

Transforming the Carceral-Community Transition for Older Persons: A Critical Commentary

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Abstract

Our critical commentary examines the literature pertaining to the challenges faced by older populations as they navigate the Canadian federal prison system and attempt to reintegrate into the community. We contend that current correctional responses are consistently facing barriers to meet the complex social, health, and otherwise personal needs of this increasingly older segment of prison populations. Based on this literature review, we suggest more research into corrections and community spaces where older persons are impacted. We stress the need for intersectoral collaboration and greater inclusion of older persons' perspectives in policymaking. Ultimately, we argue that, through an exploration of the carceral-community transition, aging in prison is not just a correctional issue—it is a societal one. Without meaningful reform, the needs of older persons in custody and beyond, will continue to be unmet.

Keywords: Older persons; old age; prison; corrections; community; Canada.

Introduction

There is no doubt older persons are staying in custody for long(er) periods of time, and are requiring significant, complex health services (for discussion, see CSC, 2018; OCI & CHRC, 2019; McLeod & Elwood Martin, 2018), more so than previously anticipated. Such complex needs and services are equally required by the older persons released from prison. Indeed, struggles in community reintegration for them remain significant (Brown et al., 2023; Murolo, 2024, 2026).

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Recognizing we are facing a ‘greying’ wave within carceral spaces (OCI & CHRC, 2019; Iftene, 2019; Iftene & Downie, 2020) and beyond (Humblet, 2025; Vannier, 2025; Linton, 2020), what can be done to ameliorate the greying population?

Our critical commentary explores old age as a significant factor for people in the prison system, as well as those exiting from said system. We begin by critiquing how old age is constructed within carceral settings. Drawing on literature, policy documents, and using Vannier’s (2025) exploration of the pains of older prisoners, we then explore the physical and emotional toll of incarceration on this vulnerable population both within prison and upon release. This discussion includes institutional responses to need of aging prisoners such as age-segregated units, as well as the community reintegration process older persons experience. In effect, the literature shows it is imperative to reconsider how older persons experience the transition between carceral and community spaces. Transforming this transition, based upon our assessment of the literature, also raises the challenge of understanding older people’s place in our society; just like law-breakers, law-abiding citizens are getting older and staying alive longer (Van Vloten, 2025). As we age, we require more help to stay healthy. For example, the COVID-19 pandemic demonstrated how we all require health services to keep pace with old age (Vito et al., 2022; Crawley, 2025). As such, our critical commentary makes recommendations to reimagine both carceral and community spaces, and questions what can be done and provided to older persons to aid them.

Constructing Old Age

In terms of how old age is constructed, we align with the definition presented by Wangmo, Handtke, Bretschneider & Elger (2017), but also agree with Fitch, Dulisse, and Meyerowich, (2024) wherein the latter contend scholarly efforts to understand age and aging “should incorporate all of the domains of aging: chronological, biological, psychological, and social” (Fitch et al., 2024, p. 574; see also Williams et al., 2006, 2009, 2012). While there is “no ‘hard line’ on what constitutes old age in prison” (Murolo, 2026, p. 38; see also Crawley & Sparks, 2006) it is noteworthy how prisoners over the age of 50 years old “are deemed as ageing prisoners in light of their poorer

health status when compared to persons of similar age in the general populations” (Wangmo et al., 2017, pp. 675-676). According to Wangmo and colleagues (2017, p. 676) the age of 50 “remains the commonly agreed-upon delimiter defining an older prisoner” (despite debate surrounding this age-denominator; for instance, see Aday, 1994; Ahalt et al., 2013; Stoliker et al., 2022; Ilobachie et al., 2025 for discussion). Correctional Service Canada (CSC), the federal agency charged with the care, custody, and control over persons who have been given federal sentences of two years or more, similarly affirms a chronological and biological measure of old age at 50-years-old and older (CSC, 2018). Wangmo and colleagues also identify three broad groups of older persons in prison: “(a) those who entered prison at a young age and have aged there; (b) those who entered prison in old age and will further age and die there; and (c) those that move in and out of the prison system” (2017, p. 676; see also Crawley & Sparks, 2006; Neeley & Addision, 1997). Per Singh and Bajorek (2015), biological age refers to the rate at which a body ages, especially as bodies undergo growing, developing, and maturing. Chronological age, however, indicates the amount or quantity of time which has chronologically passed since one’s birth (Maltoni et al., 2022). These definitions benefit the present discussion; aging in prison is not a solely surface matter but is certainly and deeply connected to the many and longstanding challenges facing carceral spaces (OCI & CHRC, 2019; Garrido & Frakt, 2020). Indeed, all domains of old age in prison remain necessary to examine, particularly as there are important implications “for identifying the onset of aging decline and the allocation of resources for care” (Fitch et al., 2024, p. 574).

We contend the understanding of old age itself needs serious reconsideration. We align with Vannier (2025) who rightly contests the current socio-carceral understanding of old age is too often connected to the aging body of the prisoner. This raises moral dilemmas, as in Vannier’s (2025, p. 462) view, “the centrality given to the [aging] body to define what qualifies as an intolerable punishment” transforms the body into a mere object; cold, distanced, and dehumanized observations ultimately follow this rendering, removing, and scrutinizing the body from the human being in the process. What is left, then, is “a certain type of body that is placed under close watch...: the declining, deteriorating, immobile, elderly body” (Vannier, 2025,

p. 462).

Therefore, current understandings of old age encourage us to lose perspective of the (older) human beings within carceral spaces because they reduce age to a simple biological process. What role does age play in sentencing and release from carceral space? We want to highlight the complexities underpinning the relationship between old age and punishment. Certainly, this relationship is influenced by “punitive political choices related to sentencing inflation” (Vannier, 2025, p. 462) and while examples of compassion and concern for older persons exist in prison environments (OCI & CHRC, 2019), politics and funding tied to these spaces remain controversial (Turner et al., 2023). Moreover, an unconcerned embrace of “positive ageism” (Love et al., 2013), whereby one assumes an offender should be given leniency because of their age, means some older persons are more likely to be released from custody – whether rightfully released, or released prematurely, remains up for debate. Of course, age should not be the sole factor in determining sentencing outcomes (Love et al., 2013), or custodial release. Yet, aging prison populations continue to reveal an inherent tension in our current criminal justice system – simply put, locking up the offender in prison versus caring for the incarcerated person. As we see, such tension is further exacerbated when old age is brought into the mix. What is required is a stronger appreciation for how we connect (aging) bodies between sites of carcerality and society. As we examine the transitions for older persons into and out of carceral spaces in the following sections, we underscore the need to apprise empathy and compassion for them. Age generally, but old age specifically, is not merely a biological or chronological fact; these concepts are psychological and social ones too, and caught up in carceral dynamics.

Older Persons Transitioning into the Carceral

There is a growing body of scholarship turning attention towards older persons in custody. For example, Vannier (2025, p. 453) writes how older persons remain “the fastest growing group across the U.K. [United Kingdom] prisons,” with pains of incarceration “as quantitatively significant, qualitatively different from the traditional pains of incarceration, and comparatively worse than those of younger prisoners or of older people in the community” (Vannier, 2025, p. 453). In

the Canadian context, the greying of the federal correctional population has become increasingly noticeable, with scholarly (Iftene, 2019; Iftene & Downie, 2020) and federal and organizational efforts (CSC, 2018; OCI & CHRC, 2019) attempting to understand and address this greying trend. Per Brown et al., (2023, p. 2), “[i]n Canada, the number of older persons in federal prisons has increased by almost 50% in the last decade, and older offenders now account for 25% of the federal prison population” (see also OCI & CHRC, 2019). This is in part due to older persons receiving “longer than average sentences (more than 6 years for those with determinate sentences)” and more older persons being sentenced later in their lives (OCI & CHRC, 2019, p. 11). Recent studies continue to outline the challenges of “providing specialized services for older offenders within correctional institutions” (Brown et al., 2023, p. viii; see for example, Cipriani et al., 2017; du Toit et al., 2019; OCI & CHRC, 2019).

CSC (2018) found older people in custody 65-years-and-older had higher rates of chronic disease than those of similar age within the wider Canadian population. Those who are incarcerated generally face poorer health outcomes and a reduced life expectancy (Novisky et al., 2022; OCI, 2015). Moreover, “the experience of incarceration, especially long-term incarceration, accelerates the process of aging” (Fitch et al., 2024, p. 574; see also Greene et al., 2018). For example, Berg and colleagues (2022) examine whether incarceration exposure is associated with accelerated biological aging among African American adults and whether neighborhood stressors intensify this relationship. Four-hundred-and-eight African American adults participated in this longitudinal study. Drawing on stress process and “biological weathering” frameworks (see also Novisky et al., [2021] for supplementary discussion), Berg and colleagues (2022) test whether structural disadvantage and perceived neighborhood crime moderate the association between incarceration and epigenetic aging, measured using the GrimAge methylation index. Their findings demonstrate incarceration exposure predicted significantly accelerated biological aging (approximately one-year-and-eight-months) (Berg et al., 2022). Neighborhood disadvantage independently predicted faster aging but did not moderate incarceration effects. However, perceived neighborhood crime amplified the impact of incarceration on aging. Therefore, findings suggest incarceration “gets under the skin” (Berg et al.,

2022, p. 2) and high-crime reintegrative environments intensify long-term physiological deterioration, underscoring the health consequences of carceral and neighborhood stressors. Indeed, it remains pertinent to understand “who experiences the accelerated declines and health-related concerns associated with aging” (Fitch et al., 2024, p. 574) and “a thorough understanding of the process of aging decline, as well as an understanding of how that decline is experienced” before, during, and after incarceration (Fitch et al., 2024, p. 574).

In some prisons in the United States, there exist opportunities for incarcerated older persons to be placed in age-specific units, which may alleviate the safety and vulnerability concerns older persons face. Reasons for vulnerability of older incarcerated inmates include bullying and harassment of older persons, the requirement to work prison jobs past the nation’s retirement age, and lack of access “to dignity aids and comfort items for older inmates (e.g., medical mattresses, pillows, orthopedic shoes)” (OCI & CHRC, 2019, p. 27). Regarding age-specific unit placements as a program, the joint-investigation commissioned by the Office of the Correctional Investigator and the Canadian Human Rights Commission states:

There is continuing debate on the merits of this practice. While this model may facilitate the concentration of specialized healthcare services, research indicates that this is not always the case ([for example, see] Thivierge-Rikard & Thompson, 2007). These units may also lead to isolation or separation from the general population with limited or restricted access to programs and services offered elsewhere in the institution. (OCI & CHRC, 2019, p. 38)

Indeed, age segregation or separation “does not necessarily result in healthy [aging] or [aging] in the right place” (Chan, 2025, p. 36) especially if person centredness is not taken into consideration.

Lewis (2021, n.p.), a person in the federal prison system, describes their perceptions and what they experienced when transferred to a unit designated for older persons. Specifically, Lewis notes the following:

I was recently moved to a unit designated for older, ailing prisoners. ... Many of them are aging before their time, their bodies

breaking down at an accelerated pace, partially due to the harsh conditions of confinement. I guess this is just another example of how criminalization and incarceration can lead to death by a thousand cuts. (2021, n.p.)

In their account, Lewis perceives the deterioration of old, aged bodies (aging before their time) as well as the accelerated rate at which these bodies are deteriorating. We see connections not only to the bodies themselves, but also to the “degrading experiences” (Lewis, 2021, n.p.) that, in Lewis’s view, shape the lives of these older prisoners. The living conditions, one could argue, parallel aspects of hospital settings, in the sense that both prisons and hospitals must maintain care over those within these environments but also reaffirms the vulnerabilities of those inside them (i.e. ill or ailing; vulnerable and weak; for examples, see Repo, 2018, 2020). While hospitals are not prisons, Lewis’s (2021) account suggests similar logics infused within and across institutional settings, both of which we assert have become ostensibly geriatric (see also Gacek & Asfari, in progress, for a similar discussion). As OCI & CHRC (2019, p. 3) contend, “[p]risons were never intended to be nursing homes, hospices, or long-term care facilities. Yet increasingly in Canada, they are being required to fulfill those functions.” Lewis’s (2021, n.p.) account also speaks to the question of what purpose long sentences serve for those allegedly “are now seemingly incapable of inflicting harm on anyone.” Indeed, we suggest this highlights the challenges underpinning the relationship between aging and incarceration, but also how prison authorities may at times perceive older persons in custodial spaces. Moreover, it raises the question of what purpose prison serves for these older persons—if not for society. Will prison reform be enough to alleviate the range of suffering older persons experience on the inside? Should we (still) hold captive those who may have little time left?

Older Persons Transitioning Out of the Carceral

Community reintegration is key for all incarcerated people, especially for older persons. Yet, according to Brown and colleagues (2023, p. viii), scant studies “have investigated the re-entry experiences and needs for services of older offenders released prison and living in the community. In Canada (Public Safety Canada, 2019) [...] older persons account for a growing proportion of offenders on release in the

community.” “[O]lder offenders account for an even greater proportion of those on release from prison in the community, with 3,468 or 39% of Canadian federal offenders on conditional release in 2020 being 50 years of age or older” (Brown et al., 2023, p. 2; see also Public Safety Canada, 2022). Indeed, as Murolo suggests in the United States, a “growing proportion of people leaving prison are over 50 years old and will live at least temporarily under the supervision of a parole officer” (2026, p. 37). Considering the challenges older persons face in accessing services (as discussed below) and other age-specific reintegration programs, more research on how older persons understand “issues specific to aging people on parole” (Murolo, 2026, p. 37) would be beneficial for policy makers and programmers.

We acknowledge the constant movement of vulnerable populations between the prison system and the often-marginalized communities to which they return and reintegrate (see Wacquant, 2001, 2009). While in theory formerly incarcerated persons can access Canada’s health care and social welfare systems upon release from custody, the reality remains that many formerly incarcerated persons—older persons included—are “‘hard-to-service’ clients who are often in life situations not conducive to making and keeping appointments, attending follow-up meetings, accessing health records or maintaining recommended treatment routines or prescription schedules” (Bucerius et al., 2021, p. 529; see also Hu et al., 2020, Kouyoumdijan et al., 2018; Colibaba et al., 2023). Certainly, we see challenges accessing health care and social services both in prison (Demers, 2014; Mermapour et al., 2015; Iftene, 2019; Schultz, 2024) and post-release from custody (Anderson-Facile, 2009; Western, 2018; Hu et al., 2020; Bucerius et al., 2021). For older persons these challenges are compounded when reintegration begins and often worsened due to a variety of factors (for discussion see Brown et al., 2023; Murolo, 2024, 2026). Post release, older persons demonstrate higher levels of financial and housing instability (Western et al., 2015), lower levels of social capital, and “broken family ties due to length of incarceration, severity of crime, exhaustion of family members, and death of relatives” (Murolo, 2024, p. 587). As Brown and colleagues suggest, compared to their youth counterparts, “older offenders on release in the community are less likely to breach release conditions and are a lower risk for recidivism ... but demonstrate unique, age-related challenges in re-

adjusting to living in the community” (2023, p. 2).

Whatever care supports or services are available inside prisons often do not continue once the (older) person is released. In addition, these services are limited in scope and can involve lengthy wait times for clients (Ahmed et al., 2016; OCI & CHRC, 2019). As Vannier contends “[o]ld age, combined with a criminal record ... challenges [older persons’] ability to reintegrate” (2025, p. 460). Older persons may also require “specialized social work services to facilitate access to chronic care or supported living facilities, or to negotiate access to specialized medical, mental health, or geriatric assessment and treatment services” (Brown et al., 2023, p. 2). Moreover, “parole officers may be poorly prepared to address the complex needs of older offenders re-entering the community, including physical and cognitive limitations that can prevent their participation in conventional supervision and community-based programs and treatment” (Brown et al., 2023, p. 2).

In sum, transforming the continuation of care connecting older persons to services both within and beyond incarceration is warranted. Research notes how beneficial policies and practices can be for older persons when we seriously improve carceral and community living arrangements for them (Kerbs & Jolley, 2009). Yet we are reminded how these improvements will only help to the degree that social reform is there to meet it. In other words, “the pains experienced by prisoners as they age highlight the need for collaboration with various external services” especially as the “repercussions ... extend beyond the prison walls” (Vannier, 2025, p. 460). In effect, aging in prison “is not just a prison concern; it is a broader societal issue” (Vannier, 2025, p. 460). We must come together to develop age-friendly communities and cities (Codd, 2020), and transform where older persons find identity, purpose, meaning, and inclusion in the spaces and places of their everyday lives. When carceral and community improvements are not connected with social reform, we fail older persons in society.

Transforming the Transition Between Incarceration and Community

The relationship between aging and incarceration remains complicat-

ed, but not immune to transformation. What actions can be taken to redress the challenges facing older persons within the carceral, community settings—and beyond? We outline these thoughts below.

First, we recommend greater visibility in sentencing practices, as well as clearer justification for the continued incarceration of older persons beyond what may be necessary. The Office of the Correctional Investigator and the Canadian Human Rights Commission (OCI and CHRC) suggest in many cases, “long periods of incarceration may no longer meet the purpose or original intent of the sentence and may not be necessary from a public safety perspective. In addition, long periods of incarceration may, in some cases, be inconsistent with respect to human dignity” (2019, p. 21). Recognizing how prisons have historically and intricately woven carceral experiences together with human indignities (Handtke & Wangmo, 2014), we call for transforming the purpose and intent of sentencing (older) persons to periods of incarceration on the one hand, and the continued holding captive of older persons in custody on the other. A balancing act is key here; sanctioning the offender for the criminal act committed, but not so much so that a period of incarceration unduly results in harm towards the offender in their old age. We must consider meaningful alternatives to incarceration which opens the possibility of safeguarding older people from potential prison victimization and maintains their dignity in the process.

Second, our assessment of the literature shows that there is a shared need for a greater humanitarian approach in both institutional and community settings. We continue to see ageist structures within institutions (prisons and otherwise) which continues to impact older persons (for discussion, see Repo, 2018; Koncul et al., 2023); for older persons in these spaces, finding meaning in life, especially in later life, becomes an inaccessible pipe dream. In turn, such invisibility may lead to negative treatment from prison staff (Humblet, 2025), or care staff in old-age care facilities (Repo, 2018; Koncul et al., 2023). Therefore, better efforts by CSC to increase older person visibility means dedicated times and spaces are required (e.g. library, canteen, gym, cafeteria, yard, hobby shop, and during visitation) where older persons can meet, connect, and socialize, as well as access the services and the supports they need, potentially alleviating the pains of

incarceration experienced by older persons. Social-programs staff could also “organize age-appropriate and disability-appropriate leisure, wellness and recreational opportunities (e.g. stretching, walking, aerobics, yoga, card games)” (OCI & CHRC, 2019, p. 44). Akin to this, we find potential in the OCI/CHRC joint report’s recommendation which calls for CSC to “designate facilities for older individuals who want to live in such areas—and that such facilities are designed or retrofitted to ensure physical accessibility” (OCI & CHRC, 2019, p. 44). Policy development could prioritize the role of older person life-meaning in these types of environments and consider including the voices of older persons in custody and “their families and staff in the policy development journey concerning the care of elderly prisoners” (Chan, 2025, p. 36). Moreover, policies which establish structured opportunities for older persons to meaningfully participate in and benefit from intergenerational activities are necessary, especially to alleviate older persons’ experiences of social isolation and loneliness behind bars (Chan, 2025).

Third, these reforms could help us better understand successful aging (for example, see Aviela, 2022; Kenkmann & Ghanem, 2024). Put simply, successful aging involves older persons navigating “health concerns, social relations and everyday activities” while they deal with the uncertainty in their futures (Kenkman & Ghanem, 2024, p. 72). Chan (2025, p. 36) contends whatever care models or assessments implemented for older persons in custody should consider “contextual-personal interaction[,]” insofar as “[c]orrectional facilities might develop training modules co-created with geriatric associations and not-for-profit organizations like the Canadian Geriatrics Society and Alzheimer Society of Canada to enhance staff understanding and fundamental skills in older adult care and the development of prison-specific comprehensive geriatric assessment tools to provide timely assessment and effective inter-disciplinary communications” (Chan, 2025, p. 36). Doing so may better situate a more appropriate definition of successful aging with the respective older person in the process and would also help supplement efforts to reconsider how old age is socially constructed and persistently considered. As indicated above, however, such discussion about aging is multi-faceted and complicated, and we must remain open to the possibility prison does not serve the best interests of old age—let alone a suc-

cessful one. As the OCI and CHRC joint report highlights the example of end-of-life care in this regard:

Prison is not the appropriate environment to provide [end-of-life] care. Hospice and palliative care are specialized services and should not take place in a prison setting. A community placement would more easily facilitate visits from family and friends and ensure that federally sentenced individuals have access to care that is equivalent to that offered in the community. Human rights protection requires these kinds of appropriate alternatives. Moreover, community placements would also bring a more humane approach to very difficult situations....Community placements in palliative or hospice care could be funded by savings generated by unnecessary incarceration. (OCI & CHRC, 2019, p. 54)

In fact, sick, palliative and terminally ill individuals “continue to live out their single greatest and expressed fear—dying in prison. Prison is an unsuitable place for an individual who requires end-of-life care” (OCI & CHRC, 2019, p. 53). The OCI/CHRC joint report recommends that “[c]oordinated and accelerated case management of seriously or terminally ill individuals is required between correctional and parole authorities” (OCI & CHRC, 2019, p. 53). Moreover, and relatedly, CSC healthcare costs “have fluctuated over the past 10 years from a low of \$201 million in 2008–09 to a high of \$267 million in 2012–13” (OCI & CHRC, 2019, p. 45). While healthcare costs are impacted by many factors:

the aging offender population is no doubt an important driver of rising costs. CSC does not currently track healthcare costs by age, so it is not known how much is spent per capita on health care for an older person in prison. However, it likely resembles the overall health care trends in Canadian society. (OCI & CHRC, 2019, p. 45)

Recognizing that prisons “were never designed for older persons in the first place, dual strategies of “*aging in place*” (integrated accommodation) and “*age tailored*” (separate accommodation for older inmates with significant cognitive or functional impairments) could prove costly and may be unnecessary” (OCI & CHRC, 2019, p. 70; italics in original). This is where Chan suggests “(aging) in the *right*

place and person-centredness” becomes pivotal for quality service creation and delivery (2025, p. 36; italics emphasized). We must understand what is right for older persons themselves and centre their values, “preferences, and chosen needs [alongside] ... care beyond their medical conditions” (Chan, 2025, p. 36).

These programs could be evaluated for success to ensure that where older persons choose to live is supplemented with appropriate standards of care and quality living conditions. Indeed, involving older persons in care planning becomes vital “for successful interventions and meeting their unique needs and preferences” (Chan, 2025, p. 36). To improve the protection of older persons’ dignity and human rights while also addressing cost effectiveness, the OCI and CHRC “continue to call for better, safer and less expensive options in managing this older and vulnerable prison population that poses a reduced risk to institutional security and public safety” (2019, p. 61). This means not only holding institutions like CSC accountable for their healthcare costs and budgeting but also holding provincial and territorial governments accountable for how they invest in healthcare (or lack thereof) within their respective jurisdictions. Clearly, successful aging only becomes a success when the least fortunate and/or the most vulnerable in society benefit from the investments and social reforms we create with them specifically in mind.

Fourth, the literature shows an imperative for nuanced approaches that navigate prison aging in terms of federal prison palliative care and compassionate release, respectively (for discussion, see Iftene, 2017; 2019; OCI & CHRC, 2019; Iftene & Downie, 2020; see also Henteleff et al., 2011 regarding whether palliative care should be an enforceable Canadian human right). While the scope of discussion for this is beyond the focus here, we take seriously the sensitive legal complexities surrounding prison palliative care and compassionate release and contend the pair must be meaningfully redressed (Gacek et al., 2026). Clearly, humane treatment considerations demonstrate how, as connected with the previous point, the rights of older persons are intimately connected to our collective responsibility as a just society; comprehensive and meaningful release plans must be transformed to meet the needs of older persons.

Facing an increasing number of older and terminally ill individuals in

custody, some American jurisdictions have responded to this matter in some innovative, various ways. Recognizing the jurisdictional differences between Canada and the United States, the OCI and CHRC outline several examples, including Connecticut where a nursing home was opened using a private contractor for medically paroled inmates released in the community:

The U.S. Federal Bureau of Prisons (the American equivalent to CSC) has expanded its guidelines for compassionate release -- allowing for consideration of a reduction in sentence to inmates who have been diagnosed with a terminal, incurable disease and whose life expectancy is 18 months. Even elderly prisoners who are not terminally ill and do not have a disability can apply for early release under the new rules. A recent U.S. prison reform bill ... further facilitates compassionate release by lowering the age from 65 to 60 and decreasing time served from 75% to two-thirds. (OCI & CHRC, 2019, p. 61)

According to these agencies, the “cost-savings of moving some of these individuals into a retirement/nursing home or a specialized community based residential facility (halfway house) would be substantial. CSC could reallocate funds currently being used to maintain palliative individuals behind bars to pay for community placements that would be more responsive to dignity concerns” (OCI & CHRC, 2019, p. 61). We align with these recommendations here too. The agencies go on to state in their report current Canadian examples of how specialized approaches can become an important catalyst to jumpstart and develop more comprehensive care for older persons post-release:

St. Leonard’s Society for example, has long been advocating for a specialized community approach to assisting older individuals in federal custody to make a successful transition to the community. [...] Maison Cross Roads (Montreal, Que) and Haley House (Peterborough, ON) are excellent examples of halfway houses for men that have been specially renovated to meet some of the needs of aging and mobility challenged offenders released to the community (elevators and lifts, wide doors, accessible rooms and bathrooms). These and other halfway houses are also interested in providing additional services if they are provided with appropri-

ate funding, including nursing services, palliative care and end of life care. (OCI & CHRC, 2019, p. 65)

Greater networking and cooperation between CSC and their community counterparts would greatly aid older persons in their release plans, keep older persons out of custody altogether, and increase older persons' dignity and self-worth in their old age. According to the OCI and CHRC report “[c]ommunity-based residential facilities need funding to ensure they are accessible, to hire specialized staff (nurses, personal support workers, gerontologists, occupational, and physiotherapists), to provide appropriate care for their clients and to expand their reach” (2019, p. 68). Therefore, it remains an ethical imperative for CSC, where available, to “reallocate existing institutional funding and resources to these ... specialized community based residential facilities to manage older individuals in the community in conditions that are more humane and dignified” (OCI & CHRC, 2019, p. 68).

Fifth and finally, our current discussion highlights the following question: how do we get from theoretically acknowledging the issues facing older persons to helping them and accomplishing change? We contend our critical commentary evidences the need, and lays the groundwork for, further empirical research which takes seriously older persons' experiences and efforts to navigate services within and beyond incarceration. One such example is our project, “Complex Needs and Community Services: Exploring the Experiences of Formerly Incarcerated Older Adults and Community Service Providers in Saskatchewan” (2025-2026) which explores the complex needs (e.g., health, social, housing, etc.) of formerly incarcerated older persons (50-years-and-older), connecting their experiences to the benefits and challenges of community services, while also interviewing community service providers' experiences of helping formerly incarcerated older persons navigate life after incarceration. We heed the challenges raised by the literature and policy documents discussed and drawn upon here, and through this research we endeavour to offer informative praxis which addresses the ongoing custodial and community challenges, with the hope of transforming them into possible resolutions. By centering older persons and community service providers' respective experiences in our project, our project will become better attuned to the local contexts older persons find them-

selves (specific to Saskatchewan) but also listen to those on the front-line providing services for this vulnerable population. While data collection is ongoing, we intend to use the results to make policy recommendations and work with relevant service provider groups in the province to effect meaningful change. Qualitative research like this will have multiplicative value towards not only transforming the transition for those older persons entering and exiting custody, but also for those older persons navigating reintegration, and for transforming justice for older persons writ large.

Conclusion – Challenging Understandings of Justice

The realities of aging in prison raise pressing questions about how we understand justice, care, and dignity in late(r) life. The transition from incarceration to the community is not a simple handover; our exploration of the literature reveals it reflects deeper challenges. As this commentary showed, for older people moving through this process, the risks are exacerbated. Indeed, older people in carceral spaces face structural barriers inside and outside prison that make reintegration difficult, and at times dehumanizing.

This critical commentary shows how correctional responses can fall short of meeting the complex needs of older persons, in part as a function of reductionist thinking about what it means to *reintegrate* older people. Indeed, prisons were never built to manage chronic illness, mobility challenges, or end-of-life care, yet they are being used for exactly that purpose. While some age-segregated units exist, they are often under-resourced, isolating, or poorly designed for meaningful social connection. This issue is often exacerbated by the fact that taxpayers who might support genuine structural reforms may either lack sufficient interest or a clear understanding of the underlying challenges or both. Outside of the carceral space, older persons face additional hurdles, including but not limited to stigma, housing shortages, and limited access to healthcare. These challenges are made worse by systems that have difficulties in speaking to one another, especially where institutional care ends at the gate and at times community services are ill-prepared to take over.

Notwithstanding, there are reasons to be hopeful as a handful of community-based facilities have been adapted to support aging and

mobility needs (see for example, OCI & CHRC, 2019; Poulin et al., 2023). There are also growing calls for compassionate release and tailored parole options that recognize old age and illness as key factors (Iftene, 2017, 2019; Iftene & Downie, 2020; Gacek et al., 2026). These approaches, however, require coordination, funding, and political will to become widely available. Without broader structural—even transformational—change, such efforts will remain isolated and insufficient. We encourage further research and evaluation of these facilities.

At the heart of this issue is a simple idea: older persons in custody are still people. They carry histories, relationships, and needs that do not disappear behind prison walls. Treating them solely through a medical or security lens risks reducing them to their physical decline rather than acknowledging their full humanity. Instead, we must engage with older persons by bringing them into the conversation, include their voices in policy and program development, and ask what dignity looks like from their perspective.

Addressing the needs of older persons moving between carceral and community spaces is not just a correctional issue; it is a broader reflection of how we care for people as they age. Without compassionate and evidence-based reform, we risk compounding harm for some of society’s most vulnerable. A justice system that ignores old age becomes one that punishes for aging itself. Transformational change is both possible and necessary, and it begins with listening, investing, and reimagining what support and dignity can look like, especially for those in the later, if not final chapters of life.

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