



OFFICE OF THE INSPECTOR
OF CUSTODIAL SERVICES

Older prisoners

April 2021

The reviews undertaken as part of the Office of the Inspector of Custodial Services' *Snapshot Series* are designed to provide a brief summary of an issue or trend in or effecting the Western Australian custodial environment. This review examines the aging prison population as well as planning by the Department of Justice, Corrective Services (the Department) to meet the age-related needs of older prisoners.

The information examined for this *Snapshot* was obtained through the Department's offender database and other open source data. The Department has reviewed this report and provided feedback which has been taken into consideration.

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This report is available on the Office's website
and will be made available, upon request
in alternate formats.

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Inspector's Overview

This report forms part of our Snapshot Series which allow us to highlight issues or trends that we see in the custodial environment. We are confident *Snapshots* are a valuable addition to our review work that allow us to bring forward matters that may warrant attention or consideration by the Department of Justice, Corrective Services (the Department) or the Western Australian Government.

Western Australia's population is aging and so too is our prison population. We commenced this review to look at how the Department is planning for, and meeting the needs of, the growing number of older prisoners.

It is fair to say that the needs of many older members of our society are different to those of the rest of the population. Some people require intensive support and assisted living and many others can live independently with less support. It is also true that many people get along quite well with minimal, if any, support. The prison population is no different, and the Department and individual prisons will have to meet the varying needs of older prisoners. We think there ought to be some level of coordination at a system level and this should not be left to individual prisons to manage.

The information and data in this report demonstrates that there is a growing number of older prisoners across the prison population. The trends in data for Western Australia's prison population are generally consistent with data trends in other Australian States. In this report we touch on some of the causal factors that may be influencing the growth in older prisoner numbers within prison populations. There is of course the obvious one, that the general population is aging and therefore prison populations are likely to reflect that trend. There were some other possible factors we identified, including rates of offending for older people, the types of offences they were being convicted of led to longer sentences, and changes to sentencing laws and practices.

The way forward appears mixed. It was pleasing to see the Department had already commenced planning for an Assisted Care Unit at Casuarina Prison, but unfortunately nothing is planned for women. Also, the existing assessment processes address some of the needs of older prisoners. But there is no overarching strategic plan or framework to guide prisons in how they should manage the increasing numbers of older prisoners that make up their populations. The likely outcome of this is that it will be left to individual prisons to manage and, even with the best will, that will result in mixed responses and varying standards across the system.

Older prisoners make up around 12 per cent of the prison population in Western Australia. That is approximately 840 men and women who fall within the definition of older prisoners. We accept that not all of these will ever require any form of specialist support, but many will. And without a strong strategic framework their needs are unlikely to be met consistently across the system.

We have made three recommendations which are focussed on developing a system-wide consistent approach to managing older prisoners. The Department's response to our draft report indicated a level of support-in-principle for each of these recommendations and noted a commitment to undertake extensive research to determine a future model that will provide optimal solutions to accommodating older prisoners. It is our hope that this work is recognised as a priority and is commenced sooner rather than later.

It is important to acknowledge the contribution and assistance we received in undertaking this review from key personnel in the Department and at the privately managed facility, Acacia Prison. It is important to also acknowledge the hard work and significant contribution of the team within our office in planning and undertaking this review. I would particularly acknowledge the work of Christine Wyatt in leading this review and as principal drafter of this report.

Eamon Ryan
Inspector

29 April 2021

Executive Summary

Background

Prisoner populations nationally and internationally are aging; a trend which is echoed in Western Australia. While older prisoners can offer a stabilising influence within a prison setting, an aging prison population compounds resource challenges. This is because older prisoners are more likely to have poorer physical and mental health and require higher levels of support compared to the wider prisoner population. Older prisoners may also have different needs in terms of daily regime, in-prison support services, infrastructure, and transition from prison requirements.

Defining an 'older' prisoner

There is no consensus as to what makes an 'older prisoner' with varied definitions ranging from 45 years and over, to 65 years plus. Despite the disparity, many jurisdictions use the definition of 50 years and over. We have also adopted this definition in our *Revised Code of Inspection Standards for Adult Custodial Services* (OICS, 2020A), and subsequently for this review. This is based on research which has 'identified an apparent 10-year differential between the overall health of inmates and that of the general population' (Grant, 1999).

The difference, and what is referred to by some researchers as an 'acceleration of the aging process' is generally attributed to socioeconomic, lifestyle, and biomedical factors (AIHW, 2020A). These include circumstances of poverty, housing instability, and reduced access to medical care, but also risky lifestyles and behaviours such as substance misuse and poor nutrition that are typically associated with poorer physical and mental health (AIHW, 2020A; Baidawi et al, 2011). Research also indicates that the stress and harmful effects of prison environments can accelerate age-related illnesses and conditions (UNODC, 2009; Maschi, Viola, & Morgen, 2015).

Throughout this review we refer to older prisoners as a collective. However, like so many cohorts within the prison population, they are not a homogenous group. They have varied and individual characteristics and needs, and they cannot be stereotyped.

Different factors are driving the aging population

Research indicates that there are many likely factors driving the aging prison population. One such factor is that Australia's general population is both increasing and aging. Australians are experiencing lower mortality rates, lower fertility rates, and they are enjoying longer lives. As such, in the future, particularly when the baby boomer generation (those born between 1946 and 1964) enters old age, there will be more older people compared to their younger counterparts (Turner & Trotter, 2010). The Productivity Commission has predicted that by 2060, one in four Australians will be older than 65 years. This is up from one in seven in 2012. For those aged over 75 years, the increase is predicted to be approximately four million people between 2012 and 2060 (Productivity Commission, 2013).

However, it is also understood that there are higher proportions of older prisoners being convicted of offences which attract longer sentences. This includes homicide, drug related offences, and sex

offences (Baidawi et al, 2011). There has also been an increase in the prosecution of historical sex offences, particularly child sexual abuse which have resulted from the Royal Commission into Institutional Responses to Child Sexual Abuse (Ginnivan, Butler, & Withall, 2018). Changes to sentencing laws and practices, such as mandatory sentencing and non-parole periods, are also suggested to be contributing (Grant, 1999).

The increased offending rates for people over the age of 50 years is also likely to be a factor in the aging prison population. A recent study by the New South Wales Bureau of Crime Statistics and Research showed that offending rates for people over 50 years of age had increased (BOCSAR, 2017). This contrasts with offending rates of younger people which are decreasing. Older offenders increasingly contributed to all types of offences, with the most notable increases occurring amongst drink driving and other traffic offences, and violent/sexual offences. By 2015, nearly one in five driving under the influence offenders were aged over 50, while around one in ten persons found guilty of a traffic, violent, or drug offence were aged 50 years or older (BOCSAR, 2017).

Key findings

The prison population is aging

The number of older prisoners in Western Australia has doubled in the last ten years. And prisoners on life and indeterminate sentences are contributing to the overall aging population as they grow old in custody. But this is not unique to Western Australia. Prisoners across the country are getting older, and their proportion of their respective state daily average population is increasing.

An inadequate focus on specific need can be a double punishment for older prisoners

The aging prison population has been of limited focus for the Department of Justice until recently. There is no strategic framework or operational policy for the management and treatment of older prisoners. And without a focus on age-related needs, older prisoners can be isolated from the daily regime which intensifies the punishment of imprisonment. It also means any approach is ad hoc and left to individual prisons to manage themselves, although there are some tools which are standard across facilities such as upper bunk bed screening and assessments of fitness to work and play sport.

Departmental action and planning are focussed on the Assisted Care Unit at Casuarina Prison

The expansion of Casuarina Prison has planned for an Assisted Care Unit that will improve placement options within Western Australia. This unit is set to include community equivalent nursing home care. This is encouraging but it is not expected until mid-2023 and it is limited to male prisoners with the highest level of need. There is limited planning for those who will not require intensive support, and almost no planning has occurred for older women.

Conclusion

The Department of Justice has some positive plans to address the increasing number of older male prisoners in Western Australia, particularly those who have high needs. However, it does not have a strategic framework or specific policy for management and treatment of older prisoners that can drive these plans.

Recommendations

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1 Western Australia's prison population is aging

Western Australia's prison population has grown by approximately 44 per cent since 2010. The growing number of older prisoners aged over 50 years is contributing to this increase.

1.1 Number of prisoners over 50 years has doubled in the last decade

Since 2010, the daily average number of older prisoners has doubled. In 2010, there was just 420 older prisoners, equating to about nine per cent of the prisoner population. By 2020, this increased to 840, or 12.3 per cent of the population. The total daily average prison population (DAP) has increased by 144 per cent since 2010, but the proportion of older prisoners has increased by 200 per cent over the same timeframe.

Table 1 Average daily number of older prisoners by age range (2010–2020)

	Total DAP	50 – 59 years	60 – 69 years	70 – 79 years	80 years and over	Total 50+ years	Proportion over 50 years (%)
2010	4,734	284	113	16	7	420	8.9
2011	4,662	306	124	22	7	459	9.8
2012	4,916	328	123	21	8	480	9.8
2013	4,956	331	123	23	6	483	9.7
2014	5,225	352	126	28	4	510	9.8
2015	5,570	393	136	41	7	577	10.4
2016	6,181	446	146	48	8	648	10.5
2017	6,674	531	167	60	9	767	11.5
2018	6,873	551	182	70	12	815	11.9
2019	6,910	573	181	75	11	840	12.2
2020	6,820	569	191	70	11	840	12.3
Change 2010–2020	144%	200%	169%	438%	157%	200%	3.4 points

The biggest growth was for those aged 70–79 years, which more than quadrupled over the period, equating to a 4.5 percentage point increase within the older prisoner population (up from 3.8% in 2010 to 8.3% in 2020). The number of prisoners aged 50–59 years doubled increasing their daily average proportion from six per cent to 8.3 per cent. Smaller increases were observed for prisoners in the 60–69 years, and 80 years and over age brackets.



1 January 2021

861 prisoners in Western Australia were over 50 years old

As the population continues to age, older prisoners will require an increasing level of service from various sectors within the prison, but particularly the health system. The current cost of incarceration in Western Australia is \$323 per person, per day or about \$115,000 each year (DOJ, 2020). And, while this is an average, it is likely to be much more for those with complex health needs.

1.2 Prisoners on life or indefinite sentences contribute to the aging population

On 1 January 2021, there were 346 people in Western Australian prisons on life or indefinite sentences. Of these, there were 151 prisoners who were 50 years and over (43.6%), while another 72 will turn 50 by the time of their initial statutory review date. They will contribute to the aging

population, as will those aged in their forties who may not be granted release at their first review date.

These 151 older prisoners equate to about one in six older prisoners (17.5%) or 2.3 per cent of all prisoners in Western Australia on that day. The oldest person on a life or indefinite sentence was aged 78 years old. Only six of the 151 older prisoners were women (4%), while 18.5 per cent identified as Aboriginal. The majority were placed at Acacia (85), Casuarina (20) and Bunbury (17) prisons.



1 January 2021

151 older
prisoners were on
life or indefinite
sentences

Of the 151 older prisoners, there were 85 who were still awaiting their initial statutory review date. This included:

- 22 who were to be reviewed within the next three years
- 31 who were to be reviewed in between four and 10 years
- 32 who would wait between 11 and 36 years before review - taking one man to 94 years old.

This means more than three quarters will be 60 years or over before their review but also almost two out of five will reach 70 years or older at the time of their review.

Table 2 Age of older prisoners on indefinite sentences who are awaiting review, by gender (1 January 2021)

Age at time of initial statutory review	Awaiting review	
	Female	Male
50-59 years	1	18
60-69 years	3	30
70-79 years	1	24
80-89 years		5
90 + years		1
Total	5	80

* One person is never to be released

Also of the 151 older prisoners, there were 66 who were past their review date. In many cases, statutory review occurs every three years. However, in 2018 the *Sentencing Administration Act 2003 (WA)* was amended so the Attorney General could direct that certain prisoners not be periodically considered for parole every three years. Instead, it could be deferred for six years with the capacity for further deferral every six years. The changes were designed to reduce the trauma suffered by survivors and secondary victims of mass and serial murder (Quigley, 2018). While we acknowledge the purpose and importance of this amendment, one outcome is that it may be contributing to the aging prisoner population.

1.3 Trends in Western Australia generally mirror other jurisdictions

The raw numbers of older prisoners have increased considerably across Australia since 2001. The greatest increase was observed in South Australia which had more than a sixfold rise. In Western Australia, the increase was 360 per cent with the sharpest rise recorded between 2010 and 2020.

Table 3 Daily average number of older prisoners, by state and year (source: ABS data)

	WA	ACT	NT	Tas	SA	Qld	Vic	NSW	Australia
2001	234	0	33	36	78	381	353	717	1,832
2010	422	25	81	66	272	618	657	1,185	3,326
2019	848	61	181	87	495	933	1,210	2,004	5,790
2020	842	41	166	94	517	900	1,136	2,005	5,690
Change 2001–2020	360%	-	503%	261%	663%	236%	322%	280%	311%
Change 2010–2020	200%	164%	205%	142%	190%	146%	173%	169%	171%
Change 2019–2020	-1%	-33%	-8%	5%	4%	-4%	-6%	Stable	-2%

Interestingly, in 2020 prisoner numbers dropped overall in Australia by five per cent with COVID-19 related restrictions possibly responsible (ABS, 2020). Most states also saw a drop in their average number of older prisoners between 2019 and 2020. In Western Australia, the decrease was only slight.

As a percentage of each state's daily average population, Western Australia's older prisoner cohort was mid ranked in 2020. Consequently, it sits below the Australian average. Despite this, at 12.4 per cent, it is still a sizeable proportion of the daily average population and is greater than the proportion of the prison population in Western Australia that is female (10.6% in 2020).

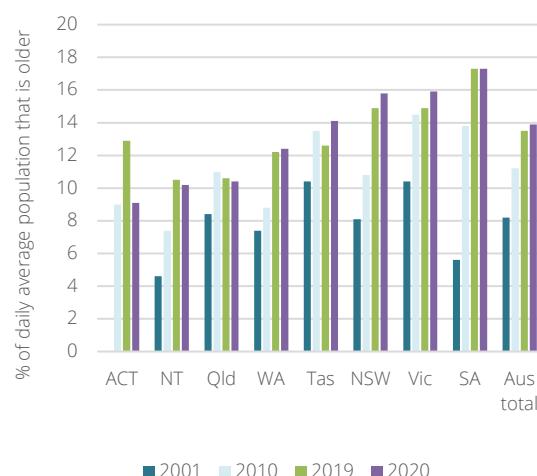


Figure 1 Percentage of the daily average prisoner population that is older, by state and year (source: ABS data)

The average age of Western Australian prisoners is increasing and at a faster pace

For the past decade, the mean age of Western Australian prisoners has been younger than the total Australian prisoners mean age. However, the gap is narrowing. In 2010, the mean age for prisoners across Australia was 35.4 years compared to 34.6 years in Western Australia (variance of 0.8 years). This variance shortened in the last 10 years to 37.3 years for all Australian prisoners and 37.0 years in Western Australia (0.3 years variance). At the same time, the gap between the median age for all Australian prisoners and Western Australian prisoners narrowed completely.

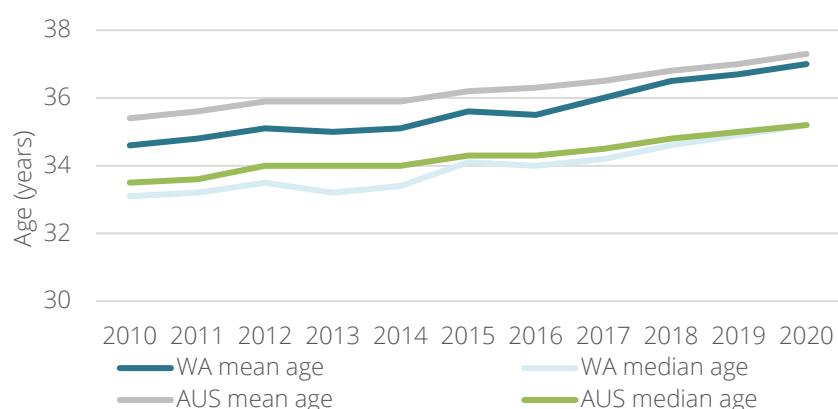


Figure 2 Comparison of prisoners' mean age in Western Australia and Australia (2010–2020) (source: ABS data)

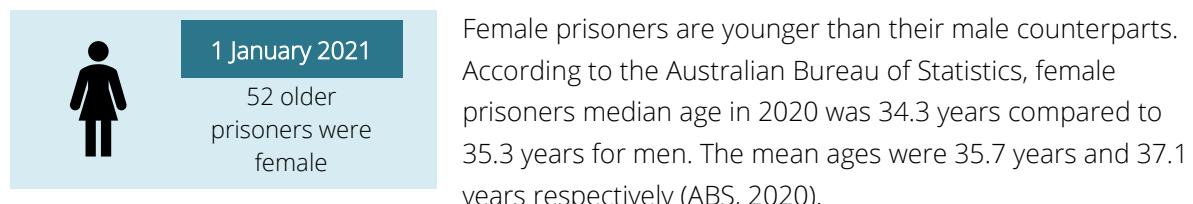
By comparison to other Australian jurisdictions, the mean age of Western Australia's prisoners is increasing at a faster pace than most. In Western Australia, the mean age increased by 2.4 years between 2010 and 2020. That increase equalled the rise in the Australian Capital Territory, only New South Wales (with an increase of 2.8 years) was higher.



Figure 3 Comparison of mean age of prisoners, by state and year (source: ABS data)

The rise was despite Western Australian prisoners being younger overall than most jurisdictions. In 2010, Victorian prisoners were the oldest. Despite this, the state aged the least in the decade to 2020. Noting the steady increase in the proportion of Victorians aged 60 years and over, the Sentencing Advisory Council in Victoria is also currently investigating its aging offender cohort. This study is examining the sentenced population more broadly to include those sentenced to community-based orders (SAC, 2020).

1.4 Female and Aboriginal prisoners are younger



Female prisoners are a small but important cohort in Western Australia, making up about 11 per cent of the prison population. This has been increasing in recent years and, as such, there are now four dedicated female prisons in Western Australia, and five regional prisons with female precincts. A much smaller number of the older prisoner population is female. As a proportion of the female daily average population, older women currently account for 7.3 per cent. This is much lower than the proportion of older male prisoners (12.9%) within the male daily average population.

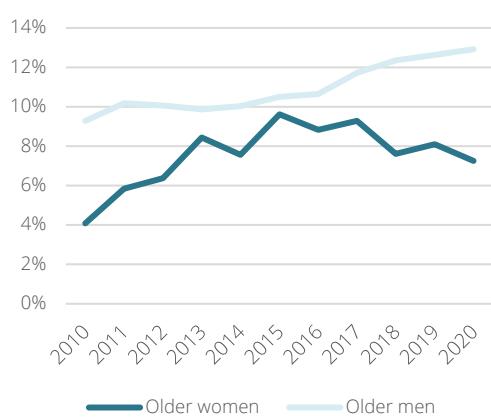


Figure 4 Proportions of the daily average female and male populations that are older (2010-2020)

Like women, Aboriginal prisoners (both men and women combined) are younger than non-Aboriginal prisoners. In 2020, the median age for Aboriginal prisoners in Western Australia was 32.4 years, almost five years younger than their non-Aboriginal counterparts (37.1 years) (ABS, 2020). Aboriginal prisoners account for roughly 40 per cent of the prison population. Yet, the proportion of Aboriginal prisoners who were older than 50 years was just 19 per cent in 2020.



Figure 5 Proportion of older prisoners who are Aboriginal, compared to the daily average Aboriginal population (2010-2020)

This likely reflects the lower life expectancy experienced by Aboriginal people. Research from the Australian Institute of Health and Welfare shows there is almost a nine-year differential between Aboriginal people and non-Aboriginal people in Australia (AIHW, 2020B). If we considered Aboriginal prisoners older from 40 years, the proportion of older Aboriginal prisoners and older non-Aboriginal prisoners is almost equal.



Figure 6 Proportions of older prisoners by Aboriginality, accounting for 10-year differential (2010-2020)

2 An inadequate focus on specific need can be a double punishment

Prison is often said to be a ‘young man’s game’. The purpose of imprisonment, the daily regime, and the infrastructure and terrain are primarily geared towards able-bodied young men. For that reason, some researchers suggest that the imprisonment of older people can be a double punishment as they may experience harsher conditions compared to younger prisoners (Baidawi et al, 2011). This may manifest in Western Australia as, to date, there has been limited focus of the different needs of older prisoners.

2.1 No specific policy for the management and treatment of older prisoners

The Department of Justice (the Department) does not currently have a specific policy expressly for the age-related needs and management of older prisoners. Currently, older prisoners are briefly referenced in some high-level departmental documents including the Healthy Prisons Framework (DOJ, 2019) and the Women in Prison, Prison Standard (DCS, 2016). They are also highlighted in the Support and Monitoring System Manual (SAMS) as a category of SAMS prisoner that may experience higher levels of bullying, victimisation, and sexual assault (DCS, 2009).

The Commissioner’s Operational Policy and Procedures (COPP) Project commenced in July 2018 to provide a clear and streamlined operational policy framework, in part by reducing the number of policy instruments significantly. But when we commenced this review, we were advised that any practices specific to older prisoners were being built into other relevant policies rather than as a standalone document. Such policies include:

- **Prisoner Accommodation** – referring to disability access cells (those that cater for prisoners with disability or aged and/or frail prisoners with mobility restrictions and require a level of care).
- **Use of Force and Restraints, Conducting Escorts, and Prisoners Transfers** – referring to performing a risk assessment for the elderly and frail and where relevant, conducting that risk assessment in consultation with medical staff (DOJ, 2020).

We have since been advised that the Department does intend to consider a standalone framework for the management and treatment of older prisoners. This would align with the work of other jurisdictions. Corrective Services New South Wales have a specific policy for aged and frail prisoners, which it defines as those 45 years and older for Aboriginal prisoners, and 55 years and older for non-Aboriginal prisoners (Corrective Services NSW, 2020). And, in a thematic report examining the lived experience of older prisoners, the New Zealand inspectorate made an overarching recommendation that its corrections department should ‘develop, appropriately resource, and implement a comprehensive Older Prisoners’ Wellbeing Strategy to respond to the needs of older prisoners’ (Office of the Inspectorate - Te Tari Tirohia, 2020). It would also align to our own recently *Revised Code of Inspection Standards for Adult Custodial Services* within which we have established a separate set of standards for older prisoners (OICS, 2020A).

Recommendation 1 – Create a strategic framework or policy specific to the age-related needs of older prisoners



Health services assess various risks applicable to the age-related needs of older prisoners

Like the COPP project, the Department's Health Services Directorate has been recently reviewing many of its policy and procedure documents. Such policies cover the various risk assessment tools which are to be completed by medical staff each time a person is received into a prison, whether as a new admission or transfer in/out from another prison. And while the tools are used to assess everyone, they are highly relevant for older prisoners. They include:

- fall risks
- fitness to travel
- fitness for upper bunk bed allocation
- fitness for involvement in sporting activities
- fitness for work.

The information from these assessments are then used to inform placement decisions and involvement in the daily regime, among other things. It is best practice that these assessments are made by health professionals, and from a foundation of meeting the health needs of the prisoner.

2.2 Current infrastructure pays limited attention to older prisoners' physical needs

On 1 January 2021, almost three quarters of the older prisoners in Western Australia were held at five locations; Acacia Prison, Bunbury Regional Prison, Casuarina Prison, Hakea Prison, and Karnet Prison Farm (72.8%). One in four older prisoners were placed at Acacia, meaning about every seventh prisoner there was over 50 years of age (15.1%). Similarly, one in seven prisoners at Bunbury was older (15.7%). At Casuarina and Hakea prisons this figure was slightly lower, equalling about one in ten prisoners (11.6% and 9.7% respectively). However, at Karnet – a working prison farm –, about every third prisoner was in the older age bracket and almost half of them (51 of 107) were over the age of 60 years. This is a considerable proportion of the prison's population that may require additional levels of service and support.

1 January 2021

15.8% older
prisoners were
maximum rated



45.6% were
medium rated

38.6% were
minimum rated

Table 4 Number and proportion of older prisoners in Western Australian prisons (1 January 2021)

Facility	Number of older prisoners	Proportion of prison's total population that is older (%)	Proportion of total older prisoner cohort at the prison (%)
Maximum-security			
Albany Regional Prison	29	9.5	3.4
Bandyup Women's Prison	20	8.7	2.3
Casuarina Prison	138	11.6	16
Hakea Prison	85	9.7	9.9
Melaleuca Women's Prison	7	3.2	0.8
Medium-security			
Acacia Prison	223	15.1	25.9
Minimum-security			
Boronia Pre-Release Centre	15	17.6	1.7
Karnet Prison Farm	107	29.5	12.4
Pardelup Prison Farm	16	18.2	1.9
Wandoor Rehabilitation Prison	1	1.8	0.1
Wooroloo Prison Farm	58	14	6.7
Multipurpose-security			
Broome Regional Prison	17	25	2
Bunbury Regional Prison	74	15.7	8.6
Eastern Goldfields Regional Prison	20	9.1	2.3
Greenough Regional Prison	16	7.4	1.9
Roebourne Regional Prison	22	11.1	2.6
West Kimberley Regional Prison	13	6	1.5

There are currently no dedicated, purpose-built facilities for older prisoners in Western Australia. Acacia and Casuarina prisons have some placement options that are suitable but have not been specifically designed or adjusted for the age-related needs of older prisoners. However, the other prisons with older prisoners within the state, have even fewer alternatives. Karnet particularly, has few options with its expanse, terrain, and aging infrastructure, having been commissioned in 1963. Two of the four accommodation units are from the original commissioning and the cells are not compliant with disability access requirements. This can be obstructive and reduce participation in the daily regime for those prisoners with mobility restrictions, even those who are not older.

Table 5 Information about placement options at Acacia, Bunbury, Casuarina, Hakea and Karnet prisons (2020)*

Facility	General function	Information
Acacia Prison	Medium security	Prison accommodates older prisoners within 3 areas; self-care, protection, and assisted care via agreement from a Multidisciplinary Committee. Decisions are based on protection or mainstream status, medical advice, conduct, and ability to self-care/self-support.
Bunbury Regional Prison	Multi-level security	Prison does not have a dedicated wing or unit. Longer term prisoners, including older prisoners, are accommodated dependent on their security rating, with a cohort of longer-term older prisoners placed in self-care. They are generally accommodated together.
Casuarina Prison	Maximum security	Prison has various options for older prisoners including the infirmary which, among other functions accommodates older prisoners who require intensive care from a health carer. Another unit adjoins the infirmary which has historically housed older prisoners who require some additional assistance/monitoring from health staff, however can mostly self-care. These prisoners are generally deemed not suitable to reside in the general living units. There is an additional support wing which is a therapeutic wing set up to provide a safe environment free from bullying and standover for prisoners struggling to cope in the general living units. This can include older prisoners

		who do not require assisted care but would be targeted within a general living unit. The prison has several older units with poor accessibility; newer units are preferable for older prisoners.
Hakea Prison	Maximum security	Prison does not have specific placement options for older prisoners. However, it is currently reviewing functionality so to support the needs of more vulnerable prisoners including older prisoners. A unit has been earmarked as it is single storey with wide wing corridors and large open common areas. It also has larger cells and ablutions for those with mobility limitations, and self-contained recreational/activities areas. There is also the ability for prisoner carers to be placed in this unit to assist where necessary.
Karnet Prison Farm	Minimum security	Prison does not have specific placement options for older prisoners as unit placement is generally offence related which requires some basic separation. Terrain and prison layout are accounted for prior to transfer, as well as the limited medical facilities on site. Those requiring continual medical appointments can be problematic but do not preclude placement.

* Details regarding older prisoner placement options for all facilities can be found in Appendix B.

Like Karnet, the lack of suitable placement options elsewhere is largely a legacy of the age of the prisons in Western Australia. Many of the state's prisons are dated with limited amenities that are suitable for the age-related needs of older prisoners. Newer facilities like Eastern Goldfields and West Kimberley regional prisons, and newer units in some of the older prisons, have better accessibility. But overall, there has been a limited emphasis placed on the physical needs of older prisoners. The focus is critical to reduce risk. In 2017, a New South Wales Coronial Inquest examined the accidental death of an older prisoner who died after a fall. The Coroner recommended:

that Corrective Services NSW prioritise the establishment of specific residential facilities for accommodating aged and infirm prisoners in both metropolitan Sydney and in regional NSW, as a matter of urgency. These plans should include specific consideration of the growing number of aged prisoners ... (State Coroner's Court of NSW, 2017).

2.3 Departmental focus needs to account for changes in offending patterns

We asked the Department to provide evidence it had a plan that anticipated what older prisoners' needs were likely to be. In its response, the Department did not provide any information demonstrating it was accounting for the changes in offending patterns of older prisoners.

Between 2010 and 2020 there were 5,644 people received into prison who were aged 50 years and over. Most were men (4,974) with almost 12 per cent women (670). Examining their most serious offence categories, older prisoners received on remand, were mostly remanded for:

- acts intended to cause injury (24.1%)
- justice procedures offences (16.3%)
- illicit drug offences (14.9%)
- sexual assault and related offences (14.8%).

It is a different picture examining older prisoners' most serious offence categories when they are sentenced. Overall, older prisoners received to custody as sentenced, were mostly sentenced for:

- traffic and vehicle regulatory offences (18.8%)
- sexual assault and related offences (17.6%)

- illicit drug offences (15.7%)
- dangerous or negligent acts endangering people (10.9%).

Older women were considerably overrepresented in property damage, public disorder, and theft and related offences. And, they were almost equally as likely as older men to be sentenced for fraud, deception, and related offences.

Table 6 Older prisoners most serious offence, by status (2010-2020)

	Remanded			Sentenced		
	Female (%)	Male (%)	Total	Female (%)	Male (%)	Total
Abduction, harassment, and other offences against the person	7 (7.1)	91 (92.9)	98	1 (5.3)	18 (94.7)	19
Acts intended to cause injury	97 (11.4)	757 (88.6)	854	25 (14.4)	149 (85.6)	174
Dangerous or negligent acts endangering persons	9 (5.7)	150 (94.3)	159	30 (12.6)	208 (87.4)	238
Fraud, deception, and related offences	13 (19.1)	55 (80.9)	68	73 (48.7)	77 (51.3)	150
Homicide and related offences	6 (9)	61 (91)	67	0	20	20
Illicit drug offences	92 (17.4)	436 (82.6)	528	59 (17.2)	284 (82.8)	343
Miscellaneous offences	1 (9.1)	10 (90.9)	11	4 (16.7)	20 (83.3)	24
Offences against justice procedures, government security and operations	53 (9.2)	524 (90.8)	577	16 (12.3)	114 (87.7)	130
Prohibited and regulated weapons and explosives offences	3 (6.1)	46 (93.9)	49	1 (4)	24 (96)	25
Property damage and environmental pollution	16 (17.8)	74 (82.2)	90	9 (36)	16 (64)	25
Public order offences	2 (10)	18 (90)	20	13 (23.6)	42 (76.4)	55
Robbery, extortion, and related offences	7 (12.1)	51 (87.9)	58	2 (8.3)	22 (91.7)	24
Sexual assault and related offences	5 (1)	519 (99)	524	1 (0.3)	385 (99.7)	386
Theft and related offences	19 (17.8)	88 (82.2)	107	24 (33.3)	48 (66.7)	72
Traffic and vehicle regulatory offences		68	68	56 (13.6)	355 (86.4)	411
Unlawful entry with intent/burglary, break and enter	16 (9.9)	145 (90.1)	161	4 (6.3)	60 (93.8)	64
Total	346 (10.1)	3,093 (89.9)	3,439	318 (14.7)	1,842 (85.3)	2,160

There were 77 older prisoners received on remand and 29 received as sentenced with missing 'most serious offence' data.

More older people are being remanded for acts intended to cause injury

Since 2010, there has been a considerable increase in number of receptions of older people on remand with the top four types of offences listed above. However, there has been minimal overall change in proportion (based on the daily average number of older prisoners) for illicit drug offences, justice procedures offences, and sexual assault and related offences, despite obvious fluctuations year on year. But the percentage of older prisoners remanded for an act intended to cause injury has increased from 11.9% in 2010 to 15.2% in 2020. No explanation of this change in offending pattern for these older prisoners was provided by the Department. Nor whether older prisoners were likely to have differing needs compared to younger prisoners remanded for the same offence.

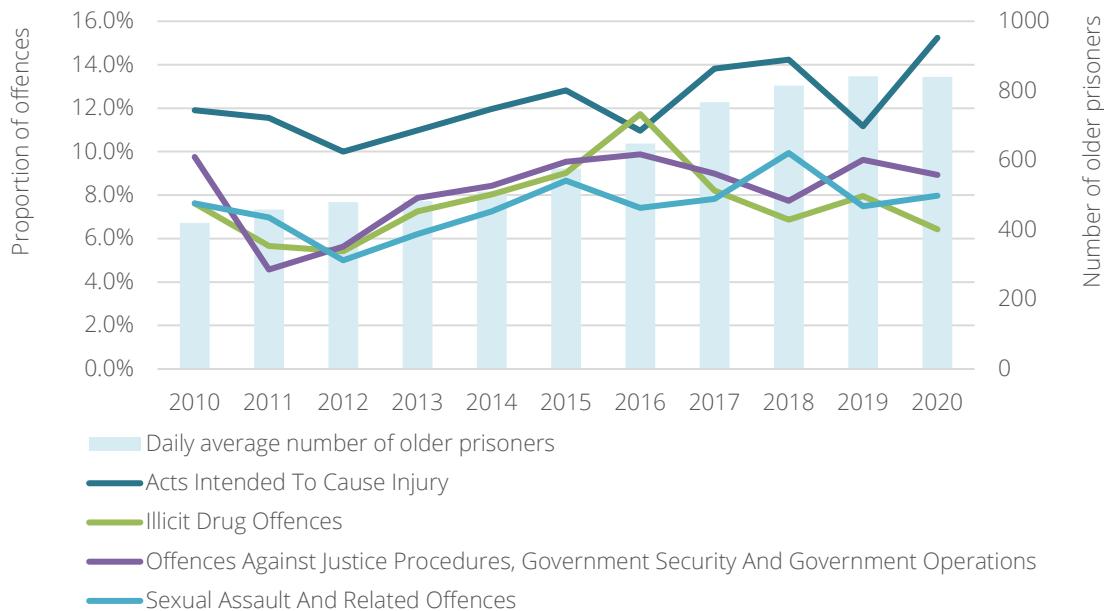


Figure 7 Comparison of most serious offence for older people remanded in custody, by year (2010–2020)

Older prisoners are increasingly being sentenced for sexual assault and related offences

By comparison, for sentenced older prisoners there has been a considerable shift in offence patterns. In 2010, traffic offences made up almost 29 per cent of most serious offence types, but by 2020 this had dropped to 7.3 per cent. Dangerous or negligent acts also decreased overall (from 12.8% to 7.3%). Yet, during the same time, illicit drug offences increased from 11.2 per cent to 22.9 per cent. While sexual assault and related offences steadily rose from 12.3 per cent to just over a quarter of all most serious offences for older sentenced prisoners (25.1%).



Figure 8 Comparison of most serious offence for older people sentenced to custody, by year (2010–2020)

In part, this increasing proportion is likely attributed to pursuing historical sexual offences, particularly in the wake of the Royal Commission into Institutional Responses to Child Sexual Abuse. The Royal Commission was announced in November 2012 and, over the course of its five-year inquiry, it exposed many sexual offenders which resulted in some being imprisoned at an older age.

Like with the changing remand pattern, the Department did not provide us any evidence that it was planning for the needs of these older prisoners, particularly with regards to:

- 
- 1 January 2021**
- 278 older prisoners were on the Australian National Child Offender Register
- therapeutic or criminogenic programs
 - their release from prison at old age or even elderly, as sexual offences can result in lengthy sentences
 - whether they were contributing the growing number of prisoners needing protection.

In Western Australia, Karnet Prison Farm has traditionally accommodated a significant cohort of minimum-security sex offenders. Unit placement at the prison is generally based on the prisoner's offence type rather than their demographics. Between 2010 and 2020, there were 402 older prisoners released from Karnet, and almost 43 per cent of those had sexual assault and related offences as their most serious offence type at sentence. Unlike at other prisons, these prisoners are not held in protection. All prisoners at Karnet must agree to accept this condition, although it can cause tension.

3 Departmental action is focussed on the Assisted Care Unit

In 2010, the Department reviewed various forward-looking initiatives and proposals used in correctional systems in Australia and overseas (DCS, 2010). This review identified the use of ‘specialised prisons’ to address the needs of specific cohorts such as prisoners aged over 50. It also recommended that establishing such facilities (or units within facilities) in Western Australia should be investigated. Despite the delay, this recommendation is progressing with the construction of an Assisted Care Unit at Casuarina Prison due for completion in mid-2023.

3.1 Casuarina’s infirmary not operating as intended and straining to meet demand

Casuarina Prison has a 24-bed infirmary that was originally designed for prisoners who required periods of pre-hospital preparation or post-hospital recuperation, and those whose medical needs that fell short of hospitalisation. As such, it is supposed to serve as the main inpatient facility for male prisoners in Western Australia. However, the infirmary is increasingly being used for prisoners with chronic ongoing medical issues or who may be frail or have a disability. These prisoners often stay for extended periods, tying up scarce resources. The Department advised that in the year from 7 March 2018 to 7 March 2019, 37 prisoners were placed in the infirmary for more than 30 days. This was in addition to an adjoining 14-bed wing which caters for older prisoners and those with restricted mobility.

Table 7 Number of prisoners placed in the infirmary, by number of days (7/3/2018–7/3/2019)

	Number of days accommodated in the infirmary (7 March 2018 to 7 March 2019)								
	3 days or less	4–7 days	8–14 days	15–30 days	31–50 days	51–100 days	101–150 days	150–200 days	201–300+ days
Number of prisoners	113	23	25	23	7	17	4	2	7

By 2020, the number of prisoners staying in the infirmary for more than 30 days increased to 56 with most of those people being older prisoners (82.1%).

Table 8 Number of prisoners placed in the infirmary, by number of days (1/1/2020–31/12/2020)

	Number of days accommodated in the infirmary (1 January 2020 to 31 December 2020)								
	3 days or less	4–7 days	8–14 days	15–30 days	31–50 days	51–100 days	101–150 days	150–200 days	201–300+ days
Number of prisoners	354	47	24	30	15	22	7	3	9
Number of older prisoners	36	11	6	17	12	19	6	3	6
Proportion that is older	10.2%	23.4%	25%	56.7%	80%	86.4%	85.7%	100%	66.7%

This increasing strain is reducing the capacity for the infirmary to meet its intended purpose. As part of our most recent inspection of Casuarina Prison, we highlighted that the facilities, resources, and equipment in the infirmary were limited and, in some cases, dated (OICS, 2020B). This was reconfirmed during this review. During our inspection, we also noted that demand for infirmary and long-term assisted living beds was likely to increase with the aging prisoner population.

Some terminally ill older people may pass away in prison

On 9 February 2021, there were 30 prisoners with a terminal illness in Western Australia, all of whom were men. Of these, 21 were older prisoners and three others were 49 years old. Most were placed at Casuarina (9) and Acacia prisons (6), and all but two were sentenced or appealing their sentence.

Table 9 Number of older prisoners with terminal illnesses (1 January 2021)

Stage	Definition	Number of older prisoners
1	The prisoner patient is unlikely to pass away within 12 months	14
2	The prisoner patient's health has deteriorated, and they are like to pass away within 12 months but unlikely to pass within 3 months	3
3	The prisoner patient is likely to pass away within 3 months; or they have one or more medical conditions which may increase the potential of sudden death	4
4	Death is imminent	Nil

We cannot know when someone will pass away. But the likelihood this will occur for some prisoners with a terminal illness while they are in custody is high. This may be the case for four of the seven prisoners with stage 2 or 3 terminal illnesses who were either serving indefinite sentences or were not eligible for parole within 12 months. Adding to this, a terminal illness diagnosis may be compounded by mental health concerns. Research indicates high instances of depression and fear of dying (and dying in prison) are present in older prisoners (Caldwell et al, 2001; Potter et al, 2007; UNODC, 2009). There is an onus of the Department to meet these prisoners' complex health needs and preserve their dignity.

There is provision in legislation for the release to a non-custodial setting of prisoners with a terminal medical condition. Consideration is given to factors such as, but not limited to the:

- prisoner's sentence
- nature of the offence(s)
- prisoner's offending history
- safety of the community
- safety and wellbeing of any victims
- intention of the sentencing court
- suitability of the non-custodial setting
- view expressed by the prisoner and their family
- wellbeing of the prisoner (DCS, 2014).



For people on remand, consideration for their release may occur through court processes such as being granted bail, or the prosecution being discontinued. For those who are sentenced, Part 19 of the *Sentencing Act 1995* provides for a pardon to be exercised under the Royal Prerogative of Mercy. Since 2000, there have been 14 prisoners granted this pardon, five of these were older prisoners. A mentally impaired accused prisoner, as defined in section 23 of the *Criminal Law (Mentally Impaired Accused) Act 1996*, can also be considered for release under and in accordance with that Act.

3.2 Expansion project expects to cater for the needs of older male prisoners

As part of the Department's Long-Term Custodial Infrastructure Plan, a purpose-built Assisted Care Unit (ACU) was approved within the expansion build of Casuarina Prison. It is intended that this will relieve some of the pressure impacting on the infirmary. In January 2020, the Project Definition Plan (PDP) for the build indicated there would be no net change to the current number of beds in crisis care, observation, and the infirmary (39). However, a reconfiguration would occur as part of the works to construct the ACU. This unit will adjoin the existing infirmary with two distinct wings; high care nursing home accommodation, and hostel accommodation. The net gain was defined as 59 beds for male prisoners (DOJ & DOF, 2020) with completion expected by mid-2023.

Table 10 Number of beds estimated, defined, and confirmed for the Assisted Care Unit at Casuarina Prison

	Estimated Workshop planning (17 May 2019)	Defined Total provided in PDP (January 2020)	Confirmed Most recent advice (November 2020)
Infirmary, Crisis Care, Observation beds	24-30	39	Information not requested
Assisted Care – High Care and Hostel Care	70-85 (30-35 high care, 40-50 hostel care)	59	45 (15 high care, 30 hostel care)

Since the PDP was approved, the design and development of the ACU 'has progressed over time, budget, and spacing constraints were identified, resulting in the capacity of the [unit] being significantly lower than originally planned' (DOJ, 2020). The total number has been revised down to 45; 15 in the high care nursing home wing and 30 in the hostel care wing. This is a 36 per cent decrease on first estimates at best, and a 47 per cent reduction at worst.

Planned high care nursing home accommodation

It is expected that the high care unit will accommodate those needing full or assisted care with their daily activities including eating, washing, toileting, and mobilising. This may include those who are physically disabled, are suffering from dementia/memory loss, or who are in the late stages of terminal illness (although those in the final stage will likely be transferred to palliative care in an external hospice). We expect that the accommodation will be equal to those generally found in residential aged care (OICS, 2020). The wing's regime is planned to be structured around daily meals, hygiene, and health treatment.

Planned hostel accommodation

In contrast, the hostel wing will cater for those prisoners who are generally self-sufficient with daily living tasks but who might require assistance or supervision with certain activities. This includes those with partial mobility impairments, early stage terminal illnesses, and aged prisoners. Early

High care nursing accommodation	
	Single storey unit
	15 beds in mixed single and double cells
	Cells disability access compliant
	2 nursing staff (day) 1 nurse (night)
	4 carers (day) 1 carer (night)
Wing inclusions	
<ul style="list-style-type: none"> Therapy space Consult room for in-reach allied health services Disability access compliant day room 	

planning indicates days will be structured around daily meals, group activities such as games, gardening, and craft, and health treatment.

Hostel accommodation	
	Single storey unit
	30 beds in mixed single and double cells
	Cells disability access compliant
	Shared nursing and carer staff from high care unit
Wing inclusions	
<ul style="list-style-type: none">• Group activities room• Disability access compliant day room• Secure, accessible courtyard	

At this early stage, allocations for staffing requirements in this wing, and the high care nursing home wing, have been limited to clinical and care staff. As such, the requirements for custodial staff have not been finalised. This is fair as delivery for the build is some years off. However, we would like to see every effort being put into staff training about age-related physical and mental health decline, not simply for the clinical and care staff. Given the number of older prisoners in Western Australia (daily average of 840), and those who will not get access to this wing and its dedicated services prior to its establishment, all staff interacting with older prisoners need training. This will mean they can adequately and

appropriately respond to various situations. It also means staff can be vigilant in recognising age-related decline. Research indicates symptoms of age-related diagnoses, such as mild cognitive impairment and early stage dementia, can be masked in structured environments like prisons, making this training critical for early identification (Moll, 2013).

Recommendation 2 – Ensure all staff who interact with older prisoners are trained in age-related physical and mental health decline

Balancing mobility access requirements with the ligature minimisation program

We expect the Department will achieve community-equivalent residential aged care accommodation and aides for older prisoners with the build project. But it means there will be a critical need for further comprehensive and individualised risk assessments for the prisoners placed in the assisted care accommodation. This is because while adjustments and supports, like grab rails and wall alarms for those with assistance requirements are necessary, they also pose risks like ligature points.

The Department has undertaken a program to partly or fully minimise ligature points in its cells. Prisons are to ensure that additional ligature points are not added to those ligature minimised cells, for example by installing screws or hooks. It is unsurprising that the maximum- and medium-security prisons have higher proportions of these cells/beds as the prisoners placed at these facilities are risk assessed and generally require higher levels of supervision. On 1 January 2021, almost 60 per cent of older prisoners were placed at maximum- and medium-security prisons.

Table 11 Number and proportion of ligature minimised beds, with number of older prisoners (1 January 2021)

Facility	General purpose capacity (GPC)	Ligature Minimisation Bed Count			Proportion of GPC that is ligature minimised (%)	Number of older prisoners (1 January 2021)
		Full	3-point	Total		
Maximum security						
Albany Regional Prison	503	22	223	245	48.7	29
Bandyup Women's Prison	352	14	71	85	24.1	20
Casuarina Prison	1,438	51	876	927	64.5	138
Hakea Prison	1,175	33	698	731	62.2	85
Melaleuca Women's Prison	256	4	256	260	101.6	7
Medium security						
Acacia Prison	1,525	414	0	414	27.1	223
Minimum security						
Boronia Pre-Release Centre	93	0	0	0	0	15
Karnet Prison Farm	366	2	0	2	0.5	107
Pardelup Prison Farm	96	0	0	0	0	16
Wandoor Rehabilitation Prison	77	0	0	0	0	1
Wooroloo Prison Farm	425	0	0	0	0	58
Multi-level security						
Broome Regional Prison	106	3	28	31	29.2	17
Bunbury Regional Prison	569	30	160	190	33.4	74
Eastern Goldfields Regional Prison	364	0	318	318	87.4	20
Greenough Regional Prison	245	4	17	21	8.6	16
Roebourne Regional Prison	218	4	15	19	8.7	22
West Kimberley Regional Prison	223	7	0	7	3.1	13

Between 2010 and January 2021, there were five apparent suicides of older prisoners in Western Australia. Four of those were ligature compression deaths at Acacia (1), Casuarina (2), and Bandyup (1) prisons. While about 65 per cent of beds at Casuarina Prison are ligature minimised, this drops to roughly only a quarter of beds at Acacia Prison and Bandyup Women's Prison.

Recommendation 3 – Ensure a balanced approach to the ligature minimisation program so accessibility adjustments and aides can adequately assist prisoners where they are required

3.3 Planning for older prisoners appears limited to the Assisted Care Unit

In its response to us about planning for the aging prisoner population, the Department focussed on the future infrastructure improvements. We welcome the construction of the ACU but note planning for the high-level needs of older prisoners beyond accommodation and health, appear to still be in their infancy. Limited information was provided to us about involvement in purposeful activity for prisoners placed in the ACU. And, while we acknowledge completion of the build is still some time off, we would expect some more detail regarding:

- family contact and visiting arrangements
- the role and importance of culture, particularly for older Aboriginal prisoners and Elders
- targeted release planning supports for those expecting to leave prison from the ACU.

We also did not receive any information about planning for the needs of older prisoners who do not require assisted care. The vast proportion of prisoners over 50 years will not need high-level services consistently throughout their period of custody. However, older prisoners' time in prison, is characterised by different issues compared to those of their younger counterparts. Many older prisoners may be above the age of retirement. Criminogenic and treatment programs are often

targeted at reducing recidivism in younger prisoners. Recreational and sporting activities are often geared towards those who are able-bodied. With these issues in mind, reasonable adjustments to the regime are required to ensure that older prisoners are not routinely excluded from activities like employment, programs, or recreation. To combat this, older prisoners can be engaged as advisors on issues affecting them within the prison (OICS, 2020A).

3.4 Requirements of older women have not been addressed

Casuarina Prison's Assisted Care Unit will be a considerable improvement for older male prisoners. However, the Department acknowledged limited effort has been made to date planning for the needs of older women. Some early stage, high level planning has commenced with further planning and consultation expected to occur in the first half of 2021 (DOJ, 2020).

But presently, there are no plans for purpose-built infrastructure for older women prisoners generally, or those who require higher level assisted care. Although female prisoners tend to be younger, there were still about 53 older women in prison on any one day in 2020. This equates to about seven per cent of the daily average female population. Many of these women will not require high level care. However, some will need additional support through age-related environmental design, appropriate adjustments to regime, and regular ongoing health and care services.

The facilities at Bandyup Women's Prison, Melaleuca Women's Prison, and Boronia Pre Release Centre were not purpose built with the age-related needs of older women in mind. Similarly, Wandoo Rehabilitation Prison is a repurposed youth detention centre that, while having undergone some refurbishments, was not designed for an older cohort. There are also limited age-appropriate cell modifications at other prisons which accommodate female prisoners.

Table 12 Information about placement options at female prisons in Western Australia (2020)

Facility	General function	Information
Bandyup Women's Prison	Sentenced women	Prison does not have specific placement options for older female prisoners. Longer term prisoners, including the more elderly women, tend towards placements in the self-care houses. A 24-hour medical service is available.
Boronia Pre Release Centre	Pre-release	Facility is pre-release and all women placed there are minimum security and live in self-care houses. Older prisoners are generally placed together, and one house is specifically designed with disability access.
Melaleuca Women's Prison	Remand women	Prison does not have any disability access cells in its mainstream units however crisis care units can accommodate women requiring a wheelchair. Where possible, older female prisoners are placed together dependent on security factors and cell availability. They are generally allocated single cells without top bunks and are prioritised for transfer to Bandyup Women's Prison depending on their status, security factors, and bed availability.
Wandoo Rehabilitation Prison	Alcohol and other drug rehabilitation	Prison has some disability access compliant cells. Older female prisoners require a specific management plan, but this alone does not exclude them from placement at Wandoo. The prison does not have a 24-hour medical service that may exclude those with chronic health issues.

We hope that the planned discussions scheduled in 2021 consider these issues. But moreover, that they involve the contributions of older women prisoners, and are respectful of those contributions. And particularly, of the role and importance older Aboriginal women play in their communities, and their responsibilities and obligations to family and extended kinship ties.

Appendix A Department's response to recommendations

Response to the Announced Review:
SnapShot Series: Older Prisoners

Response to Recommendations

- 1 Create a strategic framework or policy specific to the age-related needs of older prisoners.**

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Operational Support
Proposed Completion Date: 31 December 2022

Response:

The Department supports in principle the need for a strategic framework or operational policy for the management and treatment of older prisoners. This will however require extensive research, nationally and internationally, to determine a future model that will provide optimal solutions to accommodating older prisoners. The Department is committed to undertaking such research.

- 2 Ensure all staff who interact with older prisoners are trained in age-related physical and mental health decline.**

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Operational Support
Proposed Completion Date: 31 December 2022

Response:

An assessment of training requirements will be undertaken once the research into the management of older prisoners is completed and a future model for housing such prisoners is ascertained.

- 3 Ensure a balanced approach to the ligature minimisation program so accessibility adjustments and aides can adequately assist prisoners where they are required.**

Level of Acceptance: Supported in Principle
Responsible Division: Corrective Services
Responsible Directorate: Operational Support
Proposed Completion Date: 31 December 2022

Response:

It is expected that the research into the management of older prisoners will inform future infrastructure design and drive any changes to the ligature minimisation program for older prisoners, including those with mobility and mental health issues (e.g. dementia), taking into consideration associated ligature risks.

The expansion of Casuarina Prison incorporates plans for an Assisted Care Unit that will improve placement options for older male prisoners. Although a much smaller cohort, future planning will also take into account older female prisoner placement options.

Appendix B Placement options for older prisoners in Western Australian prisons

Facility	Information
Acacia Prison	Prison accommodates older prisoners within 3 areas; self-care, protection, and assisted care via agreement from a Multidisciplinary Committee. Decisions are based on protection or mainstream status, medical advice, conduct, and ability to self-care/self-support.
Albany Regional Prison	Prison does not have specific placement options for older prisoners. Longer term prisoners, including the more elderly, tend to gravitate to the earned privileges unit but this concept has been disrupted in recent times due to crowding.
Bandyup Women's Prison	Prison does not have specific placement options for older female prisoners. Longer term prisoners, including the more elderly women, tend towards placements in the self-care houses. A 24-hour medical service is available.
Boronia Pre Release Centre	Facility is pre-release and all women placed there are minimum security and live in self-care houses. Older prisoners are generally placed together, and one house is specifically designed with disability access.
Broome Regional Prison	Prison does not have specific placement options for older prisoners. There is some basic mobility assistance, including ramps, and handrails across the small site.
Bunbury Regional Prison	Prison does not have a dedicated wing or unit. Longer term prisoners, including older prisoners, are accommodated dependent on their security rating with a cohort of longer-term older prisoners placed in self-care. They are generally accommodated together.
Casuarina Prison	Prison has various options for older prisoners including the infirmary which, among other functions accommodates older prisoners who require intensive care from a health carer. Another unit adjoins the infirmary which has historically housed older prisoners who require some additional assistance/monitoring from health staff, however can mostly self-care. These prisoners are generally deemed not suitable to reside in the general living units. There is an additional support wing which is a therapeutic wing set up to provide a safe environment free from bullying and standover for prisoners struggling to cope in the general living units. This can include older prisoners who do not require assisted care but would be targeted within a general living unit. The prison has several older units with poor accessibility; newer units are preferable for placement of older prisoners.
Eastern Goldfields Regional Prison	Prison has various options for older prisoners including several accessible cells for those with mobility limitations. Older prisoners are placed in ground level cells and partnered with a prisoner to care for them, if necessary. Individualised assessment occurs and adjustments are made for ability/need. Where necessary, crisis care can provide better assistance and proximity to medical services.
Greenough Regional Prison	Prison does not have specific options for older prisoners and there is no night medical service. Older prisoners are medically assessed and can be prioritised for transfer to prison with more comprehensive medical services where medical requirements necessitate.
Hakea Prison	Prison does not have specific placement options for older prisoners. However, it is currently reviewing functionality so to support the needs of more vulnerable prisoners including older prisoners. A unit has been earmarked as it is single storey with wide wing corridors and large open common areas. It also has larger cells and ablutions for those with mobility limitations, and self-contained recreational/activities areas. There is also the ability for prisoner carers to be

	placed in this unit to assist those where necessary.
Karnet Prison Farm	Prison does not have specific placement options for older prisoners as unit placement is generally offence related which requires some basic separation. Terrain and prison layout are accounted for prior to transfer, as well as the limited medical facilities on site. Those requiring continual medical appointments can be problematic but do not preclude placement.
Melaleuca Women's Prison	Prison does not have any disability access cells in its mainstream units however crisis care units can accommodate women requiring a wheelchair. Where possible, older female prisoners are placed together dependent on security factors and cell availability. They are generally allocated single cells without top bunks and are prioritised for transfer at Bandyup Women's Prison depending on their status, security factors and bed availability.
Pardelup Prison Farm	Prison does not have specific placement options for older prisoners and health services are limited. This means older prisoners who require regular medical treatment or support are precluded from placement.
Roebourne Regional Prison	Prison does not have specific placement options for older prisoners.
Wandoor Rehabilitation Prison	Prison has some disability access compliant cells. Older female prisoners require a specific management plan, but this alone does not exclude them from placement at Wandoor. The prison does not have a 24-hour medical service which could exclude those with chronic health issues.
West Kimberley Regional Prison	Prison does not have any dedicated units or houses for older prisoners. Prisoners can be prioritised for transfer to prison with more comprehensive medical services where medical requirements necessitate.
Wooroloo Prison Farm	Prison formerly had a geriatric unit near the dining room, but this concept was abandoned. Prisoners with mobility issues are placed centrally. Health services staff are actively involved in placement decisions and push back on those who are older/have age-related needs. The prison does not provide 24-hour medical care and there is no cell call system for emergencies.

Appendix C Methodology

Data sets for this review were obtained from the Department of Justice's (the Department) offender database through a series of extractions using SQL Server Management Studio. We also used a series of pre-constructed reports from the Department's Reporting Framework and from the offender database (TOMS). The data was examined for trends between 2010 and 2020. A snapshot of the prison population was also taken for 1 January 2021.

Where available through open source data, a cross-jurisdictional analysis was also conducted to compare trends in Western Australia to other Australian jurisdictions. We reviewed international standards and principles, and contemporary literature into the management and support needs for older prisoners. We also examined Western Australian legislation and departmental documentation including policy and planning documents.

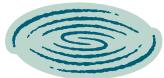
As part of the review we conducted a site visit to Acacia Prison to assess its Assisted Care Unit, and to Casuarina Prison to discuss forward planning for an Assisted Care Unit to be constructed as part of a large-scale expansion of that prison.

A key findings briefing was presented to the Department in March 2021.

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