OLD AND INCARCERATED:
The needs of the elderly offender and ex-offender

by

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DECLARATION

I declare that **Old and Incarcerated: The needs of the elderly offender and ex-offender** is my own work and that all sources that I have used or quoted have been indicated and acknowledged by means of complete references.

I further declare that I submitted the thesis to originality checking software. The result summary is attached as Appendix E.

I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

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Abstract

The purpose of this qualitative study was to explore the needs of elderly male offender/ex-offender in South Africa, taking into consideration the aging of the world's population and matching trend within corrections' systems worldwide. Sixteen offenders and ex-offenders were interviewed one-on-one for the study. Interviews were guided by open-ended questions and participants' responses were then analysed to identify common themes. The results were in line with the research discussed in this study's literature review, with participants echoing the unmet needs of offenders in countries such as the US and the UK, and a clear indication that the facilities forming part of this study are not equipped to house the elderly safely and in accordance with human rights statutes. While South Africa does have an elderly offender policy in place, it does not appear that this policy is being implemented in the two facilities or the community corrections department responsible for the care of the sixteen participants. A broader, mixed-method and in-depth study is required to assess this situation further.

Key Terms

Aging offender; Aging ex-offender; Department of Correctional Services; Employment; Geriatric offender; Institutional thoughtlessness; Parole; Parolee; Post-release; Recidivism; Rehabilitation; Re-integration; Social Identity Theory; Unemployment

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Acronyms and Abbreviations

AIDS : Acquired Immunodeficiency Syndrome
AU : African Union
ARV : Antiretroviral
CT : Computed Tomography Scan
DCS : Department of Correctional Services (South Africa)
DOH : Department of Health
DSD : Department of Social Development
HIV : Human Immunodeficiency Virus
HRW : Human Rights Watch
HMIP : Her Majesty's Inspectorate of Prisons
MIPAA: Madrid International Plan of Action on Aging
MRI : Magnetic Resonance Imaging
NICRO: National Institute for Crime Prevention and the Reintegration of Offender
PTSD : Post Traumatic Stress Disorder
RC : Regional Coordinator for DCS
SA : South Africa
SADAG: South African Depression and Anxiety Group
SAHRC: South African Human Rights Commission
SAPS : South African Police Services
SASSA: South African Social Security Agency
TB : Tuberculosis
TBI : Traumatic Brain Injury
UK : United Kingdom
UNISA : University of South Africa
US : United States
WHO : World Health Organisation

Definition of terms

Correction centre/facility: Previously referred to as a ‘prison’ or ‘jail’

Elderly offender/ex-offender: For the purposes of this study, an elderly offender is defined as an incarcerated individual, aged 50 years or older

Ex-offender: A previously incarcerated offender who has served the duration of his sentence, or who is on parole, and who is no longer incarcerated

House: The term used by offenders for their cell

House Boss: The head of the house

Incarcerated/incarceration: Referring to the state of being detained by the justice system and confined within a correctional facility

Parole/parolee: An offender who is no longer incarcerated and who has been released back into the community to serve the remainder of his sentence subject to further supervision by the Department of Corrections

Skip-generation household: Grandparents raising grandchildren with no assistance from the children’s parents

Contents

CHAPTER 1

INTRODUCTION TO THE STUDY

Introduction

In a report published by the World Health Organisation (WHO) (2012), the United States (US) National Institutes on Aging and on Health stated that by approximately 2017 and for the first time in recorded history, there would be more people aged 65 or older than there would be children under the age of five. The WHO report further predicted that this phenomenon is set to continue, even accelerate, and stated that "*The number of people aged 65 or older is projected to grow from an estimated 524 million in 2010 to nearly 1.5 billion in 2050, with most of the increase in developing countries"* (World Health Organisation, 2012, p. 2).

There is a significant body of evidence attesting to the matching worldwide trend of an increasing aging incarcerated population. The US federal and state incarcerated offenders' population, aged 65 years and older, grew at a rate 94 times faster than the total offender population sentenced between 2007 and 2010 (Human Rights Watch, 2012). Loeb and Steffensmeier (2006) stated that the fastest growing incarcerated subgroup in the US is men aged 50 years and older. The authors further stated that 85% of this group had multiple chronic health conditions. According to the South African Department of Correctional Services (Department of Correctional Services, 2010) this can be attributed to sentencing as a result of high crime rates in the mid-1990s, when the South African government passed legislation mandating longer sentences for certain categories of crime.

This growing trend is placing tremendous strain on the correctional facilities that are faced with the resultant financial implications, including increased cost of care, training of existing and specialised staff in the care of the elderly, adaptation of the environment to accommodate the physical needs of the elderly, recruitment of auxiliary service providers, and so forth (Human Rights Watch, 2012). Although this section of the corrections population is small, the costs of housing an elderly offender can be three to eight times higher than the cost of incarcerating a younger offender (Human Rights Watch, 2012).

Research also suggests that aging within a correctional facility placed additional strain on the elderly offender, both those groups who were facing old age in a correctional facility with the inherent biopsychosocial challenges and implications, and those who faced release when they were well into old age, perhaps without social support and with accompanying physical and health challenges (Crawley, 2005; Davies, 2011; Rikard & Rosenburg, 2007). Crawley (2005) argued that attempting to force elderly offenders into regimes which were designed to accommodate younger and fitter offenders was harmful to the elderly, as these regimes failed to consider the health and social care needs of the elderly demographic. The Department of Correctional Services (2008) acknowledged that, in the past, the needs of the elderly offender population were not considered and, as a result, this group of offenders were exploited, abused and neglected within the old corrections system.

The Human Rights Watch (2012) report investigated corrections' programmes in the US, stating that these had been drastically reduced due to budget cuts. The report went on to state that even where these programmes were available, they were seldom designed or suitable for the educational, physical, psychological, social and rehabilitative needs of the older persons. This raised the question of what happened to the elderly released offender in terms of employment and the ability to support him or herself financially.

The Department of Correctional Services (DCS) has a policy in place stipulating procedures to mainstream all categories of offenders, and stated that resources, services, programmes and structures were in place to address this group's needs (Department of Correctional Services, 2005). The DCS acknowledged that among the important elements of case management of this population were that suitable recreational activities be available, facilities within the corrections environment be conducive to the needs of elderly people, and that appropriate medical care was provided (Department of Correctional Services, 2005). However, it remains to be seen if these policies and strategies are being implemented.

The current study was conducted to identify and investigate the implications of aging within the South African corrections system by exploring the physical, psychological, emotional and social needs of the elderly incarcerated, and to

determine if and how these needs were being met within South Africa's correctional system.

The research problem

The research problem was to explore the needs and experiences of the elderly offender/ex-offender and the availability of correctional and social services, geared towards assisting this aging demographic, both while incarcerated and post-release, within the South African context.

Rationale of the study

Statistics South Africa (2011) noted the increase in the number of South African elderly, aged 60 and older, which rose from 2.8 million in 1996 to 4.1 million in 2011. According to their projections, this figure will rise to approximately seven million by 2030. This increase, however, was not evenly distributed across the different population groups. The White elderly population (14.4% in 1996 to 20.1% in 2011) was almost double that of the Indian/Asian population (6.4% in 1996 to 11.2% in 2011), the Coloured population (5.8% in 1996 to 7.7% in 2011) and the population of Black elderly (6.2% in 1996 to 6.6% in 2011).

While elderly people worldwide share many of the same challenges and problems associated with aging, particularly related to poverty, housing shortages, physical and cognitive decline, ill health, and other socioeconomic issues, elderly South Africans are presented with additional systemic issues. It is an inescapable fact that there is a marked discrepancy between race groups with regard to potential outcomes for quality of life, based on the historical division of society along racial lines (Makiwane & Kwizera, 2007). The system of Apartheid, with its inherent land deprivation and inadequate access to education for the majority of Black South Africans, resulted in one segment of our elderly population (White) presenting with demographics similar to those found in Northern developed countries and another segment (Black) reflecting the demographic features of less developed countries of the South (Makiwane & Kwizera, 2007).

Ramashala (2002) cited as factors affecting the quality of life for elderly South Africans the housing shortage for elderly persons, poverty in rural areas, urbanisation of young families, the allocation of the majority of the welfare system towards old-age homes catering to mostly White elderly, the inability of previous generations to provide for pensions and their subsequent reliance on children and younger family members for care, the combination of socioeconomic factors which led to the HIV/AIDS pandemic and co-morbid communicable diseases such as TB, and the disempowerment of women. For the majority of elderly South Africans, the reality of old age is one of struggle as they age without the support of their children and are left to raise grandchildren in the skip-generation aftermath of the HIV/AIDS pandemic (Makiwane & Kwizera, 2007).

Makiwane and Kwizera (2007) investigated the quality of life of 900 randomly selected elderly people in the Mpumalanga Province. Their findings showed that the average individual did not enjoy a high quality of life. Most of the respondents lived on small incomes and were the breadwinners in their households, often at the expense of their own welfare. Many were expected to care for and raise grandchildren, particularly in skip-generation homes, and there was evidence of increased dependency of young people on the elderly due to HIV/AIDS and high rates of unemployment.

Other findings of this study revealed that the health status of the participants was low, that clinics and social security points were some distance away and difficult to access due to a lack of transportation. There was a marked lack of specialised care for those over 80 years (Makiwane & Kwizera, 2007). This was supported by the findings of the South African Older Persons Forum who, three years after Makiwane and Kwizera's study, reported to the Parliamentary Monitoring Group the lack of gerontological medical training of doctors and nurses, the resulting high levels of disinterest and negativity from medical personnel when dealing with elderly patients, resulting in long waiting times, understaffed facilities, shortages of medicine, unavailability of assistive devices, failure to explain health issues to older persons, a general lack of respect, and perceived inadequate physical examinations (Parliamentary Monitoring Group, 2010).

The participants of the Makiwane and Kwizera (2007) study reported feelings of insecurity, particularly when they collected their social grants, with a high level of loneliness, sadness, worry, anxiety and depression. Also, while they may have had sufficient food, their diets did not include food groups such as fruit and vegetables. Abuse of older persons across all provinces, in care homes, residential facilities, and communities, was found to be rampant (Parliamentary Monitoring Group, 2010). The rights of the elderly were often infringed upon through ageism, discrimination, abuse and violence (Civil Society Prison Reform Initiative, Just Detention International, Lawyers for Human Rights & NICRO, 2016) and in South Africa the elderly are considered a vulnerable group (Statistics South Africa, 2012).

In 2015, the South African Human Rights Commission (SAHRC) completed a national investigation in response to human rights violations experienced by older persons (Mangena, 2015) and their findings echoed those of the Makiwane and Kwizera study. According to the SAHRC older people lacked access to adequate health care, basic education, were victims of gender discrimination and abuse, threatened with economic isolation and had little to no prospects for securing employment (Mangena, 2015). Furthermore, those elderly persons who lived in care facilities, frail care centres and old age homes were often victims of abuse by caregivers. Others, who continued to live at home, were financially supporting family members on their social grant income (Mangena, 2015).

The outcomes of the SAHRC report were several recommendations, inter alia that: The Department of Trade and Industry investigate the issue of safe housing for older persons; the National Department of Social Development (DSD) was to ensure uniform funding of services for the elderly in all provinces, focusing on issues of care facilities, supply of critical pharmaceutical and medical supplies, safety, staffing, nutrition and medicals; the National DSD develop a database of all community caregivers and provide them with intensive training; the South African Police Service (SAPS) undertake to train officers on the enforcement and provisions of the Older Persons Act and the link to the Domestic Violence Act; the Department of Health (DOH) to ensure that “all officials in the public and private health care sector are properly equipped/trained in the Older Persons Act and the care of older persons”; and the Minister of Social Development was to ensure that all state departments work

together to implement the Older Person's Act, in particular to ensure that there was collaboration between the DSD, DOH and the Department of Justice and Constitutional Development to realise the rights of older persons (Mangena, 2015).

Yet, despite the acts, policies, and recommendations in place, South Africa remains one of the worst countries in the world for the elderly, earning a rating position of 80 out of the 96 countries surveyed (HelpAge International, 2014). Lulama Sigasana (Sigasana, 2017), Head of the Seniors Programme at Ikamva Labantu, stated that the neglect and abuse of the elderly and their overall situation, had only worsened over the past 30 years. According to Sigasana, this was as a result of a dwindling economy, rising unemployment, and the tendency to exclude older persons from the workplace due to their being considered incompetent, incapable and untrained.

The PCC Institute for Health Professionals (2017) stated that there were many experts who believed that the aging of our global population would overwhelm financial, pension and health care services and systems as the ensuing smaller working population struggle to keep up with economic demands. For this reason, it has become crucial for policymakers, and healthcare professionals, to prepare for this in an effort to avoid poor outcomes (PCC Institute for Health Professionals, 2017) and ensure quality of life for people of all ages.

The aging of our population has consequences for our correctional facilities as well. Elderly offenders represent a small percentage of the overall number of incarcerated (Aday, 2006) and are listed under the Special Categories section of the White Paper on Corrections in South Africa, reserved for minority groups of incarcerated (Department of Correctional Services, 2005). However, this group are major consumers of correctional health services (Aday, 2006). According to Falter (1999), non-incarcerated adults are at retirement age at 65 years, while those who are incarcerated are considered "elderly" beginning in their 50's. Reimer (2008) posits that this is due to a process of accelerated aging, whereby an incarcerated individual has a health status comparable to a non-incarcerated individual 10 to 15 years older. This phenomenon has been attributed to, among others, the unnatural and stressful conditions of incarceration and the offender's personal high-risk history (Aday, 2006).

The community re-entry needs of the elderly incarcerated are affected by age-related health and mental health complications, as well as specific legal and social/environmental needs (Mesurier, 2011). The combined effect of accelerated aging, institutionalisation, physical/mental health problems, difficulties surrounding mobility in their environment, as well as a possible lack of social/familial support present potential difficulties for the offender and correctional services and could hamper successful reintegration. A United Kingdom (UK) based report, The Prison Reform Trust (cited in Maschi, Morrisey & Leigey, 2013) highlighted this concern by stating that correctional systems were not adequately able to address this issue and lacked the capacity to provide the elderly offenders with the geriatric-specific medical, psychological and other age-appropriate care required by their offenders. These included legal and social services.

According to the White Paper on Corrections (Department of Correctional Services, 2005) the method of correctional management employed in South African correctional facilities is person-centred. The Constitution of South Africa mandates compliance with basic human rights, that offenders are human beings and, as such, are entitled to the rights of any other citizen of South Africa. The White Paper on Corrections acknowledges the significant increase in offenders sentenced to life and long-term sentences, noting the challenges associated with providing services and programmes to offenders over a long period of time, and highlighting that these offenders will drain finances and resources. In the preamble to the White Paper on Corrections (Department of Correctional Services, 2005) the Commissioner of Correctional Services, Mr L. Mti, stated that the main challenge for the Department was to operationalise the vision of the White Paper on Corrections. These included addressing safety issues of offenders, providing long-term facilities that will provide for the conditions consistent with human dignity for offenders, providing care for the mental well-being of offenders, providing skills development and to facilitate and ensure successful re-integration by means of appropriate interventions directed at offenders and societal institutions (Department of Correctional Services, 2005).

Age-specific care, programmes and re-integration preparation are important aspects for corrections to consider. Improving and maintaining offenders' health could

potentially reduce the cost of treatment and medical care, while continuity of care post-release could facilitate successful reintegration. This may also reduce the financial and care burden placed on caregivers and service providers.

Objectives of the study

The aims of the proposed research were to identify and explore the biopsychosocial needs of the elderly incarcerated within the South African correctional system from the perspective of the offender, to identify the programmes and efforts of the correctional facilities to meet these needs, to determine how the correctional facilities are preparing this population of offenders for release, and to identify what facilities, services and support are available for the elderly released ex-offender, or parolee, and their caregiver(s)/family.

Theoretical lens

Researchers use theories as a lens through which they examine complex problems and social issues (Reeves, Albert, Kuper & Hodges, 2008). This theoretical lens allows us to focus on different aspects of data and provides a framework within which to conduct analysis of this data (Reeves et al., 2008). Within the field of gerontology are a number of theories of aging related to biological, psychological and social factors.

Gerontology is defined as “the scientific study of ageing and the problems associated with older people” (Collins English Dictionary, 2010). Approaches commonly used by researchers in this field are:

1. Disengagement theory: a process of separation and withdrawal between the older person and society, sometimes initiated by the individual and sometimes forced by society

2. Activity theory: describing the psychosocial aging process, and whereby the older person’s well-being and self-concept is enhanced through the social contact, activities and roles they play in society

3. Continuity theory, proposing that successful aging requires of the individual to maintain their preferred roles, lifestyle and self-concept

4. Labelling theory, which explains that people derive their concept of self through interaction with others and based on how others define and react to them. Labelling theory suggests that not only does a label affect a person's self-concept but also influences how others will perceive and treat that individual

5. Subculture theory is based on the supposition that individuals maintain their self-identity through their membership and association within a defined group (Kapoor, 2017)

6. Exchange theory, which has at its centre the concept of power, hypothesises that decreased social interaction between older people and society is gradually diminished in relation to their lessening ability to contribute towards society, upsetting the balance between their contribution and the costs of supporting them (Dowd, 1975).

In the field of gerontology, any or a combination of any of these theories could reasonably be applied to a study of aging. However, when one broadens the study of aging individuals to include *incarceration* as a factor, the lenses blur. Disengagement is forced upon the individual, their regular activities brought to a halt, there is little to no possibility of continuity in terms of maintaining life roles and their initial concept of self may require significant readjustment. Elderly offenders are confronted with labelling (as an older person and now an offender), a new subculture and group association has been forced upon them, and their ability to contribute to society in any form of exchange is diminished. While the processes briefly described in the theories above are offered as explanation of a 'natural' progression for the aging individual, within the correctional setting these progressions and affiliations are forced and potentially out of sync with each individual's own natural development, however applicable they may seem to be.

In order to guide (frame) and understand the relevance of the results of this current study and considering that generally applicable aging theories may not apply

in the case of the senior citizen offender, it is necessary to broaden the theoretical scope to consider the individual offender as part of a unique society, defining their identity by virtue of that society. Henri Tajfel (Tajfel, 1974) observed that with regard to intergroup behaviour, “Many of the social psychological theories and experimental studies concerned with this behaviour are ‘individual’ in the sense that they employ constructs and sets of empirical relationships which can be conceived as being external and preliminary to any social context” (Tajfel, 1974, p. 65). Tajfel believed that one of mankind’s most critical and enduring challenges, as an individual in society, is the task of creating and defining his place and role in the complex network of relationships which present themselves through the network of groups to which he belongs and identifies with (Tajfel, 1974). Social identity is an inter-individual approach whereby one’s sense of self-identity is based on group membership and that this membership contributes to one’s self-image in either a negative or positive way (Tajfel, 1974). These group memberships function as a source of pride and self-esteem, and individuals will endeavour to enhance the status of the group they feel affiliated to, even to go as far as discriminating against groups they perceive as ‘other’ (McLeod, 2008).

According to Tajfel and Turner (1979), individuals engage in three ordered mental processes when evaluating others as in-group or out-group. Firstly, is the tendency of people to categorise others, to place them in a social category by race, gender, nationality, religion and so on. Individuals can belong to many groups and knowing which groups one belongs to facilitates self-understanding (Tajfel & Turner, 1979). Then, people adopt the identity of the group they have decided they belong to through the process of self-identification, acting in a way that conforms to the group identity and norms of that group, binding our self-esteem to that group membership (Tajfel & Turner, 1979). There is emotional significance to this identification and the resulting dependency on the group for self-esteem can have negative consequences (McLeod, 2008).

Finally, once individuals have categorised themselves as belonging to a particular group, there is a tendency to compare one’s group with others in a process of social comparison (McLeod, 2008). This comparison needs to be favourable if members’ self-esteem is to be maintained and the resulting competing of identities

between groups often leads to rivalry and negative comparison, the source of prejudice and discrimination (McLeod, 2008; Tajfel & Turner, 1979). Once individuals have identified with a group, the in-group, they will favour their group, they will maximise the differences against other groups while minimising the differences against in-group members and they will focus on the positive aspects of their in-group while magnifying the negative information of the outgroup (Tajfel & Turner, 1979).

The construction of personal identification is life-long and considering *age* as another dimension of identity is not a construct that can be neatly defined and categorised according to number of years. Aging categories most frequently acknowledged by researchers are *young, middle-aged,* and *old* (Harwood, Giles & Ryan, 1995). However, the boundaries between the different age categories appear to be easily blurred, with perhaps more room for contextual and communicative negotiation than other social groups (Harwood et al., 1995). Individuals may have their own criteria for age classification to a particular group, including health, marital status, age of children, age of spouse, and occupation (Harwood et al., 1995). Other factors to consider in age categorisation is whether or not the individual considers himself elderly, if they identify with other elderly people, their willingness to be treated as elderly, and the presence of shared norms, rules and patterns of communication with elderly cohorts (Harwood et al., 1995).

The argument behind Social Identification Theory is that humans seek a positive social identity and in the context of this study, a positive age identity (Harwood et al., 1995). Meaningful memberships to social groups enhance both physical and mental health (Jetten, Haslam & Haslam, 2012) and these positive effects have been identified in numerous contexts, including care homes (Haslam, Haslam, Knight, Gleibs, Ysseldyk, & McCloskey, 2014). A Social Identity approach is clearly applicable to this study and will be used to provide structure and facilitate understanding of the results.

Conclusion

There can be no doubt of the worldwide trend towards an aging population and that this phenomenon is set to accelerate, particularly in developing countries. Where there is equal access to education, skills development, opportunities for employment and quality medical care, populations may be able to look forward to their longevity. However, as Statistics South Africa has shown in the results of their 2011 report, in countries like South Africa there is an unequal distribution of resources and opportunities and this impacts negatively on the outcomes for our elderly. With four out of every ten elderly citizens living in poverty, the impact on their socio-economic wellbeing and their health is tremendous. It cannot be ignored that while the majority of the South African population consists of Black African people, they represented only 6.6% of the elderly population in 2011 (as opposed to White elderly 20.1%). Poverty, the historical lack of education and skills development, unemployment, skip-generation households, and insufficient medical care among other factors leave our elderly generation in financial, social and physical crisis.

The trend towards an aging population is reflected in our correctional facilities as well. High crime rates in the 1990s led the South African government to impose harsher sentences for certain categories of crime. While the percentage of the elderly offender population is small, this group are major consumers of correctional health services and resources. In addition to their chronological age, elderly offenders are older than their civilian counterparts due to their personal history (poverty, substance abuse and use). Correctional systems worldwide are struggling to address this issue in terms of incarcerated individuals, and all of these factors affect the success of the elderly offender's reintegration once released and again burdened by poverty, lack of employment opportunities and also access to quality health care.

Governments worldwide, including the South African government, have policies and procedures in place to ensure compliance with basic human rights for offenders, noting challenges and the potential economic impact. The question remains whether the needs and rights of the elderly offender and ex-offender are, indeed, being met and whether or not the treatment of elderly offenders meets the vision of the White

Paper on Corrections, including issues of safety, dignity, care, development and assistance towards successful reintegration into the community.

The following chapter discusses research and findings of the topic of the elderly incarcerated offender and ex-offender, both from a South African and an international perspective.

CHAPTER 2

LITERATURE REVIEW

Introduction

This chapter discusses common themes extracted from national and international studies on the phenomenon of our aging world population, and includes the current status of elderly South Africans in general, a brief overview of the status of offenders (not limited to age grouping), the definition of *elderly offender*, typology of elderly offenders, their healthcare needs, environmental challenges linked to institutional thoughtlessness, social functioning and housing considerations, programmes and work opportunities (or lack thereof), the legal implications of incarcerating elderly offenders, and the economic impact of this growing group.

On being elderly in South Africa

South Africa has the highest percentage of older persons in Africa (Lombard & Kruger, 2009). By the year 2025, the country will have reached the stage of having a formally 'aged' or 'old' population (Goodrick & Pelser, 2014). Despite this looming milestone, South Africa is not yet prepared to deal with the implications of this growing aging population (Munthree & Ngyende, 2017).

When considering the status of elderly persons in South Africa, the system of racial discrimination and inequality that existed pre-1994 cannot be ignored. Inequalities among the different race groups, such as land deprivation and unequal access to education, resulted in today's high levels of unemployment and underdevelopment (Makiwane & Kwizera, 2007). Black South Africans lived in conditions of poverty, Black women occupied low status positions in rural and cultural settings, while the majority of White South Africans enjoyed a standard of living comparable to that of developed countries (Makiwane & Kwizera, 2007).

The education profile of the South African elderly, at the time of the 2011 Census, indicated that 28% of elderly South Africans had no formal education and that 45% of these individuals were unable to write their own name or calculate change

(Statistics South Africa, 2011). The highest rate of illiteracy was among the Coloured population, and the lowest among Whites. Lower levels of literacy are positively linked to poverty (HelpAge International, 2014), and given South Africa's history of unequal access to education, services and income, the limited opportunities in terms of formal education and skills development in their younger years has had a negative impact on the socio-economic status of many elderly people (Statistics South Africa, 2011). Without educational and employment opportunities, there was no opportunity to prepare for retirement by means of a pension plan and, consequently, four out of every ten elderly persons in South Africa are poor (Statistics South Africa, 2011). Poverty amongst the elderly population was feminised, with higher socio-economic deprivation in elderly female-headed households than those headed by elderly men (41.8% and 36.9% respectively).

Poverty was also unequally distributed across race groups with the proportion of rich White elderly recorded as ten times higher than Black African elderly (80.7% and 8%) at the time of the 2011 Census (Statistics South Africa, 2011). Given that most elderly persons are economically disadvantaged, they rely on a government pension and family support for their needs, impacting not only on them but on a household level, particularly where not all members are employed (Statistics South Africa, 2011).

In the conflict over scarce resources, and where there are young family members, the vulnerable elderly members had limited options to take care of their needs, resulting in deprivation and poverty, particularly among Black African elderly (Statistics South Africa, 2011). South Africa, due to the high rate of HIV-AIDS and migration for employment, is faced with 'skip-generation' households, households headed up, in most instances, by grandparents raising grandchildren. This creates an even greater financial, social and physical vulnerability for the elderly as they must provide care for the ill and the children left behind (Statistics South Africa, 2011), and the majority of older persons (68.4% in 2012) relied on government grants (Statistics South Africa, 2013). There was also a significant disparity in the vulnerability to hunger between population groups (The World Bank, 2018). In a study conducted in 2012, results showed that Black elderly Africans (12.4%) were more likely to have experienced hunger than Coloured elderly (9.2%) and White elderly (0.9%), while

there were no reports of hunger among elderly Indians/Asians (Statistics South Africa, 2013).

The reality of old age is the increase in chronic disease, injuries and age-related conditions (Statistics South Africa, 2013). However, despite this prevalence for disease, the elderly are poorly protected against unforeseen medical expenses and only a small percentage have access to medical schemes, with significant differences between population groups. (Statistics South Africa, 2013). At the time of the 2011 survey 12% of individuals in the age category 18-49 reported a chronic disease, compared to 58% in respondents over the age of 70 years. Poor nutrition, hunger, poverty and limited or no access to quality medical care often affected the elderly, who were already vulnerable to disease (Statistics South Africa, 2013).

With regard to mental health in elderly South Africans, The South African Depression and Anxiety Group (SADAG) stated that depression is common among the elderly and there was a greater risk for suicide after the age of 65 than at any other time during an individual's life (The South African Depression and Anxiety Group, 2018). According to SADAG, the main risk factors for suicide among the elderly population were bereavement, especially after the death of a spouse, and then the loss of social support and declining health. Furthermore, statistics showed that medical illness is a direct factor in up to 70 per cent of suicides in victims over 60 years of age (The South African Depression and Anxiety Group, 2018).

Participation by the elderly in the global employment market is rising, and for the individuals who never had formal employment, working beyond retirement age to supplement their government pension is a necessity (Statistics South Africa, 2011). This may be particularly vital to the elderly individual heading a household, either a skip-generation household or one where the majority of members are not working (Statistics South Africa, 2011) and it is the better educated elderly who have higher employment rates than those who are less educated (Peracchi & Welch, 1994).

The results of the 2014 Global Age Watch Index rank South Africa 80th in the overall index measuring the well-being of elderly people in four areas, namely income security, health, personal capacity and an enabling environment (HelpAge

International, 2014). In the measurement of *health status*, our South African elderly ranked at position 89 out of the 96 countries surveyed. Although South Africa received a high rating for income security, position 19, these rankings showed that economic growth alone will not improve the elderly's well-being and they highlighted the need for age-specific and context-specific policies to be put into place to meet the challenges of this demographic (HelpAge International, 2014) and for the most part, these are in place. However, it is the implementation phase of these policies and procedures that will demonstrate whether South Africa meets the challenge of fully integrating older people into society (Lombard & Kruger, 2009).

On being incarcerated in South Africa

Correctional centres in South Africa are classified into four security level categories: super-maximum; maximum; medium; and minimum (Thulani & Gear, 2018). Those offenders sentenced to terms longer than 20 years are held in the maximum facility for a period of five years, after which they can be considered for reclassification, while other offenders can be considered for reclassification after a period of six months (Thulani & Gear, 2018).

The majority of offenders share a collective cell, often holding double or up to three times the number of offenders it was designed for, while single cells are usually reserved for at-risk offenders (gay, bisexual or transgender), former police officers or DCS officers, students or offenders involved with sports, and for aggressive offnders who need to be housed separately (Thulani & Gear, 2018). There is a power hierarchy within each cell, led by a cell monitor (house boss) who has either earned that position through the genuine respect and cooperation from other offenders, or who has attained that position by instilling fear in others through association or as part of gangsterism (Thulani & Gear, 2018).

As at 31 March 2018 there were an average of 160,583 offenders in 243 correctional centres under the care and supervision of the DCS, with approved bed space of only 118,723 (Department of Correctional Services, 2018). This discrepancy reflected one of the major challenges of the DCS, overcrowding as a result of the

continuous increase in offender population and the main contributing factor to assaults and escapes (Department of Correctional Services, 2018).

At the time of the 2014 report compiled by the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), statistics showed that 98% of sentenced offenders were male, of who 79.5% were Black, 18% were Coloured, 2% were White and Asians represented 1% (National Institute for Crime Prevention and the Reintegration of Offenders, 2014). According to this report, there was a disproportionate representation of White and Coloured offenders in comparison with national demographics and it was likely that the low number of White offenders was due to relatively better socio-economic circumstances and life opportunities.

When Minister of Justice, Michael Masutha, addressed parliament in May 2017, he announced that while shorter term sentences were decreasing, longer sentences increased alarmingly, with sentences between 10 and 15 years having risen by 77%, sentences of 20 years by 439%, and life sentences increasing by 413% (South African Government, 2017). The Constitution of South Africa provides for conditions of detention consistent with human dignity and that, at a minimum, offenders and detainees have access to exercise facilities, adequate accommodation, nutrition, reading material and medical treatment (The Bill of Rights of the Constitution of South Africa, 1996). Furthermore, the Constitution offers offenders and detainees protection from *cruel and inhuman or degrading treatment or punishment*. The Correctional Services Act 111 of 1998 specifies the minimum conditions of detention. However, the reality is that few facilities meet those standards (Civil Society Prison Reform Initiative et al., 2016).

The issue of overcrowding in facilities and cells has resulted in unsanitary conditions, where one single and unshielded shower or toilet - not always in working order - in a communal cell, is shared between 50 – 90 offenders; staff shortages have resulted in inadequate supervision of offenders; the shift system for officers has stretched staff to capacity, leaving facilities severely understaffed from Friday to Monday; the lack and/or undertraining of staff results in many offenders not being properly assessed on intake or during their sentence, increasing the risk for violence and ill-health; the lack of staff impacts on the offenders' right to exercise as there are

not enough members to supervise offenders outside of their cells; and there is inadequate supervision during night shifts, often with only one member to oversee an entire section of up to 1 000 offenders which poses serious safety threats to both officers and offenders (Civil Society Prison Reform Initiative et al., 2016). These conditions leave staff vulnerable, feeling overwhelmed, stressed and disillusioned, all of which impacts on the way they then treat the offenders (Civil Society Prison Reform Initiative et al., 2016).

In 2015, Constitutional Court judge Edwin Cameron and his clerks visited Pollsmoor Correctional Centre (Pollsmoor) in Tokai, Cape Town (Constitutional Court of South Africa, 2015). In his report to the Constitutional Court, Judge Cameron stated that the facility was overcrowded by a staggering 300% and that "the extent of overcrowding, unsanitary conditions, sickness, emaciated physical appearance of the detainees, and overall deplorable living conditions were profoundly disturbing" (Constitutional Court of South Africa, 2015, p. 7). Judge Cameron described the conditions in the cells as 'appalling', stating that the extent of overcrowding was degrading and hazardous for every detainee, and that cells were filthy, ablution facilities were deplorable and there was little natural light (Constitutional Court of South Africa, 2015). In addition, bedding was lice infested and had never been washed, remandees had been unable to access medicines due to stock shortages (including medication for TB), and ventilation was severely inadequate (Civil Society Prison Reform Initiative et al., 2016). Many of the Pollsmoor offenders reported going hungry, stating that the quantity and quality of food was inadequate and that the last meal of the day was served between 13h00 and 14h00, leaving a considerable gap until breakfast the following day. According to Judge Cameron, these and other factors raised the question of whether the DCS were abiding by their own norms and standards (Constitutional Court of South Africa, 2015).

Healthcare of offenders falls under the auspices of the DCS and many offenders complain about limited access to medical care, with the provision of prescribed medication either being delayed or not provided at all (Thulani & Gear, 2018). There have, however, been limited developments in the form of TB-focused interventions and also the manufacture and distribution of condoms and lubricants (Thulani & Gear, 2018).

Work and education while incarcerated is possible but not mandatory, and during the 2016/2017 period, 10 741 offenders participated in education programmes and 10 099 in skills development (Thulani & Gear, 2018).

In a thematic report presented to the United Nations, the Civil Society Prison Reform Initiative and others reported 6 566 cases of offender on offender violence, and 2 341 cases of official on offender violence in detention, in contrast with the obligation of the officials to guarantee that all persons remain safe from all forms of violence (Civil Society Prison Reform Initiative et al., 2016). In their report, the contributors stated that the overall impression gained from their data was that correctional facilities in South Africa were particularly violent and that while DCS blamed this issue on overcrowding, there were other associated factors. The St Albans Correctional Centre, in the Eastern Cape, houses over 3 000 offenders and is one of the five most infamous facilities in South Africa (Manona, 2017). According to reports, this centre is characterised by "deep-rooted and incessant gang activity", overcrowding and allegations of staff corruption and inmate abuse (Manona, 2017).

Sexual abuse within detention facilities is widespread and despite the DCS approval of the 2013 *Policy to Address the Sexual Abuse of Inmates in DCS Facilities*, the overall impression is that most officials are unaware of its existence (Civil Society Prison Reform Initiative et al., 2016). Based on these findings, the submission in this thematic report is that the DCS has not implemented adequate measures to ensure the safety of offenders and detainees.

Solitary confinement, a form of punishment whereby offenders are removed from the general offender population and placed in a cell where they are then deprived of human contact for 22 hours or more per day, is heavily relied on by the two super-maximum-security facilities in South Africa: C-Max in Pretoria and Ebongweni in Kokstad (Civil Society Prison Reform Initiative et al., 2016). Created to house South Africa's most dangerous criminals, and with the initial estimate of required space being for 7,000 offenders, both facilities were significantly under-utilised at the time of the UN thematic report and attracted the attention of human rights groups and the South African Human Rights Commission (SAHRC) due to their harsh regimes, reliance on solitary confinement, 23 hour per day confinement in single cells, and general

“inhumane, depressing, debilitating and destructive” conditions (Civil Society Prison Reform Initiative et al., 2016). The writers of the thematic report are of the opinion that despite solitary confinement as punishment being removed from the Correctional Services Act, in the 2008 amendment, this practice still takes place under the guise of segregation and for a consecutive period of up to 42 days (Civil Society Prison Reform Initiative et al., 2016).

Offenders are permitted visitors; the number, duration and type (contact or non-contact) of which are determined by the security level of the facility and also their offender category (Thulani & Gear, 2018). Offenders may write and receive unlimited correspondence, the contents of which are closely monitored as are telephone calls, access to which is dependent on the offender’s group privilege category (Thulani & Gear, 2018). Where possible, mothers are incarcerated close to their families and conjugal visits, while extremely rare in practice, are permitted (Thulani & Gear, 2018).

In their response to the Thematic Report on Criminal Justice and Human Rights in South Africa, the United Nations (2016) expressed concern at the conditions in “some” of South Africa’s facilities, an indication that Pollsmoor was not an isolated incident. The United Nations (2016) advised the South African Government to strengthen efforts to reduce overcrowding and guarantee the right of detainees to be treated with humanity and dignity, ensuring that conditions of confinement are in line with the United Nations Standard Minimum Rules for the Treatment of Prisoners.

Defining the elderly offender

There is no absolute consensus on the definition of ‘older offenders’ and the age number differs considerably among researchers and policy makers, ranging from 45 years to beyond 65 years (Aday, 2003; Aday & Krabill, 2012; Yorsten & Taylor, 2006). Although 50 years of age would not be considered elderly among the non-incarcerated population, it is accepted by researchers that a process of *accelerated aging* takes place among those who have been incarcerated. The result of this phenomenon is a marked differentiation between an offender’s physical age and their chronological age, estimated to be between 10 – 15 years (Williams, Stern, Mellow, Safer & Greifinger, 2012).

This age differential between an incarcerated individual and their non-incarcerated counterpart can be explained in terms of their overall health, their lifestyle before incarceration and the stressful conditions of the corrections environment (Aday, 2006; Dawes, 2009). Factors such as a history of substance abuse, inadequate nutrition and poor medical care contribute to this accelerated aging (Rikard & Rosenberg, 2007; Thivierge-Rikard & Thompson, 2007). Once incarcerated, the stress created by trying to stay safe in correctional facilities, and the stress of being incarcerated in general may escalate age-related illnesses (Thivierge-Rikard & Thomson, 2007). As reported in The Marshall Project, a 2012 survey of 247 male and female offenders housed at the San Francisco County Jail, with an average age of 59, reported health conditions, chronic lung disease, and falls at rates similar to non-incarcerated individuals aged 71.7 years (Chammah, 2015).

According to the Marshall Project, the researchers suggested that defining and categorising the *elderly offender* be based on the individual's general health, such as bone density and blood pressure, and their ability to perform basic daily tasks, for example maintaining personal hygiene, as opposed to being based on chronological age (Chammah, 2015). Furthermore, the researchers note that a classification based on general health and capabilities would address the fact that a group of same-age offenders may have completely different health and care needs, adding that there were some incarcerated individuals who stated that incarceration had preserved their health (Chammah, 2015).

Although experts can agree that this process of accelerated aging exists, the lack of consensus as to the definition of *the elderly offender* hampers not only researchers, but also policy experts who rely on guidelines and standardized data to implement evidence-based solutions to increase and implement cost-effective, quality care (Williams et al., 2012). In SA, according to The Department of Correctional Services Policy and Procedures on Elderly Offenders, an incarcerated offender is considered elderly from age sixty years (Department of Correctional Services, 2008). For the purposes of this study, I agree with the consensus among correctional experts, criminologists, and the National Institute of Corrections, that age 50 would be the

appropriate age at which to define an offender as *aging* or *elderly* (Osborne Association, 2014).

Typology of elderly offenders

Goetting (1984) defined four main subgroups of elderly offenders. First was the *old offender*, an individual who was convicted and sentenced for the *first time* at age 55 or older. Second were the *old timers*, those incarcerated before the age of 55 and who had served over 20 years of their sentence. Third were *career criminals*, those who had offended and been sentenced before age 55, and who had spent their lives moving in and out of the correctional system. Finally, Goetting categorised the *young short-term first offenders*, those incarcerated before age 55 and who had served less than 20 years of their sentence. Crawley and Sparks (2006) proposed a fifth category, the historical offender, who may have committed a crime in their youth but had only been convicted and sentenced in old age. This subgroup classification is shared by other researchers and writers, in particular the American Civil Liberties Union (2012) and Loeb and Steffensmeier (2006).

Sterns and Ansello (2008) referred to three subgroups of elderly offenders, namely those who had entered the correctional system as young offenders sentenced to lengthy sentences, the repeat adult offender or chronic recidivist, and those without any prior adult incarceration and who were incarcerated for the first time in their old age. Maschi et al. (2013) used Goetting's 1984 classic typology as a foundation for their three-category classification scheme. Their first group, *life course in a correctional facility,* consists of those who entered the correctional system as juveniles or adults serving 20 years or more to a life sentence. Due to the nature of their sentence, these are the adults expected to reach old age as incarcerated offenders and who may even die while incarcerated. Their second group are those with a tendency towards *acute and chronic recidivism*, individuals who have consistently cycled in and out of the correctional system since they were juveniles. Maschi et al. (2013) state that the likelihood of this subgroup reaching old age while incarcerated is high as previous attempts at rehabilitation and successful re-entry have obviously been unsuccessful. The third group in this classification are *late-onset criminal offenders*, those who committed a crime and were sentenced at age 50 or older. For

many in this group, their sentences will be shorter, and they will be released back into their communities.

These distinctions and offender typology are important, particularly for those who are preparing individuals for life after their release back into the community. The older adult, or aging offender population might seem to be homogenous. However, the needs of the individuals differ considerably, particularly when considering and understanding the different pathways older adults have travelled before arriving at this status of offender (Maschi et al., 2013).

For this study, I will adopt the Maschi et al. (2013) offender typology and subgroup classification framework.

Physical and psychological health care needs of elderly offenders

Convicted offenders who are sentenced to incarceration are generally less healthy than the general population (Ollove, 2016). Reasons for this include substance abuse and neglected health prior to incarceration, anxiety, the stressful conditions of the corrections' environment, feelings of shame, the lack of mental stimulation, the loss of family members and friends, a lack of social support, isolation and a monotonous diet (Aday, 2006; Booth, 1989; Dawes, 2009; Ollove, 2016). These factors amplify an already compromised state of health, increasing the risk of morbidity and mortality. Detecting chronic illnesses early, and managing them, presents challenges to correctional health care departments (Booth, 1989).

The correlation between physical health and age is well researched and documented (Lindquist & Lindquist, 1999) and in line with this, the rate of both physical and psychiatric morbidity is higher in the older offender's group than for younger offenders (Sodhi-Berry, Knuiman, Alan, Morgan, & Preen, 2015). Offenders show disproportionately higher rates of cardiac disease, hypertension, hepatitis C, diabetes and other chronic conditions (Lindquist & Lindquist, 1999; Ollove,2016) and are at greater risk of emotional, psychological and social challenges (Jang & Canada, 2014). Loeb and Abudagga (2006) add substance abuse, endocrine disorders, and sensory deficits to this list. According to studies conducted in the US, incarcerated elderly

offenders live with an average of three chronic health conditions (Jang & Canada, 2014; Mitka, 2004) and co-morbidities are present at a rate of 85% (Loeb, Steffensmeier & Myco, 2007). A further US study revealed that 45% of elderly offenders, ages 50 and older, and 82% of those 65 and older have chronic health issues (Sterns, Lax, Sed, Keohane & Sterns, 2008). These health issues result in the greater demand on corrections' resources, for example: wheelchairs, chronic and acute medication, and geriatric-specific nursing care (Aday, 2003; Jang & Canada, 2014; Sterns et al., 2008).

Booth (1989) highlights difficulties related to detection of these illnesses, such as lack of geriatric assessment protocol, offenders with cognitive impairments who may not be aware of their own health issues, and with those offenders who are reluctant to disclose health concerns to corrections officials who they may not trust. In addition to these difficulties is the possibility that physical illnesses may be misdiagnosed with mental illnesses. According to Lindquist and Lindquist (1999), offenders report an increase in health problems the longer they have been incarcerated.

These difficulties could result in mortality if early detection of an impending health crisis is absent, as the health status of elderly offenders can decrease rapidly (Booth, 1989). Considering that most of the institutions researched and studied to date do not have the facilities required to care for and house this population of elderly offenders (Aday, 2003), elderly offenders are at risk of an increase in their symptoms or a deteriorating state of health (Jang & Canada, 2014). As Lindquist and Lindquist (1999) report, early identification of medical problems will result in not only more effective and efficient care for vulnerable offenders but will also reduce the real possibility of legal and liability risks for the correctional system.

The health status of offenders, and the availability or lack of services within corrections' facilities, has implications for post-release as well. In a survey conducted among returning offenders in the US, statistics showed that of those experiencing physical and/or mental health conditions, one-third made use of emergency room care and one-fifth were admitted to hospital within 8-10 months of their release (Williams et al., 2010). Furthermore, a survey revealed that released offenders, even if one

excludes those granted compassionate release due to life-threatening conditions, had a 12.7-fold mortality risk in the 2 weeks following release, mostly to cardiovascular disease and cancer (Williams et al., 2010).

Worldwide, and in the general population, more than 20% of adults over 60 years suffer a mental or neurological disorder (World Health Organisation, 2017). Furthermore, of all the *disabilities* suffered by those in this age group, 6.6% are neurological or mental in nature (World Health Organisation, 2017). According to the WHO report the most common disorders include dementia, depression and anxiety, and approximately one quarter of all deaths due to self-harm are from the age group 60 years and older.

According to Williams, Ahalt and Greifinger (2014) the prevalence of dementia, between 60-80 years of age, doubles every five years. For those who are incarcerated, particularly if they have a history of PTSD, low educational achievements, TBIs or a history of substance abuse, the risk for dementia is higher and in addition, is associated with an earlier age of onset (Williams et al., 2014). According to a study undertaken in the UK, the rate of depression among elderly offenders is 1-in-3, and psychiatric disorders were the most undiagnosed and under-treated conditions (Fazel, Hope, O'Donnel & Jacoby, 2001). This deterioration of mental health may be further impacted by failing physical health, the combined effect of which may result in decreased participation in work or social programmes, leading to further depression, withdrawal and isolation (Kratcoski & Babb, 1990). Aday (2003) adds to the above by explaining that older offenders may experience anxiety about being released, anxiety related to the development of new physical conditions and symptoms, or anxiety related to their fear of dying while incarcerated.

Undiagnosed cognitive impairment can have a severely negative impact on offenders, as they are vulnerable to victimisation. Furthermore, they may face disciplinary measures for failing to abide by rules they no longer remember or understand, and they may also be incapable of managing the requirements and instructions for their release (Williams et al., 2014). To minimise the risk of this happening, Williams et al. (2014) recommend that a cognitive screening be performed when an older offender is admitted to the facility, and then annually thereafter.

The results of a study conducted in England and Wales by Fazel et al. (2001) revealed that among the 203 older male participants, cardiovascular, endocrine and respiratory medication needs were mostly being met while psychiatric/mental health needs were not. When they compared the type of medication prescribed to the respondents with the diseases recorded in their notes, they found that 85% of cardiovascular patients, 78% of patients with recorded endocrine issues, and 65% of those with recorded musculoskeletal disease were prescribed medication for treatment and symptoms. In contrast, only 18% of patients with a recorded psychiatric history were receiving any psychotropic medication (Fazel et al., 2001). This study focused on medication needs alone and did not assess the unmet psychological and/or physical treatments required to treat these conditions (Fazel et al., 2001).

The issue of maintaining and adequately treating physical and psychiatric health is not only of consideration during incarceration. Studies exploring the plasticity of aging support the notion that it is possible to build and strengthen physical and mental reserves in old age (Grundy, 2006). These factors greatly influence rehabilitation and the success of functioning post-release (Wolff, 2005). An offender who is well prepared for release and who is healthy upon release, is more likely to readjust to living back in the community, less likely to re-offend, and likely going to be less of a financial burden on state health resources (Ventura, Cassel, Jacoby & Huang, 1998).

Environmental challenges and managing *institutional thoughtlessness*

By their nature, correctional institutions are designed and are most suitable for the younger able-bodied offender (Potter, Cashin, Chenoweth & Jeon, 2007) and were not structured with the elderly offender in mind (Department of Correctional Services, 2008). Aday (2006) is one of many researchers who argue that any existing physical limitation or difficulty experienced by an elderly offender is further exacerbated by the limited adaptations and facilities within the corrections environment and regimes. Furthermore, research has shown that there is little support in catering towards the needs of offenders who are infirm, have limited mobility, or who suffer from physical disabilities, including those who need wheelchairs, walking frames and hearing aids (Aday, 2003).

According to the White Paper on Corrections (Department of Correctional Services, 2005), offenders are dependent on the DCS for their safety and the onus is on the DCS to provide a safe and secure environment. The DCS acknowledges in the White Paper on Corrections that offenders' physical and mental well-being is potentially at-risk during incarceration and that the DCS is "obliged to provide for these special health needs of offenders in its institutions" (Department of Correctional Services, 2005, p. 79). In response to the White Paper on Corrections the DCS included in its new financial programmes the establishment and maintenance of incarceration conditions and facilities consistent with human dignity for offenders (Department of Correctional Services, 2005). In the brief paragraph dealing with the incarceration of elderly offenders it is stipulated that recreational activities suitable for the elderly must be provided, that there must be appropriate medical care for the elderly, and that the facilities provided for this demographic of the incarcerated population should "ease the physical demands on elderly people" (Department of Correctional Services, 2005, p. 83). In their *Policy and Procedures on Elderly Offenders* (Department of Correctional Services, 2008) the DCS states that there are to be safe and accessible environments and facilities to cater for the elderly offender's developmental needs, including entertainment areas, play grounds with sports and recreational facilities and educational infrastructure.

Environmental difficulties and challenges most frequently identified during research have been issues such as bunk beds and difficulty climbing up onto the top; staircases; cells and facilities not equipped for people with disabilities; no handrails; inaccessible light switches; inadequate adaptations for hearing and vision impaired offenders; walking distances to facilities, bathrooms, and exercise yards; and exposure to extreme temperatures, both heat and cold (HM Inspectorate of Prisons, 2004).

In an Australian study conducted by Trotter and Baidawi (2015), their results indicated that the majority of older offenders experienced institutional difficulties in at least one area, with female offenders more likely to report these difficulties than their male counterparts. Trotter and Baidawi's (2015) study also identifies the challenges of beds and bunk access, temperature control, ventilation inadequacies (reported by a quarter of respondents), and problems with using the bathroom facilities (slippery

floors and no hand rails to hold on to). The issue of *temperature control* relates to the difficulties experienced by many elderly to regulate their body temperature, while *ventilation inadequacies* are potentially harmful to older offenders with respiratory difficulties and who are housed in cells or dorms with offenders who smoke cigarettes (Trotter & Baidawi, 2015).

Trotter and Baidawi (2015) noted that offenders aged 65 years and older experienced a greater prevalence of these difficulties than even older offenders and ascribed this to correctional facilities being more mindful in the cases of old-old offenders, while not being mindful of the needs and requirements of the young-old group. This mindfulness, however, is not commonplace. As an example, Reavis (2016) explained that when offenders in a Texan facility were transported to medical facilities their hands were cuffed and placed into a device known as a 'black box'. This device made it impossible to hold on to the handrails when getting on and off the transport bus, necessitating in the offenders hopping or crawling off. For the elderly or infirm offenders, this posed a danger of falling (Reavis, 2016).

Additional environmental difficulties identified by researchers include mattresses that are too thin to protect bones and joints, or support the neck and spine adequately, causing pain and inflammation (Human Rights Watch, 2012); low chairs or benches in the dining hall, making it difficult for the elderly person to stand up after being seated (HM Inspectorate of Prisons, 2004); clothing with zips and buttons are difficult to manage for people with arthritis (HM Inspectorate of Prisons, 2004); and uneven and slippery floor surfaces present a risk of falling (Williams et al., 2014).

"We term the numerous instances of inadvertence or indifference in prisons *institutional thoughtlessness*" (Crawley & Sparks cited in Crawley, 2005, p. 358). When staff at correctional facilities apply the same treatment and have the same expectations from all offenders regardless of age, and without taking into consideration the special needs of the elderly, this may result in everyday 'hidden injuries' to offenders (Hayes, Burns, Turnbull & Shaw, 2012). These hidden injuries are because of institutional thoughtlessness and, according to Hayes et al. (2012) go unnoticed by corrections' staff and are unacknowledged by the offenders. According to Crawley (2005), this situation has been permitted to flourish due to the docile nature of a small

group of incarcerated individuals. Crawley's (2005) finding appears to be supported in the opening sentence of a thematic review by HM Inspectorate of Prisons (2004: p. v):

> *'No problems – old and quiet'* was an entry we found in an older prisoner's wing history sheet in the course of our fieldwork for this report. It aptly summarises the situation of many of the 1 700 older prisoners now held in our prisons. In general, older prisoners pose no control problems for staff. But, because of that, prisoners' own problems, particularly as they grow older and less able-bodied, can easily be neglected.

Social functioning and housing considerations for elderly offenders

For older offenders, their social world is made of fellow offenders, correctional services staff, and their family and acquaintances on the outside (Trotter & Baidawi, 2015). Their outside social networks are typically smaller, and these may be difficult to maintain due to deaths and difficulties faced by visitors commuting to the facility (Bond, Thompson & Malloy, 2005; Trotter and Baidawi, 2015). Incarceration places significant strain on family members of offenders. Families are forced to deal with the stigma of an imprisoned family member, the financial resources lost, and where there are children, realigning childcare responsibilities (Trotter & Baidawi, 2015). In addition, there are practical obstacles making visitations difficult. These include the distance and travel time to the correctional facility, that visiting hours are usually during the day when spouses and family members are working, and the protocol and safety procedures of the visitation process, which are often humiliating (Trotter & Baidawi, 2015). According to Travis and Waul (2003) these stressors and the subsequent strain on marital relationships often lead to divorce.

In a study conducted by Travis (2005) it was determined that less than half of incarcerated mothers and fathers received personal visits from their children. The length of sentence has a negative correlation with the frequency of family contacts. The longer the sentence term, the greater the likelihood that visits, letters and telephone calls will decrease (Lynch & Sabol, 2001). This loss of contact and outside support compounds the social isolation experienced by offenders (Kerbs & Jolley, 2009). Offenders who lose contact with their family, friends and outside community,

experience greater difficulty coping with being incarcerated and may feel they have little to look forward to after their release (Crawley & Sparks, 2006).

The phenomenon of institutional thoughtlessness inflicted on the elderly offenders well documented (Crawley & Sparks, 2006), and the report by HMIP (2004) indicate that there is a positive relationship overall between elderly offenders and correctional services staff. However, the social world of the older offender is most lived with older peers within the corrections' environment, while their relationships with younger offenders are often characterised by a fear of victimisation (Aday, 2003; Williams et al., 2012). This is particularly true if the older offender is experiencing a physical decline, and this fear of victimisation may cause them to restrict their social engagement with others (Davies, 2011). There is no definitive conclusion on whether older offenders are more likely to be victimised than their younger counterparts, but research does suggest that, where victimisation of the elderly offender takes place, it is most likely to be in the form of psychological victimisation, such as insults or threats (HM Inspectorate of Prisons, 2004; Kerbs & Jolley, 2009).

Hayes et al. (2012) state that the reason most elderly offenders would prefer to be in a segregated housing unit is that many of them experience difficulty socialising with their younger counterparts, and that this difficulty arises from issues such as exploitation, noise levels and bullying. Hayes et al. (2012) found that older offenders experienced a higher quality of life when segregated according to age. From the perspective of their physical environment, segregated units can be fitted and equipped in an 'age friendly' manner including, amongst others, additional lower beds, less staircases, less ambient noise, better lighting, and unwaxed floors (Aday, 2003; Yates & Gillespie, 2000). However, a sizeable minority preferred to remain in the general population units, and corrections' management and officials actively placed older offenders among younger ones to act as a calming influence (Hayes et al., 2012).

While older offenders seemed to enjoy a higher status in the correctional hierarchy in the past, the modern-day proliferation of gangs and incarcerated gang members has eroded the older offender's quality of life due to the threat of victimisation, both perceived and real (US Department of Justice, 2004). This fear of other offenders is one of the major causes of psychological ill-health, and some

offenders cope with this threat through strategies of avoidance, such as avoiding the exercise yards or withdrawing from participation in other activities (Hayes et al., 2012). McCorkle (1992) refers to this behaviour as *passive precautionary behaviour*. This threat of violence, and actual violence, further affects the offender's physical health, particularly if the offender is dealing with one or more chronic illnesses (Hayes et al., 2012).

Kerbs and Jolley (2009) focused research on the rationale for age segregation in correctional facilities. According to Kerbs and Jolley (2009) centralising healthcare for the elderly offender population would be a means of cost saving. It is accepted that older offenders are generally in poorer health with many having entered the system with health concerns related to poverty, substance abuse issues and general health neglect. The older offender is legally entitled to medical treatment but may not be receiving adequate age-appropriate medical care. Age-segregated units, where medical care and services are specialised towards the care of the elderly, could ameliorate many of these problems.

Kerbs and Jolley's (2009) rationale for age segregation includes the potential reduction of civil liabilities. Their research was focused on facilities in the US where the Americans with Disabilities Act of 1990 clearly states that the corrections' environment and buildings must not limit access to any facilities for those living with disabilities. Furthermore, those offenders with disabilities are entitled to access to programmes and services, including educational, legal, medical, recreational, religious and social (Atlas & Witke, 2000; Burke, 1999).

The third rationale for age segregation deals with the safety of offenders (Kerbs & Jolley, 2009). As previously stated, the protected and higher status of older offenders has fallen away (Goetting, 1983) and failure to protect an offender from victimisation could result in civil liability for the facility and for corrections officers. Finally, Kerbs and Jolley (2009) reasoned that segregating offenders by age would advance rehabilitation and treatment opportunities among elderly offenders, the group proven least likely to re-offend. Age is consistently found to have a negative correlation with recidivism, and elderly offenders are most likely to benefit from rehabilitation programmes and services. According to the study by Kerbs and Jolley (2009), an

offender's behaviour while incarcerated is a fairly accurate prediction of future behaviour once the offender is released, hence the importance of promoting pro-social behaviour and rehabilitation. However, many elderly offenders in mixed units avoid participating in programmes and activities as, in an effort to avoid victimisation, they isolate themselves from other offenders by avoiding certain areas of the facility, spending more time in their cells and avoiding activities where they feel vulnerable.

While the argument for segregated housing is persuasive, there is little consensus between practitioners and researchers on which housing model is the most efficient for providing healthcare to offenders (Thivierge-Rikard & Thompson, 2007). Some researchers have found that centralising medical services in a general population setting leads to greater service delivery efficiency (Aday, 2003; Yates & Gillespie, 2000). However, there is no empirical evidence to support this with proponents of mixed-housing arguing that the older offenders will have the benefit of mixed-approaches medical care, geriatric and non-geriatric services (Thivierge-Rikard & Thompson, 2007).

In an integrated housing setting, older offenders can build social networks with same-age peers as well as younger offenders, leading to less stress, depression and anxiety (Goetting, 1983; Yates & Gillespie, 2000) as well as fewer feelings of isolation and boredom (Marquart, Merianos & Doucet, 2000).

Offender work opportunities, programmes and reintegration preparation

The objectives of the SA correctional system are "first and foremost to correct offender behaviour in a secure, safe and humane environment in order to facilitate the achievement of rehabilitation and avoidance of recidivism" (Department of Correctional Services, 2005, p. 38). According to the White Paper on Corrections, rehabilitation should incorporate and encourage social responsibility, social justice, active participation in democratic activities, empowerment with life skills and other skills, and a contribution to make SA a better place to live in (Department of Correctional Services, 2005). Rehabilitation is facilitated by engaging the offender on a social, moral, spiritual, physical, work, educational/intellectual, and mental level. This

is referred to in the White Paper as a holistic sentence planning process, the premise of which being that every human being has the potential for change and transformation if offered the opportunity and resources. The development of offenders, therefore, entails teaching of life-skills and its aim is to help the individual realise his or her potential in all aspects of development. Skills and personal development include education and training, communication skills, employability, health awareness, recreation and sport (Department of Correctional Services, 2005).

Section 4.4.8 of the White Paper on Corrections deals with the enhancement of the productive capacity of offenders, stating that a key component of rehabilitation and the prevention of recidivism is for the offender to have access to employment, thereby contributing to the wealth of the community through production (Department of Correctional Services, 2005). It is considered to be the responsibility of the DCS to see that offenders are equipped with market related skills so that, upon release, offenders have the opportunity to be economically active and gainfully employed. Referred to as 'constructive work' in the White Paper on Corrections, work should be consistent with the offender category profile as well as with the offenders themselves, contributing towards both human development and the employability of offenders post-release. The White Paper on Corrections makes no discrimination between work and programmes for young offenders or older offenders (Department of Correctional Services, 2005).

In the US, severe budget cuts have affected the availability of corrections' programmes across the board. Even where such programmes are available, they do not cater for the educational, psychological, social and rehabilitative needs of older persons, nor do these programmes address the need for older offenders to come to grips with the realities of aging or help them understand and protect their health as they grow older. According to the results of the investigation by HMIP (2004), there was a lack of pre-release courses offered that would be of benefit to the elderly offender. Courses of benefit were identified as learning how to cook, budgeting on a pension, or dealing with issues such as isolation (Human Rights Watch, 2012).

During the Human Rights Watch (HRW) interviews, older offenders reported that they spent most of their time reading, watching television or talking to each other.

This is consistent with the HRW finding that corrections recreation programmes are seldom designed to accommodate older and frailer individuals. In addition, although physically and mentally able older offenders are willing to work, offenders complain that their work assignments are not age-appropriate, with some conditions being potentially dangerous. This denies offenders the opportunity to earn much needed income (Human Rights Watch, 2012). In addition, an elderly offender who is released with a limited range of skills is unlikely to find employment (Frazer, 2003).

Vito and Wilson (1985) found that older offenders reported almost no participation besides a few who were involved in vocational training and educational programmes. Furthermore, it was those offenders housed in the general population that reported more programme participation because of their involvement in work assignments. This finding is supported by results in the study by Yates and Gillespie (2000) where they report that corrections administration is in favour of a consolidated housing approach as a means to facilitate the participation by older offenders in work details, as well as in educational and vocational programmes.

The DCS begins its preparation for the social reintegration of offenders from the time they are admitted and throughout the duration of their sentence as part of their Correctional Sentence Plan (Department of Correctional Services, 2005). The After-Care plan was implemented to facilitate the creation of a society willing to care for and embrace those who have completed their sentences, as well as to reduce the likelihood of recidivism. This phase of reintegration is considered to be the most crucial aspect of offender rehabilitation, and a period where the offender is most vulnerable (Department of Correctional Services, 2005).

According to the stipulations in the White Paper on Corrections, the successful social reintegration of offenders will require them to see themselves as an integral part of their community and their country. This necessitates that they are aware and informed of the news and developments in the outside world, and given access to media sources, radio broadcasts, lectures, or other means authorised and controlled by the department. Of vital importance is that the offender remains in contact with, and connected to, their families and where offenders are housed far from family and friends, the Department is advised to consider facilitating a satisfactory form of

communication. As stated in the White Paper on Corrections, successful reintegration requires a partnership between the correctional system, the offender and the community (Department of Correctional Services, 2005).

This viewpoint is supported by research results from the international community. Crawley (2005) found that many elderly offenders had little knowledge about what to expect after their release and blamed this on failings of the Probation Service. Older offenders perceived release-planning to be non-existent and pre-release courses, while addressing social care needs, were not appropriately designed to cater for the needs of the elderly (Forsyth, Senior, Stevenson, O'Hara, Hayes, Challis, & Shaw, 2015).

According to the results of Crawley's (2005) research, the loss of relationships during the sentence impeded successful reintegration, and it was only the men who had support from family on the outside who had positive hopes for release. Facilitating the maintenance of ties between the offender and his family can lead to the family becoming the central support system, able to gradually reintroduce the offender back into the community (Stojkovic, 2007).

One of the major challenges faced by newly-released ex-offenders is that of housing – a place to live (Bradley, Oliver, Richardson & Slayer, 2001). In a report on homelessness among the five million ex-offenders in the US, it was discovered that this group are 10 times more likely to be homeless than any other population demographic (Couloute, 2018). Released ex-offenders are often estranged from family and friends, many have limited education and work experience, and few employment opportunities, all of which exacerbate the problem of finding housing (Bradley et al., 2001). The likelihood of homelessness for an ex-offender is positively correlated with the number of times they have been incarcerated, with figures higher for those ex-offenders caught in the 'revolving door' of incarceration, and higher in the two years following release (Couloute, 2018). Black ex-offenders, men and women, were more likely to be homeless than their White or Hispanic counterparts, and of all the groups it was Black female ex-offenders who were more likely to be homeless (Couloute, 2018). Couloute (2018) notes further that it is also Black female ex-offenders who experience the highest unemployment rate and greater exclusion from

necessary social resources which could potentially assist with successful reintegration.

Stable housing was a serious challenge for reintegrating ex-offenders, with reports of discrimination by public housing authorities and private property owners against applicants with criminal records (Coulote, 2018). Systemic barriers include exorbitant deposits required to secure leases, as well as required professional references, which in turn impacts on the individual's ability to secure employment or access to education programmes (Bradley et al., 2001; Couloute, 2018). In addition to these difficulties, an offender may choose to not return to his home or place of origin in an effort to avoid the contributing factors to his criminal behaviour and in an effort to secure successful re-entry (Bradley et al., 2001). These factors all impact on the 600,000 individuals released from corrections facilities every year in the US, many of whom face a housing issue severe enough to prevent successful reintegration into their communities (Couloute, 2018), and whose release from incarceration may require certain probation and parole conditions to be met, including stable housing (Bradley et al., 2001).

Recidivism rates among Japanese offenders age 65 years and older is estimated to be around 70% within five years after release (Asean Plus, 2017). According to the Asean Plus (2017) article, "Japan is facing a a geriatric crime wave, resulting in its correctional facilities becoming old age nursing homes. The increase in crime and the high recidivism rate among the elderly Japanese population is attributed in part to economic conditions and the aging population, as well as the extreme difficulty in securing housing and employment after release (Asean Plus, 2017). Despite the success of half-way houses to assist healthy ex-offenders with 16 weeks of reintegration support, there remains a high risk of recidivism in the first two years after release (Asean Plus, 2017).

For South African ex-offenders and parolees, finding suitable housing and employment were among the most urgent and immediate needs (Muntingh, 2006). The participants of Muntingh's study expressed dissatisfaction with post-release services and the lack of support from the DCS, with one participant stating that "You are really just dumped outside" (Muntingh, 2006). Neither information nor contact

details regarding resources available to ex-offenders, either from government departments or non-governmental organisations, was made available to the respondents (Muntingh, 2006).

Parole boards are faced with an ever-increasing number of offenders requiring supervision, accompanied by a loss of public confidence (Travis, 2000). Many elderly offenders are released after years of living in an institution, some to areas where they are not safe, and at a time in their lives when they are infirm and frail (Williams & Abraldes, 2007). Few released offenders have participated in programmes designed to prepare them for life after release and there are few services available to support and assist them post-release, a process crucial to prevent recidivism (Muntingh, 2006).

Legal implications, ethics and policy considerations

The framework for SA's Correctional Services Act is human rights based, and the state has an absolute duty to provide care to its incarcerated in such a manner that the individual's constitutional rights are maintained (Muntingh, 2006). According to the Correctional Services Act No. 111 of 1998, Chapter V, subsection 49C, updated in 2012: "The National Commissioner may detain remand detainees over the age of 65 years in single or communal cells, depending on the availability of accommodation" (Acts Online, 2018a).

A stipulation is also made for the provision of specific food for an aged remand detainee's dietary needs, provided this food is within the DCS's available resources (Acts Online, 2018a). It also allows for flexible intervals at which food is served, suitable to the needs of the elderly. This provision is only applicable if ordered by a registered medical practitioner for medical reasons. There are no special provisions in the Act for the elderly incarcerated besides the general directive that every person incarcerated has the right to the same standard of care received by members of the community outside (Muntingh, 2006).

The section of the White Paper on Corrections in South Africa (Department of Correctional Services, 2005), dealing specifically with elderly offenders, acknowledges

that the number of elderly offenders is expected to increase, and it instructs the DCS to ensure that daytime activities are structured to suit the needs of the elderly, that elder-friendly recreational facilities and environment structures are available (accessible beds, ground floor accommodation and dining halls), and that appropriate geriatric medical care is provided. Recommendations in The White Paper on Corrections include developing an offender-specific Correctional Sentence Plan based on the total needs of individual offenders, and that this plan will include social reintegration plans and aftercare (Department of Correctional Services, 2005).

Section 10.7 of the White Paper on Corrections sets out the terms of South Africa's Constitution in relation to all incarcerated citizens, stating that the incarcerated population has the right to be confined in conditions consistent with human dignity and that, at the least, this is to include exercise, adequate accommodation, nutrition, reading material and medical treatment (Department of Correctional Services, 2005). The level of healthcare available to incarcerated offenders should be consistent with that which is provided to every other citizen and, taking security constraints into consideration, it is stipulated that every individual has the right to access private health care facilities at their own expense. In reference to Article 12 of the International Covenant on Economic, Social and Cultural Rights, Section 10.7 emphasises the right of every individual to access and enjoy the highest attainable standard of physical and mental health. Furthermore, the onus is on the DCS to provide conditions conducive to the well-being of both the offenders and corrections officials (Department of Correctional Services, 2005).

According to a report compiled by the Western Cape Government (2015), SA is a signatory to two key frameworks promoting the rights of older persons. These are *The Madrid International Plan of Action on Aging* (MIPAA) which was adopted at the United Nations Second World Assembly on Aging in 2002, and the *AU Policy Framework and Plan of Action on Aging*, adopted by AU Heads of State and Government in 2002.

The MIPAA, which is not legally binding, holds among its core issues that older persons should be able to work for as long as they choose to, that older persons have the right to access the same preventative and curative care and rehabilitation as other

age groups, and that older persons should have access to decent housing and be free from neglect, abuse and violence (World Assembly on Aging, & United Nations, 2003).

The *AU Policy Framework and Plan of Action on Aging*, from which the MIPAA borrowed significantly, addresses the phenomena of the world's growing aging population and states that the most rapid growth of this age group is taking place in the developing world (African Union, 2002). From the first recommendation of the policy, it is acknowledged that older persons suffer social, physical, sexual, economic and psychological abuse, and that their basic human rights to life, to work and freedom from discrimination are often violated. Furthermore, one of the stated aims is to "Ensure that the UN Principles for Older Persons (independence, dignity, self-fulfilment, participation and care) are legally binding and implemented (African Union, 2002, p. 8). Within the *AU Policy Framework* (African Union, 2002) are, inter alia, the following basic recommendations:

1. All public servants are trained in information about the rights of older persons
2. The training curricula for social workers, care givers and other individuals working with older persons must be reviewed and developed to include older person's rights
3. Identify gaps in information about the needs and rights of older persons. Then, address this gap by including this issue in on-going research and by contracting research specifically into the area of older persons
4. Involve older persons in all stages of policy development, formulation, action, implementation, monitoring and evaluation
5. Address and modify existing policies to ensure that old person's needs are included and to meet the requirements on the national policy on aging
6. Address the health needs of the elderly, including the reviewing of all national health policies, reviewing of budgets and funding for services to the elderly, including older persons in the design of age specific health policies, address gaps in service training of all health officials working with the elderly, and by subsidising the costs of assistive devices required by the elderly to function
7. Review existing training curricula to ensure that older people have access to adequate and age appropriate food and nutrition and redevelop these curricula where necessary

8. Take cognisance of the fact that building designs and communication systems are often not conducive to the needs of elderly persons. This includes ensuring that older people are able to live in ground floor housing where no lift is available, providing ramps and rails
9. Ensure that judiciary and law enforcement agencies are trained on the legal rights of older persons
10. Provide vocational and retraining programmes specifically for older persons. This is to ensure self-sufficiency, self-esteem, and participation in economic life
11. Older people do not always have access to regular income and are among the most poverty-stricken members of society. The policy recommends that Member States eliminate discrimination on the basis of age with respect to employment and training opportunities
12. Particularly in Africa, older persons have a high rate of illiteracy due to poor access to education in their earlier lives. Training programmes often exclude older persons based on their age and level of education. Member States are advised to ensure that adult education programmes and vocational training programmes are inclusive of the needs of the elderly. In addition is the further recommendation that older people be trained and utilised as peer-educators and trainers in all sectors, recognising the knowledge and skills of the older individual.

Despite these recommendations, the recommendations from the MIPAA, and the United Nations Proclamation on Aging, none of these documents mention or address the issue of the rights of the elderly offender as a specific or vulnerable group of the aged population (Human Rights Watch, 2012). Nor is mention made of the incarcerated elderly in The Older Persons Act (No. 13 of 2006), despite the objectives of the Act including maintaining and protecting the rights of older persons, stating that the Act “must be implemented by all organs of state rendering services to older persons in the national, provincial, and where applicable, local sphere of government” (Acts Online, 2008b). The Act further stipulates that the rights of the older person contained therein supplements the rights he or she has in terms of the Bill of Rights. In chapter 2 of Act 13, it is stipulated that special measures are to be taken to prevent the physical, sexual, psychological and economic abuse of older persons.

In the White Paper on the Rights of Persons with Disabilities (Department of Social Development, 2015, pp. 17-18), *disability* is defined as follows, and in terms of the United Nations Convention on the Rights of Persons with Disabilities *"disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others".*

The groups identified as being most vulnerable to poverty, stigma and discrimination are women and girls with disabilities, and the elderly. These groups, among others, are guaranteed the right to special measures of protection of their moral and physical needs by Article 18 of the African Charter on Human and People's Rights.

According to the White Paper on the Rights of Persons with Disabilities, persons with disabilities who are segregated from society inside prisons are often subjected to indignities, neglect, poor living conditions (including inadequate food, water, medical care and clothing), severe forms of restraint, seclusion, as well as physical, mental and sexual violence. Should there be a lack of reasonable accommodation inside detention facilities, the risk of neglect, violence, abuse, torture and ill treatment is increased. The elderly living with disabilities, and particularly those living with dementia, are vulnerable to exploitation, neglect, abuse and homelessness, many requiring safe shelter and frail care support. When these are unavailable, it constitutes a violation of their right to dignity and security (Department of Social Development, 2015).

States Parties are instructed to provide appropriate training to staff working in the field of administrative justice, and this includes police and corrections staff (Department of Social Development, 2015). The Constitution of South Africa guarantees all individuals the right not to be treated or punished in a cruel, inhuman or degrading manner. The White Paper on Corrections acknowledges that incarceration has a damaging effect on physical and psychological health and states that the DCS must make provision for the necessary services to offenders with special health needs. In addition to this, those who are responsible for providing for these special needs must be appropriately trained to deal with these challenges and health problems within the correctional care environment (Department of Correctional

Services, 2005; Department of Social Development, 2015). As stated in the White Paper on Corrections, offenders are a vulnerable population and are wholly dependent on the DCS to provide a safe and secure environment. This extends to the provision of care and services appropriate and necessary for elderly offenders (Department of Correctional Services, 2005).

In the South African Courts, legal precedent has been set in various *Plaintiff vs Department of Corrections* cases. In the matter of Dudley Lee v Minister of Correctional Services (2012), Mr Lee sued the DCS after contracting TB during his detention at Pollsmoor Maximum Security Prison from 1999 to 2004. The Constitutional Court ruled that there was probable chain of causation between the negligent omissions by the responsible authorities and Mr Lee's infection with TB. The majority upheld this ruling and noted that there is a legal duty on the responsible authorities to provide adequate health care services as part of the constitutional right of all offenders to conditions of detention consistent with human dignity, while the minority ruled that Mr Lee could not prove causation of his contracting TB to mismanagement of prisoner's health in the system.

In 2002 an ex-prisoner sued the DCS for damages, and settled out of court, for contracting HIV while in Pollsmoor Prison in 1994. The DCS denied liability but paid out the plaintiff an undisclosed amount of money, while also admitting that offenders had not been allowed to use condoms until policy changes allowed their use in facilities in 1996. Though corrections officials and the Minister of Correctional services knew about the risks involved in the spread of HIV from unprotected sex, no steps were ever taken to correct the issue until 1996 (Southern African Legal Information Institute, 2012).

Taking the history of the violations of offenders' rights into account, it is imperative that the DCS, together with the relevant spheres of government, ensure compliance with the Constitution of South Africa to afford every citizen the right to life with dignity. This is especially pertinent for the rights and civil liberties of aging offenders in the correctional system. South Africa is a signatory of the UN Human Rights Charter, the MIPAA, and the AU Policy Framework and Plan of Action on Aging. All of these policies define the rights that elderly citizens should have.

The White Paper on Corrections in South Africa (Department of Correctional Services, 2005) acknowledges that incarceration has a lasting, damaging effect on the physical and psychological health and well-being of an offender and urges that the DCS must make provisions for offenders with special needs, which includes disabilities both physical and mental, as well as the aged. The Older Persons Act of 2006 (Department of Social Development, 2006) states that the act must be implemented and adhered to by all organs of state rendering services to older persons in the national, provincial, and local spheres of government. Its findings and recommendations, therefore, should apply to the DCS, which should take upon itself the responsibility to provide adequate care and assistance to elderly offenders in the corrections system.

Economic impact of elderly offenders

Despite being a small sub-group of the corrections' population, elderly offenders use a disproportionate share of health care services and require five times the number of visits to health care professionals than their non-incarcerated counterparts (Fellner, 2012; Osborne Association, 2014; Vera, 2010). According to Reavis (2016) the cost of housing an offender in the Texas correctional system is approximately $20 000 per year. An older offender has additional medical and end-of-life expenses which can push that figure up to approximately $30 000 per year (Reavis, 2016). According to the American Civil Liberties Union report (2012), over $16 billion is spent annually on housing a section of the population considered low-risk; offenders who are 50 years of age or older.

The result of demographic factors and tougher sentencing laws has transformed traditional correctional institutions into assisted living centres and nursing homes for the elderly (Reavis, 2016). For health issues beyond the scope of the corrections health care system, expensive diagnostic and treatment procedures are required from external facilities (Dawes, 2009; Grohs, 2015; Osborne Association, 2014; Sterns & Ansello, 2008). Any offender admitted to an external facility requires transportation, guards and supervision, adding another cost. Grohs (2015) warns of the inevitable rises in costs of pharmaceuticals, laboratory tests, x-rays, MRIs and CT scans, accompanied by the need for chronic and follow-up care, as well as specialised

housing and staff. In addition to treatment requirements, the elderly infirm also require devices such as hearing aids, breathing apparatus, walkers, wheelchairs, and dentures (Vera, 2010).

Health care services at correctional facilities are not designed or equipped to cope with the demand of dealing with a large number of chronically ill patients, nor are they able to provide the standard of treatment and intensive care required by the elderly (Psick, Simon, Brown & Ahalt, 2017; Thigpen, Solomon, Hunter & Ortiz, 2004).

In the report compiled by HRW (2012) the difficulties faced by correctional facilities to provide suitable conditions to meet the needs of the elderly are highlighted and reasons for these difficulties include a lack of resources, lack of planning and an absence of support from elected officials. Furthermore, the financial burden falls on the taxpayer to cover the subsequent expenditure on medical and mental health care of elderly offenders, three to eight times higher than for younger offenders (Maschi, Marmo & Han, 2014).

As stated by the Osborne Association: “In short, the unique needs of the elderly and the commensurate costs for their care are compounded by additional and unavoidable expenses of correctional supervision; it is clear that any long-term use of prisons as makeshift nursing homes is financially unsustainable” (Osborne Association, 2014, p. 2). The issue of whether or not elderly offenders are being afforded humane, dignified and compassionate end-of-life care as a human right is receiving more and more attention by advocates for human and prisoner’s rights worldwide (Human Rights Watch, 2012). This is not only a financial issue but a moral issue as well (Maschi et al., 2014).

CONCLUSION

From the literature review it can be established that the phenomenon of an aging worldwide population, and the matching increase in the number of incarcerated elderly offenders, is a reality with far-reaching implications not only for civil society but also for correctional facilities, policy-makers and governments. While care of the elderly may be considered a social issue, the vulnerable status of elderly offenders makes this arguably a human rights issue as well. Despite evidence that the likelihood of recidivism declines with age, elderly offenders are the fastest growing population of

incarcerated individuals and the largest consumers of corrections' resources in terms of budget and medical care.

The majority of correctional facilities do not have infrastructure, support or services suitable to cater for geriatric offenders. Staff do not have the necessary skills to cater for the needs of this population, moving this issue from one of financial concern to a moral and ethical dilemma. For the purposes of this study, the literature review served as a framework and guideline for pertinent areas of investigation and the framing of the research question: what are the needs and requirements of elderly South African offenders and ex-offenders? There is a lack of literature available on the needs of elderly South African offenders in particular and what seems to be an accompanying slow response at dealing with this phenomenon as well as preparing for the impact this aging offender population will have in the future. This study intended to contribute towards filling some of that gap.

The following chapter will deal with the technical aspects of this study, clarifying the research design as well as discussing the methodology implemented.

Chapter 3

RESEARCH DESIGN AND METHODOLOGY

Introduction

This chapter details the methodology and process undertaken for this research study, which was approached from a social constructionist paradigm. The aim of the study was to identify the needs of the elderly incarcerated male offender and male ex-offender from their perspective and from within their own constructed reality. Included, where relevant, is a brief reflection of structural challenges related to the actual study, and a frank look at difficulties and personal limitations experienced which impacted on the study and the results of the study. The ethical consideration of this study and the trustworthiness of the study, including steps undertaken to ensure trustworthiness, are discussed.

The *Rationale* Conundrum

I identified several informative qualitative studies adding to the body of knowledge on the topics of *aging* and *aging while incarcerated*. The motivations cited by researchers using a qualitative approach for these topics are that it allows participating offenders to speak openly about their experiences (Kozlov, 2008) and enables researchers to achieve breadth and depth of understanding of issues (Western Cape Government Department of Social Development, 2015). In a study titled *120 Factors Affecting the Aging Prison Population in Japan*, the author stated that one of the limitations of that study had been the focus on 'quantity', and that future researchers should address 'qualitative' aspects, as the study might have missed important qualitative trends (Ishihara, 2000). Doron and Love (2013) used a qualitative approach in their research, published in the article *Aging Prisoners: A brief report of key legal and policy dilemmas*, as this allowed them to review articles, legal documents and records of discussions in great depth, to identify key themes which were then coded and categorised. There is an acknowledged gap in available research on the issue of the aging incarcerated and this is attributed by some to be due to the limited number of qualitative studies conducted in correctional settings (Condon, Hek, & Harris, 2008).

Valera and Kratz (2014) also approached their study *The illness narratives of men involved in the criminal justice system* from a qualitative perspective. Using semi-structured interviews, Valera and Kratz (2014) recorded first-hand responses from participants and then used a narrative approach to investigate the resultant data. According to the researchers, the information extracted from these interviews was relevant enough to be used to inform interventions aimed at men involved in the criminal justice system (Valera & Kratz, 2014).

Garbers (1996) notes that qualitative research is, in many aspects, more demanding than quantitative study and reasons that qualitative researchers work outside the clearly defined boundaries of quantitative studies and, as such, must be able to maintain a logical flow of argument to avoid researcher bias. Social Psychological Imagination is a term used by Sweeny (2018), who states that

> …when students indulge their Social Psychological Imagination, they engage in a process of critically examining the historical, social and psychological determinants of a social phenomenon. The kind of reflexive, critical, historically informed and person-sensitive thinking practices in this imaginative process is crucial to the successful analysis in many disciplines but is particularly important to qualitative inquiry in social psychology (Sweeny, 2018: p.10).

The current qualitative study is based on the social constructionist paradigm. The focus of constructionism is social, rather than individual and constructionism is concerned with how people construct knowledge between themselves through everyday interactions (Andrews, 2012). Constructionism is concerned with the *nature* of knowledge, accepts that there is an objective reality (Andrews, 2012) and posits that all our ways of understanding are historically and culturally relative (Burr, 1995). Burr suggested that what we regard as 'truth' may be the currently accepted way in which we understand the constructions of our world and that these constructions sustain certain patterns of social actions while excluding others.

Reichertz and Zielke (2008) held the view that the idea shaping a constructionist psychology is that those phenomena we view as internal, for example our emotions, are a product of social construction, whose meaning is understood in

the context of every day social interaction and language. The focal point of social constructionist research is the analysis of these interactions, of conversations and mundane practices.

Furthermore, Reichertz and Zielke (2008) stated that an undisputed feature of constructionist psychology is its general critical approach, that one of the aims and functions of this critique is the unravelling of imbalance in power and social inequality and that the overall potential of social constructionism is to inform future social action. Social constructionism is the "cultural characterisations or popular images of the persons or groups whose behaviour and well-being is affected by public policy" (Schneider & Ingram, 1993, p. 334). By means of symbolic language, metaphors and stories, these normative and evaluative characterisations portray groups in either a positive or a negative light (Edelman, 1988). According to Schneider and Ingram's (1993) theory, policy design and agenda are strongly influenced by the social construction of the target population. Public officials who are responsible for designing and implementing policies are pressured to favour the positively constructed and powerful target populations, while the negatively constructed target populations are recipients of punitive and punishment-oriented policy (Schneider and Ingram, 1993). It is Schneider and Ingram's (1993) contention that these resultant socially constructed policies influence people's perceptions on the role of government, influence their opinions on who is or is not deserving, and the kinds of attitudes and participatory patterns that are appropriate in a democratic society.

Burr (1995) stated that social constructionism forces us to review the taken-for-granted understanding we have of the world and ourselves, and that our constructions of the world are bound up with power relations, influencing what is considered permissible action and behaviour for different people and dictating how they may legitimately treat others. Burr (1995) went on to say that knowledge and social action go together and that, as part of social psychology, constructionism leads us to look at how an individual is positioned within society in relation to difference, inequality and power.

In chapter 1 when discussing the theoretical lens of this study, I mentioned the challenge of selecting an appropriate theoretical approach of aging for the aging

offender. While several approaches, alone or in various combinations, may be applicable to the demographic 'aging offender', it is difficult to determine which of the applicable aspects of each approach have occurred naturally and which have been hastened or artificially created due to the special circumstances of those aging in confinement. Clearly, this study requires a qualitative approach and analysis, to gain insight and understanding of the offender's unique circumstances and perspective. Also, a social constructionist paradigm is appropriate for this study as the relationship between offender and the correctional system is one of inequality and power and social constructionism leads us to examine this. As stated above, those phenomena we view as internal, for example, our emotions, are a product of social construction, whose meaning is understood in the context of every day social interaction and language (Reichertz & Zielke, 2008).

However, in examining the aging offender's sense of self within his confined existence, the question was posed to me by my supervisor as to whether aging offenders identify themselves as simply 'offenders', or whether they have considered themselves as part of the aging community. Or, have they considered themselves as a combination of both? This takes us back to Tajfel's Social Identity Theory and his belief that one of our most critical challenges as an individual in society is to create and define our place and role in the complex network of groups that make up society (Tajfel, 1974). Tajfel (1974) classified social identity as an inter-individual approach, one in which individuals based their sense of identity on group membership and that this group membership contributed to self-image either negatively or positively. Individuals do not only place themselves into groups but also others, including categories by race, gender, nationality and religion (Tajfel, 1974). Knowing where one belongs not only facilitates self-understanding but there is also emotional significance attached when individuals tie their self-esteem into group membership (Tajfel, 1979). There is an inherent tendency of group membership to compare one's own group with others (McLeod, 2008). If this comparison is favourable, then member's self-esteem is maintained, while negative comparisons can lead to prejudice and discrimination (McLeod, 2008; Tajfel & Turner, 1979).

Individuals will favour the group they most identify with, minimising differences among in-group members and maximising differences against out-groups (Tajfel &

Turner, 1979) and the main thrust of Social Identity Theory is the human search for a positive self-identity (Harwood et al., 1995). This is highly pertinent to the question of *how* elderly offenders categorise themselves. *Age* is not a construct that can be neatly defined according to number of years. An individual may not classify himself as elderly, may not identify with other elderly people and may be wholly unwilling to be treated as an elderly individual (Harwood et al., 1995). Considering the very nature of an incarcerated and confined existence, the usual criteria, norms, and patterns that would have been shared with elderly cohorts may not apply and, indeed, may be detrimental to the older individual's self-esteem and status as an offender. In the context of this study, the founding argument of Social Identity Theory holds true, that humans search for a positive social identity and for the elderly, perhaps also a positive age identity (Harwood et al., 1995). For this reason, a Social Identity perspective is also applicable to this study and aspects thereof will be used to provide structure to the methodology and to the interpretation of the results.

Data sources: selecting the participants

The participants in this study were identified and selected for me by DCS officials, including social workers. The criteria for selection, specified in my research proposal and letter of application to DCS, was that participants be male, aged 50 years or older, and be either incarcerated or serving out their parole. The reason for focusing on male offenders only is the higher percentage of males in the offender population as opposed to female offenders. I was particularly interested in individuals who had been in the system as either a chronic offender, or who had served a significant portion of their sentence as an older offender. In my letter of application to the DCS, I had requested to be allowed to interview ten participants, either currently incarcerated or on parole in the Port Elizabeth and Kouga/Kou-Kamma region. I had stated that my research questions would be related to how this demographic was experiencing aging while incarcerated, their challenges, fears and concerns with regard to not only aging as an offender but how they anticipated aging as an offender/ex-offender affecting their prospects of reintegration after release.

The DCS allowed me access to sixteen participants. Eight participants were housed at St Albans Corrections Centre (St Albans), five of whom were incarcerated

in the Medium section and three who were housed in the Maximum-Security section. There were a further three offenders incarcerated at the Kirkwood Correctional Centre (Kirkwood) and the remaining five participants were under the supervision of Humansdorp Community Corrections (HCC) at various stages of their parole.

The selection process I undertook is similar to that of Kozlov (2008) in her study *Aging while incarcerated: A qualitative study of geriatric prisoners in America*. Kozlov (2008) first reviewed available and relevant literature related to her topic, then designed a questionnaire and submitted the research proposal and outline of the study to the six institutions she had determined housed the most elderly offenders. Two of the six US institutions accepted her application and permitted Kozlov to proceed. Kozlov (2008) then mailed information leaflets to the two facilities, inviting volunteers to participate, those incarcerated for at least ten years and who were over the age of 60 (Kozlov, 2008). Kozlov was particularly interested in offenders who had been incarcerated long enough to have progressed from younger offender to older offender over the years.

In hindsight with regards to my own study, I recognise how this method could have been beneficial in increasing diversity among my participants. During a later visit to St Albans for the Inside-out Outside-in Books Programme, a project run by Unisa whereby books are collected by volunteers and Unisa staff and then donated to various correctional facilities libraries, I met other older offenders who would potentially have made excellent candidates for interviews and expressed that they would have been willing to participate. However, considering the high rate of illiteracy among my existing participants, it is questionable whether information leaflets would have been of great value. In addition, nowhere in available literature or online resources could I identify information pertaining to the number of incarcerated males over 50 years of age housed by the DCS.

This data appear to be readily available in the US as the HRW study *Old behind bars: The aging prison population in the United States* relied on data issued by the US Department of Justice Bureau of Justice Statistics, which clearly indicated the numbers of incarcerated offenders by age grouping (Human Rights Watch, 2012). With regards to the inclusion criteria in the HRW study, the researchers took the

accelerating aging process into consideration and studied the offender population aged 55 and above (Human Rights Watch, 2012).

Negotiating entry

From the outset, I experienced co-operation and support from the DCS. There had been a misunderstanding on my part related to an administration issue with my original application to the DCS and this resulted in a significant delay in beginning the interview process. However, this matter was quickly attended to by a representative of the Research Directorate, Department of Correctional Services. The representative then forwarded my request and approval to conduct research to the regional coordinator (RC) who was most accommodating and willing to assist me with queries. The RC contacted the social workers from St Albans and from Kirkwood on my behalf, setting up the dates and times for interviews. Arrangements were also made by the RC for me to interview parolees at the HCC.

There were minor challenges throughout this process. Due to a miscommunication between departments, I was unable to meet with the identified parolee participants at Port Elizabeth Community Corrections. At Humansdorp Community Corrections, two participants declined to participate after I explained that participation was entirely voluntary, and one participant asked not to be recorded during the interview. On a personal level, during my visit to St Albans Maximum Security Facility, a corrections officer was stabbed by an offender, and seriously wounded, in close proximity to our office. While the incident was handled admirably by staff, the resultant chaos and upset was unsettling for me, despite my experience as a trauma counsellor. Reflecting back on that incident, I believe that the upset I felt had more to do with the fact that I was closed into an office for my protection and was unable to help, as is my usual role. At no time during the incident did I feel threatened or unsafe.

Perhaps the biggest challenge, however, was not being permitted to select my own participants based on the criteria required for this study. Most of the participants I interviewed were, according to my observation, in fair to good health, functioning independently and each conveyed to me that there were older or more infirm

incarcerated individuals within the facility. However, this is based on anecdotal evidence relayed to me during the interviews. For the most part, I felt that the offenders who had been selected for me to interview were perhaps the healthier and more well-functioning representatives of this age demographic.

The interviews with offenders were conducted in the administration sections of St Albans and Kirkwood and in the offices of the HCC for the parolees. The process of gaining access to the different sections was simple and only my bag containing the materials needed for the interviews was searched. My first interviews were at Kirkwood Corrections and I was advised by the social worker to lock my cell phone away in her personal locker, which I did. When I visited St Albans, I left my phone in my vehicle outside. As with all my preceding interactions with the DCS staff and representatives, access to the facilities and support once inside were exemplary. Before each set of interviews, I was asked by the attending social worker if I preferred that they remain in the room with my interpreter and myself during the interview. When I indicated that was not necessary, my interpreter and I were left alone with the individual participants.

The single area of difficulty I experienced in my interactions with DCS representatives was when I requested additional information after the interviews and during the writing of this dissertation. It would be useful for the purpose of this study to have more specific statistics and information related to the number of elderly offenders currently housed by the DCS. Unfortunately, those emails went unanswered and I decided not to run the potential risk of harassing the DCS staff.

What lies beyond the gates?

St Albans Corrections Centre (St Albans), designed to hold a maximum of 4 000 offenders, is located 30km outside of Port Elizabeth, on the N2 heading South and consists of maximum, medium A and medium B lockup facilities. If one searches online for information on St Albans, particularly news items, headlines such as *Worst of the worst inmates behind attack on St Albans prison guards* (Spies, 2016), *St Albans prison official arrested for possession of drugs* (AlgoaFM News, 2018), *Party video surfaces at St Albans prison* (IOL, 2018), and *Department of Correctional Services mum on 'drunk' warden* (Shange, 2018) abound. According to DCS, gangsterism is

one of the biggest challenges facing St Albans with members of 26s, 27s and 28s housed within the facility (Spies, 2016). At the time of the December 2016 offenders' attack on wardens at St Albans, the facility housed 4 387 convicted offenders, excluding those who were awaiting trial (Spies, 2016). St Albans has been described as one of SA's five most notorious facilities, housing dangerous and violent offenders in an environment rife with gang activity, overcrowding, and corruption (Manona, 2017).

Had I only those and other news articles to base my expectations on, I would have gone beyond those gates with trepidation and even fear. However, my continued association with Unisa's Inside-out Outside-in Books Programme and the relationship I have built with the educators working within the facility, placed me in the privileged position of seeing a St Albans that stretches beyond what is represented and portrayed in the news articles. As Manona (2017) stated, beyond those gates is evidence of the efforts of staff and offenders and stories of hope, regret, survival, redemption and rehabilitation.

Kirkwood Correctional Centre is located approximately 86km from Port Elizabeth on the R75 North. Kirkwood is a medium-security facility, intended to house male offenders only. An internet search for media reports regarding Kirkwood Correctional Centre does not yield negative news reports, as is the case for St Albans. Further research revealed a 2015 report by Constitutional Court Justice Froneman after his visit to the centre, the first visit by a judge in the history of the centre (Constitutional Court of South Africa, 2015). At the time of Justice Froneman's inspection, Kirkwood housed 1 160 offenders consisting of 1 098 sentenced males, 27 sentenced females, 23 male remand detainees and 12 female remand detainees (Constitutional Court of South Africa, 2015). Kirkwood is a male-only facility and the presence of female offenders at the time of the Justice's visit was due to renovations in process at another facility (Constitutional Court of South Africa, 2015).

Challenges faced by Kirkwood echo those of other facilities and include staff shortage, overcrowding and a delay in offenders receiving confirmation of their sentences (Constitutional Court of South Africa, 2015). Kirkwood was built to house 738 offenders but at the time of Justice Froneman's visit, the centre was over capacity

by 147% (Constitutional Court of South Africa, 2015). The staff shortage was a serious concern for both members and offenders, affecting shift lengths (12 hours) and also the accessibility to rehabilitation programmes (Constitutional Court of South Africa, 2015).

Staff shortages, and space constraints, also affected the medical wing as it was reported that there were too few nursing sisters and the lack of space meant that there was little privacy during examinations and treatment (Constitutional Court of South Africa, 2015). Access to doctors and medication were highlighted as problematic, as was the DCS policy of psychiatric patients being housed with other offenders, making distribution of psychiatric treatment difficult (Constitutional Court of South Africa, 2015). On inspection of the cells, Justice Froneman found the cells to be dark and messy, if generally clean, each with a bathroom and toilet (Constitutional Court of South Africa, 2015).

The first feature of the Kirkwood facility one notices when approaching the centre is the centre's farm and farming facilities. At the time of the 2015 Justice report, Kirkwood was the only facility in SA providing its own beef and milk, with enough to supply to other facilities as well. Another positive feature of the centre, which I did not get to visit but which is featured in the Justice's report, is the pre-release unit: an 8-week programme set up for offenders preparing for release in the near future. This unit has been designed to resemble an ordinary home and prepares the soon to be released offender for reintegration into civilian life, seating them at dining tables for meals, providing them with regular cutlery and crockery, beds with regular linen and with a separate outdoor area and productive vegetable garden (Constitutional Court of South Africa, 2015).

Pre-release education and information programmes are also presented during this phase, with the focus on sexually transmitted diseases, managing money, parole conditions and life skills (Constitutional Court of South Africa, 2015). As is the case with St Albans, schooling and skills development opportunities are available, notwithstanding the shortage of educators and funding. There were in excess of 400 offenders participating in activities such as various sporting activities, darts, chess and pool (Constitutional Court of South Africa, 2015).

As with St Albans, Kirkwood appears to be faced with systemic problems and challenges, the majority of which can be attributed to overcrowding and the resultant staff shortages and strain on infrastructure. I did find the admission procedure at Kirkwood to be more severe and formal than that of St Albans and there was no sense of a relaxed or informal atmosphere. My interpreter and I were left somewhat stranded after completing the interviews, as our driver had left us at the gates and gone into town, awaiting our call to collect us when we had finished. However, neither of our cell phones worked inside the centre's grounds and it took longer than it should have for us to realise that cell phone transmission might be blocked at the centre. This necessitated in us having to re-enter the facility and ask to make a call using a landline.

The study participants

Interviews were conducted with 16 male participants who fit the demographic and requirements for this study, as stipulated earlier in this chapter. The average age of the participants was 51 years, with the youngest respondent being 41 and the oldest aged 69 years. While the youngest participant was below the age criteria of 50 years, he was included by DCS due to his state of health, length of sentence and time already spent incarcerated. Taking into consideration the phenomena of accelerated aging, I included his responses in this study.

The respondents are currently serving sentences for housebreaking (one), murder (six), armed robbery (two), robbery (three), rape (eight), and fraud (one). One of the respondents is serving multiple sentences for the crime of rape - 11 life sentences in total. The sentence terms for the sample are 'Life' (two), 25 years (four), 20 years (two), 18 years (two), 15 years (five) and 10 years (one).

Each subgroup of the Maschi et al. (2013) classification framework was represented in this study. According to this framework, there were seven acute and chronic recidivists, three who fell into the life course offender category and five who are classified as late-onset criminal offenders. A brief background of each participant is provided in the next section, following the format used by Mbongiseni Mdakane in his Master's Thesis (Mdakane, 2016).

Participant information at the time of the interviews

The participants for this study were all male offenders or parolees under the supervision of the DCS at either St Albans Correctional Services (denoted as S/A), Kirkwood Correctional Centre (denoted as KW) or Humansdorp Community Corrections (identified by HCC). All the participants were selected by either the supervising social worker, in the case of the offenders, or by the parole officer for the ex-offenders. Within this group, fifteen of the participants belonged to either the Black or Coloured race groups and one was White.

Participant HCC1

Pseudonym: Robert

Status of current sentence: Paroled in 2011 (one year remaining)

Age: 60

Robert was under the supervision of HCC and employed as a plasterer in the building trade. He is married and has children from a previous marriage, as well as grandchildren. Robert had formed a strong relationship with a parolee with whom he shared a cell, and he credits his decision to move away from previous associations with gangsters to this relationship. He was employed as a cook in the St Albans kitchen until his transfer to Patensie in preparation for his release on parole. Robert had clearly taken responsibility for his actions, acknowledging that he made mistakes in the past, which have cost him dearly in terms of his family life. His account of life as an incarcerated offender is that of a highly stressful environment with frequent violence and a pervading lack of respect for elderly offenders, although there was always something to do if one chose to stay busy. He expressed deep regret at the time and opportunities wasted and was grateful for his family's continued support. Robert drew strength from his Christian beliefs and involvement in his church.

Participant HCC2

Pseudonym: Dawid

Status of current sentence: Paroled in 2015 (three years remaining)

Age: 67

Dawid was the only participant who requested that we not record his interview and, of all the stories that were shared with me, Dawid's touched me the most deeply. This was due not only to the unfortunate circumstances of his crime but also as he was a soft-spoken, articulate family man, who deeply regretted the incident which had led to his incarceration. He had worked in the Patensie areas for 40 years as a farmer's assistant and it is a testimony to his character that his family, employer and community supported him during his five years of incarceration at St Albans. Not only did he have the support of his outside community but the staff at St Albans and Patensie were a source of support and encouragement to him as well. As soon as he was paroled, he returned to his original employer and resumed employment, continuing to live with his wife and among his children.

Participant HCC3

Pseudonym: Eric

Status of current sentence: Paroled since 2016 (eight years remaining)

Age: 52

Eric's story saddened and frustrated me as he personifies the saying 'slipped through the cracks'. Eric was in ill-health when he began his sentence, suffering from epilepsy, and was involved to a degree in gang activity. At some point during his sentence, he made the decision to walk away from the gang involvement, despite being threatened, and chose to focus on working towards release. However, life had been a constant uphill battle for him post-release, in large part due to his inability to obtain an identity document, a requisite for fixed employment. He appeared physically weak, thin, and significantly despondent, telling me that he was considering re-offending in order to be assured of regular meals and a place to sleep. According to Eric, there are no effective post-release programmes and no assistance in finding employment by the DCS staff or other organisation. Eric was also a valuable source of information and insight into the life of the elderly offender.

Participant HCC4

Pseudonym: Jacob

Status of current sentence: Paroled in 2009 (two years remaining)

Age: 69

Jacob was one of the participants most close to his family of origin and enjoyed their support despite a long history of repeated incarceration. He was unmarried and had no children, although he was in a relationship. Considering his timeline of incarceration, this was understandable. He had simply spent more of his life as an offender than he had as a free person. Jacob described his time in St Albans as 'hell', which he attributed to gang activity. At that point, he became emotional and told me that he did not want to discuss what had taken place between him and the gangs. He did relate that offenders who were not part of a gang were 'prey' and that after a time, non-gang affiliated offenders were removed and placed in separate protected housing. Jacob was transferred to Kimberley Correctional Services shortly afterwards, a facility that was easier to live within although the guards were stricter than at St Albans.

As with all other respondents, Jacob mentioned the Life Skills and Anger Management programmes, stating that there was no real preparation for integration in terms of SASSA applications and so forth. Fortunately, he had the support of his family to assist him after his release and towards the end of the interview, he began to cry, telling me how much he had appreciated the fresh air and trees when he was released, and how sad he was that his mother had died before he was free.

Participant HCC5

Pseudonym: Trevor

Status of current sentence: Paroled in 2012 (ten years remaining)

Age: 50

Trevor was one of only two offenders I found unsettling, particularly in the first few minutes of the interview. Initially, I assumed this was due to a reluctance to participate but realised after a while that his lack of emotion, or facial expression, was a personal trait. It took a while to build a rapport and I fully expected the interview to end prematurely. However, after a while his clipped answers became less constrained and I felt privileged, for want of a more suitable word, when he revealed that he was a member of the 26s and held a rank in the hierarchy. At the time of our interview Trevor had already been on parole for over five years and despite earning diplomas in agriculture and animal husbandry while incarcerated, he was unable to secure employment in that field. He had taken employment in the construction industry

and was struggling to meet the physical demands due, he said, to his years of incarceration. It was interesting to hear Trevor speak about the lack of respect shown towards the elderly in facilities and that even he, as an older offender, was not assured of respectful treatment from younger offenders despite his gang affiliation.

Participant KW1

Pseudonym: Zakaria

Status of current sentence: Sentenced in 1999 (served 18 years)

Age: 56

Zakaria was another of the offenders who readily admitted that he had ended up where he was due to his own actions and choices. Before his sentence, Zakaria was a chokka fisherman and, having a husband who is in that industry, I could fully understand when he told me that the sea was 'in his blood' and that all he wanted was to return to the sea. The last time Zakaria had seen his family was in 2015, when he was taken to Patensie to facilitate the visit as the distance was too far for his family members to travel. Zakaria saw the fact that he was still alive as a privilege bestowed by God, especially as he had seen so many of his fellow offenders leave in a 'black box' (coffin).

Participant KW2

Pseudonym: Joseph

Status of current sentence: Sentenced in 1998 (served 19 years)

Age: 53

Joseph's first offence was when he was 14 years old and his history of incarceration has followed the revolving door pattern. He had no education as a child, had never been married or fathered children and his sole connection to the outside world has been his siblings, who continue to support him but seldom visit due to distance and costs. Joseph was eloquent, engaged with the process, and it seemed to me that he was deeply grateful for the break in routine and the opportunity to talk to someone. In total, he has spent 29 years behind bars, and openly acknowledged that he committed the offences he was sentenced for. He was initially sentenced to death but had his sentence commuted to life after the abolishment of the death penalty in 1995. One moment Joseph talked about the desire to be released from corrections, and the next he voiced that, after 29 years of incarceration, he would not be able to

adapt to life outside and instead hoped that he would be given ‘dag-parool’, a system whereby offenders are released for work participation during the day but return to the facility at night. He talked about getting work as a gardener and applying for a disability grant because his legs have grown weak, and how corrections officials kept motivating him, telling him to keep the faith, he would be going home. Like so many of the other participants who had spent most of their years incarcerated, he became emotional when talking about the wasted years, a wasted life.

Participant KW3

Pseudonym: Solomon

Status of current sentence: Sentenced in 2001 (served 16 years)

Age: 55

Solomon was one of the few recipients who had received some high school level education. He had never been married and had two children; a son he felt he was still fairly close to and a daughter, who he could no longer clearly remember. Solomon maintained his innocence for the crime he was sentenced for and was the only participant who alluded to having been the victim of sexual assault while incarcerated. I did not pursue this topic. Sexual assault was not formally included as a topic for the interviews, or for this dissertation, as I could not be certain that there would be adequate counselling and support services post-interview to assist the offenders.

Solomon had appeared before the parole board on two previous occasions but both applications had been denied. Solomon told me that he would not be able to return to his community once he was paroled as they had not yet forgiven him for the crime he allegedly committed. In total, he had spent 26 years of his life as an incarcerated offender.

Table 1: Participant summary

Centre[1]	Name (Pseudonym)	Ref. No.	Age[2]	Year convicted	Time Served Current Sentence	Reason for Sentence	Level of Education	Participation and Work within Centre[3]
HCC	Robert	HCC1	60	2004	Parole since 2011	Murder	Grade 8	Cook
HCC	Dawid	HCC2	67	2010	Parole since 2015	Murder	Unknown	Agriculture
HCC	Eric	HCC3	52	Chronic recidivist	Parole since 2016	Robbery	Grade 7	None (ill health)
HCC	Jacob	HCC4	69	1999	Parole since 2009	Attempted Murder	Grade 4	None
HCC	Trevor	HCC5	50	2003	Parole since 2012	Attempted Murder, Murder	Grade 10	Agriculture
KW	Zakaria	KW1	56	1999	18 years	Murder, Rape	None	Repairs to equipment
KW	Joseph	KW2	53	1998	19 years	Rape, Robbery	None	Cleaner
KW	Solomon	KW3	55	2001	16 years	Murder, Rape	Grade 9	Cleaner
S/A	Alex	S/A1	51	2011	6 years	Rape	None	Cleaner
S/A	Brian	S/A2	55	2014	3 years	Rape (child)	Grade 11	None
S/A	Jackson	S/A3	54	2013	4 years	Murder	None	Cleaner
S/A	Mandla	S/A4	62	2004	13 years	Rape	None	Skilled repairman
S/A	Max	S/A5	41	2005	12 years	Rape	None	None
S/A	Moses	S/A6	60	2009	8 years	Rape	None	None
S/A	Peter	S/A7	54	2016	1 year	Fraud	Tertiary	Student (Unisa)
S/A	Thomas	S/A8	59	1995	17 years	Armed Robbery	Grade 11	Arts & desistence outreach

[1] St Albans Corrections Centre (S/A); Kirkwood Correctional Centre (KW); Humansdorp Community Corrections (HCC)
[2] Age at time of interviews – November/December 2017
[3] Excluding compulsory programmes for release

Participant S/A1

Pseudonym: Alex

Status of current sentence: Sentenced in 2011 – 15 years (served 6 years)

Age: 51

Alex was one of the offenders who displayed indications of stress and depression. He told me that, when he was not working, he would take his sleeping tablet and sleep because it was better than being awake. He had received some level of education but had left school due to severe hearing loss and learning difficulties. Alex was married, and his wife lived fairly close to Kirkwood. However, only his brothers visited him. Alex expressed his concern for his son, and for himself post-release, saying that he did not know how he would react if he heard that someone was gossiping about him, or calling his son 'the son of a rapist'. He openly acknowledged needing help in learning how to control himself and his anger and said that he had approached one of the social workers for help.

Participant S/A2

Pseudonym: Brian

Status of current sentence: Sentenced in 2014 – 15 years (served 3 years)

Age: 55

Brian had been a school-going youth during the period when school boycotts were most prolific, leaving school in Grade 11. As this came up at the beginning of the interview and it was obvious that the memory upset him, enough that there were visible signs that he was angry, I felt it appropriate to acknowledge his struggle and I apologised, however inadequately. That seemed to diffuse the situation and his anger and he relaxed. Brian was an intelligent and eloquent participant who, prior to being sentenced, had held down steady employment as a truck driver, was married and had six children. He was also one of the participants who denied committing the offence he had been found guilty of and, after listening to him relate the sequence of events during his judicial process, the anger and frustration he expressed later in the interview is understandable. Brian had written his own appeals and petitions to The High Court and grew angry when discussing the treatment of the offenders by corrections officials.

He had refused to participate in the offender programmes necessary for a transfer to the medium section and said that he chose to move to a cell that was run by one of the numbers gangs, as the chatter and questions from older offenders in his previous cell were a constant source of irritation to him. Brian seemed to be almost at the stage of acceptance, telling me that he had spoken to a social worker and was waiting for placement in a programme. His wife continued to support him, and his ex-employer had assured him that he would have work once he was released.

Participant S/A3

Pseudonym: Jackson

Status of current sentence: Sentenced in 2013 – 15 years (served 4 years)

Age: 54

From the outset, Jackson seemed to focus on how his lack of education had affected his life outcome. His mother had died when he was very young and attending school was presented as an option to the children. Jackson came across as intelligent and engaged fully with the interview process, expressing thoughts and ideas beyond the interview questions. For example, he told me that there was no such thing as offering a child the choice to attend school or not, and that 'they' (which I assumed meant him and other older offenders) almost forced the youth in their units to attend classes, saying that if those youth did not use the opportunity to obtain an education before release, they stood little chance of living successfully afterwards. He had been contemplating finishing his high school education, an activity he said would facilitate his transfer to the medium section.

Jackson stated that he kept as physically active as possible, openly admitted that he was guilty of the offence for which he had been sentenced but saying that offenders' cases needed to be judged on merit. According to him, an offender could be incarcerated for 15 years and not learn anything, or be confined for one year and make a complete life change. Jackson did not see the point of continuing the confinement of an individual who had been fully rehabilitated and could still be successfully reintegrated before he grew too old.

Participant S/A4

Pseudonym: Mandla

Status of current sentence: Sentenced in 2004 – 11 Life sentences (served 13 years)

Age: 62

Mandla is widowed, has no children, and no contact with his remaining sibling. He has no contact with the outside world, saying that most of his siblings died, many within the corrections system. From the outset he acknowledges a history, from childhood, of problematic behaviour. Mandla struggles with physical and health issues, among them the after-effects of TB and also weakness in his legs, which excludes him from physical labour. However, by his account and according to his social worker, Mandla is a skilled watch and clock repairman and has been provided with the tools necessary to do repairs. I could not help but think of the inaccuracy of the adage 'honour among thieves' as Mandla related how the offenders' biggest challenges and threats came from other offenders, saying how offenders fought among themselves and even stole each other's belongings. He had made the decision to remain quiet and avoid conflict where possible, which did not always work as a troublemaker would continue to provoke the others in an attempt to get a reaction.

When I asked Mandla where he saw himself ten years from then, at age 72, he shared that he would like to live in a house alone, away from all people, where he could spend time thinking about his life, the fact that he had nothing and no one, and that he had made a complete mess of everything. My sense, as he began sobbing, was one of overwhelming regret for the life he wasted and lost. At no point did he acknowledge his offences or his victims.

Participant S/A5

Pseudonym: Max

Status of current sentence: Sentenced in 2005 – Life (served 12 years)

Age: 41

Max entered the corrections system with an existing health condition and despite receiving continuing treatment, is not well. He has spent time in a hospital in Port Elizabeth and receives chronic medication. Max's parents both died after he was incarcerated, and his sister was left to raise his two children. He expresses much concern over the well-being of his children and at that point of the interview I could see

he was visibly distressed. I asked him if there was someone in the facility that he felt he could talk to and he confirmed his social worker was always available to him and that he had found those talks helpful. Max's fear is of becoming ill and dying while incarcerated like many of his incarcerated counterparts. Although Max was only 41, he was presented to me as a participant due to his term of sentence and state of health. He appeared to be significantly older than what he was, and it was obvious that he was unwell at the time of the interview. For this reason, I decided to shorten the interview.

Participant S/A6

Pseudonym: Moses

Status of current sentence: Sentenced in 2009 – 18 years (served 8 years)

Age: 60

Moses was a divorced father of one child, had received no education and worked as a builder before his sentencing. He stood out for me because of his candour and easy manner of communicating. During his incarceration he had worked in the hospital laundry but had been caught smuggling banned substances. Moses appeared exceptionally fit and healthy which he explained was due to his love of working out, karate and boxing. He contracted a chronic illness before he was incarcerated, which he appeared to be managing exceptionally well and had been diagnosed with TB while incarcerated.

He expressed much anger at himself for being caught with contraband and said he was paying for his mistake dearly. Despite being divorced from his ex-wife, she had agreed to accommodate him during his parole period. Moses also spoke about older offenders in his cell who had been incarcerated for years and expressed that exercise and fresh air should be mandatory for all offenders. According to him, the older offenders remained in their cells, choosing only to leave for meals and when instructed to do so.

Participant S/A7

Pseudonym: Peter

Status of current sentence: Sentenced in 2016 – 15 years (served 1 year)

Age: 54

Peter was the only White race participant and also the only offender not incarcerated for a violent crime. In addition to this, he was also the only offender who had completed high school and had tertiary education. He had worked in a respected government department for many years and, at the time of our interview, was studying further through the University of South Africa. He had a supportive family, both emotionally and financially, and they had ensured he had access to the necessary study material for his course. It showed great foresight as he knew he would not be able to return to his previous field of employment and he was preparing for a new career path after completing his sentence.

Peter was unmarried and had no children. He had entered into his sentence with some health issues and reported that arthritis symptoms had increased since then. Peter was in a protected housing unit but still experienced significant stress, enough to cause hypertension. When discussing other offenders in his unit, he told me that they were all older than he was. He thinks constantly about his aging mother and the effect his sentence has on her. It distresses him to see her aging with each visit. Peter keeps himself busy to avoid thoughts of his environment and circumstances and seems fully focused on preparing for parole in the future.

Participant S/A8

Pseudonym: Thomas

Status of the current sentence: Sentenced in 1995 (served 17 years)

Age: 59

If at any point during my study I doubted the potential for reform and rehabilitation of the DCS system, that was laid to rest by Thomas. That he had a violent past and deserved his sentence was not disputed by Thomas himself, and the turnaround he has made in his life is remarkable. I was not given personal or background information relating to any of the participants by the social workers at either of the institutions, prior to the interviews. Thomas's social worker, after my

interview with him, explained how he had entered the DCS system as one of SA's most wanted criminals and that he had become a 'star offender': leading, encouraging and motivating others out of recidivism and into the habit of desistance. Thomas had been educated to Grade 11 level, was still married to the woman he was married to before his sentencing, and they had four children together. Thomas is fit and healthy, reporting no medical conditions.

He is active in the Arts and Culture department, the choir, is a pastoral preacher, and a guest speaker, a far cry from the young offender he was when he described himself as 'angry and dangerous'. He has met with previous victims of his criminal past and engaged in dialogue with them, confessed what he had done to them and asked for forgiveness. His parole hearing was set for a month after our interview.

About the researcher

In 2010, during the first year of my studies at Unisa, I came across an article in our community newspaper about a local organisation called The Jeffreys Bay Trauma Support Centre. Founded in 2006 by the local traumatologist as part of the government's Victim Empowerment programme, the centre provided counselling services to all members of the community in times of crisis, including home invasions, incidences of assault, domestic violence, rape, abuse and so on. I completed their course in basic trauma counselling and became a member of their team. After obtaining my BA Honours in Psychology, the traumatologist and I applied at the Canadian Institute of Traumatology and completed their course in Clinical Traumatology.

Before I undertook this current study, my experience of offenders, whether pre-trial or post-release, was in working with their victims, helping victims process and deal with traumatic events most often related to criminal acts. This can be taxing at times, especially if our work takes us to scenes where we are confronted with the aftermath of violent acts, usually in cases of murder. These scenes are particularly challenging when they involve children or the elderly, and it is disturbing to see an elderly person injured and suffering.

It was during this time that I became interested in the topic of the offender himself, particularly the elderly offender, and how he experienced life as an incarcerated individual. I began to wonder about elderly people *inside* a corrections facility who were perhaps being victimised or traumatised themselves, either by other offenders or on a systemic level. During my Honours year, I had focused on Adult Development as the needs and rights of the elderly are issues I feel strongly about, especially now when we are facing an ever-growing aging population. My combined interest in the life and welfare of elderly offenders, coupled with my growing knowledge of the impending impact of a worldwide growth in an aging population led me to arrive at the topic of this Dissertation.

Data collection techniques

From the point of conceptualising this study, I was aware of my 'outsider' status with regards to the population of interest - elderly male offenders and ex-offenders - and my inexperience as a researcher. My intention was to engage in semi-structured interviews, using an interview guide of questions to ensure I was able to elicit information relevant to the study. This list of interview questions was based on issues highlighted in international studies and reports compiled, such as the HRW report 'Old Behind Bars: The Aging Prison Population in the United States' (Human Rights Watch, 2012). This list of questions was submitted to the DCS Ethics Committee and, once it had been approved, I did not deviate from the content unless guided by the respondents. Interviews were conducted face to face, and as organised by the relevant facility.

There have been numerous similar studies conducted internationally, using a qualitative approach and semi-structured interview format and these guided my own study. Hayes et al. (2012) conducted a study into the *Social and custodial needs of older adults in prison*, among 12 male participants in facilities that housed offenders at each of the different security levels. As was the case with this current study, Hayes et al. (2012) conducted private interviews after obtaining informed consent and included open-ended questions to allow participants to discuss their experience of being an older offender. What differed between the study conducted by Hayes et al. and this current study is that their study included formal assessments, such as the

Lubben Scale and Quality of Prison Life Assessment Scale (Hayes et al., 2012). Dr Elaine Crawley, Director of Salford University's Centre for Prison Studies and researcher of criminology for more than 20 years, conducted more than 80 interviews with elderly male offenders, the results of which were published in the article *Institutional Thoughtlessness in Prisons and Its Impact on the Day-to-Day Prison Lives of Elderly Men* (Crawley, 2005). According to Crawley (2005: p. 352):

> Our research methods were based on our understanding that the emotional, physical and psychological impacts of imprisonment on elderly people can only be understood by listening to their accounts of their prison experiences, and by observing how they go about their day-to-day lives in prison.

Crawley's (2005) advantage was that she was permitted to observe individuals going about their daily tasks and routines and could observe first-hand any environment, physical, social or psychological instances of institutional thoughtlessness. In a study among older incarcerated Filipino males, a similar process to this current study was followed. Using purposive sampling to ensure that the required characteristics for this demographic were represented, 25 participants were selected and asked questions which were compiled and coded after an intensive review of relevant literature (de Guzman, Gatan, Gesmundo, & Golosinda, 2015). Data, exploring the experiences of their elderly participants, was gathered through individual structured interviews (de Guzman et al., 2015). It is perhaps the study by Dawes (2009) that most closely resembles the data collection process of this current study.

Dawes (2009) first based his sample size on considerations such as researcher time and funding, narrowing his request to both the ethics departments at Flinders University and then the Department for Correctional Services Research Management Committee (DCSRMC) to corrections facilities that were within driving distance of his location of Adelaide, Australia. Once the project had been given approval by both ethics' committees, general managers of the identified institutions arranged interview times with offenders suitable for the purpose of the study (Dawes, 2009).

The design and set of this current study's method and research questions was to identify the physical, psychological, social and practical needs of this population, and identify any gaps in the meeting of these needs. While the list of questions was, for the most part, structured, many were open to interpretation. The very nature of confinement in a correctional facility implies the loss of freedom, autonomy, comforts and, however erroneous, the loss of many basic human rights. Until the interviews, most of the respondents seem to have never considered that they were a 'special needs' population, or that their environment and living conditions may be in contravention of their human rights. In other words, 'it is what it is', and complaints that they had were in line with the general complaints and dissatisfaction of the general incarcerated population, not specific to their status as elderly.

The interview process

Copies of the interview schedule in the form of a list of questions asked of the participants, as well as the consent form signed by each participant, are listed under 'Appendices' at the end of this document. The transcribed interviews are not attached to this report and copies of each are with my supervisor, Professor Fourie. The interview process was uniform for each respondent and interviews were held at either the facility where they were incarcerated, or at the office of their parole supervisor in Humansdorp.

I was assisted by my translator, Mr Phikolomzi Mvakade, who is fluent in Xhosa, Zulu and English. Mr Mvakade is an acquaintance I knew socially and whom I had contracted to teach me how to speak Xhosa. We had built up a solid working relationship over a period of approximately four months when the DCS notified me that I would be required to have a Xhosa-speaking translator accompanying me during my interviews. Before we discussed the logistics of the interviews and his role as translator, I gave Mr Mvakade a copy of my research proposal to read, after which we spent several hours discussing various matters related to the study and the visits. We discussed my motivations for conducting the study and then the implications of the confidentiality agreement we would be entering into with each participant. Following that, I used my professional skills and knowledge as a trauma counsellor to make

certain that Mr Mvakade was as psychologically and emotionally prepared as possible for what we might encounter during the visits and each interview.

Professionals in my field may sometimes tend to forget that we become accustomed to witnessing violence, being or feeling threatened, and hearing stories of sometimes unspeakable horror and pain. Mr Mvakade's well-being remained one of my absolute priorities during this process and, as Kirkwood and St Alban's are some distance away from our home town, there were opportunities to de-brief each other on the journeys home. This has, to this time of writing of the dissertation, created a strong bond and friendship between us as the two of us are keepers of many stories told to us in trust and confidence. There were a limited number of occasions where Mr Mvakade's services were required for the interviews. For the most part, I was grateful for his presence as a Black African male and found that this facilitated the process of putting the participants at ease. After the interview process was completed, I informed Mr Mvakade that my colleague and fellow trauma counsellor was available to him at any time should he experience any difficulty processing his experience. I am pleased to say that this was not necessary, and that Mr Mvakade thoroughly enjoyed his experience.

The interviews held at Kirkwood Correctional Facility and at St Albans Correctional Services – Medium were attended by me and Mr Mvakade. At the time of the interviews at St Albans Correctional Services – Maximum, the facility's social worker stood in to provide translation services as Mr Mvakade was ill. This, however, proved to be unnecessary as the respondents from that section were fully conversant in Afrikaans and English and, once the respondents indicated that they did not need an interpreter, I was left to interview them privately.

The interviews were conducted in the administration sections of both Kirkwood and St Albans. The participants at Humansdorp Community Corrections were interviewed in the office of a DCS official. At the Kirkwood facility, the office where I conducted my interviews was linked to the adjoining office with two-way glass. At all three venues, participants were called together in a group and in the case of St Albans and Kirkwood, stood waiting in the passage outside of the office door. At the Humansdorp office, participants were able to sit and wait in an adjoining lounge. I

experienced this as discomforting, at first, but once it became evident from participant's behaviour that they were unconcerned by the presence of others outside the door, I tried to ignore their presence. It is not possible to say for sure how much of our conversations were audible to people outside.

Each interview began with the introductions of myself and Mr Mvakade. After determining the respondent's language of choice, the purpose of our visit was explained, as well as the contents and implications of the consent form. Once the respondent indicated his willingness to participate, confirmed his understanding of the contents of the consent form, and after the form was signed, the interview process began. All but one of the interviews were recorded on an audio recorder and, where appropriate, I made notes indicating topics that required further discussion or following up on. Dawid, an ex-offender then on parole, requested that I not record his interview. I did not ask for a reason as I had presented all the participants with the choice, but he said the recorder made him uncomfortable. The presence of the audio recorder visibly unsettled some of the respondents somewhat, but they did not indicate that they wished for me to switch it off. Interview length varied from between 30 – 60 minutes, depending on the degree of participation of the individual respondents and on how much of the interview needed to be conducted through the interpreter. Despite the presence of the interpreter, there were communication difficulties, particularly with terms such as *depression* and abstract concepts. In instances such as this, I used more common terms such as sad or unhappy, qualifying it with 'all the time'.

In hindsight, and for any future research projects, it is evident that, ideally, there should have been breaks between interviews for me to note any thoughts or observations. However, at each session, a respondent would be in the interview room while the others waited either outside in the passage, or in a room close by. Parolees had travelled from outlying areas and were eager to return home, The official who had kindly transported them was also eager to complete the fairly long round trip. In addition, there were outside commitments for me to attend to once the day's interviews had been conducted and I was often only able to review the interview 24 – 48 hours afterwards and in some instances a week later.

Data analysis

Researchers analyse data through a system of organisation, integration and examination, all the while searching through the details for patterns and relationships (Neuman, 2011). Qualitative researchers identify themes in their research outputs then use these themes to create categories for analysis, potentially identifying new concepts, formulating definitions of concepts, and examining the relationships between these concepts (Neuman, 2011). To identify relevant themes within the data set collected from a qualitative method of investigation, a pattern-type analysis of the data is required. The method of analysis needs to produce the categories of information required to answer the research questions, reporting on the phenomenological world of the participants, their experience and reality. According to Braun and Clarke (2006) a method which meets the above criteria and one which is particularly useful for analysing data collected from an under-researched area, is thematic analysis. Braun and Clarke (2006) define a theme as that which captures significant information about the data in relation to the research questions, essentially patterns across data sets.

The form of thematic analysis I implemented was inductive thematic analysis, a data driven form of analysis where data is coded independent of pre-existing coding frames as well as the analytic preconceptions held by the researcher (Braun & Clarke, 2006). Thematic analysis is a discovery-focused technique whereby segments of text containing particular meaning are analysed to establish patterns and connections among data elements (Tesch, 1990). The focus of this method of data analysis is on the continuing development of categories, extracted inductively from the data and not from existing theories (Tesch, 1990). This process of sorting and analysing data is known as coding and is an integral part of the data analysis (Neuman, 2011). Coding facilitates the location and retrieval of similarly labelled data (Fossey, Harvey, McDermott & Davidson, 2002), and the goal of researchers is to organise this data into a coherent picture or model (Neuman, 2011). As the process of organising data develops, a case is created whereby data and theory are brought together “resolving the tension between what you actually observe and your ideas about what you observe” (Neuman, 2011, p. 480).

Analysing and coding the data emerging from this study was undertaken in several stages. Interviews were recorded on an audio-recorder and I had made notes and comments during the interviews when there were ideas for further questions or observations to be followed up at a later stage. After the interviews had been conducted and taking into consideration the fact that I had not been able to reflect on each interview immediately afterwards, it became evident to me that an accurate transcription of each interview was vital for this study to be valid, relevant and above all, ethical.

By profession I am a trauma counsellor and the nature of our profession requires us to be engaged with our clients. While always maintaining professional boundaries and discretion, those of us who have experienced trauma ourselves find it helpful, where and when appropriate, to share in the experiences of others by sharing of ourselves. This became a challenge during the interview stage of this study and I found it difficult at times not to fall into this pattern of engagement, not to adopt the role of counsellor to participants, some of who were seemingly in considerable turmoil. I believe that with more experience in the field of research and research interviews, this boundary will become stronger. My role and contribution to the interviews contributed to my decision to retain the services of a professional transcriber. I felt that this would eliminate any possibility of me editing out potentially glaring errors in my research process, whether to avoid possible embarrassment or avoid censure. I engaged the services of Van Vuuren Transcriptions, and the recorded interviews were transcribed verbatim by Ms Elmine Steinweller. Each transcription is accompanied by a Transcription Certificate and is in its original format.

Following Braun and Clarke's (2006) six phases of analysis, the format of the data analysis process involved, familiarising myself with the data by listening to the transcriptions, reading the transcribed interviews, and re-reading the notes taken during the interviews. It is 'easier' to become familiar with data that is self-collected as there are already areas of prior knowledge and initial interest. Immersion in the data is crucial to fully understand the depth of content and this is achieved by repeated reading of material, listening to recordings and actively searching for meanings and patterns. Braun and Clarke (2006) suggest that one begins the note taking process

and initial identification of areas for coding during this phase. During this process, I began identifying and extracting themes, listing them in a spreadsheet format for comparison.

Having already completed the literature review facilitated the process of identifying relevant themes, marking key features of interest and ordering the data into relevant categories. The main themes and sub-themes identified represent 'candidate themes' and during the next phase these were refined. Refinement can consist of discarding those themes which lack supporting data, merging themes which address the same topic, or further separating themes into individual categories. Once these themes formed a coherent pattern, the next step in this phase was to "consider the validity of individual themes in relation to the data set …" (Braun & Clarke, 2006, p. 21). I reread the entire data set to further confirm that the themes were relevant to the data set and categorised data and to identify potential themes that I might have previously missed.

Once I was satisfied with my thematic map, in spreadsheet format, I began the process of defining themes and sub-themes in terms that captured their essence. From there, the process of writing a detailed analysis for each theme began. In addition, I evaluated each theme in the context of the overall 'story' of the collected data and in relation to the research questions. The result of this phase were clear definitions of each theme and sub-theme, and the beginning of the process of naming each one in a clear and concise manner for the final phase - the writing of this report.

Issues of trustworthiness

Qualitative research is "the study of the empirical world from the viewpoint of the person under study" (Schmid, 1981, p. 214). Qualitative data are not easily reduced to numbers (Babbie, 1995), and are collected in the form of written or spoken language, or by using language to describe observations, which are then analysed and broken down into relevant themes (Terre Blanche, Durrheim & Painter, 2006). The purpose of research is to understand the meaning of human experiences and actions, to then take further action and design future research (Fossey et al., 2002). This can only be performed effectively based on sound research and findings which

can be trusted (Fossey et al., 2002). A sound model which can be used to evaluate the findings in this report is Guba's model of trustworthiness of qualitative research (Guba, 1981). In line with Agar's (1986) view that different terms for validity and reliability are required for qualitative research, Guba's model centres around four aspects of trustworthiness: credibility, transferability, dependability and confirmability. This model was employed for the purpose of this study.

A qualitative research study is credible when the findings are presented in such a way that others, who share that same experience, recognise the descriptions (Sandelowski, 1986). *Credibility* is the confidence in the truth of the findings (Lincoln & Guba, 1985). To establish credibility, Lincoln and Guba (1985) recommend prolonged engagement and observation, triangulation to cross-check data using different sources and/or methods, peer debriefing, negative case analysis, referential adequacy, and member checking.

Research that meets the criterion of *transferability* will demonstrate that its findings can be applied in other contexts (Crabtree, 2006) which are similar or determined by a goodness of fit (Krefting, 1990). Lincoln and Guba (1994) place the responsibility of transferring the findings to another population, or study, on the person wanting to transfer the findings. According to them, provided enough descriptive data is presented by the original researcher, the problem of applicability has been addressed. In order to do this, the researcher must provide a detailed description about the participants, the context of the research, and the social and cultural patterns of relationships in which the research took place (Crabtree, 2006; Krefting, 1990).

Dependability refers to research with consistent and replicable findings (Crabtree, 2006). This can be determined by auditing, a process whereby an 'outside' researcher can examine both the process and method of the study, as well as the outcome (Krefting, 1990). By providing rich, detailed, step-by-step descriptions of the research process, the original researcher makes such an audit possible and lends credence to the dependability and confirmability of the study (Lincoln & Guba, 1985). Other methods of determining dependability include code-recode procedures to compare results, performing triangulation, whereby any weaknesses in one method of

data collection are counteracted by another, and by regularly checking the research plan and implementation with peers (Krefting, 1990).

Research studies meeting the criterion of *confirmability* display procedures and results which are free from bias, shaped solely by the participants and the research environment, and not as a result of researcher bias, motivations and perspectives (Crabtree, 2006; Guba, 1981). Confirmability can be determined by means of a confirmability audit, by triangulation, and also by reflexive analysis. Reflexivity (by means of a journal) facilitates our knowledge and understanding of our research, revealing the motivation for our decisions, our biases, the ways in which the researcher may have affected the research process and also the findings (Charmaz, 2008).

Ethical considerations

As all the participants are still under the supervision of the DCS, this research was undertaken with approval from the Ethics Committee of the College of Human Sciences at the University of South Africa (Unisa) and subsequent clearance from the DCS Research Ethics Committee. With regards to issues such as research, those who are incarcerated are considered a vulnerable population. The term ‘vulnerable’ is not used to suggest susceptibility to harm (UC Berkeley, 2009) but refers to possible constraints incarcerated subjects may face affecting their ability to give truly voluntary and un-coerced informed consent to participate, or not participate (Department of Health, 2006; National Institute of Health, 2016; UC Berkely, 2009). As with all vulnerable populations, every effort must be made to protect offender’s rights and well-being, thus additional safeguards and protections are warranted (Department of Health, 2006; UC Berkely, 2009).

Taking cognisance of the factors above, every effort was made to ensure that information provided by participants was handled in the strictest confidence and was safe-guarded at all times. As it is the researcher’s responsibility to consider the future audience of the research report, maintaining the promise of absolute confidentiality with the respondents prevents the use of detailed, personal and potentially identifying information given during interviews (Kaiser, 2009). Kaiser (2009) further says that the

onus of deciding what represents identifying data and how to alter that data without compromising the research, lies with the researcher.

Each prospective participant was asked, by the DCS representative, if they wished to participate in the study. At the beginning of each interview, the concept of informed consent was explained to the respondents. In Mouton (2001) informed consent is defined as the right to full disclosure about the research. This disclosure included my clear communication that I was a student at Unisa; the topic of the research and how it could be beneficial; that they could choose to withdraw from the interview at any time without repercussions; the potential risks of involvement in the research and then obtaining, in writing, their informed consent.

However, it is important to acknowledge the limits of confidentiality affecting this study. Participants for this study were selected from a small section of society, by representatives of the DCS and represented a small portion of the population under research. This makes them susceptible to being identified by their specific traits or information given, termed deductive disclosure by Tolich (2004).

Conclusion

This chapter presented an overview and description of the methodological framework and processes of this study, primarily to prove its validity and relevance. The concepts of qualitative studies and thematic analysis were explained and justifications for their implementation presented. However, this chapter was also an opportunity to introduce the subjects of this study and their lived-in world to the reader, to cast them in a human light. The following chapter will provide the results and discussion of the thematic analysis.

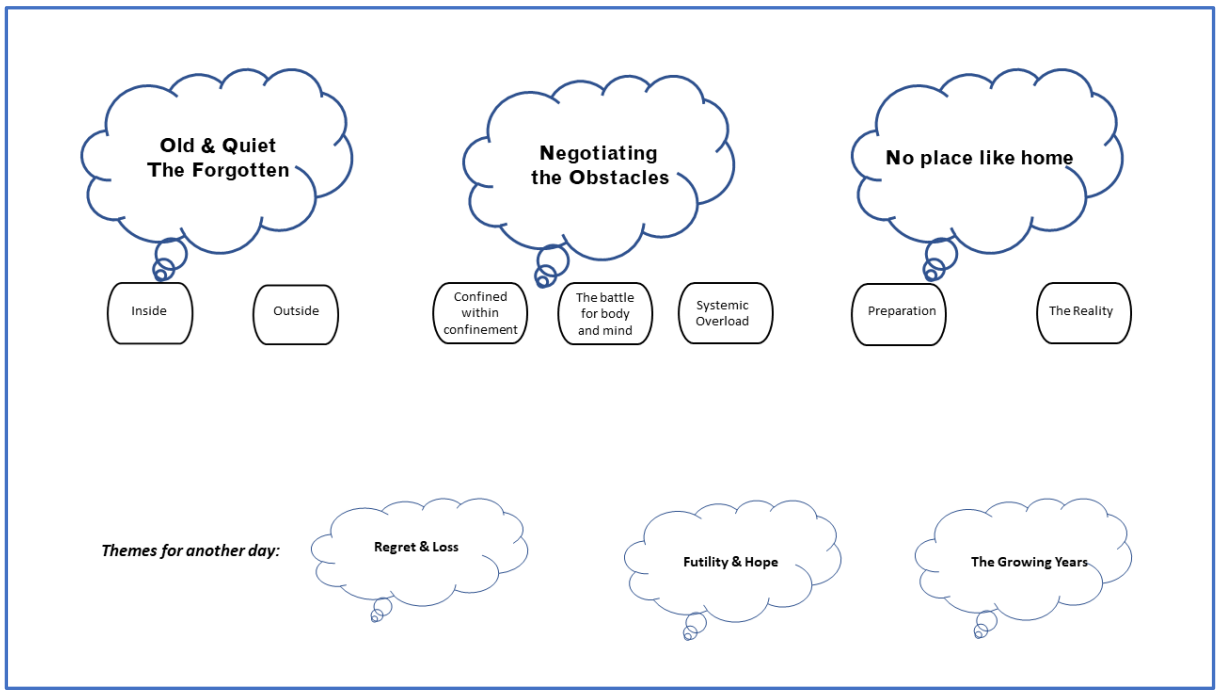
CHAPTER 4

RESULTS AND DISCUSSION

Introduction

This study was conducted to explore the needs of the elderly male offender and elderly male ex-offender from the perception of the participants. This included an exploration of the efforts of the DCS, according to the perceptions of the participants, to meet these needs while offenders are incarcerated and in preparation of offenders for reintegration into the community after release. Data were collected by means of one-on-one interviews with participants who were identified by the DCS as meeting the criteria for inclusion in this study. The data was then analysed to identify information on both explicit and implicit levels from within the participant's narratives. This information will be interpreted and discussed, with reference to existing research and in relation to the theoretical assumptions framing this current study. Several themes in the participants' narratives were identified (see figure 1) and those which are pertinent are discussed below. However, themes surrounding issues such as regret, loss, futility and hope have been excluded as they go beyond the scope of the study.

Figure 1: Themes and Subthemes



Old and quiet: the forgotten and ignored

No Problems – Old and quiet was the title of a 2004 thematic study into the life of elderly offenders in England and Wales. The researchers had come across an entry in the wing sheet of an elderly offender, stating that with regards to a particular offender there were 'No problems – old and quiet' (HM Inspectorate of Prisons, 2004). During the England and Wales study, researchers found what appears to be the norm in most researched countries, that some institutions are making concerted efforts to practice good governance and care towards the special needs of older offenders but that there is no uniform, legislated and overall strategy to assess and ensure that these needs are met (Doron & Love, 2013; HM Inspectorate of Prisons, 2004; Williams et al., 2010; Williams et al., 2014; Sterns et al., 2008). Considering that elderly offenders, generally, do not constitute a control problem for corrections' staff (HM Inspectorate of Prisons, 2004) and the lack of uniform policy and legislation governing the rights and treatment of aging offenders, the rights of, and challenges faced by this group may be overlooked or neglected completely.

The DCS has created the *Policy and Procedures on Elderly Offenders* to "facilitate transformation and guide the distribution of resources, services and programmes aimed at ensuring reasonable, fair and humane treatment of elderly offenders" and also:

> It further aims at ensuring that during the implementation process the rights of elderly offenders are protected against abuse and neglect whilst incarcerated, since incarceration should only be considered as a last resort after all other options are exhausted (Department of Correctional Services, 2008: p. 6).

The policy derives its mandate from the Aged Persons Act (Act No. 13 of 2006 as amended), Correctional Services Act (Act No. 111 of 1998), The Constitution of the Republic of South Africa (Act No. 108 of 1996), the White Paper on Transformation of Public Service – (Batho Pele) of 1998, the United Nations Declaration on the Treatment of Prisoners (Resolution No. 46 of 1991), The White Paper on Corrections in South Africa 2005, and the Promotion of Equality and the Prevention of Unfair Discrimination Act (Act No. 4 of 2000) (The Department of Correctional Services,

2008). It would appear then that South Africa *does* have a uniform, legislated and overall strategy in place to ensure that the rights of elderly offenders are protected and that their special needs are met, at least on paper.

One of the policy principles are that elderly offenders have access to a recreational environment that is easily accessible, safe, suitable for the needs of that age group (The Department of Correctional Services, 2008). Moses related that he regularly helped one of his cellmates, aged 72 years old, with daily chores in exchange for sugar and coffee. According to Moses many of the elderly offenders struggled physically with muscular weakness due, he said, to there being no compulsory exercise or outdoor routine. Should an offender choose, and many of them do, he may remain on his bed the entire day, only getting up for meals and bathroom visits. Considering that research has shown that older offenders are less likely to break rules while incarcerated (Goetting, 1983); that corrections officials are not trained or equipped with the skills necessary to identify health events such as falls or serious illnesses (Williams, Lindquist, Hill, Baillargeon, Mellow, Greifinger & Walter, 2009); that there are few advocates for elderly offenders, already peripheral to policy; that they are difficult subjects to lobby for as they are often serving sentences for heinous crimes (Crawley, 2005); and that they are *old and quiet*, their needs easily overlooked and as researchers in the HMIP report discovered, easily neglected (HM Inspectorate of Prisons, 2004).

My contention is that managing a sedentary and contained population of offenders is easier for corrections' management in terms of staff resources, particularly in a facility that is overcrowded, understaffed and plagued by gang related violence. However, I do not believe these to be deliberate or thoughtlessly ageist actions on the part of the DCS, but rather the outcome of an outdated and seemingly ill-prepared system operating within the confines of old and ill-equipped buildings, in the midst of an overcrowding and under-resourced crisis.

Negotiating the obstacles

Correctional facilities represent a microcosm of society (Pittaro, 2018) and the needs and challenges of the elderly offender are similar in many aspects, if not degree, to those experienced by their free counterparts. It would be a simple matter to focus the discussion of this theme on the physical obstacles, the ones that can be observed and measured in terms of occurrence and degree of hindrance posed to those affected. However, it became evident during the interview process that the obstacles faced by elderly offenders goes beyond environment related issues such as bunk beds, stairs and handrails, which I shall address first in this theme.

Environmental challenges – confined within confinement

Many elderly people prefer to age in their communities rather than moving into residential care facilities and this principle should be upheld as society attempts to create supportive environments for our elderly (Ho Po Ying, 2001). A physically and socially supportive environment is both a key determinant and an essential condition for healthy aging (Ho Po Ying, 2001). For those elderly living at home, safety and accessibility is a basic condition for a physically supportive environment, as is ease of access to community resources and facilities (Ho Po Ying, 2001). Accessibility can be defined as the compatibility of a person's functional capacity meeting the demands of their environment (Iwarsson & Stahl, 2003). Iwarsson and Stahl (2003) add *usability* when considering the environment, stating that the elderly should be able to move around in and use their environment in the same way as any other citizen. Elderly offenders are aging in what researchers in England and Wales are saying are the largest providers of residential and hospice care for frail and elderly men – correctional institutions (Hill, 2017) and yet these were almost universally designed to restrict the freedom of young offenders, not provide care for the aged (Bedard, Metzger, & Williams, 2016; Human Rights Watch, 2012; Williams et al., 2012).

One of the most common environmental challenges listed, and source of discomfort and dissatisfaction, was the beds in cells. These are bunk-beds and constructed from steel. According to Eric, now on parole, condensation would form between the mattress and the steel frame and, when he made his bed each morning,

the mattress was saturated. Brian, who suffers from back pain and painful piles, also mentioned the steel frame of the beds, stating that his was topped with a type of wood called *nova board.* Brian attributes his worsening back condition to the type of bed offenders sleep on. The oldest participant, Jacob, stated that … *we slept on steel … it was cold…* and the state-issued mattresses were a source of discomfort as well. Peter, who suffers from arthritis and a kidney disorder, confirmed that his arthritis was worsening which he attributed, in part, to his mattress being too thin. Jacob stated that the mattresses were a problem as they were thin, confirmed by Jack who describes the mattress as … *it is very weak … they are weak … they are weak.* Jack explains that a new mattress was comfortable, and it was the years of use that wore the sponge out. Through the interpreter, Moses also described how the older offenders suffered with backache because of the mattresses. Trevor and Jacob were the only two respondents who stated that it was possible to request to swap one's old mattress for a new one. I was unable to determine if this request would be acceded to. According to Trevor, one could *try*.

As mentioned previously, offenders share two tier bunk beds. There appeared to be no guarantee that a weaker or infirm elderly offender would be guaranteed the lower bunk and could be expected to climb onto the top tier. Peter said that he was fortunate to have been allocated to a lower bunk, as were Zakaria who suffers from the after-effects of a back injury, and Joseph who experiences considerable pain in his legs. Mandla and Max were not as fortunate and, despite their limited mobility and physical difficulties, had been allocated to a top bunk.

Due to the after-effects of TB, Mandla's lungs are damaged, he also suffers from high blood pressure and experiences debilitating weakness in his legs. As he explains, there are 18 offenders in his cell, all of who are infirm in some way, some being weaker than he is … *many times I stand for almost ten minutes or so, I stand before I can reach the top.* Max is HIV positive and is taking ARVs. He reported that he had been too weak to help himself at times and relied on his cell mates to help him get onto his bed. Max had accepted the bed he was allocated to and had not asked to be given a more accessible lower bunk. Not all of the respondents struggled with being allocated to a top bunk and it depended much on their level of activity and fitness. Moses, who spends most of his time using the gym, or practicing karate and boxing,

is 60 years old. He has been treated for TB and is HIV positive but accesses his top bunk with ease.

In research studies conducted worldwide, the issue of bunk beds as an environmental problem for elderly offenders was consistently raised as an accessibility problem and also a hazard (Baidawi, 2015; Bedard et al., 2016; Fellner, 2012; Grohs, 2015; HM Inspectorate of Prisons, 2004; Human Rights Watch, 2012; Williams et al., 2012). Given the critical overcrowding issue in SA's correctional facilities and the fact that there is not space for single tier beds, in my opinion this is not a potential risk and quality of life factor that will be resolved any time soon.

The floor surfacing and temperature was mentioned by three respondents: Peter, Eric, and Brian. While Peter, who suffers from arthritis, noted the potential danger in the slipperiness of the tiled floors, he did not feel they represented a risk to him at that stage, saying he could still work around them. Eric stated that … *those tiles are very slippery …* in the bathrooms and explained that, should an elderly or infirm offender require assistance in the bathroom, he would be aided by his house-boss. Slippery tiles and facilities without handrails and non-slip mats present a falling risk for an elderly person who is unsteady on his feet (Crawley, 2005) as do unstable or uneven surfaces (Iwarsson & Stahl, 2003). All three of the above respondents commented on the *coldness* of the concrete flooring, and Brian said … *as a result I am suffering with my feet now … from under my feet … it is very difficult. It is very cold … As a result, they gave me treatment here.*

Related to the type of flooring in the facilities is the issue of the suitability of the DCS issued footwear. I asked Jack if shoes were a problem, given the temperature of the concrete floors and the slippery tiles in the bathrooms, and he expressed that they were inadequate. Jack wears his own shoes, brought to him by a family member, and says that the type of footwear issued to offenders is a problem for the elderly. These are apparently *stokies*, a type of towelling slipper with a flat, thin, textured rubber sole, intended for indoor use. As Moses explained, these have hard soles and are uncomfortable.

With regards to stairs and steps, Solomon reported that these were a challenge for some of the older offenders, and that they were helped to negotiate them by other offenders. In general, the buildings I saw were one or two stories high. Staircases did not appear to be an issue, based on the responses from the participants. With regards to the availability and proximity of toilets and ablution facilities, these did not appear to present a problem in the participants' opinion either. Even where there were no toilets in the cells, they were reported as being situated a comfortable distance away and were also available close to the exercise yards.

The issue of harsh lighting was reported by one respondent, Eric, who told me that the light was left on 24 hours a day … *That light, too, Mrs. It works on your eyes. After five years you could become blind … Then you have to lie the whole night with that light and it causes, after five years, that you don't feel human.* He explained that the light switch was situated outside of his cell and that, to have it turned off, he would have to call an official for assistance, which he was reluctant to do. Inadequate or dappled lighting can also present a hazard, increasing the risk of falls (Bedard et al., 2016; Human Rights Watch, 2012).

A non-structural environmental issue that was commented on by three of the respondents was the prevalence of cigarette smokers in the communal cells, some of which are described in an Africa Research article as being packed and smoky, thick with cigarette smoke (Africa Research, 2018). Ventilation issues related to heavy cigarette smoke, and the accompanying negative respiratory effects, have been highlighted in the results of numerous international studies (Trotter & Baidawi, 2015). According to the WHO (World Health Organisation, 2014) tobacco is the most widely used psychoactive substance, used among offenders as 'currency' and to relieve boredom, anxiety, tension, stress and as a relief from deprivation. Non-smoking offenders who are housed in packed communal cells with smokers are exposed to high levels of second-hand smoke, known to have a detrimental effect on health, including the risk of heart disease and lung cancer (Fazel et al., 2001; World Health Organisation, 2014).

According to Brian, some offenders smoke … e*verything. Everything. Everything. Dagga and what is that other thing … Mandrax … We can't compromise.*

We can't compromise our life. Thomas believes that smokers and non-smokers should be separated, stating that … *It is very dangerous if you do not smoke, with the air, and you are staying in the same cell.* Thomas is considered a strong influence within his section and as a house-boss insisted that smokers went outside the cell to smoke. As he related … *There are another sections there inside who are doing the same thing now.* Robert, also a non-smoker, told me that smokers and non-smokers are separated in his section, and that he is in a smoking-free cell. According to the WHO (2014) corrections facilities have a duty of care towards offenders and this should include promotion and support of anti-smoking programmes, as well as protecting non-smoking offenders, staff and visitors from second-hand smoke.

Healthcare needs – the battle for body and mind

Socio-economic issues have a direct impact on the health of aging offenders (Osborne Association, 2014). Members of the same demographic groups who are disproportionately incarcerated come from lower socio-economic groups and these groups are more likely to be at risk for poor health before they are incarcerated (Lindquist & Lindquist, 1999; Osborne Association, 2014). Self-reported healthcare issues by the participants of the current study included HIV, TB, hypertension, back pain (due to injury, living conditions, or age), leg pain (cause not determined), weakness of the legs, arthritis, headaches, chronic piles, general poor health and weakness, kidney disorder, hearing loss, piles and failing eyesight. Those participating offenders who were HIV positive were receiving ARVs, issued to them every treatment cycle and which they kept with them in their cells. Two respondents, Moses and Mandla, had received treatment for TB. Although Moses had fully recovered after his treatment and was active enough to perform chores and odd jobs for others in his cell, Mandla had been left with weakened lungs, limiting his mobility.

South Africa is one of the countries with an offender population most affected by HIV, matching the prevalence in the general population (Dolan, Wirtz, Moazen, Ndeff, Galvani, Kinner et al., 2016). Globally, it is estimated that 3.8% of offender populations are HIV positive and a further 2.8% have active TB (Dolan et al., 2016). Many offenders enter the correctional system infected with HIV/AIDS (Williams & Abraldes, 2007) and correctional facilities are high risk environments for HIV

transmission (UNAIDS, 2014). Overcrowding and the associated stress, along with malnutrition, drug use and violence further weaken the immune system causing illness (UNAIDS, 2014; Williams & Abraldes, 2007). The incidence of TB is 23 times higher among offenders due to a weakened immune system (Dolan et al., 2016) and yet their wellbeing is often neglected and overlooked (Avert, 2018), suggesting intentional disregard for offender's basic human rights (Williams & Abraldes, 2007). According to HRW, "there is no doubt that many older prisoners suffer from violations of their rights" (Human Rights Watch, 2012, p. 44).

Alex had entered the corrections system with severe hearing loss and a chronic ear condition. He presented at the interview with fitted hearing devices and reported that he was prone to ear infections. The nature of his ear condition affected his balance significantly, resulting in him being prone to falling. Alex told me that he often falls in the toilet or shower, and reports that there are no handrails there for those who need to steady themselves. Mandla, the respondent with lungs weakened by a TB infection, also reported a tendency to lose his balance and fall, stating he falls … *Often when returning (*from collecting his food) *and then people help me. They carry it* (his food tray) *for me. I walk empty handed.* Correctional facilities were not designed for long-term care and their limitations present significant difficulties for aging offenders (Osborne Association, 2014).

When asked about the level of health-care provided to participants within the DCS system, there were mixed responses. Max, who is HIV positive, explained that it is a lengthy process to receive medical attention when he is sick, and that it can take up to a week for his request to be processed. He is afraid of dying while incarcerated, and explained through the interpreter *… I am afraid because most people died in here … If we are sick, we need to get help immediately … That is the biggest problem with us.* This delay in receiving medical treatment was also reported by Jacob, Thomas and Brian. Thomas was, by my estimation, the strongest and fittest of the respondents. He experiences no health issues but expressed concern at the suffering offenders endured due to the delay in receiving medical attention … *So, there is a waiting list. You can ask now but they see you next week.* He pointed out that when an offender finally got to consult with a doctor, presenting with a cough for example, the doctor would ask the patient why they had waited so long before seeking medical help.

Brian feels that officials are unwilling to help him and that he is struggling to have his broken and outdated spectacles replaced … *Because they don't want to help me here … These people, the only thing that you are on waiting list. The waiting list from June last year up until now.* According to Brian, the friendlier an offender is with staff members, the quicker it will be to receive medical treatment. He related how he was so desperate to receive treatment for his piles that, when the official who was organising that day's visit to the clinic was near his cell, he told the official … *I am dying here. I am bleeding … Can I – can I pull out my trousers and show you what is going on with me?* Brian commented that the official was very *decent* and put him on that day's list. As Brian said … *Hey, as far as I understand, my health is a priority … The offenders are dying here because they are sick.*

None of the respondents voiced dissatisfaction about the standard of healthcare within the facilities. Jacob told me that despite having to wait to receive medical attention, the standard of care was good, further explaining that … *If you want something, this thing, a specialist then they send you outside.* Peter, who is receiving treatment for his high blood pressure and the management of his arthritis and kidney condition, said when asked about access to the health clinic … *Yes, no problem at all … Normally, if it is not the same day, it will be the next day*. When asked to confirm if what I'd heard, that the medical treatment was good, he replied that it was. Alex had a similar response, telling me that if his ear becomes infected and he notifies staff, he receives almost immediate medical attention.

As discussed in the theme *Old and quiet,* I learned during the interviews that no offender is compelled to leave his cell during exercise or yard time and, if he so chooses, can lie on his bed 23 hours a day. Robert related that if an offender wants to lie on his bed the whole day … *that is your problem … But if you want to be busy, it doesn't matter if you are 60 years, there is something to do.* As Jack explained … *We like to sit and lie around and that isn't good … And you need to be kept busy … Then you will feel healthier … Because if you get out of here one day, then your brain is healthy, and your body is healthy.* Moses expressed the same viewpoint, saying through the interpreter that in the past … *they forced all the elderly people to exercise in prison and that did help a lot … And now they stopped that … Yes, so what he feels*

is each and every elderly person should be forced to exercise … Yes, it will help a lot physically. As Trevor said … *Say now that you want to just lie down all the time, then you obviously … Your health will deteriorate.* Moses told me that exercise used to be compulsory and that this helped older offenders a great deal in terms of strength and being able to negotiate their environment. Jackson told me that the older offenders tended to sit all day and not exercise, some remaining on their beds and others sitting outside on a bench. The danger of this is made reality in Eric's interview. Currently on parole, and struggling with both physical and socio-economic hardships, Eric explained that those offenders who were used to lying or sitting on their beds all day experienced difficulties once they were released, both physically and in terms of motivation. Without being prompted, Eric highlighted the issue of institutionalisation, describing how years of incarceration held offenders back and resulted in them no longer being able to perform basic tasks and functions.

There is an awareness among these offenders of the need to safeguard physical and mental health through staying active and participating in some form of exercise. Studies have shown that the physical health of incarcerated elderly offenders is worse than their civilian counterparts (Fazel et al., 2001; Ollove, 2016) and is due to factors such as premature aging, age-related disorders, and a lack of ability for self-care (Loeb & Steffensmeier, 2006). There are many chronic conditions and diseases that can be managed by healthy eating habits and physical exercise, for example diabetes and hypertension, improving overall health status (Stojkovic, 2007). These measures to protect and maintain the health of elderly offenders will not only enhance their quality of life but will potentially also result in cost containment for facilities (Booth, 1989). The premise of the study by Stojkovic (2007) was that offender health care and post-release reintegration had a profound impact on the quality of life of elderly offenders, and that it was these two issues that defined the abuse felt by elderly offenders both while incarcerated and after release. The majority of correctional facilities are inadequately resourced and under-staffed, unable to effectively manage the growing population of elderly offenders, nor are there adequate processes in place to facilitate this management both while incarcerated and post-release (Stojkovic, 2007).

Diagnosing depression within a correctional setting is difficult when faced with systemic challenges such as overcrowding, insufficient resources, inadequate training of staff and medical staff, and the security-focused culture of these facilities (Fazel et al., 2001). Research conducted among UK offenders showed that the rates of psychotic illnesses and major depression in people over 65 years occur at a rate two to four times higher with incarcerated offenders than in the community (Fazel et al., 2002). In addition, while physical healthcare needs were mostly being met, psychiatric ones were not (Fazel et al., 2001). A similar Australian based study showed that offenders over 45 years were six times more likely to have used mental health services than non-offenders (Sodhi-Berry, Knuiman, Alan, Morgan & Preen, 2015).

Psychological health issues that arose from the interviews included reports of stress, loneliness, isolation, depression, anger and a consuming sense of remorse. Peter, who reports that his arthritis has worsened since he was incarcerated, partly due to stress, said that since his arrival at St Albans, he suffers from high blood pressure. Peter is the only respondent who said he would consult with the facility's psychologist should he need counselling or support, as he feels he is able to talk to his cell mates, while two respondents said that they would approach their social worker. Alex acknowledged symptoms of depression, telling me that … *Yes, I feel down, I am always down. I feel completely down … I sleep too much … I sleep too much. As soon as I get in from work, then I go straight (*to sleep) … *Then I drink my pill because I now drink a sleeping pill … It is better for me … I don't feel the way I should be feeling in this place … this place has a weight for me.*

Mandla's deteriorating health and physical weakness coupled with his sense of estrangement from the outside world, and the knowledge that he has no one left, weighs heavily on him. He is plagued by thoughts of the crimes he committed and he says of life with other offenders … *And the third that is heavy, is ourselves, amongst each other, us as prisoners … We fight. We steal each other's things … We exchange words … It causes bad relationships … I am estranged from my people. I don't know them anymore … I have absolutely no-one … With who I can to or about … This makes me very down … I've seen with my own eyes that a person dies a very ugly death in this place … You lose your people outside … Everything you had outside is destroyed … I wasted my life*. Of all the participants, Mandla appeared to me to be the one

suffering with the greatest sense of remorse, futility and hopelessness, mirrored in his posture which was slumped. Many of the participants became emotional during the interviews, some with tears running silently down their faces. None seemed embarrassed by these displays of emotion and almost all seemed grateful for the break in their routines and the opportunity to talk. There were participants who expressed what appeared to be genuine remorse, many who seemed to deeply mourn wasting their lives, and others who were angry at their situation and the treatment they were receiving as offenders.

Systemic obstacles

The most urgent and negative systemic factor reported on and highlighted in the media, in government reports, human rights reports, and in research, is the issue of overcrowding (Civil Society Prison Reform Initiative et al., 2016; Constitutional Court of South Africa, 2015; Department of Correctional Services, 2018; Manona, 2017). Overcrowding causes stress and weakens the immune system (UNAIDS, 2014), strains infrastructure capability (Africa research, 2018), increases the rate of suicides (Mabasa, 2018), and increases vulnerability to HIV infection (World Health Organisation, 2014) among others.

Offenders, no matter their ages, have to adjust to losing their privacy and also control over every aspect of their lives (World Health Organisation, 2014). This can be worsened in an overcrowded cell and for the older offender this may be even more humiliating, as he has to contend with the ignominies of aging in a cell crowded with general population offenders. Many elderly people are self-conscious or ashamed of how their aging bodies look, others may suffer from incontinence or struggle to maintain personal hygiene (HM Inspectorate of Prisons, 2004). While none of the participants in this current study expressed difficulties with these aging related challenges, it must be kept in mind that there were older offenders, housed in both Kirkwood and St Albans, who I did not get to see. Solomon, serving his sentence in Kirkwood, told me that there were *many* offenders older than his age of 55 years (at the time of the interview), as did Zakaria who further explained that he did not see them often and that in his cell were a number of offenders over the age of 50 years. Thomas (59) and Peter (54), both incarcerated at St Albans, also told me that there

were older offenders currently housed there, as did Moses (60) who spoke about a cell mate who was 71 years old. Trevor, currently on parole, spoke about an offender who was approximately 60 years old and who he had often helped. This offender would often be confused, getting lost on the way to the dining room. While this evidence of the presence of older and more infirm offenders is anecdotal, I accept it for the purposes of this report as it was relayed to me by almost all of the participants.

How older offenders experience life among other offenders in their cells seems to depend on the mix of people and personalities living within that closed environment. For the most part it would seem that help and assistance is offered between offenders where and when needed, sometimes for a price or exchange of goods and other times for free. Peter told me that "cell members, they talk to each other and they help each other out or maybe if the one is sick, they swap beds". When I asked Thomas what would happen if an older offender was struggling to take care of himself but did not have money or goods to pay for help, he told me that the house leader would see to it that someone assisted where necessary, even paying for that assistance himself. Jackson (54) told me that in his cell, they simply help each other. This supports the findings of previous research, that elderly or infirm offenders are primarily assisted by other offenders (Human Rights Watch, 2012; HM Inspectorate of Prisons, 2004). At California Men's Colony, offenders can undergo training to become 'Gold Coats', trained by the Alzheimer's Association to care for offenders living with dementia (Osborne Association, 2014). A similar programme is underway at Angola State Prison, focused on training incarcerated volunteers to care for those who are dying behind bars (Osborne Association, 2014).

Mandla, Brian and Robert feel that elderly offenders need to be separated from younger offenders. Brian explains that … *the young people are very harsh. Are very harsh. They are disturbing us all the times.* As Thomas explains, older offenders are verbally abused by some of the younger ones and he attributes this as the reason many offenders have heart attacks and strokes. However, Brian requested that he be placed in a mixed-group cell which houses gangsters, because the rules are stricter, and he did not enjoy the gossiping, constant talking, and joking in the older offender's cell. Of the older offenders he said … *They are rude. They are rude, swearing to each other … Yes, the older people swearing to each other. So those stuff doesn't sound*

good in my ears, you know. It would seem that his motivation for this move, despite believing that older offenders need to be segregated for their well-being, is due to the house-boss of the segregated cell, Jackson, of whom he says … *I was with this guy, Jack … But what I discovered, you see, we come from different backgrounds.* In direct contrast, Jackson stated that the age groups should be separated, and that the older offenders are quieter, more reasonable, do not talk as much, and have less interaction. Zakaria reported that their case officer preferred to mix the age groups in the hope that older offenders would teach younger offenders the rules. This is also done with so-called problem offenders, left in the care of older males to learn how to adapt to life behind bars. Older male offenders may become role models for younger males (Yates & Gillespie, 2000).

The issue of segregation according to age groups has no absolute consensus in the literature I consulted for this study, nor was there consensus among the participants. Segregation may be undertaken to protect vulnerable older offenders from more violent younger ones, to centralise older offenders for specific programmes and activities, and to reduce stress and emotional strains on the elderly offender (Yates & Gillespie, 2000). Many older offenders prefer to be separated from rowdy and disrespectful youngsters not only to avoid confrontation and potential victimisation but also because the behaviour of younger offenders often determines the attitude of staff towards all members in a communal cell (Human Rights Watch, 2012). Some studies conducted show support for age-segregated housing (Hayes et al., 2012; Kerbs, Jolley & Kanaboshi, 2015) while others are of the view that segregating older offenders from the general population leaves them at risk of a denial of services and exclusion from programmes and activities (Stojkovic, 2007).

Studies have shown that older offenders do not want to be only in the company of other older offenders, stating that socialising with younger people kept them young (Human Rights Watch, 2012). Elderly offenders are not a homogeneous group, differing in terms of culture, health status, physical and cognitive abilities, and interests (Yates & Gillespie, 2000). There may be older offenders who prefer the company of mixed age groups, and still others who enjoy the status of being an elder among younger offenders (Yates & Gillespie, 2000). A statement I found pertinent and interesting relates to the issue of offenders helping each other. It is logical that

corrections' managers will place younger offenders with older ones who will teach them the rules and help guide them into the realities of life behind bars. However, I had not considered before that younger offenders often 'cover' for their elderly cell mates, helping with daily activities and responsibilities, so as to keep them with the general population and out of hospital (Human Rights Watch, 2012).

At this point, while I do feel this topic is beyond the scope of the current study, it is necessary to discuss the effect that gangsterism and the presence of gang members has on the social world of the elderly offender. Gangsterism has been highlighted as one of the critical systemic issues faced by the DCS and is the reason for daily reports to the Judicial Inspectorate of Prisons of assaults and intimidation (Judicial Inspectorate of Prisons, 2007). Acts of defiance by gang members are common and the DCS acknowledges that gang members do not accept the authority of corrections officers (Judicial Inspectorate of Prisons, 2007). The Africa Research (2016) report narrates the experience of a 16-year-old offender named Ivor Swartz. Arrested for robbery, Ivor was sentenced to one of the Western Cape's most notorious facilities. As Ivor explained "If I didn't join a gang very quickly, there's a good chance I would have been raped in the first few days" and the choice he made directly impacted on his life for the duration of his sentence (Africa Research, 2016: p. 7).

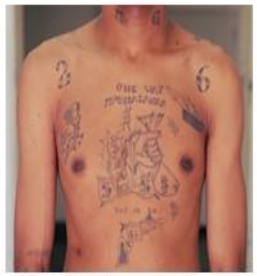
South Africa's correctional institutions house three well-known gangs, the numbers gangs – 26s, 27s, and 28s. These gangs are known worldwide, as a quick Google enquiry will show. Historically, the 27s and 28s can be traced back to around 1880-1890 and to two migrant workers, Nongoloza and Kilikijan (Charlton, undated). According to Charlton, on their way to the mines Nongoloza and Kilikijan had met a nomad, named Po, who had discouraged them from seeking work on the mines and telling them that many black youths were dying there. Instead, Po taught them how to rob coaches and black mine workers, turning them to a life of crime, and gathered 15 more young men to join the group. Thus, Nongoloza had a gang of seven, who operated at night, and Kilikijan had eight members, conducting their activities during the day. Later, a dispute arose between the two leaders related to homosexuality and, on that basis, the gangs split up. The number two refers to the two original groups and the numbers seven and eight refer to the number of members in each original group.

The two leaders were eventually arrested and met up again in a Durban correctional facility in around 1907-1908. It was there that the two compatriots teamed up again to fight for equality and improved conditions inside the facility. It was also there that the 26s were formed after Nongoloza attempted to take six men as sex slaves and Kilikijan warning these men what Nongoloza's intention was. These six men then formed their own gang, the 26s. Nongoloza was assigned to kitchen duty, where the 28s still work today, and the 26s took over the work of cleaners. Figure 2 below contains a summarised description of the characteristics of each of these gangs. This summary serves as a guide and outline only.

Today, gang violence in SA is prolific and affects the elderly whether they are incarcerated or not … *We are too scared of the gangsters and we cannot walk alone on the streets, I don't trust anyone in the community and I have to stay indoors* (Western Cape Government, 2015). While some incarcerated participants freely reported that there was a general lack of respect from younger offenders towards the elderly, it was not until I interviewed the parolees that the effect incarcerated gang members had on the world of the unaffiliated elderly offender became apparent. In Jacob's own words, and in response to my question on how he experienced life as an older offender, said … *Mevrou, it was hell … It wasn't good for me … I don't really want to talk about it … Because the people who are not gangsters Mevrou, they are actually prey for the gangs.* As he explained, gang members and non-gang members had been housed in a mixed cell. At a later stage he, along with other older offenders and non-gang affiliated younger offenders were moved into a separate cell. From there, until his transfer to Kimberley Correctional Centre, these offenders were protected. At Kimberley Correctional Centre, he said, there were gangs but due to stricter discipline by officials, gang activity was restricted.

When Eric was incarcerated for the sentence he is serving parole for at the time of the interview, he was a gang member. When asked about the life of elderly offenders, he replied that it was difficult, saying … *I was involved in that, but then I wanted to withdraw. Then they (gang) said to me "No, you swore an oath … You swore that you would not turn your back on us … And what is happening now that you turn your back?" … Then I told them I don't see it necessary to carry on with these things*

Figure 2: The Numbers Gangs



http://n4mb3rs.com/south-africa-numbers-gang-26-27-28/

26s
Money

- robbery, smuggling, monetary crimes – keep 'prisons' stocked with money, drugs, cigarettes, luxuries
- if the 28s are low on resources, the 26s must share what they have
- as offenders they must be active in gang duties, usually work as cleaners
- less violent of the three gangs but members must 'take blood' to raise their rank
- no room in 26s ideology for violence and aggression – those members are sent to the 27s
- same sex relationships are not tolerated, anyone who has been raped is excluded and anyone who previously suffered a head injury must first 'take back his blood' by stabbing a warden
- structure: unnamed privates (number ones) and officers (number two's)

The Fighting General, The Inspector Two (observers ritual stabbings & ensures all duties are performed), The Doctor Two, The Lawyer, The Scribe, Captain Two.

http://n4mb3rs.com/south-africa-numbers-gang-26-27-28/

27s
Law Keepers

- 'the men of blood', most violent of the gangs
- career criminals
- monitor and enforce laws and codes of the numbers gangs
- mediate, negotiate and communicate between the 26s and the 28s
- if a 28 is not someone's 'wife' he can become a 27 but only after spilling blood
- no same-sex relationships
- the least known of the gangs in term of structure and the most secretive

http://n4mb3rs.com/south-africa-numbers-gang-26-27-28/

28s
Warriors

- the 28s are the sexual offenders and who either have sex or who are raped within in the gang
- same-sex relationships are accepted and to advance in the gang requires sodomising other inmates or stabbing a warden
- divided into either the Gold line, the Silver line, or the Third division within the gang structure
- members usually work in the kitchens of all facilities and share food equally

(Charlton, undated; Chourou, 2016)

in jail. He told me how his involvement with gang activity resulted in the lengthening of his sentence, that he did not want to hurt another person's child unnecessarily, and that if he had continued, he would have been beaten almost to death by officials … *It doesn't interest me, Mevrou, to go back or to look back. I have to look to the future now.*

Eric related how the older offenders were terrorised by the younger ones and even if they had been physically injured, the elderly would be returned to the cell where the attack took place. According to Eric, nowhere was safe within the facility and nowhere was unreachable for the gangs.

One of the higher-ranking members of the 26s was Trevor, an Inspector. Trevor was forthcoming about the treatment some of the younger 26s meted out towards the elderly. Before revealing that he was a member of the number Two structure of the 26s, Trevor explained … *It would not be good to know that I am going back again.* He explained that many of the younger members are incarcerated and they lose control quickly … *And he wants to … He wants, how can I say, to release his emotions. Now he looks at you. You are an older man … There is no respect for the elderly.* At that point, I asked him how these young gang members treated him and the other elderly offenders, to which he replied … *Okay, I am part of the 26's prison gang … So, for me, the number means that they show me respect … Because you are bigger than most of them. If you are nothing … All the older people. They have no respect for them.* Trevor was the leader of his cell and when asked how he treated older offenders, he replied … *With respect … As my mother taught me.*

From the interviews with the respondents, it was clear that the presence of gangs in the facilities did not bode well for elderly offenders, unless they were gang members themselves. Older gang members like Trevor, despite him holding a high rank, recognised this lack of respect and potential for abuse, both verbal and physical, but seemed powerless to put a stop to it. Incidentally, the rank in gang hierarchy a member may hold while incarcerated does not apply once he is released.

The systemic obstacles faced by older offenders affect all offenders, regardless of their age, but are perhaps felt more keenly by the elderly due to age-related

vulnerability and illness. South Africa's facilities are overcrowded, there is a critical shortage of both corrections and medical staff, staff development and training is inadequate, there is a high prevalence of HIV/AIDS, infrastructure is outdated, gangsterism is prolific and violence common, there is a lack of rehabilitation and vocational programmes, and requests for offender transfers are not being attended to (Judicial Inspectorate of Prisons, 2007). Furthermore, the high focus on security issues and preventing escapes has resulted in offenders being confined to their cells for 23 hours per day in some facilities, effectively denying them access to work and rehabilitation programmes and opportunities for exercise and recreation (Judicial Inspectorate of Prisons, 2007).

The consensus among the respondents was that, should an elderly or infirm offender require any form of assistance, that assistance would come from another offender. Some reported that this help was offered for free and reciprocal, others stated that if an offender could not pay for help, or offer something in the way of trade, they would have to get by on their own. The sense I got was that the helplessly infirm would be admitted to the hospital wards, as none of the respondents indicated that they had witnessed any fellow offender suffering from incontinence, be unable to feed themselves, or be immobile to the point they had to be assisted everywhere. Six of the respondents confirmed that there were offenders older than themselves, with Moses reporting that there was an elderly offender who was aged 71.

No place like home: Preparation and Reality

When I asked the participants where they planned on going to after they were released, all spoke of 'home'.

I'm going back to my home (Alex)

My people … they miss me, really (Moses)

My wife gives me moral support … my truck is waiting for me (Brian)

My family will take me back … my sister (Max)

I will definitely go home because I (belong and am supported) there (Peter)

My wife came from Pretoria, saying "Please my husband, I need you outside – please behave" … now all things are new … I am leaving now (Thomas)

*The police (*corrections officials) *tell me I am going home, don't get discouraged … I don't think I will be able to live with others … but I would like day-parole … then I could go home and see* (Joseph)
My whole family want me outside. They have forgiven me, and we phone each other. We still talk (Zakaria)
I will go home to my son … he signed for me … he said he will take me (Solomon)
Even Mandla, who had been overcome with emotion during our interview, spoke of home saying *If I could get back home, I can't be among people who will talk to me a lot … that won't be nice for me … I want to be alone with my thoughts*.

As discussed in the literature review of this study, the reality for the majority of South African elderly is harsh (Statistics South Africa, 2011). Given SA's history of inequality in terms of education, skills development and job access, there was no opportunity for millions of elderly people to financially prepare for old age. In SA, four out of every ten elderly are poor and most of these are Black South Africans (Statistics South Africa, 2011). While this is the reality for many elderly living in the community, these socio-economic challenges are further exacerbated by the reintegration challenges faced by the newly released ex-offender. Research has shown that many elderly ex-offenders struggle, even fail, to reintegrate as a result of their dependence on the corrections' health system, their inability to suddenly re-assume responsibility for themselves and their own care, low energy levels and a lack of motivation, and few resources and connections in their community (Crawley & Sparks, 2006). Relationships with friends and family may have eroded, and there may be some animosity from members of the community related to the criminal act that resulted in the incarceration. Poor health, having a criminal record, a limited range of skills and a lack of education further impede successful reintegration.

The unemployment rate for ex-offenders is almost five times higher than the general unemployment rate in the US, with research showing that potential employers discriminate against applicants with criminal records (Couloute & Kopf, 2018). Unemployment, a lack of support after release, or a decision not to return to the community of origin to avoid the contributing factors that led to incarceration, all directly impact on housing considerations – the newly released offender needs a fixed address. Housing has been described as the pivotal determinant of successful

reintegration (Bradley, Oliver, Richardson, & Slayter, 2001). Without housing it is difficult to gain employment, and without employment it is almost impossible to afford housing, and so it goes on in a seemingly endless loop for those ex-offenders who are released without supportive networks or environments.

Out of the total 11 incarcerated participants in this study, seven had worked within the facility. Three were cleaners, Zakaria worked as a handyman, Thomas was involved with arts and crafts, as well as preaching as part of an outreach programme focused on desistance, and Mandla was a skilled watch repairman. Peter was not working at that time as he was furthering his studies. One of the respondents had been employed in the hospital wing's laundry but was dismissed after being found in possession of marijuana. Of the five parolees, Eric had been trained to craft photo frames, Robert worked as a cook, and David was employed as a skilled farm manager. According to Eric … *If you feel you want to work and there is a workshop there for mechanical work* (then you can work) … *It is just to keep you busy.* Eric also told me that … *you can finish school if you want to.* However, as per previous respondents, elderly offenders were permitted to spend their days in their cells and not required to participate in work or study programmes.

As per the DCS White Paper on Corrections in SA the DCS should ensure that constructive work opportunities are available and that this work should "contribute towards the human development and employability of the offenders once they are released on parole or from correctional supervision" (Department of Correctional Services, 2005, p. 70). Furthermore, the aim of training and activities should be towards empowering offenders and developing their market-related potential, to take up a full and economically active role in society (Cilliers & Smit, 2007). Those offenders who received work assignments on correctional farms, and in workshops or production centres, were to receive certified confirmation of their work and skills to facilitate employability after they are released (Department of Correctional Services, 2005). However, work assignments and programmes are seldom designed to cater for the needs of the elderly (Human Rights Watch, 2012) and while elderly offenders may not be deliberately excluded from activities, they may be unable to participate due to age-related challenges and issues (HM Inspectorate of Prisons, 2004).

Rehabilitation programmes are conducted on a group basis and presented by trained correctional services staff members, with preference towards those with social or behavioural sciences backgrounds (Parliamentary Monitoring Group, 2014). The eleven correctional programmes are as follows:

1. New Beginnings Orientation, which aims at acclimatising newly incarcerated persons to cope with incarceration
2. Anger Management
3. Cross roads: aimed at equipping offenders with the skills and knowledge to become responsible, law-abiding and productive citizens
4. Restorative Justice: which prepares offenders for the restorative justice processes
5. Preparatory Programme on Sexual Offences: assists offenders to identify the possible causes of their deviant behaviour and empower them with information on biological and sexual development
6. Substance Abuse
7. Behaviour Modification programme on Gangsterism
8. Theft (fraud) related programme: this was tailored towards more organised crime
9. Economic Crime (theft) programme: dealing with theft -- for example, stolen food
10. Murder and Related Offences: this programme assists offenders to understand the causes of their own aggressive behaviour, as well as general human behaviour and emotions, to motivate them to create their own coping plans
11. Pre-Release programme: this provides the offender with the necessary understanding and skills before their release

(Parliamentary Monitoring Group, 2014)

Programmes of this type have been termed “offending behaviour programmes”, aimed at addressing offending-related behaviour (HM Inspectorate of Prisons, 2004). According to the respondents, they were required to attend these programmes before they could be considered for transfer from maximum to medium facilities, and before they applied for parole. These programmes are aimed at the general population and there are no age-specific programmes currently being offered to elderly offenders, not during their incarceration or in the stages where they are preparing to be released.

According to Jacob, they were not offered information or advised on how to register for grants, nor were aided in finding employment once they were released.

When I asked Eric if they had been offered a programme specifically to help them reintegrate back into their community, or to prepare them for future employment, he said … *No, there isn't really a programme … You are on your own, Mevrou. There is nothing that they do for you … And many of us, I mean among the young people and us old people, we struggle … There are many of us who don't even have food. There are many of us who stand, stand the whole day. And wait for their work … I even walk to Jeffreys Bay and ask among the people there 'do you have work for me' … I am on my own.* What makes Eric's predicament even worse is that according to him his birth had never been registered and, despite being 52 years of age, he has never had an identity document, which makes applying for any grants or employment impossible. Despite being on parole since 2016 has still not been assisted and told me that many offenders leave the facilities with only the clothes on their backs - that they have nothing. There are days he goes without food. There was very much the sense that, once you are released, you are required to stay out of trouble, but you are very much on your own. Eric went further, telling me that he had considered re-offending so as to return to the corrections system. It would guarantee him a roof over his head, food every day and more than a single pair of pants. While listening to Eric's story I was reminded of the title of an article I consulted for the literature review of this study, *They just throw you out* (Forsyth et al., 2011).

Those ex-offenders on parole who enjoyed the supportive network of family, friends, and employers appeared to have re-integrated and re-adjusted fairly well, according to their self-assessments. However, even those who had received specialised skills training while incarcerated were not guaranteed outside work related to those skills, despite receiving diplomas as accreditation. Trevor had been successful at various aspects of agricultural work during his sentence, including animal husbandry, but was working as a builder post-release, a job that was severely taxing him physically. None of those participants I interviewed felt they had been adequately prepared for release. My sense was that they were required to participate in mandatory rehabilitation-focused programmes for downgrading of security levels and consideration for parole, those being the motivation for participation.

CHAPTER 5

CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

Introduction

In this chapter, I will present an overview of the results obtained from this study, as well as discuss the structural and human limitations which affected these results. Recommendations for further investigations and studies into the topic of the needs of elderly offenders and ex-offenders will then be presented.

Conclusion

The findings and results from this study are in line with the conclusions reached by national and international researchers and authors. The world population is aging, the population of older offenders is also increasing and with this increase is the growing strain on infrastructure and resources as this group of offenders present with expensive time- and resource-consuming needs and requirements. There are biopsychosocial needs of elderly offenders and elderly ex-offenders which are not being met or addressed, either deliberately as has been suggested by some studies or because policy makers and corrections systems have been caught unawares and unprepared. Infrastructure, particularly in countries like South Africa, is outdated, overcrowded and under-staffed, built to detain younger offenders and never designed to meet requirements and standards fit for the safe, humane and dignified housing of geriatric offenders.

Also in line with existing research is that there appears to be little practicable preparation for soon-to-be-released elderly offenders beyond the programmes aimed at rehabilitating offender behaviour, and little tangible support once an offender is on parole. The focus inside facilities appears to be on containment, while ex-offenders on the outside are expected to stay out of trouble and behave in accordance with their parole conditions. Those offenders fortunate enough to enjoy the support of family during their sentence and after release fared better than those who had lost touch with their outside world. However, the presence of family members did not guarantee support, an argument supported by the harsh world faced by Eric. Despite being

released to family they are unable to support him, and neither can he afford to support himself. One year after his release he still did not have an identity document which hampered his ability to find employment and left him dejected, defeated and hungry, considering the option of re-offending so as to re-enter the correctional system.

From the outset of the interviews, it was evident that none of the participants had considered that their status as an *elderly offender* meant that they may have special needs, or that they possibly required age-specific healthcare, environmental aides, or workshops and programmes. Perhaps more significantly, they did not seem to know that they had legal rights, that there is an onus on government and the DCS to adhere to The Constitution of South Africa, which stipulates the provision of conditions of detention that are consistent with human dignity (The Bill of Rights of the Constitution of the Republic of South Africa, 1996). Furthermore, the White Paper on Corrections in South Africa (Department of Correctional Services, 2005) instructs the DCS to ensure that day activities are structured to suit the needs of the elderly, that elder-friendly recreational facilities and environment structures are available (accessible beds, ground floor accommodation and dining halls), and that appropriate geriatric medical care is provided. Further recommendations are for an offender-specific Correctional Sentence Plan based on the total needs of individual offenders, and that this plan must include social reintegration plans and aftercare (Department of Correctional Services, 2005).

Disability results from “the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others” (Department of Social Development, 2015, pp. 17-18). Among the problems faced by the elderly are frailty and disabilities which hamper their ability to perform basic functions, such as walking, hearing, seeing, remembering, concentrating and performing self-care (Statistics South Africa, 2011). Taking this into consideration, it is not difficult to see how people with disabilities and who are segregated from society inside prisons could be subjected to indignities, neglect, poor living conditions (including inadequate food, water, medical care, clothing), severe forms of restraint, seclusion, as well as physical, mental and sexual violence (Department of Social Development, 2015). The Correctional Services Act

111 of 1998 specifies the minimum conditions of detention. However, the reality is that few facilities meet those standards (Civil Society Prison Reform Initiative et al., 2016).

What is not captured on the audio logs are the puzzled, and sometimes incredulous, looks when participants were asked, for example, if their mattresses were comfortable. This and other issues were simply not considered important. They were 'prisoners' and were being treated as such. That they were elderly, perhaps weak and struggling to cope within an environment very much geared towards the needs and requirements of incarcerated younger offenders, was accepted as par for the course. The participants in this study appeared to identify themselves as 'offenders', members of the incarcerated population, and not as a member of any group based on age identity. The only 'them' and 'us' I perceived from their narratives was related to 'outside' and 'inside', those who were free (including corrections officials) and those who were behind bars. On a smaller scale, social groups seemed to be formed on the basis of offender housing, between different cell blocks and individual cells. Stereotyping is the action of placing people into groups and categories, exaggerating both the differences between groups and the similarities of things in-group (Tajfel & Turner, 1979). The only person who seemed to be stereotyping in this study, and in so doing separating the elderly offenders from the general population of offenders, was me.

Social Identity Theory proposes that the groups people identify with give individuals a sense of belonging to the social world and that one of humanity's most enduring challenges is to fit himself into the network of relationships he is confronted with (Tajfel & Turner, 1979). Considering that the elderly offender is on the receiving end of a 'double-whammy', by virtue of being a convicted criminal AND an older person, surely defining one's identity by membership of the strongest group ('harder' offenders), is preferable to identifying oneself as being perceived as weak and old. Perhaps this identification is also necessary for survival in a potentially violent environment? This seems particularly relevant when one considers that Social Identity Theory does not relate only to how people perceive themselves through group membership, but also to how others perceive them as members of a particular social group.

In summary of the findings of this study, in terms of actual needs of the elderly offender and ex-offender, findings match data from existing research. As reported by the participants, the healthcare system within the DCS housing facilities works as follows: If an offender feels unwell, he requests that his name is added to the list for a visit to the clinic or doctor. According to some of the responses I received, there can be a waiting period between the request and the actual visit with a healthcare practitioner. This is a source of much dissatisfaction among the participants, with reports that the waiting period can be between one or two weeks. If one considers Brian's desperate attempt to be placed on the list for a clinic visit, where he asked the official if he should expose his buttocks to prove the urgency of his need for treatment, it would appear that the respondent's dissatisfaction is justified. Not all of the participants had experienced this delay in treatment. Alex, who entered the system with chronic ear problems, related that his ear condition is treated as an emergency by medical staff and that there is no delay in being seen by a healthcare provider.

With the exception of self-reported leg weakness, back pain, some sensory deficits and hypertension, none of the participants reported suffering from age-related chronic illnesses such as cardiac disease, diabetes, and other endocrine disorders. Two of the participants were HIV positive and two had previously been treated for TB. The respondent who suffered from a pulmonary deficit had sustained damage as a direct result of TB and is in a debilitated condition. His condition is expected to deteriorate, and it remains to be seen how the facility will assist him further.

The medical process of the DCS raises an even deeper concern than delay in treatment, in that healthcare for this group of offenders appears to be *palliative*, in other words healthcare is centred on treating problems and conditions as and when they arise. As explained by Booth (2008) there are difficulties related to the early detection of chronic health issues in this older offender population, including a lack of geriatric assessment protocol, cognitive impairment which results in the offender not being aware that he has a health issue, and a reluctance on the part of the offender to discuss his health concerns with corrections' staff. Without early detection of illnesses, specifically for older offenders, the result could be a major health crisis and even death. There appears to be no proactive nor preventative healthcare programme for this population, which raises concerns when one considers the issue of post-release health

and well-being. The health of an offender at the time of his release plays a major role in the success of his reintegration back into the community.

The lack of structure to an offender's day and the absence of compulsory exercise and activity programmes, is exacerbating this problem. Should an elderly offender choose to spend all his time lying on his bed, in his cell, he may do so unhindered by officials. As explained by participants, the more physically active one is, the healthier one will feel, both physically and mentally. The plasticity of the aging process has been discussed extensively by researchers, such as Grundy (2006), who states that mental and physical reserves can be built and strengthened in old age. At this point the title of HMIP thematic analysis comes to mind: *No problems – old and quiet* (HM Inspectorate of Prisons, 2004). It would appear that, provided the offenders are quiet and not causing trouble, they are very much left to their own devices, whether that benefits them or not. On the whole, the participants' assessment of the standard of healthcare provided to them was classified by them as 'good'. While there were issues related to the delay in receiving treatment, none of the participants felt that they had received sub-standard medical care. For those offenders who required more specialised medical care, the DCS referred them to outside doctors and specialists.

With regards to mental health, most of the participants reported feeling *stressed*, an inherent reality of life within the confines of a correctional facility. It is a stressful environment, compounded by isolation from the outside world, dealing with the prevalence of gang activity inside the facility, having to face one's own thoughts, feelings and actions, and the loss of autonomy. While none of the respondents acknowledged receiving treatment for a mental health disorder, two displayed visible symptoms of depression. There is a well-documented link between physical and mental health and my concern, again, is that offenders who are not coping emotionally may choose to sleep 23 hours of the day, which lowers their physical reserves and leaves them weaker and vulnerable to illnesses. This, in turn, affects their mental health and well-being in an endless loop and the probable result is that a cognitively impaired, physically unwell old person is released back into society and is expected to be a functioning, contributory member of his community. Whether this individual remains incarcerated or is released on parole, his medical condition and his potential

inability to find employment have a tremendous economic impact on society as a whole.

Environmental challenges were in line with existing international research results discussed in the literature review of this study. Again, consideration should be given to the fact that the participants had not previously considered the environment from their perspective as an elderly individual who might have special requirements. That the bed and mattress were uncomfortable was accepted as a condition of confinement, without thought that the coldness of the frame and lack of density in the mattresses could potentially affect their physical and mental health. Pain and inflammation of joints, bones, the neck and spine can be somewhat alleviated by a mattress that provides adequate support. It is reasonable to assume that an individual who lives with chronic pain, as the result of inflammation and skeletal disorders, will not be able to sleep well on a cold and hard surface. Lack of sleep, coupled with the physical suffering, contributes to mental health conditions such as depression.

Furthermore, the beds are two-tier bunk beds and in a cell housing elderly offenders, one of them would need to climb up onto the top. For some, this is almost a physical impossibility, evidenced by a respondent relating that it sometimes takes him ten minutes of standing before he finds the strength to climb up. The DCS policy stipulates that elderly offenders are to be accommodated in an environment that best suits their interests, referring specifically to the issue of beds, stating that single flat beds are to be made available to the elderly. However, conditions of overcrowding appear to be making this impossible and, even in a cell housing 18 older offenders, nine of them were expected to sleep on the top tier of a bunk bed. Considering that this demographic is elderly, and that elderly people often develop balance difficulties, there is the very real danger that an offender will fall during his ascent or descent, resulting in potentially life-threatening injuries.

Institutional thoughtlessness appears to be a reality for the participants in the facilities forming the focus of this study. From slippery floor tiles in the bathroom to a lack of handrails or grips for support in the showers, cold floors and a lack of adequate ventilation, particularly where non-smoking offenders are housed in smoke-filled cells, there seems to be no infrastructural concession to the requirements of the elderly.

Accessibility to facilities such as bathrooms and toilets was not an issue for the participants I interviewed. However, the majority of this study's participants were active and fit. It would be interesting to know how the older offenders referred to by the participants, and who I did not meet, are coping with these environmental and structural challenges.

All of the participants related that, when an ill or infirm offender requires assistance in the daily tasks and processes of managing his own self and environment, offenders will assist each other. Sometimes this assistance is available at a fee, either monetary or in trade for goods and necessities, and in other instances is given freely, in the hope of reciprocity. From this perspective, the presence of younger and more able-bodied offenders being placed in housing with older and weaker individuals makes practical sense. Unlike in the US, where offenders can work officially as caregivers for ill or older offenders in exchange for compensation or a reduction in their sentence, in SA this service is very much on a voluntary basis and is strictly between the helper and individual being helped. In this sense, combining age groups can be beneficial to everyone. The younger offenders, often placed with older and more seasoned offenders to learn the ropes and the rules of life within the corrections system, benefit from a calmer and less threatened existence.

However, with the proliferation of gangs in SA and the resultant numbers of incarcerated young gang members, combining young and old offenders could be problematic, even potentially fatal. Participants reported a lack of respect shown towards elderly, non-gang affiliated offenders by the younger offenders, resulting in much verbal abuse towards the elderly and even physical violence. This verbal abuse, according to a respondent, contributes to the incidences of heart attacks and strokes affecting older offenders. A high-ranking officer of the 26's 'prison' gang, age 50, confirms this, saying that those who are not part of the relevant gang mean absolutely nothing to gang members. Older offenders were referred to as *prey* for gang members and while some of the older offenders are housed away from the younger ones, many have no choice but to live where they are placed.

According to the DCS Policy and Procedures on Elderly Offenders (Department of Correctional Services, 2008), wherein it states that elderly offenders have been

abused, exploited and neglected in the past, the Directorate of Social Work Services has compiled principles and activities to ensure that the needs of the elderly offender are addressed. Contained in this policy, those activities relevant to this study include special care; recreational facilities suitable to the needs and interests of the elderly; age-appropriate services and programmes; an environment which promotes the participation, respect and dignity of elderly offenders; an environment that protects and promotes the rights of the elderly and is free from noise and health hazards; an environment conducive to the development of elderly offenders; a suitable education infrastructure; and under Principle 3 it is clearly stated that:

> Elderly offenders must be involved in services and programmes that specifically addresses their needs and are suitable for their age, mind and physical wellbeing. Participation in programmes and services must be enforced and ensured for their care and development. (Department of Correctional Services, 2008, p. 16)

Seven of the participants were currently working within their corrections facility and, as they reported to me, there is work and activities are available for those who want to keep busy. I have to wonder at the accuracy of this statement as, with the numbers of the SA incarcerated population, could there be sufficient jobs for each offender and, perhaps more importantly, enough staff members to oversee all the working offenders? When one takes into consideration the reported fact that offenders will aid another offender for payment in goods, the plight of those offenders who do not receive outside support and assistance from family or friends becomes a matter for concern. Without work or an outside source of support, how does an offender pay for necessities and, if required, help?

Participants reported that they were required to complete a number of compulsory programmes, including life skills training, anger management, substance use issues, and information on child abuse. None of the participants had attended or been offered a programme specifically focusing on the needs of elderly offenders while incarcerated or in preparation for life once they have been released. Eric's current situation personified the title of an article *They just throw you out* (Forsyth et al., 2015).

Without specific and age-appropriate preparation, once offenders are released, they are very much on their own.

According to the participants, there are no half-way houses, no visits by SASSA staff members providing information and assistance to register or apply for grants, no post-release resources or assistance to find employment. Many ex-offenders leave their facility with the clothes on their backs and a small bag of personal items. In defence of the DCS officials I met and spoke to throughout this process, they were all, without exception, people who were trying to do their job under trying and difficult circumstances. It is all good and well for the DCS to have a Policy and Procedures framework, and a comprehensive and excellent one at that, but it would appear that they do not, at this time, have sufficient staff and services to implement it. Is it any wonder, then, that an ex-offender would deliberately re-offend to 'get back in', where he is assured of a bed to sleep in, albeit an uncomfortable one, and has access to medical care, and food in his stomach? By not attending to the physical and mental health of our incarcerated population, across all age groups, we face the reality of the social and economic costs of a group of elderly, sick, unemployed, and non-contributory ex-offenders, and potential recidivists.

The reality of an increasing elderly offender population cannot be denied, it is part of an international trend and one that few countries seem to be researching and preparing for. The difficulties faced by the participants in this study echo those identified in facilities across the US, the UK and Australia. Elderly people are protected by international charters, of which SA is a signatory to. This protection extends to our incarcerated elderly, and non-adherence to even the most basic of these rules and regulations is a violation of an elderly individual's human rights. In the spirit of separating the 'sin from the sinner', the reason for their incarceration must be separated from their inherent rights as a human being.

In 2015, SA ranked fifth highest in the world in terms of murder rate, with a rate of 36 people murdered per 100,000 of the population (BusinessTech, 2018). According to Africa Check (2018), an average of 110 rapes were recorded per day from 1 April 2017 to 31 March 2018, and the rate of assaults was 275.3 per 100,000 people. Robberies were recorded at a rate of 139 per day, house burglaries at 625 houses per

day, 45 cars were hijacked per day and an average of 139 cars or motorcycles were stolen daily (Africa Check, 2018). Considering the above statistics, the abundance of sensational news articles in mainstream media and on social media, related to crime and the violence in our society, it is understandable why there would not be much public concern, empathy even, for the rights and needs of incarcerated offenders and ex-offenders. I acknowledge that not many individuals, particularly those who have been affected by crime, may want to even consider the well-being of those who have been incarcerated and many feel that harsh sentences and conditions are deserved. Perhaps, then, it would be pertinent to consider that while the elderly incarcerated and other interested parties might, at this present stage, not be aware that they have rights as elderly individuals, this ignorance will not continue forever. There is legal precedent set in South Africa's courts, where offenders have successfully sued the DCS for failing to manage the health of their offenders. Prevention is not only better than cure, it is most often cheaper.

Moral arguments, about *why* the participants ended up where they are today, aside – the fact remains that we have elderly men incarcerated within a system not equipped, trained or able to take care of the needs of this elderly population. These needs and rights are inherent, they are legislated and governed by international statutes. Should one not be able to consider this situation from an empathetic viewpoint it must surely be considered from an economic one. The cost of caring for this group of offenders, the strains on infrastructure, and the demands on corrections' medical and security staff will only keep rising. In addition to this is the risk of lawsuits against the DCS, by offenders and their families, when the realisation of what is becoming a disregard for human rights becomes evident. It was evident during the interviews for this study, that none of the participants were aware that they had rights not only as offenders, but as elderly people.

This is not a problem that is going to go away. Whether we as a society approach it from a morals viewpoint or consider it in terms of economic cost, this is an issue that must be addressed urgently, beyond the compiling and publishing of guidelines and policies that do not seem to have been implemented. I have no doubt that there will come a time when this group of individuals is no longer *old and quiet,* and we will not be able to say that we did not know, or that we were not warned.

There is an urgent need to engage with elderly offenders and ex-offenders, and to ensure the implementation of the policy governing the treatment and management of elderly individuals within the corrections system as an ethical, moral, legal and financial priority.

Limitations and alternatives for future study

The participants I interviewed may not have been a true representation of the population of elderly incarcerated, as each individual was purposively selected by the DCS. Besides the age specification, the criteria the DCS employed to select those individuals, is unknown. In addition to this, the study was conducted across three facilities situated in the Eastern Cape, all near Port Elizabeth, and the results of the study may not translate to other facilities across SA as they house different cultural ethnicities. An example of this is the experience of the respondent who was first incarcerated at St Albans Correctional Facility before being transferred to Tswelopele Correctional Centre in Kimberley. During his stay at St Albans, he described his existence as 'hell', and that older individuals who are not gang affiliated are prey for gang members. However, despite the presence of gang members at Tswelopele, due to stricter disciplinary codes and measures implemented by corrections management, older offenders were not harassed or terrorised. This is relevant as much of the distress and dissatisfaction of the participants interviewed centred on their treatment and victimisation by young gang members. Without the objectivity of random sampling and with this study being limited to a small region, generalisability is restricted.

The information gathered from the participants supported the results of the studies referred to in the literature review of this thesis. However, this information was anecdotal, from the perspective of the reality as experienced by each respondent. It is my belief that the majority of offenders had never or very seldom given thought to their experience of being an incarcerated elderly person and had not previously considered themselves as members of a special needs population. It follows that they would not take note of potential needs, challenges and risks associated with living in an environment not suited for old people. They were seemingly unaware that, on an international level, elderly offenders are entitled to a certain level of care and accommodation of their unique needs. As I explained to the participants, they were my 'eyes' into the different facilities as I could not enter these to assess their daily

environment for myself. I have no doubt that the challenges highlighted in the articles and studies I consulted prior to undertaking this research, pertaining to the biopsychosocial and environmental needs and difficulties for old offenders, are applicable to correctional facilities in SA. However, if they had never before considered their needs and challenges, based on their elderly status, offenders would not know what to look for and what was relevant. This is particularly relevant for future study and a solution for this limitation would be for researchers to be permitted to enter the living, dining, medical, recreational and exercise facilities to assess the conditions at several, if not all corrections centres, for themselves.

Following on from the generalisability limitation discussed above is a limitation in methodology. If individuals are unaware that the topic of our growing population of incarcerated elderly is an issue, that it is an issue which is beginning to receive international attention, they will not have considered difficulties and environmental challenges from that perspective. My point is that it may not have occurred to them to be concerned about tiled and slippery floors, to request handrails, or to insist on lower bunk placement if they had difficulty climbing onto the top one, as they viewed themselves as 'just another offender' who needs to make-do with the situation as it is and keep surviving. This is problematic in terms of the data collection method I utilised, as questions such as "Challenges and issues related to the physical environment and mobility in the corrections environment", despite being broken down into appropriate language, were mostly met with blank stares. The general response was that being incarcerated was an unpleasant and uncomfortable experience for everyone and the difficulties and challenges were par for the course. That there was an alternative was unthinkable. In hindsight, structured interviews with set and highly specific questions would have elicited a more detailed response and I attribute this limitation to my inexperience as a researcher.

Despite these limitations, the data extracted from the interviews supports the data published by organisations, such as the Human Rights Watch (2012), the United Nations (2002), and the Osborne Association (2014), who conducted research in the US, England and Europe. The difficulties faced by our elderly offender population are shared across the globe.

Recommendations

A comprehensive and mixed methods study of the needs of our elderly incarcerated offenders, both during incarceration and after release, is not only necessary but a societal obligation based on human rights as well as legal, ethical and moral principles. That the number of elderly offenders will grow is a certainty and that we are failing to provide them with adequate support, care and services is beyond doubt, particularly once they have completed their sentences or are released on parole.

Despite there being a policy in place, aimed specifically at the elderly incarcerated, a lack of manpower as well as inadequate or non-existent support structures render it dormant, particularly in the area and facilities covered in this study. There is no doubt that the majority of DCS staff are doing the best they can given the circumstances they are working under. These include overcrowding, staff shortages and dilapidated and inadequate infrastructure among others. However, that does not absolve management of the responsibility to ensure that each elderly offender is permitted to serve his sentence in a safe environment, where rehabilitation can take place and they are released back into the community in the best possible physical and mental condition.

This study needs to be conducted throughout all provinces and, ideally, with researcher access to facilities to assess the environment and conditions first hand. While the anecdotal evidence contained in this study is reliable, many of the challenges and difficulties faced by older offenders are considered part and parcel of the corrections' environment. I recommend a mixed method study, with a quantitative instrument to measure prevalence or absence of identified needs and areas of dissatisfaction, a qualitative analysis of abstract issues and areas of concerns, linked with a physical and first-hand assessment of as many of the correctional facilities in SA as possible. The lack of available data on the population of elderly offenders is of great concern and leads me to question if this is 'mere' oversight or an indication that SA has not yet woken up to the reality of this growing worldwide crisis.

On Reflection

Over the past two years I have had to defend my choice of topic to others when asked “why?”. Why should anyone care about old “prisoners”, old murderers, rapists and child molesters? In a society where the general perception among the civilian population is that offenders have too many rights, more rights than their victims, and that correctional facilities are akin to hotels and free universities, the majority of the people I have discussed this study with are of the same opinion – *Leave them to rot.*

That is simply not an option, not from a human rights standpoint and nor is it in any way beneficial to our society as a whole. I was confronted with the harsh reality of South African history during this study, with the constant awareness that what I was learning about, seeing, and hearing were our *chickens coming home to roost*. For many of the participants who shared their stories with me, I felt there was never going to be a different outcome. Not every man who has grown up in an environment of discrimination and poverty, without the foundation of values learned within a home and family, has resorted to crime or committed acts of unspeakable violence but many have. I make no excuses for the choices these men made, and I remain mindful and deeply respectful of the suffering of their victims and the victim’s families. I am simply reminded of the adage “There but for the grace of God, go I”.

There were many moments that stand out during the process of researching and writing this dissertation. Some were heartbreakingly sad, others were somewhat frightening, and then there was the moment early in the interview stage when I sat opposite a man who, without any facial expression, explained that he was serving a long sentence for rape. I remember thinking in that moment “You are the Boogeyman. You are the reason I’m afraid to walk alone, the reason why I have to lock myself into my house, why we have an alarm system with panic buttons”. And in front of me sat a small, vulnerable and aging man who looked no different from any other similar looking aging man I have seen out on the street. That experience was both disconcerting and empowering. There are no Boogeymen, there are only men. That moment cemented for me the ability to separate the deed from the individual, and to view each person as a human being first.

At the end of this study, my opinions on this topic have not changed. If anything, I feel more strongly that this is an issue deserving of thorough study, of investment in terms of money and resources to ameliorate the living conditions of elderly offenders, and then intensive monitoring and study in the future to ensure that improved conditions are maintained. It has been a privilege to conduct this study and it is certainly an issue I would like to take further.

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APPENDICES

APPENDIX A

Ref. No: PERC-16046

UNISA university of south africa
Department of Psychology

Ethical Clearance for M/D students: Research on human participants

The Ethics Committee of the Department of Psychology at Unisa has evaluated this research proposal for a Higher Degree in Psychology in light of appropriate ethical requirements, with special reference to the requirements of the Code of Conduct for Psychologists of the HPCSA and the Unisa Policy on Research Ethics.

Student Name: Jacqueline T Pirzenthal **Student no.** 08733082

Supervisor: Prof E Fourie **Affiliation:** Dept. of Psychology, Unisa

Title of project:

Old And Incarcerated: The needs of the elderly offender and ex-offender.

The proposal was evaluated for adherence to appropriate ethical standards as required by the Psychology Department of Unisa. The application was approved by the Ethics Committee of the Department of Psychology on the understanding that –

- All ethical conditions related to voluntary participation, informed consent, anonymity, confidentiality of the information and the right to withdraw from the research must be explained to participants in a way that will be clearly understood and a signed letter of informed consent will be obtained from each of the participants in the study;
- Any formal procedures that may be required to get permission from the institutions from which the participants are to be drawn, and all conditions and procedures regarding access to information for research purposes that may be required by these institutions are to be met;
- If further counseling is required in some cases, the participants will be referred to appropriate counseling services.

Signed:

Prof. M Papaikonomou

Date: 2016-10-17

[For the Ethics Committee]
[Department of Psychology, Unisa

APPENDIX B

correctional services
Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

Private Bag X136, PRETORIA, 0001 Poyntons Building, C/O WF Nkomo and Sophie De Bruyn Street, PRETORIA
Tel (012) 307 2770, Fax 086 539 2693

Ms JT Pirzenthal
25 Angelwings Crescent
C-Place
Jeffreys Bay
6330

Dear Ms JT Pirzenthal

RE: APPLICATION TO CONDUCT RESEARCH IN THE DEPARTMENT OF CORRECTIONAL SERVICES ON: "OLD AND INCARCERATED: THE NEEDS OF THE ELDERLY OFFENDER AND EX-OFFENDER"

It is with pleasure to inform you that your request to conduct research in the Department of Correctional Services on the above topic has been approved.

Your attention is drawn to the following:

- The relevant Regional and Area Commissioners where the research will be conducted will be informed of your proposed research project.
- Your internal guide will be **Ms N Sontshantsha: Acting Regional Head Development and Care, Eastern Cape.**
- You are requested to contact her at telephone number (043) 706 7818 before the commencement of your research.
- It is your responsibility to make arrangements for your interviewing times.
- Your identity document/passport and this approval letter should be in your possession when visiting the correctional centres.
- You are required to use the terminology used in the White Paper on Corrections in South Africa (February 2005) e.g. "Offenders" not "Prisoners" and "Correctional Centres" not "Prisons".
- You are not allowed to use photographic or video equipment during your visits, however the audio recorder is allowed.
- You are required to submit your final report to the Department for approval by the Commissioner of Correctional Services before publication (including presentation at workshops, conferences, seminars, etc) of the report.
- Should you have any enquiries regarding this process, please contact the Directorate Research for assistance at telephone number (012) 307 2770 / (012) 305 8554.

Thank you for your application and interest to conduct research in the Department of Correctional Services.

Yours faithfully

ND SIHLEZANA
DC: POLICY COORDINATION & RESEARCH
DATE: 14/09/2017

APPENDIX C

PROPOSED INTERVIEW GUIDE FOR RESEARCH PARTICIPANTS

1. Age/date of birth
2. Ethnicity (relevant as ethnicity and cultural background may affect the way participants answer questions, as well as particular community factors and challenges influencing resettlement after release)
3. Level of education
4. Marital status (if married, whether or not the spouse is supportive)
5. Family composition (number of minor/adult children, how the household is made up?
6. Previous employment
7. Residential details (particularly urban or rural)
8. Reason for incarceration
9. Period of sentence
10. Length of time served to date
11. Repeat incarceration or first-time offender
12. Age at beginning of sentencing
13. Estimated age at release
14. General health status (physical)
15. Experience of health care services as an ‘elderly’ offender
16. Psychological health status (depression, anxiety, diagnosed mood disorders, PTSD and so on, also including history of substance use disorders)
17. Availability and effectiveness of psychological health care services
18. Challenges and issues related to the physical environment and mobility in the corrections environment. For example, long distances between facilities, stairs, bunk beds, challenges with heat and cold weather.
19. Personal needs and requirements being met/not being met within the corrections system (to include any appeals or requests made to the corrections’ officials and responses hereto)
20. Preparation for release – availability of release preparation programmes and information on how to access support and services on the outside
21. Degree of family/social support
22. Does the offender have a home to go to?
23. Possible financial implications post-release

24. Employment opportunities post-release
25. Fears and challenges the offender is anticipating either while incarcerated or post-release
26. Gaps in services the offender has/is experienced/experiencing
27. Expectations of the prisoner with regards to community attitude towards him post-release
28. Any other issue or challenge not covered by the questions above

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APPENDIX D

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____, confirm that the researcher has explained to me the purpose of the study I am being asked to participate in, including what the research interviews will involve, that interviews will be recorded, any potential risks and benefits.

I have been given an opportunity to ask for more information and had my questions satisfactorily dealt with.

I understand that my participation is voluntary and that I may withdraw from this study at any time without having to give an explanation.

I understand that the information I provide will be treated in the strictest of confidence and that all potentially identifying personal information will be withheld.

I have been informed that the results and findings of this research will be compiled into a report, and progress of this project will be discussed with the researcher's Supervising Professor.

I freely give my consent to participate in this research study and have been given a copy of this form for my own information.

Name and surname of participant: (please print)

…….

Signature of participant: Date:

……. ……...

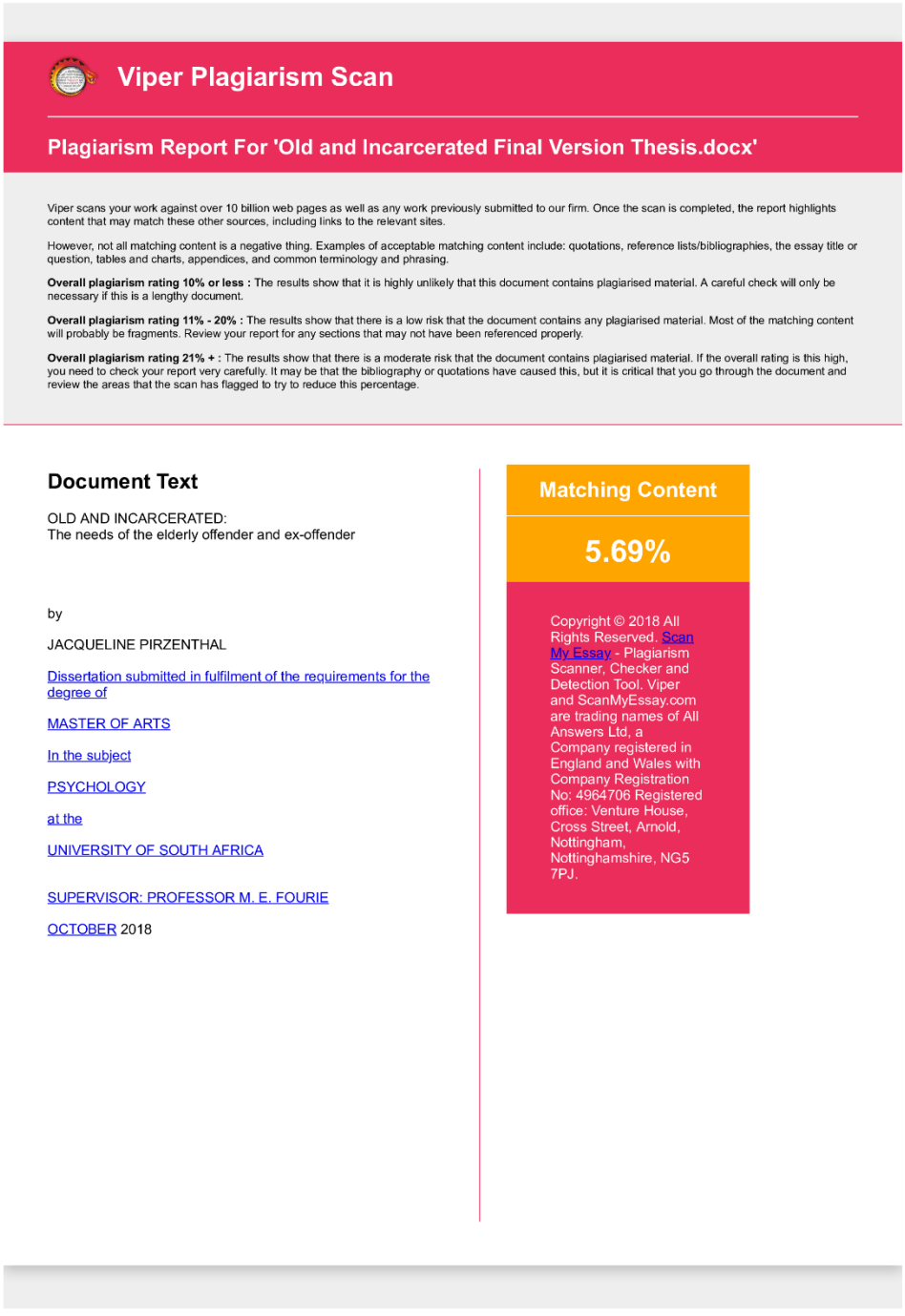
Name and surname of researcher:

…….

Signature of researcher: Date:

……. ……

APPENDIX E



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Document Text

OLD AND INCARCERATED:
The needs of the elderly offender and ex-offender

by

JACQUELINE PIRZENTHAL

Dissertation submitted in fulfilment of the requirements for the degree of

MASTER OF ARTS

In the subject

PSYCHOLOGY

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: PROFESSOR M. E. FOURIE

OCTOBER 2018

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