

Cost effectiveness in prison management criminology essay



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It is unclear what characterizes an offender as elderly. The age of 65 as a marker between middle age and old age was based off of social legislation during the late 19th and early 20th centuries for purposes of determining eligibility for social, retirement or other benefits. 19 Many offenders are considered by correctional authorities to be a part of the “ older” prison population, despite being aged 15 years or more below societal perceptions of ages traditionally affiliated with “ being old.” States have applied different factors to gauge the “ true” age of elderly inmates as a result of their continuous exposure to the prison environment. Such factors include the stress and anxiety associated with living in an isolated environment, the degree of mental and physical impairment, and the higher risk of victimization due to the offender’s advanced

Elderly Inmates: A Growing Trend

US- Graying Prison,

Canada-

Japan-

HK-

Argument against incarcerating the elderly offender

Cost of Incarceration

Basic Needs and Programs

In the US, the courts have ruled that inmates have rights that are essentially dominated by the basic needs of all inmates. Sufficient nutrition, medical care, and safety are a few of the rights determined by the courts to ensure that basic needs are met. Programs have also been initiated for non-basic

needs, for example, educational and training program, work programs and therapy and counseling programs. The programs that meet the basic and non-basic needs of older inmates are essentially the same as for younger inmates. However, there is a difference between what is required to meet the basic and nonbasic needs of younger versus older inmates. The discrepancies exist between and inmate's needs which result in specialized programs (Wheeler, 1999).

To cope with the needs of an increasing older prison population, states corrections departments have been taking steps ranging from developing targeted programs and activities for elderly inmates to providing specialized geriatric care. In a 2001 survey by the U. S. Criminal Justice Institute, approximately 15 of the 44 participating states and territories indicated that they provided supervised recreational programs specifically designed for older and elderly inmates. And other states have established educational programs on wellness and aging issues as part of an overall preventive care program. Ohio's hocking correctional facility offers a " 50+ and Aging" program, which is designed to address the physical, psychological and social needs of older inmates. Such activities as chair aerobics, adult basic education and GED classes are provided as part of the program, as well as specialized recreational options, including bingo, shuffleboard, horseshoes and a walking program. Pennsylvania has also provided inmate health care education programs, and has even offered a healthy heart food line, featuring low fat, high fiber foods for inmates (Abner, 2006). Accordingly, opponents are convinced that these specialized programs will needlessly consume the limited corrections' and tax payer's monies.

Health Care Needs

Another important factor to consider with respect to the incarceration of elderly offenders is the cost of health care. In a survey of the U. S. Department of Corrections in all fifty states, twenty-seven of the thirty-one institutions that responded identified medical needs and related factors as the most important or significant variable attributed to the cost of aging inmates (Wheeler, Connelly, & Wheeler, 1994). Most states estimate that healthcare for an elderly prisoner costs roughly two to three times that for a younger prisoner. In some states, like North Carolina, the average annual cost of healthcare for prisoners 50 and older is four times higher than the cost for prisoners younger than 50. Moreover, while only 11% of North Carolina's prisoners are age 50 and older, the \$25 million it costs the state each year to provide healthcare to these aging prisoners constitutes nearly 30% of the state's total correctional healthcare budget (American Civil Liberties Union, 2012). In Florida, prisoners age 50 and older accounted for a disproportionate share of all medical contacts. While 11% of the total prison population was in this age range, these prisoners constituted 38% of all medical contacts for hypertension, 44% for diabetes, 21% for asthma, and 36% for general medicine (ACLU, 2012). As inmates' age and the number of chronic illnesses increases, so does an individual's chance of needing hospitalization and geriatric care. Health problems such as strokes, Alzheimer's disease, and other form of dementia that increase with age (Atchley, 1994). These illnesses even require specially trained personnel and twenty-four hour care, the type of care offered in nursing homes. Opponents believe just a few of the health care-related costs that currently and will continue in the future to face correction officials and society if we demand <https://assignbuster.com/cost-effectiveness-in-prison-management-criminology-essay/>

incarceration of elderly offenders and do not allow for alternative methods of sentencing.

Housing Needs

As the age of older offenders increases, whether from aging within prison or entering prison at an older age, their physical, social, and health care needs change. Therefore, modifications must be made with respect to the prison itself. Clearly, most prisons that exist today were not constructed or designed with the needs of older offenders in mind (Wheeler, 1999). Prisons are going to have to be designed or renovated to provide elderly-friendly environments that will meet the physical, psychological, and social needs of older offenders. In the years to come, many of Japan's 74 prisons will end up looking like Onomichi, an aging prison about 400 miles south-west of Tokyo that first started catering to older prisoners 20 years ago. A handrail runs the length of the corridor, and makeshift wheelchair ramps are kept at the entrance to the communal baths. There is a portable mattress on hand in case anyone feels faint, along with a wheelchair and, placed discreetly behind a desk, boxes of incontinence pads (McCurry, 2008). In the U. S., at the same time, specialized housing for elderly inmates appears to be another trend. At least 16 states provide separate housing facility for older prisoners (Abner, 2006). These examples indicate that with the aging population, there is a growing demand for barrier-free or elderly-friendly physical environments. Thus, opponents believe that the scarce resources will be consumed.

Safe Guarding the Older Offender

Housing older inmates with the general prison population can place them in an environment that put their safety in danger. Older offenders are outnumbered and more vulnerable to attack. They are viewed as prey by younger, more aggressive inmates (Wheeler, 1999). According to a 2004 National Intelligence Council report (Abner, 2006), “ the lack of personal protection for elderly inmates, who may be frail and therefore vulnerable to the threats of assault by younger predatory inmates, contributes to the emotional stress and physical deterioration they routinely experience, especially among those who may be already vulnerable owing to chronic or terminal illness and who have few options for change in their environment.” Providing housing that will meet the basic needs of older incarcerated inmates or simply providing for their safety is not cost-effective. Therefore, the opponents argue that alternative methods to incarceration should be considered.

Training Staff

Currently, correction's staff are trained much as prisons have been designed, with young, violent offenders in mind. Older offenders present an entirely different population, with different needs that require special training (wheeler, 1999). Very often, correctional and healthcare staff lack appropriate training and technical expertise and have not been properly trained to treat age-related illnesses, such as hearing loss, vision problems, arthritis, hypertension, and dementia (ACLU, 2012). Therefore, opponents view it is not cost effective to train future and retrain present prison staff to

handle a relatively small percentage of incarcerated older offenders. There are less expensive and more effective ways of dealing with these problems.

Argument for incarcerating the elderly offender

Elderly Inmates Often Are Violent Offenders

Studies of elderly offender have tended to categorize older inmates in a number of different ways, such as first time incarcerated and multiply incarcerated (Soderstrom, 1999). Teller and Howell state that first-time incarcerated offenders generally tend to have current sentences resulting from crimes committed against others, often in a spontaneous fashion, and thus do not view themselves as criminals. Conversely, multiply incarcerated offenders typically are locked up for premeditated crimes and do in fact view themselves as criminals (as cited in Soderstrom, 1999). Even the percent of violent crimes among elderly offenders are rather small. In the US, this age group constitutes 5.5 percent of all those arrested. Approximately fifteen percent of those elders arrested involve serious felonies, including murder, sex offenses, robbery, aggravated assault, burglary, larceny, or drug trafficking (Ronald & Jenifer, 2006). Although these percentages are rather small, they do indicate that an identifiable amount of serious crime is being committed by senior citizens, and sometimes these crimes are of a violent nature. Thus, the need to incarcerate some elderly offenders is arguable, given the seriousness of the criminal activity exhibited by at least a proportion of this older criminal subpopulation.

Right to Appropriate medical Treatment Already Established

The U. S. Supreme Court affirmed the rights of inmates to have their medical needs met in *Estelle v. Gamble* (1976). In this case, the Court stated that “deliberate indifference to the serious medical needs of prisoners constitutes the ‘unnecessary and wanton infliction of pain’ proscribed by the Eighth Amendment.” Kratcoski & Pownall advocated that whether economically practical or not, it clearly has been established through case law that correctional systems must provide a vast array of health care services, including medical, dental, nutritional, acute, and long term care (as cited in Soderstorm, 1999). Therefore, this is not about the cost effectiveness but the responsibility to ensure that the human rights of all inmates are protected.

Specialized Programming and Treatment Already Exists for Elderly Inmates

Correctional systems increasingly appear to be responding appropriately to the specialized needs of older offenders (Soderstorm, 1999). In the US, the Federal Bureau of Prisons led the way in implementing geriatric care units for elderly inmates, particularly with its creation of a medical unit for male inmates. This specialized unit had 57.6 percent inmates in the 51 or older category according to 1986 figures. Since the late 1970s, the Federal Bureau of Prisons has designated correctional goals to implement these ideal geriatric unit components. Typical programs in such a geriatric facility have included stress management, health wise, drug facts, and positive mental attitude (Kratcoki & Pownall, 1989). Thus, it seems that whether economically practical or not, the Federal prison system has accepted the

inevitable need to provide extended and specialized services to the elderly inmate.

Problems with Age-Segregated Facilities

There are a number of arguments against the use of age-segregated facilities, which would be the most costly of methods to handle elderly inmates. Because of the small number of geriatric inmates that would truly be in need of age-segregated conditions of confinement, the creation of geriatric courts and other types of age-segregation treatment in the criminal justice system would stereotype all elderly offenders as being feeble and incapable of withstanding regular incarceration conditions (Cavan, 1987).

Furthermore, considerable evidence suggests that older inmates actually provide a stabilizing effect on the general inmate population (Rubenstein, 1984). In fact, McCleery (1961) described the inmate hierarchy as being based on seniority. It appears the older inmates serve as unofficial sources of information necessary for successful prison adjustment by younger offenders who tend to be unfamiliar with or unprepared for the rigors of prison life. It has even been suggested that older inmates are respected by younger inmates for their accumulated wisdom regarding the workings of daily prison life, which allegedly allows them to manipulate the correctional system to their advantages (Wiltz, 1973). Furthermore, Kratcoski and Pownall (1989) pointed out most federal elderly inmates had been previously incarcerated, so they certainly were not naïve about prison life. Therefore, not all elderly really require incarceration into age-segregated or move toward a separate geriatric justice system.

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