms of older adults' personal goals. *Psychology and Aging*, 7 (1), 138-149.

Rapley, M. 2003. *Quality of Life Research: A Critical Introduction*. London: Sage Publications Ltd.

Ravitch, S.M. and Riggan, J.M. 2011. *Reason and Rigor: How Conceptual Frameworks Guide Research*. London: Sage Publications.

Ray, S. and Davidson, S. 2014. *Dementia and cognitive decline: A review of the evidence*. London: AGE UK.

Raynor, P. 2007. Theoretical Perspectives on Resettlement: What it is and How it Might Work. *In: A. Hucklesby and L. Hagley-Dickinson, eds. Prisoner Resettlement Policy and Practice*, Cullompton: Willan Publishing, 2007, 26–42.

Raz, J. 2003. *The Practice of Value*. Oxford: Oxford University Press.

Regan, J.J., Alderson, A., and Regan, W.M. 2002. Psychiatric disorders in aging prisoners. *Clinical Gerontologist*, 26 (1/2), 117–124.

Reichardt, S.S. and Rallis, S.F. 1994. Qualitative and quantitative inquiries are not incompatible: A call for a new partnership. *In: C. S. Reichardt and S. F. Rallis, eds. The qualitative-quantitative debate: Newperspectives* San Francisco, CA: Jossey-Bass, 1994, 85-91.

Reiter, K. 2014. Making Windows in Walls: Strategies for Prison Research. *Qualitative Inquiry*, 20 (4), 417-428.

Ricciardelli, R. and Moir, M. 2013. Stigmatized among the Stigmatized: Sex Offenders in Canadian Penitentiaries. *Canadian Journal of Criminology and Criminal Justice*, 55 (3), 353-385.

Richeson, J. L., and Shelton, J. N. 2006. A social psychological perspective on the stigmatization of older adults. *In: L. L. Carstensen and C. R. Hartel (Eds.), When I'm 64*. Washington, DC: National Academies Press, 2006, 174-208.

Richmond, C. 2005. Dame Cicely Saunders. *British Medical Journal*, 331 (7510), 238.

Rickford, D. and Edgar, K. 2005. *Troubled Inside: Responding to the Mental Health Needs of Men in Prison*. London: Prison Reform Trust.

Riessman, F. 1965. The 'Helper' therapy principle. *Social Work*, 10 (2), 27-32.

Riggin, L. J. 1997. Advances in mixed-method evaluation: A synthesis and comment. In: J.C. Greene, and V.J. Caracelli, eds. *Advances in mixed-method evaluation: The challenges and benefits of integrating diverse paradigms*. San Francisco: Jossey-Bass, 1997, 87-94.

Rikard, R.V. and Rosenberg, E. 2007. Aging Inmates: A Convergence of Trends in the American Criminal Justice System. *Journal of Correctional Health Care*, 13 (3), 150-162.

Ristorph, A. 2006. Sexual Punishments. *Columbia Journal of Gender and Law*, 15 (1), 139–176.

Roberts, T. and Bowers, B. 2015. How nursing home residents develop relationships with peers and staff: A grounded theory study. *International Journal of Nursing Studies*, 52 (1), 57-67.

Robins, C.S., Ware, N.C., dosReis, S., Willging, C.E., Chung, J.Y. and Lewis-Fernández, R. 2008. Dialogues on mixed methods and mental health services research: Anticipating challenges, building solutions. *Psychiatric Services*, 59 (7), 727–731.

Robinson, T., Gustafson, B. and Popvich, M. 2008. Perceptions of negative stereotypes of older people in magazine advertisements: comparing the perceptions of older adults and college students. *Ageing and Society*, 28 (2), 233-251.

Robson, C. 1993. *Real world research*. Oxford, UK: Blackwell.

Robson, C. 2011. *Real world research: A resource for social-scientists and practitioner-researchers*. 3<sup>rd</sup> Ed. Oxford: Blackwell Publishing.

Ronel, N. 2000. From self-help to professional care: an enhanced application of the 12-step program. *Journal of Applied Behavioural Science*, 36 (1), 108-122.

Ronel, N. 2011. A Different Perspective: Introducing Positive Criminology. *International Journal of Offender Therapy and Comparative Criminology*, 50 (3), 305-325.

Ronel, N., Frid, N. and Timor, U. 2013. The Practice of Positive Criminology: A Vipassana Course in Prison. *International Journal of Offender Therapy and Comparative Criminology*, 57 (2), 133–153.

Rosenberg, R. 1992. Quality of life, ethics, and philosophy of science. *Nordic Journal of Psychiatry*, 46 (2), 75-77.

Ross, D. 1995. *Aristotle*. London: Routledge.

Ross, M.W., Liebling, A. and Tait, S. 2011. The Relationships of Prison Climate to Health Service in Correctional Environments: Inmate Health Care Measurement, Satisfaction and Access in Prisons. *The Howard Journal of Criminal Justice*, 50 (3), 262–274.

Routledge, C., Arndt, J., Sedikides, C. and Wildschut, T. 2008. A blast from the past: The terror management function of nostalgia. *Journal of Experimental Social Psychology*, 44 (1), 132–140.

Routledge, C., Arndt, J., Wildschut, T., Sedikides, C., Hart, C.M., Juhl, J., Vingerhoets, J.J.M. and Schlotz, W. 2011. The Past Makes the Present Meaningful: Nostalgia as an Existential Resource. *Journal of Personality and Social Psychology*, 101 (3), 638–652.

Rowe, J.W. and Kahn, R.L. 1998. *Successful aging*. New York: Pantheon/Random House.

Rowles, G. 1978. *Prisoners of Space? Exploring the geographical experience of older people*. Boulder: Westview Press.

Royal College of Psychiatrists. 2011. *Outcome measures recommended for use in adult psychiatry*. London: Royal College of Psychiatrists.

Roza, K.A., Lee, E.J., Meier, D.E., Goldstein, N.E. 2015. A survey of bereaved family members to assess quality of care on a palliative care unit. *Journal of Palliative Medicine*, 18 (4), 358-365.

Ruthig, J.C., Trisko, J. and Chipperfield, J.G. 2014. Shifting positivity ratios: emotions and psychological health in later life. *Aging Mental Health*, 18 (5), 547-53.

Ruyter, D.J.D. 2004. Pottering In the Garden? On Human Flourishing and Education. *British Journal of Educational Studies*, 52 (4), 377-389.

Ryan, R.M. and Deci, E.L. 2001. On Happiness and Human Potentials: A Review of Research on Hedonic and Eudaimonic Well-Being. *Annual Review of Psychology*, 52 (1), 141-166.



Ryff, C.D. 1989. Happiness is Everything, or Is It? Explorations on the Meaning of Psychological Well-Being. *Journal of Personality and Social Psychology*, 57 (6), 1069-1108.

Salovey, P., Rothman, A.J., Detweiler, J.B. and Steward, W.T. 2000. Emotional States and Physical Health. *American Psychologist*, 55 (1), 110-121.

Saunders, L. 2013. Older offenders: the challenge of providing services to those aging in prison. *Prison Service Journal*, 208, 43-48.

Savin-Baden, M. and Howell Major, C. 2013. *Qualitative Research: The essential guide to theory and practice*. London: Routledge.

Schatzman, L. and Strauss, A.L. 1973. *Field research*. Englewood Cliffs, N.J.: Prentice-Hall, Inc.

Schostak, J.F. and Schostak, J.R. 2010. *Researching Violence, Democracy and the Rights of People*. London: Routledge.

Schwaebe, C. 2005. Learning to pass: sex offenders' strategies for establishing a viable identity in the prison general population. *International Journal of Offender Therapy and Comparative Criminology*, 49 (6), 614-625.

Schwanen, T. and Ziegler, F. 2011. Wellbeing, independence and mobility: an introduction. *Ageing and Society*, 31 (5), 719-733.

Seale, C. 1998. *Researching Society and Culture*. London: Sage.

Secretary of State for Justice. 2010. *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*. London: Ministry of Justice.

Seehusen, J., Cordaro, F., Wildschut, T., Sedikides, C., Routledge, C., Blackhart, G., Epstude, K. and Vingerhoets, J.J.M. 2013. Individual differences in nostalgia proneness: The integrating role of the need to belong. *Personality and Individual Differences*, 55 (1), 904–908.

Seligman, M.E.P. 2008. Positive Health. *Applied Psychology: An International Review*, 57 (1), 3–18.

Seligman, M.E.P. 2011. *Flourish: A New Understanding of Happiness and Well-Being - and How To Achieve Them*. USA: Nicholas Brealey Publishing.

Sen, A. 1999. *Development as freedom*. New York: Anchor Books.

Sener, A., Oztop, H., Dogan, N. and Guvan, S. 2008. Family, Close Relatives, Friends: Life Satisfaction Among Older People. *Educational Gerontology*, 34 (10), 890-906.

Senior, H.E.J., Parsons, M., Kerse, N., Chen, M., Jacobs, S., Vander Hoorn, S. and Anderson, C.S. 2014. Promoting independence in frail older people: a randomised controlled trial of a restorative care service in New Zealand. *Age Ageing*, 43 (3), 418-424.

Senior, J., Forsyth, K., Walsh, E., O’Hara, K., Stevenson, C., Hayes, A., Short, V., Webb, R., Challis, D., Fazel, S., Burns, A. and Shaw, J. 2013. Health and social care services for older male adults in prison: the identification of current service provision and piloting of an assessment and care planning model. *Health services and delivery research*, 1 (5), 1-160.

Sepúlveda, C., Marlin, A., Yoshida, T. and Ullrich, A. 2002 Palliative Care: the World Health Organization's global perspective. *Journal of Pain and Symptom Management*, 24 (2), 91-96.

Shah, H. and Marks, N. 2004. *A well-being manifesto for a flourishing society*, London: New Economics Foundation.

Shaw, A. C., Joshi, S., Greenwood, H., Panda, A., and Lord, J.M. 2010. Aging of the Innate Immune System. *Current Opinion in Immunology*, 22 (4), 507–513.

Shefer, G. and Liebling, A. 2008. Prison Privatisation: In search of a business-like atmosphere? *Criminology and Criminal Justice*, 8 (3), 261-78.

Shone, S.J. 2000. Kropotkin's Just Community: A Counterexample to the Theory that Liberal Democracy has Triumphed. *Contemporary Justice Review*, 3 (2), 187–204.

Silverman, D. 2005. *Doing Qualitative Research*. London: Sage Publications Ltd.

Silverstein, M. and Parker, M.G. 2002. Leisure activities and quality of life among the oldest old in Sweden. *Research on Aging*, 24 (5), 528-547.

Sirgy, M.J. 2002. *Psychology of Quality of Life*. Dordrecht, Netherlands: Kluwer Academic Publishers.

Smith, A. 2000. *Researching quality of life of older people: concepts, measures and findings* - Working Paper 7. Keele University: Centre for Social Gerontology.

Smith, C.L. and Clay, P.M. 2010. Measuring Subjective and Objective Wellbeing Analyses from Five Marine Commercial Fisheries. *Human Organization*, 69 (2), 158-168.

Snyder, C., van Wormer, K., Chadha, J. and Jagers, J.W. 2009. Older Adult Inmates: The Challenge for Social Work. *Social Work*, 54 (2), 117-124.

Social Exclusion Unit. 2002. *Reducing Re-offending by Ex-prisoners*. London: Office of the Deputy Prime Minister, Social Exclusion Unit.

Solomon, Z., Mikulincet, M. and Hobfoll, S.E. Objective Versus Subjective Measurement of Stress and Social Support; Combat-Related Reactions. *Journal of Consulting and Clinical Psychology*, 55 (4), 577-58.

Song, M. and Kong, E. 2015. Older adults' definitions of health: A metasynthesis. *International Journal of Nursing Studies*, 52 (6), 1097–1106.

Sparks, R., Bottoms, A.E. and Hay, W. 1996. *Prisons and the Problem of Order*. Oxford: Clarendon Press.

Stanley, L.L. 1922. Analysis of one thousand testicular substance implantations. *Endocrinology*, 6 (6), 787-788.

Steel, P., Schmidt, J. and Shultz, J. 2008. Refining the Relationship between Personality and Subjective Well-Being. *Psychological Bulletin*, 134 (1), 138–161.

Steele, C. M. (2010). *Whistling Vivaldi: And other clues to how stereotypes affect us (Issues of our time)*. New York, NY: Norton.

Steffensmeier, D., and Motivans, M. 2000. Older men and older women in the arms of criminal law: Offending patterns and sentencing outcomes. *Journal of Gerontology B: Psychological Sciences and Social Sciences*, 55 (3), S141-151.

Stiglitz, J.E., Sen, A. and Fitoussi, J.P. 2009. *Report by the Commission on the Measurement of Economic Performance and Social Progress*. Available at: [http://www.stiglitz-sen-fitoussi.fr/documents/rapport\\_anglais.pdf](http://www.stiglitz-sen-fitoussi.fr/documents/rapport_anglais.pdf) Accessed 18/09/14.

Stone, K., Papadopoulos, I., Kelly, D. 2011. Establishing hospice care for prison populations: an integrative review assessing the UK and USA perspective. *Journal of Palliative Medicine*, DOI: 10.1177/0269216311424219.

Stuenkel, D. and Wong, V. 2013. Stigma. In: I. Lubken, I. and P.D. Larsen. *Chronic illness: Impact and interventions*. 8<sup>th</sup> ed. Boston: Jones and Bartlett, 2013, 45-78.

Sullivan, E.L. 2007. 'Seeing beyond the uniform': Positive views of a prison through prisoners' eyes. *Prison Service Journal*, 173 (1), 27–33.

Sutton, J.R. 2013. The Transformation of Prison Regimes in Late Capitalist Societies. *American Journal of Sociology*, 119 (3), 715-746.

Swift, H. J., Lamont, R. A., and Abrams, D. (2012). Are they half as strong as they used to be? An experiment testing whether age-related social comparisons impair older people's hand grip strength and persistence. *British Medical Journal Open*, 2, 1-6.

Sykes, G.M. 1958. *The society of captives*. Princeton, NJ: Princeton University Press.

Tapia Granados, J.A. 2012. Economic growth and health progress in England and Wales: 160 years of a changing relation. *Social Science and Medicine*, 74 (5), 688-695.

Tarback, A. 2001. Editorial, Health of Elderly Prisoners. *Age and Aging*, 30 (2), 369-370.

Tashakkori, A. and Teddlie, C. 1998. *Mixed methodology: combining qualitative and quantitative approaches*. Thousand Oaks, CA: Sage.

Tebes, J.K. 2012. Philosophical foundations of mixed methods research: Implications for research and practice. In: L.A. Jason and D.S. Glenwick, eds. *Methodological approaches to community-based research*/ Washington, DC: American Psychological Association, 2012, 33–50.

Teller, F.E and Howell, R.J. 1981. The Older Prisoner: Criminal and Psychological Characteristics. *Criminology*, 18 (4), 549-557.

Terhune, K.W. 1973. Probing Policy-Relevant Questions on the Quality of Life. In: Environmental Protection Agency. *The Quality of Life Concept*. Washington, 1973, 23-34.

Tesu-Rollier, D.D. 2013. The Prison in Mourning, *Bereavement in Jail*. DOI: 10.1016/j.amp.2013.01.032.

Tewksbury, R. 2005. Collateral consequences of sex offender registration. *Journal of Contemporary Criminal Justice*, 21(1), 67-82.

Tewksbury, R. and Dabney, D.A. 2004. Prison volunteers: Profiles, motivations, satisfaction. *Journal of Offender Rehabilitation*, 40 (1/2) 173-183.

Thalos, M. 2012. Solidarity: A Motivational Conception. *Philosophical Papers*, 41 (1), 57-95.

The Criminal Justice Act 1948

The Nuremberg code. 1947. *British Medical Journal* 7070, 313, 1448.

The Prevention of Crime Act 1908

The Prisons Act 1898

Theofilou, P. 2013. Sociodemographic and Clinical Determinants of Quality of Life and Health Representations in Greek Patients with Multiple Sclerosis. *Europe's Journal of Psychology*, 9 (1), 33–50.

Thoits, P.A. and Hewitt, L.N. 2001. Volunteer work and well being. *Journal of Health and Social Behavior*, 42 (2), 115-131.

Tiftt, L.L. and Stevenson, L.E. 1985. Humanistic Criminology: Roots from Peter Kropotkin. *The Journal of Sociology and Social Welfare*, 12 (3), 488-520.

Tourigny, A., Aubin, M., Haggerty, J., Bonin, L., Morin, D., Reinhartz, D., Leduc, Y., St-Pierre, M., Houle, N., Giguère, A., Benounissa, Z, and Carmichael, P.H. 2010. Patients' perceptions of the quality of care after primary care reform: Family medicine groups in Quebec. *Canadian Family Physician*, 56 (7), 273-282.

Trigg, R., Watts, S., Jones, R., Tod, A. and Elliman, R. 2012. Self-reported quality of life ratings of people with dementia: the role of attitudes to aging. *International Psychogeriatrics*, 24 (7), 1085-1093.

Turksever, A. and Atalik, G. 2001. Possibilities and limitations for the measurement of the quality of life in urban areas. *Social Indicators Research*, 53 (2), 163-187.

Turner, M., Payne, S. and Barbarachild, Z. 2011. Care or custody? An evaluation of palliative care in prisons in North West England. *Palliative Medicine*, 25 (4), 370-377.

UK Statistics Authority. 2014. *Statistics on Personal Well-being (produced by the Office for National Statistics)*. London: UK Statistics Authority.

Uzoaba, J. H. 1998. *Managing Older Offenders: Where Do We Stand? Research Report R-70*. Ottawa, ON: Correctional Service of Canada.

Vaarama M.2009. Care related quality of life in old age. *European Journal of Ageing*, 6 (1), 113–125.

Vaillant, G.E. 2002. *Aging well: Surprising guideposts to a happier life from the landmark Harvard study of adult development*. Boston: Little, Brown and Company.

Van de Schoot, R., Yerkes, M.A., Mouw, J.M. and Sonneveld, H. 2013. What Took Them So Long? Explaining PhD Delays among Doctoral Candidates. *PLoS ONE*, 8 (7), DOI: 10.1371/journal.pone.0068839.

Van Griensven, H., Moore, A.P. and Hall, V. 2014. Mixed methods research – The best of both worlds? *Manual Therapy*, 19 (5), 367-371.



Van Mechelen, W., Aertgeerts, B., De Ceulaer, K., Thoonsen, B., Vermandere, M., Warmenhoven, F., Van Rijswijk, E. and De Lepeleire, J. 2013. Defining the palliative care patient: a systematic review. *Journal of Palliative Medicine*, 27 (3), 197-208.

van Praag, B.M.S. and Ferrer-i-Carbonell, A. 2004. *Happiness quantified: A satisfaction calculus approach*. Oxford: Oxford University Press.

Van Tilburg, W.A.P., Igou, E.R and Sedikides, C. 2013. In Search of Meaningfulness: Nostalgia as an Antidote to Boredom. *Emotion*, 13 (3), 450–461.

Vaughan, B. 2007. The Internal Narrative of Desistance. *The British Journal of Criminology*, 47 (3), 390-404.

Veenhoven, R. 2001. Quality-of-life and happiness: Not quite the same. *IN: G. DeGirolamo, ed. Health and Quality of Life*. Rome: Il Pensiero Scientifico, 2001, 67-95.

Verbruggen, M. and Sels, L. 2010. Social–cognitive factors affecting clients' career and life satisfaction after counselling. *Journal of Career Assessment*, 18 (1), 3–15.

Veysey, B., Christian, J. and Martinez, D.J. 2009. *How Offenders Transform Their Lives*. Cullompton: Willan Publishing.

Victor, C.R. and Scharf, T. 2005. Social isolation and Loneliness. *In: A. Walker, ed. Understanding Quality of Life in Old Age*. Maidenhead: Open University Press, 2005, 100-116.

Vina, J., Borrás, C. and Miquel, J. 2007. Theories of Ageing. *International Union of Biochemistry and Molecular Biology Life*, 59 (4-5), 249-254.

Vito, G.F. and Wilson, D.G. 1985. Forgotten People - Elderly Inmates. *Federal Probation*, 49 (1), 18-24.

Vlachantoni, A., Shaw, R., Willis, R., Evandrou, M., Falkingham, J. and Luff, R. 2011. Measuring unmet need for social care amongst older people. *Population Trends*, 145 (1), 56-72.

Wahidin A. and Aday, R. 2005. The needs of older men and women in the criminal justice system. *Prison Service Journal*, 160, 13-23.

Wahidin, A. 2000. Life Behind the Shadows: Women's Experiences of prison in later life. In: R. Horn and S. Waner, eds. *Issues in Forensic Psychology, Positive Direction for Women in Secure Environments*. Leicester: The British Psychological Society

Wahidin, A. 2001. *Life in the Shadows: A Qualitative Study of Older Women in Prison*. Ph.D. thesis, Keele University.

Wahidin, A. 2002. Reconfiguring Older Bodies in the Prison Time Machine. *Journal of Aging and Identity*, 7 (3), 117-193.

Wahidin, A. 2003. Women, Old Age and the prison system. *Criminal Justice Matters*, 53 (1), 38-40.

Wahidin, A. 2004a. *Older Women in the Criminal Justice System: Running Out of Time*. London: Jessica Kingsley.

Wahidin, A. 2004b. Reclaiming Agency - Managing aging bodies in prison. *In: E. Tulle, ed. Old Age and Human Agency*. New York: Nova Science Publishers, 2004, 69-86.

Wahidin, A. 2005. Older Offenders, Crime and the Criminal Justice System. *In: C. Hale, K. Hayward, A. Wahidin and E. Wincup, eds. Criminology*. Oxford: Oxford University Press, 2005, 402-425.

Wahidin, A. 2006. 'No Problems - Old and Quiet': Imprisonment in Later Life. *In: A. Wahidin, A. and M. Cain, eds. Ageing, Crime and Society*. Devon, UK: Willan. 2006, 171-192.

Wahidin, A. and Aday, R. 2011. Later Life and Imprisonment. *In: C. Phillipson, ed. Handbook of Social Gerontology*. London: Sage, 2011, 65-78.

Wahidin, A. and Aday, R. 2012. Older Female Prisoners in the UK and US: Finding Justice in the Criminal Justice System. *In: M. Malloch and G. McIvor. Women, Punishment and Community Sanctions: Human Rights and Social Justice*, London: Routledge, 2012, 65-79.

Wahidin, A., and Cain, M. 2006. *Ageing, Crime and Society*. Devon, UK: Willan.

Wahidin, A., Moore, L and Convery, U. 2012. Prisons and the Legacy of Conflict in Northern Ireland. *In: A. Wahidin (ed). The Legacy of Conflict and the Impact on the Northern Irish Criminal Justice System*, 51 (5), 2012, 442-458.

Wahl, H.W. 2001. Environmental influences on aging and behaviour. *In*: J.E. Birren and K.W. Schaie, eds. *Handbook of the psychology of aging*. 5<sup>th</sup> ed. San Diego, CA: Academic Press, 2001, 215–237.

Waldron, S. 2010. *Measuring Subjective Wellbeing in the UK*. London: ONS Report.

Walker, A. (ed) (2014) *The New Science of Ageing*, Bristol: Policy Press.

Walker, A. (ed) 2014. *The New Science of Ageing*. Bristol: Policy Press.

Walker, A. 2005. *Understanding Quality of Life in Old Age*, Maidenhead: Open University Press.

Walker, J., Illingworth, C., Canning, A., Garner, E., Woolley, J., Taylor, P. and Amos, T. 2014. Changes in mental state associated with prison environments: a systematic review. *Acta Psychiatrica Scandinavica*, 129 (6), 427-436.

Wang, X. Pi, Y., Chen, P., Liu, Y., Wang, R. and Chan, C. (2015). Cognitive motor interference for preventing falls in older adults: a systematic review and meta-analysis of randomised controlled trials, *Age Ageing*, 44 (2), 205-212.

Ward, J. and Bailey, D. 2012. Consent, Confidentiality and the Ethics of PAR in the Context of Prison Research. *In*: K. Love, ed. *Ethics in Social Research*. Bingley: Emerald Group Publishing Ltd, 2012, 149-169.

Ward, J. and Bailey, D. 2013. A participatory action research methodology in the management of self-harm in prison. *Journal of Mental Health*, 22 (4), 306-316.

Ward, T. and Gannon, T. 2006. Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior*, 11 (1), 77-94.

Ward, T. and Stewart, C.A. 2003. The treatment of sex offenders: Risk management and good lives. *Professional Psychology, Research and Practice*, 34 (4), 353–360.

Ware, J., Kosinski, M. and Keller, S.D. 1996. A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Medical Care*, 34 (3), 220-233.

Washburn, A.M., Sands, L.P. and Walton, P.J. 2003. Assessment of social cognition in frail older adults and its association with social functioning in the nursing home. *The Gerontologist*, 43 (2), 203-212.

Wastecycle UK. 2014. *Wastecycle*. Available at <http://www.wastecycle.co.uk/> Accessed on 21/02/2013.

Watkins, P.C., Woodward, K., Stone, T. and Kolts, R.L. 2003. Gratitude and Happiness: Development of a Measure of Gratitude and Relationships with Subjective Well-being. *Social behaviour and Personality*, 31 (3), 431-452.

Webb, E.J., Campbell, D.T., Schwartz, R.D. and Sechrest, L. 1966. *Unobtrusive Measures. Nonreactive Research in the Social Sciences*. Chicago: Rand McNally.

Webber, S.C., Porter, M.M. and Menec, V.H. 2010. Mobility in older adults. A comprehensive framework. *The Gerontologist*, 50 (1), 443-450.

Weissman, M.M., Myers, J.K., Tischler, G.L., Holzer, C.E., III, Leaf, P.J., Orvaschel, H., et al. 1985. Psychiatric disorders (DSM-III) and cognitive impairment among the elderly in a U.S. urban community. *Acta Psychiatrica Scandinavica*, 71 (4), 366–379.

Wengraf, T. 2001. *Qualitative Research Interviewing: Biographic Narratives and Semi-structured Methods*. London: Sage Publications Ltd.

Westmoreland, P., Gunter, T., Loveless, P., Allen, J., Sieleni, B. and Black, D. 2010. Attention Deficit Hyperactivity Disorder in Men and Women Newly Committed to Prison - Clinical Characteristics, Psychiatric Comorbidity, and Quality of Life. *International Journal of Offender Therapy and Comparative Criminology* 54 (3) 361-377.

White, M. and Dolan, P. 2009. Accounting for the Richness of Daily Activities. *Psychological Science*, 20 (8), 1000-1008.

Wildschut, T., Sedikides, C. and Arnd, J. 2006. Nostalgia: Content, Triggers, Functions. *Journal of Personality and Social Psychology*, 91 (5), 975–993.

Wildschut, T., Sedikides, C., Arndt, J. and Routledge, C. 2006. Nostalgia:

Wilkinson, E.K., Salisbury, C., Bosanquet, N., Franks, P.J., Kite, S., Lorentzon, M. and Naysmith, A. 1999. Patient and carer preference for, and satisfaction with, specialist models of palliative care: a systematic literature review. *Journal of Palliative Medicine*, 13 (3), 197-216.

Williams, B.A., Stern, M.F., Mellow, J., Safer, M. and Greifinger, R.B. 2012. Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care. *American Journal of Public Health*, 10 (2), 1475-1481.

Williams, J. 2013. Social care and older prisoners. *Journal of Social Work*, 13 (5), 471-491.

Williamson, T. 2011. Grouchy Old Men? Promoting older men's mental health and emotional well being. *Working with Older People*, 15 (4), 164-176.

Wilson, D.G. and Vito, G.F. 1986. Imprisoned Elders. The Experiences of One Institution. *Criminal Justice Policy Review*, 1 (4), 399-421.

Wing, J.K., Curtis, R.H. and Beevor, A.S. 1996. *HoNOS: Health of the Nation Outcome Scales: Report on Research and Development July 1993-December 1995*. London: Royal College of Psychiatrists.

Witvliet, M.J., Slaar, A., Heij, H.A. and van der Steeg, A.F. 2013. Qualitative analysis of studies concerning quality of life in children and adults with anorectal malformations. *Journal of Pediatric Surgery*, 48 (2), 372-379.

Woo, J. 2000. Relationships among diet, physical activity and other lifestyle factors and debilitating diseases in the elderly. *European Journal of Clinical Nutrition*, 54 (3), S143-7.

Woolf, Lord Justice. 1991. *Prison Disturbances April 1990: Report of an Inquiry by the Rt Hon Lord Justice Woolf (Parts I and II) and His Honour Judge Stephen Tumim (Part II)*. Cm. 1456. London: HMSO

- World Health Organisation (WHO). 1997. *Measuring Quality of Life*. Geneva: WHO.
- World Health Organisation (WHO). 2002. *Active Ageing A Policy Framework*. Switzerland: WHO.
- World Health Organisation (WHO). 2005. *Health in prisons A WHO guide to the essentials in prison health*. Geneva: WHO.
- Wright, M. 2008. *Making Good: Prisons, Punishment and Beyond*. Oregon: Waterside Press.
- Wright, R. G. 2008. From Wetterling to Walsh: The growth of federalization in sex offender policy. *Federal Sentencing Reporter*, 21(2), 124-132.
- Wu, C.H., Chen, L.H. and Tsai, Y.M. 2009. Longitudinal invariance analysis of the Satisfaction with Life Scale. *Personality and Individual Differences*, 46 (4), 396-401.
- Yamagishi, T. and Mifune, N. 2009. Social exchange and solidarity: in-group love or out-group hate? *Evolution and Human Behavior*, 30 (4), 229-237.
- Yassour-Borochowitz, D. 2012. "Only if she is sexy". *Equality, Diversity and Inclusion: An International Journal*, 31 (5/6), 402-417.
- Yen, J. 2010. Authorizing happiness: Rhetorical demarcation of science and society in historical narratives of positive psychology. *Journal of Theoretical and Philosophical Psychology*, 30 (2), 67-78.
- Youmans, E.G. 1971. Generational Perceptions of Life Cycle Stages in an Urban/Rural Area. *Gerontologist*, 1, 284-288.



Younkins, E.W. 2008. Toward the Development of a Paradigm of Human Flourishing in a Free Society. *Journal of Ayn Rand Studies*, 9 (2), 253-304.

Zalenski, R.J. and Raspa, R. 2006. Maslow's Hierarchy of Needs: A Framework for Achieving Human Potential in Hospice. *Journal of Palliative Medicine*, 9 (5), 1120-1127.

Zaninotto, P. and Steptoe, A. 2011. In: J. Banks et al (eds) *Financial circumstances, health and well-being of the older population in England. The 2008 English Longitudinal Study of Ageing*. London: Institute for Fiscal Studies, 2011, 294-326.

## **Appendices**

*Appendix i: Office of National Statistics (ONS) Integrated Household Survey  
User Guide – Volume 2: 2011 Questionnaire 21*

>Removed due to third party copyright <

*Appendix ii: The Manchester Short Assessment of Quality of Life (MANSA)*

>Removed due to third party copyright<

*Appendix iii: The Older Prisoners Quality of Life Questionnaire (TOPQoL)*

>Removed due to third party copyright <

## ***Appendix iv: Older Prisoner Interview Schedule***

### **Introductory Question**

***Can you provide me with a brief background about yourself and your life before you were sentenced?***

Prompts: How would you describe your childhood? Can you tell me about any life events that stick out in your mind? How would you describe your life prior to imprisonment? Employment; education; family.

### **The Prison Regime**

***Describe to me what your average day in prison is like.***

***What does independence means to you?***

Prompts: how has prison affected your independence? How has old age affected you independence?

***How do you gain independence and a sense of freedom in prison as an older person?***

***Tell me about decision making in the prison? Do you feel that you make your own decisions or that they are made for you?***

Prompts: Provide Examples. How does this make you feel when decisions are made for you on your life?

***How would you describe your health at this point in your life?***

Prompts: Mental health? Physical Health? Mobility? Medical health?

***Describe to me the type of activities that you take part in on a day-to-day basis.***

Prompts: Is there anything else that you would like to do that you are not able to?

## **Being Older in Prison**

*Can you tell me about any thoughts you had (if any) on growing older in prison?*

Prompts: Did you consider your age on release, or that you may not be released? How did that make you feel? How would you describe the affect that this had on your family? Can you tell me about any of the things that you thought about in particular? Did you think about growing older when you were sentenced?

*Describe to me any ways that you think you have changed from when you were first sentenced.*

*If you had to describe yourself at your stage of life now, what words would you use?*

*Can you recall to me the first time that you felt ‘ \_\_\_\_ ’?*

Prompts: [Insert word used by the participant]

*What does being ‘ \_\_\_\_ ’ mean to you?*

Prompt: [Insert word used by participant]

*Can you tell me about any aspects of prison life that you believe have been made challenging due to getting older?*

Prompt: Can you describe to me how?

## **Relationships with Others and Society**

*Can you describe to me what your family or friend’s main concerns were for you when you were convicted?*

*How have your relationships with friends and family changed over the years of your imprisonment?*

Prompt: How would you describe the contact with your loved ones has been over the years in HMPS?

***How important do you consider maintaining a relationship with your loved ones whilst you are in prison?***

Prompts: Describe to me the support that they provide to you? How does having family contact make you feel? Do you see other inmates that don't have family contact? – How would you describe the effect on them?

***How easy is it to maintain contact with friends and family?***

***What words would you use to describe how you feel when you aren't able to have contact or regular contact with your loved ones?***

***Can you describe to me how you feel following contact with your loved ones – whether it be through phone, visit or letter?***

***Describe to me how content you are with the frequency of contact that you have with loved ones?***

Prompts: Would you wish to have more? – If so, can you tell me why?

***Can you tell me about any other relationships that you have in the prison today?***

Prompts: How are your relationships with staff, other prisoners?

***Do you consider yourself to have any people that you would call 'friends' in the prison?***

Prompts: Can you tell me a bit more about them?

***Can you tell me a bit about the conversations that you have with them?***

Prompts: Do you share your private thoughts or feelings with them? Are the conversations merely chit-chat? Do you feel that there is someone in the prison that you can confide in? Any prison staff or other prisoners?



***What are your thoughts about companionship in a prison setting as you have aged in prison?***

Prompts: Married prior to imprisonment? Still married now? The affects prison had on the relationship? How did this make you feel? Do you feel that there are restrictions in maintaining long-term relationships?

***Tell me about the people that you have social contact with in prison over the years?***

Prompts: Are they all prisoners? Is it all ways the same few people or is there a variety? Could you see yourself socialising with these people outside of prison? How do you spend your time with them?

***How do you feel that society may not agree that older prisoners like you should have or deserve a decent quality of life in prison?***

### **Evaluation of Prison Life**

***How would you define Quality of Life? / What does Quality of Life mean to you?***

***What words would you use to describe how you are feeling about your life in prison as an older person in prison?***

Prompts: Both positive and negative feelings.

***Describe to me what makes your life good in prison.***

***Describe to me what makes your life bad in prison.***

***Of all the good and bad things that you have just mentioned, which is the most important to you?***

Prompts: Describe to me why

*How do you think the prison service could make your life better?*

*Describe to me how you feel about the future?*

PROMPTS: Are you confident that you will be released? Have you considered that your final days may be spent in prison? Are you confident that you will be cared for appropriately? Are you provided with the necessary support and advice from staff regarding your future?

## ***Appendix v: Prison Staff Interview Schedule***

### **Introduction**

***Can you give me a brief background about your professional role and, how long you have been working in the prison service and in particular in this prison?***

### **Prison Environment and Regime**

***Talk me through an average day at the prison for you.***

Prompts: The day-to-day running. What happens from when you begin your shift to finishing it?

***What words would you use to describe the prison regime here?***

Prompts: The mood in the prison? The physical environment of the prison? The atmosphere of the prison? The prison conditions?

***Being a category [insert relevant category of prison] prison, describe to me the security measures that are in place.***

Prompts: What are the prisoners allowed and not allowed? What is in their cell? Security of visits?

***Can you tell me about any activities that are run here specifically for older prisoners?***

### **Older Prisoners**

***Tell me about how older prisoners fit into this particular prison regime.***

Prompts: Do older prisoners have the same security concerns as other prisoners? Are there certain aspects of the prison regime that are not appropriate for older prisoners? Is the prison regime perfectly adequate for older prisoners?

***Describe to me (if any) the measures in place to accommodate older prisoners.***

Prompts: Are older prisoners provided with any additional services? Are older prisoners placed on a particular wing?

***What words would you use to describe older prisoners?***

***Describe to me any experiences you have had of older prisoners.***

***Tell me how you feel about this type of environment for someone of older age.***

*Can you describe to me the types of illnesses or impairments that you have come across in older prisoners.*

*Describe to me how this prison manages older prisoners and their needs?*

*How would you describe older prisoners' quality of life in this prison?*

*If you were an older prisoner here, what would be the one aspect you would want to change?*

Prompts: Access to services and/or state pension? Specific wings or integration with younger inmates?

### **Healthcare VS Social Care**

*Can you explain to me the difference between healthcare and social care here at the prison?*

*In your everyday work life, do you see any barriers to older prisoners receiving social care?*

*Can you tell me who provides social care for older prisoners?*

*Can you tell me about any voluntary sectors that are involved with older prisoners at the prison?*

## **Invitation to Participate:**

### **Exploring Older Prisoners Satisfaction with Quality of Life and Wellbeing**

My name is Claire de Motte and I am a researcher based at Nottingham Trent University. I am carrying out a piece of independent research exploring whether older prisoners are satisfied with their quality of life and wellbeing.

I hope this research highlights aspects of prison life that provide and reduce satisfaction in older prisoner and I can recommended ways for older people to live well in an age appropriate regime in their later years of life.

This is where the research needs your help.

This is a formal invitation to complete a short questionnaire. The questionnaire is being circulated to all prisoners here at [name of prison], and at other prison estates, who are aged 50 years and over. The questionnaire is presented in a booklet format and can be completed by you independently. There are 33 questions which should only take you around 15 minutes to complete. Once completed, you can then pop the questionnaire back into the sealed envelope provided in this pack and pass it on to the person identified on the front of the questionnaire booklet, who will then pass it back to me. This way all your answers will be kept completely confidential.

Your participation in the project is completely voluntary and you are under no pressure to take part. So if you receive the questionnaire but do not wish to fill it in, just put it in the bin.

If you decide to participate:

- I will ask you to read through the information sheet, and complete and return the consent form;
- I will ask you to complete and return a short questionnaire to assess your satisfaction with quality of life and wellbeing;
- If you consent to further contact, I may ask you at a later date to take part in a voluntary interview that will be audio recorded. If you do not wish to be contacted to take part in a follow-up interview, there is an opt-out section on the back of the questionnaire booklet that you just need to tick.

**It is important to understand that this study is carried out with the agreement of the prison but is NOT being carried out on behalf of it. Participating in this research will not affect your future relations or stay with [name of prison] or any other part of the Criminal Justice System. This study is purely for research purposes only.**

Many thanks for your time.

Claire de Motte

Researcher

## **Exploring Older Prisoners Satisfaction with Quality of Life and Wellbeing**

*You were selected as a potential voluntary participant in this study because you are currently detained in HMP [\_\_\_\_] and are aged 50 years or over.*

You are invited to participate in a study on older prisoners satisfaction with quality of life and wellbeing. This is completely voluntary and you are under no pressure to take part. Before you make a decision, you should have received an invitation letter from the researcher. Hopefully this will have provided you with a full understanding of the research; however the information below provides you with further information on the research study that you can keep.

### ***What is the Purpose of the Study?***

The researcher wishes to learn more about how satisfied older prisoners are with their quality of life and wellbeing across three prison regimes, particularly identifying specific aspects of prison life that provide and reduce satisfaction in prison. This research hopes to highlights aspects of prison life that provide and reduce satisfaction in older prisoner so recommendations can be made that encourage older prisoner to live well in an age appropriate regime in their later years of life.

### ***What are the Benefits of Participating?***

Although there are not any guaranteed benefits to you as individuals, you may find that you are able to talk over issues or concerns around being older in prison that you have not been able to discuss before. Through your honesty and sharing of experiences, you may also contribute to the developing knowledge of being older in prison that could benefit people in a similar situation to you in the future.

### ***Are there any Disadvantages in Participating?***

Although this study is not intended to cause you any upset or distress, some areas of discussion could include thoughts on possible death in prison, relationships with family and friends and any physical or emotional difficulties that you may have or be experiencing. However, if you experience any distress, you will be offered contact details of a qualified professional who will support you, should you wish to discuss these feelings or issues further.

***What if I Want to Leave the Study?***

If you agree to participate, but then wish to leave the study at a later date, you can do so at any time by contacting your personal officer. They will then contact the researcher who will remove all of your file information. Your stay in prison will not be affected if you wish to leave the study.

***Will my Participation be Kept Confidential?***

Yes. The researchers will follow ethical practice and keep all information about you confidential. However, healthcare staff members may be aware that you are taking part in the study, but will not have access to any of your data. Any data will be stored on the researchers work computer, in a password protected file and disposed of securely once the final report has been published. However, if any issue is raised that suggests harm to yourself, others, or you disclose a previously unknown offence, then the researcher will need to breach confidentiality and inform an appropriate member of staff.

***What will I have to do?***

If you decide to participate:

- 1. You will be asked to complete a short questionnaire to assess your satisfaction with quality of life and wellbeing** (This should take around 15 minutes).
- 2. You may be asked at a later date to take part in a voluntary interview that will be recorded either via audio or detailed note taking.**



**It is important to understand that this study is carried out with the agreement of the prison but is NOT being carried out on behalf of it. Participating in this research will not affect your future relations or stay with HMP [\_\_\_\_] or any other part of the Criminal Justice System. This study is purely for research purposes only.**

If you have any questions about the research study then please contact your personal officer, who will pass on your query to the researcher. If you wish to make a complaint then please contact your personal officer or prisoner ombudsman, who will then directly contact Nottingham Trent University, where your complaint will be dealt with formally. Both your personal officer and Nottingham Trent University are independent from this research and will follow the correct complaint procedure.

The National Offender Management Service (NOMS) and NRES Committee London South East (NHS) have granted ethical approval for this project.

**Many thanks for your time.**

*This is your form to keep*

# Exploring Older Prisoners Satisfaction with Quality of Life and Wellbeing

You are making a decision to participate.

By ticking **ALL** statements and signing your signature below indicates that you have read the information provided above and have decided to participate in the research study.

You may withdraw at any time without judgement, loss or effect on your stay in prison, if you choose to discontinue participation in this study.

	CONSENT STATEMENT	PLEASE TICK IF YOU AGREE
1.	I have received, read, and understood the participant information sheet (pages 1-3).	
2.	I am aware that I can withdraw my participation at any time without prejudice or effect on my stay in prison.	
3.	I understand that any issue suggesting harm to myself, others or previously unknown offences will have to be passed on to a member of staff.	
4.	I am happy for the prison healthcare to be informed of my involvement in this research study.	
5.	If I were to pass away or lose capacity to consent before completion of the research, I confirm that I am happy for any data collected prior to this to be used in the research, providing that my identification is not revealed.	
6.	I agree to complete the questionnaire and will take part in this research project.	

Signature of Participant

Signature of Researcher

Date

Date

***PLEASE RETURN THIS FORM IN THE ENVELOPE ALONG WITH  
YOUR COMPLETED QUESTIONNAIRE***

## **Exploring Older Prisoners Satisfaction with Quality of Life and Wellbeing**

*You were selected as a potential voluntary participant in this study because you are currently detained in HMP [\_\_\_\_\_] and are aged 50 years or above.*

You are invited to participate in a study on older prisoners satisfaction with quality of life and wellbeing. This is completely voluntary and you are under no pressure to take part. Before you make a decision, you should have received an invitation letter from the researcher and completed the Older Prison Quality of Life questionnaire. Hopefully you now have a full understanding of the research, however the information below provides you with the research information in a written format that you can keep for your own records.

### ***What is the Purpose of the Study?***

The researcher wishes to learn more about how satisfied older prisoners are with their quality of life and wellbeing across three prison regimes, particularly identifying specific aspects of prison life that provide and reduce satisfaction in prison. This research hopes to highlights aspects of prison life that provide and reduce satisfaction in older prisoner so recommendations can be made that encourage older prisoner to live well in an age appropriate regime in their later years of life.

### ***What are the Benefits of Participating?***

Although there are not any guaranteed benefits to you as individuals, you may find that you are able to talk over issues or concerns around being older in prison that you have not been able to discuss before. Through your honesty and sharing of experiences, you may also contribute to the developing knowledge of being older in prison that could benefit people in a similar situation to you in the future.

### ***Are there any Disadvantages in Participating?***

Although this study is not intended to cause you any upset or distress, some areas of discussion could include thoughts on possible death in prison, relationships with family and friends and any physical or emotional difficulties that you may have or be experiencing. However, if you experience any distress, you will be offered contact details of a qualified professional who will support you, should you wish to discuss these feelings or issues further.

***What if I want to Leave the Study?***

If you agree to participate, but then wish to leave the study, you can do so at any time by contacting your personal officer. They will then contact the researcher who will remove all of your file information. Your stay in prison will not be affected if you wish to leave the study.

***Will my Participation be Kept Confidential?***

Yes. The researchers will follow ethical practice and keep all information about you confidential. However, healthcare staff members may be aware that you are taking part in the study, but will not have access to any of your data. Any interview recordings will be stored on the researchers work computer, in a password protected file and disposed of securely once the final report has been published. If at any time during the interview an issue is raised that suggests harm to yourself, others, or you disclose a previously *unknown* offence, then the researcher will need to breach confidentiality and inform member of staff.

***What will I have to do?***

If you decide to participate, you will be asked to:

1. **Take part in an audio recorded interview with the lead researcher discussing being older in prison** (This could range from 30 minutes to 1.5 hours).
2. **Take part in an optional second interview discussing any issues relating to ageing in prison that were not covered in the first interview** (This could range from 30 minutes to 1.5 hours).

**It is important to understand that this study is carried out with the agreement of the prison, but is NOT being carried out on behalf of it. Participating in this research will not affect your future relations or stay with HMP [\_\_\_\_\_] or any other part of the Criminal Justice System. This study is purely for research purposes only.**

If you have any questions about the research study then please contact your personal officer, who will pass on your query to the researcher. If you wish to make a complaint then please contact your personal officer or prisoner ombudsman, who will then directly contact Nottingham Trent University, where your complaint will be dealt with formally. Both your personal officer and Nottingham Trent University are independent from this research and will follow the correct complaint procedure.

The National Offender Management Service (NOMS) and NRES Committee London South East have granted ethical approval for this project.

**Many thanks for your time.**

*You will be offered a copy of this form to keep*

# Exploring Older Prisoners Satisfaction with Quality of Life and Wellbeing

You are making the decision to participate.

By ticking **ALL** statements and signing your signature below indicates that you have read the information provided and have decided to participate in the research study.

You may withdraw at any time without judgement, loss or effect on your stay in prison, if you choose to discontinue your participation in this study.

	CONSENT STATEMENT	PLEASE TICK IF YOU AGREE
1.	I have received, read, and understood the participant information sheet (pages 1-3).	
2.	I am aware that I can withdraw my participation at any time without prejudice or effect on my stay in prison.	
3.	I agree for my data to be audio recorded, transcribed and analysed by the research team, and quoted in the writing up of this research.	
4.	I give permission for the Lead Researcher (Claire de Motte) and for her academic supervisory team (Professor Bailey and Professor Holdaway) to access my interview data.	
5.	I understand that any issue suggesting harm to myself, others or previously unknown offences will have to be passed on to a member of staff.	
6.	If I were to pass away or lose capacity to consent before completion of the research, I confirm that I am happy for any data collected prior to this point to be used in the research, providing that my identification is not revealed.	
7.	I agree to take part in this research project.	

Signature of Participant

Signature of Researcher

Date

Date

*Appendix ix: Prison Staff Information Sheet and Interview Consent Form*

## **Exploring Older Prisoners Satisfaction with Quality of Life and Wellbeing**

*You were selected as a potential participant in this study because you are currently employed  
at HMP [\_\_\_\_\_].*

You are invited to participate in a study on older prisoners satisfaction with quality of life and wellbeing. This is completely voluntary and you are under no pressure to take part. Before making an informed decision please read the information below.

### ***What is the Purpose of the Study?***

The researcher wishes to learn more about how satisfied older prisoners are with their quality of life and wellbeing across three prison regimes, particularly exploring specific aspects of prison life that provide and reduce satisfaction in prison. This research hopes to highlights aspects of prison life that provide and reduce satisfaction in older prisoner so recommendations can be made that encourage older prisoner to live well in an age appropriate regime in their later years of life.

### ***What are the Benefits of Participating?***

The researcher cannot guarantee any definite benefits to you as individuals; however you may find that you are able to talk over issues or concerns of the prison regime for older prisoners that you have not been previously able to discuss. You will also be contributing to the growth of knowledge within the prison system on older prisoners, as we are able to learn from your experiences.

### ***Are there any Disadvantages in Participating?***

The interviews are not intended to cause you any upset or distress, however if there are some areas of discussion that cause you distress, you will be offered contact details of a qualified professional, should you wish to discuss any issues further. This interview is not intended to be inconvenient to your working day, however taking part will require around an hour of your time.

### ***What if I Want to Leave the Study?***

If you decide to participate, you are free to withdraw your participation at any time without judgment or effect on your employment within the prison. All you need to do is contact your line manager or prison governor. They will then contact the researcher who will remove all of your file information.

### ***Will my Participation be Kept Confidential?***

Yes. The researchers will follow ethical practice and keep all information about you confidential. Any information that could identify you will be made anonymous. Any interview recordings will be stored on the researchers work computer, in a password protected file and disposed of securely once the final report has been published. However, if any issue is raised during the focus group that suggests harm to yourself, others, or you disclose poor practice, then the researcher will need to breach confidentiality and inform the prison governor.

### ***What will I have to do?***

If you decide to participate, we will ask you to ***take part in an interview with the researcher***. You will discuss the regime of the particular prison that you work at and your experiences of older prisoner. With your permission, this will be audio recorded via a dictaphone or detailed note taking of the interview will be made.

**It is important to understand that this study is carried out with the agreement of the prison but is NOT being carried out on behalf of it and will not prejudice your future relations with HMP [\_\_\_\_] or any other part of the Criminal Justice System. This study is purely for research purposes only.**



If you wish to make a complaint then please contact your line manager or Prison Governor, using your usual employment complaint procedures. Nottingham Trent University will then be contacted directly and formally deal with your complaint. Nottingham Trent University are independent from this research and will follow the correct complaint procedure.

The National Offender Management Service (NOMS) and NRES Committee London South East have granted ethical approval for this project.

**Many thanks for your time.**

*You will be offered a copy of this form to keep*

# Exploring Older Prisoners Satisfaction with Quality of Life and Wellbeing

You are making a decision to participate.

By ticking **ALL** statements and signing your signature below indicates that you have read the information provided above and have decided to participate in the research study.

You may withdraw at any time without judgement, loss or effect on your employment, if you choose to discontinue participation in this study.

	<b>CONSENT STATEMENT</b>	<b>PLEASE TICK IF YOU AGREE</b>
<b>1.</b>	I have received, read, and understood the participant information sheet (pages 1-3).	
<b>2.</b>	I am aware that I can withdraw my participation at any time without prejudice, loss or effect on my current or future employment.	
<b>3.</b>	I am aware that any allegations of bad practice or harm will be reported to the Prison Governor.	
<b>4.</b>	I agree for my data to be audio recorded, transcribed and analysed by the research team, and quoted in the writing up of this research.	

5.	I give permission for the Lead Researcher (Claire de Motte) and for her academic supervisory team (Professor Bailey and Professor Holdaway) to access my data.	
6.	I agree to take part in this research project.	

Signature of Participant

Signature of Researcher

Date

Date