

Trends & issues

in crime and criminal justice



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Foreword | *Corrections statistics in Australia indicate a clear trend towards increased numbers of older prisoners and the growth of this inmate group is paralleled in prisons in the United States, United Kingdom and New Zealand. Older prisoner populations present a number of challenges for governments, correctional administrators, healthcare providers and community agencies. This paper looks at the issue of defining the older prisoner and explores the rise in older inmate populations throughout Australia—both at the national level and across the states and territories. The concerns pertaining to the management of older prisoners are examined, including the costs of responding to rising healthcare needs, as well as issues surrounding accommodation and correctional programs for older prisoners. Various solutions and strategies that have been adopted internationally in various correctional settings are also discussed, including the establishment of special needs units for older prisoners and the employment of specialist staff. Finally, the paper discusses the implications of the rise in older prisoner numbers for corrections policymakers and researchers in the Australian context.*

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Older prisoners—A challenge for Australian corrections

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Definition of older prisoners

Historical data indicate that the number of older people in Australian prisons is increasing (ABS 2010b). Researchers, policymakers and corrections administrators have yet to reach a consensus as to what constitutes an 'older offender' and definitions vary substantially, ranging from 45 years and above to 65 years and above (eg Stojkovic 2007; Yorston & Taylor 2006). The issue of definition is essential for comparative research and a lack of consensus can impede the development of a sound evidence base concerning older prisoners and related issues, such as offence types, recidivism rates, health concerns and prison management issues. Heckenberg (2006) suggests that any functional definition must also avoid bundling 'older prisoners' together as a homogenous group and in doing so, neglecting individual characteristics and needs.

Despite the variability of definition, many writers and researchers have adopted a functional definition of 'older prisoners' as being those who are 50 years of age and over (Kerbs & Jolley 2007; Stojkovic 2007). The utilisation of 50 years and older as an appropriate gauge for 'old age' in prison is based on research findings that identified '...an apparent 10-year differential between the overall health of prisoners and that of the general population' (Grant 1999: 1).

The acceleration of the ageing process among prisoners is generally attributed to a combination of the lifestyle of offenders prior to entering prison (including poor nutrition, substance misuse and a lack of medical care) and the understanding that prison environments may escalate age-related illnesses and conditions (Carlisle 2006; HMIP 2004; Stojkovic 2007; UNODC 2009).

A further advantage of adopting this definition of ageing in the Australian context is that it allows for the inclusion of data concerning both female and Indigenous prisoners—two groups of offenders who are generally younger than the mainstream prison population (ABS 2010b).

An ageing inmate population

In 2010, inmates over the age of 50 comprised 11.2 percent of the Australian prison population (ABS 2010b). This contrasts with the situation in the year 2000, when only 8.3 percent of prisoners were aged 50 years and over (ABS 2000). In terms of raw prisoner numbers, this equates to approximately 1,500 additional older inmates—an increase of 84 percent—across Australian prisons over the past decade (ABS 2010b, 2000). As shown in Table 1, of those prisoners aged over 50, the greatest growth has been observed among those aged over 65, whose numbers rose over 140 percent in the decade from 2000 to 2010 (ABS 2000). This far exceeds the increase in the national prison population, which was only 36 percent over the same time period (ABS 2010a, 2000). Table 2 shows a comparison of the older prisoner population across Australian states and territories for the period 2001–10. While all states and territories have experienced

a growth in this inmate group, there exists some variation, with South Australia, the Northern Territory and the Australian Capital Territory experiencing the greatest percentage increases over the period 2001–10 (ABS 2010b, 2001b).

Similarly, there is considerable evidence to indicate that older prisoners are increasing in number across the United States, United Kingdom and New Zealand (eg Aday 2003; AIC 2007; PRT 2008). In England and Wales, there was a 149 percent increase in the number of sentenced prisoners aged 60 years and over between 1996 and 2006 (LeMesurier et al. 2010) and this appears to be the fastest growing age group among prisoners in the United Kingdom (Cooney & Braggins 2010). In the United States, between 2000 and 2009, the number of prisoners aged 55 years and older increased from 42,300 to 75,300 and the proportion of all prisoners aged 55 years and over rose from 3.4 percent to 5.2 percent (Beck & Harrison 2001; Sabol

& West 2010). It is predicted that by 2030, one-third of all prisoners in the United States will be over the age of 55 years (Kerbs & Jolley 2009). Similarly, New Zealand experienced a 94 percent increase in the number of prisoners aged 50 years and over from 2000–09 (NZDC 2010).

Why are the numbers of older prisoners increasing?

While in general Western populations are ageing, it has been postulated that changes in prosecution and sentencing laws and practices—including mandatory minimum sentencing and reduced options for early release—have also contributed to the growth observed in older prisoner populations (Aday 2006; Dawes 2009; Grant 1999; Kempker 2003; Kerbs & Jolley 2009; Potter et al. 2007). This is also indicated by examining Australian population statistics, which show that the numbers of Australians aged 50 years and over increased by 31 percent over the period 2000–10, comparatively smaller than the 84 percent increase observed in the older prisoner population over the same period (ABS 2010a, 2001a). This demonstrates that the ageing of the general population alone cannot account for the growth in the older prisoner population. Potter et al. (2007) also note that higher proportions of older Australian prisoners are convicted of offences

Table 1 Prisoners in Australia by age and year (n)

Age (yrs)	Australian prisoners in 2000	Australian prisoners in 2010	Increase, 2000–10 (%)
50–54	848	1,445	70.4
55–59	459	825	79.7
60–64	281	529	81.8
65+	218	527	141.7
Total prison population	21,714	29,696	36.8

Table 2 Older prisoners in Australian states and territories by year 2001–10

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Prisoners aged 50 and over in 2001 (n)	717	353	381	78	234	36	33	0	1,832
Prisoners aged 50 and over in 2010 (n)	1,185	657	618	272	422	66	81	25	3,326
Percentage increase in prisoners aged 50 and over (2001–10)	65.3	86.1	62.2	248.7	80.3	83.3	145.5	— ^a	81.6
Prisoners aged 65 and over in 2001 (n)	64	60	61	4	37	1	4	0	231
Prisoners aged 65 and over in 2010 (n)	161	118	109	51	59	14	12	3	527
Percentage increase in prisoners aged 65 and over (2001–10)	151.6	96.7	78.7	1,175.0	59.5	1,300.0	200.0	— ^a	128.1

a: Percentage increase could not be calculated due to zero base

Table 3 Older female prisoners in Australian states and territories, by year, 2001–10

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Total
Prisoners aged 50 years and over in 2001 (n)	24	16	11	1	9	2	1	0	64
Prisoners aged 50 years and over in 2010 (n)	94	47	43	10	18	3	3	0	218
Percentage increase (2001–10)	292	194	291	900	100	50	200	0	241

that attract long sentence periods (in particular, sex offences, homicide and drug-related offences) and this may also be a contributing factor to the rise in their numbers nationwide (Grant 1999; Potter et al. 2007).

Types of older prisoners

In attempting to describe the variability and diversity among the ageing prisoner cohort, researchers have identified four main groups of older prisoners based on offending history (Aday 2006; Dawes 2009; Grant 1999; Thomas, Thomas & Greenberg 2005):

- first-time prisoners, incarcerated at an older age;
- ageing recidivist offenders who enter and exit prison throughout their lifetime and return to prison at an older age;
- prisoners serving a long sentence who grow old while incarcerated; and
- prisoners sentenced to shorter periods of incarceration late in life.

According to Stojkovic (2007: 101), the experience of prison is different for each of these groups of people, but linked by the 'overwhelming stress' of incarceration.

Older offender minority groups

In the Australian context, attention needs to be paid to both female prisoners and Indigenous offenders as notable minority groups within the older inmate population. According to the Australian Bureau of Statistics (2010b), of the total prisoner population (n=29,700) in Australia at 30 June 2010, eight percent (n=2,228) were female and Aboriginal and Torres Strait Islander prisoners comprised just over a quarter (26% or 7,584) of the total prisoner population.

Older female prisoners

While the number of female prisoners in Australia is far smaller than the number of males (and the number of older females even more so), the percentage increase observed in the female prison population over the decade 2000–10 is far greater

Table 4 Older Indigenous prisoners in Australia, by age, sex and year (n)

Age (yrs)	Indigenous male prisoners			Indigenous female prisoners		
	2000	2010	Increase 2000–10 (%)	2000	2010	Increase 2000–10 (%)
45–49	95	363	282.1	6	36	500.0
50–54	51	179	251.0	3	12	300.0
55–59	14	65	364.3	0	0	0.0
60–64	7	27	285.7	1	3	200.0
65+	10	23	130.0	0	0	0.0

than that of the male prison population (61% compared with 35%; ABS 2010b, 2000). The number of female prisoners in Australia aged 50 years and over has more than tripled over the period 2000–10 (an increase of 222%), far exceeding the percentage growth in the female prison population aged under 50 years (approximately 53%; ABS 2010b, 2000). Furthermore, this growth in the older female inmate population has far outpaced the growth in the general Australian population of females aged 50 years and over (approximately 27%), providing further suggestion that demographic population changes are not the sole driver of the changes observed in the older prison population (ABS 2010a, 2010b, 2001a, 2000). As shown in Table 3, the growth in the older female inmate population has varied across Australian states and territories, with New South Wales, Victoria and Queensland experiencing the greatest increases in raw numbers over the period 2001–10 (ABS 2010b, 2001b).

International researchers have drawn attention to older female prisoners as an often overlooked minority; for example, in the lack of targeted programming in correctional settings (Aday 2003; Caldwell, Jarvis & Rosefield 2001; Wahidin 2003; WHO 2009). Authors have also emphasised that male and female prisoners are not comparable, pointing to differences in criminal history profiles and adjustment to prison, as well as the unique rehabilitation, health and transitional support needs of female inmates (HMIP 2008; Wahidin 2003).

A number of researchers have suggested gender-specific responses may be more appropriate to address the particular health

care needs of older female inmates (Ahmed 2008; Caldwell, Jarvis & Rosefield 2001; HMIP 2008; PRT 2008; Wahidin 2003). According to Kerbs and Jolley (2009), research indicates that older female prisoners are twice as likely as older male prisoners to report serious health problems such as cardiac, degenerative and respiratory illnesses.

Older Indigenous prisoners

Research shows that Indigenous Australians are over-represented at all levels of the criminal justice system, with Indigenous women comprising the fastest growing prison population (AHRC 2008). Despite this, the numbers of older Indigenous prisoners are relatively lower, comprising only 9.5 percent of males (n=294) and seven percent of females (n=15) aged 50 years and over in Australian prisons in 2010 (ABS 2010b).

This perhaps reflects the lower median age of death of Indigenous Australians compared with non-Indigenous Australians (52.5 years for men and 61.3 years for women in 2009; ABS 2009). Indigenous prisoners would therefore be expected to be affected by age-related health issues at a younger age than other prisoners and this should be accounted for in future research and practice (eg by altering the definition of 'older' for Indigenous prisoners to 45 years and over). Table 4 shows the growth in the Aboriginal and Torres Strait Islander prisoner population aged 45 years and over during the period 2000–10 and indicates that the fastest growing age groups among Indigenous prisoners are 50–59 years for males and 45–49 years for females (ABS 2010b, 2000).

Issues in the management of older prisoners

The rising number and proportion of older prisoners has implications for planning, policy and service delivery across the correctional system. Older inmates are characterised by different issues and present unique challenges across a number of domains, including physical and mental health needs, costs associated with incarceration, vulnerability to victimisation, prison environment, service delivery and release planning. The following sections summarise many of the issues presented in the international literature concerning the management of older offenders in the correctional setting.

Health concerns

As with older people in general, the most immediate and apparent issues facing older prisoners are those related to ageing and associated declines in mental and physical health. Furthermore, considering the accelerated biological ageing process, a prisoner who is chronologically 50 years of age is generally expected to display the onset of age-related health concerns of a 60 year old in the general population (Gaseau 2004; HMIP 2004; Potter et al. 2007). Such concerns include coping with chronic disease and/or terminal illness, fear of dying, pain management, reduced levels of mobility, disability, loss of independence and cognitive impairments (Caldwell, Jarvis & Rosefield 2001; Fazel et al. 2001; HMIP 2008; Potter et al. 2007; PRT 2008; Yorston & Taylor 2006). The rising numbers of older prisoners has specific implications for prison health services (eg in screening, preventative healthcare and chronic disease management) as well as custodial management of older prisoners (in terms of accommodation needs and program delivery, for instance). Access to current Australian data characterising the prevalence, nature and impact of health-related issues among older prisoners is essential for both healthcare and custodial planning in this area and should therefore be a priority for local research.

Mental health and adjustment

Research suggests that although older prisoners are generally less disruptive than younger prisoners, a considerable number experience depression and other psychological problems, suggestive of institutional adjustment difficulties (Crawley & Sparks 2005; Howse 2003; Kakoullis, LeMesurier & Kingston 2010; PRT 2008). Historically, it seems that little attention has been paid to issues relating to older prisoners, partly due to the perception of prison staff that older prisoners are 'compliant' and therefore, not (overtly) a 'problem' (Crawley 2004; Grant 1999; HMIP 2008, 2004; Wahidin 2003). This is reflected in national and international research concerning mental health among older prisoners, of which there is 'strikingly little' (Kakoullis, LeMesurier & Kingston 2010: 696).

International research indicates that up to 40 or 50 percent of ageing prisoners experience mental health issues, including a high prevalence of depression (Allen et al. 2008; Carlisle 2006; Howse 2003). Further, research has also identified that prevalence rates of mental illness among prisoners are likely to be higher than estimates which rely on prison records due to a number of reasons. First, mental illness may develop during the course of incarceration after initial screenings have been completed and second, prisoners may also not disclose symptoms of mental illness due to fear of consequences, such as eligibility for parole and fear of judgment (Kakoullis LeMesurier & Kingston 2010; LeMesurier et al. 2010; Potter et al. 2007). This may have implications for older prisoners upon release, particularly those with unidentified mental health needs, as they may be unable to access various health and social services, leaving them vulnerable and at risk of reoffending (Howse 2003; LeMesurier et al. 2010).

Increasing costs

Corresponding with the rise in numbers of older prisoners, many writers have highlighted an increase in healthcare costs

as a concern for policymakers, prison administrators and government (Aday 2003; Ahmed 2008; Wahidin & Aday 2005). Research in both Australia and the United States has identified that the cost of accommodating older prisoners is approximately three times greater than it is for their younger counterparts (Aday 2003; Caldwell, Jarvis & Rosefield 2001; Grant 1999; Harrison 2006; Kerbs & Jolley 2009). In addition to actual and potential costs, many prison administrators are considering, or have responded to, older prisoners' health needs through hiring specialised staff (eg in palliative care or gerontology) and/or the creation of nursing or 'older prisoner' units (Caldwell, Jarvis & Rosefield 2001; Grant 1999; HMIP 2008, 2004). The rising numbers of older inmates in Australia therefore has implications for correctional budgets and there is a subsequent imperative to identify and adopt cost-effective strategies, particularly in relation to healthcare delivery, for this prisoner group.

Prison environment and regime

It is commonly understood that correctional environments are primarily designed for the young and able-bodied, who comprise the majority of prisoners (Aday 2003; Carlisle 2006; Kerbs & Jolley 2009; Potter et al. 2007). As such, many researchers have argued that older prisoners' health concerns are exacerbated by many prison environments and regimes (Aday 2006; Carlisle 2006; PRT 2008). Research findings support this and suggest that prison environments and regimes poorly cater for the needs of older prisoners with physical disabilities, such as limited mobility (eg requiring the use of ramps, wheelchairs, walking frames or sticks), hearing or vision impairments, infirmity or incontinency (Aday 2003; Carlisle 2006; Grant 1999; Kerbs & Jolley 2009; LeMesurier et al. 2010; Potter et al. 2007; PRT 2008).

Some writers have described this situation as a 'double punishment', concluding that difficulties with, or lack of access to, prison facilities (eg baths and showers and upper bunk beds) and programs (such as exercise

and education) creates a harsher prison environment for older prisoners (Howse 2003; Stojkovic 2007). Others have described the lack of adaptation as 'not only disadvantageous, but dangerous in some cases' (HMIP 2008: 9).

Suitability of prison programs

Just as prison environments and regimes have been designed with the needs of younger prisoners in mind, so too have most prison programs (Grant 1999; Harrison 2006; HMIP 2008, 2004; PRT 2008). A lack of appropriate and meaningful programs for older prisoners has been noted in the provision of a range of program areas including education, vocation and exercise (PRT 2008; Wahidin & Aday 2005). Many prison education programs are often focused on basic literacy and numeracy skills (targeting younger prisoners) and the physical education provided may be too challenging or unsuitable for many older prisoners, who may also have to contend with younger prisoners dominating exercise equipment (Dobson 2004; HMIP 2004).

Vulnerability to victimisation

The literature indicates that older prisoners—especially those with limited mobility, frailty and/or disability—are perceived by themselves and others to be more vulnerable to victimisation than their younger, generally stronger counterparts (Dawes 2009; Kerbs & Jolley 2009; PRT 2008). An HM Inspectorate report for England and Wales (2004) found that prison staff were not trained or willing to push wheelchairs, thereby predisposing wheelchair-dependent prisoners to victimisation from other prisoners on whom they relied for assistance—in some cases by 'paying' helpers. A study based upon interviews with older prisoners in the United Kingdom outlined that 'almost half the men had experienced bullying and intimidation' and 'over 60 percent...felt unsafe' (PRT 2008: 7, 8). Kerbs and Jolley (2009) also point out that a large number of older prisoners are also sex offenders, predisposing them to victimisation based on their offence category. As well as having

a reviled status among other prisoners, further research has demonstrated that the fear of victimisation among this group continues after their release from prison (Crawley 2004). While such findings have been seen throughout research from the United States and United Kingdom (Kerbs & Jolley 2007), empirical data concerning victimisation among older prisoners is scarce and practically non-existent in the Australian context.

Release and resettlement issues

The literature has consistently pointed to difficulties in post-release planning and support for older prisoners (eg Crawley 2004; HMIP 2008; PRT 2008; Stojkovic 2007). The causes underlying this shortcoming include a lack of coordination (eg funding, resources and service provision) between prisons, community correctional services and community agencies (Ahmed 2008; PRT 2008), priority being provided to younger inmates (either due to higher perceived risk of reoffending or higher perceived chances of successful rehabilitation and re-integration) and a lack of strategies to address the needs of older prisoners, combined with restrictive criteria for the early medical release of terminally or chronically ill prisoners (HMIP 2004; Howse 2003; Rikard & Rosenberg 2007; Stojkovic 2007).

The need for support in negotiating the transition from prison may be amplified for older prisoners, who may experience higher levels of chronic illness (Crawley 2004). In addition, those who have been incarcerated for longer periods are likely to have more difficulty adjusting to community living, particularly if they have lost family and social support, as well as housing, possessions and the capacity to be employed (Crawley 2004; Crawley & Sparks 2005; Dobson 2004; Heckenberg 2006; LeMesurier et al. 2010; PRT 2008). The additional post-release issues and concerns facing older sex offenders—including the high potential for loss of family support and fears of assault and negative media exposure—have also been highlighted by some authors (Crawley 2004).

Strategies and solutions

A number of strategies have been presented and implemented with a view to managing the issues surrounding older offenders in the prison environment. The following section summarises the various approaches that have been adopted, particularly focusing on international practices which could be considered by policymakers in the Australian context.

Nursing home prisons, prison hospices and special needs units

Several examples exist of specialised prisons designed to accommodate older prisoners with chronic health concerns and/or terminal illnesses, including Laurel Highlands, a geriatric and special needs facility in Central Pennsylvania and a 50 bed prison in Singen, Germany (Gaseau 2001; Kucharz 2008; Ove 2005). Such prisons can provide the specialised intensive services required by ill and infirm prisoners, while at the same time reducing costs 'because of an economy of scale created by the influx of inmates of all ages being handled by the same-size staff' (Ove 2005: np). In addition to reduced costs, such facilities may also reduce victimisation of older inmates and provide staffing and environment better tailored to the older prisoner population.

Other correctional facilities have instead established special needs units within prisons to service older populations (Fry & Howe 2005; Gaseau 2001). The reported benefits of such units are similar to that of the nursing home prisons, with centralised resources reducing costs associated with staffing, medical care and transport, and age-segregation of prisoners alleviating issues around prisoner victimisation and enabling more targeted programming and rehabilitation efforts (Fry & Howe 2005; Kerbs & Jolley 2009; Martin 2001). In New South Wales, the Kevin Waller Unit at Long Bay Correctional Complex is one such example of a unit housing aged inmates who do not require assistance with personal care or daily living tasks (NSWDCS 2010).

While many authors and institutions have supported the idea of age segregation in

correctional settings, others have noted that prisons sometimes see a value in 'mainstreaming' or intermingling of older and younger prisoners to help calm and stabilise the younger prisoner population (Aday 2006; Heckenberg 2006; Kerbs & Jolley 2009). Similarly, research has indicated variation among older prisoners in their preference for segregation or mainstreaming (Dawes 2009).

Staffing, services and programs

Many of the services and strategies that have been implemented with a view to managing older prisoner populations have been developed at the local level, rather than being directed by policy frameworks (Crawley 2004; Gaseau 2004; HMPS 2009). Such initiatives have utilised assessment, collaboration with community agencies, case management, mentoring and advocacy to identify and address issues affecting older prisoners; for example, developing more appropriate exercise and day programs and coordinating transitional support (Evans 2005; HMPS 2009). At HMP Wakefield in the United Kingdom, strategies have included developing an elderly register, training and employing prisoners as carers for other prisoners or utilising older inmates as advisors on ageing issues within prisons (HMPS 2009). In Maryland in the United States, the social work department in the Division of Corrections is responsible for keeping a database of elderly prisoners, ensuring regular physical and mental examinations and monitoring the need to apply for medical parole if necessary (Gaseau 2004).

Aside from training prisoners, many institutions have opted to hire specialist staff with training in aged care, gerontology and nursing to provide appropriate care to the ageing prison population (Gaseau 2004). Prisons have also provided training to custody staff to improve their capacity to understand, handle and empathise with inmates who may have mental, cognitive or physical impairments (Gaseau 2004, 2001). Many authors and administrators have also pointed to the need for programs focusing on health promotion and education for elder

inmates (Dobson 2004) and the benefits of group consultation with older prisoners in the form of committees, forums or focus groups (Cooney & Braggins 2010).

Parole and early release

Although research has demonstrated a reduced risk of reoffending among older prisoners, there remains reluctance from both government and prison administrators to consider early release options and promote the use of community corrections as an alternative to imprisonment for offenders who pose a low risk to the public (Green 2009; Howse 2003; Kerbs & Jolley 2009; Ove 2005). The suggestion of opting for early release or parole options also attracts opposition from victims' advocacy groups, victims and their families (Etter 2006). One obvious argument for 'early' or 'compassionate release' or medical/geriatric parole is the reduction in costs of providing medical care in prison (Green 2009; Kempker 2003). However, opponents have pointed out that these same costs will simply be shifted or borne by a different government sector, such as health or aged care, as many inmates are unwanted by family or have simply out-lived their relatives (Green 2009; Kempker 2003; Yorston & Taylor 2006). In Louisiana, the POPS (Project for Older Prisoners) program utilises law students to work with older prisoners who meet various selection criteria, who then investigate community placements available and consult with the prisoners' victims before advocating for release with the Louisiana Parole and Pardon Boards (Martin 2001). Workers make recommendations as to release conditions based on multiple assessments of risk of recidivism. By 2001, the program had assisted close to 300 inmates to gain release 'without a single act of recidivism' (Martin 2001: np).

Implications

The rise in numbers of older prisoners across Australia would be expected to impact across a range of correctional domains.

- Prison health services are likely to experience increased requirements for specialist services and chronic disease management services, as well as screening and treatment for age-related illnesses (including dementia and terminal illnesses).
- A greater need for accommodation arrangements suitable for prisoners with frailty and mobility issues is also a likely outcome. Correctional services may experience greater requirements for personal care, therapeutic equipment and modifications to cells and facilities for older prisoners residing within the general prison population.
- The higher numbers of older prisoners also has implications for program delivery, given that many of these inmates may be either medically unfit for work or past retirement age. Prisons may need to assess the availability of appropriate social, educational and recreation programs for this prisoner group.
- As a result of these impacts, there are certainly implications for correctional budgets, including costs associated with catering for older prisoners with higher healthcare needs, or where alternative transport and accommodation measures are required.
- Finally, there are implications for correctional research. Information about the needs of older prisoners and the extent to which the current trends will continue is vital for the planning of prison services.

Conclusion

It is evident from the literature that there are numerous and significant issues facing older prisoners in Australia and overseas pertinent to the prisoners themselves, their families, the wider community, corrections administrators, health care professionals and policymakers. While it is apparent that many of the issues presented by older prisoners may also be present in younger prisoner populations (eg chronic health issues and disabilities), as a group, older prisoners appear to be characterised by a

higher number of these difficulties. Therefore, the growth of the older prisoner population in Australia necessitates a more systematic approach towards planning for and addressing such needs. There is a dearth of Australian literature concerning older prisoners and policymakers and administrators are heavily reliant on the international literature both to conceptualise the issues posed by this population and to formulate strategies for the management of this prisoner group.

Further, Australian research should be systematic and focus on characterisation of the domestic older prisoner cohort in terms of its size and the particular issues and challenges faced by corrections services (including corrections, health and pre- and post-release services) in the management of this prisoner group. Understanding these issues is an essential starting point to formulating strategies for the management of older prisoners in the Australian correctional context.

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