Aged and Frail Offenders

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Introduction

In 2012 a proposal was submitted to Corrective Services New South Wales (CSNSW) Executive Management that recommended aged and frail offenders should be managed in a specific purpose environment within the organisation. The document has mentioned several options to manage and house offenders with age related health, dementia, disability and mental health issues. (Dr Snoyman, 2012)

Some of the more subtle issues associated with medical related ailments like Alzheimer's are difficult to detect within the mainstream correctional environment. Health related issues, heart disease, diabetes, hepatitis, changes in weight, if undetected and untreated may lead to major health care costs. If there is no appropriate response to our increasing ageing population there will be further financial and other resource demands on the already existing heavily stretched health system. Stern et al (2008) have proposed targeted training in support of early identification of age-related disease, extensive programming modifications targeted at older prisoners and eventual moderate facility modifications. These are all affordable steps that can have a real impact on slowing budget outlays for medical and mental health care expenditures.

The management of older offenders in custody appears to be a worldwide dilemma due to increasing population of the aged in custody. Baidawi et al (2011) have noted that many of the services and strategies that have been implemented with a view to managing older offender populations have been developed at the local level, rather than being directed by policy frameworks. To date CSNSW has no policy in relation to managing aged and frail offenders.

There is strong evidence to suggest the number of NSW inmates shows that the inmate census data collected over the last decade has increased in the 'fifty plus' age group; this has significantly increased. The proposed management briefing paper for the aged would be unique to corrections in Australia and possibly position CSNSW within world class rankings. (Dr Snoyman, 2012)

This paper will outline the proposed staffing requirements to support the proposal including:

- medical/ professional personnel,
- Correctional Officers and Offender Service and Programs (OS&P) staff,
- the training that would need to be provided for staff efficiency and competency and,
- the health and well being programs that should be provided to the aged and frail offenders.

It is proposed that a further program segment with a rehabilitative component should also be provided to the attendance carers (inmates) who provide support to the aged and frail offenders and domestic assistance to the staff.

Staffing

The literature reviewed for this paper has focussed on worldwide research on staffing, training and programs in

caring for the aged and frail offenders in correctional centres.

Powell & Wahidin (2008), Dementia Behind Bars (2012), the Human Rights Watch (2012) gave little support to a multidisciplinary approach to caring for aged offenders, alternatively, relying heavily on the medical model of professional and specialised staff to address the offenders' medical needs, despite offenders being housed in a correctional centre. Wallace et al (2012) recognised that all needs should be met holistically through correct management and treatment whilst delivering personalised care for the aged offenders that have complex needs.

All facilities that are to provide high needs care, whether situated in the community and or in a custodial setting, have the responsibility for ensuring the most appropriate staff which is essential in the care of an individual and for the effective operational requirements of the centre. CSNSW has a twofold task in providing the most appropriate staff to care for the needs of the aged offenders and at the same time maintaining the security of the facility irrespective of its classification.

In the case of a correctional centre, Dr Snoyman (2012) has identified the appropriate ratio of Justice Health, OS&P and Correctional staff required, which will be dependent on male / female offender care needs and the classification of the correctional centre.

Currently, custodial staff working in correctional facilities may be limited in the skills required in either behaviour management problems with dementia, psychiatric conditions, mental illness and medical issues related to aged offenders (Beattie, 1998). A lack of training or adequately skilled staff can affect the quality of care to the aged, negatively impacting staff morale demonstrated through burnout and absenteeism with effective operations of the centre. It is globally recognised that there is a need to provide both upgrading and training to all staff, as it is not acceptable for management of behavioural problems with physical or chemical restraints. Therefore, alternative strategies that are less intrusive or restrictive must be utilised. (Beattie, 1998; p4)

All staff working in an aged care facility would need to meet a certain criteria including but not limited to, a high level of therapeutic knowledge, the ability to participate and facilitate programs for offenders in addition to personal and ethical care to the changing resident population and responsible care management. (Beattie, 1998)

A correctional centre has a multiplicity of offenders from diverse cultural backgrounds with an assortment of offences. Therefore it is crucial that all staff will need to demonstrate unbiased professionalism without prejudice in their actions or communications.

Training

There is worldwide research acknowledging it would be most beneficial to have qualified staff with a background in caring for the aged and frail. However, this cannot always be accommodated, due to the lack of qualified staff and the ongoing finances for such a facility. Therefore, there is a need for the appropriate training of non medical staff, which may assist the medical staff and take care of the day to day needs of these particular offenders. A prisoner who is chronologically 50 years of age is generally expected to display the onset of age-related health concerns of a 60 year old in the general population and the age of prisoners within the system is rapidly increasing. (Gaseau 2004; HMIP 2004; Potter et al. 2007, cited in Baidawi, 2011)

After selecting the staff for the program, as discussed above, they must be provided appropriate training. A thematic review by Her Majesty's Chief Inspector of Prisons (2001:2004) noted the need for appropriate training for all staff working in an aged and frail facility is crucial for the ongoing care, health and safety of all involved. The feedback from the aged offenders revealed that there was minimal contact by non medical staff with minimal needs being met. (HMIP 2001: 2004). Using the correct approaches for training general staff, will enable the effective and appropriate interaction between staff and offenders, therefore, alleviating stress for all concerned. This should include coping with chronic disease and/or terminal illness, fear of dying, pain management, reduced levels of mobility, disability, loss of independence and cognitive impairments. (Caldwell, Jarvis & Rosefield, 2001; Fazel et al., 2001; HMIP, 2008; Potter et al. 2007; Yorston & Taylor, 2006, cited in Baidawi, 2011).

All staff should undergo a period of training to prepare them for working in such an environment. This should include a combination of 'sensitivity training' and established programs. It is proposed that this be conducted over a two week period utilizing the existing resources of the State Wide Disability Support Service, Justice Health and the Corrective Services Academy.

The course would include subjects such as mental health first aid, appropriate and related Workers Health and Safety (WHS) programs and sensitivity training. For example, all officers could be exposed to restrictions such as blindfolds, ill fitting bulky gloves that will assist their experience and gauge limitations of daily routines that the offenders deal with on a daily basis. (Corrections Research Paper, 2010) This program could be mapped against the Certificate III in Aged Care and would allow staff to continue a learning pathway in this area.

Sterns et al (2008) have recognised that all staff should be provided with the knowledge and skills to manage and organise older offenders, and in the identification of symptoms of a chronic disease or medical issue. It is noted that there will be medical staff in attendance. However, the staff spending the maximum time with these offenders would be the non medical staff and therefore they will need training in the identification of symptoms in relation to the aged. In addition, the suitable training of all staff will provide an age appropriate environment which addresses safety needs and physical limitations for the older offenders which in turn will create a pleasant working environment. (Leach & Neto, 2011) All programs relating to staff will also address the added workload and seek to assist in the reduction of 'burn out' which is common to workers in the aged care environment.

Other training programs should be designed for the inmate attendants that could be considered for assistance duties to the staff. A number of jurisdictions are currently reviewing the integration of younger and older inmates to assist with aged appropriate programming. (Corrections Research Paper, 2010) The proposal would involve offenders being identified through the classification system and given the skills to assist staff in the daily duties. A program could be created for the induction of these inmates and be similar to the Certificate 11 in Health Support Services. This would provide an inmate nucleus to act as support for staff but not to provide direct care assistance functions (Health and Training Package 2007). This area is covered in more detail in terms of classification and training within the programs area.

It is to be noted the attendant carers Certificate 11 qualifications cannot be used in an aged care facility in the

community due to offender criminal histories. However, this qualification can be utilised in recognition of prior learning with courses facilitated by Technical and Further Education (TAFE).

Programs

The aim would be to provide a variety of programs covering inmates with low, medium and high physical needs. The objective would be to provide a structured daily routine consisting of program development within a custodial environment that is equivalent to community care.

Programming modifications could be made through dividing older offenders into several categories with various activity programs that address their responsivity and needs by providing more orderly conditions, safety precautions, emotional feedback and familial support than younger prisoners. (Stern, et al, 2008)

Older offenders tend to be uncomfortable in crowded conditions and may prefer smaller groups and time alone. Activity interventions could include fitness, exercise and movement, sensory and cognitive stimulation programs to include activities to promote social interaction. Also older adult counselling programs, having the goal of innovative group programs for older prisoners, helps them cope with additional free time, systems of disease or illness and loss of function, as well as bringing these individuals opportunities for re-integration into the community and to assist in release preparation and early release programs (Stern, et al, 2008)

Based on the research of Baidawi et al, (2011) program delivery ranks high in improving not only physical strength but also promoting good mental health. Specific programs would use the current range of compendium programs listed by the Offender Programs Unit, CSNSW.

Existing service providers could deliver pre-release programs and desensitisation programs for offenders assisting with finding the location of the necessary agencies, e.g. Centrelink, banks, etc in their local area which would improve and assist with their re-integration in the community. Offender Services and Programs, (O.S.&P.) in combination with inmate support staff, would encourage offenders to engage in 'out of cell' activities, with other planned exercises focusing on stimulation and keeping active such as carpet bowls or a general exercise regime. Frail aged offenders who are still mentally active could assist with Adult Education Vocational Training Institute (AEVTI) program 'storytime' recordings or update index catalogues by voice activation; crosswords or creating of crosswords; Sudoku or other related brain challenging games. Discussion groups, quizzes and board games may also be used to enhance social interaction with other offenders, staff and or attendant carers. For older offenders who are not frail, industry or related employment would be sought without the restrictions for production time deadlines usually placed on correctional centres. There have been a number of authors which have acknowledged the need for programs focusing on health and education for older inmates *(Dobson 2004, cited in Baidawi, 2011)* and the benefits of group consultation in the form of community groups *(Cooney & Braggins, 2010 cited in Baidawi, 2011).*

Attendant carers would be canvassed through the Offender Management and Classification system similar to the process of acquiring adult nucleus offenders for the managing of young adult offenders. Selected criteria which may include but not limit to security rating and misconducts would be essential for offenders to take place in this program.

Conclusion

There is considerable evidence to indicate an increase in the number of older prisoners across United States, United Kingdom and New Zealand (Baidawai et al 2011). This has been identified in the research as an area that organisations within Australia must expect and plan for in managing a growing population of aged offenders. To date, no jurisdiction within Australia has a stand alone program such as the model proposed by Dr Snoyman (2012). This model will provide for the efficient and appropriate management of all aged offenders in custody.

Our correctional system must pursue other avenues to foster partnerships between prisons and nursing homes to improve quality of care, such as, considering release programs for aged and frail offenders who no longer present a threat to public safety and revisiting mandatory sentencing policies which CSNSW is currently reviewing. ('Dementia behind bars', 2012)

A number of items must be considered for the successful support of the model proposed by Dr Snoyman (2012). This support model would also benefit and be successful in smaller regional based centres if required.

Recommendations

(a) The development of an Aged & Frail Committee
This would consist of State-wide Disability Service in collaboration with Justice Health, Classification and Custodial staff. This would oversight all program components to ensure a consistent approach to all areas and would be heavily involved in the creation of policy, advice on classification, staffing, training and programs issues.

(b) Policy to be developed for the aged and frail in custody.
Currently within the organisation there is no policy for the management of aged and frail offenders. This is seen as critical even though outside the scope of the current project.

(c) Development and Implementation of a training package for staff servicing the aged and frail facility.
This would be for both custodial and non custodial staff and be a combination of aged management and sensitivity training. The program could be conducted either on site or at any required regional location dependent on the model accepted by the organisation.

Other recommendations to be considered:

Creation of training packages and set criteria for inmates identified as attendant carers. This would create important support roles to staff within the proposed centre. There would be heavy involvement with classification and programs areas and provided pathway for selected inmates.

(d) Ongoing development of offender services & programs.
To be overseen by the proposed committee and managed by centre staff. Programs for the centre should be continually reviewed and developed to ensure maximal results.

(e) Partnerships with community aged care organisations and volunteers.
This would create professional development for staff and allow the organisation to stay abreast of the most current issues and programs for aged care. These links could create in time a program to allow volunteers to assist with frail offenders similar to volunteer models in the community.

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This project was an Executive Leadership Program presentation (ELP 12/001)