

Backgrounder

Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody

Overview

- The Office of the Correctional Investigator (the Office) and the Canadian Human Rights Commission (the Commission) conducted a joint investigation examining the experiences of older individuals (50 years of age and older) in federal custody and those supervised in the community.
- The partnership between the Office and the Commission provided perspective in how to ensure public safety while respecting and protecting the unique needs, dignity and rights of older persons under federal sentence.

Why We Did this Investigation

- The health, safety and dignity needs of older persons are not adequately protected behind bars. The Correctional Service of Canada (CSC) has made little progress in addressing the needs and challenges of older offenders despite constant and continued growth in this population and numerous recommendations from the Office dating back more than a decade. Canada needs a comprehensive, national strategy to adequately address the care and needs of older persons in federal custody.

What We Did

- This joint investigation gives a voice to the many older individuals who are currently incarcerated or have been released to the community. We conducted interviews with more than 250 individuals 50 years of age and older incarcerated in a federal penitentiary in all five regions (Ontario, Quebec, Atlantic, Pacific and Prairie) at all levels of security (minimum, medium and maximum). Interviews were also conducted with 18 inmate caregivers and 12 older persons on conditional release residing in a community-based residential facility (CBRF).

- We reviewed relevant law and policy as well as best practices from a number of countries.
- 41 CSC staff members and 14 CBRF staff were interviewed. Consultations were also conducted with other groups (e.g. St. Leonard's Society, Dementia Justice and the Parole Board of Canada).

What We Found

- Older persons in federal custody now represent 25% of the inmate population. Growth among this demographic has been constant, increasing by 50% over the last decade.
- The prevalence of chronic diseases among federal offenders 65+ is generally higher in most categories than in the overall Canadian population 65+. Correctional health care costs are being driven upward, in part, by age-related health decline and impairment.
- Some older, long-serving offenders are being warehoused behind bars well past their parole eligibility dates. Most have long completed any required correctional programming or have upgraded their education leaving little if anything of substance on their correctional plan.
- Many older offenders feel “forced” to continue to work so they can purchase items from the canteen or save for their release. Those who retire or are unable to work receive a basic allowance of just \$2.50 per day with limited social programming available to them during the day. In medium security institutions, those who are not working, attending programming or school are locked in their cells.
- Physical accessibility issues were observed in every institution visited for this investigation.
- Many older offenders reported being the victim of muscling, bullying and/or intimidation. There is a lack of safe accommodations for this age cohort.

- Prison is not an appropriate place for an individual requiring end of life care.
- Federal corrections lacks adequate, compassionate and responsive release options for older individuals who do not pose undue risk to public safety.
- More responsive, safe and humane models of elder care exist (e.g. medical and geriatric parole are used in some U.S. states) or could be created in the community at significantly less cost than incarceration, but release options, funding arrangements and partnerships that would facilitate outsourcing of care to community service providers are lacking.

What We Recommend

The report makes 16 recommendations:

Recommendation 1:

We recommend that an independent review of all older individuals in federal custody be conducted with the objective of determining whether a placement in the community, a long-term care facility or a hospice would be more appropriate.

Recommendation 2:

We recommend that CSC develop a separate and distinct Commissioner’s Directive specific to older individuals, which ensures that their specific needs and interests are identified and met through the provision of effective and adapted programs, services and interventions.

Recommendation 3:

We recommend that CSC provide staff with training in age-related needs — physical, social and psychological — as well as training on how to identify, respond to and appropriately manage behaviour related to dementia.

Recommendation 4:

We recommend that CSC re-examine its use of force training and policy to incorporate best practices and lessons-learned regarding use of force on older individuals (including those using mobility devices).

Recommendation 5:

We recommend that CSC offer appropriate work options (including accommodated options) for older individuals who want to and can continue working. In addition, regardless of whether an older individual can work, CSC should provide a reasonable living allowance to meet personal needs.

Recommendation 6:

We recommend that vulnerable populations (older offenders and those with mental and/or physical health issues) be monitored daily during lockdowns by professional health care staff.

Recommendation 7:

We recommend that CSC designate facilities for older individuals who want to live in such areas—and that such facilities are designed or retrofitted to ensure physical accessibility.

Recommendation 8:

We recommend that CSC create dedicated spaces and times where older individuals can assemble and socialize during institutional working hours, and allow them access to communal prison services during working hours (e.g. library, gym, canteen, visitation, cafeteria, hobby shop and yard).

Recommendation 9:

We recommend that social programs staff organize age-appropriate and disability-appropriate leisure, wellness and recreational opportunities (e.g. stretching, walking, aerobics, yoga, card games).

Recommendation 10:

We recommend that CSC introduce standardized peer assistance and peer support programs across all institutions. These programs should be modeled along the lines of the caregiver program at Pacific Regional Treatment Centre, including a comprehensive manual, recurring training and ongoing support to peer caregivers.

Recommendation 11:

We recommend that where the death of an offender is reasonably foreseen, CSC and the Parole Board be required to use proactive and coordinated case management to facilitate the offender's safe and compassionate release to the community as early as possible.

Recommendation 12:

We recommend that the Minister of Public Safety review and assess release options (e.g. medical and/or geriatric parole) for older and long-serving offenders who do not pose undue risk to public safety, and propose amendments to the Corrections and Conditional Release Act (CCRA) as appropriate.

Recommendation 13:

We recommend that release planning for older offenders include retirement financial planning, and the management of personal affairs, such as making a will and planning for the end stages of life.

Recommendation 14:

We recommend that CSC enhance partnerships with outside service providers and reallocate funds to create additional bed space in the community and secure designated spots in long-term care facilities and hospices for older individuals who pose no undue risk to public safety.

Recommendation 15:

We recommend that CSC fund and implement an integrated and comprehensive National Older Offender Strategy immediately. The strategy should:

- reflect the recommendations made in this report;
- go beyond an "aging in place" approach, including the mandatory and ongoing review of release options for older individuals who do not pose undue risk to public safety;
- examine, respect and respond to the intersectional characteristics and needs of older individuals in federal custody; and
- establish a timeframe for assessing, retrofitting and, where necessary, building facilities under CSC authority to ensure accessibility.

Recommendation 16:

We recommend that CSC significantly reallocate existing institutional resources to community corrections in order to better support the reintegration needs of aging offenders.