

The Reintegration Effort for Long-term Infirm and Elderly Federal Offenders (RELIEF) Program

by Jack Stewart¹

Fraser Valley Area Parole Office, Correctional Service of Canada

The Reintegration Effort for Long-term Infirm and Elderly, Federal Offender (RELIEF) program began on January 16, 1999, to assume a larger and more structured role in the community reintegration of elderly and infirm offenders in the Pacific Region of Correctional Service of Canada (CSC).

The RELIEF program is unique in that it grew from a true collaborative effort between offenders, community volunteers and Service staff to meet the needs of both incarcerated and conditionally released offenders who could not fully care for themselves.

The people involved in the RELIEF Program hold a deep respect for, and belief in, the potential for human growth and development and the role that human relationships play in realizing that potential.

Age and age-related infirmities are not seen as diseases to be treated but a fact of the life process to be understood and accommodated with dignity.

Illnesses and conditions that are imminently terminal can not be shied away from or left for “others” to deal with, as it is the responsibility of the sufferer’s community to acknowledge pain and fear and assist the individual to deal with them in a caring environment. Based on holistic personalized care, and employing an interdisciplinary team approach, comfort and quality of life can be provided for those offenders who are elderly, infirm or nearing death. By “being with” the care recipient, and focusing on the individual’s physical, emotional, social and spiritual aspects including the effects of incarceration, and with the support of families, volunteers, community health professionals, faith communities and engaged citizens, healing, hope and acceptance of circumstances is possible.

By providing humane care and control of the elderly, infirm and those nearing death, the care community can grow and benefit. Those receiving care can contribute by lending their support, assistance, encouragement and caring to the level of their ability. All participants in the RELIEF Program can lead by example.

As the general population in Canada is aging, so too is the federal offender population.

“The number of older offenders in CSC institutions is growing at a much faster rate than that of younger offenders;

Inmates who are 50 years of age and older now comprise 12% (1,600) of the institutional population. Thirty-eight percent

(38%) of the lifer’s group will be 55 years of age or older before they are eligible for parole;

The older inmate group includes those who have been incarcerated for a long period and have grown old in prison; repeat offenders (chronic recidivists) who have been incarcerated numerous times; and those who are serving their first sentence. There has been an increase of 500 inmates in this group over the past 4 years.”²

This trend is impacting CSC and the RELIEF Program can be part of addressing a number of the unique needs of this population, such as:

Personal care attendants. Some require special diets and equipment such as wheelchairs, walkers, oxygen tanks, self-dialysis kits, as well;

older offenders and offenders with a disability also can suffer from social isolation, hopelessness, high levels of anxiety and be at greater risk for suicide.

Geriatric offenders are estimated to cost up to three times more to maintain in an institution and their health costs cannot be shared with, or offset by, provincial government health plans. Any specialized treatments or hospital stays in the community often add additional security costs for institutions due to the inmate status of the patient.

Palliative care, assisting with death preparedness and “planned deaths” will assume a greater role. Dying with dignity, closer to families and significant others, in a setting other than a closed facility needs to be addressed to reduce the care-giving burden on higher security institutions and allow alignment with community resources.

Accommodations

Institutional designs and routines do not accommodate the elderly or infirm well and impact greatly on staff resources and the well-being of the offenders. The elderly and infirm have a greater need for privacy, calm, safety and structure in their environment. Ready access to assistance, meals and bathing facilities is critical.

Offender programming

Age specific programming is required to address the special needs of elderly and infirm offenders in the areas of special recreation, exclusion from the workforce, self-care, nutrition, living in special

care settings, etc. Due possibly to reduced attention spans or physical limitations, modified methods of delivering selected core programming elements for those who could benefit on a one-to-one or on an “in home” basis, needs to be developed.

Elderly and infirm offenders in institutions are used to certain structures and non-group living situations. A program to acclimatize them to a care program and community norms is required.

Training

Specialized training for offender caregivers and staff is essential to provide appropriate care and referral services for the elderly and infirm. All must become aware of the physical, social and emotional needs of these offenders and be aware of, and comfortable in working with, the issues of death and dying.

Community release

Release from institutions is difficult for elderly and infirm offenders due to issues of financial support, accommodations and lack of evidence of program participation. Often, no family support is available due to estrangement or death. The demands of special care and programming, combined with individual criminogenic factors, often result in Community residential facility's, whose facilities and programs are not yet designed for elderly and infirm offenders. The results being that these offenders are often refused acceptance in these facilities.

A facility with a multidisciplinary care and supervision team is needed to accommodate these offenders and broker them into appropriate community placements, if possible.

Program goals and objectives

- To provide a safe reintegration option for elderly/infirm offenders by addressing the needs and concerns of an aging population in a community setting.
- To provide safe, secure, humane care for offenders at a dependent stage of their life by fostering hope and dignity.
- To provide a caregiving program, in a correctional setting, that will follow the same high standards of care and practice established by the community hospice movement.
- To train selected offenders, on work release or day parole, to assist in the provision of care to elderly and infirm offenders at the Sumas Centre or in other pacific region community-based residential facility.

- To establish and maintain responsible care teams to ensure the offender client's needs are met and the wellness of the caregivers is maintained.
- To annually conduct three caregivers training programs of two months duration at the Sumas Centre.

Link to other initiatives and programs

The RELIEF Program, by providing care for long-term elderly and infirm offenders, training for caregivers, and community reintegration opportunities for both groups, assists in addressing the national issues being confronted by Geriatric Offender, the Long-Term Offender and the Correctional Careers committees. While meeting it's objectives, the RELIEF Program will provide a structured developmental model of institutional and community cooperation, planning and implementation that can be monitored and modified for application in other CSC Regions.

Program description

The RELIEF Program, located at Sumas Centre in Abbotsford, will provide a more home-like and less institutional-like setting for elderly and infirm conditionally released offenders. It will provide supervision, general care and access to medical care by utilizing the services of trained offender hospice/care workers, professional staff resources and general/specialized community medical services.

Four self-contained, six-bedroom houses are to be dedicated to housing clients and caregivers of the RELIEF Program. All living, recreational and programming spaces are on ground level and are walker and wheelchair accessible. However, only one house is currently equipped with a handicapped washroom and shower. The houses are also alarmed during the night hours to ensure that none of the residents will wander without being noticed.

Care recipients, or clients, will be regularly assessed to determine the level of intervention and support they require. They will then be assigned to one of three houses depending on whether they require “high,” “medium,” or “low” levels of attendant care.

House A will accommodate up to six “high” level residents who will require 24-hour, awake, caregiver availability due to the severity of their medical conditions, disabilities and mobility problems. Six caregivers will provide coverage in this house on a rotational shift basis with an average on-duty week of 37.5 hours each. Typical residents in this house are reliant on wheelchairs and walkers and require assistance in bathing, dressing, personal care needs and access to other areas of the Sumas Centre or the community. All cooking, cleaning and laundry tasks

will be completed by the caregivers. Residents will be placed in this house from institutions, or other houses at Sumas Centre, as individual care needs dictate.

House B will accommodate up to four “medium” level residents who will require 14 to 16 hour a day caregiver availability due to their reduced physical capacities. These residents will not require the same level of constant assistance available in House 10 as they will be more ambulatory. These residents will still have a need for bathing, personal care and access assistance. As in House A, the primary responsibility for cooking, cleaning and general laundry tasks will fall to the two live-in caregivers, but the residents will be expected to assist to the best of their individual abilities.

House C will accommodate up to four “low” level residents who will require eight to ten hours of caregiver availability. While identified as “low” level within the context of the RELIEF Program, these residents will require assistance in a variety of areas due to special medical conditions, physical disabilities, post-operative recovery, etc. The residents and the two live-in caregivers, with the caregivers assuming a strong assistance role, will share the responsibilities for cooking, cleaning and general laundry. As with the other two houses, the caregivers will be required to assist certain residents when they access the community.

House D will be set aside as a caregivers’ residence for those working in House A to ensure respite. Designating one house for caregivers will also allow for changes in house assignments and the rotation of caregivers from “high” level residents to “low” level residents care with minimal impact on the routines of the houses.

A wide variety of staff is available during the day including Parole Officers, psychologists and program facilitators. In addition, specialists from the Regional Health Centre are available for emergency interventions, the Matsqui Health Services are available 24 hours a day and the Matsqui/Sumas/Abbotsford Hospital in Abbotsford is five minutes away by ambulance. During the evenings and weekends, Regional Duty Officers and commissionaires are on site and six caregivers will be assigned on a rotating shift basis to provide a 24-hour presence in the high-need care house.

The RELIEF Program is designed to provide attendant care to two distinct but interrelated groups of offenders who require it, and to provide training and support to another group of offenders who will assist in providing that care.

The program will focus primarily on those offenders who were sentenced while already elderly or having grown old within the correctional system. These

offenders are at a stage in life where they are beginning to need constant or specialized care, where the normal program interventions and offerings to deal with criminogenic factors and release preparedness may have little or no effect, and their vulnerability within an institutional setting is increased. Their risk to the community, as long as they are being supervised and cared for, is low due to their physical limitations and generally cooperative attitude towards authority and caregivers and their risk to walk away is low.

In addition to receiving care, this group of offenders will be provided with training in self-sufficiency and methods for dealing with reduced functions, basic living skills in preparation for group living in alternative settings, occupational therapy, use of leisure time, and programs targeted at the needs of the elderly.

A smaller group of offenders in need of regular care due to critical, or terminal, medical conditions could be younger but could be safely managed in the community. Their risk to the public and risk of walk away are also deemed to be low. This group will receive care and programming similar to that provided to the elderly offenders.

In addition to the elderly and infirm, the RELIEF Program will provide a meaningful reintegration opportunity for carefully selected and trained offender hospice / care workers on approved Work Releases or Day Parole. These offenders will provide all basic attendant care and assistance in daily living to the elderly or infirm offenders.

Caregivers will initially be those accepted from Mountain Institution, in British Columbia, who have taken that institution’s standardized Caregivers’ Training Program. For those individuals who are supported as potential caregivers who do not come from Mountain Institution, or do not yet have training, a duplicate two-month Caregivers’ Training Program will be offered three times per year at the Sumas Centre. Food safe training and certification for caregivers will be added to the existing program, as will other training identified as essential by the care team.

All offenders, regardless of their role in the RELIEF Program, will be expected to participate in all programs and activities contained in their Correctional Plans and Community Strategies.

The RELIEF Program’s purpose is not to be a health unit operated by non-medical personnel, a substitute for professional medical care, or a program for offenders who are totally handicapped and in need of constant professional care and intervention. Its purpose is to care for and work with elderly and infirm offenders in a community setting to assist in their reintegration while providing access to necessary professional care.

For both groups, the aim of the program is to demonstrate their ability to live outside the highly structured settings of higher security institutions and to function in the less formal atmosphere of a group home or intermediate care facility. For most of the elderly or infirm, the strategy will be to move towards a full release into a family setting, if possible, or an appropriate care facility after consultation with provincial, medical and social services agencies. For the caregivers, their training and experience could lead to similar employment in the community, or at the least, will demonstrate their progress in adopting pro-social attitudes and constructive behaviours.

Personnel

Capable, trained personnel working as Care Teams are essential to the proper delivery of the RELIEF Program. The Care Teams would be composed of core groups of Caregivers, Caregivers Aides and assigned Volunteers. Each core group would be supplemented and supported by a Program Coordinator, Parole Officers, a part-time Occupational Therapist and a part-time Quality Control Specialist (a professional trained in palliative/hospice and nursing to provide ongoing guidance/support for Care Teams).

Other members, such as community health and social service professionals with gerontology experience, will be added to the Care Teams as required.

Admission criteria

When offenders are seeking entry to the RELIEF Program from an institution the following criteria will apply:

- all participants must be eligible for release on Day Parole, have a sincere desire to participate in the program and be supported by their Case Management Team;
- clients must have a report stating that the medical staff supports release to the RELIEF Program and what needs must be addressed;
- clients must be moderately ambulatory, semi independent and have some mobility;
- the Sumas Centre Consultation Committee must accept all participants;
- some elderly and infirm offenders currently on conditional release can be expected to enter the Program from Sumas Centre if no other options are immediately available in the community;
- caregivers must be trained, or supported for training, and committed to providing care in the RELIEF Program for a specified period of time.

Discharge planning

As the RELIEF Program is not intended to be a final release option for most of its participants, individual discharge planning will be considered as part of the Community Strategy and will be reviewed regularly by the care team.

The care team will carefully assess each individual client to determine the level of ongoing care required and pursue the least restrictive option available. The first considerations would include parole to the offender's family home or a private home placement with community health care assistance. In the future, a transfer to a Community residential facility capable of supplying Caregiver assistance should be an option.

However, due to the age and personal circumstances of most of the clients, their lack of families and their high needs, few existing resources will be appropriate. Consideration must be given to contracting with Specialized Hostel contractors for the establishment of care programs for offenders in the community. Some client's needs will only be served by placement in provincial long-term care facilities.

Palliative care will become an increasing need as some clients will not leave the program, and others will be referred by institutions to access such care. The care team will assess each of these cases on an individual basis and make appropriate decisions as to whether the RELIEF Program would be the best option for planned death, or whether a higher level of care would be required.

Ways to monitor progress

To ensure the protection of society, the application of objective risk assessments and intervention techniques fundamental to CSC programming will not be compromised within this program and will be ongoing.

In addition, the monitoring of individual risk/needs levels and the number of offenders who can be safely reintegrated, or accommodated in the least restrictive manner by the RELIEF Program, the effectiveness of the Program and the progress of the participants will be measured in a variety of additional ways. ■

¹ 33344 King Road, Abbotsford, British Columbia V2S 6J5.

² Uzoaba, J.H. (1998) *Managing Older Offenders: Where Do We Stand?*, Research Report R-70, Ottawa, ON: Correctional Service of Canada.