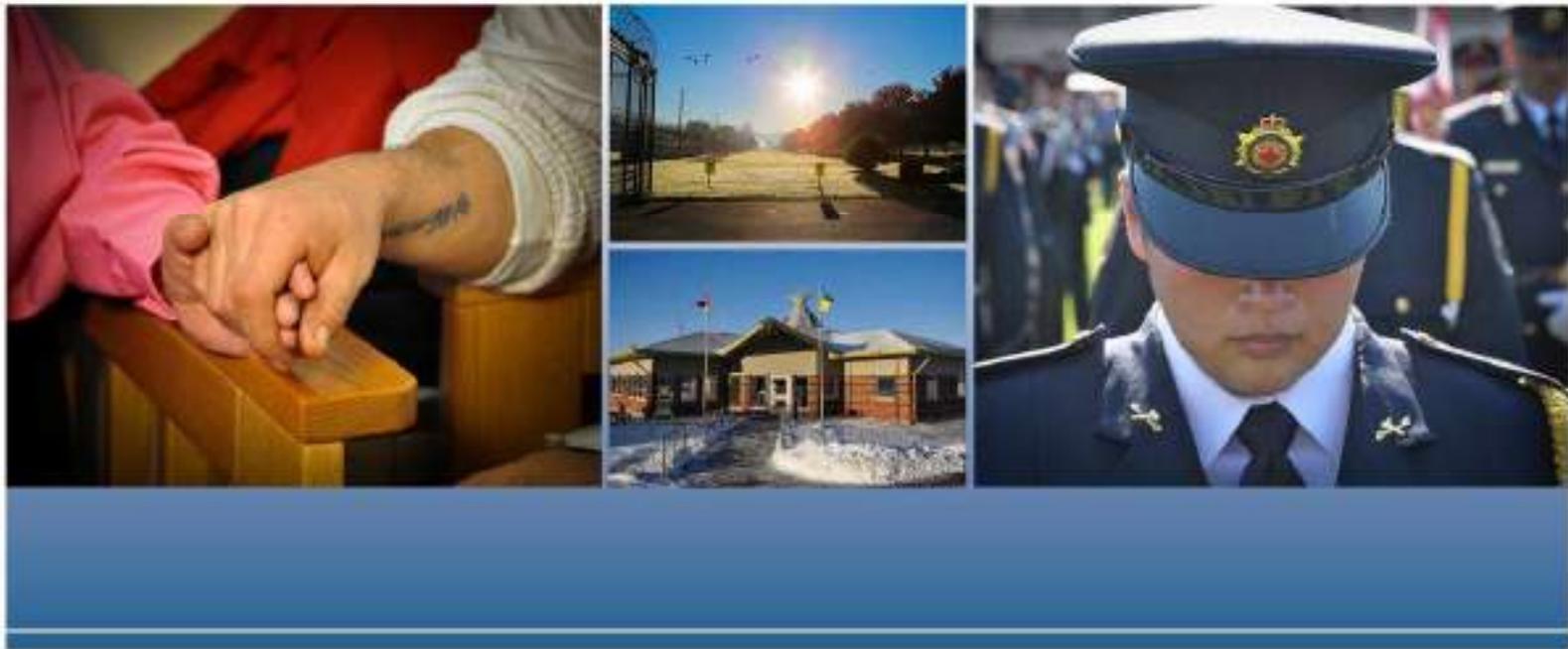




# SERVICE CORRECTIONNEL CANADA

TRANSFORMONS DES VIES. PROTÉGEONS LES CANADIENS.



**Addressing the Needs of Older Persons in Custody**  
**The 5<sup>th</sup> World Congress on Probation and Parole 2022**  
**September 28- October 1, 2022**  
**Ottawa, Ontario**



Service correctionnel  
Canada

Correctional Service  
Canada

Canada

# Objectives

- To provide an overview of how Correctional Service Canada (CSC) is responding to the needs of older persons in custody including:
  - its strategic policy approach: *Promoting Wellness and Independence: Older Persons in Custody (2018)*; and,
  - a number of related initiatives:
    - development of a Corrections-specific clinical assessment tool;
    - staff training/education in Aging and Health
    - enhancements to Peer Support Model
    - updated guidance on palliative and end of life care and the importance of building community partnerships
    - Pandemic response
    - Implementation of the Person Health Care Home

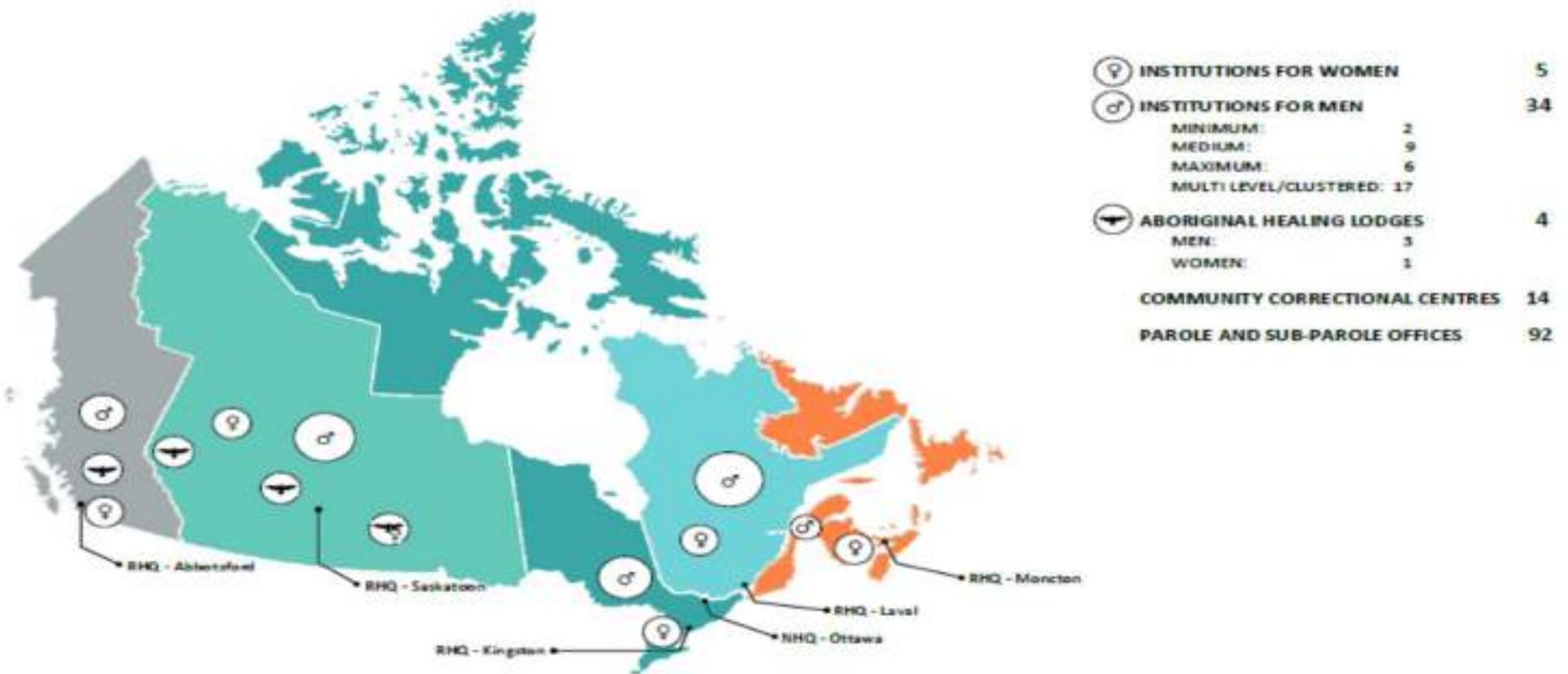


# Canadian Federal Correctional Context

- Correctional Service Canada (CSC) is the federal government agency in Canada responsible for administering court-imposed sentences of two years or more.
  - As such, CSC is responsible for providing essential health services to inmates in accordance with professionally accepted standards.
  - Provinces and territories are responsible to provide health care for people under supervision in the community although CSC does provide limited health services, primarily mental health services, in order to prevent gaps in care that would lead to reoffending or incarceration.
- CSC is responsible for the management of **43 institutions** in 5 regions (Atlantic, Ontario, Quebec, Prairies, and Pacific).
- In 2019-2020, CSC was responsible for approximately 23,102 offenders – 13,720 in federal custody and 9,382 supervised in the community<sup>1</sup>.



# Canadian Federal Correctional Context





# Population in CSC

- As of Feb 20, 2022, **12,216** individuals were incarcerated in **CSC institutions**: *\*approx. 20,000 in total when including those living in the community under supervision.*
  - **Population in CSC institutions is relatively young**
    - average age 41 yrs; median is age 38
    - mostly men (approx. 95% )
    - smaller population of women (5%)
    - 32% of Indigenous ancestry
    - **25% are age 50 and older (97% men; 22% Indigenous).**
      - 20% are ages 50-64
      - 5% are age 65+
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# Defining “older”

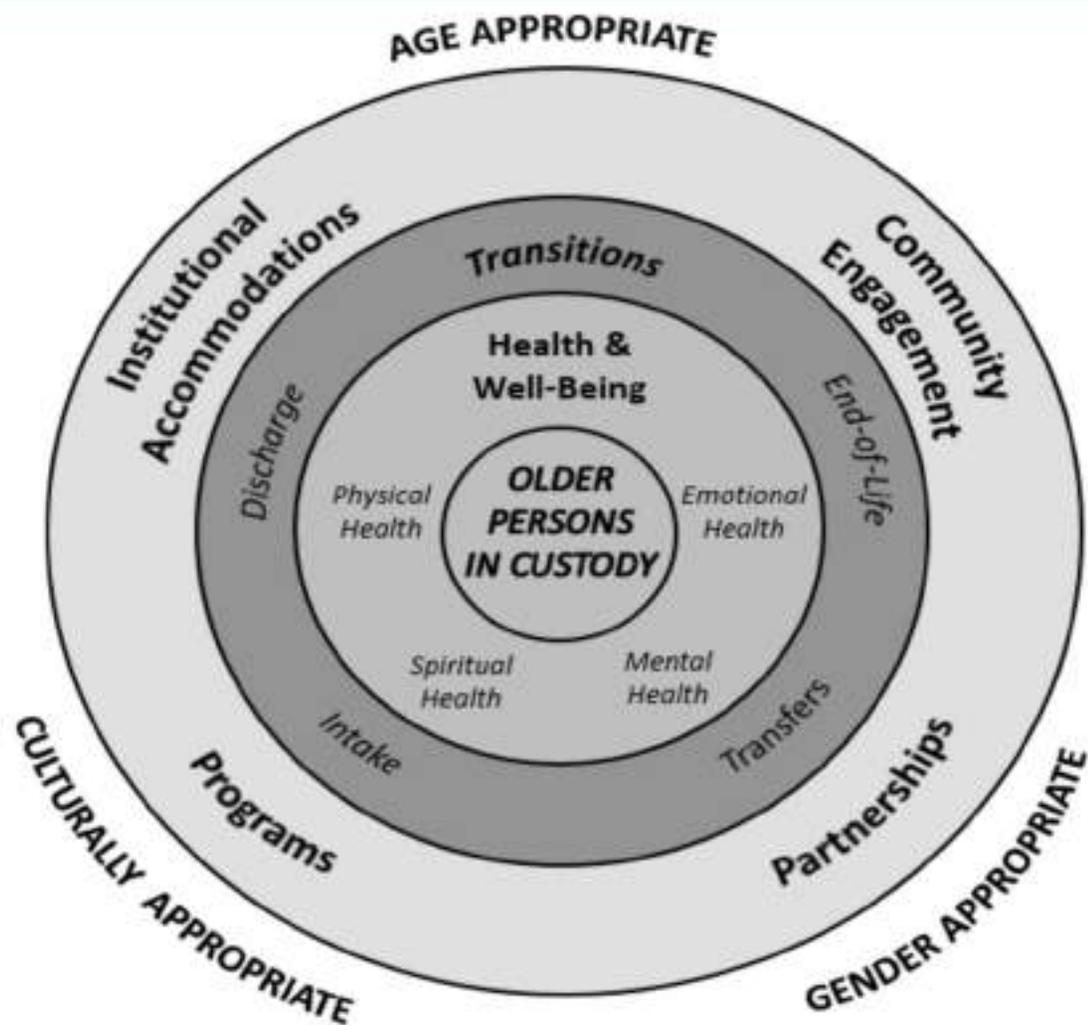
- Although the Correctional literature suggests that offenders are 10 to 15 years physiologically older than their chronological age, **there is no consensus on what age constitutes an ‘older’ person in custody** and definitions of older vary from 45 years and older to 65 years, and older. For example, “... *the definition of an older prisoner in the United States varies by state, with starting ages ranging from 50 to 70 years* (Williams et al 2012).
- According to Williams et al 2012, the “*empirical evidence for accelerated aging of prisoners is lacking.*”
- According to Aday (2013) and Williams et al 2012, ‘older’ is best defined as a combination of chronological age and functional/cognitive abilities.
- Consistent with the available information in the literature CSC seeks to understand older persons in custody by assessing chronological age and functional/cognitive abilities.

# ***Promoting Wellness and Independence, Older Persons in Custody- A Policy Framework (2018)***

- In response to the increasing number of older persons in custody, CSC developed and approved *Promoting Wellness and Independence, Older Persons in Custody- A Policy Framework* in May, 2018.
- The framework outlines an integrated approach that is:
  - Person-Centred
  - Age, Gender and Culturally Appropriate
  - Multi-Dimensional:
    - Health and Wellbeing
    - Programming
    - Living Accommodations
    - Community Engagement and Partnerships
    - Staff Training and Orientation
  - Quality Improvement, Evaluation, and Research.



# Older Person in Custody Integrated Person Centred Approach





## Review of Chronic Disease (age 65+)

- Most prevalent chronic diseases within this age group:
    - Hypertension: 53%
    - Chronic Pain: 44%
    - Obese: 35%
    - Diabetes (Type II): 28%
    - Arthritis: 22%
    - Heart disease: 20%
    - Cancer: 17%
    - Mental Health- 40% (ex. depression, anxiety, personality disorders)
  - The results revealed older persons in custody, age 65+, presented with chronic diseases at a rate higher in most categories than those in the wider Canadian 65+ population.
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# Lived Experience: What We Heard from Older Persons in Custody

- Generally satisfied with living conditions and quality of health care services:
    - wait times for a physician or dentist were **too long**;
  - A lot of time alone in their cells:
    - Lack of activities for older people especially those who can no longer work or participate in programs;
  - Challenge accessing gym as younger population monopolize these areas;
  - Bullying (stealing, name-calling and intimidation) by younger population;
  - Challenges living in a correctional facility when you have mobility issues and complex chronic diseases (ex. standing for count; walking distances; etc.);
  - They worry about their family on the outside, dying in prison, getting ill, getting dementia and becoming vulnerable, lack of finances, and lack of supports when released;
  - having a special unit for older people would be a good idea but they want a choice; did not want to be 'isolated and forgotten'.
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# InterRAI ED Contact Assessment Results

CSC Collaborated with  
the University of Waterloo to Analyse the Results

## Key Findings

- Most managing well and placed appropriately in terms of care needs;
    - Those identified as having high health care needs were living in areas where CSC provides 24/7 nursing care. These individuals tended to be sicker, more functionally impaired and more affected by mental health.
    - There is a considerable subgroup among the 65+ age group (9%) and a smaller number of those ages 50-64 however living in main stream institutions who are at higher risk for needing nursing home level care and would benefit from the Special Treatment options.
  - For some individuals **pain** had a clear, modest association with depressive symptoms.
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# InterRAI ED Contact Assessment Results

(continued)

- Indigenous population:
    - higher proportions of clinical problems such as falls and dyspnea than those of the same age in other groups; and,
    - showed similar proportions of clinical problems as those in older age groups.
  - All groups show high proportions of depressive symptoms:
    - women have a significantly higher proportion than all the other groups.
  - Without a baseline assessment at entry and repeated measures over time it is not possible to directly measure if there is 'accelerated aging' among the older persons in custody.
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## Related Initiatives

- Working with the University of Waterloo to develop a Corrections-specific InterRAI Tool;
  - Collaborating with a Geriatrician to provide training and education on Aging and health; and,
  - Enhancing its Peer Support Model.
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## Specific to Palliative and End of Life Care

Through its updated Guidance document on *Palliative and End of Life Care (2022)*, Health Services is promoting:

- Early identification of those diagnosed with a life-limiting illness and the need for palliative care;
  - Proactive and early collaboration with an interdisciplinary care team;
  - Advance care planning and conversations with the patient with respect to the involvement of family ('family' to be defined by the patient);
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# Palliative and End of Life Care

- Early **collaboration with Parole Officer** to help facilitate early release process (if this is what the patient wishes).
  - Develop a Staff training/education plan based on the needs identified through the Competency Self Assessment tools.
  - Ongoing dialogue with community organizations to establish **community partnerships** (ex. hospice, long term care, palliative care specialists ) **to help facilitate placement in the community.**
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# Parting Thoughts: Connection to the Community

- CSC's efforts to understand the population health needs of older persons in custody facilitates access to services, interventions and an environment that is responsive to their needs
  - CSC's commitment to use appropriate health assessment tools is key to responding to current and future needs of older persons:
    - Ensures the comprehensive assessment of health needs and appropriate health interventions are provided while in custody
    - Supports the entire interdisciplinary team in parole considerations
    - Facilitates collaboration with community partners to ensure effective transition to the community
  - Education for staff to increase awareness and understanding of the needs of older persons in custody is key
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# Questions/Discussion

