



Justice
Inspector of
Custodial Services

Old and inside: Managing aged offenders in custody



Produced by Inspector of Custodial Services
Level 13, 10 Spring Street
Sydney NSW 2000

P: 02 8061 9331

W: www.custodialinspector.justice.nsw.gov.au

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Foreword

The phenomenon of an aging community in Australia, and its attendant health, social and economic costs, has attracted widespread and continuing commentary. As the wider Australian population is aging and placing increasing demands on services and resources, this fact is mirrored in the prison population.

In examining the circumstances of, and service provision to, aged inmates, it is important to use a commonly understood definition of who should be considered an aged inmate. For the purposes of this inspection, the term “aged inmate” is used when referring to those aged 55 years and older if they are of non-Indigenous heritage, and 45 years and older if they are of Aboriginal or Torres Strait Islander (ATSI) background. This reflects the widespread recognition that many in prison are worn beyond their years by accumulated adverse life experiences.

Across Australian jurisdictions there has been an 84 percent increase in the inmate population over the period 2000-2010. The greatest growth has been observed among those aged over 65 whose numbers rose over 140 percent. This trend continued with a 134 percent increase over the period 2010-2014. NSW reflects the national trends strongly, with men over 65 years increasing by approximately 225 percent.

The Royal Commission into Institutional Child Abuse, which is exposing significant numbers of aged sex offenders, coupled with proposed changes to sentencing laws, will add to the growth of the aged inmate population, both in absolute and proportional terms.

Aged care, including dementia care, is a specialist field of Corrective Services NSW (CSNSW), and Justice Health and Forensic Mental Health Network (JH&FMHN) provides aged care for only limited numbers of aged and frail inmates, mainly in the Long Bay complex, along an inchoate aged-care pathway. In the maximum security Long Bay Hospital Aged Care Rehabilitation Unit, this care is provided at considerable expense. In the nineteenth-century-built Kevin Waller Unit, the care is rudimentary.

The quantum of the needs of the wider population of aged inmates spread elsewhere across the estate are rendered opaque by aged inmate passivity, the routine and order in centres, assistance from other inmates and the support from well-meaning, but untrained, correctional officers.

Limited specific aged care is not a product of indifference, but is rather a question of resources and priorities. As I noted in an earlier report (*Full House: The Growth of the Inmate Population in NSW*), CSNSW is preoccupied with managing a range of challenges in the correctional system. These range from the impact of poor estate planning over the past decade, fiscal constraints, the significant and unprecedented growth of the prison population and its consequent crowding. All these factors combine to exacerbate the poverty of life in custody and increase the focus on managing a volatile population, which detracts from the needs of aged inmates.

Aged inmates present significant additional demands on resources which are already under severe strain as a result of inmate population increases and budget constraints. They have higher chronic and complex health needs than the younger population. In addition, they have reduced daily functioning and a sense of helplessness and boredom. Those whose mobility is compromised require a setting that is alien to most prison architecture, which is premised on accommodating young men. Fear dominates the lives of many aged inmates. These stressors accelerate the aging process of these inmates.

The current limited level of service provision to aged inmates across the prison estate means that it is increasingly difficult for aged inmates to live and function with dignity in the correctional setting.

This is not acceptable now nor is it an adequate model for the future.

It is a reality that – like it or not – changing demographics, legislative provisions and duty-of-care obligations will see CSNSW, together with JH&FMHN, become a significant provider of aged-care services to a growing cohort of aged, frail and chronically ill inmates, many of whom will die in prison. CSNSW now needs to establish the policy and planning, especially estate planning, framework to respond to this challenge.

A handwritten signature in black ink, consisting of several overlapping loops and a long, thin tail extending to the right.

J. R. Paget
Inspector of Custodial Services
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Acknowledgements

The Inspector was assisted by Victoria Oakden and Debra Smith, expert consultants accredited with the Aged Care Quality Agency.

The Inspector would like to thank Leon Batchelor and Jennifer Saouma, who provided support to this inspection under a University of New South Wales Law internship.

In this endeavour, the following people are acknowledged for their expert advice and assistance: Jennifer Turner, Official Visitor Coordinator, and Official Visitors at Metropolitan Special Programs Centre and at the Silverwater Women's Correctional Centre.

The Inspector acknowledges the contribution of inmates to this report.

The Inspector extends thanks to the staff of Corrective Services NSW and Justice Health and Forensic Mental Health Network who supported this inspection.

Glossary of terms

ACAT	Aged Care Assessment Team
ACD	Advance Care Directive
ACRU	Aged Care and Rehabilitation Unit
ATSI	Aboriginal or Torres Strait Islander
BACAT	Basic Aged Care Assessment Tool
Buy-up	Items inmates can purchase using their own money
CNC	Clinical Nurse Consultant
COSP	Community Offender Support Program
CSI	Corrective Services Industries
CSNSW	Corrective Services NSW
Inspector	Inspector of Custodial Services
JH&FMHN	Justice Health and Forensic Mental Health Network
Knock-up	Emergency call button located in cells
KWU	Kevin Waller Unit
LBH	Long Bay Hospital
MHRT	Mental Health Review Tribunal
MSPC	Metropolitan Special Programs Centre (Long Bay)
MSPC 3	Specifically refers to Area 3 within the Metropolitan Special Programs Centre
NUM	Nursing Unit Managers
OS&P	Offender Services and Programs
Pill-parade	The distribution of medication to inmates
SAPO	Services and Programs Officer
SCCC	South Coast Correctional Centre
SDS	Statewide Disability Services
SIRO	Senior Inspection/Research Officer
SMAP	Special Management Area Placement
Soft target	A vulnerable custodial role often used to fill gaps in staffing
Stripping	When a custodial role is sacrificed to fill higher staffing priorities
SWCC	Silverwater Women's Correctional Centre
Sweepers	Inmates assigned to maintain communal accommodation areas
The Act	Inspector of Custodial Services Act 2012
TOR	Terms of Reference

Executive summary

This report by the Inspector of Custodial Services examines the management and care of aged inmates in NSW correctional centres. There has been a steady and significant increase in the number of older inmates in prison over the past decade, and this is projected to continue, if not accelerate.

Older inmates often have complex health issues and specific needs and vulnerabilities related to their age. This creates particular challenges for managing older inmates and ensuring the effective use of resources, which are already under significant strain. The rising number of aged inmates poses challenges for policy development, planning, duty-of-care obligations, the delivery of services across the NSW correctional system and end-of-life arrangements.

In NSW, the majority of aged inmates are placed within mainstream correctional centres, in accordance with the CSNSW classification process. There is a limited capacity to provide specialised care in aged-care units for those who have reduced mobility or are functionally impaired.

This inspection was conducted across four correctional facilities in metropolitan Sydney, chosen to represent both specialised aged-care centres and mainstream centres. The centres inspected were: Metropolitan Special Programs Centre Area 3 (MSPC 3), Silverwater Women's Correctional Centre (SWCC), the Kevin Waller Unit (KWU) and the Long Bay Hospital Aged Care and Rehabilitation Unit (ACRU).

In each of these centres the inspection examined the management and care of aged inmates across five key areas:

- Correctional centre environments and facilities;
- Centre regimes;
- Relationships;
- Healthcare;
- Pre-release support.

Two expert consultants, who are accredited with the Aged Care Quality Agency, supported the inspection.

As expected, the inspection found significant differences between the capacity of mainstream centres and specialised units to identify and support the needs of aged inmates.

The main findings are summarised briefly below.

Physical environment

The majority of frail inmates have functional difficulties in the prison environment. This is not surprising, as prisons are designed primarily for young, male able-bodied inmates. At MSPC 3 there was a notable lack of seating and shade for all inmates in communal areas, as well as bunk beds with no railings or ladders, making access particularly difficult for the elderly and safety a concern. Mobility around the centre is difficult for aged inmates due to the number of steps, uneven surfaces, steep gradients and narrow doorways.

In contrast, SWCC has a landscape that is more suitable for aged inmates as there are ramps and wider corridors for the use of mobility aids. Of concern to the inspection was the lack of hygiene in the accommodation areas, with cockroach infestations and poor plumbing plainly visible.

While KWU is not suited to frail aged care and the management of disabilities, the physical environment of ACRU is more appropriate. The corridors and doors are easily accessible, and there are single cells with ensuites that enable some privacy.

Across ACRU and KWU, there are notable deficiencies in the facilities. These include, for example, an absence of colour contrasts, slippery floors and a lack of handrails throughout the cells and corridors. There are also a number of trip hazards from uneven flooring and broken tiles. Further, the cells in 19th-century facilities, such as KWU and MSPC 3, are cold and draughty, and too small to accommodate mobility aids in-cell. This creates a heightened risk of falls in cells, which is currently where most falls occur, due to long lock-in hours.

Placement

Placement procedures do not currently include a basic assessment of the needs of aged and frail inmates. This means it is the responsibility of placement officers and unit managers to identify any specific aged issues that an inmate has, and recommend the most appropriate placement for them. While this was observed to be generally working in the centres inspected, a more systematic approach to identifying aged needs in reception assessment should inform placement choices.

The system endeavours to place inmates with healthcare needs at MSPC 3 due to its proximity to metropolitan hospitals. Although the infrastructure at MSPC 3 presents difficulties for frail inmates, staff are cognisant of their needs and generally place aged and frail inmates in a ground-floor cell and on the bottom bunk. However, the current growth in the inmate population and consequent overcrowding has created bed shortages across NSW, which means that such preferred arrangements cannot always be accommodated. This was evident in Unit 16 at MSPC 3, where aged inmates were mixed with a non-working, transient inmate population, which created vulnerabilities for aged inmates.

At SWCC there are a small number of aged women who are integrated into the standard accommodation areas as per security and health placement processes. As at MSPC 3, the older women generally received lower bunk placements.

Placement into KWU is determined by a committee mechanism of CSNSW and JH&FMHN staff who assess inmates' needs individually. The bed capacity at KWU is limited and sets a high threshold of physical needs for entry. While this results in the exclusion of some aged and frail inmates, the referral process appears to be working in most cases.

ACRU operates at full capacity as a maximum-security unit. Twelve of the 15 inmates at the time of inspection were rated minimum security, and do not need to be housed in a maximum-security setting, at considerable expense.

Centre regime

Daily regimes in mainstream correctional centres are structured and involve a combination of work, recreation activities and education. Aged inmates are encouraged to participate in these activities wherever possible. At both MSPC 3 and SWCC, aged inmates worked in a variety of industry positions; aged inmates are also able to carry out light duties in service jobs, which keep them occupied.

At all centres inspected, there is a lack of structured recreational activities, which impacts aged inmates, particularly those unable to work. Aged inmates have limited physical activity options. At MSPC 3 the oval area is inaccessible to those who are frail, and exercise equipment is for able-bodied inmates. At SWCC, the activities officer conducts a range of activities for aged inmates; however, this position, as in many other correctional centres, is an early target for post stripping, and is, at times, left unmanned for up to 25 days a month.

Access to libraries and alternatives to basic education in literacy and numeracy, such as art and IT education, has previously formed part of age-specific education services at MSPC 3. These classes offer aged inmates an environment for facilitated communication and social interaction, but these classes have not operated in 2015. There is limited structured activity for inmates at ACRU for inmates. The long lock-in times create a sedentary lifestyle and lack of stimuli, which impacts on older prisoners' physical and mental health.

Relationships

Relationships between inmates, as well as those between staff and inmates, are an important part of the wellbeing of older inmates in prison. Aged inmates often depend on other inmates for assistance in daily living, and the inspection team heard of several examples of cellmates caring for less able aged inmates. At MSPC 3, aged inmates were housed with working inmates, which ensured a level of protection, as the culture of these accommodation areas is less threatening.

Sweepers – that is, inmates assigned to maintain communal areas in accommodation wings – act as pseudo carers for inmates with incontinence, cognitive impairment and/or mobility issues who need support with hygiene, laundry, cleaning and general personal care. At KWU, inmates consider that the support they receive from sweepers is crucial to their daily functioning. While this is commendable, it should not be expected that inmates look after one another in this way. In addition, this assistance, combined with prison routine and lack of autonomy, can mask the declining functioning of some aged inmates.

Interactions between aged inmates and staff was observed to be generally positive and empathetic, however, CSNSW staff do not have adequate knowledge of the physical vulnerabilities, mental health issues or debilitating diseases often associated with the aged population. They are not able to identify behavioural changes that may signal changes in individual health, or discriminate between those changes and non-compliance with the prison regime.

Healthcare

The inmate population has a much poorer health profile than that of the general population. Healthcare is managed jointly by JH&FMHN and CSNSW, however, CSNSW operational regimes have a significant impact on the delivery of healthcare to inmates. The growth in the inmate population has placed increased pressure on the health system, which results in the health needs of inmates frequently not being met.¹

The inspection found that there is a range of health assessment tools designed to gather a basic level of information on aged inmates. The aged-specific tools are streamlined and user-friendly but are only applied to those inmates who are identified as requiring consideration for placement in KWU or ACRU.

There are a number of specialists working with JH&FMHN across the CSNSW estate to cater for the needs of the aged population, however, current levels of service provision do not meet demand for aged-care services, including optometry, podiatry, aged-care psychiatry and geriatrician services. In contrast to inmates in mainstream centres, who reported difficulty accessing nurses for ailments or over-the-counter medications, inmates at ACRU and KWU appear to be having their pain managed effectively.²

¹ For a discussion on access to healthcare, see NSW Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW*, 2014, pp. 49-59.

² For a discussion on distribution of medication, see NSW Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW*, 2014, p. 54.

The inspection found that there is a lack of governance over food services, and food distribution is not implemented in line with accepted industry food-safety guidelines. This finding related both to the diet as well as the times at which inmates are served. For example, the evening meal at KWU is served at 2:30pm, which means that inmates often wrap the meal in a towel to keep it warm until it is consumed in the early evening. This was particularly common among inmates who require medication to be taken with food in the evening.

The inspection team heard several examples of inmates who had incontinence episodes in their cells during lock-in hours. A comprehensive continence assessment process would allow effective individual management plans to be developed to better support aged inmates to live in dignity and reduce personal hygiene issues that can create some tensions between cellmates.

Pre-release

Recent changes to staffing roles and structures have meant that many CSNSW staff do not have a clear understanding of their duties and priorities, and this can result in an ad hoc approach to pre-release planning. The process needs to be streamlined, with clearly defined responsibilities assigned to each role involved in the discharge of inmates.

For those inmates discharged from ACRU and KWU, aged healthcare needs inform discharge planning. Placement of these inmates can be difficult and slow, as nursing homes are reluctant to take inmates who have serious charges. JH&FMHN is working to improve this discharge process by developing a more effective network of community aged-care facilities that are willing to house former inmates.

There are particular challenges around managing the release of aged sex offenders, into which category many aged inmates fall. It can often be difficult to obtain appropriate housing for many inmates and, if no suitable housing is found, it often means that the inmate stays in prison past their earliest possible release date, at considerable cost to the state.

CSNSW policy on discharge conditions for sex offenders creates significant challenges to enabling the release of such inmates into the community. A more nuanced criteria for discharge based on evidence and risk assessments would better assist in determining discharge conditions for these offenders that ensure inmates are not exceeding their earliest possible release dates.

Finally, the State Parole Authority has the power to grant parole in exceptional circumstances. This type of parole is usually granted when an inmate is not expected to live for more than a short period of time. The inspection heard that the process of applying for this release does not always work effectively, and the Inspector believes that all inmates referred to palliative care arrangements should be considered for early parole.

Overall, the inspection found that, although the number of aged inmates with complex needs is increasing, JH&FMHN and CSNSW are managing this increase effectively within the available resources. With the increase in aged inmates, there will be a need of a larger specialised centre in the metropolitan area to manage those aged and frail inmates who can no longer be managed in mainstream correctional centres. Such a facility would not require the maximum level of security, which the current specialised facilities provide at considerable cost.

In this report, the office has made 22 recommendations. CSNSW and JH&FMHN have been provided with the opportunity to comment on the detail and the recommendations in this report. The Minister for Corrections has been provided with a similar opportunity for comment, as required under the *Inspector of Custodial Services Act 2012*. The comments received have been considered when finalising this report.

Recommendations

The Inspector will review progress against these recommendations and include this as part of the annual reporting mechanisms to NSW Parliament.

Recommendation 1

The Inspector recommends that CSNSW installs protective rails and ladders on all bunk beds.

Recommendation 2

The Inspector recommends that CSNSW ensures that mattresses are in good condition and clean, with a protective cover.

Recommendation 3

The Inspector recommends that CSNSW ensures that the common areas where aged and frail inmates are housed be equipped with shelter and appropriate seating to provide for this cohort.

Recommendation 4

The Inspector recommends that CSNSW makes it explicit in policy and practice that inmates with incontinence problems are to be issued with additional clothing and linen.

Recommendation 5

The Inspector recommends that the reception assessment processes include a consideration of the aged care needs of an inmate in determining placement.

Recommendation 6

The Inspector recommends that raised garden beds be installed as an accessible, specialised activity for aged inmates.

Recommendation 7

The Inspector recommends that CSNSW ensures staffing of activities officers be accorded a high priority and not be considered as an early target for post stripping. This should not adversely impact on lock-down hours and other health, education and programs to inmates.

Recommendation 8

The Inspector recommends that JH&FMHN completes a baseline assessment for all inmates aged 55 and over, and 45 and over if they are of ATSI heritage. This assessment will enable baseline observations to be made for each inmate and should be reviewed on a regular basis.

Recommendation 9

The Inspector recommends that JH&FMHN improves individual inmate understanding of medication management.

Recommendation 10

The Inspector recommends that JH&FMHN ensures that waiting times for the optometrist and podiatrist in correctional centres are improved.

Recommendation 11

The Inspector recommends that, at both KWU and ACRU, CSNSW ensures that existing seating in internal and external communal areas, fixtures and fittings are replaced with items suitable for aged and infirm inmates.

Recommendation 12

The Inspector recommends that CSNSW reviews classification for aged inmates in light of their risk of absconding and capacity to do harm.

Recommendation 13

The Inspector recommends that CSNSW, in collaboration with JH&FMHN, creates accommodation for aged and infirm inmates in the metropolitan area. This capability could be through a new CSNSW facility or the acquisition of an existing aged-care facility in the community.

Recommendation 14

The Inspector recommends that CSNSW revisits previous internal proposals to ensure that the long-term estate plan meets the needs of an aging population.

Recommendation 15

The Inspector recommends that CSNSW ensures that ACRU and KWU have a comprehensive and resourced program of activities for inmates, which is structured and varied to respond to the particular needs of aged inmates.

Recommendation 16

The Inspector recommends that staff working in specialised aged-care centres undergo appropriate training for working with aged inmates.

Recommendation 17

The Inspector recommends that all sweepers working with aged inmates receive basic workplace health and safety training.

Recommendation 18

The Inspector recommends that JH&FMHN introduces comprehensive continence assessments to determine individual needs.

Recommendation 19

The Inspector recommends that JH&FMHN reviews the current levels of service provision against the projected demand for aged-care services.

Recommendation 20

The Inspector recommends that CSNSW reviews the nutritional goals, menu planning and service delivery of all diets provided to inmates.

Recommendation 21

The Inspector recommends that CSNSW works with JH&FMHN to adjust meal distribution times to meet community standards, ensuring food is available to manage medical requirements.

Recommendation 22

The Inspector recommends that CSNSW reviews the Commissioner's Memorandum regulating residential restrictions on sex offenders to ensure its prescriptions are founded on evidence.

1. Introduction

- 1.1 This is the fifth report produced by the Inspector of Custodial Services since the establishment of the office in October 2013. The office was established by the *Inspector of Custodial Services Act 2012* (the Act) with the purpose of providing independent scrutiny of the conditions, treatment and outcomes for adults and young people in custody, and to promote excellence in staff professional practice.
- 1.2 This report summarises key findings of inspections undertaken at four Corrective Services New South Wales (CSNSW) correctional centres in the Sydney Metropolitan region during May 2015.
- 1.3 The principal functions as set out in Section 6 of the Act include:
 - to inspect each adult custodial centre at least once every five years;
 - to examine and review any custodial service at any time;
 - to report to Parliament on each such inspection, examination or review;
 - to report to Parliament on any particular issue or general matter relating to the functions of the Inspector if, in the Inspector's opinion, it is in the interest of any person or in the public interest to do so.
- 1.4 Under the legislation, the Inspector has the remit to inspect 32 public and two privately operated correctional centres and seven juvenile justice centres. Three prisons are exclusively for women. There are 13 centres that are exclusively maximum-security environments or host a maximum-security unit. There are, in addition, over 47 court and cell complexes that fall within the Inspector's remit.
- 1.5 In addition to the purpose and powers of the Inspector, as detailed in the legislation, the Inspector also has a responsibility to ensure that ethical and professional practice is observed across the custodial environment in NSW. These values focus on 'what matters' in the custodial settings and are documented in the office's Inspection Standards.³

³ NSW Inspector of Custodial Services, *Inspection Standards for Adult Custodial Services in New South Wales*, 2014.

2. Overview of inspection

Background

- 2.1 The increasing number and proportion of aged offenders in NSW and Australia is an acknowledged trend.⁴ There has been an 84 percent increase in older inmates across Australian prisons in the last decade (2000-2010).⁵ The greatest growth has been observed among the most elderly inmates (those aged over 65), whose number rose over 140 percent.⁶ This marked growth of aged inmates continued between 2010 and 2014, with a further 134 percent increase, despite this group having the lowest overall rate of incarceration (2%).⁷
- 2.2 NSW reflects the national trends strongly. NSW has seen an overall increase in the prison population of 25 percent for the 10 years 2005-2015. Offenders aged over 55 increased on average 91 percent for this same period. This growth was most marked in the over 65 year olds, with elderly men increasing by approximately 225 percent and the number of elderly women increasing from three to eight percent over the last decade.⁸ This trend mirrors the experience in the United Kingdom, where those aged over 60 years and those aged 50-59 years are respectively the fastest growing age groups in the prison population.⁹
- 2.3 NSW has also observed an increase in Indigenous and female inmates among the aged population in this period. Although the actual numbers are small, aged females in custody have increased approximately 84 percent since 2005.
- 2.4 As the wider Australian population is aging, so is the prison population. General projections estimate that the number of aged inmates in prison will continue to grow. The current growth reflects accelerated aging of some offenders, including those serving very long sentences. As of 1 March 2015, there are 47 aged inmates serving life sentences. There has also been an increase in convictions of aged offenders, including for serious historical offences. This growth is likely to continue to increase within the current context of the Royal Commission into Institutional Child Abuse, which is detecting large numbers of aged sex offenders, coupled with proposed changes to sentencing laws that will see these offenders incarcerated for significant periods of time.

⁴ Australian Institute of Criminology, "Older Prisoners – A Challenge for Australian Corrections", *Trends and Issues in Crime and Criminal Justice*, no. 426, August 2011.

⁵ Ibid.

⁶ Ibid.

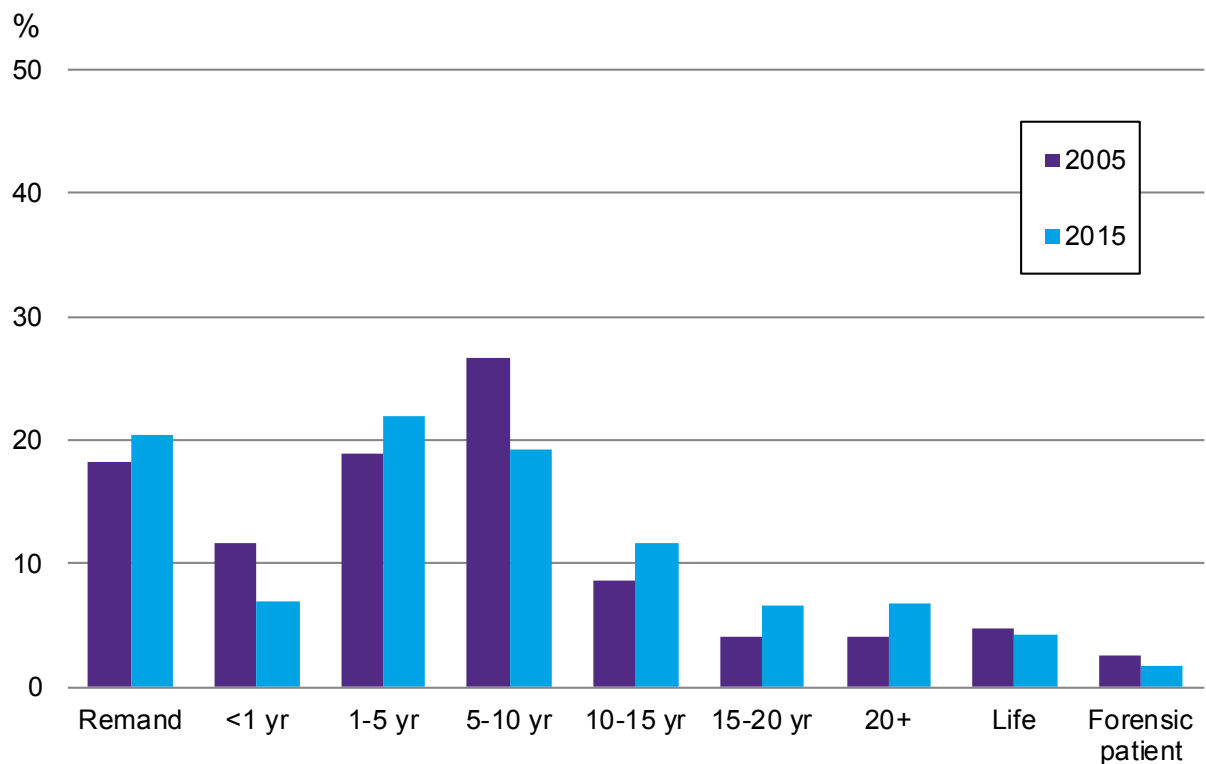
⁷ Australian Bureau of Statistics, *Prisoners in Australia*, no. 4517.0, 2014.

⁸ Corrective Services NSW, *Corporate Research Evaluation & Statistics Response to the NSW Inspector of Custodial Services*, Ref D15/192764, 4 May 2015.

⁹ House of Commons Justice Committee, *Older Prisoners*, 16 July 2013. Fifth report to Parliament.

2.5 Figure 1 below shows that the number of aged inmates serving longer sentences has increased across a number of areas since 2005.

Figure 1: Sentences of aged inmates, 2005 and 2015



2.6 The rising proportion and number of older inmates has implications for planning, policy, service delivery and duty-of-care obligations across the NSW correctional system. Older inmates have specific needs and vulnerabilities, and present distinctive operational and resource challenges across a number of domains. The aging process of older inmates is often exacerbated by the prison environment and regime.¹⁰ The increasing number of older offenders with complex health needs and disabilities associated with aging necessitates a review of the management of aged inmates.

Definition

2.7 For the purposes of this inspection, aged inmates are considered to be those aged 55 years and older if they are of non-Indigenous heritage, and 45 years and older if they are of Aboriginal or Torres Strait Islander (ATSI) background. This definition is consistent with that used by CSNSW and JH&FMHN and reflects the general poorer health status and higher mortality rates that inmates have compared to the general population.

2.8 While it is common for aged inmates to have higher needs than the general prison population, it is those aged over 65 who are most likely to be frail and have additional needs. In this report, those over 65 years old will be referred to as “elderly”.

¹⁰ Docherty, Jenny Louise, “The Healthcare Challenges of Older People in Prisons – A Briefing Paper,” *Prison Health Network Research* (no date), pp. 3-20, <<http://www.ohrn.nhs.uk/resource/Research/OlderPrisonersReview.pdf>>.

Objective

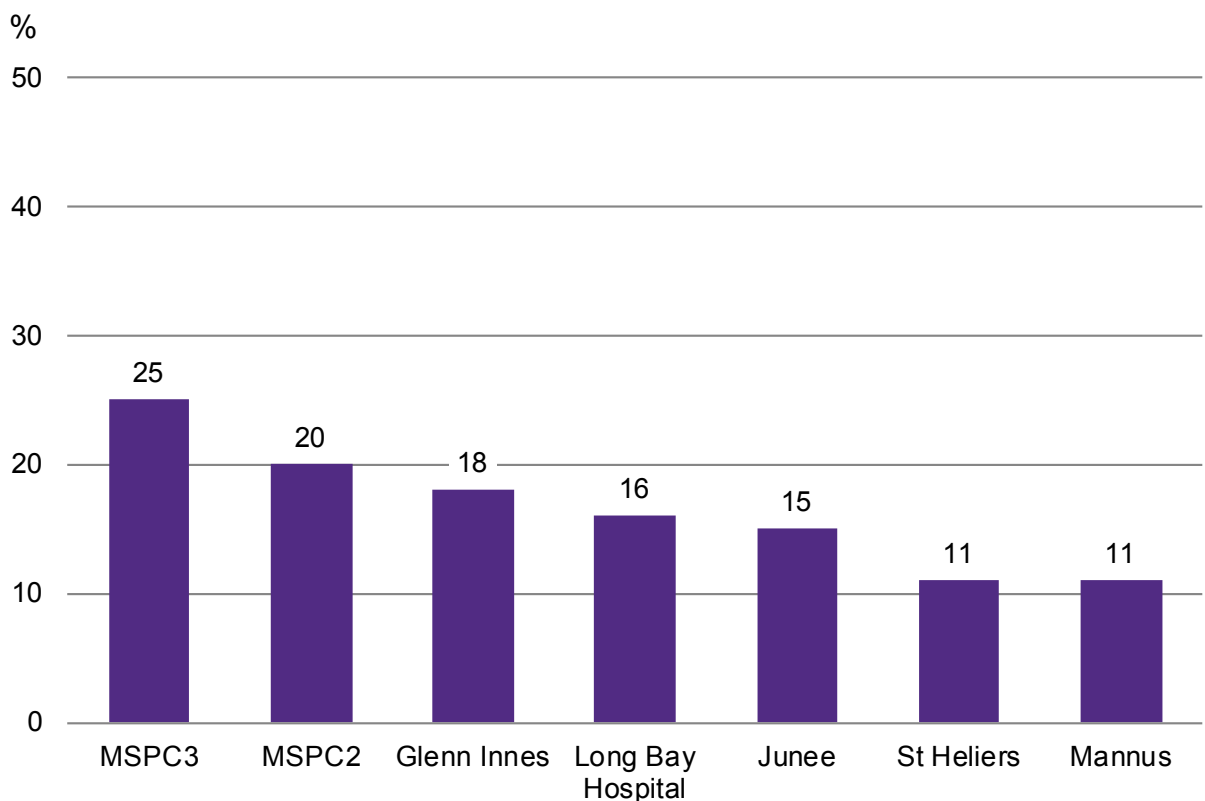
- 2.9 The objective of this inspection was to assess the conditions for, and treatment of, aged inmates in NSW correctional centres. In particular, this inspection examined the physical correctional centre environments and regimes for aged inmates, as well as healthcare provision and pre-release support.
- 2.10 In assessing the management and care of the aged inmate population, this inspection examined the following key areas:
- **Correctional centre environments and facilities:** how they enable placement and accommodation needs to be met; equipment and service needs; design challenges; and what solutions have been implemented.
 - **Centre regimes: what activities are available for older inmates;** and what their ability is to access work, programs, education and recreation.
 - **Relationships:** if there are specific vulnerabilities of older inmates in the context of inmate–inmate and inmate–staff relationships; and what specialised staffing and training needs arise.
 - **Health and healthcare:** the extent to which the healthcare needs of older inmates are met, including access issues; how needs are assessed and services provided; mental health issues; promotion of health and wellbeing; medication management; palliative care; and early release issues.
 - **Pre-release support:** case planning and pre-release supports.
- 2.11 Within each of these areas the aim of the inspection was to understand the current approaches to policy and practice in the management and care of the aged-inmate population in the NSW correctional system. The inspection considered the immediate and ongoing response and strategies put in place by CSNSW to mitigate identified risks, reduce vulnerabilities and support capacity.
- 2.12 Terms of Reference (TOR) were developed and provided to CSNSW and JH&FMHN for comment. The TOR formed the framework for the inspection (see Annex 1).

Methodology

Selection of centres

- 2.13 The inspection was conducted across multiple correctional centres to provide a broad enough evidence base to allow for comparison. The following centres were selected for this inspection, based on data analysis and consultation with CSNSW: Metropolitan Special Purpose Centre Area 3 (MSPC 3), Silverwater Women’s Correctional Centre (SWCC), the Kevin Waller Unit (KWU), and the Long Bay Hospital (LBH) Aged Care and Rehabilitation Unit (ACRU).
- 2.14 The centres selected for this inspection illustrated how both mainstream and specialised facilities manage the complex and varied needs of aged inmates. Initial data analysis showed that these centres accommodated large numbers of aged inmates. The graph below shows the top seven men’s centres in terms of the percentage of aged inmates they accommodate. The women’s centres ranged from housing approximately six to nine percent of aged inmates. Although it does not house the largest number of aged female inmates, SWCC was selected for inspection as it accommodates a range of women, both sentenced and on remand, of different security classifications.

Figure 2: Percentage of inmates over 55 years old in various centres



2.15 Although some of the centres in Figure 2 report a high number of aged inmates, the inspection focused on the management and care of aged inmates with medium-to-high needs. Some of these centres, as working prisons, did not accommodate inmates with health or mobility issues.

2.16 A brief outline of the centres visited during this inspection is below:

Metropolitan Special Programs Centre Area 3 (MSPC 3): Part of the Long Bay complex, MSPC 3 is a minimum-security centre housing approximately 330 inmates. The centre consists of three wings for protection inmates (14, 15, 16 wings), a residential drug and alcohol program wing (Ngara Nura), and a wing dedicated to developmentally delayed inmates (18 wing). Aged inmates are placed throughout the centre, but mostly in 14 and 15 wing.

Long Bay Hospital: LBH is managed jointly by JH&FMHN and CSNSW. One section of the hospital is the Aged Care Rehabilitation Unit (ACRU). ACRU holds 15 beds. Frail inmates of all classifications, protection status and genders may be placed at ACRU if there is an assessed medical need. Assessment and placement of medium-to-high physical needs inmates and provision of long-term hospitalisation and palliative care takes place at ACRU. Those who have a terminal illness or require end-of-life care are cared for at Prince of Wales Hospital if their needs cannot be met at ACRU or elsewhere in LBH.

Kevin Waller Unit (KWU): Situated within the Metropolitan Special Programs Centre Area 1, this is a 25-bed unit for frail aged male inmates with low-to-medium needs. These may be physical or mental needs that mean the inmates require supported accommodation, and it includes all classification levels and protection status. Some inmates at KWU medically deteriorate and require transfer to LBH.

Silverwater Women's Correctional Centre (SWCC): There are no female-specific facilities for the management and care of aged and frail women. SWCC is the major reception centre for women in NSW and also houses maximum-security sentenced inmates.

2.17 There are considerable differences in the physical facilities and regimes of the specialist units for aged inmates and the mainstream centres.

2.18 This report is divided into two sections in order to group information by mainstream correctional facilities (MSPC 3 and SWCC) and specialised units for aged and frail inmates (ACRU and KWU).

Inspection team

2.19 The inspection team consisted of the Inspector and two Senior Inspection/Research Officers (SIROs). Two consultants, who are accredited Quality Assessors of the Aged Care Quality Agency, participated in the inspections at ACRU, KWU and SWCC to provide expert examination and advice.

2.20 The inspection team worked collaboratively with CSNSW and JH&FMHN Executives and the General Managers of the selected correctional centres throughout the inspection process. Data and document requests were made to JH&FMHN and CSNSW on an ongoing basis.

2.21 The inspection team was supported by Official Visitors of the selected correctional centres in the planning phase.

2.22 The inspection team utilised a variety of methods to capture the required information to guide the inspection and to inform this report. These are outlined briefly below.

- Desk-based research and data analysis was conducted with input from CSNSW and JH&FMHN.
- Onsite inspections were undertaken at each of the selected centres in May 2015. Inspection Plans detailed the schedule for the onsite visits.
- Semi-structured interviews were held with management at each centre. These were conducted in a one-on-one discussion with the Inspector and canvassed a range of relevant topics at a management level.
- Separate focus group discussions were held with frontline staff from all areas of the centre, including custodial and health staff, and Offender Services and Programs (OS&P) staff. Focus group discussions were also held with inmates.
- Individual discussions were held with inmates at each centre. Inmates were randomly selected by the inspection team. Participation was informed and voluntary. Discussions were held in a comfortable space without officers present. Individual discussions were also held with staff.
- Ad hoc discussions were conducted with staff and inmates as the inspection team conducted walk-arounds in the yards and units of the centres. This method allowed for people to provide their opinions in a more informal manner.
- The aged care Quality Assessors provided detailed reports of their findings during the inspections.
- Further information collection was conducted through meetings with divisional managers at CSNSW and JH&FMHN in order to corroborate evidence gathered or to fill identified gaps.

2.23 Following the writing of the report, it was issued to CSNSW and JH&FMHN for their comment. In accordance with Section 14 of the Act, the Inspector also provided the Minister of Corrections with a draft and a reasonable opportunity to make submissions in relation to the report.

Research limitations

2.24 While every effort was made to devise a realistic and implementable research plan for the inspection, the inspection process encountered some limitations.

2.25 The team mitigated resource constraints by identifying the most essential and relevant areas for inquiry and focusing on these for the purposes of this report. Where issues or areas were identified as potentially worthy of future inquiry, they have been noted for consideration for inclusion in the inspection schedule of the office.

3. Context

- 3.1 As of 1 March 2015, there were 1098 aged inmates in NSW. This represents 9.7 percent of the total inmate population. There are 59 aged female inmates, which equates to seven percent of the female estate. Of the aged-inmate population, approximately 27 percent are Indigenous.
- 3.2 While not every aged inmate experiences functional difficulties in the correctional centre environment, CSNSW recognises that there is an increasing number of older inmates who have functional impairment or reduced mobility that can impact on their daily activities. Such needs may require their placement to be considered differently to other inmates. CSNSW and JH&FMHN have developed identification and assessment tools and pathway options for placement and services for aged inmates.

Pathways

Mainstream centres

- 3.3 The majority of aged inmates are accommodated in mainstream correctional centres in accordance with current CSNSW classification and placement practices.
- 3.4 Placement of all inmates conforms to JH&FMHN standard healthcare assessment processes, which identifies those inmates who have, or are at risk of, a chronic or acute condition, or have specialised health needs.
- 3.5 Many older inmates are active, and able to participate in mainstream correctional activities. Where inmates are able to perform their activities of daily living they remain in general placements. Usually, these inmates have stable medical conditions and have low disability needs.
- 3.6 Aged and frail inmates and those with dementia who need low levels of support, or who may be physically active, are housed in mainstream correctional facilities. Generally those who have medical and disability issues are placed in metropolitan centres to be close to medical facilities. There are no designated areas for aged and frail inmates in mainstream centres.
- 3.7 The NSW Department of Attorney General and Justice's *Disability Strategic Plan 2014-2016* sets out the expectation that agencies will provide reasonable adjustments to mainstream service provision environments to ensure access for those with disabilities, and ensure services and programs will be provided that meet the needs of offenders in custody who have disabilities.¹¹
- 3.8 The Statewide Disability Services (SDS) of CSNSW is responsible for assessing additional needs of inmates with disabilities and ensuring that these needs are met. Any staff member from CSNSW or JH&FMHN can make a referral to SDS. According to policy, it is the responsibility and duty of care of all frontline CSNSW staff to refer relevant issues to SDS for assessment and/or review. These referrals are made electronically using email and/or the Offender Integrated Management System.
- 3.9 It is important for an agency to assess its effectiveness. One way of doing so is to monitor timeframes and outcomes of responses to service requests. The inspection notes that SDS does not monitor data on their service provision or timeframes.

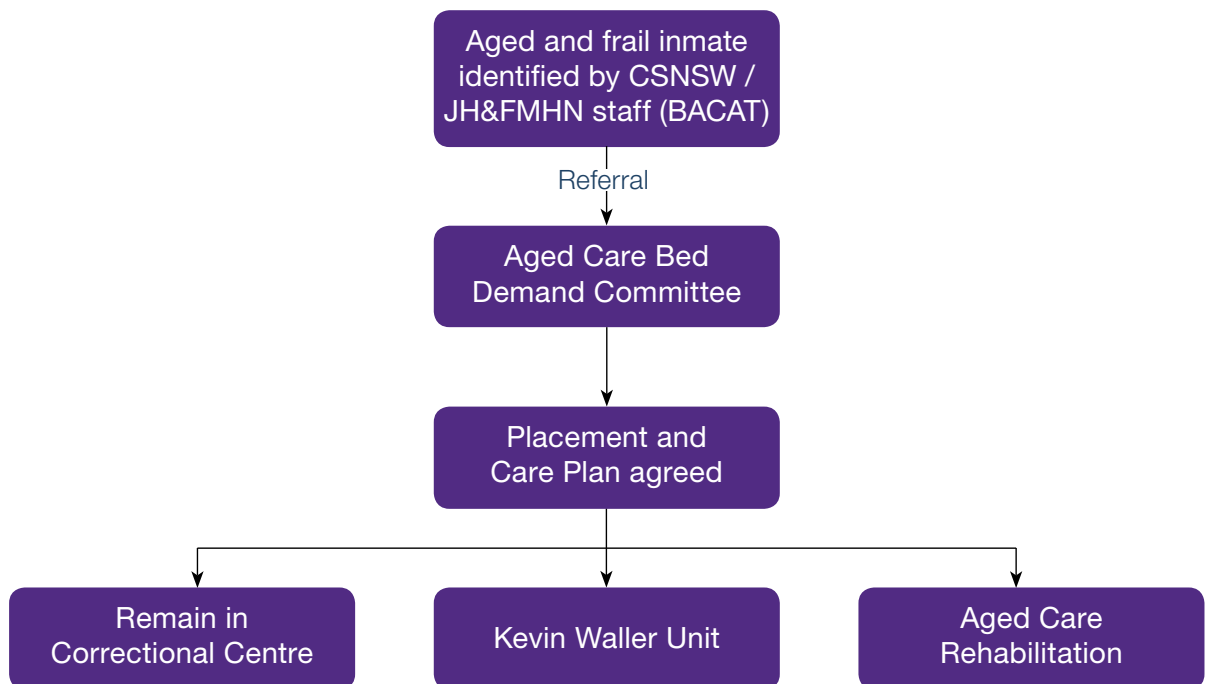
¹¹ NSW Department of Attorney General & Justice, *Disability Strategic Plan 2014-2016*, 2014, p. 13.

3.10 SDS provides a range of services, including: assessment of disability for offenders; assistance with pre-release planning; and assistive devices for offenders with physical or sensory disabilities to assist with general living, including mobility aids.

Specialised Accommodation

3.11 For inmates who are identified on reception (or during their sentence) by Correctional Officers, Offender Services and Programs (OSP) staff or JH&FMHN staff as having difficulties with daily activities due to aging, dementia, physical or mobility issues, the pathway for referral specifically assesses and develops case plans for aged and frail inmates and makes placement determinations. This pathway is illustrated below.

Figure 3: Pathway for aged inmates



Legend: BACAT Basic Aged Care Assessment Tool
 JH&FMHN Justice Health and Forensic Mental Health Network

3.12 As the referral pathway demonstrates, there are a limited number of specific placement options for aged inmates with disabilities, chronic illness, or who require ongoing assistance and care.

3.13 JH&FMHN and CSNSW work closely together to identify and assess the needs of aged inmates. An Aged Care Bed Demand Committee, chaired by the Service Director, Long Bay Hospital, with representatives from CSNSW and JH&FMHN assesses the disability and medical concerns of aged inmates and makes appropriate referrals and placement decisions around their specialised needs. The Committee meets twice a month. JH&FMHN also uses a structured instrument, the Basic Aged Care Assessment Tool (BACAT), to identify individual specific physical and medical needs of aged inmates for referral. This questionnaire covers basic physical functional abilities, including eyesight and hearing.

3.14 Special accommodation units exist for the management and care of inmates with medium-to-high-level needs, including the Long Bay Hospital ACRU and KWU. In total, these areas offer up to 42 beds for specialised aged care within the correctional system to meet the needs of over 1000 aged inmates.

3.15 In recognition of the continuing increase in the number of aged inmates, CSNSW has previously developed an internal proposal to manage the situation. The 2012 proposal offered a solution that included retaining inmates in the mainstream population for as long as possible.¹² The proposal also envisaged a specialised aged unit in each one of a number of regional centres, to ensure dedicated accommodation for aged inmates. There have also been proposals to develop a pathway for aged female offenders, including the suggestion to convert a accommodation area at SWCC to a dedicated aged and frail unit.



Mary Reiby House at SWCC, which was proposed to become a frail and aged unit.

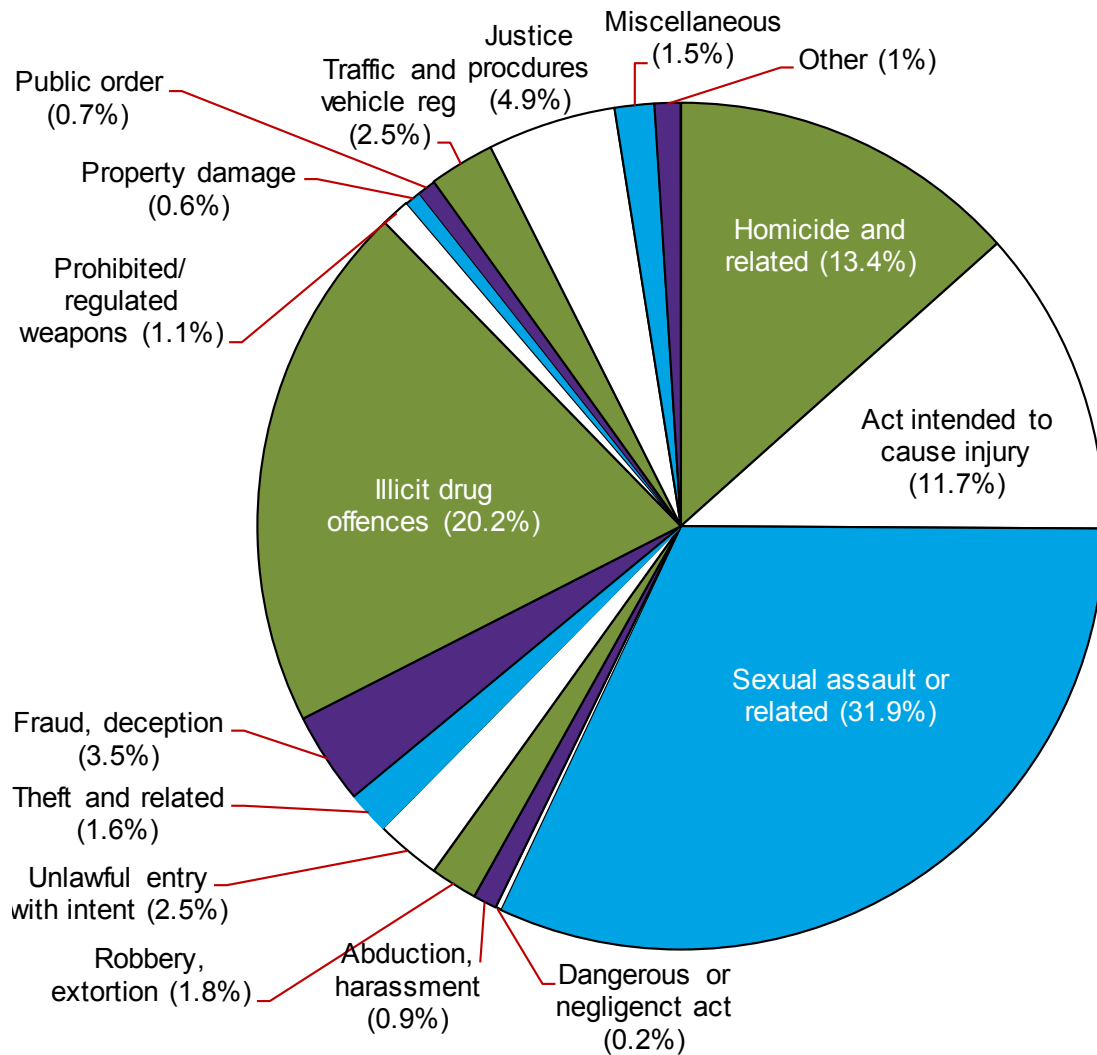
- 3.16 Those inmates with high needs or requiring specialised nursing care would continue to be housed in LBH and KWU. The proposal suggested that extra beds could be made available in the existing Nunyara COSP at Long Bay for those who cannot secure community housing when they are released.
- 3.17 An initial stage of this proposal was trialled with a designated area being set aside at South Coast Correctional Centre (SCCC) for aged inmates. This stage of the project was unsuccessful and the proposal did not proceed.
- 3.18 The main reason provided for the lack of take-up of positions in the unit at SCCC was that there were not enough inmates located in the region who fit the criteria for placement. The unit was also unable to accommodate sex offenders as it was located next to a mainstream unit with young adult offenders. This is one of the reasons that CSNSW has attributed to the lack of success of the project.
- 3.19 Another proposal was put forward in 2014 to convert Reiby House at SWCC into a 16-bed facility for aged inmates. This proposal was not prioritised for funding.

¹² Corrective Services NSW, *Proposal for Pathway to Manage Older Inmates in CSNSW*, 22 June 2012.

Snapshot of aged inmates

3.20 A combination of factors is considered when determining which centre to place an inmate, including their security, program and health requirements. The largest group of aged inmates (31.9%) has been sentenced for sexual assault and related offences. Such a conviction means they are usually given protection status and accommodated in a separate protection area, away from mainstream inmates. The second-largest group (20%) has been sentenced for illicit drug offences, followed by those convicted for acts intended to cause injury (11.7%). The chart below details the range of 'most serious offences' for which aged inmates have been convicted.

Figure 4: Inmate convictions, by percentage of most serious offence



3.21 The majority of aged inmates are located in MSPC 3, which has the capacity to accommodate sex offenders in areas where they can be separated from the general population for their safety and wellbeing.

3.22 The numbers of inmates in the general population on protection status has risen over the last decade and aged inmates are no exception to this trend. In 2005, 25.7 percent were listed as protection inmates and, by 2015, this has risen to 34.8 percent. This increase is largely attributed to the numbers of men sentenced in old age for historical sex offences.

- 3.23 The health profile of all inmates is significantly worse than that of the general community, and this is also the case for aged inmates. Approximately 45 percent of the custodial population have one or more chronic diseases, and the main physical ailments of aged inmates are similar to those experienced by aged people in the community, including frailty, reduced mobility, incontinence, and sensory impairment.
- 3.24 The most prevalent mental health conditions among older inmates are: depression, psychosis, vascular dementia, alcohol-related dementia, anti-social personality disorder, and Alzheimer's disease.

4. Metropolitan Special Programs Centre Area 3 (MSPC 3) and Silverwater Women’s Correctional Centre (SWCC)

This chapter outlines the key findings and observations on the management and care of aged inmates at the mainstream correctional facilities.

Physical environment

- 4.1 The majority of frail inmates reported functional difficulties in the prison environment. This should not be surprising, as the design and construction of most male prisons are premised on a young, vigorous and mobile population. At MSPC 3, frail inmates experienced difficulties going down stairs to access the yard, the yard toilet and the oval.



The oval and exercise equipment must be accessed via stairs at MSPC 3.

- 4.2 At MSPC 3, aged and frail inmates do not have to walk a long way to access shared facilities; however, general mobility obstacles were identified, including accessing the clinic and library, which required movement across stepped surfaces and steep gradient ramps, and high-gloss, slippery, uneven surfaces.



An improvised ramp from an accommodation area to allow access to the clinic at MSPC 3.



Stair access to the yard from an accommodation area at MSPC 3.

- 4.3 The most commonly reported functional problems involved using beds and bunks without step ladders, a lack of protective rails on beds, the air temperature in cells, using shared bathroom facilities, including a lack of bathroom aids, such as handrails for lifting oneself off a toilet or shower seat. Currently, there are no railings fitted on upper bunks at MSCP 3 or ladders to access the top bunk. These safety fittings are provided at other correctional centres.



A cell at MSCP 3: top bunks have no protective railings or ladders for access. Mattresses are often without protective covers and are in poor condition.

- 4.4 The inspection team notes a recent incident of an inmate who fell off the upper sleeping shelf in Unit 14, which resulted in the inmate requiring hospital attention. This is a serious work health and safety issue for all inmates.
- 4.5 The Inspector notes that CSNSW ensures that new and refurbished cells are equipped with bunk beds that meet necessary Work, Health and Safety (WHS) requirements and are fixed with ladders or footholds for gaining access to the top bunk. CSNSW argues that to apply this safety standard to existing state-wide bunk beds would be costly and subject to funding allocation. The Inspector does not accept that resourcing constraints are an impediment to meeting WHS standards in custody.

Recommendation 1: The Inspector recommends that CSNSW install protective rails and ladders on all bunk beds.

- 4.6 The inspection team also noted some bed shelves with wire support showed notable signs of wear and sagging, which was highlighted by inmates as problematic for those with spine and neck issues. Mattresses in use at MSPC 3 were made of raw foam and had no protective cover, appearing dirty, torn and unhygienic. Inspection Standard 73 requires that mattresses and bedding should be in good order and washed regularly, as well as being durable and meeting health and safety requirements.

Recommendation 2: The Inspector recommends that CSNSW should ensure that mattresses are in good condition and clean, with a protective cover.

- 4.7 There are different configurations of beds used at SWCC, including bunks, side-by-side, and single arrangements. At the clinic, the Mental Health Screening Unit, the Mum Shirl Mental Health Unit and the step-down unit, beds are placed side-by-side. Where an aged inmate is placed in a cell with bunk beds, the inspection team was informed that it was common practice for the aged inmate to be placed on the bottom bunk.
- 4.8 At SWCC, the general environment is an ambulatory setting and functions on the basis that all inmates can self-ambulate and self-care. There are gentle slopes and steps throughout the centre, which can make it difficult for less mobile inmates to move around. The inspection team noted that the activities room, where the gym is located, has steps going in to it, which could make it difficult for frail inmates to access. The newer wings have ramps and wider corridors, however, which make them more suitable for wheelchair-use.



Sloped pathways at SWCC, railings and wide door entries.

- 4.9 The current nineteenth-century facilities at MSPC 3 are not suitable for wheelchairs. Inmates with mobility aids, such as walkers, were unable to use these aids in-cell due to space restrictions. Further, doors were not wide enough to accommodate inmates keeping these aids in their cell.

4.10 Frail inmates with lower levels of functional problems indicated that their individual needs were being catered for at some level by responsive centre staff and inmates. Local initiatives for inmates using mobility aids, such as walkers or sticks, include the provision of special access to the yard through a wide access door with ramp. At the time of the inspection, eight inmates used shower chairs provided by CSNSW Disability Services for showering in shared shower blocks.



Communal shower blocks at MSPC 3 with trip hazards and slippery surfaces.

4.11 Other issues identified at MSPC 3 included very limited seating in the yards and no shading from the elements. At SWCC there was an appropriate amount of seating and shade in the yards to make it more useable for the inmates when outside. The inspection noted that, while at MSPC 3 and SWCC the inmates were able to use the yard and the wing simultaneously during the day, in some other centres this is not the case. In centres where inmates are locked outside during out-of-cell hours, there is often a lack of shelter from the elements, which can be particularly harsh for aged inmates.



An accommodation area yard at MSPC 3: there is no shelter or appropriate seating.

- 4.12 Several inmates at both SWCC and MSPC 3 use walkers to move around and also use shower chairs to bathe. Ramps are generally accessible to help these inmates move from place to place, although it is noted that the ramps are not always of an ideal gradient or surface material.
- 4.13 The ability of CSNSW to retrofit older facilities is hampered by design and budget realities, however, minimum immediate requirements for centres housing inmates who are aged and frail should include appropriate seating and shelter, both indoors and out, as well as handrails and ramps to enable mobility around the wing.

Recommendation 3: The Inspector recommends that CSNSW ensures that the common areas where aged and frail inmates are housed be equipped with shelter and appropriate seating to provide for this cohort.

- 4.14 Maintaining good hygiene in cells is essential. The inspection team found at SWCC that many of the cells had cockroach infestations and the plumbing was poorly maintained. This is not compliant with good public health practices. The Inspector expects CSNSW to regularly control against vermin and pests, but this was not evident at SWCC.
- 4.15 Staff and inmates reported incontinence of some aged inmates as a challenge to maintaining hygiene in cells. JH&FMHN provides incontinence supports for inmates, however, such problems are sometimes under-reported and therefore unattended.
- 4.16 The inspection team at SWCC heard of two inmates who reported age-related functional incontinence and were unable to access continence aids. They resort to using sanitary protection, which is less absorbent and required more frequent changing. These inmates do not appear to have had a continence assessment completed to identify the extent of the problem and develop management strategies.
- 4.17 At MSPC 3, inmates currently access laundry facilities to self-laundry clothing, however, soon all clothing and bedding will be laundered off-site to a commercial standard on a weekly basis. Unit staff and inmates highlighted that incontinence issues requires inmates to have additional bed linen regularly available, as is current practice. If all laundry is moved off-site on a weekly cycle, it will be necessary for exceptions to be made to maximum clothing allowances for inmates who are incontinent. Currently, the CSNSW Operations Procedures Manual broadly provides for additional clothing and linen to individuals with health issues. The Inspector believes that it is well within the capacity of unit staff, in consultation with inmates, to establish what additional clothing or bedding will be required for incontinent inmates. This should also include the distribution of incontinence pads by CSNSW, similar to the distribution of sanitary pads for females.

Recommendation 4: The Inspector recommends that CSNSW makes it explicit in policy and practice that inmates with incontinence problems are to be issued with additional clothing and linen.

Placement

- 4.18 MSPC 3 is a minimum-security centre in the Long Bay complex. It was built in 1909 and was assessed in the 2013 CSNSW Infrastructure Plan as “not contributing to business objectives”. MSPC 3 has five accommodation wings, including three designated special management area placement (SMAP) wings that house aged sex offenders. The centre is close to the Long Bay Hospital and Prince of Wales Hospital, which, in terms of location, makes it a sensible placement for inmates with high or chronic healthcare needs.
- 4.19 At MSPC 3, aged and frail inmates are placed in Units 14 and 15, which also accommodates inmates who are employed by Corrective Service Industries (CSI). Efforts were made by centre staff to alleviate negative environmental factors through placement, for example, putting older inmates in cells on the ground floor, in lower bunks and near amenities for those with compromised mobility.
- 4.20 Informal efforts of other inmates to assist older peers with lower mobility or functional impairment were also reported, including reliance on cellmates for accessing the emergency call or ‘knock-up’ button (currently positioned near the basin/toilet rather than near the bed).
- 4.21 Management try, wherever possible, to place older inmates in cells with working inmates. This promotes positive relationships for older inmates with those younger inmates who grant a level of respect to older inmates and accommodate their lower-bunk placement needs. Older inmates reported positive relationships with younger inmates in Unit 14 and 15 and displayed a preference to be accommodated with inmates of mixed ages, rather than segregated based on age, or aged-care needs. The usefulness of working inmates as a ‘protective factor’ was widely acknowledged by staff and inmates.
- 4.22 Other common issues reported included negative experiences of aged inmates who were placed in Unit 16 on admission into MSCP 3. Unit 16 accommodates unemployed SMAP inmates and other SMAP inmates on varied offence types. The inspection team heard that mixing with Unit 16 inmates increased older inmates’ vulnerability to standover, bullying, exploitation and extortion by younger inmates. Older sex offender inmates are particularly fearful of victimisation at the hands of other non-sex-offending SMAP inmates, which limits social engagement in units and shared yard areas.
- 4.23 SWCC hosts a smaller number of aged inmates (13 of 216 inmates).¹³ Aged women at SWCC are placed in accordance with standard security, health and mental health requirements. Aged women are therefore integrated into the management of the whole population, rather than managed as a discrete cohort. Aged inmates who have low-to-medium physical needs are currently housed with younger inmates throughout the accommodation wings.
- 4.24 Aged women with high physical needs are accommodated on an ongoing basis at the clinic at SWCC or referred on to LBH.

¹³ Corrective Services NSW, *Corporate Research Evaluation & Statistics Response to the NSW Inspector of Custodial Services*, D15/123191, 9 March 2015.

- 4.25 There are nine beds in the clinic at SWCC, in a combination of two-out and single cells. The clinic has experienced periods when it has had four inmates, each occupying a two-bed cell, which severely reduces the clinic's bed capacity. At the time of inspection there was one inmate in the clinic who had a terminal illness and used a wheelchair. This inmate will be cared for in the clinic setting until she is at an end-of-life high needs stage, at which point she will be transferred to LBH or a local hospital.
- 4.26 Relations between aged and younger inmates at SWCC were generally found to be good, with reports of younger women 'mothering' older women who required help. The inspection also heard, however, of incidents where younger women were intolerant of sharing cells with older women, particularly when they had continence issues. The Inspector believes that with growing numbers of aged inmates the demand on younger inmates will increase and the willingness of younger inmates to provide support and company may be tested.
- 4.27 Placement procedures do not currently include a basic assessment of the needs of aged and frail inmates. It is the responsibility of the Placement Officer and Unit Managers to identify any specific issues that an aged inmate may have, and recommend the most appropriate bed placement for them.

Recommendation 5: The Inspector recommends that the reception assessment processes include a consideration of the aged care needs of an inmate in determining placement.

Centre regime

- 4.28 The daily regime in correctional centres responds to the ideas of 'normalisation' and the 'structured day'. It involves a combination of work, recreation activities and education. Aged inmates are encouraged to participate in these activities wherever possible. At SWCC, approximately half of all aged inmates work. There are a variety of industry positions, including the packing and assembly business unit, grounds maintenance, clerks, food services and hygiene services.
- 4.29 At MSPC 3, work is accessible to older inmates. Work placements are predominately in CSI textiles, packaging and technology workshops, and some inmates perform clerical functions for industries. Staff also make an effort to place those inmates who have a restricted work capacity due to health conditions in service jobs, such as the yard or as visit area sweepers. These work placements afford inmates with health issues some level of social engagement and activity.
- 4.30 A key point of difference between younger and aged inmates that emerged in a 2014 Australian study was that younger inmates viewed work as an opportunity to acquire skills, whereas a greater proportion of older inmates recognised certain vital socio-emotional needs that work fulfilled.¹⁴ The Inspector commends the operational philosophy of engaging older inmates in appropriate work, including the development of basic service jobs for aged inmates.

¹⁴ Trotter, C and S. Baidawi, "Older Prisoners: Challenges for Inmates and Prison Management," *Australian & New Zealand Journal of Criminology*, 48.2, 2014, pp. 1-19.

- 4.31 For those inmates deemed medically unfit to work, there is a lack of meaningful activity during the day. At the time of inspection at MSPC 3, approximately 15 percent of aged inmates were medically unfit for work. Although the absolute numbers of aged inmates at SWCC are much smaller, about 50 percent of aged women are medically unfit for work. These inmates are mostly idle and cell-bound. Art and craft activities that were previously popular, such as origami or matchstick model-making, have been discontinued for security reasons. The Inspector considers this a disproportionate response to a security concern.
- 4.32 Currently, MSPC 3 does not have an Activities Officer and particularly those inmates who do not work feel the impact of this. Education staff have made some efforts to increase the level of activity of inmates through collating and providing a range of in-cell activities, such as puzzle books, board games and guitars for aged inmates.
- 4.33 There are limited physical activity options for aged inmates. Access to the oval for all inmates is very infrequent (due to staff shortages) and entry to the area is via stairs, which makes access difficult for aged and frail inmates. Gym equipment is designed for able-bodied inmates and is poorly maintained.
- 4.34 There is no walking track and grassed areas are uneven surfaces. Some concrete yard areas provide for volleyball and allow for walking or pacing, however, it was observed that aged inmates generally avoided crowds of younger inmates using the yard area for physical activity. There is a large courtyard area with a giant chessboard for the inmates to use, but unfortunately there is no appropriate seating nearby to allow a social game.

Recommendation 6: The Inspector recommends that raised garden beds be installed as an accessible, specialised activity for aged inmates.

- 4.35 At SWCC, the inspection team found that there is an adequate range of programs and activities on offer to the inmates. The Activities Officer conducts a series of activities including knitting, card-making, bingo and gym. Those inmates unfit for work are dependent on the Activities Officer to provide organised activities. The Inspector commends the initiative and enthusiasm that some officers bring to this and other roles.
- 4.36 Some of these activities, such as knitting, require inmates to purchase their own material, which can be a problem for those without available funds. While these activities are not age-specific they provide stimulus for aged and less mobile inmates.
- 4.37 As with other centres, the availability of this post is dependent on staffing levels each day and this is one of the first posts to be stripped when staff numbers are down. At SWCC, the post is unmanned for up to 25 days per month. Over a three-month period from March to May 2015, the post was stripped 64 percent of days.
- 4.38 The Activities Officer post is a 'soft target' for stripping, but is an important role in a system that is struggling to keep inmates gainfully occupied during limited hours out-of-cell. The Inspector considers the role necessary in maintaining a stable security climate. The inspection team observed instances of sufficient numbers of custodial staff in accommodation units while the Activities Officer post was vacant, yet inmates could not access the oval or other exercise equipment.

4.39 The Inspector acknowledges that CSNSW has to maintain security at centres, which may require posts such as the Activities Officer to be used in the provision of essential services other than the supervision of recreational and exercise facilities. However, CSNSW has made efforts to preserve the Activities Officer post to ensure access to the oval during the transition to non-smoking in NSW correctional facilities.

Recommendation 7: The Inspector recommends that CSNSW ensures staffing of the Activities Officer be accorded a high priority and not considered an early target for post stripping. This should not adversely impact on lock-down hours and other health, education and programs to inmates.

4.40 Libraries are a vital resource in prisons, and the libraries at both MSPC 3 and SWCC are well stocked. The MSPC 3 library has a very high level of borrowing activity.

4.41 The Corrective Services Academy is currently participating in a national review of the *Australian Library and Information Association Prison Guidelines 1990*. The Guidelines currently make reference to providing material for inmates with reading difficulties, and should also include recognition of the needs of an aging inmate population, who are increasingly likely to have vision impairment.

4.42 The Inspector is cognisant of the fact that the CSNSW budget for prison libraries has been reduced from \$260,000 in 2013-14 to \$106,000 in 2014-15, but feels it is incumbent upon CSNSW to cater for the needs of this population, which has few other activity options.

4.43 Educational programs have a natural focus on skills acquisition and employability, as well as numeracy and literacy. Older inmates often seek mental stimulus rather than employment training.¹⁵ The older inmate population tends to have a higher level of education than the general prison population.

4.44 Access to libraries and alternatives to basic education in literacy and numeracy, such as art and IT education, has previously formed part of age-specific education services at MSPC 3. These classes offer aged inmates an environment for facilitated communication and social interaction, but staff have not been available to run the classes since December 2014. These front-line staffing deficits are due to internal transfers in the system, which leave a significant gap in service provision.

4.45 At MSPC 3, inmates who received visits from aged visitors were able to apply for a disability clearance from the General Manager, which enabled disabled visitors to enter the complex in a vehicle with a driver. This practice enabled access for less mobile visitors. Vehicle entry gates were used to facilitate gate access for aged visitors who were unable to mount stairs. It is important that staff manning visits prioritise these visitors' access and processing.

¹⁵ Her Majesty's Inspectorate of Prisons, *No Problems – Old and Quiet: Older Prisoners in England and Wales, 2014*, <<https://www.justiceinspectorates.gov.uk/hmiprisoners/wpcontent/uploads/sites/4/2014/08/OlderPrisoners-2004.pdf>>.

Relationships

- 4.46 Relationships between inmates, as well as those between inmates and staff, are an essential part of the wellbeing of older inmates in prison. Aged inmates often depend on others for assistance as well as social interaction, as their exposure to other activities may be more limited than that of younger, working inmates.
- 4.47 Inmates at MSPC 3 informed the inspection team that, for the most part, the older inmates are looked after by other inmates. There was a strong sense of a protective dynamic between inmates in units that housed aged inmates with inmates employed by CSI. The inspection team heard several examples of cellmates caring for their less able aged cellmate, in some cases assisting them with dressing and personal care. The sweepers, as part of their role, also took on a level of caring and cleaning up after those inmates who were unable to do so themselves. While this is commendable, it should not be expected that inmates look after one another in this way. This is further discussed in Chapter 5 under 'Relationships'.
- 4.48 There are, of course, exceptions to this positive dynamic, and the environment in MSPC 3 16 wing appears less conducive to the type of helpful relationships seen elsewhere. The inmates in this wing are largely unemployed and there tend to be more interpersonal concerns in this unit, probably due to a lack of constructive activity. Management has recently introduced a strategy of moving any perpetrators of bullying to a different accommodation area, and this has had a positive effect in maintaining a constructive atmosphere.



Aged inmates and custodial officers at MSPC 3.

- 4.49 At SWCC the younger women also assist the limited number of aged inmates. However, one aged inmate interviewed by the Inspector reported having had water thrown on her at night after disturbing her younger cellmate. Staff also reported that younger inmates sometimes have low thresholds of tolerance toward the behaviours of aged cellmates and seek an alternative accommodation placement.

4.50 Relations between staff and aged inmates appeared good during the onsite inspection at all centres. Most of the staff spoke to the aged inmates reasonably and the inmates, for the most part, reported fair treatment. In units with a high proportion of aged inmates, officers displayed an awareness of the daily assistance challenges for aged inmates and highlighted the role of sweepers and cellmates in supporting the functioning of aged and frail inmates in the prison regime.

Healthcare

4.51 Healthcare of inmates is jointly managed by JH&FMHN and CSNSW. The CSNSW operational regime has a significant impact on access to healthcare for inmates. The ability of JH&FMHN to deliver an appropriate level of service is compromised by CSNSW staff shortages and emergency escort requirements. If there are correctional officer shortages this impacts on the number of clinics which can be established and the hours they can operate. When there are lockdowns this can mean that visiting specialists are unable to see inmates. Not only does this compromise inmate health and wellbeing, but it also wastes valuable healthcare funds.

General healthcare

4.52 Upon entry to the correctional system, basic screening of inmates is undertaken, which focuses on screening for current or chronic health issues and population health risks. Further screening may be undertaken by the psychiatrist on suspicion of cognitive impairment.

4.53 When an inmate is identified for referral to the Aged Care Bed Demand Committee for assessment, the Nursing Unit Manager will complete a Basic Aged Care Assessment Tool (BACAT) questionnaire. This referral can also be triggered by Correctional Officers if they observe that an inmate's health is deteriorating.

4.54 Currently, daily living assistance is provided by sweepers and cellmates and addressed by correctional staff when they become aware of deterioration in an inmate. Given the growth in the aged population, it makes sense to ensure that there is a baseline assessment conducted of all aged inmates and that this should be reviewed on a regular basis. This would enable earlier identification of problems and referral onto the appropriate healthcare professional in a timely manner, as well as inform placement.

Recommendation 8: The Inspector recommends that JH&FMHN completes a baseline assessment for all inmates aged 55 and over, and 45 and over if they are of ATSI heritage. This assessment will enable baseline observations to be made for each inmate and should be reviewed on a regular basis.

4.55 The inspection found that the healthcare system at SWCC works well despite considerable resource constraints. Response times are reasonable. For example, access to a Women's Health Nurse Practitioner takes two or three days. Older inmates report that in theory they can see a GP on request, though inmates at both SWCC and MSPC 3 report that waiting times are lengthy (between two to four weeks).

4.56 Medication across the centres is administered according to the type of the medication and the needs of the patient. Many inmates receive their medication on a daily basis from staff during the 'pill-parade'. Medication given outside this time is rare as it requires additional custodial staff to escort inmates to the clinic or health staff to the inmate's cell. Health staff estimate that medication rounds can take up to 80 per cent of the day.

- 4.57 If an inmate requires pain medication they must request it prior to the pill round so that it can be provided during the regular round. The inspection heard reports that at SWCC there are times when inmates are unable to access pain medication at night.
- 4.58 Some older inmates are eligible to receive their medication in a supply for a period of time. Inmates self-administering medications must undergo an assessment to ensure they are aware of safe procedures, reasons for medication, consequences of not taking a medication, and have the physical dexterity to manage their own medications. A Medication Self-Assessment form is completed and signed by the GP and the pharmacist to approve the inmate to self-administer prescribed medication. The policy of JH&FMHN is that any change in medication requires a re-assessment of a person's ability to self-administer.
- 4.59 The inspection team heard from several aged inmates that they were unaware of the contents of their medication bags. They also highlighted that medications could be changed or replaced with generic brands without notification. This lack of knowledge is in contrast to JH&FMHN policy on self-medication. JH&FMHN staff told the inspection that details of the medication are provided with the packet and that an inmate is always informed if their medication is changed in any way. This difference in understanding indicates that there is scope to improve communication around medication administration on an individual basis.

Recommendation 9: The Inspector recommends that JH&FMHN improve individual inmate understanding of medication management.

Specialists

- 4.60 JH&FMHN provides several medical specialists across the correctional centres in NSW. The specialists that are most relevant to the needs of aged inmates are the Old Age Psychiatrist, Clinical Nurse Consultant, Specialist Mental Health Service for Older People, Geriatrician, Clinical Nurse Specialist Wound and Stoma Care, optometrist, physiotherapist, occupational therapist, and podiatrist.
- 4.61 JH&FMHN does not employ a podiatrist. However, there is a contractual podiatrist who can make visits on a needs basis. While there is currently no provision for preventative health checks by the podiatrist, a review of health records shows a history of podiatry visits in response to a request.
- 4.62 JH&FMHN does not employ an optometrist. Clinics are held by an external provider. In the short term, the Nursing Unit Managers (NUMs) are able to provide over the counter reading glasses for those who need them. The waiting list for the optometrist is considerable. At the time of inspection at MSPC 3, over 48 percent of patients had been waiting in excess of 100 days for an optometrist appointment.
- 4.63 This lengthy waiting time can be due to the transfer of inmates between centres, the optometrist exercising discretion over patient priority and/or inaccurate allocation of priorities in the triage data.
- 4.64 Notwithstanding these issues, as the number of aged inmates increases, so will eyesight issues. The Inspector is concerned that this is likely to become a bigger problem in the future as funding for optometry appears inadequate to meet the needs of the custodial population.

Recommendation 10: The Inspector recommends that JH&FMHN ensure that waiting times for the optometrist and podiatrist in correctional centres are improved.

- 4.65 Older people in prison suffer a range of mental health issues, notably anxiety, depression, schizophrenia and bi-polar disorder. While there is no system-wide screening tool used to identify cognitive impairment, a Mini Mental State Exam is used at SWCC and a Montreal Cognitive Assessment can be completed by a psychiatrist. Inmates at SWCC affirmed that they can request an appointment and access the psychologist as they require.
- 4.66 This experience is in contrast to that of inmates at MSPC 3, who stated that they rarely, if ever, got to see the psychologist. The overwhelming feeling among inmates at MSPC 3 was that psychology services were extremely difficult to access and the inmates feel this negatively affects them.

Nutrition

- 4.67 Diet and weight management is integral to a person's overall health, and is significant for elderly inmates for a number of reasons. As people age their daily nutritional intake needs change. Furthermore, being locked in cells for longer means there is less time for physical activity, thus exacerbating the effects of lock ins on weight management.¹⁶
- 4.68 In addition to this, CSNSW is introducing a no smoking policy throughout the state in August 2015. While alternatives to smoking such as patches, will be offered, changes to diet and meals need to be considered too. It has been documented that women who stop smoking often experience a significant weight gain.¹⁷
- 4.69 Meals are provided by CSI to all inmates across the state. In principle, different diets are available to meet the specific health or cultural needs of inmates, although the inspection found some apparent deficiencies in the way this practice is applied.
- 4.70 At MSPC 3, as most other prisons, lunch is a cold meal and the evening meal is a hot one. The evening meal is delivered to the inmates before lock in (around 3pm) and they are to keep it in their cell to eat at dinnertime. There is no way to keep it warm or warm it up. Generally the meals are eaten earlier than they are intended to be and the diet is supplemented from, and in some cases replaced by, the CSNSW 'buy-ups' list.
- 4.71 At SWCC, the hot meal is served at lunchtime and the women receive a cold meal to keep in their cells at lock down until dinnertime. Both staff and inmates suggested this practice is working well.
- 4.72 The standard diet provided to inmates is the same across the estate and does not differentiate between males and females or the age of the individual. Beside the standard diet, inmates can opt to receive a vegetarian or religion-friendly diet (extra costs for kosher or halal diets are borne by the inmate).¹⁸

¹⁶ For further information on hours out-of-cell and access to ovals in NSW correctional facilities, see: NSW Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW*, 2014, pp. 45-62.

¹⁷ Cropsey, Karen L., Leslie A. McClure, Dorothy O. Jackson, Gabrielle C. Villalobos, Michael F. Weaver, and Maxine L. Stitzer, "The Impact of Quitting Smoking on Weight Among Women Prisoners Participating in a Smoking Cessation Intervention," *American Journal of Public Health*, 100.8, 2010, pp. 1442-448.

¹⁸ This issue has been the subject of legal proceedings elsewhere. See: *Mahommed v State of Queensland QADT* [2006] 21; *Ali v State of Queensland* [2013] QCAT 319. *American Journal of Public Health*, 100.8, 2010, pp. 1442-448.

- 4.72 The standard diet provided to inmates is the same across the estate and does not differentiate between males and females or the age of the individual. Beside the standard diet, inmates can opt to receive a vegetarian or religion-friendly diet (extra costs for kosher or halal diets are borne by the inmate).¹⁸
- 4.73 If an inmate has specific dietary health needs these must be clinically indicated and recommended by JH&FMHN staff following an assessment. The special diets available include: high protein, lactose-free, low fibre, reduced energy, gluten-free, renal diets, mashed, and pureed or textured. Variations to special diets in order to cater to individual allergies and food intolerances are also available.
- 4.74 The JH&FMHN Special Diets Policy indicates that there is sufficient capacity and flexibility to provide specialised diets as required, but it is incumbent on staff to ensure that all inmates are appropriately assessed to identify their dietary needs. This is discussed in more detail in Chapter 5 under 'Nutrition'.

Palliative care

- 4.75 Where an inmate in the NSW correctional system requires end-of-life care, they are generally transferred to LBH or a local hospital. Any death occurring in custody is a serious issue and requires an in-depth investigation of the reasons and actions leading up to the death.
- 4.76 Inmates who are critically ill can request an Advance Care Directive (ACD), should they wish it, which allows them to state that they do not wish to be resuscitated if the situation arises. Custodial officers are directed to preserve life at all times, however, the JH&FMHN staff are able to implement the ACD. Once care of the patient has passed into the hands of JH&FMHN staff, an ACD becomes effective. The inspection heard that some custodial officers were unclear about the application of the ACD. The Inspector considers this a training issue.

5. Kevin Waller Unit (KWU) and Long Bay Hospital Aged Care and Rehabilitation Unit (ACRU)

This chapter outlines the key findings and observations on the management and care of aged inmates at the specialised units within correctional facilities.

Long Bay Hospital Aged Care and Rehabilitation Unit (ACRU) and the Frail and Aged Care Program at Kevin Waller Unit (KWU) at Metropolitan Special Programs Centre (MSPC) Area 1 are the two specialised centres designated to hold those inmates who are assessed as medium-to-high needs and are frail and aged. There is a well-defined pathway for referral and entry to these centres, which is discussed above (Chapter 3, 'Specialised Accommodation').

As specialised centres, they are more suitable than mainstream centres for accommodating aged and infirm inmates, although they still present such inmates with some difficulties in carrying out the activities of daily life.

Physical environment

- 5.1 The physical environment of ACRU is based on an inpatient aged-care facility. As a maximum-security centre, inmates are subject to lock-in hours as they would be in any other centre, but there is more flexibility around the ability to open cells and administer medication during lock-in.
- 5.2 ACRU is designed primarily as a hospital, not as an aged-care facility. Some aspects of the physical layout are suitable for aged inmates, including wider corridors that can accommodate wheelchairs and walking aids, and the single cell with ensuite arrangement that enables some level of privacy. These areas, although private, can be difficult to supervise for those patients with dementia or who lack the mental capacity to use the knock-up system.
- 5.3 Cells are equipped with hospital-style beds with bed rails, which are deemed high risk in the aged-care sector and are not used in any unsupervised area. Given the excessive time in cells, it is not surprising that 71 percent of recorded inmate falls occur in cells.
- 5.4 The inspection team noted many common deficiencies in the physical environment of ACRU and KWU, including: a lack of contrasting colours to aid navigation; high impact and slippery floors; sharp bends in the pathways, making them difficult to navigate; trip hazards in the form of floor joins and broken tiles.
- 5.5 Although designated as the prime aged-care facility for inmates, the design of ACRU makes few allowances for the needs of the aged. Such concessions would typically involve the use of different colours to allow vision-impaired people to distinguish areas, signs and railings, and impact-absorbing floor coverings to minimise harm from falls.¹⁹
- 5.6 There are handrails in the bathrooms, but not elsewhere throughout the cells and corridors. The inspection also noted that rubber flooring has been installed in the bathroom to reduce the risk of falls, which is good practice; however, this matting does not drain easily and means that the inmate walks out of the bathroom with wet feet, which is a falls risk in itself. For a population at increased risk of falls, these deficiencies should be rectified.

¹⁹ Hunter, K, and J. Elkington, *Design Guidelines for Aged Care Facilities*, NSW Health, 2005, <http://www.fallssa.com.au/documents/hp/Design_guidelines-aged_care_facilities.pdf>.

- 5.7 The common areas of ACRU are generally over one level, which is good for encouraging movement. In the external grounds, however, there are no handrails and insufficient seating; the provision of seating with arms and back support would allow inmates to get up and sit down unaided.
- 5.8 The inspection was advised that the facilities management aspect of ACRU is managed under a maintenance contract with an external third party. The conditions of this contract make it a time-consuming and expensive process to make small changes to the facility, such as installing handrails.
- 5.9 KWU operates in conjunction with ACRU and provides a supported living environment for aged and frail inmates. It also endeavours to provide treatment services, such as occupational therapy, which might permit an inmate to return to mainstream accommodation.
- 5.10 As a setting, KWU is not suited to frail aged care, the management of disabilities, mental health issues or dementia care. There are large pieces of cardboard covering some windows and the one shared bathroom is large and cold. Efforts have been made to mitigate the cold throughout the facility by providing heaters, extra clothing and bedding. Despite this, at the time of inspection, KWU was cold and draughty.
- 5.11 Cells at KWU were originally designed to be single cells, but the unit held 24 inmates at the time of inspection and all were in two-out cells. There is an open-plan toilet in each cell, which does not have a grab rail to assist with rising or sitting. This is a high risk for those inmates who require assistance with mobility and toileting. The rooms are small and do not have space to house mobility aids. Wheelchairs are commonly left outside the rooms in the corridor.
- 5.12 Furnishings in the common areas are inadequate for the aged population they support. They are in poor condition and have had some makeshift patches applied in places, such as to the legs of chairs and tables to prevent them cutting into the floor or injuring inmates. Chairs do not have arms to support rising independently.
- 5.13 The outdoor area has a ramp with a steep incline, narrow and uneven grounds and pathways and steps. The table and chairs are in a state of disrepair and makeshift repairs have evidently been made to them.

5.14 An appropriate effort has been made at KWU to use colour to distinguish different areas, in line with good aged-care practice. This can be seen in the photo below, showing the different colours used on cell doors. A colour is easier for aged inmates to remember than a room number.



Colour-coded cell doors at KWU for assisting inmates with memory loss and vision impairment.

Recommendation 11: The Inspector recommends that, at both KWU and ACRU, CSNSW ensures that existing seating in internal and external communal areas, fixtures and fittings are replaced with items suitable for aged and infirm inmates.



Seating at ACRU outdoor recreational area.

Placement

- 5.15 ACRU contains 15 beds and is a maximum-security centre. At the time of inspection, 12 of the 15 inmates accommodated in ACRU were classified as minimum security. The unit takes inmates as recommended by the Aged Bed Demand Committee and has the resources to offer basic acute hospital-style care with the limitations imposed by a maximum-security facility.
- 5.16 KWU accommodates inmates with lower needs than those held in ACRU. The eligibility criteria provide guidance for staff in assessing suitability for admission to KWU:
- the inmate must be 45 years or older if ATSI; 55 years if non-ATSI;
 - the inmate must have been referred through the Aged Bed Demand Committee, or ACRU, or be known to Statewide Disability Services;
 - the inmate must have medium-to-high physical needs, be a falls risk, have impairment of their activities of daily living, or mild dementia that makes it difficult for them to cope in mainstream areas;
 - the inmate must not be very high-dependency or require hospitalisation;
 - the inmate must have stable mental health and not be at risk of self-harm or a risk to others;
 - the inmate must require placement in a safe, secure and humane environment, which can cater to their additional needs.²⁰
- 5.17 At the time of inspection, ACRU had full occupancy. Aged forensic patients ordered there by the Mental Health Review Tribunal (MHRT) occupied seven of the beds. MHRT acknowledges that there may be other aged inmates in the system who have higher aged-care needs than those forensic patients placed in ACRU.
- 5.18 There are also two inmates located in ACRU who are on oxygen therapy and cannot be accommodated elsewhere in the correctional system. These cases, combined with long-term patients and the forensic patients, reduce the number of beds available for other aged inmates.
- 5.19 The level of security for this cohort is well above what is required and represents an inappropriate allocation of scarce resources.
- 5.20 The average daily cost of keeping an inmate in Long Bay Hospital is in excess of \$1000. This figure includes costs for both CSNSW and JH&FMHN. In contrast, the average cost of care in a community-based high needs aged-care facility in 2011 was \$156 per day.²¹
- 5.21 There is little sense in spending this amount of money to keep low-risk inmates with restricted mobility in a maximum-security facility; however, the classification system currently makes no allowance for the specific risk, or lack of, posed by aged and frail inmates.

Recommendation 12: The Inspector recommends that CSNSW reviews classification for aged inmates in light of their risk of absconding and capacity to do harm.

²⁰ Corrective Services NSW, Statewide Disability Services, *Kevin Waller Frail Aged Program Brochure*, Version 1.0, April 2012.

²¹ Grant Thornton Australia, *Australian Cost of Residential Aged Care Research, Service Costs in Modern Residential Aged Care Facilities*, 2012, <<http://www.agedcare.org.au/news/2012-news/documents/cost-of-care-study>>.

Case Study

While inspecting MSPC 3, the inspection team heard the case of Inmate X, a frail and aged man who had significant physical and mental impairment.

Case notes show that this individual was referred for an assessment by State Disability Services two days after arriving at MSPC. He was deemed medically blind by the optometrist and provided with a white cane by State Disability Services. Despite his blindness and reliance on a cane and his cellmate for help with daily living, he was not approved by the Aged Care Bed Demand Committee for a place in the Kevin Waller Unit.

Several notes on his file from different staff members show that he was considered to be vulnerable and at heightened risk of standover tactics from other inmates. His blindness made it difficult for him to move around the unit, he was 85 years old and there were serious concerns about his cognitive ability. Staff members noted on his file that he had significant memory impairment, and was not aware of the reason why he was in gaol, or what year it was when he was asked.

It took six weeks from when he was referred until when he was accepted into the Kevin Waller Unit. Anecdotal evidence suggests that he was only accepted into the Kevin Waller Unit when he had an episode of extreme confusion, which was viewed by the reviewing specialist.

Although the triage and assessment processes work well most of the time, this case highlights the need to further develop the criteria and processes for determining eligibility for placement into the Kevin Waller Unit. The criteria need to better consider the risk the inmate poses, as far as physical and mental capacity to function in the mainstream environment.

5.22 Overall, the inspection found that, although the number of aged inmates with complex needs is increasing, JH&FMHN and CSNSW are managing this increase effectively within the available resources. With the increase in numbers of the aged inmate population, there will be a need for a larger specialised centre in the metropolitan area to manage those aged and frail inmates who are no longer able to be managed in mainstream correctional centres. Such a facility would not require the maximum level of security that the LBH currently provides at the ACRU unit. There is also likely to be a need for a residential unit in the community to accommodate those inmates who will be released from custody and for whom an aged-care placement cannot be found in the community.

Recommendation 13: The Inspector recommends that CSNSW, in collaboration with JH&FMHN, creates accommodation for aged and infirm inmates in the metropolitan area. This capability could be through a new CSNSW facility or the acquisition of an existing aged-care facility in the community.

Recommendation 14: The Inspector recommends that CSNSW revisits previous internal proposals to ensure that the long-term estate plan meets the needs of an aging population.

Centre regime

- 5.23 The prison regime of a maximum-security environment at ACRU does not support safe monitoring of the frail and aged. Inmates are out of the cells for approximately five to six hours each day. The 16 hours they are within the locked cells is high risk due to reduced visibility for monitoring, decreased space to support mobility and exercise, and minimises stimulation and the variation in lifestyle routines. All of this potentially contributes to further cognitive decline.
- 5.24 There is an emergency call or 'knock-up' button in each cell, however, this relies on the inmate to have the insight or physical capacity to use it. There are inmates who have been diagnosed with cognitive impairment, dementia, or disabilities related to chronic diseases or physical impairment. All of these reduce an individual's capacity to cope within the locked-cell environment and be able to seek help when needed.
- 5.25 There is one custodial officer shared across the whole LBH site who has responsibility for overseeing the activities offered to the inmates. There are no Offender Services and Programs staff who work in ACRU. As noted, inmates in ACRU are out of their cells for an average of six hours a day. Formal activities are limited in scope, and lifestyle activities, such as art, music and education, have ceased at the end of 2014 as CSNSW restructured the Offender Services and Programs work. The program schedule for the Long Bay Hospital complex shows that the inmates in ACRU are allocated two sessions per week of organised activity. The Inspector does not consider this adequate.
- 5.26 Inmates in ACRU have access to a small gym with a treadmill and a staircase for exercise. The limited mobility of the inmates and the distance to the oval ensures that it is effectively inaccessible. The gym equipment in the external common area is badly maintained and is unserviceable.
- 5.27 The inspection team heard reports that some of the custodial and nursing staff provide ad hoc activities, such as quizzes, to reduce boredom among inmates. While this demonstrates commendable initiative and care on the part of staff, it represents an ad hoc response in the absence of a structured day with planned activities.
- 5.28 As at ACRU, KWU has few activities available to provide education or alleviate the boredom of inmates. This lack of sensory stimuli can have a particular impact on inmates who have cognitive impairment. KWU has a treadmill inmates can use for exercise, but the long lock-in times result in an inherently sedentary lifestyle that makes it difficult to maintain good physical and mental health.
- 5.29 An education staff member has been newly allocated to the unit to provide activities for the inmates for approximately two hours a week. These activities are designed by the officer as quasi occupational therapy, rather than education. The library resources are changed on a fortnightly basis and the Activities Officer provides group exercises to those who are capable of participating.
- 5.30 A beneficial activity that is available at KWU is gardening, although this activity is apparently seasonal and the garden was barren at the time of inspection. The unit also plans to introduce bonsai gardening as a relaxing activity and a way to keep inmates engaged. This is an appropriate way of engaging with aged inmates in a gentle and enjoyable way.

Recommendation 15: The Inspector recommends that CSNSW ensures that ACRU and KWU have a comprehensive and resourced program of activities for inmates, which is structured and varied to respond to the particular needs of aged inmates.

Relationships

- 5.31 As ACRU is jointly managed by CSNSW and JH&FMHN, the staffing complement is generous. Nursing staff are available 24 hours a day. They work well with the custodial staff, who hold them in high regard.
- 5.32 During the inspection the team observed that, despite the conditions, the mood of inmates and staff appeared relatively positive in both ACRU and KWU. Good relationships have developed in this environment and many inmates are reluctant to leave. In part, this has been achieved by consistency in staffing and the flow-on effect, which means that staff are aware of inmate needs and provide appropriate support.
- 5.33 While interaction was generally observed to be positive, the inspection team heard of some instances where a lack of understanding of the effects of disease or degenerative process has been misinterpreted by the custodial officers as resistance to instruction. This is clearly a training issue.
- 5.34 The custodial staff do not have adequate knowledge of the physical vulnerabilities, mental health issues or debilitating diseases often associated with the aged population, nor the ability to effectively identify behavioural changes that may signal changes in individual health. All custodial staff receive rudimentary training in disability awareness as part of their initial induction. However, further training on mental health and basic aged-care provided to those staff working with aged inmates would be beneficial. At the very least, custodial staff need to have an understanding of what conditions may prompt particular behaviours and how to recognise deterioration in health and wellbeing. Such training is not difficult to source.
- 5.35 As the number of aged inmates increases, the number of individuals in the correctional system with mental illness can be expected to increase as well. There are significant adjustment disorders that develop through the prison entry period, with ongoing high levels of depression. The assessment of depression is a challenge, with almost all inmates meeting the criteria to indicate a high risk of depression. Inmate patient records have minimal behaviour assessment details that would support the development of effective behaviour management plans.
- 5.36 While aged inmates claim to be managing adequately in prison, upon probing, many are actually terrified of the process of aging inside prison, with all the risks it entails. Such fears include becoming frailer, being stood-over and eventually dying in prison.
- 5.37 One area of mental illness among the aged-inmate population is dementia. Almost one in 10 people over 65 have dementia.²² Many kinds of chronic disease, including dementia, have been projected to grow at a rate of at least three percent per year in the future.²³

²² Alzheimer's Australia, <<https://fightdementia.org.au/about-dementia-and-memory-loss/statistics>>.

²³ JH&FMHN, "NSW Inmate Population Data," *Review of Response to NSW Inspector of Custodial Services Request*, 25 May 2015.

5.38 With the likely changes to the behaviour of inmates with dementia along with their increased needs, it would be appropriate for custodial staff to undergo training on dealing with dementia patients. This should include developing a joint awareness of behaviour management strategies for this cohort. The need for Correctional Officer training is also documented in the CSNSW briefing note Initial Planning Aged Care Unit South Coast Correctional Centre of 4 July 2013. It is also consistent with a key principle of the NSW Attorney General and Justice *Disability Strategic Plan 2014-16*, which emphasises that staff should have access to effective, practical skill-based training to provide inclusive and responsive services.

Recommendation 16: The Inspector recommends that staff working in specialised aged-care centres undergo appropriate training for working with aged inmates.

5.39 In addition to positive inmate-staff relationships, the inspection team heard of the value of the relationships between inmates, particularly in KWU where sweepers assist the other inmates. There are two inmates in the unit who are chosen to act as ‘sweepers’. The sweepers at KWU perform general duties, such as cleaning, but also offer a pseudo ‘carer’ role for inmates who need support with hygiene, laundry, cleaning and general personal care. The sweepers also perform the role of assisting inmates who have episodes of incontinence, cognitive impairments, disabilities and mobility issues.

5.40 The inspection was advised that officers responding to after-hours emergency calls wake up KWU sweepers to assist with inmate hygiene, and change of clothing and/or bedding. The inspector considers that the ethics of this warrants review.

5.41 The sweeper provides such support without the training that would assist in ensuring the activities are performed appropriately. The frail inmates consider that the support they receive from the sweeper is invaluable for their ability to cope in this environment.

Recommendation 17: The Inspector recommends that all sweepers working with aged inmates receive basic workplace health and safety training.

5.42 As in mainstream centres, relationships between cellmates can also be beneficial, particularly if one of the inmates has a degree of hearing or vision loss. In such instances, it is often the other inmates, and particularly their cellmate, who supports them and may be the first to identify a declining ability to function.

5.43 As detailed earlier in this report, however, the relationships are not always positive, and issues can arise when two inmates share a cell that is designed for one. When two inmates are housed together in a limited space there can be concerns around the impact on inmates’ physical and mental health when they are dealing with chronic health conditions, managing incontinence and personal hygiene in the setting of shared cells.

Healthcare

- 5.44 The primary healthcare model used at ACRU is based on an inpatient model of aged care.
- 5.45 Upon admission to ACRU, patients undertake a comprehensive nursing assessment, which includes a chronic disease assessment, pressure area and falls risk assessments. They are seen by a GP within 24 hours of arrival and a geriatrician within 48-72 hours of admission.
- 5.46 The inspection heard that there are tools available to gather a basic level of information that would then indicate where to focus a fuller assessment. Key personnel described a range of new assessment tools to be used at ACRU, however, upon examination, not all records contained these as completed assessments.
- 5.47 Initial screening prior to admission into KWU involves the filling out of the BACAT and a falls risk assessment. These tools identify basic health issues. They are in line with primary health and hospital-based models of general assessment for short-term care, however, they lack the long-term focus that is required for aged care.
- 5.48 An important part of aged-care health management is comprehensive continence or toileting assessments. The inspection team heard examples of inmates who have episodes of incontinence during lock-in times. Custodial officers and sweepers assist the inmate with personal hygiene and laundering of the bedding. Officers provide one style of incontinence aid to the inmates. A comprehensive assessment process would allow any patterns to be determined and an effective management plan to be set up. The inspection found that there are no comprehensive continence assessments completed within the prison health system.

Recommendation 18: The Inspector recommends that JH&FMHN introduces comprehensive continence assessments to determine individual needs.

- 5.49 Clinic records show minimal additional nursing assessments or ongoing monitoring to identify any changes to health status. As at ACRU, it appeared that at the time of the inspection there were health assessment processes in place that were not being fully utilised and coordinated. Some of the medical records inspected showed special mental health assessments and care management plans but these plans are kept in the clinic record system and so were not easily accessible to all staff.
- 5.50 The custodial staff have access to some medical and appointment information on the noticeboard in the staff station, but this does not include mental health strategies. There are no comprehensive processes in place to guide daily care and management of the inmates' mental and physical health as described in the clinic records.

Specialists

- 5.51 The growth in the inmate population has placed increased pressure on the health system, which results in limited resources being further strained across an increasing aging population.²⁴ There are a number of specialists working with JH&FMHN across the CSNSW estate to cater for the needs of the aged population. These include a neuropsychologist, a Special Mental Health Nurse for Older People, the Clinical Director of Aged Care (geriatrician), a Special Mental Health Psychologist for Older People, podiatrist, dentist, and a Clinical Nurse Specialist Wound and Stoma Care. Some of these specialist positions are held by only one person who is expected to service the whole prison estate.

- 5.52 Anecdotal evidence was heard by the inspection team that the podiatrist is not available frequently enough and that, in some cases, inmates have had to cut holes in their shoes to be able to wear them while they wait for their podiatrist appointment. Records examined as part of the inspection also indicated that podiatry is only provided at a reactive level and not on a preventative basis. This type of care is particularly important for people with diabetes, a common condition among aged inmates.
- 5.53 Two occupational therapists are contracted by JH&FMHN to cover KWU and ACRU on a fortnightly basis. JH&FMHN also employs two physiotherapists to work across the state. The inspection team heard that this is inadequate to meet the needs of the inmates.
- 5.54 The sessional Aged Care Psychiatrist is contracted just 16 hours per month to work across the state. This does not meet the level of service that is required and they do not have the time to deal with early dementia patients. This means that the geriatrician often needs to manage psychiatric requirements for inmates.
- 5.55 The geriatrician runs a fortnightly medical clinic at KWU, but this is sometimes cancelled due to competing demands throughout the prison. This can leave inmates with early stage dementia issues waiting for a month or longer to be seen, and this will only be exacerbated by the continued growth of the inmate population.

Recommendation 19: The Inspector recommends that JH&FMHN reviews the current levels of service provision against the projected demand for aged-care services.

- 5.56 Dental services throughout the prison system are comparable to those in the community. Limited resources mean that these services focus on acute care rather than preventative care. Inmates who are on a sentence longer than two years are able to have dentures provided by JH&FMHN. The Inspector notes that this policy leaves some aged inmates without access to dentures and can prolong their wait to access community-based services. At KWU it was observed that there were several pairs of ill-fitting dentures and some inmates preferred not to wear them at all.
- 5.57 In contrast to those inmates in mainstream centres who complained about experiencing pain, the inmates in ACRU and KWU appear to be having their pain managed effectively. While older people are likely to suffer greater generalised pain than the general population, feedback from inmates and a review of medication records at KWU indicates that this is well managed.
- 5.58 While ACRU has 24-hour nursing staff available, KWU relies upon an on-call after-hours nurse who covers the MSPC complex.

Nutrition

- 5.59 The food services provided at LBH and KWU are of significant concern. Frail aged persons are particularly vulnerable to illnesses that arise from poor food safety.
- 5.60 The inspection found that there is a lack of governance over the food services and they are not implemented in line with accepted industry food safety guidelines for the vulnerable aged population. This relates to the diet and range of meals that are served, as well as the way and times at which they are served.

²⁴ For a discussion on access to healthcare, see: NSW Inspector of Custodial Services, *Full House: The Growth of the Inmate Population in NSW*, 2014, pp. 49-59.

- 5.61 The evening meal at KWU is served at 2:30pm, which means that inmates tend to wrap the meal in a towel to try to keep it warm, or reheat it on a sandwich maker. This was particularly common among those inmates who need to have food with their medication in the evening. The timing means that the meal has often been reheated twice by the time the inmate eats it.
- 5.62 The serving portions are questionable for a balanced diet and do not appear to have a sufficient quantity of vegetables. The quality of the meals is dubious and often appeared to be discoloured and dried out at ACRU. The systematic common feedback from staff and inmates included a high wastage of uneaten food, poor timeframes for distributing food and poor quality of food after long periods between preparation and distribution.
- 5.63 CSNSW is responsible for diet planning and development. CSNSW engages a dietician with the aim of ensuring inmates' diets meet minimal Australian nutritional standards. All diets, including medical diets, are sourced through CSI. At the time of inspection, JH&FMHN were investigating whether meals for LBH, including therapeutic, religious and soft diets, could be sourced through alternative providers to comply with the NSW Health Nutrition Care policy.
- 5.64 Following this inspection and subsequent visits to correctional centres, the Inspector has significant concerns about the quality and quantity of CSI-provided meals. This includes queries about whether the recommended daily dietary intake is being provided to inmates.

Recommendation 20: The Inspector recommends that CSNSW reviews the nutritional goals, menu planning and service delivery of all diets provided to inmates.

- 5.65 The use of buy-ups to supplement meals means that inmates often eat instant noodles as a hot meal later in the day. This contributes further to an unbalanced diet, which can exacerbate poor health and chronic conditions such as diabetes, renal and heart disease. The only fruit observed to be offered was apples, which is inappropriate for older people or those with dentures.
- 5.66 The timeframes around meal services do not support a realistic span of hours between meals or support medication regimes that rely on being taken either before, after, or with meals.

Recommendation 21: The Inspector recommends that CSNSW works with JH&FMHN to adjust meal distribution times to meet community standards, ensuring food is available to manage medical requirements.

- 5.67 There is no cold storage within the cells or appropriate means of reheating food at KWU. This leads to a high risk of bacterial growth. Further, foods that are identified by NSW Food Safety legislation as requiring strict management, such as rice, minced meat and chicken, appear regularly on the menu. The inspection observed occasions where hamburgers were left on shelves for more than two hours, which leaves the food at high risk of being spoiled by bacterial growth.
- 5.68 While the Inspector understands that meals are served at times dependent on staffing and resources, this is not a good practice and has the potential for negative consequences, especially among the aged and vulnerable.

Pre-release

- 5.69 The inspection found that discharge planning across the correctional estate for aged inmates who will be released is confusing and not carried out in a streamlined manner. Recent changes to staffing roles and structures have meant that many staff do not have a clear understanding of their duties and priorities and this can result in an ad hoc approach to pre-release planning work. The process needs to be streamlined, and clearly defined responsibilities assigned to each role involved in the discharge of inmates.
- 5.70 Pre-release planning efforts are managed by Community Corrections officers, SAPOs and a Clinical Nurse Consultant (CNC), depending on the needs of the inmate. The inspection found that this process is not as smooth as it could be, largely due to workload constraints on individuals. In addition to pre-release work, the SAPOs also have responsibility for a range of other areas, including: providing crisis and risk intervention services, completing court-related activity, participating in case management meetings, delivery of programs to sentenced inmates, and facilitation of non-criminogenic programs.
- 5.71 SAPOs are responsible for arranging accommodation and links with appropriate organisations in the community for those inmates who are to be released without parole supervision. Ensuring that an inmate who will be released with parole supervision has accommodation planned for their release is the responsibility of the Community Corrections section of CSNSW. The CNC assists where there are medical needs, such as nursing home requirements, to be taken into account.
- 5.72 Between 1 January 2010 and 26 May 2015, 65 patients were discharged from ACRU (this includes nine inmates who died). Over one third were returned to the mainstream custodial environment, less than 10 percent were placed in KWU, and approximately one quarter were released to their home. Approximately 16 percent of inmates were placed in community nursing home accommodation.
- 5.73 For those inmates with medical needs who are due to be released from ACRU and KWU, the Nursing Unit Manager liaises with the Aged Care Assessment Team (ACAT) from Prince of Wales Hospital. ACAT assesses the inmate and makes recommendations about placement and needs once they are in the community. In complex cases, the geriatrician may also be involved.
- 5.74 Placement of these inmates in nursing homes is difficult and slow. Nursing homes are reluctant to take inmates who have sex-offending charges as it may affect other residents and visitors to the home. It is also difficult to find a home that can hold a bed space vacant for up to three months, which is the average time it takes to process discharge arrangements and release an inmate. JH&FMHN notes that the discharge process is improving, and attributes this largely to the development of an effective network of community aged-care facilities that are prepared to house ex-inmates.
- 5.75 For forensic patients being released from ACRU under the direction of MHRT, the process involves more complex issues. MHRT may release inmates who have been sentenced with a limiting term prior to the expiration of the term, under a conditional release process, providing they meet specified requirements. The problem with the conditional release process has been that it takes approximately three months, and community nursing homes cannot hold a bed empty for this length of time waiting for the inmate. In response to this, MHRT has developed a process whereby it may consider conditionally releasing a forensic patient on the basis that such release will only take effect when a place becomes available at the appropriate community home, to avoid missing out altogether.

- 5.76 In addition to this, MHRT might set specific requirements for the release of a patient, for example, requiring the nursing home to be one which does not receive visits from children in cases where the aged inmate is a child sex offender. Such requirements may be difficult for many nursing homes to meet.
- 5.77 There are unexpected releases from courts, which provide inadequate time for release planning to support the chronic health needs of aged inmates transitioning to the community. For these aged individuals who require healthcare post-release, the support arrangements could be assisted if legal representatives provided earlier advice to JH&FMHN of cases where release was highly probable to enable adequate planning.
- 5.78 As mentioned previously, there are particular challenges around managing the release of sex offenders, into which category many aged inmates fall. It can often be difficult to obtain appropriate housing for many inmates in time for their earliest possible release date. If no suitable housing is found, it often means that the inmate stays inside prison past their earliest possible release date, at considerable cost to the state.
- 5.79 Community sentiment has strongly influenced the development of corrections policy around sex offenders. CSNSW issued a Commissioner's Memorandum in 2010, which regulates the area where a child sex offender can live when they are released from prison under supervision. This memo states that no child sex offender is to be approved to reside within 500 metres of any schools, playgrounds, parks or sports fields, with particular attention to also be paid to bus stops. Exemptions may be provided on application to the relevant Community Corrections Director. This policy creates significant challenges to enabling the release of these inmates back to the community.
- 5.80 The Inspector acknowledges that this is a highly emotive topic for the community and government, but notes the widely recognised need to anchor policy on robust research. This would suggest a need for more nuanced criteria built on a solid evidence base to manage identified risks. Research suggests that the location of an offender's residence does not have a significant impact on their rate of re-offence.²⁵ Furthermore, the Inspector strongly believes that individual case management should provide a comprehensive risk assessment prior to the offender's release to assist with determining living requirements. This process should not be undermined by a blanket policy.

Recommendation 22: The Inspector recommends that CSNSW reviews the Commissioner's Memorandum regulating residential restrictions on sex offenders to ensure its prescriptions are founded on evidence.

²⁵ See, for example, Zandergen, P., et al., "Residential Proximity to Schools and Day Cares: An Empirical Analysis of Sex Offence Recidivism," *Criminal Justice and Behavior*, vol. 337, no. 5, May 2010, pp. 482-502; Levenson, J., and K. Zgoba, "Sex Offender Resident Restrictions: The Law of Unintended Consequences," *Sex Offender Laws, Second Edition: Failed Policies, New Directions*, Wright, R (ed), Spring Publishing, 2015, pp. 180-188; Nobels, M., et al., "Effectiveness of Residence Restrictions in Preventing Sex Offense Recidivism," *Crime & Delinquency*, vol. 58, no. 4, July 2012, pp. 491-513.

5.81 The State Parole Authority has the power to grant parole in exceptional circumstances under Section 160 of the *Crimes (Administration of Sentences) Act 1999*. This type of parole is usually granted when an inmate is not expected to live for more than a short period of time. If an inmate is at a stage where they require advanced healthcare and do not pose a risk to the community, it may not be appropriate for them to remain in a correctional centre. The table below shows the number of times leave has been applied for and granted under Section 160 over the past few years:

Year	Section 160 applications to SPA	SPA granted parole
2013	10	5
2012	10	3
2011	5	1
2010	7	3
Total	32	12

5.82 The inspection heard that the process of applying for a Section 160 release does not always work effectively. Currently, those inmates who are transferred to Prince of Wales Hospital for palliative care are not systematically considered for early release. Palliative care arrangements at Prince of Wales Hospital entails high costs of custodial escorts for inmates who are not risk-assessed on their diminished capacity to cause harm or abscond.

5.83 To resolve this, an interagency working group, chaired by CSNSW, has been established to develop a robust procedure for this policy.

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Annex 1

Terms of Reference



Working title

Old and Inside: A review of the management and care of aged inmates in NSW correctional centres.

Objective

This inspection will assess the conditions for, and treatment of, aged inmates in NSW correctional centres. In particular, it will examine the physical correctional centre environments and regimes for aged inmates, as well as healthcare provision and pre-release support.

This *Terms of Reference* defines the scope of the inspection. It outlines the structure of the inspection to ensure all stakeholders have a clear and common understanding and expectations of the inspection process and outputs. This inspection will result in a consolidated report on the management and care of aged inmates to NSW Parliament.

Definition of aged inmates

For the purpose of this inspection an aged inmate is defined as an inmate over 55 years of age for non-indigenous inmates and over 45 years of age for indigenous inmates.²⁶ This definition is consistent with the Justice Health & Forensic Mental Health Network (JH&FMHN) and Corrective Services NSW (CSNSW) working definitions.

Background

The population of aged offenders in Australia has increased not only in numbers but also as a proportion of all inmates.²⁷ There has been an 84 percent increase in older inmates across Australian prisons in the last decade (2000 to 2010).²⁸ The greatest growth has been observed amongst elderly inmates (those aged over 65) whose numbers rose over 140 percent.²⁹ This marked increase in aged inmates continued between 2010-2014 with a further 134 percent increase, despite having the lowest overall rate of incarceration (2%).³⁰ This trend mirrors the experience in the United Kingdom, where those aged over 60 years and those aged 50-59 years are respectively the fastest growing age groups in the prison population.³¹

²⁶ This definition is based on accepted differentials between the overall health of the general and offending population and between indigenous and non-indigenous Australians. There is variability in definitions of aged offenders and many researchers adopt a functional definition of older prisoners as those who are 50 years of age and over.

²⁷ Australian Institute of Criminology, *Older prisoners – a challenge for Australian Corrections*, Trends & Issues No.426, August 2011.

²⁸ Australian Institute of Criminology, *Older prisoners – a challenge for Australian Corrections*, Trends & Issues No.426, August 2011.

²⁹ Australian Institute of Criminology, *Older prisoners – a challenge for Australian Corrections*, Trends & Issues No.426, August 2011.

³⁰ Australian Bureau of Statistics, *Prisoners in Australia*, Report No. 4517.0, 2014; Australian Institute of Criminology, *Older prisoners – a challenge for Australian Corrections*, Trends & Issues No.426, August 2011.

³¹ House of Commons Justice Committee, Fifth Report to Parliament, *Older Prisoners*, 16 July 2013.

Consistent with national trends, NSW has seen a 67.8 percentage change in aged inmates over the last decade (2004-2014).³² In NSW the population of aged inmates has increased progressively as a proportion of all inmates. This growth averages an annual increase of 7.1 percent since 1999 to 2009.³³ NSW has also observed an increase in indigenous and female inmates amongst the aged population in this period.

Current context

As of 1 March 2015, there were 1082 aged inmates in NSW. This represents 9.7 percent of the total inmate population. There are 57 aged female inmates, which equates to 7.3 percent of the female estate. Of the aged inmate population, 26.9 percent are indigenous.

Whilst not every aged inmate experiences functional difficulties in the correctional centre environment, CSNSW recognises that there is an increasing number of older inmates who have functional impairment or lower mobility which can impact their daily activities. Such needs may require their placement to be considered differently to other inmates. CSNSW has developed identification and assessment tools and pathway options for placement, services and programs for aged inmates.

There are a number of specific placement options for aged inmates with disabilities, chronic illness and/or requiring ongoing assistance and care. An Aged Care Bed Demand Committee with representatives from CSNSW and the JH&FHMN assesses disability and medical concerns of inmates and makes appropriate referrals and placement decisions.

The majority of aged inmates are accommodated in mainstream correctional centres in accordance with current CSNSW classification and placement practices. Special accommodation units exist for the management and care of inmates with medium to high level needs including Long Bay Hospital Aged Care and Rehabilitation Unit and the Frail and Aged Care Program at Kevin Waller Unit at Metropolitan Special Programs Centre (MSPC) Area 1. A Frail Aged Assessment Unit has been established at Kevin Waller specifically to assess and develop case plans for aged and frail inmates and makes placement determinations.

There are no female specific facilities for the management and care of aged and frail women. Aged women with high care needs can be placed at Long Bay Hospital. Silverwater Women's Correctional Centre, Dillwynia Correctional Centre and Emu Plains Correctional Centre also host aged inmates.

Scope

The rising proportion and number of older inmates has implications for planning, policy and service delivery across the NSW correctional system. Older inmates have specific needs and vulnerabilities, and present distinctive operational and resource challenges across a number of domains.

Attention needs to be paid to both female and indigenous offenders as important minority groups within the older inmate population. Despite the number of older indigenous and female inmates being relatively low, there may be specific implications for managing these inmates.

³² Willis, M. Australian Institute of Criminology, *the State of Australian Imprisonment*, presentation delivered at the Informa Prisons conference, Melbourne, Australia on 17 March 2015.

³³ Leach, J., and Neto, A., *Offender Population Trends: Aged Offenders in NSW*, CSNSW Corporate Research, Evaluation and Statistics, Research Bulletin No. 30, October 2011.

In assessing the management and care of the aged inmate population, this inspection will examine these key areas:

- **Correctional centre environments and facilities:** how they enable placement and accommodation needs to be met; equipment and services needs; design challenges; and what solutions have been implemented.
- **Centre regimes:** what activities are available for older inmates; and what their ability is to access work, programs, education, and recreation.
- **Relationships:** if there are specific vulnerabilities of older inmates in the context of inmate-inmate and inmate-staff relationships; what the specialised staffing and training needs are.
- **Health and healthcare:** the extent to which the healthcare needs of older inmates are met, including access issues; how needs are assessed and services provided; mental health issues; promotion of health and wellbeing; medication management; palliative care; and early release issues.
- **Pre-release support:** case planning and pre-release supports.

Within each of these areas the inspection will seek to understand the current approaches to policy and practice in the management care of the aged inmate population in the NSW correctional system. It will consider the immediate and ongoing response and strategies put in place by CSNSW to mitigate identified risks, reduce vulnerabilities and support capacity.

Correctional centres for inspection

The inspection theme will be pursued across multiple centres to enable comparative analysis and a full picture of the referral pathway options for aged inmates in the NSW correctional system. The following centres have been selected for this inspection in consultation with CSNSW:

- MSPC Area 3 (4-8 May 2015)
- Long Bay Hospital Aged Care and Rehabilitation Unit (4-8 May 2015)
- MSPC Area 1 Kevin Waller Unit (4-8 May 2015)
- Mannus Correctional Centre (11-15 May 2015)
- Silverwater Women's Correctional Centre (11-15 May 2015)

In addition to inspecting these three centres, desk-based research and analysis will be undertaken drawing on data and documents requested from CSNSW.

Methodology

Senior Inspection/Research Officers (SIROs) are the lead coordinators of the inspection and are charged with managing the inspection process from planning through to completion of the inspection report ready for tabling in NSW Parliament in accordance with section 6(1)(d) of the *Inspector of Custodial Services Act 2012*.

The SIROs will work collaboratively with CSNSW Assistant Commissioner, Governance and Continuous Improvement and the General Managers of the nominated centres to refine the inspection framework, methodology and develop an onsite inspection plan.

Official Visitors will provide support to the inspection process as required. An independent expert in aged care will be engaged to assist the office of the Inspector of Custodial Services and provide expert advice on this inspection.

The Inspector and SIROs will undertake onsite inspection of the selected centres in May 2015. The expert consultant will be onsite for a select number of inspections.

For each centre, the SIROs will develop an Inspection Plan in collaboration with the General Manager of the centre. The Inspection Plan will detail the itinerary of the onsite inspection, including scheduled meetings with identified staff and inmates.