Reintegration Needs and Challenges Faced by Elderly Ex-offenders in Singapore

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Abstract

The growing number and proportion of elderly offenders in Singapore presents an area of concern, but little attention has been given on what can be done to address or reverse this trend. There is limited knowledge on the unique reintegration needs and experiences of elderly ex-offenders. To bridge the gap, this study examines the challenges encountered by ex-offenders aged 55 years and above. The challenges were categorized into 5 broad themes: health, social, financial, psychological, and housing. Participants also shared their thoughts on social services available in the community which they have used previously. Service areas or social assistance identified as important for them includes: social support; accommodation; employment; financial assistance; medical assistance. The findings from this study can be used as a consideration on how programmes and services can be catered to meet the unique reintegration needs of elderly ex-offenders in Singapore.

INTRODUCTION

Ageing populations are commonly discussed around the world by the public and mass media. In Singapore, public awareness was raised by the Population White Paper in 2013, where it was projected that the elderly population would triple to 900,000 by 2030. Official statistics have shown an increase in the number of citizens 65 and above, from nearly 404,000 in 2013 to over 547,000 in 2018 (Department of Statistics, 2018). A similar trend is being observed in Singapore's prison system, where the number of elderly inmates has been on the rise. As with the general population, this raises concerns on whether we are prepared to handle the increase in elderly offenders either in prison or when they are released.

Singapore had seen a 20% drop in the annual number of convicted inmates, from 11,288 in 2009 to 8,885 in 2017 (Singapore Prison Services [SPS], 2012, 2018). Despite that, the number of convicted inmates who are 51 and above had been increasing over the years, from 1,642 in 2009 to 2,806 in 2017. The number of inmates above 60 years old also more than tripled from 179 to 673 over the same period (SPS, 2012, 2018). The rise in numbers and proportion of elderly offenders in the prison system calls for greater attention to be placed on what can be done to aid in their rehabilitation and reintegration.

How do we define the elderly? Amongst the general population in Singapore, senior citizens are defined as those aged 65 years and above (Kang, Tan, & Yap, 2013). This definition is used mainly for social legislative purposes such as retirement or eligibility for entitlements. In truth, defining old age is a far more complex process as it varies greatly depending on the individual's biological makeup and lifestyle (Tan, 2015). When taking long periods of incarceration into consideration, the definition of old age for offenders might not be similar to those in the general population.

The prison environment had been shown to create an accelerated ageing process due to the worsening of medical symptoms during incarceration (Aday & Krabill, 2012). This was exacerbated by other institutional factors, such as stress, anxiety, and isolation from family or friends (Human Rights Watch, 2012). With these factors in play, it is highly likely that inmates with multiple incarcerations would have aged at a faster pace compared to someone who has never been incarcerated. Literature suggested that inmates would be 10 to 15 years older physiologically than their chronological age due to these factors. Research also identified a 10-year difference between the overall health of inmates and that of the general population (Kratcoski & Pownall, 1989). As such, using lower age limits to define the elderly population in prison would seem to be more appropriate.

Research focusing on the elderly population in the criminal justice system was mostly done in the 1980s, and it is only in recent years that interest in this population has been renewed. The growing number of older offenders is an increasing concern for correctional institutions around the world. In England and Wales, the number of older inmates aged 50 and above had more than doubled from almost 5,000 in 2003 to over 11,000 in 2015 (Chu, 2017). Similarly, the number of arrested elderly individuals aged 60 and above had increased from over 1,000 in 2001 to over 3,000 in 2011 (Chui, Fun, & Yap, 2015). Some studies

highlighted the consequences of the changing demographics, one of which is the increasing cost associated with incarceration. It was estimated that the incarceration of older offenders cost two to three times that of younger offenders (Williams & Abraldes, 2007). On average, inmates older than 55 have three chronic illnesses and almost 20 percent have mental illnesses (Chiu, 2010). In addition, their visits to healthcare facilities were five times higher than their counterparts in the community (Chiu, 2010). Coupled with the additional costs in time and travel by prison officers for treatment outside the institution, there is little doubt that caring for the older inmates will strain prison resources. For this reason, more studies are looking at ways to help the older offenders reintegrate into society and prevent further re-offending.

Based on their incarceration history, elderly offenders can be classified into various categories. Three typologies were put forth by Goetting (1984): 1) late onset offenders; individuals who were incarcerated for the first time late in their life; 2) old-timers; individuals who were incarcerated when they were young, but had aged in prison due to their long sentence; and 3) career criminals; those with multiple incarceration history which started when they were younger. While all three typologies shared certain commonalities, differences in etiologies and desistance patterns between them called for the need to look into each typology individually. Having such a categorization also emphasizes that correctional policy concerning older offenders is not a one size fits all. Instead, where possible, it should be tailored according to the specific needs and challenges faced by the different groups.

Regardless of age, the majority of released offenders face an array of challenges which can hinder their re-entry. However, elderly ex-offenders face additional challenges as they often experience age-related health issues, such as impaired vision and hearing, as well as poor mobility (Crawley & Sparks, 2006). Past studies have identified a series of unique problems faced by elderly offenders upon release. Those who have spent most of their lives in prison might also experience the effects of institutionalisation, which occurs when an individual gives up their freedom and allows the institution to gain control over his life (Kerbs, 2000). This can hamper their re-entry as they become over-dependent on the institution, and may lack the essential skills for coping upon release. As sentencing lengths usually increases with every incarceration, elderly ex-offenders may be at increased risk of suffering from institutionalisation as they become too familiar with the prison system (Kerbs, 2000). This would demand practical adjustments to help elderly ex-offenders with their re-entry. They have to learn to care for themselves and adapt to the changes that have occurred in the community (Stojkovic, 2007).

Another issue faced mainly by older ex-offenders upon release was poor health. In a study by Cornish, Edgar, Hewson, and Ware (2016), interviews were conducted with returning offenders over 50 years old, half the sample shared how their physical health had a major impact on their resettlement. Research also found that concerns regarding post-release health centred on access and ability to afford healthcare services (Loeb, Steffensmeier, & Myco, 2007). Furthermore, the challenge for older ex-offenders may actually lie in coping with the possible loss of independence in future due to health concerns and recognizing the permanence of their conditions (Aday, 2003).

Social issues were also pertinent to elderly ex-offenders. They had an increased risk of losing contact with friends and family due to the degradation of relationships throughout incarceration (Sapsford, 1978). For the most part, the family is a support system which can help to embrace the returning offender as they navigate their way back into the community (Stojkovic, 2007). Yet, this may not be the case for older offenders. Family members may not accept them back as they would not only bring with them their incarceration history, but possibly other physical and mental health problems as well (Stojkovic, 2007). In the absence of family support, elderly ex-offenders often struggle to find permanent accommodation as they would not have been able to maintain their housing due to frequent incarcerations. In turn, when elderly ex-offenders do not have a safe and secured housing, their ability to maintain employment and well-being diminishes (Fontaine & Biess, 2012). Hence, successful adjustment may be impeded for the elderly ex-offenders as they lack the support system needed to do so.

While previous research had briefly highlighted the implications of imprisonment experiences on re-entry, little is known about the reintegration needs of elderly ex-offenders. The term, 'latent form of ageism', has been used to address the lack of attention given to the elderly offenders in the criminal justice system (Wahidin, 2004). A few factors may have contributed to this phenomenon. First, the proportion of elderly offenders is relatively small in the criminal justice system. The situation is similar in Singapore where more attention has been given only in recent years due to the increasing percentage of elderly offenders. Another reason for the lack of attention could be due to the literature on desistance. In the ontogenic paradigm, maturation reform is often emphasised as the key factor in desistance, which argues that criminal behaviour usually declines with age (Maruna, 1999).

The consequences mentioned earlier highlights the importance of studying what can be done to prevent elderly offenders from re-offending. Upon release, they will be faced with distinctive challenges which make their reintegration different from their younger counterparts. For younger ex-offenders, re-entry programmes and community supervision often focuses on 'risk management' intentionally to reduce their risk of re-offending (Porporino, 2014). However, risk management may be of a different nature for elderly ex-offenders. For them, risk management involves a greater need to prevent homelessness, loneliness, returning to substance abuse, and ensuring access to medical care (Porporino, 2014). In short, personal and social issues that can affect their quality of life in old age should be taken into consideration. Most elderly prisoners may also find it difficult to cope after their release without adequate preparation. The consequences of incarceration may hamper their transition back to the community, and hinder them from integrating into a social network (Haney, 2001). Identifying the challenges faced by elderly ex-offenders after release, and knowing how they managed or failed to overcome these challenges could also help to explain the long-term course of their reintegration (Visher & Travis, 2003).

The concept of successful ageing of seniors in Singapore was first introduced in the 1990s, and had since seen the birth of several policies and initiatives targeted at the elderly (Loo, 2017). These initiatives cut across several areas including employment, healthcare, and housing (Loo, 2017). As these initiatives were targeted at the general population, they may

not account for the unique experiences and consequences of incarceration for the elderly ex-offenders. Furthermore, information regarding older offenders in Singapore is scarce. There is a need to understand their re-integrative needs so that programmes and services can be introduced to facilitate their reintegration. Through this study, we aim to identify the unique challenges and needs of elderly ex-offenders, and possibly share some considerations on how programmes and services can be better catered to these needs.

METHODOLOGY

1. Participants

The final sample consists of 42 participants. Of which, 41 participants had an incarceration history for drug abuse or drug related offences. For the purpose of this study, elderly ex-offenders have been defined as those aged 55 years and above. The age of participants ranged from 55-73 years old. Table 1 summarizes the characteristics of the final sample.

The selection criteria were offenders or ex-offenders whose most recent release was at the age of 55 or above. For participants who have completed their sentence, they should have been 55 or above at the time of release. For participants currently serving a sentence, their previous release should be when they were 55 or older, regardless of the time spent in the community.

For this study, the sample was limited to participants with multiple incarcerations since young (i.e. in their twenties or thirties) to identify unique needs of the older age groups upon release. Only English, Mandarin, and Malay-speaking participants were recruited due to interviewer limitations. As this was an exploratory study, no criteria were set for the type of offences. Although there was no criterion specified for gender, all participants in this study were male.

Table 1
Demographic information

	No. of participants
Age at last release	
55-59 years old	23
60-64 years old	13
65-69 years old	4
70-74 years old	2
Offence type history	
Drug only	14
Penal only	1
Both	27
Present Status	
In prison	23
Halfway house	11
Community	8

2. Materials

The participant information sheet (PIS) and consent form used are attached as Appendix A. The PIS includes the purpose of the research, permission for audio recording, the intended use of information, and safeguards to ensure participants' confidentiality.

A semi-structured interview guide was used to obtain information (Appendix B). This allowed participants to highlight their perspectives on issues that were not addressed in the interview schedule. Participants were probed further for more information and clarifications when needed. An audio recorder was used to facilitate transcription of data. Recorded information was used solely for the purpose of analysis for this research.

Upon completion of the interview, participants in the community received *FairPrice* vouchers as a token of appreciation.

3. Data Collection

The interviews were carried out over a span of three months and were conducted in the language participants were most comfortable in.

Prior to all interviews, the PIS were explained before written consent was obtained. They were informed that participation was voluntary and that they could stop the interview, choose not to answer any question, or withdraw from the study at any time. All identifiable information were removed at the earliest stage possible, and replaced with a code. Upon consent, the interviews were audio-recorded. All interview recordings and transcripts were stored securely in a computer with password protection.

All interviews were conducted in-person, each lasting about 45-90 minutes. For participants in the community, interviews were conducted at their respective agencies, except one interview which was conducted at a suitable public location of the participant's choice. The majority of the interviews with prison inmates were held in interview rooms. In cases where this was not possible, it was done in a manner where there would be minimal interruptions.

4. Data Analysis

Data collected was examined using thematic analysis to allow for themes to emerge and to filter for information with relevance to the research questions. Patterns that emerged were identified to form the main themes. Subsequently, the themes were grouped according to the specific areas of reintegration needs.

FINDINGS

Challenges and coping styles of elderly ex-offenders

Participants reported facing a number of challenges upon their release from prison. These challenges were grouped into themes which highlighted the key areas affecting re-entry, specifically: 1) health and medical; 2) social; 3) financial; 4) psychological; and 5) housing (See Table 2).

Table 2
Summary of challenges

Challenges faced by participants	No. of participants
Health and medical	32
Social	31
*Problems with family**	18
*Problems with friends**	17
*Stigma and discrimination**	16
Financial	31
*Employment**	26
*Financial difficulties**	16
Psychological	23
*Drug addiction**	17
*Confidence and self-esteem**	9
Housing	12

* The numbers in the sub-categories do not necessarily add up as participants may face multiple challenges

1. Health and medical challenges

One problem reported by elderly ex-offenders was the deterioration in overall health compared to their younger days, specifically due to an increasing number of medical problems. 32 participants had one or more chronic conditions that required regular monitoring and medication. Common illnesses faced included high blood pressure, high cholesterol, and musculoskeletal conditions. Other problems included diabetes, asthma, and eyesight problems.

My eyesight also not so good so it limits the job I can do.

- R36 -

(I) can't work too hard because of right hand injury

- R33 -

Their conditions posed a huge problem as it started affecting them in other aspects of life, notably in finding and maintaining employment. Two participants mentioned that their medical issues were caused by the prolonged use of drugs, but these conditions only surfaced in old age.

I used to have blood clots due to injecting drugs. Went for surgery before on my arms and legs (during recent release)

- R23 -

stomach ulcer, from taking drugs…on medication

- R29 -

For these elderly offenders, the negative health effects of drug consumption had accumulated since young, resulting in their current medical conditions. An additional challenge created was the medical fees associated with these conditions. The cost of medication and regular check-ups were considered too costly and was a problem they had to face constantly. To ease the burden on medical fees, most participants sought medical financial assistance.

…medical fees. Now I'm out so need to pay it myself, it about $100 but I can't pay.

- R08 -

I cannot afford to pay so much, but the doctor said I need to go for physiotherapy. I don't know how to pay for the medical fees

- R12 -

(surgery) was paid for by medifund

- R23 -

settled through social welfare

- R21 -

There were two common ways that participants settled their medical fees. One was through government subsidies, such as MediSave and CHAS. Another was to seek help from a medical social worker. They were either already aware of these subsidies or raised the issue to the doctor, who then informed them where they could seek help.

2. Social challenges

Having to face social challenges was cited by 31 participants. The level of family support and the types of peer network around the elderly offenders influenced their re-entry outcomes. Participants expressed the lack of familial support and previous associations with negative peers as factors which increased their risk of re-offending. Issues with stigma and discrimination were an added challenge during re-entry.

2.1 Problems with family

Out of the 18 participants who mentioned having problems with their family, 11 highlighted the lack of familial support after release. A common reason for this lack of support resulted from the passing of elderly family members. However, the passing of a family member also resulted in recent incarcerations for some.

I can say that I have no family now, because most of them have passed away

- R11 -

For my last incarceration, after my mum's death, I did not know where to go when I was depressed. I was the main caregiver and her death affected me badly

- R01 -

(After the previous incarceration) My father passed away. Because I was taking over my father's place, because my father already retired. So suddenly my father passed away, I see very sad, I pressure already. Then I went down. The problem start from there.

- R14 -

The loss of familial ties was especially significant for R01 and R14 as that formed their core relationship in old age. They were the main caregiver for their parents and the loss left a big impact on them. While the loss of family members was one reason for the lack of familial support after release, another reason was the estranged relationships with their family due to frequent incarcerations. Participants had little contact with their siblings after release.

my parents not around. Siblings all don't care about me anymore because of my frequent incarcerations

- R30 -

difficulty is when you try to contact your family, you don't know what is their impression of you…because we haven't contacted them for a long time, I'm scared that things will be different after the call. If they react badly, then it will negatively affect my emotions.

- R11 -

In the beginning, I wanted to (visit them), but slowly I put a thought on it, 40+ years never meet them, what happen if they see me like this. Even though they won't think anything, but my feeling is like that. Maybe I'm afraid they get shock, or I get shock, seeing them, or the way they treat me I might feel different. I'm not ready yet.

- R02 -

Participants shared a similar feeling of fear. They had little contact with their family since they started taking drugs in their adolescent years. Having not contacted them for so many years, they were afraid of how family members would react. Hence, they felt that they were not ready to meet their families. For some participants, contact with family was avoided to prevent conflict. However, the lack of familial support ultimately became a source of stress as they had no one to turn to.

> *because my dad know that I take drugs, he don't like. So whenever I see my dad, we will have conflict…to prevent this, I seldom contact him*

- R12 -

> *most of the time I feel lonely, and it's stressful because sometimes too lonely it's very stressful, unless you got somebody to talk and share*

- R31 -

To overcome their issues with family, participants voiced the ways used to resolve them. This involved directly talking to their family members or getting help from a third party. Despite the efforts, participants reported that family members were not accepting of them at the beginning.

> *At first I have this inferior feeling, maybe they don't like me. I asked my sibling whether they hate me because of my involvements with all these, they said…they hate my behaviour but don't hate me as a brother. After that, our relationship is good*

- R34 -

> *[Counsellor at halfway house] helped me to get back to the family...They talked to my family members, talked to my son and wife. Then they came, they talked.*

- R16 -

> *Even I go back for a few weeks, not very close… nobody want to talk to you. No matter how also, will take time I know, will take maybe years or months to give them a chance*

- R16 -

2.2 Anti-social peers

While elderly ex-offenders became more vulnerable due to the lack of family support, it was anti-social peers who led them back to offending. 17 participants voiced their concerns regarding anti-social peers. They were particularly worried about running into their old (drug) friends, thus increasing the risk of re-offending.

biggest problem is all our old friends are using drugs. When we see them, they will ask if we want to use drugs

- R17 -

There are a lot of problems when you go for urine testing. You will meet other drug addicts, they will try and talk to you. At first you know you don't want, but as time goes by, maybe it gets boring, you may have troubles, and you don't have much work (employment), then you will slowly start thinking.

- R24 -

To overcome the problem of being offered drugs by friends, one strategy used was to avoid any form of interaction with them. In situations where they were unable to avoid such interactions, they limited the interaction and found excuses to move on. However, they were faced with difficulties when trying to move on.

if you really saw them from far, just take another route or way to make one big round, just tell yourself it's okay. If you really cannot that time, you didn't see them and past them, just say hi and walk away

- R04 -

At the beginning, it's hard because I just came out. It's hard to say that to them because they never believe…They told me they don't believe me, how many times I went in and out. Because I was thinking they are my friends, those days my addict friends they are good friends with me, I find it hard.

- R07 -

On the other hand, one participant gained some prosocial support. This prosocial support opened a new avenue to seek help and resolved some of his issues after release. These friends were aware of his past but did not discriminate against him. Instead, they continued to encourage him, and helped him expand his social circle by introducing a job to him. Even though it was helpful to gain prosocial friends, another participant shared his difficulty.

I got to know some new friends. They introduced me to my current job. They also told me not to be lazy, and to start working quickly.

- R13 -

I tried to mix around with religious people before but I cannot get along well with them. They are too different from me. Then I find other people but not easy to find people to mix with

- R33 -

2.3 Stigma and discrimination

The stigma from incarceration was a barrier hindering ex-offenders from smooth reintegration. 16 mentioned facing stigma and discrimination from various sources. Participants in this study experienced stigma in different ways, many of which were the actions by others which made them feel discriminated against.

> *because they are my friends from Malaysia and worked together. At first, they didn't know I take drugs, so they are ok. When they found out I take drugs and was arrested, they are not the same anymore.*
>
> - R24 -

However, several participants noted that such stigma was sometimes perceived rather than real. They explained that the perceived stigma came from their own thoughts rather than there being physical evidence of stigmatization from others.

> *Maybe it's in my mind, others may not be looking down on me, may be a psychological thing. Maybe from the way they look at me. They see that we have been in and out many times, they didn't say but I feel this way.*
>
> - R11 -

> *(I) think that other people look down on me also. Like I go to hawker centre, then people will start to gossip about me.*
>
> - R32 -

As a result of stigmatization, participants shared about how they were left to handle matters on their own because they did not receive or seek support from people around them. This ultimately led to a negative impact on their reintegration.

> *I am (an) ex-addict so people look down on me. So I don't have people to turn to when I'm in need. Sometimes even family don't want to listen to us. So we are left on our own.*
>
> - R01 -

> *I got good [prosocial] friends, but it's difficult for me to see them because all look at me, they will say "this fellow is here again", they will have the wrong impression…they worried that mix with me, others will look down on them.*
>
> - R31 -

One participant shared how stigma affected his family. His incarcerations brought about discomfort to his family as a result of being discriminated against by relatives. He felt guilty that his family had to go through the ordeal. Alternatively, some participants felt that family stayed away from them as they did not want others to know that they were related to an ex-offender:

My relatives all look me down. They never ask me directly, they ask my children, they ask my wife, where is your husband, where is your father. Then I also feel very bad, how to give excuse.

- R16 -

Sometimes my family also embarrassed of me. My eldest (child) only visit once every 3 to 4 months. She said that she is worried if her friends know that her father is in prison.

- R36 -

Participants shared several ways in which they learnt to cope with these challenges. One strategy was acceptance of the situation and circumstances. They began to normalize and accepted their experience of being stigmatized by attributing it to their past.

If people discriminate me, I will accept it, because that is our past

- R06 -

Because once or twice…I will think negative that they look down on me. So I shared with my counsellor, with my church members

- R07 -

Initially, R07 had negative thoughts when he perceived himself to be stigmatized, before he began sharing his challenges with people he trusted. Instead of reacting negatively, what helped him was to be open and honest with others and let them know that he had indeed been in prison multiple times. He became more conscious that the stigma was brought about by his criminal record and eventually accepted the view that others would treat them differently. On the other hand, some participants adopted avoidance coping methods by staying away from people who discriminated against them. They highlighted their preference to be with people who accepted and understood what they had been through. However, when probed further, they mentioned how this caused them to go back to their antisocial peers. Other participants mentioned that they overcame stigma simply by not paying attention to what others might think of them.

Only meet with people who can accept what I am like. Those who can give and take. Don't mix with those who like to criticise and complain. Stay away from those who like to be critical

- R33 -

I only hang out with people who understand me. People who know what I been through…makes me more at peace with myself

- R36 -

don't care too much about how others think, because now I'm working, I'm not asking for money from anyone, so I don't have to care about them.

- R13 -

I'm already numbed about how others think of me. So I don't care about what they think, whatever they say won't affect me also.

- R39 -

3. Financial challenges

31 participants encountered financial challenges. Specifically, 26 participants met with problems in employment, while 16 participants faced some form of financial difficulties.

3.1 Employment

The elderly ex-offenders reported facing problems in employment for a number of reasons. Participants searching for employment reported difficulties faced due to age. The loss of motivation as they became older also affected areas relating to employment, such as the need to go for courses to learn or upgrade skills.

For me to work (after release), especially for my age, employers don't want to take me in. Due to old age…when employers see my age, they wonder if I can work. This makes me angry at times. Feelings get hurt when asked questions like this.

- R01 -

I don't have any skills, no qualifications, no license. Now most classes are in English. Another thought is that I'm already at this age, just past each day as it is, no motivation to go upgrade

- R06 -

due to our age…Before I got caught, I was retrenched. I tried to get the same job, but I couldn't get because of my age. Nobody wants to employ. I put my resume on JobStreet, I got all the certificates, but once they know that you are 55 or above, nobody wants you. Unless we change, work as cleaner all these. Even to work in office, people our age, nobody wants to employ.

- R12 -

Another factor related to age was that they were physically weaker compared to their younger days. As they aged, the types of jobs they could be engaged in became limited. Although they had worked in the same job, they felt less capable of taking up such jobs due to physiological changes. They were also faced with problems during the process of finding a job. Participants reported lacking the skills required to look for job opportunities, preparing

for interviews, or even filling up the required forms. Having a criminal record added to the difficulties in their employment search.

> *My main problem is that I am not that strong due to my age, because I struggle with moving with the weight, it was very tough.*
>
> *- R07 -*

> *When I was young, I work spray painting…my friend introduced me a job, painting, I went for 2 days but it's not like last time. When I was younger, I was able to climb, but now if it's too high I will get dizzy, scared.*
>
> *- R32 -*

> *Some don't know how to find job. Some scared to go for interview. Do not know how to fill up forms. Big challenge to them to face the interviewer*
>
> *- R03 -*

> *At first I was working with cargoes, but needed to apply for a pass after first week, and I couldn't get it because of my record.*
>
> *- R13 -*

As a result of the difficulties, the most common form of employment amongst the participants was as cleaners. Other than it being less physically-demanding, it was easily found and obtained. Maintaining employment was a challenge for elderly ex-offenders and without a job to occupy their time, they returned to their old ways. 6 participants specifically mentioned having too much time or boredom as a factor that led them back to drugs.

> *if you want to find cleaner job very easy, there's a lot. If you don't care too much, then confirm can find. Just that salary is low, whether you are willing or not*
>
> *- R08 -*

> *I was very troubled, didn't have a job. I went for an interview, they said I'm 55 already, because I was not working, so my mind start to wander again.*
>
> *- R32 -*

3.2 Financial difficulties

Financial difficulty was a common problem encountered by elderly ex-offenders that hindered them from successful resettlement or increased their risk of re-offending. One reason for their financial problems was the absence of savings after release. 11 participants cited this as a reason for their financial problems. These participants were engaged in temporary employment and seldom had a stable source of income when they were younger.

As a result, they were left with little or no savings after release, and expressed how it was difficult to support their daily expenses.

> *Not working before. Borrowed money from friends and family, used it all for drugs. Used up all my CPF for drugs also.*
>
> - R24 -

> *do some odd jobs, no stable employment.*
>
> - R21 -

However, financial difficulties also came in other forms that added to their burden. R32 shared how he was left with the responsibility of caring for his elder brother after his father passed away. Without any siblings supporting him financially, he mentioned his constant struggle to have enough money for both of them. Two participants shared about the debt they incurred during incarceration. Another participant mentioned how his medical conditions had affected his financial status.

> *need to take care of my brother also. Other siblings never support. Not enough money for both of us.*
>
> - R32 -

> *I never been paying (for hosing) for 6 years since I was inside. The amount coming to $6000 now*
>
> - R19 -

> *Because I have a medical background, (this time I came out) doctor said permanently unfit to work, so very difficult for me to get finance*
>
> - R16 -

Three different methods were used by participants to overcome their financial difficulties – work, financial assistance, and family. To help sustain their finances, they learnt how to budget as well.

> *If no money then I will be forced to look for my children. I will ask them for money to help me while I looking for a job*
>
> - R36 -

> *I learn to budget because I know my age catching up, and I'm alone, single, not married, so I need to save. I told myself I need to save*
>
> - R07 -

4. Psychological Challenges

Any difficulties or obstacles that affected the participants' mental well-being were categorized under psychological challenges. 17 participants faced challenges with drug addiction, while 9 participants had issues regarding confidence and self-esteem.

4.1 Drug addiction

Drug addiction was presented as a major challenge as all participants, except for one, had a history of drug offending. Specifically, the environment was highlighted as a factor which made it difficult for them to overcome the addiction. As R27 shared, they were easily triggered by anything around them related to drugs. 7 participants recounted that they were often triggered in the past when reporting for urine supervision.

> *for this old-timer, we cannot hear anything that trigger you, especially the drugs*

> - R27 -

> *going for urine is very problematic, will always meet people. You are together, so the chances are high.*

> - R29 -

Another challenge relating to their addiction was having little confidence to deal with the issue.

> *Because I'm scared, scared I'm not confident enough and go mix with them [old friends] again*

> - R06 -

> *Not enough confidence. Scared to go out (of halfway house)*

> - R10 -

Participants from the halfway houses expressed their fear of leaving the halfway house due to temptations in the community that previously led them back to drug use. They felt that they were not ready to leave the halfway house. As a result, they decided to continue residing in the halfway house even after their programme ended.

Participants reported several strategies that helped them stay clean from drugs. One was to stay away from other drug abusers and to avoid associating with them. However, meeting other drug abusers was inevitable, and during these times they had to choose to reduce their interactions as much as possible.

> *will have to stop hanging out with the people who use drugs*

> - R33 -

Wherever you go you can meet addicts…So you know what you are going to talk about when you meet with fellow addicts. So I have to talk a bit then go away. For pusher I give them a look that I don't like them. This is how I deal with them. I cannot escape.

- R03 -

…my work place is very important, I cannot have anyone who is using drugs if not it is very risky for me

- R23 -

Another strategy was to control their surroundings. For example, being in an environment where they would not come into contact with drugs. Participants currently residing in halfway houses mentioned the desire to continue staying on due to the rules and regulations. Certain regulations, like no smoking and drinking, and spot checks, helped them to stay away from drugs.

The challenge to overcome drug addiction proved to be a huge barrier for elderly offenders. Out of those who were re-incarcerated at the point of interview, all except 2 were charged for drug offences. Despite their conscious efforts initially, they were unable to overcome the urge and temptation and eventually returned to drugs.

This one, smoke, habit already, cannot change

- R41 -

I also tried to use religion but did not work. After a while of trying to follow religion and go for classes, I usually will become less interested and then start thinking about other stuff

- R33 -

4.2 Lack of confidence and self-esteem

Participants reported a drop in confidence and self-esteem as they became older. Compared to their younger days when they were only concerned with having fun, participants expressed how they felt that they had wasted their life. One saw himself as a failure and was disappointed for repeating the same mistakes throughout his life. This led to feelings of low confidence in being able to overcome challenges.

So many times I look at myself as a failure. So many years of my life, because I keep repeating the same offence, so I didn't expect people to forgive me because I also cannot forgive myself

- R09 -

Due to the nature of offending – mainly drug offences, participants mentioned how their family members would worry about them using drugs again. While they understood the

good intentions, they felt that family members did not trust them and the constant monitoring made them uncomfortable. They also thought that their family members were over-concerned or over-controlling.

> *They paid too much attention to me. Even going to toilet they pay attention to me. Because of my history of using drugs they were worried. So they observed me very closely to make sure I was not using drugs again.*
>
> *- R23 -*

> *Most of it, I think is the self-esteem drop. Because we came out, then people are over-worrying you…I look at my age, then you oversee me, and furthermore you are much younger than me, I will be feeling…*
>
> *- R04 -*

As highlighted by R04, age was a factor that contributed to such feelings, as he believed older individuals should be respected and allowed to make autonomous decisions. He also shared how being overseen by a younger individual at his age seemed like they were being controlled, resulting in a loss of autonomy and self-esteem. As a result, these good intentions backfired and led to negative feelings.

> *when I came out, my children are very controlling. They are very scared that I go back again. But you control me too much…I'm the type that if you control me too much I will rebel. Then after that, when I rebel, I don't care about them.*
>
> *- R04 -*

In dealing with the drop in confidence and self-esteem, participants shared how they expected to be treated with respect. They shared how they managed to instill confidence in themselves through having hope for change. Participants from the halfway houses found hope through counselling and religion. They shared how they restored their self-esteem through thinking of how they can work towards a better future. Those who were able to return to a supportive network were also able to rebuild their confidence and self-esteem.

> *over here (halfway house) at least there is a religious faith, we can borrow this faith to remind ourselves everyday not to go back to the old ways*
>
> *- R06 -*

> *siblings supported me financially and emotionally. Encourage me not to go back… daughter is my motivation*
>
> *- R42 -*

> *…with my manager and my colleagues. They encourage me…from there I start to grow, I'm confident*
>
> *- R07 -*

Participants felt encouraged to consider their future more seriously with a positive support system. Being treated with respect also made them more confident and discouraged them from going back to their old ways. Having someone to share their ideas with was also encouraging for them.

> *...usually I relate with my sister. I tell my sister, how is it, everything, then from there give me ideas can do this cannot do that*

> - R34 -

Participants shared how having someone who could give encouragements and advise allowed them to make better decisions. In addition, participants mentioned feeling less embarrassed and were more willing to ask for help from others as they aged. As R07 mentioned, finding solutions to overcome their problems was a learning process for them as they had always used drugs as an escape in the past. Instead, guidance and encouragement helped to build up their confidence in resolving future problems using proper channels.

5. Housing

12 participants experienced challenges with their living conditions, specifically regarding their lack of accommodation. As participants highlighted, the lack of accommodation had a negative impact on their re-entry. Although having a place to stay is one of the most fundamental needs, they encountered several problems trying to secure accommodation.

> *I want to look for a partner to rent a place. But couldn't find. I went everywhere. Slept anywhere I can.*

> - R38 -

> *Previously, when in prison, I divorced with my wife. We were told to sell the house...Since then I have no house to stay*

> - R23 -

> *When I was released, my wife told me to go stay with my siblings. I felt like I was being chased out of the family, so I left.*

> - R26 -

The problem with securing accommodation was especially pronounced for participants who did not maintain close ties with their family. As a result, they did not have any place to return to after release. Participants then highlighted how the lack of accommodation became a reason that led them back to taking drugs. Five participants specifically spoke about how their homelessness had resulted in them returning to drugs.

I was very bored outside. No place to stay so I used drugs when my addiction came back.

- R30 -

no place to stay when I went out, then met my friends who take drugs

- R24 -

Even though it was important to find accommodation as soon as possible, not all places were ideal for recovery and reintegration. Having problems finding appropriate accommodation resulted in them living in an environment where they came in contact with drugs. Hence, it was equally important to ensure the appropriateness of their accommodation location. However, it was tough for them to overcome this issue. For participants who managed to resolve it temporarily, it was usually because their family member offered them a place.

No permanent place to stay…found a place at Chinatown (in the end). It's a flat, (but) there are drug abusers (there)

- R31 -

I had to stay at my siblings place. My sister's house for a while

- R23 -

went to sleep in the park for a few days until sister offered a place.

- R42 -

Social Services

1. Services used

31 participants sought formal sources of support to help them with the challenges met upon release. Table 3 summarizes the services used previously.

Table 3
Summary of services used

Services used	No. of participants
Financial assistance	27
SSO	24
Religious organizations	2
MP (vouchers)	1
Medical welfare	7
Counselling	6
Detox programme	7
Food rations	3
Accommodation	1
Befriender	1

Note. The numbers do not add up as participants may have sought assistance from multiple sources.

The elderly ex-offenders knew of these services through people around them, such as the people they interacted with during incarceration, their family, or neighbours. The most frequent support sought after was financial assistance. Specifically, 24 participants went to SSO. Of which, 4 participants mentioned that their applications were rejected, and 3 participants were still in the application process. One participant was re-directed to a religious organization as the organization he had approached was unable to help. Participants were relatively positive with their experiences.

helpful for those really in need

- R20 -

you can see that they really want to help the people.

- R08 -

Another form of financial assistance received by 7 participants was support for their medical fees. The feedback was mostly positive, except for one participant who mentioned the need to renew his application regularly. In addition, 5 out of 7 participants voluntarily went to IMH for help with their drug addiction problems. 2 participants went for other reasons – anxiety and self-harm.

As stated previously, participants were often faced with many challenges after release, including difficulties in finances and employment. Thus, even when they had approached an organization for a particular service, they preferred it when organizations were able to support them in other aspects simultaneously, such as finding employment and providing them with daily necessities. Participants also expressed some displeasure when they sought support.

Sometimes I need to wait one month before I receive assistance so it is too long. If people have no money at all then cannot wait that long for receive help

- R23 -

They ask for a lot of things. Had to go multiple times to submit documents

- R18 -

Both the above participants voiced their opinions on the negative aspects of seeking formal support. This commonly centred on the waiting period for receiving assistance. They felt that processing and waiting time of one month was too long, especially if they required immediate assistance. R18 also felt that the need to submit multiple documents for verification was a chore. This point was echoed by other participants.

Very troublesome to apply outside, later they say don't meet requirements, wasted trip, so just don't go

<div align="right">- R06 -</div>

I went, then he asked me for documents, so troublesome, so never (use)

<div align="right">- R28 -</div>

Even though they mentioned the need for formal support, the thought of having to prepare and submit multiple documents turned them away. There were two other main reasons why participants had not used any form of formal support: (1) they did not need it as they were able to support themselves, or (2) they were unaware of the services.

2. Areas of services elderly ex-offenders would like to receive

The services deemed as important for elderly ex-offenders covered a few areas. Table 4 summarizes the services they felt could be useful.

Table 4
Summary of services to receive

Services to receive	No. of participants
Social support	20
Accommodation	17
Employment	16
Financial assistance	15
Medical assistance	8

Note. The numbers do not add up as participants may have mentioned multiple areas of support they would like to receive.

2.1 Social support

20 participants spoke of the need for social support after release. 12 participants mentioned wanting to have a counsellor as their formal source of support. To the participants, counsellors could be a source of emotional support. Other than emotional support, they also regarded the counsellor as someone who could change their way of thinking and provide them with guidance and advice.

Maybe the first 2 times like we not very comfortable, then after that got few sessions already, we can discuss everything. They will provide us like emotionally

<div align="right">- R27 -</div>

give them some encouragements. Most of the elderly have a different mindset, they feel that with their age, they don't have to listen to others, too self-centred, so encourage them to let go

<div align="right">- R13 -</div>

There must be a network to help these people, and look into their issues…to see what are their needs, information they want to have…I think that will help people like me. They are specially there to look into our problems, and it's not bothering them

- R31 -

One participant believed that having a session where information on resources was shared could be helpful, especially for those who served a long sentence. He added how they often lacked knowledge on technology preventing them from searching for resources online unlike their younger counterparts. This lack of knowledge further hindered them from getting the resources that they needed. Hence, having information available to help them bridge such gaps in knowledge would be beneficial.

Maybe our age is catching up, so we don't know a lot of things about what is happening outside…this kind of group can come to us upon our release. Let's say we got one more month, then come tell us everything about what is happening outside, what we can do what we cannot do, how to do this and that, it will be very good for us...For us, like some of us 55 and above, even handphone also they don't know how to use.

- R34 -

Apart from the formal support, participants mentioned how elderly ex-offenders also had a desire for more support from informal relationships. Participants shared how those without informal support after release had a sense of loneliness and thus desired some form of companionship. While they wished to be able to find a partner, a more practical source of support was through befriending. A befriender can act as a prosocial support and a friend whom they can contact in times of need. Additionally, they also suggested the need to be engaged in activities, showing particular interest in volunteer work.

Older people they released, they are more lonely, they are still bachelors, really they are lonely, they need friends

- R20 -

we might feel lonely, because we want to tell our siblings cannot, they also have their own family, so more on our own, so for those who got no spouse, befriender is another source, to relate, to talk

- R34 -

…volunteering work. Let them lead a healthy lifestyle. If they spend time alone, with no friends, they wont know how to resolve issues when they have one. Give them some activities, like volunteering, then they know where to spend their time, good for the mind and body. If they say to avoid the old friends, but

in the long run, when they don't have any prosocial friends, they will find their old friends again.

- R42 -

To them, volunteer work allowed them to spend time meaningfully. Through volunteer work, not only would they keep their mind and body healthy, they would also be able to find a sense of satisfaction and happiness. It was also through these activities that they started to build up their network of prosocial support.

2.2 Accommodation

17 participants highlighted the need for elderly ex-offenders to have proper accommodation after release. This need was accentuated by their shrinking social network as a result of family members either passing on or no longer being in contact.

there are people here that got no family, especially when you're old, your parents and siblings are gone, so they need lodging

- R07 -

From what I know, majority don't have rooftop, a place to stay. So they have to rent place. Some stay on (at halfway house) because outside got no rooftop

- R12 -

if you don't have a place to stay, even if you have a job, you will be running everywhere again. If you have a house, you will go home after work, don't have to find friends because you don't know they are good or bad. You will interact less with them. If you don't have a house, you will be outside and will meet them.

- R24 -

Hence, knowing that they had a place to return to, and not having to worry about where they will be staying created a more routine lifestyle that reduced their risk of using drugs. While it was important to have accommodation, the location was also crucial.

Better to move to somewhere that I am not familiar with so I don't get involved in drugs again.

- R23 -

2.3 Employment

In the previous section, participants shared the challenges faced by elderly ex-offenders in securing employment due to age and stigma from employers. For them, helping to secure employment served two purposes. First, it provided them with a source of income

needed for their daily necessities. Secondly, employment was also linked to desistance from criminal behaviour.

> *Giving jobs, then only they can improve, then they can pay for everything they want.*

> - R15 -

> *if you don't work, then go find friends, talk about useless things. Work will kill your time so you don't take back, and you got income*

> - R32 -

> *if you don't have a job, you will be at home or at the coffeeshop, you will be lost again soon.*

> - R13 -

While the benefits of employment can be seen, they also faced problems during the process of finding a job. They noted how they lacked the knowledge required to find a job. On top of that, they faced difficulties in getting employed due to their records. Hence, recommending them to employers who are receptive to employing ex-offenders may help in their case.

> *if we are recommended a job, and the employers knows of our record, this will be better, don't have to explain so much to the employer.*

> - R42 -

2.4 Financial assistance

15 participants expressed the need for elderly ex-offenders to get financial assistance after release. It was pointed out that elderly ex-offenders had little or no savings. They also shared how this problem was compounded by the increased difficulty in securing employment and health problems due to age. The lack of income and increasing medical fees presented a challenge if no support was provided.

> *help to see where they can get help, because it is needed everyday*

> - R13 -

> *some are old, cannot walk, good to have some financial help*

> - R29 -

2.5 Medical support

As highlighted previously, elderly ex-offenders had more long-term medical conditions compared to their younger counterparts. 8 participants spoke of the need to receive assistance for their medical fees.

Now, many elderly people not feeling well, sick, different types of sick. They can't afford to pay certain amount of money. Say one time they have to go for check-up, they can't afford

- R16 -

I go for check-up very expensive also, so I hope the welfare can support me, help me

- R28 –

DISCUSSION

To recap, this exploratory study was driven by the need to understand the experiences of elderly ex-offenders in their reintegration journey. The themes allowed us to identify some patterns that increased their risk of re-offending even in their later years.

The three main areas of concern identified were in the health, social and financial categories. More than 70% of participants reported facing challenges in each of these areas which contributed to their risk of re-offending. In terms of health, elderly ex-offenders faced an increasing number of medical challenges, with high blood pressure and high cholesterol being the most common ailments. In the social category, they experienced a shrinking social network due to the lack of family support and having to avoid long-time negative peers. In addition, they faced issues in society with the prevalence of stigma and discrimination. Problems in finding and maintaining employment, as well as their current poor financial status, resulted in economic challenges upon release. These three main concerns coincided with the finding that social support was an area that most participants mentioned as a problem they required the most help with.

Two other areas were also highlighted in the study – psychological challenges and housing problems. The psychological challenges experienced centred on the issues of having to overcome their drug addiction and lowered confidence and self-esteem. It was noted that the participants had abused drugs for most of their lives, thus making it harder for them to change. The length of abuse for elderly ex-offenders was an important consideration when it came to dealing with the addiction.

Finally, the lack of appropriate accommodation was a problem which indirectly led to re-offending behaviour. It was noted that, despite housing being low on the challenges list, accommodation was second on the list of areas where support was needed from the community. It seemed that while housing was not an issue faced by the majority of participants in our sample, they agreed that it is an area where solutions were not readily available and public support is lacking.

As the participants voiced out the challenges they encountered, one major factor was highlighted as the reason that deterred them from returning to crime – old age. The fear of dying inside prison, and the fear of losing someone while incarcerated, was a strong motivation that made them reconsider the costs of reoffending.

Half of the sample had been using some form of social services upon their previous release. Nearly all were receiving financial assistance from different sources. Other forms of help received included: medical welfare, counselling, detox programmes, food rations, accommodation, and having a befriender. Important areas of social services for re-entry also touched on similar areas. They include: having social support, providing appropriate accommodation, receiving financial assistance, employment, and getting medical support.

1. Recommendations

1.1 Prosocial support

While it is important to provide material resources for elderly ex-offenders, it is equally important for community organizations, such as halfway houses and aftercare agencies, to provide or help repair pro-social bonds. For those who still have family members, effort should be made to help them return to their family. Family was highlighted as the central support system which can help re-introduce the returning offender back to the community (Stojkovic, 2007). Past studies also found that inmates who maintained strong ties with their family had more successful adjustments after release (Martinez & Abrams, 2013).

As mentioned, elderly ex-offenders often have strained relationships with their families due to their frequent incarcerations. Despite that, they expressed the desire to return to their families. Yet, they often are not able to find the right avenue and would give up that desire. Therefore, having a practitioner involved may be helpful in trying to repair their relationships. Whether they are practitioners in the aftercare sector or practitioners who work with families, they should be equipped with relevant knowledge as families of returning offenders often face unique challenges.

Practitioners can help to bridge the gap between the returning offender and family members, and try to help them regain the trust that had been lost. The foundation to this work can be started even before the offender is released into the community. In fact, starting prior to release has its benefits. One of which is the physical separation between both parties which lowers the risk of conflicts occurring even before a bond is built. Both parties could be given a platform to voice their needs, goals, and expectations as they try to find a compromise. Practitioners could also find out what could be holding the family members back from accepting the returning offender, and work with them on these issues. An example was given by a participant on how his counsellor at a halfway house had helped him return to his family. He had spoken to his counsellor about his desire to return to his family. However, his family members were not prepared to accept him. His counsellor thus visited his family members and shared about his will to change. He also explained to the family members about the importance of having family support. After several sessions trying to bridge the gap, the family eventually decided to give the offender a second chance.

On top of resolving the presenting issues, attention should be paid to the needs of family members and clients. Even after the family decides to accept the offenders, practitioners should follow-up on the progress of the relationships. This is important as an enormous strain can be put on the social networks in trying to re-incorporate the individual into the family and allow them to re-learn their roles (Rose & Clear, 2003). Whether it is the difficulties family members face in accepting the returning offender, or the returning offender having problems re-assuming their role in the family, these issues needs to be addressed. The returning offender and their family members may need to re-learn certain skills and information in preparing to live with each other again. Rather than solely focusing on the problems, strengths of clients and family members should be identified and be leveraged on.

Still, if these issues cannot be resolved over time, or when family become a source of distress, the costs might outweigh the benefits eventually (Braman & Wood, 2003). In these cases, it may be better to encourage the ex-offenders to strive for independence from their families.

We have seen that there are several problems which could prevent an offender from returning to their families. We also know that their social circles are usually filled with fellow drug abusers. Without any pro-social support upon their release, it increases the probability of them going back to their circles of negative peers. For this group of older ex-offenders, there is a need to introduce new social support systems, which could be done through befriending. Having a befriender allows them to have someone to contact in times of need. For those who require more formal assistance from organizations, befrienders can help to bridge the gap in knowledge, such as letting them know where they can seek assistance. In addition to befriending, linking them up to interest groups could also help to meet their social needs. Through these interest groups, they are likely to make new friends and spend more time in a pro-social manner thus reducing the impact of separation from their families. The presence of strong social connections in the community, either with family or others, would further promote desistance for the elderly ex-offenders.

1.2 Personal empowerment

As mentioned earlier, elderly ex-offenders may experience a loss of control or ability to make autonomous decisions due to long and frequent incarcerations, or when they are being overseen by someone else. Thus, empowering them to (re)-gain control of their lives may help them to stay away from the pattern of offending. A study by Maschi, Morrissey, and Leigey (2013) suggested the need for re-entry programmes to allow for the "recovery of lost agency, personal empowerment, autonomous decision making" of the older offenders. Hence, in addition to looking into their practical needs, elements that can empower them should be incorporated. For example, having practitioners or caseworkers to guide them on the decision-making processes may be beneficial to help them regain personal control.

In fact, the process of empowerment should begin while they are still in prison. Elderly inmates who become heavily dependent on the institutional processes should learn self-care and other life skills that they need prior to their release. Having these skills prior to release may allow for a smoother reintegration as there may be fewer struggles with their daily living. As highlighted in the findings, individuals who feel confident had a lower tendency to think about returning to a life of crime. Hence, by empowering them and allowing them to make autonomous decisions, confidence can be built to help themselves in their journey of reintegration.

2.3 Promoting understanding

Participants expressed the desire to be approached by practitioners who were genuine and willing to listen. They wanted practitioners who were non-judgmental and able to see things from their point of view. Unlike their younger counterparts, elderly ex-offenders have a shrinking social circle and often lack information on current trends and processes. Hence, they may find it harder to understand processes, or left to feel frustrated by the systems in

place which do not make sense to them. For example, a lesson can be drawn from the situation where participants did not want to use any social services due to the need for multiple document submissions. Ensuring that older clients understand the need for such administrative procedures is crucial, especially because they often have greater difficulty accessing or obtaining necessary documents. Compared to younger offenders, they require more guidance and patience from practitioners to guide them through the complex system, and allow them to understand the need for certain documents and processes.

In addition, elderly ex-offenders displayed a need to feel respected rather than being controlled by those younger than them. This need is especially pertinent when their caseworkers or reintegration officers are significantly younger than them, or when the family members taking up responsibility for their re-entry are their own children. In these situations, practitioners need to be able to balance between being the authority figure and yet, allow the elderly ex-offender to maintain a certain amount of autonomy. Similar to understanding the processes above, it will be helpful to ensure that they understand the need for supervision or casework prior to embarking on the journey with them. This will ensure that the elderly ex-offenders do not feel a lack of respect which might cause them to react negatively.

3. Limitations

The findings for this study may only apply to elderly ex-offenders with repeated offences. As the etiologies and needs differ between the three typologies, the findings for this sample are not representative of the larger incarcerated population. In addition, the sample consists of participants with differing lengths in the community. As there were no specified criteria on the duration since their previous release, participants' time in the community differed greatly. Some participants had been released for short periods (i.e. less than a month), and were unable to share much on the challenges they faced. For those who had been released for a longer period, responses were also subjected to distortions in memory. This is especially so for participants from prison as some were already re-incarcerated for several years prior to the interview taking place. Due to this, information may be lost.

4. Suggestions for future research

This study explores the challenges faced by elderly ex-offenders on a micro-level. These patterns should also be understood in the bigger context, as social changes happening on a macro-level in Singapore can interact with the personal factors to exacerbate the challenges faced. As Singapore moves towards a knowledge-based economy, the demand for intellectual capital is increasing to help the country remain economically competitive (Chia, 2001). However, this shift could potentially harm the marginalized group – such as older ex-offenders. For example, a shift towards a knowledge-based economy would mean that the skills that they possess will become obsolete by the time they return to the community in old age. As Singapore becomes more dependent on technology, older ex-offenders may lose out more than others as they have lost touch with various technological developments due to longer periods of incarceration. In addition, due to the effects of aging, they will find it harder to adapt to these changes compared to their younger counterparts. Hence, future research

could focus on how these developing trends interact to affect older ex-offenders and their reintegration.

Future studies should also examine the efficacy of programmes targeted at this group to ensure their needs are being met. Inputs from other stakeholders, such as aftercare practitioners, geriatric specialists, and prison officers could be considered to provide a holistic picture of care provided to elderly ex-offenders.

CONCLUSION

Through the use of qualitative methods, this study has allowed us to explore the experiences of elderly ex-offenders in their journey of reintegration. The unique needs of elderly ex-offenders had been mostly overlooked until recent years. Unlike younger ex-offenders, where emphasis is on risk management to prevent re-offending, this study has shown the need to view elderly ex-offenders' reintegration needs through a different lens. They are at higher risk of suffering in isolation and with the added burden of facing increasing health problems due to ageing. Due to the social changes that have occurred during their frequent periods of incarceration, their challenges towards successful readjustment become magnified, leaving most helpless and stuck in the offending cycle. Nevertheless, they voiced out that old-age itself is a factor that deters them from returning to crime. Therefore, it is important for programmes and services to take into account the unique factor of 'age' when working with this group of clients.

The present study illustrates some problems faced by the elderly ex-offenders during re-entry and provides insight on how different elements can be incorporated into existing programmes and services. More specialized services may be needed in future to address the unique problems faced by elderly ex-offenders.

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Appendix A: Participant Information Sheet and Consent form

PARTICIPANT INFORMATION SHEET (PIS) & CONSENT FORM (CF)

1. **Study title**
   Reintegration Needs and Challenges Faced by Elderly Ex-offenders in Singapore

2. **Principal Investigator and co-investigator(s), if any**
   Yeo Jia Ying (Principal Investigator)

3. **Introduction**
   You are invited to participate in a research project by Singapore After-Care Association (SACA). This information sheet provides you with information about the research. The Principal Investigator or the representative will also describe and answer all your questions regarding the research. Read the information below and ask questions about anything you do not understand before deciding whether or not to take part in the study.

4. **What is the purpose of this research?**
   The purpose of this research is to explore the experiences of elderly ex-offenders. It aims to identify the needs and problems of elderly ex-offenders after release, and the challenges faced in meeting these needs. This research also seeks to identify changes that could be made to future programmes and services to facilitate the reintegration of elderly ex-offenders.

5. **Who can participate in the research?**
   a) The participant had experienced multiple incarcerations since the age of 20s.
   b) The participant should be last released at 55 years or above.
   c) The participant should be able to converse in English, Mandarin, or Malay.

6. **What is the expected duration of my participation?**
   The participant is invited to attend a face-to-face interview session with the Principal Investigator or representative. Each session should last no longer than 90 minutes.

7. **What is the duration of this research?**
   The research will be conducted between July 2018 and November 2018.

8. **What is the approximate number of participants?**
   There are approximately 30 participants involved in this research.

9. **What will be done if I take part in this research?**
   If you decide to take part in this research, you will be interviewed about your experiences upon release(s) – including but not limited to experiences at age of 55 years or above. You will be asked to share the problems/needs you faced after release and the challenges faced in meeting these needs. You will also be asked to share your opinion on improvements that can be made to services to be provided after release to aid in reintegration.

Upon your consent, the interview will be audio recorded to facilitate playback and eventual transcribing of interview data. Recorded information will solely be used for the purpose of analysis contributing to the research and will not be externally circulated.

10. How will my privacy and confidentiality of my details be protected?

Any information that is obtained in connection with this study and that can be identified with you will remain confidential. Confidential information will only be disclosed without your consent under these circumstances:

a) When participant discloses information that could endanger him/herself;

b) When information disclosed by participant might cause hurt to him/herself or others;

c) When participant discloses information that could assist in an ongoing investigation;

d) When the information is required by law.

Only the Principal Investigator and the representative will have your identifiable information and this will not be released to any other persons. Identifiable information will NOT be used in a publication or presentation. All your identifiable personal information and research data will be coded (i.e. only identified with a code number) and separated (de-linked) at the earliest possible stage of the research. Pseudo names will be used in discussion and research findings. Audio recordings will be erased after being transcribed. Your interview data will be stored securely in a computer with password protection and destroyed upon completion of study.

11. What are the discomforts and risks for the participants?

There will not be any potential risks in this research.

12. What is the compensation for any injury?

No compensation will be given as injuries are not expected.

13. Will there be any reimbursement for participation?

Participants will be reimbursed with $40 FairPrice vouchers upon completion of the session. If participants decide to withdraw during the session, no payment will be given.

14. What are the possible benefits to me and others?

There is no direct and immediate benefit to you by participating in this research. However, participating in this research will help add to the knowledge base and improvement of future programmes and services targeted at elderly ex-offenders.

15. Can I refuse to participate in this research?

Participation in this research is voluntary and you can choose whether or not to be in the research. You may also choose not to answer questions you feel uncomfortable with. You can also choose to withdraw from the research within one week upon the completion of interview, without any consequences of any kind or loss of benefits which you are otherwise entitled. Upon withdrawal, all collected information will be excluded from the study.

16. Whom should I contact if I have any questions or problems?

Please contact the Principal Investigator (Attn: Jia Ying) at telephone 62942350 / 62942763 or email jia.ying@saca.org.sg for all research-related matters.

INFORMED CONSENT FORM

Reintegration Needs and Challenges Faced by Elderly Ex-offenders in Singapore

Consent form:

I hereby acknowledge that:

1. **I have received a copy of this information sheet that explains the objectives and nature of this research.**

2. **I understand its contents and agree to participate in the research.**

3. **I can withdraw from the research at any point of time by informing the Principal Investigator and all my data will be discarded.**

4. **I understand that all information will remain confidential, and will only be disclosed without consent under these situations:**

   a. **When I disclose information that could endanger myself**

   b. **When I disclose information that might cause hurt to myself or others**

   c. **When I disclose information that could assist in an ongoing investigation**

   d. **When the information is required by law**

5. **I agree / do not agree to have my interview recorded. Notes will be taken if consent for recording is not given.**

6. **I agree / do not agree to the use of anonymous quotes for publication or presentation purposes (if applicable).**

_____   _____

Name and Signature (Participant)   Date

_____   _____

Name and Signature (Consent Taker)   Date

Appendix B: Interview guide

Demographic information

1. Which year were you born?
2. Please share your offending history (timeline).
    a. How many times were you imprisoned?
    b. What were the types of offence(s) (Penal/drug)?
    c. Duration of each imprisonment
    d. Year of most recent release and imprisonment

Needs during aftercare

1. What were the major problems you faced when you were released?
    a. What were the differences in your experiences/problems you faced after release when you were younger and now?
2. Sometime after release (6 months), what were the major problems you faced?
    a. Has there been a change in direction/focus on the problems you were facing immediately and 6 months after release?

Meeting their aftercare needs

1. How did you overcome these problems that you mentioned?
2. What challenges did you face when trying to overcome these problems?
3. What was the major problem you faced which resulted in you going back to prison?

Experience with aftercare services

1. Have you used any social services to solve these problems?
    If yes,
    a. What kind of services did you receive and from where?
    b. How did you find out about the services?
    c. Can you tell me more about your experiences of using the services?
        i. What did you like about the service?
        ii. How can the services be improved?
    If no,
    a. Can you share why you did not use the services?
    b. How can the services be improved?
2. What services do you think are needed but not available now for yourself?