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## Experiences and Needs of Older People in Prison

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The institution of punishment is clearly as old as society; actual punishments and the methods of dispensing them have changed, and most of these changes can be explained historically and sociologically, with the prison serving as a good vehicle for the observation of the changes. Incarceration as a measurable punitive device encased within a legal framework is all but 200 years old. In the past, offenders were locked up until their real punitive fate was decided; this was either a fine, flogging, mutilation or death. Prison was yesterday's *soft option*. In today's spectrum, it emerges as the *hard option*; Morgan believes it is *generally the most severe punishment that the courts can impose* (Shankar Das, 2000, p.27). In the first place we have to consider why we send people to prison. The reasons which are given are usually something to do with retribution or deterrence or reform of the people who are sent to prison. Certainly, it is reasonable to assume that a small minority of the people in prison has committed serious and violent crimes and if they were not incarcerated they would continue to pose a threat. But most of those imprisoned throughout the world constitute no such threat. Most of them are petty offenders. A large proportion, over 50% in many countries are pretrial prisoners, as yet not convicted of a crime. Most come from the urban poor. Prisons are places where the discrimination of the outside society shows itself starkly. All around the world prisons are full of the poor, the unemployed, the disadvantaged and the marginalized. For many poor and the marginalized, being sent to prison is just one of the social and economic injustices they can expect to face in their lives. The closed nature of the penal system in itself makes all those held in prison whether young or old, victims of the violation of the Human Rights. The violation of rights however is not uniform. To a large extent it is determined by the personal and social profiles of the prisoners. The old are marginalized group. They enter prison with a distinctive type of vulnerability, which is further aggravated by the prison environment. (<http://www.prisonreformtrust.org.uk/uploads/documents/Growing.Old.Book-small.pdf>)

There is a steady increase in the number of elderly in prisons and the rising tide of older persons in prison is described as Silver Tsunami. What makes the imprisonment of older offenders an issue and a matter of concern is that the typical prison has been designed to hold and control offenders who are young and energetic. Older prisoners with even moderate levels of physical infirmity find it very hard, sometimes impossible, to move around the prison; those with chronic and age specific health problems may still find the programmes and services provided by the prison poorly adapted to their needs. This mismatch between the environment and services that the prison provides and the needs of the older prisoner will be most striking in cases of gross physical or mental infirmity, lack of family support and reduced reintegrating coping ability. More generally, it has been argued that prison programme that aims at 'returning the offender to mainstream society' may have little relevance for older prisoners. The point is that reintegration into mainstream society will tend to have rather different meaning for a prisoner of working age than a prisoner who is old and infirm. If the prison system is to help younger prisoners achieve this goal, then it makes sense to provide them with the skills that are needed to obtain legitimate and remunerative employment. For older prisoners, those anyway who will be passed retirement age on release reintegration into mainstream society, if at all, will have to be something different from this. (<http://www.hrw.org/sites/default/files/reports/prisoners011webwcover-.pdf>)

Inside the walls of the jails, the lack of adequate health facilities amounts to society inflicting punishment twice, once by incarceration and a second time by illness. Keeping the elderly and infirm in prison is extraordinarily costly. Annual medical costs for older prisoners range from three to four times higher than those for younger ones, because as in the general population, older people behind bars have high rates of chronic disease and infirmities and require more hospitalizations and medical care. Over half of all elderly prisoners suffer from a mental illness, the most common being depression which can emerge as a result of imprisonment. The situation requires participation of trained medical health in-reach teams on the physical as well as mental health needs of older people. Lack of planning for rehabilitation means that older people do not get the services they need on return to their community.

This urgently needs the attention of policy makers for policy reviewing and their future security. The community reintegration or resettlement of older prisoners is a critical issue that also requires attention from correctional officials and others in reentry. Research by Human Rights Watch has convinced that many older prisoners suffer from Human Rights violations. A significant reduction in the number of elderly prisoners and a significant attention to Prison Reforms is required in order for prison systems to be able to house their elderly inmate populations in conditions that respect their rights. For an old and frail person the right to safe conditions of confinement means not having to live in a place with younger persons where they are prone to violence and extortion. The right to decent conditions of confinement and availability of age appropriate overall facilities demands as integral part of Prison Reforms that staff disciplinary responses must be adjusted in recognition of the fact that the elderly inmates do not indulge in willful disobedience. It is thus important that Prison Reforms, Human Rights and correctional initiators work hand in hand to restore the right of the elderly people in prison. (<http://www.csg.org/knowledgecentre/docs/sn0611GrayingPrioners.pdf>)

As the movement for elder justice and human rights of older persons are gaining national and international momentum, the well-being of older adults in prison becomes significant. Most of the elder abuse prevention, detection and intervention efforts are geared towards community-dwelling older adults who are abused, neglected and exploited in their family, neighbourhoods and long term care. However, much less attention is given to older adults who are incarcerated. Older adults in prison experience accumulated or aggravated disadvantages and vulnerability inherent in their carceral status and grave human rights conditions. Areas of protection of older persons that are underscored for those in prison include age discrimination, violence and abuse, access to productive resources, work, food, right to health and palliative and end of life care, disabilities in old age, access to justice and legal rights, social protection, social justice and the right to social security.

Research suggests that the stresses and demands of the prisons physical and social environment make it even more difficult to grow old in prison than to grow old in the community. Older prisoners may be more vulnerable than young prisoners to all that is unpleasant depersonalizing in prison life. Prison programmes are not geared to the needs of older prisoners but to those of the younger prisoners who make up the bulk of the prison population. It is also a matter of concern that elderly inmates (majority undertrials and few convicts) are being unnecessarily held in prison despite the fact that their continued incarceration does little to serve the principle purposes of punishment i.e. retribution, incapacitation, deterrence and rehabilitation. For prisoners who no longer pose a public safety risk because of age and infirmity and who have already served some portion of their prison sentence, continued incarceration may constitute a violation of their right to a just and proportionate punishment. Literature has consistently pointed to post release difficulties and support for older prisoners. The need for support in negotiating the transition from prison may be amplified for older prisoners, who may experience higher levels of vulnerability. In addition, those who have been in prison for longer periods are likely to have more difficulty adjusting to community living, particularly if they have lost family and social support, as well as housing, possessions and the capacity to be employed. (<http://www.prisonreformtrust.org.uk/uploads/documents/doingtimegoodpractice.pdf>).

## **1. INTERNATIONAL EVIDENCES**

Baidawi et. al. (2011) in an article entitled '*Older Prisoners: A Challenge for Australian Corrections*' attempt to highlights the rise in older inmate's populations throughout Australia as well as their specific problems including issues surrounding accommodation and correctional programs. Historical data indicate that the number of older people is increasing in Australian prisons. In England and Wales there was 149 percent increase in the number of sentenced prisoners aged 60 years and over, between 1996 and 2006 and this appears to be the fastest growing age group of prisoners in the United Kingdom (UK). Older prisoners were those who were 50 years of age and over. On the basis of increasing number of ageing population it has been suggested that changing in prosecution and sentencing laws practices including mandatory minimum sentencing and reduced options for early release are contributing factors to the growth observed in older prison population. Further, the higher proportions of older Australian prisoners are convicted of offences that offered long sentence duration and become a contributing factor to the rise of older prison population. Older inmates are characterized by different issues and presents unique challenge, access a number of domains including physical and mental health needs, costs associated with

incarceration, vulnerability to victimization, prison environment service delivery and release planning. The age related health concerns of older prisoners included coping with chronic disease and terminal illness, fear of dying, pain management, reduced levels of morbidity, disability, loss of independence and cognitive impairments. International research indicated upto 40 or 50 percent of ageing prisoners experience medical health issues including a high prevalence of depression. The number of incarceration among female prisoners increased more than tripled over the period of 2000-2010 in Australia, which is far exceeding than the prison population growth under 50 years. These older female prisoners represent a minority within a minority often overlooked in the lack of targeting program in prisons. Researchers emphasized that male and female are not comparable because of differences in criminal profiles and adjustment to prison environments as well as the unique rehabilitation health and transitional support needs of female inmates. The correctional environment is primarily designed for the young who comprise the majority of prison population, therefore, older prisoners' health concerns are exacerbated by prison environment. Lack of access to prison facilities and programmes create a harsher prison environment for older prisoners. Finally research findings suggest that prison environment and authority poorly cater for the needs of older prisoners with physical disabilities such as hearing or vision impairment, infirmity or inconsistency. The literature has consistently pointed to difficulties in post release planning and support for older prisoners due to lack of coordination between prisons, community correctional services and community agencies. Priority is being provided to younger inmates and a lack of strategies to address the needs of older prisoners combined with restriction criterion for early medical release of terminally or chronically ill prisoners. [http://www.aic.gov.au/media\\_library/publications/tandi\\_pdf/tandi426.pdf](http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi426.pdf)

A report entitled 'Old Behind Bars' (2011) based on research conducted by Human Rights Watch (HRW) of 09 states of United States, presents new data on the number of ageing men and women in prison. The numbers of sentenced prisoners who are aged 65 or more grew 95 times faster in the federal and state prisons than the total sentenced prison population between 2007 and 2010. The older prison population increased by 63 percent while, the total prison population grew by 0.7 percent during the same period. In the community age 50 or 55 would not be considered older but incarcerated men and women have typical psychological and mental health conditions. These conditions accelerate ageing process because of the high burden of disease common in prison population. They are also coupled with unhealthy lifestyles prior to and during incarceration. The violence, anxiety and stress of prison life, isolation from family and friend and the possibility of spending most or all of the rest of one's life behind bars can also contribute to accelerated ageing once incarcerated. Prison officials are hard-pressed to provide conditions of confinement that meet the needs and respect the rights of their elderly prisoners. They are also ill prepared; lacking the resources, plans commitment and support from elected officials, to handle the greater numbers of older prisoners projected for the future, barring much needed changes to burst tough on crime laws that lengthen sentences and reduce opportunities for parole or early release. The research also gives insight that many older inmates suffer from human rights violations. Limited resources resistance to changing longstanding rules and policies, lack of support from elected officials as well as insufficient attention to the needs and vulnerabilities of older prisoners all lead to inadequate protection for the rights of the elderly. Older prisoners even if they are not suffering from illness, can find the ordinary rigors of prison particularly difficult because of a general decline in physical and mental functioning which affects their capability to live in prison environment and then need to be healthy, safe and a sense of well being. Older prisoners are more likely to develop disabilities that require the use of sensitive devices such as glasses, hearing aids, wheelchairs, canes and walkers. As in the community the elderly in prison suffer from falls which contribute to hip fractures and high health costs. The right to decent conditions of confinement means older prisoners should be given extra blankets and clothing in the winter season because it is harder for them to stay warm and they should not have to stand outside in harsh weather waiting to receive medicine. They may need more time to eat. Victimization of older inmates increases when they are housed with younger inmates. Inmates who are incontinent and urinate or defecate in their clothes which are not uncommon among the very elderly may be ostracized and even physically assaulted by other inmates who are offended by the smell. In terms of safety, there may be a difference between the elderly who have grown old in the prison system and those who arrive old as newcomers to incarceration. Some older women in prison reported that they felt relatively safe because as 'old times' they had established relationships and felt protected by other inmates. However, they thought the older women who were new to prison may be at a higher risk of victimization. The older

inmates are far less likely than younger inmates to engage in predatory behaviour be physically aggressive, get into physical fights, keep weapons and exploit other inmates etc. Most correction officers do not receive training how to identify and meet the needs of the ageing population or how to understand geriatric behavior. While prisons theoretically try to match jobs with individual inmates' capabilities, older inmates complain that they are given inappropriate job assignments and required to work under conditions that are dangerous for them. Indeed they may have to work regardless of whether they want to or not. There is no retirement age in prison and some prison work is mandatory. They just work till they parole or drop dead. According to Human Rights Watch information annual medical expenditures are three to eight times greater for older state prisoners than others. The challenge for correctional system is not only to provide current needs but to ensure projected needs can be met in future. Older men and women released from prison often find it extremely difficult to find work, housing and transportation as well as necessary medical and mental health care. Some have the assistance and support of family when they are released but some have lost contact with their families because of the length of time incarcerated or the nature of crime and have no home to which to go. (<http://www.hrw.org/sites/default/files/reports/prisoners0112webwcover-.pdf>)

Cooney and Braggins (2010) prepared a report (undertaken by Prison Reform Trust) entitled '*Good Practice with Older People in Prison: The View of Prison Staff*'. The report was mainly based on a survey of staff in prison establishments throughout England and Wales. The study aimed to focus on the views of prison staff about the work they do with a specific (prisoners who were 50 years of age) and growing section of the prison population. The experiences of prison staff detailed in the report led to important questions about the appropriateness of the prison environment for some of the older people in their care. The findings of the study show clearly that while prison staffs were making real efforts they were still struggling to fulfill their duties towards older people in their care. Lack of central direction with few clear policies and standards, difficulties in accessing training and support and the budgetary constraints coupled with regimes, buildings and systems designed for younger inmates, all conspire to render the job of caring for older prisoners incredibly difficult. Older prisoners were often doubly punished along with the loss of liberty they were frequently struggling to cope in a system that was not set-up to recognize their needs. <http://www.prisonreformtrust.org.uk/uploads/documents/doingtimegoodpractice.pdf>

The Prison Reform Trust (PRT) conducted a research supported by the Lloyds foundation for England and Wales (2009). The aim of this research was to give voice to the aged in prison because the needs of older people can be hard to detect and other groups of prisoners may find it easier to access services. Older people in prison experience discrimination and isolation. The findings of the study are based on interviews with 78 men in prison, 18 ex-prisoners; two focus groups with women prisoners and letters received by the researchers and PRTs advice and information services. It came to know, that although healthcare has improved, screening and preventative healthcare is poor. Many older people are not having their social care needs assessed or adequately met and social services involvement in prison is sparse. Overcrowding, risk averse decision making and subsequent difficulties in sentence progression are affecting the morale of older prisoners serving long sentences. Poor regimes and lack of engagement with older people are leading to isolation. Lack of planning for resettlement means that older people do not get services they need on return to their community, therefore, experience anxiety about the future. Many health care staff was not aware of the guidance on assessing older prisoners' needs. Healthcare staff did not have access to sufficient resources to deal with social care needs particularly care for the terminally ill was a major concern for older prisoners. The legal responsibility for social care provision in prison was unclear and largely unmet. Very few social service departments provided support to prisoners and it was difficult for prison staff to find out who had the duty to provide services. Researchers found that questions about future plans were often met by sense of hopelessness and despair. Some people were anxious that they would never be released. This had a huge psychological and emotional impact and lead to feeling of hopelessness. The Inspectorate found that none of older prisoners had a separate regime. Overcrowding and younger inmates dominating prison regimes were leading to longer time in cell and less recreation with less exercise time for older prisoners. Almost half (48.1 percent) of the men interviewed had experienced bullying or intimidation either by staff or inmates. Over 60 percent of male respondents felt unsafe. Women also felt that they were treated differently to younger women. There were huge challenges for the prison service in accommodating this population. Personal hygiene safety and privacy were

concerns for a number of older people and those with disabilities. The feelings of loneliness and isolation from family had an impact on older people in prisons. The Inspectorate found that over a quarter (28.1 percent) of the prisoners sampled would be at least 70 years on release. These vulnerable people were sometimes released from prison without accommodation. Many of the prisoners over 60 interviewed indicated that they would prefer to stay inside as they had no one else outside to go back to. This made arrangements for resettlements difficult and impacted the likelihood of being released. Poverty was also a problem for many older prisoners particularly those without family support or outside networks. The research finally concluded that many prisons are trying to meet the special needs of older prisoners and there are examples of individual good practice across the estate. However, many prisons faced daily difficulties in trying to cope in a prison environment. Social services, healthcares as well as the prison and probation services have particular responsibilities towards older people in prison and after release. (<http://www.prisonreformtrust.org.uk/Portals/0/Documents/Doing%20Time%20the%20experiences%20and%20needs%20of%20older%20people%20in%20prison.pdf>)

Abner (2006) in his article entitled '*Graying Prisons: States face Challenges of an Aging Inmate Population*' discussed about increasing ageing prison population in the prisons of United States as well as prison's role to make people physically and psychologically older and the problems of state and prison authorities to maintain these population properly. Elderly inmates represent the fastest growing segment of federal and the state prisons. This increasing population presents unique challenge for prison authorities. The inmates tend to age faster than members of the general population. Research indicates that a prisoner's psychological age is 7 to 10 years older than their chronological age therefore, a 50 years old inmate may likely experience the age related health problems of a 60 years old outside the prison. There are a number of factors contributing to this phenomenon including lack of access to health care services prior to imprisonment, poor dietary and exercise habits and substance abuse problem. Further, the stress of incarceration including lack of support system and a lack of trust in fellow inmates leads to chronically stressful and dehumanizing environments. The National Institute of Correction (NIC) in 2004 reported that the lack of personal protection for elderly inmates who may be frail and vulnerable to the threats of assault by younger predatory inmates contributes to the emotional stress and physical deterioration especially among those who may be already vulnerable owing to chronic or terminal illness. The National Institute of Correction points that arthritis, hypertension; ulcer disease, prostate problems and myocardial infection are the most common chronic disease among elderly inmates. The financial burden for states in providing adequate health care for older prisoners is surprisingly high, nearly three times the health care cost for younger prisoners. In addition to the rising health care costs the ageing prisoners presents additional challenges for the states including general accommodation and protection against younger offenders. Older inmates also need special impairment. For many elderly walkers, canes, hearing aids, eyeglasses, dentures and geriatric chairs are necessary to function well. Generally, prisons are not geared to the needs and vulnerabilities of older people. In prisons there are a number of unique physical tasks that must be performed everyday in order to retain independence but older people are not able to perform these tasks properly. A study of 120 elderly female inmates in California found that 69 percent reported that at least one activity of daily living was difficult to perform and 16 percent reported that they needed assistance to perform. A number of states have compassionate release programs for terminally ill inmates but these programs are rarely used due to bureaucratic and other obstacles. In Georgia some inmates have been released under medical reprieve, a supervised release program for inmates who are considered low risk for reoffending. With little savings and limited employment opportunities elderly offenders may not be able to adequately care for themselves. As a result society may still be burdened by the costs of caring for an offender even though he or she may no longer pose a threat to the community. (<http://www.csg.org/knowledgecentre/docs/sn011GrayingPrisoners.pdf>)

## **2. INDIAN CONTEXT**

While overseas research abounds with the challenges of placing the old behind bars, there is scant attention paid to the vulnerabilities of this group in India. In the absence of any database on this group, the formulation of policy and interventions is challenging.

India is home to 100 million elderly people today. Their numbers are likely to increase threefold in the next three decades. People are living much longer and couples raising fewer children. The result is that smaller number of

adults are responsible for many more years of old-age care than even in the past, and as bodies and minds of ageing parents dwindle, somewhere along the way, relationships within families have come under great strain. A 12 city study by Help Age India discloses that every second elderly person who its researchers spoke to testified to suffering abuse within their families (Mander, 2015). Women experience higher life expectancy. This results in two important implications. First, women live longer than men and that they lead a long period of widowhood especially because of the prevalence of greater age difference between spouses in India. Women are usually much younger in age than the men at the time of their marriage. It is observed that men usually have their spouse living to assist them in their old age but the elderly women are often without any assistance. A large number of them are illiterate and since most of them are those who were not gainfully employed in their youth, they are economically dependent on others. Thus, the breakdown in the family affects the elderly women more adversely than it affects the elderly men (Tandon, 2001). Physical and emotional vulnerability of the elderly is a global phenomenon; however, their economic dependence on their children is a stark reality of the Indian society which is identified as the one common reason for the violence and abuse which they suffer within the intimate spaces of their homes. If such is the state of affairs within the intimate walls of the home, the plight of the unwanted and helpless old citizens can well be imagined once they are placed within the high walls of prison.

Prisons are often scenes of brutality, violence and stress. The situation is worse in India. Overcrowding, corruption, violence, contact with hardened criminals, inhuman living conditions, abuse of power, disease (psychological and physical), neglect and so on are only few of the salient features of Indian prisons. An over emphasis on security and discipline, lack of holistic needs based programmes, inadequate standard for care, are only some of the factors which play a significant role in bringing about physiological and psychological disorders among elderly prisoners. It is unfortunate that prisons in India not only differ from majority of their global counterparts in the living conditions but also in the composition of its population. Despite the constitutional provision of Presumption of Innocence, more than sixty percent of the prison population is being held pre-trial i.e. custodially rather than punitively. This is an astonishingly higher proportion, far higher than found in most other jurisdictions. Prison statistics in India clearly indicate that a large number of unconvicted persons, presumed to be innocent, awaiting trial or judgment are placed behind bars for extensive period of time. Their numbers often exceeds that of convicts. Most of the unconvicted prisoners are first time offenders, waiting anxiously and uncertainly to see what fate holds for them. The period of trial goes on for long and the plight of an unconvicted prisoner is that though nothing has been proved against him but he is bound to suffer the hardships of prison life (Singh, 1997). In such a circumstance it is not unlikely that a significant percentage of elderly jail inmates would be unconvicted prisoners. Such prisoners find the experience of imprisonment more difficult than those sentenced. The trial process is slow and costly. The prolonged and uncertain wait for their charges to be processed through court accompanied with lack of contact with family members often make them prone to suicide and self-harm. They experience helplessness as they receive less or no support from their family members. They are unable to defend themselves and ignorant of the ways and means of securing legal help and thus totally at the mercy of jail officials, who often fail to show any understanding of their problems. The reformatory and rehabilitative effects of imprisonment are insignificant for them. Yet the costs of imprisonment to the state, and to the prisoners themselves are great.

In a study of prisons in Uttar Pradesh (India) as per orders of the Hon'ble Allahabad High Court (2014) in Criminal Writ-Public Interest Litigation No. 2357 of 1997 read with Criminal Appeal No. 2773 of 2005 by Prayas-A Field Action Project of the Centre for Criminology and Justice, Tata Institute of Social Sciences, Mumbai, it was found that there are 898 prisoners in the age group of 70-75 years in all the jails of Uttar Pradesh. Out of whom, 713 are convicted and 185 are undertrials. Above the age of 75 years, there are 634 prisoners, out of whom, 533 are convicted and 101 are undertrials. During the visit, the team heard a heart-rending story from one of the superintendents, who shared that as per a government decision some years back, many of the aged convicted prisoners who had completed 14 years period were set free on premature release. Some of these prisoners came back and sat outside the prison premises as there was no one to take them back. A few of them had even forgotten their home address and did not know where to go. Another superintendent told that they refer such women to the village *pradhans*, asking them to take responsibility for their rehabilitation. There is danger of exploitation of women in the absence of institutional structures.

Senior citizens also known as *Golden Agers* are the repositories of experience and wisdom in any society. However, ageing has been viewed differently by different people. Whereas to some, it means power, authority, wisdom and respect others consider it as a forced retirement leading to a state of dependency, loss of charm and of physical strength. The aged women are in greater jeopardy because of their economic dependency, illiteracy, ignorance and widowhood. With age women usually get marginalized more so in societies where the general status of women is low and in cultures which devalues them. In a study (2013) of women undertrial prisoners of Aligarh District Jail, Uttar Pradesh, India, it was found that 7 out of the 50 undertrial prisoners belonged to the age group of 61-65 years whereas 4 were above the age of 66 years. All of them suffered from physical and psychological ailments which were specific of their age. Their quality of life solely depended on the sentiments, resources and inclination of their caregivers. The National policy on older persons in India aims at the well being of the aged by strengthening their legitimate place in the society so that they could live their last phase of life with purpose and dignity. The policy visualizes State support for financial security, healthcare and nutrition, shelter, welfare and other need of the senior citizens and provides for protection against abuse and exploitation. Unfortunately, none of these measures of well being reach the senior citizens languishing in prisons. (Sadiq, 2013)

### 3. SUGGESTIONS

Today, it is generally held that one of the objectives of the prison should be to help prisoners to return to their communities as law abiding citizens. If this is to be achieved, there must be some bridge between the experience of imprisonment and the reality to which the prisoner will return on release. If these objectives are to be achieved, there must be contact with the community. Prison does not exist in vacuum. All people who are in prison have come from community. Almost all will, in due course, return to a community. In terms of prevention of future crime, it makes sense that members of a community should be involved in what goes on in prison. If this happens it is less likely that people will be released from prison angry and bitter, feeling alienated from society. Community involvement in a prison can take many forms. It may be on an individual basis or it may be more organized. Members of the civil society working for the elderly maybe allowed access to the prisons.

The prison staff-inmate ratio in India needs to be urgently improved. The situation of the inmates is directly affected by the staff shortage. The vacant posts of probation officers need to be filled at the earliest.

Prisons in India are marked by a high number of aged and ailing prisoners, which is burdening the administration, which experiences acute staff shortage. There is an urgent need to reduce the prison population and take effective measures to release old and ailing convicted prisoners on premature release. The UP Prisons Department Handbook (2010) for Release of Prisoners on Probation, Parole and Premature is a helpful guide for considering the release of convicted prisoners. Undertrial prisoners maybe considered for release on bail. Probation of Offender's Act, 1958 is also helpful in this regard.

Older people in prison should receive equivalent preventative healthcare to those in the community, including regular monitoring and screening.

Prison regimes should take into account the particular physical and mental health and social needs of older people. Where activities are not accessible, alternatives should be provided to avoid discriminatory practice.

Community based organizations with experience of working with the elderly should be encouraged and funded to contribute to prison regimes. Prisons should link with voluntary agencies in their area so that isolated older people have a support network on release.

Relatively little is known about the perception of older prisoners and their experiences in prison and on release. Such a study would inform a strategy to improve prison regimes and plans for settlement.

Effective resettlement depends on the active involvement of all parties; prisoners and their families, prison staff and those on probation, health, social services, housing and voluntary agencies. It would be helpful to determine where such co-ordinated plans are made and what are the outcomes, with a view to improving national policy and practice. Data on the number of old and infirm people in the prisons of India needs to be developed in order to have a closer understanding of the grim situation.

Anger, grief and the desire for retribution are understandable, and we can all agree that people who commit serious crimes should be held accountable. But retribution can shade into vengeance. While being old should not be an automatic get-out-of-jail-free card, infirmity and illness can change the calculus of what justice requires. Recidivism studies consistently show declining rate of crime with age. Keeping the elderly and infirm in prison is extraordinarily costly. It is thus worth asking: what do we as a society get from keeping these people in prison? Debate around the aging prison population has extended beyond the prison walls. Across the globe corrections professionals, academicians and policy makers are considering that while states are beginning to address the needs of an increasingly aged prison population, experts warn that more planning must be undertaken to avoid a potential crisis down the road. The rising tide of ageing prisoners makes imperative renewed and careful thinking about how to protect the rights of the elderly while in prison, and about how age and infirmity can render continued incarceration a violation of human rights. Wholly apart from human rights considerations, however, states and the federal government should question whether the continued incarceration of those who are well advanced in age and are infirm is a sensible use of limited financial and human resources.

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