



Meeting the Physical and Mental Health Needs of Older Offenders

Does 'Aging in Place' Work in Prison?

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Greying of the Prison Population



- Number of older prisoners increasing globally
 - UK: inmates 60+ grew 243% since 2002
 - Japan: 20% inmates are 60+, double 2002 rate
 - US: one-third of all inmates will be 55+ by 2030

- The greying of the world's prison population has been well documented.
- In the United Kingdom, the number of inmates aged 60 and over has increased by over 200% since 2002.
- In Japan, 20% of inmates are over the age of 60, double the rate since 2002.
- And in the United States, older inmates are the fast-growing group in prison. By 2030, one-third of all inmates will be over age 55.

Four Groups of Older Inmates



- Long-time first offenders: "lifers"
- Offenders sentenced after age 50 for historical crimes
- Offenders who committed crimes after age 50
- Recidivists

- There are four groups of older inmates.
- Long-term first offenders, also known as lifers, are those who committed their first offence when they were young and are currently serving life sentences. These are offenders who have aged in prison.
- Others were sentenced in later life for offences they had committed when younger, such as sexual offences. A prominent example is Bill Cosby, who was convicted at age 81 for sexual offences.
- Another group of inmates were convicted for crimes committed after the age of 50.
- Finally, recidivists are those who commit crimes repeatedly and consequently spend many years in and out of custody.

Reason for Rising Numbers

- Increased life expectancy
- Rise in convictions for historical offences
- Increase in minimum mandatory sentences
- Increase in life sentences
- Increase in consecutive sentences
- Fewer parole approvals
- Purposely seeking prison?

- There are numerous reasons for the rising number of older inmates.
- The most obvious is increased life expectancy.
- Other reasons include...
- With longer sentences and fewer parole approvals, older offenders may end up aging and eventually dying in prison.
- There have also been reports of some older adults purposely seeking prison, most notably in Japan.

The image shows two news articles side-by-side. On the left is a BBC News article from January 31, 2019, titled "Why some Japanese pensioners want to go to jail". It features a photograph of an elderly man in a green jacket looking out a window. On the right is a nippon.com article from May 17, 2018, titled "Prison as a Safety Net for the Elderly in Japan". It features a photograph of a person behind prison bars. Both articles discuss the trend of elderly Japanese people committing crimes to gain access to prison facilities for food, shelter, and healthcare.

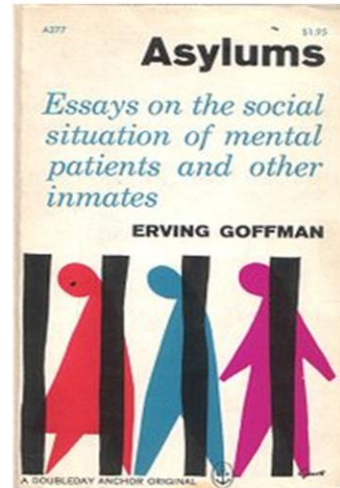
- - Statistics reveal that older Japanese are committing more petty crime like shoplifting so they can go to jail and get better food, shelter, and healthcare than they can get with their meagre pensions. And for those who are severely isolated, prison may even provide a source of human contact.

Profile of Older Offenders

- CSC defines older as 50+ because of *accelerated aging*
 - health profile similar to people 10 years older
 - Possible reasons
 - socioeconomic factors
 - impulsivity and poor health habits
 - substance abuse
 - criminal activity
 - conditions of confinement
-
- In Canada, the Correctional Service defines an older offender as one who is over the age of 50, rather than 60 or 65.
 - The reason is what we call accelerated aging. A 50-year-old offender often has the same health problems of a community-dwelling senior who is about 10 years old.
 - Compared to those in the community, older offenders have more health problems like high blood pressure, heart disease, diabetes, cancer, and dementia. They also have higher rates of anxiety, depression, suicidal ideation, as well as social isolation and loneliness.
 - There are various reasons for this...
 - People in prison often come from disadvantaged backgrounds, which negatively impacts their health. They are more likely to be impulsive, to have poor health habits, and to suffer from addiction. Criminal activity is by its nature stressful, as are the conditions inside prison.

Conditions of Confinement

- Prison is stressful
 - Separated from friends, family
 - remote prisons, no space for family, lack of phone/Internet, ties weaken over time
 - Little contact with inmates, staff
 - Ageism
 - Fear of bullying
 - Crowding, chaos, sleep disruption
 - Infections, COVID
 - Solitary confinement, lockdowns
 - Prison is a "total institution"
 - process of *institutionalization*



- Offenders are separated from friends and family.
- They may have insufficient contact with other inmates and staff.
- They may experience ageism and fear bullying by younger inmates.
- Prisons are often quite crowded, leading to chaos and sleep disruption. And of course, crowding has been a leading cause of COVID infections in prison, especially among older offenders.
- In many prisons, solitary confinement continues to be used as punishment.
- And finally, as Irving Goffman wrote, prison is a total institution, where an offender is stripped of their identity and nearly all aspects of their life are controlled by others. This leads to dependency, passivity, low self-esteem, and a loss of motivation to self-advocate for one's needs.

Why Should We Care?



- Duty of state
- Human rights
- Prison as punishment, not *for* punishment
- Rehabilitation and reintegration
- High cost
- Affects family members
- Not all in jail for violent crimes
- Disadvantaged backgrounds
- Wrongful convictions
- Compassion, mercy

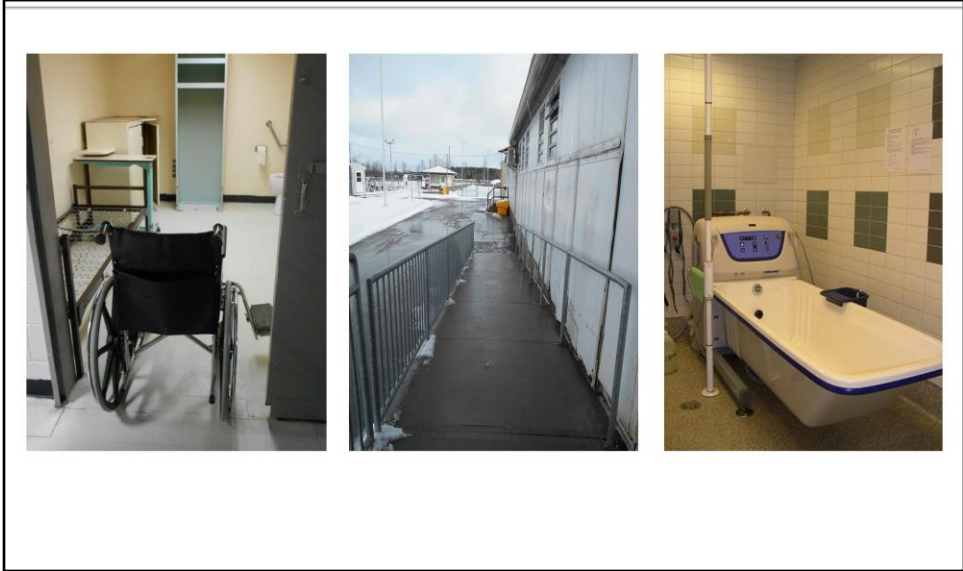
- Considering the serious crimes that many offenders have committed, it is understandable that people may find it hard to sympathise with their plight in prison. But there are some reasons that we should care.
- First, the state has a duty to care for those whose freedoms it has taken, and it must uphold basic human rights
- Second, the punishment that people receive for going to prison is loss of freedom. Their sentence does not include additional suffering.
- In addition to punishment, the goals of sentencing include rehabilitation and reintegration into society. As many offenders will eventually be released, we want them to be functional in society so they do not re-offend.
- High cost is another reason to care. It cost from 3-9 times more to care for older offenders compared to younger ones, so it is fiscally prudent to keep them as healthy as possible.
- Prison also has a negative impact on family members.
- In addition, many offenders come from disadvantaged backgrounds, and some may have been wrongfully convicted, warranting some compassion.
- Similarly, many offenders at end of life may be dying with a heavy heart and a great deal of guilt, which may warrant a degree of mercy

Meeting Needs Inside Prison

- Prisons never designed to be nursing homes or palliative care facilities
 - designed for healthy young men
- Aging-in-place/integrated accommodation
 - adapting spaces and services within mainstream prisons so aging offenders can safely and independently serve their sentence for as long as they are able
- Age-tailored accommodation
 - dedicated prison spaces/units for aging offenders

- Prisons were never intended to be nursing homes or palliative care facilities. So how do we meet older offenders' needs in prison?
- There are two approaches...
- The first is aging-in-place, which involves...
- The other approach is providing specific spaces for older offenders on prison grounds.

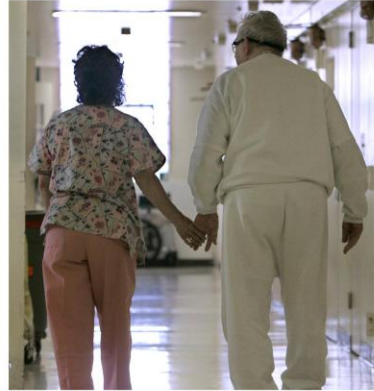
Removing Physical Barriers



- One obvious adaptation is removing physical barriers, such as widening doors for wheelchair access, adding ramps, and including grab bars and special bathing equipment.

Geriatric Training for Staff

- Geriatric training for
 - general prison staff (e.g., guards, parole officers)
 - healthcare staff
 - comprehensive training in physical, mental, social, end-of-life, and spiritual needs
 - should be integrated into curriculum, not just “add-ons” or in-service workshops



- Another adaptation is by providing staff with comprehensive geriatric education that is intergrated into the overall curriculum, rather than just being an add-on or workshop.

Providing Peer Support

- Same-age or mixed-age peer support
 - support groups
 - personal care
 - peer mentoring
- Examples
 - Peer Offender Prevention Service
 - Gold Coats
 - certification programs



- When staff cannot provide adequate support, they can turn to peer support programs.
- Examples include the Peer Offender Prevention Service (POPS) at Stony Mountain Institution in Manitoba, which aims to prevent mental distress and suicide.
- At the hospice unit at the California Medical Centre, long-serving inmates are trained to provide pastoral care.
- And at the California Men's Colony, younger inmates called Gold Coats are trained to assist inmates with dementia.
- Some prisons even provide valuable certifications for young inmates, like those at the Federal Medical Center in Devens, Massachusetts, who receive training as certified nursing assistants as part of their work with offenders in the dementia unit.
- In addition to benefiting older offenders, peer supporters develop valuable job skills and a sense of responsibility, which increases their chances for parole and successful re-entry into society. Indeed, volunteers who participate in these programs are less likely to reoffend.

Age-Appropriate Activities



- Activities usually geared to young, fit, able-bodied offenders
- Paid, meaningful work, adapted to abilities
- Dedicated space for older offenders to socialize and exercise
- Daytime access to communal spaces
- Retirement, finance, and end-of-life planning
- Critical for social inclusion, co-operation, personal control/mastery, self-respect, re-integration, physical health, and cognitive stimulation

- Prisons have traditionally revolved around the needs of young, fit, and able-bodied offenders.
- Prisons can make adaptations for older offenders such as offering paid and meaningful work (especially group work) that fits their physical and mental abilities; dedicated space for older offenders to socialize; daytime access to communal spaces that may be closed during working hours; and valuable educational opportunities.
- All of these adaptations help foster social inclusion, co-operation, personal control, and self-respect, which are valuable for re-entry into society. They also improve physical health and provide cognitive stimulation.

Dedicated Spaces



- Three types
 - geriatric units
 - psychogeriatric units
 - hospice units
- Features/benefits
 - specialized, 24/7 care
 - more privacy
 - brighter, quieter, more room to walk
 - less crowded, easier infection control
 - activities appropriate to age and cognitive level
 - reduced prisoner conflicts

- While some prisoners' needs can be met by adapting the mainstream prison to their needs, others may do better in spaces that are specifically designated for older offenders.
- Geriatric units are one type. Another is psychogeriatric units, such as the dementia unit at Fishkill Prison in Upstate New York, the first unit of its kind in America, and the Regional Treatment Centre in British Columbia, Canada. Hospice units are a third type of dedicated space, like the one at the California Medical Facility, also one of the first of its kind in the US.
- Dedicated spaces offer many advantages. One notable advantage is that they can reduce conflicts between younger and older prisoners, which may occur when inmates with dementia wander or behave inappropriately.

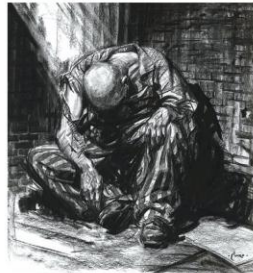
Challenges/Limitations



- Removing physical barriers
 - cost, time, building limitations
- Training
 - values conflict
- Peer support
 - commitment, continuity, stress, separating personal feelings, low pay, staff suspicion
- Dedicated units
 - stigma, isolation, cut off from programs
 - expensive programming, may still need outside care
 - mistrust of healthcare providers

- While adaptations for aging-in-place and the provision of age-segregated spaces have their benefits, there are also limitations.
- Physical adaptations can require a lot of time and money, especially in older buildings.
- Geriatric training may not be suited to all prison staff, especially those who view prison as punishment rather than rehabilitation.
- Peer support programs require much commitment on the part of volunteers, which is hard considering the stressful nature of the work and the low pay. It can also be hard to set aside one's personal feelings when providing support to someone who has committed awful crimes
- Dedicated units could also increase stigma and social isolation, as offenders are cut off from mainstream programs. Delivering equivalent programs in these spaces is possible, but expensive.
- In addition, offenders may still require outside care, with all the security and transportation costs that entails.
- Finally, some offenders may not be very trusting of prison medical staff.


Challenges/Limitations



- Isolation, loneliness
 - still cut off from family, friends on the outside
 - COVID-19 quarantine
 - fear of dying in prison
- Role of *prisonization*
- Role of *institutionalization*
 - is staying inside a choice?
 - passivity, learned helplessness, hopelessness
 - less motivated to leave prison
- Awareness of punishment?

- Neither aging-in-place adaptations nor dedicated spaces can change the fact that prisoners are still isolated from friends and family, especially with the restriction on family visits during COVID 19. And although prisoners may have friends on the inside, many still fear dying in prison and not with family.
- The longer one stays in prison, the longer one also becomes prisonized—a term that describes the adoption of antisocial values of prison subculture.
- One must also consider the process of institutionalization that Goffman defined. While it has been suggested that some offenders prefer to die in prison because it's their only remaining source of social and instrumental support, one wonders to what extent this is a freely determined choice, considering the dependency, passivity, and low self-esteem that can result from the process of institutionalization. Perhaps some offenders can simply no longer envision any alternative to dying in prison.
- Finally, we must consider the purpose of keeping people in prison if they suffer from cognitive impairments that prevent a clear understanding of why they are in prison in the first place.

Solution: Open Prisons?



The image shows a screenshot of a BBC News article. The article title is "How Norway turns criminals into good neighbours" and it is dated 10 July 2019. The article features a photograph of two men sitting on a bench in a brightly lit, open-plan room with large windows and a wall of small lights. The article is part of a list of stories on the BBC News website.

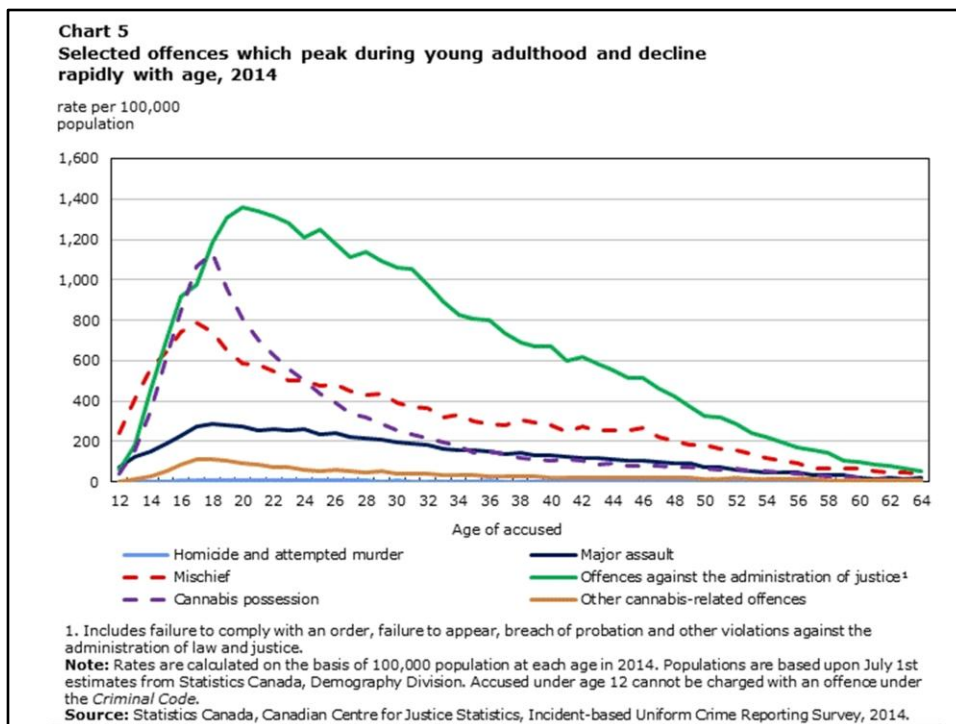
- Common in Scandinavia
 - rehabilitation-focused
 - village-like; pods; minimal lock-up
 - staff trained as mentors, role models; lots of time with offenders
 - daily education, training, work
 - family contact maintained
- Benefits
 - personalized attention
 - less loneliness, stress, agitation, violence, reduced *prisonization*
 - better health
 - sense of mastery
 - lower recidivism

- Some of the limitations I have described could be addressed by perhaps switching to a European model of open prisons, which focus on rehabilitation, relationships, and fewer physical restrictions.

Meeting Needs Outside of Prison

- Given challenges of aging in prison, can needs be met in the community?
 - temporary escorted absences, day parole
 - geriatric release
 - medical/compassionate release
 - placement in regular LTCs or palliative care
 - facilities dedicated for older offenders
 - family homecare
 - all possible, depending on risk level...

- Given the challenges of prison life, many have advocated for various community release options, including temporary escorted absences and day parole, which provide opportunities for work, training/education, medical care, and family visits.
- Other options include geriatric release for those who have served a many years and have reached a certain age, or compassionate release for those who have a debilitating, progressive, or terminal medical condition.
- Some older prisoners are also moved into regular long-term care and palliative care facilities.
- Others are permitted to serve their sentence at home with family members.
- All of these release options are possible, so long as offenders no longer pose an unmanageable risk to the community.



- Fortunately, criminal activity tends to decline with age and most older offenders are at low risk for re-offending.
- Likely reasons include lack of physical strength, cognitive impairment, and more prosocial attitudes with aging



- As these images by Tim Gruber show, it seems to make little sense to keep people in prison if they can barely walk or take care of themselves; not only is this expensive and time-consuming for prisons, but it seems to serve no security purpose and actually increases the risk for early death.

Dedicated Facilities for Offenders



- Haley House, Peterborough, Ontario
 - 10-bed halfway house for older parolees and those nearing death
 - one of few in Canada



- 60 West in Connecticut, USA
 - 95-bed facility serving people who are difficult to place in regular LTCs, including older offenders
- Benefits
 - better access to healthcare, medical devices, pain medications, social network, cost-effective

- Unfortunately, even if offenders are permitted to serve all or part of their sentence in the community, finding suitable accommodation is challenging.
- Many remain in prison for months or years after being granted release because of long waiting lists for a limited number of housing options.
- Some innovative facilities are emerging to meet these offenders needs, but they are still uncommon.
- Some notable examples include...
- Benefits include... better access to healthcare and medical devices, like motorized scooters, and better access to pain medications. These facilities also provide a welcoming social atmosphere and can provide care in a more cost-effective manner.

Re-Entry Support Services

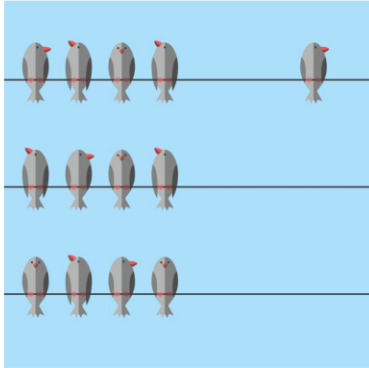


Service Oxygène

- Advocate and liaise with correctional services
- Inform about rights and policies
- Help build support network
- Assistance finding housing, services
- Employment skills
- Basic life skills
- Motivation and moral support
- Educating public and correctional staff about older offenders' needs

- Some organizations are dedicated to providing services to help older offenders re-enter the community.
- Service Oxygène in Montreal is one such program, offering a variety of services such as advocacy, housing assistance, basic life skills, and moral support.

Challenges/Limitations



- Isolation and loneliness
 - hard to leave prison family
 - hard to establish new networks
- Stigma
 - hard to find work, access services
- Availability/quality of care
 - appropriate training
 - better in some prisons?
- Integration challenges
 - unwelcoming nursing homes, neighbours; security

- The primary benefit of trying to meet offenders' needs in the community is to avoid harsh conditions of confinement and provide care that cannot be provided in prison. But there are also challenges.
- It can be hard to leave relationships in prison. For many offenders, fellow inmates are their family. It's also hard to start new relationships.
- A criminal history carries stigma, which can make it hard to find work and access services.
- Most mainstream healthcare providers lack knowledge about older offenders' unique needs.
- And in some places, especially remote areas, services may be better inside prison than outside.
- Offenders may also experience resistance by staff and other residents if placed in mainstream nursing homes and if their criminal history becomes known. In these settings, it can also be hard to maintain security without turning the facilities into prisons for the other residents.

Challenges/Limitations



- Family homecare
 - resources, conflicts, abuse/neglect
- Offender safety
- Recidivism
 - isolation, loneliness, and hostility
 - sex offenders
- Self-sabotage
 - anxiety about adapting
 - hard to cope with freedom
 - prefer predictability of prison life
 - hopelessness
 - miss support network inside prison

- Not all families can manage aging relatives, and caregiving can strain already strained relationships, leading to abuse or neglect.
- Offenders may also face retribution if released into the same community in which they committed their crimes.
- Those who are isolated, lonely, or rejected may become angry with society and more likely to reoffend.
- Sex offenders are a special case and pose risks when placed inside long-term care facilities.
- Finally, some offenders who've been in prison a long time may be unable to handle their new freedom, and may miss the routine of prison life and having others make decisions for them.
- Some may feel hopeless due to limited prospects, and may miss their prison family.
- Consequently, they may re-offend just so they can return to prison.

Best Approach?



- Different for each offender
- Must consider
 - age
 - health status
 - risk of COVID infection
 - individual needs
 - preferences
 - abilities
 - availability of support services
 - social network
 - community reception
 - risk level

- So does aging in place work in prison? Do age-segregated spaces work better? What about community release options?
- The answer is, it depends. We believe there is no one-size fits all approach. In the end, we must consider each offenders' unique needs and the availability of required supports, and to make an individualized decision about the most appropriate placement.
- Of course, public safety must be a primary consideration; no setting is appropriate if it doesn't allow for the adequate management of an offender's risk to others.

Contact Information

- Feel free to say hi, ask questions, or request a copy of the slides: elmer@eddyelmer.com
- **Please note:** The views in this presentation are those of the authors and not necessarily those of the Correctional Service of Canada or its committees.
- Thanks for listening!