

Ageing Offenders - A Developing Concern

Christopher Currey, John O'Dowd, Tony Shillabeer, Sue Wilson

Introduction

The authors of this paper are an inter-jurisdictional correctional group who participated in the 2011 Australian Correctional Leadership Program. This program discusses and highlights some of the key issues facing corrections. Ageing Offenders – A Developing Concern was selected to raise awareness of planning, legislative and financial issues for corrections in the coming years.

This paper reviews current literature on this topic and acknowledges current studies underway to provide strategies for the future.

How do we define an older offender?

Conjecture exists as to what age defines an ageing offender. A review of the literature indicates a general consensus that offenders 50 years of age and older best represent the group where ageing issues become prevalent. Whilst health officials indicate that 65 is considered the age in the general population, researchers agree that an age of 50 is more acceptable in the offender population due to poor lifestyle and health choices.

Why is an ageing offender population a concern?

As the general population ages there is increased risk of people experiencing health issues such as: hypothermia, falls, osteoporosis, arthritis, diabetes, cardiovascular diseases and mental health issues such as dementia (Brown 2010, pp 147 and 148). The increase of health issues combined with concerns such as isolation, vulnerability and prison facilities not specifically designed for an ageing population are fundamental matters requiring planning consideration.

The Australian population is ageing rapidly increasing from 12.2% in 1999 to an expected 24% in 2036 (Brown 2010, pp 8) this is in effect a 100% increase in the population over this timeframe. Following an age population trend and as exemplified in tables 1 and 2 Appendix 1, there would be an expectation that this ratio will mirror

itself in the offender population in a shorter timeframe, placing burden on the current resources to deal with the health issues.

Who makes up the current ageing offender group?

Victorian Research Paper, Growing Old in Prison, (page 11) has identified the following four main groups which constitute the cohort of offenders aged 50 years and over;

1. First-time offenders, incarcerated at an older age (e.g. child sex offenders convicted of historical crimes).
2. Ageing recidivist offenders, who enter and exit prison throughout their life-time and return to prison at an older age.
3. Offenders serving a long sentence, who grow old while incarcerated.
4. Offenders sentenced to shorter periods of incarceration late in life.

What are the expected resultant issues that may arise from an increase in ageing offenders?

The ageing of offenders impacts on both correctional institutions and the community and is reflected in both male and female offenders. Correctional administrators, the world over, are realising the importance of analysing the extent of this issue and modelling future forecasts. While there is no doubt that the majority of current response strategies need to be focused on the

correctional centre environment, planning also needs to commence on likely community impacts for increased numbers of ageing offenders being released to supervision.

Specific issues identified for offenders in custody

Issues impacting on the ageing offender population fall into the following broad categories;

(i) Health Issues – physical and mental

Probable impacts include an increase in mobility issues, incontinence, frailty, dementia and other memory / cognitive disorders, anxiety or emotional disorders (Clayton, 2009), chronic disease and terminal illness (Turner and Trotter, 2010, p.4). Health issues that face the aged in the community may be heightened and exacerbated by prison regimes focusing on security and containment with heightened isolated conditions.

(ii) Financial Implications

There is a correlation between an increasing ageing offender population and an increased cost of imprisonment. There are likely to be increased health care costs, expenditure on physical improvements to cells such as width of doors, shower rails, bed design, lower toilets, mobility aids, etc. Additional staff training or hiring of specialised staff is likely to be required to address the care needs of ageing offenders and this may see the construction of dedicated hospice beds to reduce offender escort implications (Older prisoners – A challenge for Australian corrections p4). Further to the cost of incarceration, ageing offenders who have major health issues are likely to need higher levels of care and specialist treatments. In the broader community, the cost is best demonstrated through the average cost of palliative care per bed. Gordon et al. in the Journal of Pain and Symptom Management have established that per bed costs are not normally measured but have provided costs ranging from \$485 per bed per day to \$1465 per bed per day. The cost for provision of specialised aged care for an offender in custody is likely to reflect or be greater than that incurred in the community

(iii) Institutional Regime Issues

Ageing offenders may demonstrate higher vulnerability, isolation, victimisation and/or behavioural issues relating to cognitive impairment. This will require additional intervention through programs and raise questions surrounding the practise of 'clustering' ageing offenders or 'mainstreaming' them with the general offender population.

Specific issues identified for ageing offenders in the community

Offenders in the community may be subject to all types of supervision whether directly sentenced or post-release. Research conducted into ageing offenders is almost entirely related to those offenders in prison. There is an identifiable lack of focus amongst practitioners, academics and policy makers on the issue of community penalties and older offenders. Older offenders are more likely to receive a direct sentence of custody and less likely to receive a community penalty than other adult offenders (Howse 2003). The numbers of older offenders on community-based orders is relatively small and typically geographically dispersed. A concerted effort is required to focus research on ageing community-based offenders as a group with diverse needs, rather than on one offence category where older males are more prevalent i.e. sex offenders (Bramhall 2006).

The authors determined from experience gained in South Australia and confirmed within other jurisdictions that the following issues often exist for ageing offenders subject to community-based supervision, particularly those released from custody;

- *No supportive partner and/or family or stress in existing relationships*
- *A degree of care is required e.g. meals, personal hygiene, paying bills etc*
- *No accommodation or accommodation issues are created by the nature of their offending e.g. child sex offender where nursing home options are being considered*

- *Lack of employment options and lack of income*
- *Community concerns/threats when high notoriety or child sex offenders reside in a locality.*
- *Victim issues*
- *Mobility issues which may impact on offender's ability to report to their community corrections officer.*

What are the current responses and are they working?

Nursing Home Prisons are specialised prisons providing intensive services where the majority of offenders have similar needs. Units within the prison may be targeted for progressive needs as reflected in many nursing home environments in the community. The benefits for this solution are reduced victimisation by other offenders and a more stable environment than mainstream custody. The negatives are it segregates older offenders from younger offenders which may create the stigma of 'protection' plus research indicates many older offenders prefer a mainstream environment. This clustering model also enables centralisation of healthcare services (cost effective) and is utilised in the USA, UK and Canada.

Hospices are specifically designed to deal with chronic and terminally ill offenders. Hospices may be based on a stand alone model or incorporated with current prison hospital facilities. Research indicates hospices could be exploited as justification for leaving offenders in prison rather than considering alternative release options. Capacity issues may also exist in this area. NSW, amongst other jurisdictions, currently have dedicated beds within prison hospital facilities to meet current demand.

Special Needs Units are used in many countries. In Australia, NSW and Victoria offer age or culturally specific units for offender accommodation. The benefits again relate to centralisation of resources, reduced costs related to staffing and inmate transport, and possible reduced victimisation by other inmates. Older offenders may benefit from age-segregated living

arrangements in an environment designed to provide a less violent, age appropriate context suitable for rehabilitation.

Age Specific Services, Regimes or Programs

can be provided in the existing correctional centre environment and often have linkages to special needs units or accommodation areas in a centre. Eligible offenders are identified and referred through appropriate case management strategies. Programs are designed on ageing offender's needs and include exercise and health strategies and socialisation components which are designed to maintain wellbeing. Expansion of these programs may result in the need for building modifications to permit disabled or mobility impaired access, the development of suitable exercise facilities and the ability to engage other offenders as suitable carers.

An example of a program from Nevada which addresses age specific lifestyle issues is 'True Grit'. This structured living program has been implemented for elderly inmates and attempts to deal with physical, emotional and spiritual needs of geriatric inmates to improve their quality of life and longevity of health. (Harrison 2006).

A local example of targeted exercise regimes is provided by Victoria. Currently Victoria runs Yoga and Pilates as well as walking and mobility programs plus senior's gym sessions.

Specialised Staff and Training is exemplified in Canada where staff are specially recruited and trained to work with ageing offenders. The current shortage of health-care professionals in the community may also be reflected in the correctional environment. Additionally, most prison staffing models do not include specialist aged care practitioners and this will need to be reviewed if the ageing offender population continues to increase.

Sentencing Reform is an option that may need to be considered depending upon the extent of issues arising from the increase in the ageing offender

population. To date this option has not been widely utilised due to its perceived unpopularity by victims' advocacy groups, policy makers and legislators.

Parole and Early Release is possible in the USA and Australia. Community and political concerns coupled with sentencing restrictions are perceived to limit the use of this option; however it remains an avenue that should be explored as a potential response to this issue.

Doing Nothing. Some jurisdictions are simply attempting to manage the issues with current resources. The pros and cons of this strategy will obviously be linked to the extent the issues impact on the jurisdiction and individual offenders.

Note: Australian responses for South Australia, New South Wales and Victoria have been identified in more detail in Appendix 2.

Summary and Recommendations

Each jurisdiction will need to analyse the extent of the issue and respond in an individual and targeted manner. Table 2 identifies that many Australian jurisdictions have seen over a 100% increase in aged offender numbers between 2000 and 2010. If the number of offenders aged 50 years or older continues to increase at the same rate as that experienced in the decade 2000 to 2010, significant impacts will be expected on suitability of offender accommodation, the complexity and cost of meeting offender health requirements and the general management of offenders in correctional centres and in the community.

All jurisdictions will need to develop strategies to handle increased numbers of ageing offenders, meeting their higher medical and health needs and maintaining an effective cost management strategy to ensure their health and safety while under orders. These strategies could include outsourcing some facilities or services to specialist providers.

Research into the ageing offender populations in Victoria and New South

Wales is currently underway (Baidawi – Criminal Justice Research Consortium, Monash University). The results of this research will provide further empirical evidence to validate the development of further policy direction around ageing offenders.

A key step in this process will be for each jurisdiction to determine the policy model they wish to pursue. Fundamentally either the clustering of ageing offenders to assist cost effectiveness of healthcare models or an integration model with special needs units established in the current correctional environment. Strong links with healthcare providers are required to meet the needs of offenders in custody and in the community.

It is likely that jurisdictions may require an integration of various solutions to cater for the diverse and divergent needs of their own ageing offender populations. All jurisdictions will also need to consider evaluation strategies of responses. As this is an emerging issue most research to date does not include an evaluation component.

References

- Baidawi, Turner, Trotter, Browning, Collier, O'Connor and Sheehan (2011) Older Prisoners – A Challenge for Australian Corrections. Australian Institute of Criminology, Trends and Issues in Crime and Criminal Justice, No 426.
- Bramhall, G (2006). Older Offenders and Community Penalties: A Framework for Thinking, in Wahidin and Cain, eds. [From Ageing, Crime and Society].
- Brown, P (2010). Care of the Older Adult – An Australian and New Zealand Nursing Perspective, pp 8, 147-148.
- Chiu, T (2010). It's About Time: Aging Prisoners, Increasing Costs, and Geriatric Release. New York: Vera Institute of Justice.
- Clayton, S L, (2009). *Corrections Today*. 71(5) pp 83 – 85.
- Crawley, E (2004). Release and Resettlement: The Perspectives of Older Prisoners. *Criminal Justice Matters* pp 32-33.
- Dawes, J (2009). Ageing Prisoners: Issues for Social Work, *Australian Social Work*, Vol. 62 No 2 pp 258 – 271.
- Ellsworth and Thomas (1994) Older Offenders on Probation, Illinois State U, Department of Criminal Justice Sciences, US, Federal Probation, 58(4) pp 43 – 50.
- Gordon, Eagar, Currow and Green, (2009), Current Funding and Financing Issues in the Australian Hospice and Palliative Care Sector, MStat Centre for Health Service Development. *Journal of Pain and Symptom Management* 38(1)
- Harrison, M 2006. True Grit: An Innovation Program for Elderly Inmates. *Corrections Today* 68(7), pp 46 – 49.
- Howse, K (2003) Growing Old in Prison: A Scoping Study on Older Prisoners. London: Centre for Policy on Aging and Prison Reform Trust.
- Kennedy, [no date] The Greying of the Offender Population; the Implications for New South Wales Corrections in 2021. PDMP 108.
- New South Wales Corrective Services Intranet Site, Kevin Waller Unit information, **Retrieved 17/10/11.** <http://csa.intersearch.com.au/csajspui/bitstream/10627/537/1/Kevin%20Waller.pdf>
- Noller, C (2010). How do we accommodate the ageing frail and long-term health needs of prisoners? Partnerships Victoria, Ararat Prison Project, Commissioning and Transition Planning Paper.
- Turner, V and Trotter, S (2010) Growing Old in Prison? A Review of National and International Research on Ageing Offenders. *Corrections Research Paper Series No. 3* Department of Justice, Victoria.
- Shaping Corrections (South Australia) Project Information Sheet: Northfield Infrastructure Improvements Program 17/10/2011, SA DCS Intranet.
- Wahidin and Cain, eds (2006). Older Offenders and Community Penalties: A Framework for Thinking (From Ageing, Crime and Society, P 230-247)

Appendices

Appendix 1 – Tables 1 and 2 Offender Numbers

Table 1 – Number of ageing offenders in custody in Australia by age range and by Year (n)			
Age Range (yrs)	Number In Custody in 2000	Number In Custody in 2010	Percentage (%) change from 2000 to 2010
50 – 54	848	1145	35.0
55 – 59	459	825	79.7
60 – 64	281	529	88.3
65+	218	527	141.7
Total offender number all age ranges	21714	29696	36.8

Table 2 - Ageing offenders in Australian States and Territories by age range and year (2001 & 2010)									
	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Offenders aged 50 to 64 in 2001 (n)	717	353	381	78	234	36	33	0	1832
Offenders aged 50 to 64 in 2010 (n)	1185	657	618	272	422	66	81	25	3326
Percentage increase in number of offenders aged 50 to 64 from 2001 to 2010	65.3%	86.1%	62.2%	248.7%	80.3%	83.3%	145.5%	*	81.6%
Offenders aged 65 and over in 2001 (n)	64	60	61	4	37	1	4	0	231
Offenders aged 65 and over in 2010 (n)	161	118	109	51	59	14	12	3	527
Percentage increase in number of offenders aged 65 and over from 2001 to 2010	151.6%	96.7%	78.7%	1175.0%	59.5%	1300.0%	200.0%	*	128.1%

Appendix 2

The authors have researched current initiatives in their jurisdictions and provide the following summary of current activities in NSW, Victoria and South Australia to address the needs of Ageing Offenders

New South Wales

NSW has historically approached the management of aging offenders utilising a 'mainstream' model. Aged offenders are integrated into centres across the state with modified cells being utilised where necessary. This model has been successful, but the increasing numbers of aged offenders has recently seen more targeted strategies being implemented. Approximately 12 months ago the Kevin Waller Unit opened as a 16 bed specialist unit within the MSPC on the Long Bay Complex to manage aged offenders. A small number of beds within the newly opened Long Bay Prison Hospital have also been dedicated to a more hospice style of management. These two strategies provide a continuum of care for aged offenders no longer suitable for the mainstream correctional environment.

NSW currently manages aged offenders under the auspice of "disability services". That is disability services are used to assess the needs of this group and advise regarding placement needs.

Victoria is currently operating on a specialisation approach in principal. Ararat Prison Complex Norval Unit is providing a specialist function for aged offenders. The unit is not purposely designed for the high care needs for ageing offenders and does not have exclusive exercise facilities.

A 350 bed upgrade within this centre is underway to address the shortage of accommodation for ageing offenders with higher needs. Age specific programs are offered at this centre including RAMP (Retired and Medically Unplaced Prisoner Program) and an over 55's gym circuit and pilates classes.

South Australia is currently planning to build a new purpose built Prison Health Centre (High Dependency Unit) at Yatala Labour Prison in Adelaide with a 12 bed capacity including 2 observation cells with surveillance capacity. The concept design will be finalised for tender in early 2012 and construction is expected to begin in late 2012 at a cost of \$5.6 million. The completion of the High Dependency Unit is intended to provide a continuum of care for prisoners with multiple and complex needs. The Unit will be a multi-faceted and multifunctional unit to provide specialist health assessment and treatment services to prisoners experiencing mental health, personality disorders and aged related health, mobility and/or cognitive impairment (e.g. dementia).