Growing old in prison?
A review of national and international research on Ageing Offenders
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Foreword

An examination of the evidence available on policy and practice in the management of older prisoners was chosen as the topic for the third paper in Corrections Victoria’s Research Paper series.

The paper builds the evidence base available to Corrections Victoria to guide the correctional management of a growing and increasingly significant cohort within our prison population.

In particular, it highlights the complexity and challenges that can arise in the management and rehabilitation of older prisoners, such as prisoner needs arising from age in physical and mental health. Chronic illness, reduced levels of mobility, loss of hearing, disability, dementia, loss of independence, isolation and loss of social support through death of family and friends are some of the issues that can affect older prisoners.

I am confident this research report will be a relevant and timely resource that will encourage innovative approaches to policy and best practice in the management of older offenders.

While this paper did not extend to examining the factors behind growth in the number of older prisoners, Corrections Victoria plans to further investigate this area in order to understand the underlying factors driving this trend.

I welcome any feedback or comments you may have regarding this paper.

ROBERT J HASTINGS APM
Commissioner
Corrections Victoria
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Aims of the Review

This review was commissioned by Corrections Victoria, Department of Justice in 2009 to examine national and international research and other relevant literature that deals with issues surrounding the effective management and care of old and ageing offenders in prison and in the community. It summarises the key themes emerging from the literature, noting a need for greater international and local research, and identifies why this is a significant issue. The review also examines innovative approaches to policy and the management of older offenders and identifies best practice in relation to older prisoner detention, rehabilitation and post-release support.

Structure of the Review

• Definition and description of ‘older offenders’
• Discussion and analysis of literature and findings on key issues related to older offenders
• Discussion and analysis of innovative approaches to policy and the management of ageing offenders

• Identification and summary of best practice principles in relation to ageing prisoner detention, rehabilitation and post-release support
• Discussion of the need for greater research into the issues related to older prisoners, particularly in Australia.

Types of Material Reviewed

Preference has been given (in order) to the following types of material as being of value to accurately informing this literature review:

• Meta-analysis of randomised controlled trials - none found
• At least one randomised controlled trial - none found
• At least one controlled study without randomisation - none found
• At least one other type of quasi-experimental study
• Descriptive studies, such as comparative studies, correlation-based studies or case-control studies
• Expert committee reports or opinions, clinical experience or respected authority, or both.

Scope and Context of the Review

• Most of the literature and studies included in this review originate from the UK (England and Wales) and USA, followed by Australia, Japan and Canada – there is a dearth of primary studies conducted in other parts of Europe and Australia.
• Studies which focused primarily on the health needs of older prisoners without consideration of prison environment or regimes have been excluded from this review (very few were found).
• The majority of primary studies deal with older male prisoners, however studies involving both male and female older prisoners have been included in this review.
• Of note, is a 2004 thematic review by HM Chief Inspector of Prisons entitled ‘No problems – old and quiet’: Older prisoners in England and Wales. The report is based on researcher observations, examination of relevant documents, and data from surveys, focus groups and semi-structured interviews with prisoners and staff. The sample groups include: 442 male prisoners aged over 60 years from fifteen different prisons (accommodating the largest number of males aged over 60 years), comprising 38 per cent of the over-60 male population and...
47 female prisoners aged over 50 years from three women's prisons, comprising 31 per cent of the over-50 female population (Her Majesty's Inspectorate of Prisons). A follow-up review was conducted in 2008, entitled, Older prisoners in England and Wales: a follow-up to the 2004 thematic review.

Also of note are two publications by the Prison Reform Trust (PRT):

Growing Old in Prison: A Scoping Study on Older Prisoners, by Ken Howse, (2003), reviews research and policy issues and provides a profile of older prisoners in England and Wales.

DOING TIME: the experiences and needs of older people in prison, (2008), a report based on findings from two focus groups with female prisoners, interviews with 78 male prisoners and 18 ex-prisoners, and letters sent to the researchers and PRT's advice and information service.

A comprehensive and useful article is by John J. Kerbs (2009), 'A commentary on age segregation for older prisoners: philosophical and pragmatic considerations for correctional systems'. This article provides some context for the ageing of the prison population in the USA and uses a 'multidisciplinary literature review' to provide a justification for age-segregated prisons.

Equally of relevance in an Australian context is an article by John Dawes (2009) 'Ageing Prisoners: Issues for Social Work'. The article is based on a wide-ranging literature review and a small, exploratory study into a group of prisoners' individual experience of ageing in South Australian prisons and argues for examination of and changes to current policy and practice around prison regimes, accommodation, health care, sentencing, imprisonment and release.

Of further and final note, particularly in relation to best practice principles, is the Handbook on Prisoners with special needs (2009), developed and published by the United Nations Office on Drugs and Crime, which outlines prison management guidelines for responding to the special needs of older prisoners and provides a set of recommendations aimed at prison authorities, policy and law makers.

**Definition of Terms**

The following terms are defined for the purposes of comprehending this literature review:

**‘Older Offenders’**
- people aged at least fifty years and above, subject to either a community-based criminal order, including parole, or incarcerated in a prison
- also referred to in the literature as ‘aged’, ‘ageing’, ‘elderly’ and ‘geriatric’

**‘Older Prisoners’**
- people aged at least fifty years and above and incarcerated in a prison – this term is used to discuss issues that are solely relevant to people in a prison setting
- also referred to in the literature as ‘aged’, ‘ageing’, ‘elderly’, ‘geriatric’ and ‘inmates’

‘Post-release Support’
- planning and preparation undertaken to assist prisoners to transition successfully from the custodial environment to the community by reducing the risk of recidivism and re-incarceration and enhancing the prospects of successful community integration
- also referred to in the literature as ‘exit or re-entry planning’, ‘re-integration’, ‘social care’, and ‘through care’.

‘[T]he presumption that imprisonment is ‘a young man’s game’ has marginalised the dimensions of age in both research and policy debate.’

(Crawley 2004)
An ageing society

The population of Australia is both increasing and ageing, meaning that in the future there will be greater numbers of older people than young people. According to the Australian Bureau of Statistics (ABS), ‘In addition to the future size of the population, the most profound change that is projected to occur is the ageing of the population (Australian Bureau of Statistics 2009). The ABS projections date from 2008 to 2101 for Australia and have substantial implications for future economic growth and the ’…provision of income support, health and aged care services’ (Australian Bureau of Statistics 2009).

Similarly, prison populations are also ageing and there is considerable evidence to indicate that older prisoners are increasing in number across Western countries and the Asia-Pacific (Aday, 2003; Aleen et al. 2008; Allen 2003; APCCA 2001; Australian Institute of Criminology 2007; Birmingham 2008; Carlisle 2006; communitycare.co.uk 2003; Crawley 2004; Crawley & Sparks 2005; Dobson 2004; Erger 2002; Evans 2005; Fazel, Hope, O’Donnell & Jacoby 2001; Fazel, Hope, O’Donnell, Piper et al. 2001; Grant 1999; Harrison, MT 2006; HM Prison Service [no date]; Jones 2007; Kempker 2003; Linder & Meyers 2007; McCaffrey 2007; Mitka 2004; Onishi 2008; Ove 2005; Prison Reform Trust 2003a, 2003b, 2003c, 2004, 2006, 2008b; Rikard & Rosenberg 2007; Ruddell & Kuhlmann 2005; Valios 2008; Wahidin, 2003; Wahidin & Aday 2006; Williams 2008; Yorston & Taylor 2006). In England and Wales, there was a threefold increase in the number of prisoners over the age of 60 between 1990 and 2000 (communitycare.co.uk 2003) and from 1990 to 2004, a rise of 216 per cent (Crawley 2004). This appears to be the fastest growing age-group among prisoners in the UK (Valios 2008). A threefold increase also occurred in prisoners over the age of 60, between 1996 and 2006, in Japan (Birmingham 2008). A 2006 Japanese National Police Agency report noted that the proportion of people aged 65 and over, arrested or taken into custody for offences (not including traffic offences) rose from 2.2 per cent in 1990 to more than 10 per cent in 2005 (Reynolds 2008).

In the USA, between 1990 and 1996, the number of prisoners aged 45 to 54 increased by 71 per cent (per 100,000 USA residents) (Gilliard & Beck 1998). In June 2003, the combined total of people aged 55 or older in US federal, state and local prisons was 66,200 (Harrison, PM & Karberg 2004). In 2007, this figure for the same age group had increased to 89,400 (West & Sabol 2009). It is predicted that by 2010, one-third of all prisoners in the United States will be aged 50 or older (Neeley, Addison & Craig-Moreland 1997) and by 2030, one-third will be over the age of 55 years (Kerbs 2009). A 1998, Correctional Service of Canada report warned to prepare for the ‘graying of Canada’ in the prisons and reported that in January 1996, 1,527 people in prison were aged 55 years or more (Uzoaba 1998). A more recent report, indicates that in 2008 this figure increased to 4,109, almost
20 per cent of the federal offender population and it is important to note that the definition of older prisoners expanded to include those 50 years or older (Correctional Service of Canada 2008).

According to a 2007 prison census report from the New Zealand Department of Corrections, ‘Growth in overall numbers has almost entirely been amongst older offenders’ (Harpham 2008). The report classifies ‘older prisoners’ as those over the age of 30 years and notes that between 1980 and 2007, this age-group increased from comprising 20 per cent of the total prison population to 58 per cent. Moreover, according to a trend graph detailing prison sentencing by age, there appears to be a clear trend since 1987 toward increasing numbers for prisoners aged 50 years and over (Harpham 2008).

In Australia, the situation mirrors that of these other Western countries. The Australian Institute of Criminology (AIC) (2007) has reported that despite an overall trend towards stabilisation of the prison population; between 1985 and 2006, the numbers continued to increase for prisoners aged 50 years and above. Moreover, while growth varied across older age groups, the highest rate of growth (a mean yearly increase of 16 per cent) was in the group aged 60 - 64 years (Australian Institute of Criminology 2007). According to Dawes’ (2009) interpretation of ABS figures from 2009, ‘At June 2008, the imprisonment rate for women was 24 per 100,000 and, for Aboriginal people, the age standardised rate was 1,769 per 100,000 of the adult Indigenous population (ABS, 2009).’

In Victoria, receptions into prisons of over-60-year-olds increased from 59 in 2004, to 101 in 2008 (more than 70 per cent), and among current prisoners, numbers have risen from 141 to 179 (over 25 per cent) (Department of Justice 2009).

Prisoners aged over 50 years increased from 432 to 656 prisoners between 30 June 2005 and 30 June 2009. This is an increase of 52 per cent over a five year period. In 2009 the proportion of prisoners aged 50 years or more was slightly higher for men (15.2 per cent) than for women (13.5 per cent).

While acknowledging the ageing of the general population and the reflection of this in prison populations, many writers suggest that this does not adequately or accurately account for older prisoner population growth and that tougher and mandatory sentencing laws, as well as reduced options for early prison release, are the real underlying cause of the increased numbers of older prisoners (Aday, 2006; BBC 2003; Dawes 2009; Kempker 2003; Kerbs 2009; Valios 2008). A UK Prison Reform Trust (2003a) report titled, ‘Double punishment for older prisoners’, suggests the following:

The increase in the elderly prison population is not explained by demographic changes, nor can it be explained by a so-called ‘elderly crime wave’. The increases are due to harsher sentencing policies… [and] courts are also tending to imprison those older offenders whose crimes most challenge society’s age-relate stereotypes.

This is identified by the Prison Reform Trust as ‘sentence inflation’ and the build up of older prisoners sentenced to long prison terms and to life sentences, combined with young prisoners and first-time older prison entrants serving longer sentences (in the case of the latter, frequently for sexual offences) is described by some writers as a ‘stacking effect’ (Aday, 2003; Kerbs 2009; Le Mesurier 2008).

Between 1995 and 2001, there was a threefold increase in the number of older prisoners serving sentences in the UK of more than four years, an increase from 318 to 966, so that by 2001, of these older prisoners, 80 per cent were serving sentences of four or more years (Dobson 2004). Writers also point to limited rehabilitation funding and interventions for older offenders as a reason for the increase in older prisoner populations, as these are more strongly targeted at young offenders, who are perceived to require greater levels of support and to have greater capacity for change, resulting in their crimes generally provoking less punitive responses (Bozyczki 2005; Bramhall 2006; communitycare.co.uk 2003; Kerbs 2009).
The issue of definition is clearly problematic for comparative research and can impede the development of a sound evidence-base around the demographics of older prisoners and making generalisations about related issues, such as offence types, recidivism rates and prison management issues. Definitions can also be arbitrary, unrelated to the ‘operational realities of prisons’ (Stojkovic 2007) and the sole reliance on chronological age as an indicator of service need appears misguided (Yorston & Taylor 2006). Some definitions also clump ‘older prisoners’ together as an homogenous group without regard for individual characteristics and needs (Heckenberg 2006). For example, a significant shortcoming to using 60, rather than 50 years to define older prisoners, is that this excludes almost all female prisoners in England and Wales (Ahmed 2008; Dobson 2004; Her Majesty’s Inspectorate of Prisons 2008). Many writers suggest that 50 years is used as an appropriate gauge for ‘old age’ in prison because it is based on research findings that the ageing process is accelerated by approximately 10 years in prison, as the majority of people who end up in prison are already in poor health, due to leading lives involving malnutrition, lack of medical care and substance misuse, and because prison environments escalate age-related illnesses and other conditions (APCCA 2001; Carlisle 2006; Charleston Daily Mail 2006; Correctional Service of Canada 2008; Dobson 2004;
Older prisoners were incarcerated in the USA more than 50 per cent of the time in 2006. According to Aday (2003), in first-time prisoners (Heckenberg 2006), those aged over 60 years were 50-59 years and 72 per cent of prisoners aged between 50-59 years and over, in order to accommodate research, which has identified ‘…an apparent 10-year differential between the overall health of prisoners and that of the general population’ (Grant 1999).

Older Prisoner Groups

Further underscoring the importance of considering older prisoners as a diverse, rather than homogenous group, researchers have identified the following four main groups of older prisoners (Aday, 2006; Dawes 2009; Grant 1999; Thomas, Thomas & Greenberg 2005):

- First-time prisoners, incarcerated at an older age
- Ageing recidivist offenders, who enter and exit prison throughout their life-time and return to prison at an older age
- Prisoners serving a long sentence, who grow old while incarcerated
- Prisoners sentenced to shorter periods of incarceration late in life.

According to Stojkovic (2007), ‘The experience of prison is different for each of these groups of people, but linked by the ‘overwhelming stress’ of incarceration.’

A number of writers have noted the high number of first-time prisoners among older offenders. A 1994 Correctional Services Canada report notes that 59 per cent of prisoners aged between 50-59 years and 72 per cent of those aged over 60 years were first-time prisoners (Heckenberg 2006). According to Aday (2003), in the USA more than 50 per cent of older prisoners were incarcerated for their first time, while in Australia, Grant (1999) indicated that 66.5 per cent of the prison populations were serving their first custodial sentence. Thomas et al. (2005) note that of the three main groups of older offenders, the ageing recidivists are more likely to ‘…have systematically abused themselves through excessive drinking, illegal drug usage, and a sedentary lifestyle that predisposes them to long-term health problems…’ (Stojkovic 2007). This emphasises the importance of tailoring interventions to the specific needs of each older prisoner and treating older prisoners as a diverse group of individuals with diverse needs and according to their combinations of gender, ethnicity, cultural identification, health status, but not defined by their chronological age alone.

Sex Offenders

Although a ‘typical’ older offender is not identified in the literature, the apparently increasing prevalence of sex offenders among groups of older, male prisoners and their unique set of needs is frequently noted throughout the literature (APCCA 2001; Bramhall 2006; Carlisle 2006; Crawley 2004; Crawley & Sparks 2006; Dobson 2004; Heckenberg 2006; Ove 2005; Papanikolas 2006; Prison Reform Trust 2003a, 2003b, 2006; Uzoaba 1998; Valios 2008). The UK Prison Reform Trust reports an almost twofold increase in the number of older male prisoners between 1994 and 2004 and of these 1,507 older male prisoners, more than half were incarcerated for sex offences (Carlisle 2006). Similarly, the UK study by Howse (2003), found that ‘increasing age marked big changes in the pattern of offences, with the proportion of male sexual offenders in the prison population increasing with age…’ (Heckenberg 2006). According to Heckenberg (2006), of all male sentenced prisoners over the age of 45 in Tasmania, South Australia, Victoria and New Zealand, 50 per cent were imprisoned for sexual assault and homicide.

It appears that in the UK, USA, Canada and Australia, this rise in older sex offenders in prison could be due to more aggressive policing practices and government legislative responses to public disquiet about sex offenders and so-called lenient sentencing (BBC 2003; Gaseau 2004; Heckenberg 2006). Contrary to other older offenders, sex offenders are a highly visible group and are frequently categorised by their offence, rather than their age (Bramhall 2006; Dobson 2004; Heckenberg 2006). Some writers argue that therefore, older sex offenders are subjected to the highest level of discrimination of any offender group, by virtue of the combination of their age and offence category and the public attitudes that go along with these offenders (Crawley 2004; Crawley & Sparks 2006; Heckenberg 2006; Prison Reform Trust 2003a).

Older Offender Minority Groups

Within the minority category of ‘older offenders’ there are a number of smaller minority groups, loosely grouped together according to gender, race, ethnicity and culture, that require some commentary. For the purposes of this review, discussion has been confined to the two most predominant groups in Australia: older women offenders and older Aboriginal offenders (including women). According to the Australian Bureau of Statistics (2008), of the total prisoner population (27,615) in Australia at 30 June 2008, ‘7 per cent (1,957) were female and 24 per cent (6,706) were Indigenous.’
A number of writers draw attention to older women offenders generally as an important, but often overlooked, group within the larger minority group of older offenders (Aday, 2003; Caldwell, Jarvis & Rosefield 2001; Codd 1996; Wahidin, 2003; Wahidin, 2004; Yorke 2009). The numbers of females in the criminal justice system generally is significantly smaller than the numbers of males and there is an increasing awareness that this has resulted in a lack of attention to their needs from the perspectives of researchers, correctional administrators, policy makers and legislators (Martin 2002a). Wahidin (2006) asserts that ‘Small numbers (women and old prisoners, old women prisoners…) [is given] as justification for lack of discussion, debate, funding and intervention…’

The figure for Aboriginal people in prison is close to ten times their representation in the general Australian population of which they represent approximately 2.5 per cent (Willis & Moore 2008). A 2006 Australian Human Rights Commission Report suggested that indigenous women are the fastest growing prison population. Findings from the Royal Commission into Aboriginal Deaths in Custody (1987 – 1991) indicated that, Aboriginal women and girls were vastly over-represented at all levels of the criminal justice system and that Aboriginal women were more over-represented than Aboriginal men in custody. Findings also showed that Indigenous women comprised close to 14 per cent of all female prisoners in Australia, yet accounted for less than 1.5 per cent of the national female population. Throughout the four year period of the Royal Commission, there was a 63 per cent increase in the rate of imprisonment of Aboriginal women nationally (Cunneen 1992: Green Left Weekly 1992).

Nevertheless the number of older women in custody varied between 30 and 50 in the years between July 2004 and June 2008 (Department of Justice 2009). There were, however no female aboriginal prisoners over the age of 50 received into Victorian prisons in that period (Department of Justice 2009). This no doubt reflects the lower life expectancy of aboriginal people (59.4 years for men and 64.8 for women in the years between 1996-2001) and the fact that the average age of both aboriginal men and women prisoners in Australia is lower than the average age for other prisoners (Australian Human Rights commission 2006).

It appears that the offending pathways or the reasons why older women and Aboriginal women end up in prison are different from those of men. According to Codd (1996), ‘Older women’s criminal behaviour is usually linked to psychological and physical factors…and to the family circumstances of the [offender], including domestic dissatisfaction.’ Aday (2003) argues that older women often commit crimes for the necessities of life such as shoplifting and other petty crimes.

Moreover, it appears that given these differences, alongside the differences between men and women generally, a number of writers argue for gender- and culturally-specific responses to offending behaviour by older women, and older Aboriginal men and women (Caldwell, Jarvis & Rosefield 2001; Codd 1996; Cunneen 1992; Martin 2002a; Wahidin, 2003; Willis & Moore 2008). For example, in an article on the particular needs of older women offenders, Caldwell et al. (2001) argue that older women offenders ‘…present their own set of needs that should be addressed by designers, architects, and engineers in concert with correctional agencies so the result will be an attractive, safe, and functional environment.'
Health concerns

As with older people in the wider community, the most immediate and obvious issues facing older prisoners are those related to ageing and associated declines in mental and physical health. However, as noted, considering the advanced gap between the deterioration of prisoners’ health and that of the general population, a prisoner who numerically is 50 years of age, biologically, has a body that is much older (up to 10 years), resulting in earlier onset of ‘age-related’ health concerns (Etter 2006; Gaseau 2004; Grant 1999). These concerns can include, coping with chronic and/or terminal illness, deaths of friends and significant others, social isolation, fear of dying, pain management, reduced levels of mobility, disability, loss of independence, cognitive impairments, depression and suicidal ideation (Aday, 2003; Aleen et al. 2008; Allen 2003; APCCA 2001; Caldwell, Jarvis & Rosefield 2001; Carlisle 2006; Colsher et al. 1992; communitycare.co.uk 2003; Crawley 2004; Crawley & Sparks 2005; Dobson 2004; Erger 2002; Fazel et al. 2001; Fry & Howe 2005; Gallagher 2001; Grant 1999; Harrison, MT 2006; Her Majesty’s Inspectorate of Prisons 2004, 2008; Hobbs et al. 2006; Jones 2007; Kempker 2003; Loeb & AbuDagga 2006; McCaffrey 2007; Mitka 2004; Ove 2005; Prison Reform Trust 2003a, 2003b, 2006, 2008b; Rosefield 1993; Taylor & Parrott 1988; Valios 2008; Wahidin, 2003; Wahidin, & Aday 2006; Yorston & Taylor 2006). Findings from a two-year study, conducted in four UK prisons, which examined the prison experiences and post-release expectations of male prisoners aged 65 - 84 years, suggest that:

‘[E]lderly men in prison often have enormous difficulties simply coping with the prison regime. In addition, most have certain painful pre-occupations, including a fear of dying in prison, the loss of familial contact, the loss of a ‘protector’ role, the loss of a respectable (non-prisoner) identity and the loss of a coherent and satisfactory life narrative (Crawley & Sparks 2005).

A number of researchers also highlight the particular health care needs of older women in prisons and argue for gender-specific responses to address these (Aday, 2003; Ahmed 2008; Bramhall 2006; Caldwell, Jarvis & Rosefield 2001; Dobson 2004; Her Majesty’s Inspectorate of Prisons 2004, 2008; McCaffrey 2007; Prison Reform Trust 2003b, 2008b; Valios 2008; Wahidin, 2003; Wahidin, & Aday 2006). According to Kerbs (2009), ‘Research by Kratcoski and Babb (1990) found that older female prisoners were two times as likely as older male prisoners to report serious health problems such as cardiac, degenerative, and respiratory illnesses.’ Similarly, Caldwell et al. (2001) assert that, ‘Heart disease—particularly coronary artery disease and congestive heart failure—is the most common illness of older female inmates, followed by cancers of the lung, breast, and cervix.’ Other writers have noted that screening and preventative healthcare is particularly poor for women (Prison Reform Trust 2008b; Wahidin, 2003).
Mental health and adjustment

Research suggests that while older prisoners generally present as less disruptive and therefore, ‘better adjusted’ to incarceration than younger prisoners, a considerable number experience depression and other psychological problems, suggestive of institutional adjustment difficulties (Aleen et al. 2008; Allen 2003; Carlisle 2006; communitycare.co.uk 2003; Crawley 2004; Dobson 2004; Her Majesty’s Inspectorate of Prisons 2004; Morton & Anderson 1982; Prison Reform Trust 2003b, 2006, 2008a; Valios 2008). Historically, not much attention appears to have been paid to these and other issues related to older prisoners, due in part to the perception of prison staff that older prisoners are ‘compliant’ and therefore, not (overtly) a ‘problem’ (Crawley 2004; Grant 1999; Her Majesty’s Inspectorate of Prisons 2004, 2008; Krajick 1979; Wahidin, 2003). This issue is encapsulated by a report on a thematic review of the treatment of older prisoners in England and Wales, as follows:

‘No problems – old and quiet’ was an entry that we found in an older prisoner’s wing history sheet in the course of our fieldwork for this report. It aptly summarises the situation of many of the 1700 older prisoners now held in our prisons. In general, older prisoners pose no control problems for staff. But, because of that, prisoners’ own problems, particularly as they grow older and less able-bodied, can easily be neglected (Her Majesty’s Inspectorate of Prisons 2004).

The report is based on researcher observations, examination of relevant documents, and data from surveys, focus groups and semi-structured interviews with prisoners and staff. The sample groups include: 442 male prisoners aged over 60 years from fifteen different prisons, (comprising 38 per cent of the over-60 male population) and 47 female prisoners aged over 50 years from three women’s prison, (comprising 31 per cent of the over-50 female population) (Her Majesty’s Inspectorate of Prisons 2004).

According to the ‘Growing Old in Prison Report’ (Howse, 2003) over 50 per cent of older prisoners are experiencing a mental health disorder, the most common of which is depression (communitycare.co.uk 2003). This appears to have implications for older offenders when they exit prison, particularly those with unidentified mental health needs, as they are unable to access an assortment of health and social services, leaving them vulnerable and at risk of re-offending (communitycare.co.uk 2003).

Increasing costs

Corresponding with the rise of older prisoners, many researchers and writers point to an increase in health-care costs as a concern for policy-makers, prison administrators and the community (Aday, 2003; Ahmed 2008; APCCA 2001; communitycare.co.uk 2003; Crawley 2004; Erger 2002; Green 2009; Jones 2007; Kempker 2003; McCaffrey 2007; Ove 2005; Wahidin, & Aday 2006). In the USA, Aday (2003) and Kerbs and Kerbs (2009) suggest that the cost to accommodate an average younger prisoner is about US$22,000 per annum, while it costs three times more (between US$60,000 and US$69,000 per annum) for the average older prisoner. They attribute this increase as partly due to the amplified health care costs to manage chronic illnesses.

According to a 1999 report published by the Australian Institute of Criminology, health care costs for older prisoners were already approximately three times greater than for their younger counterparts (Grant 1999). In addition, adding to actual and potential costs, many prison administrators are considering or have responded to older prisoners’ health needs through hiring staff with specialised training (e.g. palliative care, gerontology) and/or the creation of nursing or ‘older prisoner’ units (Allen 2003; APCCA 2001; Caldwell, Jarvis & Rosefield 2001; Carlisle 2006; Crawley 2004; Erger 2002; Evans 2005; Fry & Howe 2005; Grant 1999; Her Majesty’s Inspectorate of Prisons 2004, 2008; Kerbs 2009; Kerbs & Jolley 2007; Krajick 1979; Linder & Meyers 2007; Mitka 2004; Ove 2006; Prison Reform Trust 2003b, 2008b; Wahidin, 2003).

Prison environment and regime

Many researchers argue that older prisoners’ health concerns are exacerbated, rather than relieved, by most prison environments and regimes (Aday, 2006; Aleen et al. 2008; Allen 2003; Australian Institute of Criminology 2007; Carlisle 2006; Colsher et al. 1992; Dawes 2009; Department of Health 2001; Dobson 2004; Erger 2002; Fazel 2004; Her Majesty’s Inspectorate of Prisons 2004; Prison Reform Trust 2008b; Rikard & Rosenberg 2007; Wahidin, 2003). The HM Inspectorate of Prisons report for England and Wales (2004) concluded that, ‘Prisons are primarily designed for, and inhabited by, young and able-bodied people; and in general the needs of the old and infirm are not met’. There is considerable evidence to support this and to further suggest that prison environments and regimes do not cater for the needs of older prisoners with physical disabilities, such as, limited mobility (e.g. requiring the use of ramps, wheelchairs, walking frames or sticks), hearing or vision impairments, infirmity or incontinency (Aday, 2003; Ahmed 2008; Birmingham 2008; Carlisle 2006; Crawley 2004; Crawley & Sparks 2005; Dawes 2009; Dobson 2004; Erger 2002; Fry & Howe 2005; Gallagher 2001; Grant 1999; Harrison, MT 2006; Jones 2007;

Many writers point to clear issues of discrimination against such older prisoners, noting difficulties or lack of access to prison facilities, (such as libraries, showers, baths, upper bunk beds, stored property), as well as to programs and regimes, (such as, exercise, crafts, education) (APCCA 2001; Birmingham 2008; Dawes 2009; Her Majesty’s Inspectorate of Prisons 2004, 2008). Examples provided by writers include ‘…a deaf prisoner missing out on exercise and education due to not hearing shouted instructions’ (Prison Reform Trust [no date]) and ‘…among those with mobility problems…some prisoners…[who] were able to shower only every month or two’ (Her Majesty’s Inspectorate of Prisons 2004). Dawes (2009) notes that:

Although prisoners in Australia are not “civilly dead” and enjoy some form of limited citizenship (Brown, 2002), there is no absolute right to obtain a publicly funded standard of health care and the general public can easily see prisoners as less deserving.

Described as a ‘double punishment’, it appears that the poor management of these issues facing older prisoners helps to create a harsher prison environment for older prisoners than for younger prisoners (Allen 2003; communitycare.co.uk 2003; Stojkovic 2007). A recent follow-up study to the 2004 HM Inspectorate of Prisons thematic review, noted that ‘…the lack of adaptation made for those with age-related impairments and disabilities was not only disadvantageous, but dangerous in some cases’ (Her Majesty’s Inspectorate of Prisons 2008).

Vulnerability to victimisation

It is evident from the literature that older prisoners with limited mobility, frailty and/or disability are perceived by others and themselves to be more vulnerable to victimisation than their younger, generally stronger counterparts (Crawley 2004; Grant 1999; Kempker 2003; Krajick 1979; Prison Reform Trust 2003b, 2008b; Rosefield 1993; Ruddell & Kuhlmann 2005; Stojkovic 2007; Yorston & Taylor 2006). However, empirical data about victimisation of older prisoners is scarce. In a commentary on age-segregation for older prisoners, Kerbs (2009) outlines a number of studies (Bowker 1980; Chan eles 1987; Krajick 1979; Weigand and Burger 1979; Vito and Wilson 1985) that suggest older prisoners could be at risk of victimisation and that this is considered to be a genuine and critical problem for older prisoners. Findings from a Carolina (USA) study, (based on the content analysis of 65 face-to-face interviews with male prisoners aged 50 years and above), support suggestions of the victimisation of older prisoners by younger prisoners (Kerbs & Jolley 2007).

Of additional relevance is a finding from the HM Inspectorate report for England and Wales (2004) that prison staff were not trained or willing to push wheelchairs, thereby predisposing wheelchair-dependent prisoners to victimisation from other prisoners on whom they relied for assistance - in some cases by ‘paying’ helpers. According to DeLuca (1998, In Kerbs 2009), ‘…like the elderly in society, older inmates no longer get the respect once accorded to them, and also similar to their counterparts in free society, are more likely to be victimized by younger, more aggressive inmates.’ Kerbs (2009) also points out that as a large number of older prisoners are also sex offenders, this predisposes them to victimisation based on their offence category, giving them a ‘low’ and ‘despised’ status among other prisoners.

Lack of suitable prison programs

Many writers note a lack of appropriate and meaningful programs for older prisoners (Grant 1999; Harrison, MT 2006; Her Majesty’s Inspectorate of Prisons 2004, 2008; HM Prison Service [no date]). In examining the perspectives of older prisoners, Crawley (2004) notes that, ‘Like their younger counterparts, however, older people also need to feel that they are ‘part of something’; this entails engaging in meaningful activities with others.’ The issue of prison regimes targeting the needs of the majority, younger prison population, to the exclusion of the needs of older prisoners, is especially evident in the provision of education, vocational and exercise programs (Dobson 2004; Grant 1999; Krajick 1979; Prison Reform Trust 2004, 2008b; Rosefield 1993; Wahidin, 2003; Wahidin, & Aday 2006). The follow-up study of the 2004 HM Inspectorate of Prisons thematic review highlighted two particular ongoing concerns:
There was little appropriate activity provided for retired elderly prisoners who consequently spent long periods locked behind their doors during working hours. Retirement pay remained inadequate (Her Majesty’s Inspectorate of Prisons 2008).

The 2004 review, also identified significant difference in levels of retirement pay (frequently insufficient to live on) and noted that some prisons were unclear about the official age of retirement (Her Majesty’s Inspectorate of Prisons 2004). In addition, a survey conducted by the UK National Advisory Council of Independent Monitoring Boards, revealed that prison programs provided in education were often focused on basic literacy and numeracy skills, (targeting younger prisoners), and in physical education were too challenging for many older prisoners, (even for relatively healthy older prisoners), and concluded that a ‘substantial minority’ of older prisoners did not engage in work through choice or because of health issues (Dobson 2004).

Likewise, in his exploratory study of older prisoners’ experiences in South Australian prisons, Dawes (2009) found that employment was important as a source of pride and income for older prisoners and to assist them to more tolerably pass the time. He quotes one inmate as saying, ‘But I think most of us who are my age, well we are frustrated, frustrated in the sense, I accept the fact that I’m here, I accept that 100 per cent, but for God’s sake let me work! Make time work for me!’ (Dawes 2009).

Lack of post release support

These issues relate closely to the overwhelming evidence of a broader issue of inadequate post-release planning and support for older prisoners (Ahmed 2008; Australian Institute of Criminology 2007; communitycare.co.uk 2003; Crawley 2004; Crawley & Sparks 2005, 2006; Department of Health 2007; Department of Justice 2009; Dobson 2004; Grant 1999; Her Majesty’s Inspectorate of Prisons 2004, 2008; Hobbs et al. 2006; Ove 2005; Prison Reform Trust 2003a, 2003b, 2004, 2008b; Rikard & Rosenberg 2007; Stojkovic 2007; Wahidin, & Aday 2006; Williams 2008). Writers point to a number of reasons for this inadequacy including, lack of coordination of funding, resources and service-provision between prisons, community-based correctional services and community agencies (Ahmed 2008; Prison Reform Trust 2008b), priority being provided to younger offenders, who are perceived to have greater chances for successful rehabilitation and re-integration (Borzycki 2005), and lack of state or federal strategies to address the needs of older prisoners, combined with restrictive criteria for the early medical release of terminally or chronically ill prisoners (communitycare.co.uk 2003; Her Majesty’s Inspectorate of Prisons 2004; McCaffrey 2007; Ove 2005; Prison Reform Trust 2003b; Rikard & Rosenberg 2007; Stojkovic 2007).

Funding and income-support issues are particularly pertinent to older prisoners upon release from prison, as for those with chronic illnesses; a primary fear and concern is not being able to access health care (Crawley 2004; Hobbs et al. 2006; Prison Reform Trust 2003a). Older prisoners who have been incarcerated for lengthy periods are likely to have problems post-release, adjusting to living in the community, particularly if they have no supportive family or friends (Crawley 2004; Grant 1999). In addition, some older people, particularly those in community or government-funded housing lose their homes and possessions while in custody. Findings from the two-year UK study that examined the prison experiences and post-release expectations of male prisoners aged 65 - 84 years, suggested that:

Since they had “nothing to go out to” (i.e. no relatives, no friends, no home and, because of their age, no chance of work) several elderly [prisoner] interviewees said that they would rather just “stay put”: They simply had insufficient years left in life (or the energy) to “start over” (Crawley 2004).

Many writers have also highlighted the additional post-release issues and concerns facing older sex offenders, including that some have been charged with intra-familial offences, and that many feared being assaulted by community members and negative exposure in the media (APCCA 2001; Crawley 2004).
Many prison administrators are considering or have responded to older prisoners’ health needs through hiring staff with specialised training (e.g., palliative care, gerontology) and/or the creation of nursing or ‘older prisoner’ units or age-segregated prisons (Allen 2003; APCCA 2001; Caldwell, Jarvis & Rosefield 2001; Carlisle 2006; Crawley 2004; Erger 2002; Etter 2006, 2007; Evans 2005; Fry & Howe 2005; Gaseau 2000, 2004; Grant 1999; Her Majesty’s Inspectorate of Prisons 2004, 2008; Kerbs 2009; Kerbs & Jolley 2007; Krajick 1979; Linder & Meyers 2007; Mitka 2004; Ove 2005; Prison Reform Trust 2003b, 2008b; Wahidin, 2003). Other prisons have tackled the issues by developing a specific regime, program or set of policies for older and disabled prisoners (Crawley 2004; Evans 2005; HM Prison Service 2009).

‘Nursing home prisons’

According to Gaseau (2001b), ‘...by far the most specialized care takes place in facilities where the majority of inmates have similar health care and ambulatory needs.’ In the UK, the Howse (2003) study identified that although four prisons had incarcerated more than 50 people over the age of 60 years, only one (HMP Kingston) had a special unit for older prisoners (Allen 2003). Significantly, a Chief Inspector’s report on HMP Kingston from the same year deplored the standard of care provided to the older prisoners, declaring this to be a ‘double punishment of incarceration’ and the standards were so low it would have resulted in the ‘immediate closure of any other institution for the old and infirm’ (Prison Reform Trust 2003a).

The Howe (2003) report suggested that the UK Prison Service consider constructing ‘nursing home prisons’ like those already established in the USA (BBC 2003). Such prisons, designed to accommodate older prisoners with chronic health concerns are also referred to as ‘special needs’ prisons (corrections.com 2003). An example of such a facility is Laurel Highlands in Central Pennsylvania, a ‘geriatrics and special needs facility’ (Fay 2000), built to accommodate prisoners over the age of 50 years, who are chronically ill and require intensive health care (Gaseau 2001b; Pennsylvania Department of Corrections 2009). Fay (2000) provides a description of the building proposal for the prison: The 768-bed, medium-security facility will comply with standard prison regulations, but will also serve as a nursing home/assisted living facility behind bars...Within the facility there are plans to have 20 kidney dialysis units, physical therapy rooms and a 64-bed skilled care unit for inmates who are bed ridden, or pre or post surgery.
Similarly, a profile of Deerfield, a ‘special needs’ prison in Virginia dedicated to older prisoners and those with particular medical requirements, shows that in 2008, of the 1,080 prisoners, 65 per cent were aged over 50 years, 90 people were dependent on wheelchairs for mobility, more than 75 per cent had violent criminal records and almost 30 per cent were sentenced for sex offences (Green 2008).

Hospices

Aspects of these facilities could also be likened to a hospice and there are numerous references throughout the literature to in-prison hospice facilities, designed specifically to deal with chronic and terminally ill prisoners (Etter 2006; Gaseau 2001a; Mara 2004; unsilentgeneration.com 2009). Supporters of in-prison hospices consider it a humane approach to accommodating elderly, chronically and/or terminally ill prisoners during their remaining prison time, but critics suggest this approach could also be exploited to be used as a justification for leaving people in prison, who could be more appropriately managed in the community (Gaseau 2001a). For example, on the grounds of the Louisiana State Penitentiary is a hospice, mortuary and graveyard and approximately, 85 to 90 per cent of the offenders who enter the facility, do not ever leave again (unsilentgeneration.com 2009).

‘Special needs’ units

In the USA, while some states have institutions that nearly exclusively deal with older prisoners, others have established special units (Gaseau 2001b). A 1998 Council of State Governments report on the approaches to dealing with older prisoners in the southern states of the USA, noted that many maintained special facilities or medical units for inmates requiring intensive care (Edwards 1998). The report highlights benefits of these units, such as centralisation of resources in order to control and reduce costs related to staffing and inmate transport, as well as isolating older prisoners from the general population and thereby acting as a protection mechanism against victimisation (Edwards 1998). Kerbs (2009) suggests that in addition, ‘Segregation for older inmates would support rehabilitation through age-appropriate programming and through the provision of an environment where basic survival is not the foremost task of the day. ‘However, a recent survey, conducted by ‘Corrections Today’ (the magazine of the American Correctional Association), of 41 states of America and the USA Bureau of Prisons concluded that, although approximately 125,000 prisoners are aged 50 or older, there are less than 10,000 beds in institutions exclusive to older prisoners (Green 2009).

There are examples of existing ‘special needs’ units in Australian prisons, including the recently established Aboriginal Unit in South Australia’s Port Augusta Prison (ABC News 2009; Government of South Australia 2009) and in Victoria, the Port Phillip Prison and Fulham Correctional Centre ‘youth units’ (State of Victoria Australia 2009a, 2009b). The justifications used to develop age-segregated youth units, namely, that young offenders sentenced to serve time in adult prisons are vulnerable to victimisation and exploitation by older, more experienced and physically stronger prisoners who can socialise them into a violent, prison culture, would appear to apply equally to justifying the development of age-segregated, older prisoner units (Campaign for Youth Justice 2007; Godinez 1999; Kerbs 2009; Kury & Smartt 2002).

According to Kerbs (2009): In fact, empirically and theoretically, it would appear that older inmates are in a unique position to benefit from the same kind of age-segregated living arrangements that have been supported for juveniles: environments designed to provide a less violent, age appropriate context suitable for rehabilitation.

While these ‘special needs’ units in prisons exist in Australia, a perusal of each of the official State and Territory prison service websites did not reveal the current existence of any age-specific units or prisons for older offenders. However, plans to establish an age-specific unit for older prisoners appear to be underway in New South Wales (NSW Department of Corrective Services), where an announcement has been made that the Department of Corrections and Justice Health NSW are preparing to open an aged-care facility under the banner of ‘The Justice Health Aged Care Project’ (UTS: Nursing Midwifery and Health 2009). This project includes an evaluation of the unit, to be conducted in collaboration with the University of Technology, Sydney’s (UTS: Nursing Midwifery and Health) Faculty of Nursing Midwifery and Health Aged Care Professoral Unit. The evaluation is described on the faculty’s website as:

…using a battery of assessments pre placement and six months post placement to determine if the change to an aged care specific environment in a prison has a quantifiable impact on inmate health or quality of life (UTS: Nursing Midwifery and Health 2009).
In contrast to the arguments supporting the development of age-segregated units, some authors have noted that in some cases, prison administrators have deliberately advocated for ‘mainstreaming’ or interspersing older prisoners with younger prisoners, as it is thought that the older prisoners have a calming or stabilising effect on the younger prison population (Adai, 2006; Heckenberg 2006; Stojkovic 2007). This appears particularly to be the case in women’s prisons, where older women prisoners are seen to adopt a ‘mothering’ position towards their younger counterparts (Codd 1996). Interestingly, in his study on the experiences of older prisoners in South Australia, Dawes (2009) found that the prisoners he interviewed, reflected both of these opposing views.

**Age-specific services, regimes or programs**

According to Crawley (2004), despite the lack of an overarching national strategy for managing older prisoners in the UK, the issues faced by local prisons in dealing with this group of prisoners, prompted a variety of practitioner-led initiatives and changes, such as the development of an Elderly and Disabled Prisoner regime at HMP Wymott and improvements to the older prisoner unit at HMP Kingston. Following an inspection in 2001 at HMP Gartree, it was identified that 13 per cent of its population was over the age of 50 years and that age discrimination was occurring against these prisoners (Evans 2005). In response to concerns, in collaboration with a community group called Age Concern England, a support and advocacy project for the older prisoners was developed and commenced in September 2003 (Evans 2005). The project employed a screening and assessment process to identify eligible prisoners and used mentoring and case management approaches to assist older prisoners in areas such as developing more appropriate exercise and day programs (e.g. Tai Chi, reading group or social games for retirees), exit planning and post-release support (e.g. access to the pension), dedicated visit session times for prisoners with elderly relatives (e.g. to provide a quieter and calmer environment) (Evans 2005).

Similarly and more recently, the elderly and disabled offender team at HMP Wakefield has won an award for innovation at the Civil Service Diversity and Equality Awards (HM Prison Service 2009). This service provides an assessment of each prisoner and older prisoners may opt to join a register for the elderly, while disabled prisoners can join a register for the disabled. As it is recognised that numerous prisoners fit in both categories and the needs of these groups are therefore, frequently interrelated and similar, the needs of prisoners are addressed individually, rather than collectively (HM Prison Service 2009). As noted by a staff member, “I found that even if two men have the same disability their needs will differ. And that could be anything from their culture to their age” (HM Prison Service 2009). The team assists to address issues facing individual older and/or disabled prisoners, such as limited mobility and related limited access to prison services, learning difficulties and mental health issues, the requirement for rails so that frail or infirm prisoners can shower and use the toilet, and the development of suitable exercise programs. In addition, the service trains prisoner representatives as ‘experts’ to provide advice on individual units and wings, and also trains other prisoners as carers for prisoners with special needs.

Of note, the issue of competition between individual prison units and across prisons is cited as an initial hindrance to establishing this service, as there was reluctance to share knowledge and procedures (HM Prison Service 2009). According to the same staff member:

“I think being competitive is helpful, but when you’re dealing with human beings looking at giving prisoners a better life and treating them with humanity it shouldn’t be a competition” (HM Prison Service 2009).

Victoria has a ‘Joint Treatment Program’ for offenders with an intellectual disability, based in the Marlborough Unit at Port Phillip Prison. The program is ‘designed to help male prisoners with a cognitive impairment successfully reintegrate into the community, the Joint Treatment Program is a collaboration between Corrections Victoria (Department of Justice), Statewide Forensic Service (Department of Human Services) and Port Phillip Prison (G4S Pty Ltd). The program ensures prisoners with a cognitive impairment have access to appropriate programs that will make it easier for them to break the cycle of crime. It does not, however, focus particularly on ageing prisoners’ (Department of Justice 2007).
There is also reference in the literature to a ‘Disability Services Unit’ within the Western Australian (WA) Department of Corrections (Prisons Division), but a closer reading of this material explains that, rather than an actual unit, this is in fact a service, provided by one person ‘…to all projects and committees involving offenders with disabilities’ (Tang 2005). The WA Disability Services Unit uses case management and mentoring as ways of assisting offenders with a disability (Tang 2005). Australian Capital Territory Corrective Services Principal Psychologist, Richard Parker, appears to support such generalist approaches when working with offenders with special needs and calls for the use of intrinsically flexible programs that permit diverse methods and styles of service delivery to a broad scope of offenders (Parker 2005). He suggests that:

[While]…it is important to tailor program delivery to meet the special needs of offenders…in many cases this has led to a profusion of specialised programs which become unwieldy to operate and too expensive for the majority of correctional systems (Parker 2005).

Similarly, in NSW, where offenders are suspected of having a disability, they can be referred to State-wide Disability Services (SDS) for assessment (NSW Department of Corrective Services 2008). This service appears to use a two-pronged approach: in-prison case management support and the use of special needs units where required. According to the 2007-2008 Annual Report of the NSW Department of Corrections, of 679 referrals to the SDS, 333 offenders were confirmed to have a disability, with 184 offenders assessed to have an intellectual or other cognitive disability. The majority of disabled offenders were held in correctional facilities, while the ones deemed most vulnerable were housed in ‘Additional Support Units’ (NSW Department of Corrective Services 2008).

Importantly, the report notes that, ‘During the year, an increasing number of older offenders were referred to SDS for assessment of age-related disabilities and input into case management’ (NSW Department of Corrective Services 2008). The SDS reportedly contributed to institutionally-based case management decisions and exit planning, where a number of offenders were accepted into the Department of Ageing, Disability and Homecare’s (DADHC) Criminal Justice Program (CJP), which “…offers long-term accommodation and case management for intellectually disabled offenders who are exiting custody’ (NSW Department of Corrective Services 2008).

Specialised staff and training

Related to the development of special units for older prisoners and also to rising prison administration costs, is that of appropriate staff training to work with an older prisoner population. For example, many prisons employ nursing staff to meet the health needs of older prisoners and deal with illnesses that are generally age-related, such as dementia or Alzheimer’s disease (Gaseau 2002). At the 21st Asian and Pacific Conference of Correctional Administrators (2001) it was noted that Canada had opted to specifically seek out people with gerontology expertise in staff recruitment campaigns.

However, some writers point out considerable challenges to recruiting health care professionals such as, social workers, registered and trained nurses, psychiatrists, and medical doctors to work in the prisons (Gorenstein 2008). An article on geriatric nursing in prisons in the Unites States, notes “…a nationwide shortage of registered nurses…[due to a] diminishing pool of new talent combined with the health care demands of ageing baby boomers’ (Erger 2002). The author suggests that by 2020, based on current trends, there could be a shortage of 500,000 nurses in the USA and moreover, the retention of nurses in prisons is an ongoing issue of concern, owing to the particular stresses and risks associated with working in a prison environment and regime (Erger 2002).

Not all correctional facilities are responding to the issue of increased older prisoners by employing staff with professional training in nursing or gerontology, but are using approaches to train general staff to work more effectively and appropriately with older prisoners. The Hocking Correctional Facility, part of the Ohio Department of Rehabilitation and Correction, accommodates numerous older prisoners and reportedly specially trains staff to meet the needs of this group through ‘sensitivity training’ aimed to help staff comprehend some issues encountered by older prisoners (Gaseau 2001a). A training course, known as ‘Try Another Way’, requires staff to use props such as, ill-fitting, bulky gloves and blindfolds to assist them to experience and empathise with the limitations that affect older prisoners in completing domestic and daily tasks and functions (Gaseau 2001a).
Sentencing reform

Issues of overcrowding and the growing numbers of prisoners generally have prompted some writers to question the value to society of incarcerating more prisoners into their old age (Dobson 2004; Kempker 2003; Stojkovic 2007). Sentencing reform is promoted by some researchers and writers throughout the literature as a means of controlling and stemming the increase of older offenders entering the prison system (Crawley & Sparks 2005; Green 2008). It also appears to have some support from human rights groups and prison administrators, but is rebuked by victims’ advocacy groups, policy makers and legislators. Perhaps as a result, significantly more attention is given in the literature to discussing ways of managing older offenders more effectively in prison, rather than sentencing reform.

Parole and early release

Despite a widespread recognition of the low risk of recidivism for most older prisoners, there appears to be reluctance among politicians and prison administrators in an environment of ‘get tough’ legislation to genuinely consider early release options for older prisons or promote the use of community sanctions as an alternative to imprisonment (communitycare.co.uk 2003; Green 2008; Jones 2007; Kempker 2003; Kerbs 2009; McCaffrey 2007; Ove 2005; Prison Reform Trust 2003a; Williams 2008). There is vocal opposition to early release and parole options from victims’ advocacy groups, victims and their families. They express the view that regardless of a prisoner’s age or circumstances, ‘if you do the crime, you should do the time’ (Etter 2006; Fort Worth Star-Telegram 2004). In support of their view, they point to the fact that judges, magistrates and juries are aware of the offender’s age at sentencing and would or should have considered the offender’s age at the expected release date (if any) (Fort Worth Star-Telegram 2004). This is answered by some writers with the assertion that older offenders go through ‘criminal menopause’, where according to Etter (2006) ‘…after a certain age, inmates will no longer feel the need to participate in criminal activity’.

Notwithstanding research that suggests older people are less likely to commit crimes, in some instances, older prisoners have committed their crime/s when they were already considered ‘old’. Such statistical anomalies, particularly those involving crimes considered socially and morally abhorrent, such as sex offences, appear to attract a disproportionate level of media attention. Two such examples are that of the well-publicised case of a Deerfield (Virginia, USA) inmate, who was 67 when convicted of ‘statutory rape, aggravated sexual battery and forcible sodomy’ (Green 2008) and a case in South Australia where Courts opted to sentence an older sex-offender to a community-based order, rather than a prison term, based on concerns about the offender’s age (ABC News 2009a).

This sentence appeared to attract largely negative public attention, due to the perceived leniency of the sentence in relation to the seriousness of the crime (ABC News 2009a).

Many advocate for ‘early’ or ‘compassionate release’ or ‘medical’ or ‘geriatric parole’ on the grounds of reducing costs associated with health care in prison (Gaseau 2001a, 2004; Kempker 2003). For example, the Virginia legislature passed a ‘geriatric parole’ provision in 2001 to allow the state parole board the discretion to release older prisoners (aged at least 65 years and served at least 5 years of a sentence or aged at least 60 years and served at least 10 years of a sentence), who they do not consider to pose an ongoing risk to the community (Gaseau 2004; Green 2009). Three years after this, (according to the then Chair of the Virginia Parole Board), of the older prisoners who were eligible for ‘geriatric parole’, many had not yet met the criteria for release because there had not been a change in their circumstances since sentencing (such as a serious health problem) or their sentence had not been adequately served (Gaseau 2004). Similarly, the Department of Corrections’ medical reprieve program in Georgia, USA, for prisoners with a highly resource-intensive illness, excludes prisoners convicted of child molestation and in Texas, early release of convicted sex offenders is forbidden by law (Fort Worth Star-Telegram 2004; Gaseau 2001b). It is also clear that public perception and opinion about the ‘early release’; of prisoners, particularly sex offenders, plays a role in the decision-making of prison administrators (Papanikolas 2006).
A recent (February 2009) report from the United States Justice Policy Institute, ‘The Release Valve: Parole in Maryland’, charts the progress the state has made in altering its parole practices and boosting drug treatment. The report found that some effective programs were already in place in Maryland, but that they were not being used to their full potential and as a result, recommended the following:

‘…[T]he state could expand the use of risk assessment instruments to determine those people in prison who could be placed on community supervision; since most people “age out” of crime, moving older people from prison to parole could safely result in significant savings. For example, by placing even half of the roughly 465 people in Maryland’s prisons that are over the age of 60 on parole, the state could save over $13 million in the first year’ (Justice Policy Institute 2009).

The use of such risk assessment processes and tools is advocated by others who consider this as a way to support and effectively and safely administer early release schemes (Gaseau 2001b). The USA has seen the formation of specific community and non-government advocacy groups to justify on a case-by-case basis to parole boards that certain prisoners no longer pose a significant risk to the community and should therefore, be considered eligible for parole or alternative accommodation (Gaseau 2001a).

Although the use of community sanctions as an alternative to prison sentences is promoted throughout the literature, many writers also note that this is not without its challenges, such as those outlined in the section of this review on post-release support issues. One expert in the USA advocates for corrections agencies to work in collaboration with community-based services and agencies to assist with accommodating older ex-prisoners in the community (Gaseau 2001b). Other suggestions include alternative supervised release arrangements, including electronic bracelet monitoring and intensive case management and supervision (unsilentgeneration.com 2009).

An example of this is the Elderly Offender Home Detention Pilot Program, launched last year by the federal USA government, where older prisoners can be released into a type of ‘supervised house arrest’ (unsilentgeneration.com 2009). Guidelines for program eligibility are similar to those outlined for the Virginia ‘geriatric parole’:

Offenders must be over 65, and must have served at least 10 years and 75 per cent of their sentences; no lifers and no perpetrators of “crimes of violence,” including sex crimes and firearms violations (unsilentgeneration.com 2009).

It is anticipated that across the country, 80 to 100 people will participate from the 200,000 total federal prison populations. A similar pilot program has also been launched in Pennsylvania (unsilentgeneration.com 2009). Robust evaluations of such programs to gauge recidivism rates of older offenders and to draw comparisons between the health, social and cost outcomes of incarcerating rather than paroling older offenders, could provide useful insights into the benefits of extending such schemes.

Older prisoner detention

According to Gaseau (2001b), ‘The philosophies on best practices range from early and compassionate release programs for older, low-risk offenders…to specialized facilities geared toward this population’s special needs.’ As already outlined, a number of countries have developed age-segregated living arrangements for older prisoners in the form of a separate prison or a separate unit on prison grounds. In his commentary on age-segregation for older prisoners, Kerbs (2009) outlines the following broadly relevant benefits for using such an approach:

• Centralised health care services for older prisoners, resulting in cost savings
• Reductions in litigation costs resulting from law suits taken against prisons for age-discriminatory policy, procedures and practices
• Improvements in older prisoner safety and reduction in victimisation
• Encouraging rehabilitation as a central goal with a group that has a low likelihood of recidivism by progressing with treatment opportunities.

It would appear from the literature that age-segregated units or prisons are currently the best available option to older prisoners in terms of detention, but care must be taken to ensure that this does not also segregate older prisoners from access to programs and activities that would otherwise be available to them, even if on a limited basis (Codd 1996).
Age-segregated units or prisons must not only segregate older prisoners, but must also prioritise rehabilitation goals for older prisoners and provide programs and activities to address needs such as, health care, education, employment and income support, accommodation, physical fitness, mental health, personal development, relapse prevention skills for substance misuse and re-offending, and independent living skills. It is also worthwhile noting that evaluative research appears only to have been conducted on male age-segregated prison units and there is no available research that related to older women in this area (Codd 1996). Where, for reasons of cost or resourcing limitations, prisons cannot create age-segregated units, the inclusion of assessment procedures, specific programs and suitable regimes, as well as specially-trained staff can assist to provide a more age-appropriate environment for older prisoners. In addition, prisons should consider modifications to actual prison environment to assist frail or infirm prisoners and those with disabilities or mobility issues.

Rehabilitation and post-release support

In order to be successful, the goal of rehabilitation and how this is to be achieved should be clearly stated in corrections (Borzycki 2005). According to Cullen and Gendreau (2000, In Borzycki 2005) three components clearly identify and distinguish rehabilitation from other types of intervention:

1. Rehabilitation is planned and does not just happen coincidentally
2. Rehabilitation specifically targets offenders’ beliefs and attitudes about anti-social and offending behaviour
3. The aim of rehabilitation is to prevent recidivism through means other than merely deterrence.

According to Borzycki (2005), rehabilitation could also be termed and framed as preparation for release or exit planning and he notes that its success is inherently linked by what benchmarks are used to determine ‘success’. A report by the Australian Institute of Criminology that examined available interventions for prisoners exiting prisons and re-entering the community found that client need (36 per cent) and age (35 per cent) were the most frequently used measures to determine program target groups (Borzycki 2005). Of the programs that used age as a determining factor for eligibility, 61 per cent of those targeted people aged less than 30 years (Borzycki 2005). According to the report’s author, ‘This serves to underline the priority given to the rehabilitation and reintegration of young people early in their criminal careers. It also illustrates the interaction between public opinion and correctional policy’ (Borzycki 2005).
The literature clearly indicates that rehabilitative efforts are disproportionately focused on younger offenders, encouraged by the general belief that this group has more potential for positive change in their lives than older offenders. It is clear then, that if older offenders are to be rehabilitated at all, a more coordinated and articulated strategy is required across a wide range of correctional systems and the issue of harsher and longer sentencing as a means of deterrence that benefits the broader community requires closer examination and re-evaluation.

Specifically, such a strategy should be based on a needs assessment, undertaken at each individual prison site, and should outline the processes for the implementation, delivery, monitoring and evaluation of rehabilitation practices and programs, including consideration of issues surrounding the availability, expertise, and capacity of staff to deliver such programs (Borzycki 2005; Crawley 2004).

Considerably more work is required in Australia and overseas to consult and partner with services in the community to meet the needs of older prisoners exiting prison and on parole, most notably accommodation, social and health care services (Colsher et al. 1992; communitycare.co.uk 2003). A UK Department of Health publication, ‘A pathway to care for older offenders: A toolkit for good practice’ (2007) makes the following three key recommendations for successful exit planning and post-release support for older offenders:

- A case management approach whereby the progress of released offenders is monitored by a key worker to ensure their access to appropriate health, social, and welfare services
- Registration with a local general practitioner should be arranged for all older prisoners prior to their release
- All services and agencies that provide accommodation, primary and social care and welfare support should outline the processes for the implementation, delivery, monitoring and evaluation of rehabilitation practices and programs, including consideration of issues surrounding the availability, expertise, and capacity of staff to deliver such programs

In addition to the above, it would appear that an evidence-based risk assessment tool could assist correctional system administrators to make objective and robust determinations regarding older offenders’ risk of recidivism and community safety on a case-by-case basis (Gaseau 2001b; Justice Policy Institute 2009; United Nations Office on Drugs and Crime 2009).

The aforementioned approaches, combined with the development of a clearly articulated rehabilitative strategy for older prisoners, should also assist to address the bewilderment and frustration reportedly experienced by older prisoners during the ‘resettlement process’, by providing clearer and timely, advance explanations of what services are available to them on release and how their post-release needs can be met, as well as what expectations and responsibilities will be placed on them when they leave prison (Crawley 2004). As noted in the United Nations Office on Drugs and Crime, ‘Handbook on Prisoners with special needs’:

Prison authorities, probation services, social welfare agencies and the community need to increase assistance to prisoners’ resettlement in order to reduce re-offending and the harmful impact of imprisonment, and especially in the case of group…[such as older offenders], due to the particular difficulties they are likely to face during this period (United Nations Office on Drugs and Crime 2009).

Need for further research

It is evident from the literature that there are numerous and significant issues facing older prisoners in Australia and overseas, pertinent to the prisoners themselves, their families, the wider community, corrections administrators, health care professionals and policy-makers. As most of the currently available information has been collected through small-scale studies, newspaper articles or government reports, it is also evident that more systematic research is required to provide information that is useful for academics, community members and policy-makers to better understand these issues and how best to address them (Erger 2002; Stojkovic 2007).

In addition, there is a clear lack of contemporary, local research into these issues and most of the available literature comes from the USA or UK. As stated by Dawes (2009), ‘there is a dearth of Australian literature relating to the older prisoner as a demographic group in our prisons that hampers the development of well-founded policies and practices addressing their needs’ The same issue was identified by Grant (1999) ten years ago in an Australian Institute of Criminology report:
‘…further research into the issue of elderly inmates in Australian correctional centres is required. Such research can provide an overview of the current situation and services available, as well as the current management response amongst Australian correctional services. It can also identify the gaps in service provision to this increasing (and often disproportionately expensive) group of inmates, and strategies for addressing the various issues… Failure to anticipate…population and cost increases may place further constraints on correctional budgets in the near future’ (Grant 1999).

Wahidin (2006) asserts that this lack of research and information about older offenders echoes the poor state that research was in 30 years ago, in relation to female offenders. She adds that, ‘The lack of research in this area is an implicit form of ageism that implies that the problems of this group can be disregarded, or that ageing criminals are simply not worth discussing’ (Wahidin, 2006). Crawley and Sparks (2005) also call for more attention to be focused not just on documenting and observing the speedy global growth in populations of older prisoners, but also on explaining this occurrence, as part of a broader ‘phenomenon of mass incarceration’ and as particular area of concern related to specific nuances and practices in sentencing and parole, within a context of present-day political culture.

Many writers also caution researchers against treating older prisoners as an homogenous group and note that the dimensions of gender, ethnicity and culture must also be considered. Codd (1996) tackles this dilemma in relation to research with older women offenders and suggests the following:

If, on the grounds of anti-ageism, age categorisation is rejected completely, then certain manifestations of ageist and sexist oppression may be ignored. If, on the other hand older women are identified as a specific group, then the researcher risks perpetuating ageist approaches. One way out of this "Catch-22" situation would be to root any future research firmly in an anti-ageist, feminist approach.

Finally, it is clear that in order for Australia and other countries to capably tackle the issues associated with increasing numbers of older prisoners, more local and comparative research is required to better understand and respond to the specific needs of older prisoners as a group and as individuals. This would be in terms of correctional programs, public policy, sentencing practices and legislation more appropriately directed toward the successful rehabilitation of older offenders.
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