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Elderly Inmates: Issues for Australia

Anna Grant

As is the case with Australia's population in general, Australia's prison population is ageing. The number of prisoners over 50 years of age is increasing—either because people are entering prison relatively late in life, or because they are serving longer sentences and growing old in prison.

This poses new challenges for Australian correctional administrators.

Older prisoners may be expected to experience more health problems than their younger counterparts, and the cost of keeping them in custody will be that much greater. Problems may arise from their presence in an environment comprised predominantly of younger men. And older prisoners released into the community after many years in prison may face difficulty in adjusting to life on the outside, particularly if they are without family or friends.

This paper discusses demographic changes in Australia's prison population and their implication for Australian correctional management.

Adam Graycar
Director

Many people stereotype the inmates of correctional centres as young, physically fit and aggressive. However, elderly inmates are increasing both in number and as a percentage of correctional populations globally. This paper examines the types of offenders that comprise the older inmate group within Australian correctional systems, firstly discussing the factors affecting the increase of older inmates in prisons, then examining the various issues which are relevant to Australian correctional administrators.

Definitional Issues

A shortcoming of previous research has been the failure of researchers and correctional officials to agree on what constitutes "elderly" (Aday 1994). The definition of ageing is also affected by physical, emotional, social and economic changes in communities (Morton 1992). Similarly, the processes of ageing are not dependent solely on the passage of time, but rather are the result of complex interactions of factors such as gender (women live longer than men), age of parents (long-lived parents have long-lived offspring), susceptibility to disease, environment, diet and lifestyle (Krajick 1979).

The most common definition of "elderly inmate" has been those aged 50 years and over, and this definition will be adopted for this paper. Normally, a 50-year-old person is not considered to be elderly. However, research has identified an apparent 10-year differential between the overall health of inmates and that of the general population. The majority of research studies have attributed this difference to the former lifestyles of the inmates, in which many have used drugs and alcohol to excess, had poor eating habits and a stressful life, and have commonly suffered economic disadvantage (Kratcoski & Pownall 1989).

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Australian Institute
of Criminology
GPO Box 2944
Canberra ACT 2601
Australia

Tel: 02 6260 9200

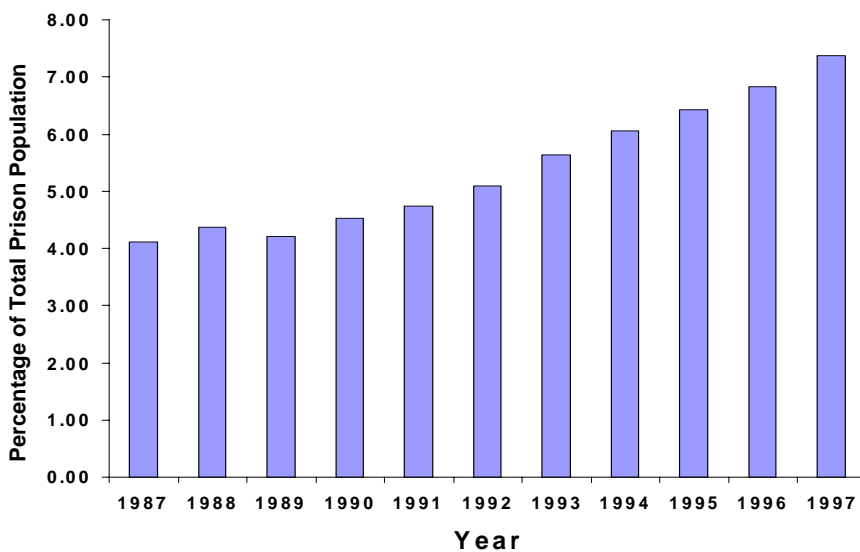
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Figure 1: Inmates Aged 50 and Over as a Percentage of the Total Prison Population, Australia 1987-97



The Situation in Australia

Australia’s population, and indeed that of the world, is ageing. In 1998, 12 per cent of the Australian population was aged 65 years and over. The Australian Bureau of Statistics has predicted, however, that the average age of the Australian population will increase rapidly over the next few decades—from 34 years in 1997 to 41 years in 2021 and 45 years in 2051 (ABS 1996).

Australian correctional populations generally follow community population trends, as can be seen from Figure 1.

In 1987, inmates over 50 years of age comprised 4.1 per cent of the total Australian prison population of 12,113 persons. By 1997, this has risen to 7.4 per cent of 19,082 persons.

The average age of inmates in Australia has also risen—from 30 (30.1) in 1987 to nearly 32 (31.9) in 1997.

As shown in Figure 2, since 1987 the number of inmates in the over 65 age group has trebled—from 50 inmates in 1987 to 158 inmates in 1997. In the five years from 1993 until 1997, the proportion of inmates aged 65 and over has increased by 2.2 per cent. It is this section of the prison popula-

tion that is predominantly driving the overall increase in elderly inmates.

Most elderly inmates (95 per cent) are male, and the proportion of male to female inmates over 50 years of age has remained fairly stable over time.

Almost 10 per cent (9.7 per cent) of inmates over 50 years are remand prisoners, a figure that has also remained stable. Elderly inmates are also more likely to be held in minimum security institutions. Approximately 46 per cent of inmates over 50 are held in minimum security, compared to 37 per cent of inmates under 50.

The majority of elderly prisoners are non-Aboriginal, although elderly indigenous prisoners have increased from 2.9 per cent of inmates over 50 years of age in 1993, to 4.3 per cent of inmates over 50 in 1997. This is still a disproportionately high number when Aboriginal people represent only 1.6 per cent of the total Australian adult population. Current life expectancy for Aboriginal and Torres Strait Islander people is 57 years for males and 62 years for females—nearly 20 years less than for the total population (ABS 1998). This also affects their representation in the elderly inmate group.

The older inmate population is as diverse and heterogeneous as the younger inmate population. However, three main groups of older inmates can be identified:

- **First time inmates imprisoned at an older age.** For those inmates over 50 in 1997, 73.8 per cent were admitted to Australian correctional centres aged 50 or over. Of the inmates serving a period of imprisonment in 1997 and who were over 50 when admitted, 66.5 per cent were imprisoned for the first time.
- **Repeat offenders who return to prison at a later age.** Only 37 per cent of inmates aged 50 and over in 1997 had been imprisoned prior to the sentence they are currently serving.

Figure 2: Change in Age Distribution of Inmates, Australia 1987 and 1997

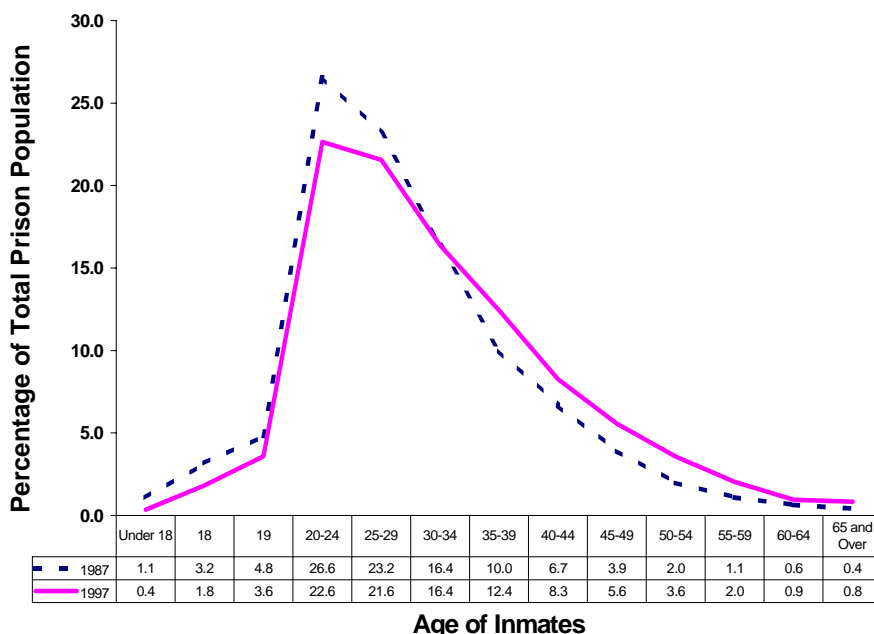
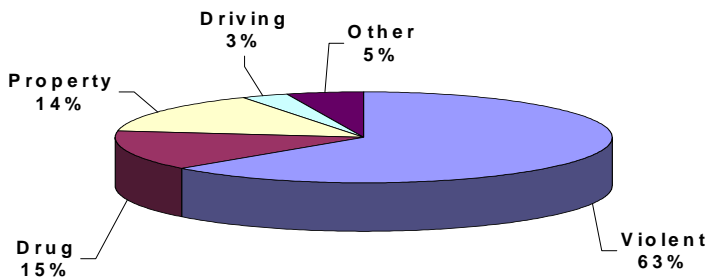


Figure 3: Offence Breakdown for Inmates Over 50, Australia 1997



- Inmates who grow old in prison due to long sentences.** For those inmates aged 50 and over in 1997, only 26.6 per cent were aged less than 50 when admitted and are serving extended sentences.

Violent offences comprise, by a large margin, the most common offence category for inmates over 50 years of age (see Figure 3). Over half (63 per cent) of the offences for which elderly inmates were imprisoned in 1997 were violent offences. Violent offences are more likely than most other offences to lead to a sentence of imprisonment, particularly where older offenders are involved. Whereas age may be a mitigating factor in sentencing for most other offences, it will have the least effect for violent offences.

Imprisonment patterns based on the type of offending are very different for elderly inmates. Figure 4 is a comparison of the frequency of different offence types for inmates over 50 and those under 50 years of age.

Whilst approximately 10 per cent of younger inmates have been imprisoned because of a sexual offence, almost 39 per cent of inmates over 50 were admitted for a sexual offence. Homicide is also more likely to be the major admitting offence for older offenders. Nearly 16 per cent (15.6 per cent) of inmates over 50 have committed homicide, compared to 9.2 per cent of inmates under 50. This higher number of violent crimes, and the subsequent long sentences frequently imposed upon violent offenders, may also be a contributing reason for the increase in elderly inmates in Australian correctional centres.

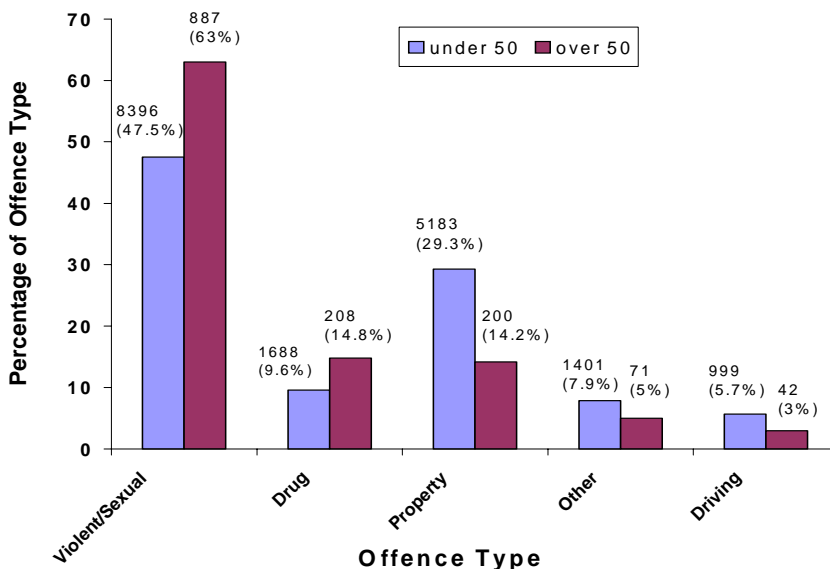
Drug offences also contribute to a higher proportion of those inmates over 50. For inmates under 50 years of age, drug offences constitute 9.6 per cent of their offences; whilst for inmates over 50, 14.8 per cent have committed a drug offence. Those imprisoned for drug offences are also more likely to receive longer sentences.

The biggest difference between the age groups relates to property offences. For those under 50 years of age, these comprise approximately one-third of their offences. For those over 50, they comprise only one-sixth of the offences committed.

Determining the reasons why older people engage in criminal behaviour or commit certain offences is difficult and it must be emphasised that, although there is a significant population of elderly inmates and elderly offenders, criminal offending usually declines with age. Whilst demographic and social factors affect the rate of offending by older people, and their subsequent imprisonment, policy factors and sentencing practices have had an overall effect on increases in the use of imprisonment for older offenders.

Changes in sentencing practices, combined with the adoption of more criminal sanctions, a general lengthening of sentences and reduced mechanisms for early release, are all contributing to a rapid growth in inmate populations (Mays & Wintree 1998). Generally, there is an increased emphasis upon the use of imprisonment for serious and violent offences and, as mentioned previously, a high proportion of elderly inmates have committed violent offences. This has been accompanied by a general sentencing policy which considers imprisonment a last resort for minor offences, such as traffic offences and fine defaulting (these offences were committed by 1.2 per cent of inmates over 50 in 1993, down to 0.3 per cent in 1997).

Figure 4: Offence Breakdown by Age, Australia 1997



Implications for Correctional Management

The 1996–97 expenditure per prisoner in Australian correctional centres was approximately \$56,000 (AIC 1998). The specific needs of elderly inmates, in particular their need for a high standard of care, contributes substantially to the cost of correctional facilities (Kratcoski & Babb 1990). In terms of health care costs per inmate, providing care for elderly inmates appears to be second only to providing care for HIV/AIDS sufferers (Mays & Wintree 1998).

Growing old is accompanied by the inevitability of physical decline. The majority of people over 60 in the community have at least one chronic condition, the most common being arthritis, various forms of cardiovascular diseases and cancer (Wormer 1981). In the general population, individuals over 50 use more prescription drugs than younger people, and are more likely to have adverse reactions to medications. People 65 and older are also likely to spend twice as much time in medical facilities and have three times the health care costs of younger adults.

Medical and other costs for these greying prisoners are of the order of three times more expensive than required for the care of younger inmates. Kidney failure, advanced heart disease, lung cancer from increased smoking and other cancers and complicated diseases are far more prevalent among the elderly than the young or middle-aged. (Baird 1998)

As discussed previously, research has shown that, although chronologically these inmates may be 55 years old, biologically their bodies are often much older (Baumgartner 1996). Among the conditions reported by inmates during research studies were heart disease, diabetes, hypertension and cancer, all of which are potentially life threatening, especially in combination (McCarthy 1993). Many have chronic lung disease (emphysema) after years of cigarette

smoking; liver disease from years of alcohol and drug abuse; obesity; arthritis; and early dementia (Baumgartner 1996).

The most common approaches currently used in correctional facilities providing specialised medical care, particularly in America and Europe where there are larger numbers of elderly and terminally ill inmates, include chronic care clinics, preventive care and increased frequency of physical examinations. In addition, more than half the correctional departments in the United States report that special nutrition/dietary care and housing, and the use of inmate aides to provide non-medical assistance, are available to elderly inmates in their particular jurisdictions (LIS Inc. 1997). At this stage no similar information regarding health or other services for elderly inmates is collected or made available in Australia.

There is also the related issue of re-integration and release of elderly inmates. These inmates may have no family or friends and no job or job prospects, due to their age. For many of the elderly inmates, leaving the correctional environment, which provides a structured routine and meets all of their daily needs, is a frightening prospect. Also, although such offenders may no longer be contributing to the expenditure of correctional services, elderly ex-prisoners may go on to contribute to the caseloads of community health and welfare systems.

Issues for Correctional Management

Lifestyle is vitally important in the ageing process and it is therefore particularly important that correctional systems address issues of diet, exercise and smoking with ongoing preventive programs. While ageing cannot be stopped, many of the consequences can be minimised or delayed, resulting in considerable financial savings to correctional

systems (Morton 1992). Elderly inmates should have access to a comprehensive and systematic health care program that encompasses education and preventive care as well as treatment of ailments and disorders (Morton & Anderson 1982) in order to address both the special needs and high costs associated with this group of inmates.

Studies indicate that most existing prisons are not structurally designed to accommodate elderly inmates, nor are the needs of these inmates being addressed by available programs. Other major correctional issues (apart from health care needs) can be categorised into the following five groups.

Adjustment to imprisonment

Research suggests that, whilst elderly inmates may appear to be better adjusted and less disruptive than younger inmates, many have psychological and emotional difficulties which are suggestive of institutional adjustment problems (Morton & Anderson 1982).

Correctional administrators, management, staff and programs generally respond only to overt problems. Thus it is important, when assessing elderly inmates' adjustment to imprisonment, that more attention is paid, and resources devoted, to dealing with their emotional and psychological wellbeing and their social isolation (Vega & Silverman 1988). It is also important for correctional management and staff to ensure that initial assessment upon entry to correctional centres allows for the differences of elderly inmates and addresses such differences by specific tailoring of assessment procedures.

Vulnerability to victimisation

Older inmates frequently expressed fear of being victimised by younger inmates. Many of the older inmates are also afraid they will be unable to cope with imprisonment, both in physical and mental terms. In addition, many reported during research studies that they had not devel-

oped friendships, and were quite socially isolated during their imprisonment (Kratcoski & Babb 1990).

Adaptation to physical conditions

Most correctional centres are designed to accommodate young and active inmates. Elderly inmates report finding the prison environment cold and damp and the stairs and distances difficult to cope with. This in turn can contribute to an elderly inmate withdrawing and becoming isolated (Aday 1994). Since elderly inmates may be unable to climb stairs, ramps or wheelchair accessibility may also be required.

Centres designed during the 1980s feature buildings scattered over wide areas. Inmates are often required to walk long distances to obtain meals, medical services and other essentials. Aday (1994) reports upon research that found that older inmates also express a greater need for privacy and for access to preventive health care and legal assistance than younger inmates.

Lack of suitable programs (and industries)

Correctional staff indicate that one of the most common difficulties is in finding ways to keep the older inmates busy and active (Kratcoski & Babb 1990). Declining physical strength and health problems can combine to make program and industry planning a considerable challenge (Kratcoski & Babb 1990).

Morton & Anderson (1982) note research which states: "Inactivity leads to sensory deprivation which is extremely hazardous to physical and mental wellbeing, replicating the effects of chronic debilitation". Such research outlines the importance for correctional managers of having a wide range of activities available for elderly inmates, including educational, spiritual, recreational and leisure programs, as well as meaningful work.

Separating or "mainstreaming" the elderly inmate population

The final problem identified is whether older inmates should be separated from the younger inmates or integrated into the general prison population. Arguments for separation include the previously identified issues of potential vulnerability to the stress and noise of the institution and to victimisation by younger inmates. Morton (1992) also argues that: "Special units enable the development of programs and services specially designed for older inmates and provide a concentration of specialised staff and resources for the group". On the other hand, segregating all older people in one central location, based strictly on chronological age, can also create problems. Maintenance of family contact is difficult if elderly family members must travel long distances to visit, and there is a lack of social interaction with people of a variety of ages.

Many also view the mainstreaming of older inmates as beneficial to the management of correctional institutions, because the older inmates are perceived to have a calming, settling effect on younger inmates (Morton 1992, p. 11).

Future Directions

There is a significant population of elderly inmates in Australian correctional institutions. There are also clear indications that this population will increase, both as a proportion of the whole and in overall number, as the population ages, sentencing becomes less flexible and the emphasis upon imprisonment as a criminal sanction increases. Therefore, there are a number of issues for correctional administrators to address regarding the increasing elderly population in Australian prisons.

It is necessary to establish a common chronological point for the definition of the elderly inmate. Comprehensive planning,

programming, evaluation and research addressing elderly inmates will then be comparable and can easily be implemented between jurisdictions. It is also important that any definition encompasses a chronological age young enough to allow for early health care intervention and preventive programs. Such programs have been proven to be effective in minimising the high costs associated with older inmates.

It is important for correctional administrators to utilise research into the elderly in general, as an understanding of the consequences of ageing is essential to the planning processes (Morton 1992, p. 4). The physiological and societal differences between older and younger people have been the subject of such research, which can contribute substantially to the development and implementation of health and other programs for elderly inmates.

It is also important for correctional administrators to distinguish between the different groups of elderly inmates, in particular those who have served long sentences and those who have served short terms of imprisonment. These populations will have different needs in terms of support and health care whilst in correctional centres, but will also have very different support needs upon release or parole. Australian correctional authorities in both custodial and community corrections services should be investigating the provision of services within Australia and the costs of applicable programs compared to the cost of imprisonment for elderly inmates.

There is also general agreement amongst correctional staff that elderly inmates need more attention and assistance than younger inmates. Careful staff recruitment and selection for sensitivity to the unique requirements of elderly inmates should be an important consideration for correctional administrators (Aday 1994). Many people may not have the aptitude or the essential skills

needed to manage elderly people. Staff also need to receive specific training regarding the social and emotional needs of the elderly; the dynamics of death and dying; and procedures for identifying depression; plus interpersonal relations training specifically geared towards interaction with the elderly (Morton & Anderson 1982).

Correctional administrators may find it beneficial to utilise the medical/health care staff's general knowledge of ageing during planning for housing, program development and security classification for elderly inmates (Kesley 1986). Classification systems have been identified as an area of immediate concern. Administrators should consider updating existing classification standards and institutional processes (Hartjen & Rhine 1992) or formulating new classification standards where none as yet exist. As previously identified, modifications need to be considered in order to control the types of costs associated with older inmates.

Conclusion

A great deal of our knowledge of elderly inmates and correctional management's response to their needs is based on literature and research completed in America, Canada and Europe. Whilst important results have been published, 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, some of which have been raised in this paper.

Correctional administrators in Australia must be aware of the trend towards an increase in

elderly inmate populations, so that they can anticipate the numbers of elderly inmates that they may have to manage in the future. Probable increases in expenditure have been noted in all areas of correctional management—from the design of correctional centres, diet, health and medical services to service provision and staffing issues. Failure to anticipate such population and cost increases may place further constraints on correctional budgets in the near future.

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References

Aday, R. H. 1994, "Golden years behind bars: Special programs and facilities for elderly inmates", *Federal Probation*, vol. 58, no. 2.

Australian Bureau of Statistics (ABS) 1996, *Census of Population and Housing: Population Growth and Distribution, Australia, 1996*, ABS Cat. No. 2035.0.

Australian Bureau of Statistics (ABS) 1998, *Census of Population and Housing: Aboriginal and Torres Strait Islander People*, ABS Cat. No. 2034.0, also at: <http://www.statistics.gov.au/>

Australian Institute of Criminology (AIC) 1998, *Australian Crime: Facts and Figures 1998*, Australian Institute of Criminology, Canberra.

Baird, B. 1998, "Old folks in prison", in *Private Eye Weekly* at: http://www.slweekly.com/news/story/story_961226_1.htm

Baumgartner, D. 1996, "State prepares for 'graying' of prisons", *Good Age*, January, Amherst H. Wilder Foundation, Minnesota.

Hartjen, C. & Rhine, E. 1992, "Ageing inmate offenders: Another perspective" in *Correctional Theory and Practice*, eds C. Hartjen & E. Rhine, Nelson Hall Publishers, Chicago.

Kesley, O. W. 1986, "Elderly inmates: Providing safe and humane care", *Corrections Today*, vol. 48, no. 3.

Krajick, K. 1979, "Growing old in prison", *Corrections Magazine*, vol. 5, no. 1.

Kratcoski, P. & Babb, S. 1990, "Adjustment of older inmates: An analysis by institutional structure and gender", *Journal of Contemporary Criminal Justice*, vol. 6, no. 4.

Kratcoski, P. & Pownall, G. 1989, "Federal Bureau of Prisons programming for older inmates", *Federal Probation*, vol. 53, no. 2.

LIS Inc 1997, *Prison Medical Care: Special Needs Populations and Cost Control*, Special Issues in Corrections, September, National Institute of Corrections, at: <http://www.nicic.org/pubs/prisons.htm>

Mays, G. L. & Wintree, L. T. 1998, *Contemporary Corrections*, Wadsworth Publishing Company, California.

McCarthy, M. 1993, "The health status of elderly inmates", *Corrections Today*, vol. 45, no. 1.

Morton, J. 1992, *An Administrative Overview of the Older Inmate*, National Institute of Corrections: <http://www.nicic.org/pubs/prisons.htm>

Morton, J. & Anderson, J. 1982, "Elderly offenders: The forgotten minority", *Corrections Today*, vol. 44, no.6.

van Wormer, K. 1981, "To be old and in prison", *Contemporary Issues in Corrections*, Pilgrimage Inc., Jonesboro.

Vega, M. & Silverman, M. 1988, "Stress and the elderly convict", *International Journal of Offender Therapy and Comparative Criminology*, vol. 32, no. 2.

Anna Grant is a Research Analyst with the Australian Institute of Criminology.



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 Dr Adam Graycar, Director
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