



Offender Management & Programs Corrective Services NSW

Placement and Management of Aged and Frail Inmates (Joint Policy with Justice Health & Forensic Mental Health Network (JH&FMHN))

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Policy for the Placement and Management of Aged and Frail Inmates

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1 Policy statement

Corrective Services NSW (CSNSW) has a duty of care to provide a safe, secure and humane environment for aged and frail inmates. Identification of these inmates occurs through referral for assessment to Statewide Disability Services (SDS) by staff from CSNSW and/or the Justice Health & Forensic Mental Health Network (JH&FMHN).

Following assessment, placement decisions for all aged and frail inmates are made by the Aged Care Bed Demand Committee. CSNSW and Justice Health staff then work together to ensure that the physical, cognitive, security and medical needs of the inmate are met through the development of comprehensive case plans.

Many aged and frail people have chronic health and/or disabilities and may need extra resources such as magnifiers, shower chairs or assisted listening devices, to assist them with managing activities of daily living or to cope with chronic health conditions. All extra resources supplied through SDS or JH&FMHN must be recorded in the OIMS Property list.

2 Scope

This policy applies to all CSNSW staff and JH&FMHN staff who work with inmates who are or who potentially are aged and frail.

3 Purpose

The number of aged and frail inmates in custody is increasing. In order to provide a safe, secure and humane environment for this group, a range of strategies is available such as placement in an aged and frail care program or access to additional living resources.

4 Strategic focus

- Department of Justice Corporate and Business Plan 2015-19
- CSNSW Business Plan 2016-17
- Offender Management and Programs Business Plan 2016-17
- A strategy for supporting Aboriginal offenders to desist from re-offending, CSNSW (April 2014)
- Family matters: A strategy for service and program provision to children and families of offenders, CSNSW (May 2014)
- Recognising gender differences: A strategy for program and service provision to women offenders, CSNSW (May 2014)

5 Relevant legislation

- [NSW Crimes \(Sentencing Procedure\) Act 1999](#)
- [Crimes \(Administration of Sentences\) Regulation 2014](#)

6 Related policies, procedures and guidelines

- OPM Section 7.25 – Identification and Referral of Inmates with a Disability
- Policy for Recording the Issue and Return of Disability Equipment (D15/153242)
- OCCMPPM 26.8 - Kevin Waller Therapeutic Program Unit

7 Definition of terms

Abbreviations	Definitions
ACAT	Aged Care Assessment Team
ACRU	Aged Care Rehabilitation Unit
CC	Correctional Centre
CSNSW	Corrective Services New South Wales
JH&FMHN	Justice Health and Forensic Mental Health Network
LBH	Long Bay Hospital
MOSP	Manager of Offender Services and Programs
MSPC2	Metropolitan Special Programs Centre 2
MSU	Mum Shirl Unit
OCCMPPM	Offender Classification & Case Management Policy & Procedures Manual
OIMS	Offender Integrated Management System
OPM	Operations Procedures Manual
OS&P	Offender Services and Programs
SDS	Statewide Disability Services

8 Overview

The number of aged and frail inmates in custody in CSNSW is increasing. In order to provide a safe, secure and humane environment for older inmates, a suitable pathway is provided which includes placement in an Aged and Frail program or placement in a specific Correctional Centre (CC) which has a modified area.

9 Identification, assessment and referral

Inmates who are Aboriginal and 45 years or older, and Non-Aboriginal who are 55 years or older, are eligible for identification as aged and frail for the purposes of placement and the provision of relevant services and programs. A Basic Aged Care Assessment Tool (BACAT) (see [Annexure 1](#)) and Falls Risk Assessment (see [Annexure 2](#)) can be completed by any CSNSW or JH&FMHN staff member, and is required to accompany an aged and frail referral to Aged Care Bed Demand Committee.

Any CSNSW staff member who feels that an inmate has a disability associated with ageing, **must make a referral to SDS** in accordance with the OPM Section 7.25 – Identification and Referral of Inmates with a Disability. The referral is entered into the OIMS Disability Screen and the BACAT is saved on EDRMS in the inmate's case file or emailed separately to SDS@justice.nsw.gov.au with comments about areas of concern. If a referral already exists but assistance is needed, contact SDS@justice.nsw.gov.au

Staff from JH&FMHN are also able to make referrals to SDS via the OIMS Disability screen where staff have access. Following receipt of the referral, SDS will review the inmate's case notes and refer the aged and frail inmate to the Aged Care Bed Demand Committee where appropriate.

In addition to making referrals via the OIMS Disability Screen, referral can be made by JH&FMHN staff following an assessment of the aged and frail inmate by nursing staff. If necessary, the referral is made to the Medical Officer who in turn forwards the referral, together with the BACAT, Falls Risk Assessment and any other information, to the Service Director at Long Bay Hospital. The Service Director then arranges for received referrals and information to be sent to members of the Aged Care Bed Demand Committee.

The Aged Care Bed Demand Committee meets at Long Bay Hospital on the first and third Tuesday of each month, or more frequently if required. Staff may attend the Committee meeting in person or via teleconference (Telephone: 1800 062 923, Guest Passcode: 673687737220).

Following the meeting, the Service Director LBH will arrange for the referrer to be informed of the Committee's decision. The Cluster Manager of Offender Services and Programs (MOSP) at MSPC2 will document the decision in OIMS case notes.

Referrals to the Aged Care Bed Demand Committee may result in one of the following recommendations, depending on the information available at the time:

- Transfer to Long Bay Hospital for medical assessment
- Transfer to Kevin Waller Unit Frail Aged Assessment Unit for disability or possible dementia assessment
- Placement on the waiting list for Long Bay Hospital ACRU/MSU or KWU Frail Aged Assessment Unit
- Transfer to another Correctional Centre for assessment and monitoring

- Remain at Gaol of Classification for further medical assessment with a review by the Aged Care Bed Demand Committee
- Remain at Gaol of Classification with additional equipment and supports in place
- Remain at Gaol of Classification with no change to current management

9.1 Aboriginal, culturally & linguistically diverse (CALD) inmates and women

Section 7.3.7 of the Custodial Operations Procedures Manual states that: Upon request, a medical practitioner from the Aboriginal Medical Service is available to see Aboriginal inmates incarcerated in the metropolitan area.

The New South Wales Health Care Interpreter Service is available to inmates of all CALD groups who may have difficulty in communicating in English, in relation to medical matters.

Proportionally, there are fewer aged and frail female inmates than male inmates. The processes of identification and referral of females is the same as males; however, placement options to meet their specific needs are limited.

9.2 State-wide Disability Services (SDS)

SDS, located at the Roundhouse on the Long Bay Correctional Complex, manages referrals and assessments for aged and frail inmates. SDS assesses the physical, mobility and sensory impairments of individual inmates, and can also issue a range of assistive devices to assist inmates with living in custody.

9.3 Justice Health & Forensic Mental Health Network (JH&FMHN)

Justice Health provides clinical support by ensuring that aged and frail inmates are medically and mentally stable and are receiving the correct medications. They also make referrals to specialists such as psycho-geriatricians and arrange for Aged Care Assessment Team (ACAT) assessments for inmates who require community placement.

9.4 EnableNSW

EnableNSW is a unit within NSW Health which provides appropriate assistive technology devices and specialised support services to assist eligible recipients who have a permanent or long-term disability. In custody, EnableNSW is contacted through JH&FMHN.

9.5 Aged Care Bed Demand Committee

The Aged Care Bed Demand Committee is made up of representatives from JH&FMHN and CSNSW. This committee is responsible for placement decisions for all aged and frail inmates.

The Committee reviews and discusses aged care referrals and recommends appropriate assessment and/or suitable placement options. It consists of CSNSW and JH&FMHN staff, including:

- Clinical Director, Aged Care
- Service Director, Long Bay Hospital (LBH) (Chair)
- Nursing Unit Manager (NUM), Aged Care and Rehabilitation Unit

- NUM, Metropolitan Reception and Remand Centre, Silverwater Complex
- NUM, South Coast Correctional Centre
- NUM, Metropolitan Special Programs Centre (MSPC2), Long Bay Correctional Complex
- NUM from referring correctional centre
- Clinical Nurse Consultant (CNC), Chronic Care
- CNC, Specialist Mental Health Services for Older Persons
- Manager, Statewide Disability Services
- Cluster Manager of Offender Services and Programs
- State wide Manager, Specific Needs
- Manager of Classification
- Manager of Security Area 2

A quorum consists of four members, with at least two members each from JH&FMHN and CSNSW.

10 Housing options

There are several **housing options** for aged and frail inmates:

- Aged Care Rehabilitation Unit (ACRU)
- Kevin Waller Unit (KWU)
- Mainstream correctional centres which have a special area set aside to house older inmates exclusively

Housing options are being explored for other correctional centres, particularly those in rural locations.

10.1 Aged Care Rehabilitation Unit (ACRU), Long Bay Hospital

Situated in Long Bay Hospital, this unit has 15 beds for both male and female inmates of all classifications requiring high care. The ACRU has JH&FMHN nursing staff on duty 24 hours a day 7 days a week. The nursing team is made up of a combination of Registered Nurses, Endorsed Enrolled Nurses and Assistant in Nursing. There is always one Registered Nurse on duty. The unit is managed by the Nursing Unit Manager who reports to the Operations Manager LBH, who in turn reports to the Service Director, LBH.

On admission to the ACRU, inmates receive a comprehensive nursing assessment which includes chronic disease assessment, pressure area and falls risk assessments. Nursing staff will refer patients to specialist areas such as podiatrist, optometrist, occupational therapist and physiotherapist, as required.

JH&FMHN staff work closely with CSNSW staff to ensure that patients in the ACRU are engaged in programs and activities that are suitable for their level of physical and cognitive functioning.

10.2 Kevin Waller Unit (KWU), Area 1, Metropolitan Special Programs Centre (MSPC), Long Bay Correctional Complex

The Kevin Waller Unit has been set up as alternative accommodation for some aged and frail inmates who can no longer be managed alongside younger, more active inmates.

The Unit consists of 23 beds which provide longer term placement, assessment and programs during a structured day for aged and frail male inmates identified as having low to medium physical care needs and who do not require physical assistance with personal care or daily living tasks. There are an additional two beds that house inmate carers who provide support for the KWU inmates.

Inmates may be housed temporarily in KWU for the purposes of assessment. Inmates in the KWU may undergo psychological and specialised neuro-psychological assessments which include, but are not limited to:

- Comprehensive cognitive assessment
- Dementia assessment
- Acquired brain injury assessment
- Assessment of intervention needs
- Assessments for depression and anxiety
- Suitability for offender programs

When all assessments are completed, a comprehensive case plan is developed for the aged and frail person by CSNSW and JH&FMHN jointly. This plan identifies appropriate custodial and medical management, program identification and a recommendation for placement while under CSNSW care. The inmate will then either return to their Gaol of Classification (GOC) or if that is no longer suitable, alternate placement will be identified through the Aged Care Bed Demand Committee in consultation with the Classifications Co-ordinator.

The unit takes both sentenced and remand inmates of all classifications. Many of these inmates have poor mobility and use walking sticks or frames and are potentially falls risks. When inmates are transferred to KWU, they have a comprehensive nursing assessment which includes chronic disease assessment, pressure area and falls risk assessments. Inmates of concern are discussed at the Aged Care Bed Demand Committee meeting. The unit has been modified to include grab rails above the beds and in the bathroom, easy-to-use taps, and a washing machine and dryer.

The KWU has JH&FMHN nursing staff seven days per week who provide a community health model of care. Inmates can ask to see the nursing staff at any time. The nursing staff will also have daily interactions with the inmates in KWU when they are administering medications and attending to other inmate needs.

Nursing staff will also refer inmates to doctors, specialists, podiatrists, optometrists, occupational therapists and physiotherapists, as required.

Inmates who participate in the structured day activities identified as part of the Frail Aged Program are registered with Corrective Services Industries for program payment. Once placed in that area, it becomes the Gaol of Classification for that inmate.

Criteria for placement in this unit:

- Male and 45 years or older (Aboriginal) or 55 years and older (Non-Aboriginal) (unless special circumstances)
- Placement has been recommended by the Aged Care Bed Demand Committee because the inmate has been identified as needing additional support for daily living such as walking frames, walking sticks or wheelchairs – or is vulnerable to being knocked over by other more active inmates
- Aged and frail – large periods of time spent sitting, weakness, tiredness, physical or sensory disability or incontinence, requires assistance to carry out routine tasks such as cleaning the cell

- Requires equipment such as shower chairs, toilet rails, bed rails, ramps, large print books, magnifiers etc.
- Has multiple medical problems, poly-pharmacy
- The inmate can be managed by the local clinic and does not require hospitalisation
- The inmate is currently not a self-harm risk or psychotic, and does not pose an immediate risk of harm to others
- The inmate does not have serious mental health concerns or advanced dementia
- An inmate who isolates himself in his cell or who is being bullied, at risk of elder abuse or generally not coping in the larger prison population
- A victim of standovers
- An inmate who is not able to access employment due to being aged and frail

Following are the criteria for excluding an inmate from the Kevin Waller Unit:

- An ongoing or recent history of violence/aggression
- Association alerts with inmates already in the unit
- Significant medical treatment requirements that cannot be addressed by local clinic staff
- High dependency issues requiring ongoing practical/physical assistance with daily living
- Active psychosis, significant self-harm risk, advanced dementia
- Well-established social support networks/family support in the general prison population
- An older inmate who is functioning well in the general population; e.g. independently completing all daily living, personal care and routine tasks, accessing employment, education and programs etc.
- Age alone

10.3 Mainstream Correctional Centres

Most aged and frail inmates will be in mainstream correctional centres; however, a few areas are set aside in some correctional centres to house older inmates exclusively. These areas are modified to meet physical requirements and provide access to required additional living resources. The correctional centres are situated around the State to facilitate access to family and allow for pre-release planning to a local community.

The following options must be considered when placing aged and frail inmates in mainstream correctional centres:

- Placement:
 - Ground floor;
 - Bottom bunk.
- Access to:

- Grab rails near toilet and shower cubicle;
- Shower chairs;
- Flexible shower hose;
- Seat or bench to sit on when drying;
- Non-slip shower floor surface;
- Toilet facilities;
- Shelves to keep clothes dry when showering;
- Work opportunities (physical access);
- Appropriate tasks.
- Easy access to the officer's station, clinic, OS&P staff, interview rooms, visits area, programs, library, exercise and chapel.
- Ramps (not steps) in yard with hand rails.

In addition, appropriate additional living resources are supplied as outlined below:

- Extra warm clothing;
- Beanies to be added to list of warm clothing;
- Access to winter clothing;
- Consideration is to be given to shoes which have been identified as more appropriate as part of falls prevention;
- Due to high levels of incontinence, there is provision of extra linen on site so that there is an ongoing supply including sheets, blankets, towels;
- Additional blankets;
- Access to laundry for clothing and linen;
- Access to supportive mattresses and pillows as well as bed boards as required;
- A wheelchair has been provided in some centres for use with escorting inmates who are unable to walk for long distances;
- Possible issue of SDS Disability Transport Certificates – contact SDS@justice.nsw.gov.au

11 Transport to and from court

Transport of aged and frail remandees from police or court cells to a remand centre must be carried out as a matter of priority. There are two transport vehicles with a special vehicle design for transporting aged and frail inmates. For access to court cells and for transport between Surry Hills or Amber Laurel and correctional centres, this transport option should be considered.

SDS Disability Transport Certificates are issued for all inmates in KWU which cover the whole of sentence. In addition, Certificates may also be issued to aged and frail inmates housed in mainstream correctional centres. Please contact SDS@justice.nsw.gov.au

12 Equipment

Equipment and assistive devices may be supplied from various sources. On entering custody, an inmate's personal disability equipment may need to be sourced from the community if it is specialised equipment needed to manage the disability.

Items supplied for use by individual inmates in their cells will be registered on the OIMS

Property list as their personal property with the code 'MED', signifying that it is for disability/medical needs. It then goes with the inmate on release. All items must be approved by Centre Management before being brought into the centre.

12.1 Equipment supplied by Statewide Disability Services (SDS)

SDS may provide some items on loan to be used by individual inmates or in whole group contexts. Items supplied for use by individual inmates in their cells will be registered on the OIMS Property list as a loan from SDS with the code 'SDS'. These items are also to be recorded on the OIMS Disability Screen. If disability or specialised equipment is needed, the request is to be sent to SDS via email at SDS@justice.nsw.gov.au.

Items for use by the whole group will be recorded on an SDS Transfer Form and documented in the SDS Equipment Register. They remain the property of SDS and should be collected and returned to SDS when the inmate is released.

12.2 Equipment supplied by Justice Health & Forensic Mental Health Network

Justice Health may provide some items to meet medical or disability needs.

Items supplied for use by individual inmates in their cells will be registered on the OIMS Property list as a loan from Justice Health with the code 'JHE'. It remains the property of Justice Health and should be collected and returned to Justice Health when the inmate is released.

All items are approved by Centre Management before being brought into the centre. If medical equipment is needed, this should be discussed with the local clinic or GP.

12.3 Equipment supplied by EnableNSW (via JH&FMHN)

EnableNSW provides appropriate assistive technology devices and specialised support services. Items supplied by EnableNSW for use by individual inmates in their cells will be registered on the OIMS Property list as their personal property with the code 'MED', signifying that it is for disability/medical needs. All items must be approved by Centre Management before being brought into the centre.

Equipment supplied by EnableNSW becomes the property of the person it is given to and goes with the person when released.



12.4 Equipment repairs

In instances where an inmate has an assistive device and there is a maintenance or repair issue, staff can complete the Disability Equipment Maintenance Referral Form. This form is to be sent to Statewide Disability Services who will arrange for repairs. This form can be used for all assistive devices, whether they belong to the inmate or to SDS.

When an assistive listening device requires replacement batteries, this is the responsibility of JH&FMHN staff at the inmate's location.

13 Annexures

13.1 Annexure 1 – Basic Aged Care Assessment Tool

  BASIC AGED CARE ASSESSMENT TOOL	SURNAME	MIN
	GIVEN NAMES	
	D.O.B. ____ / ____ / ____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	LOCATION	
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

DOMAIN	FUNCTIONALITY	SCORE
Bowels	0 = incontinent (or needs to be given enema) 1 = stoma 2 = occasional accident (once/week) 3 = continent	
Bladder	0 = incontinent, or catheterized and unable to manage 1 = catheter 2 = occasional accident (max. once per 24 hours) 3 = continent (for over 7 days)	
Grooming	0 = needs help with personal care 1 = needs prompting 2 = independent face/hair/teeth/shaving	
Toilet use	0 = dependent 1 = needs some help, but can do something alone 2 = needs rails 3 = independent	
Feeding	0 = unable 1 = needs help cutting, spreading butter, opening food etc. 2 = needs prompting 3 = independent	
Transfer	0 = unable – no sitting balance 1 = major help (one or two people, transfer board, hoist), can sit 2 = minor help (verbal or physical) 3 = independent	
Mobility	0 = immobile 1 = wheelchair 2 = walks slowly with help (verbal, physical or walking frame) 3 = independent (but may use any aid, e.g., stick)	
Dressing	0 = dependent 1 = needs help, but can do about half unaided 2 = needs prompting	

DOMAIN	FUNCTIONALITY	SCORE
	3 = independent	
Stairs	0 = unable 1 = needs help (verbal, physical, carrying aid) 2 = independent but some problems 3 = independent up and down	
Bathing	0 = dependent 1 = needs rails, shower chair etc 2 = needs prompting 3 = independent	
Vision	0 = blind / legally blind 1 = Glasses but still has problems 2 = No glasses but having vision problems 3 = No vision problems	
Hearing	0 = Hearing aids 1 = No hearing aids but has significant hearing difficulties 2 = No hearing aids but has mild hearing difficulties 3 = No hearing problems	
Memory	0 = Disoriented and needs constant assistance 1 = Disoriented and needs constant prompting 2 = Can be forgetful and need prompting on occasions 3 = independent	
	8 TOTAL SCORE /38	

Reference: With modifications from The Barthel Index

9 OTHER INDICATORS	10 COMMENT
Cognitive Function (e.g. wanders, aggression)	
Mental Health (e.g. depression)	
Chronic Conditions (e.g. diabetes, angina)	

Additional Comments:

Please attach any Falls Risk Assessment (completed by JH&FMHN) (see [ANNEXURE 2](#))

Information obtained by: _____ (Print name) _____ (Signature)

Information supplied by: _____ Contact number: _____

Date Completed ____/____/20____

13.2 ANNEXURE 2 – Falls Risk Assessment

NSW HEALTH		MRN	D.O.B. ____/____/____			
		SURNAME				
Justice Health		OTHER NAMES	MALE FEMALE			
		LOCATION				
FALLS RISK ASSESSMENT		COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE				
		Assessment to be completed upon admission, at time of condition change and weekly.				
Categories	0	1	2	3	Score	Score
Days since admission	On admission	Up to 7 days	8-14 days	Over 14 days		
Age	0-19 years	20-59 years	60-70 years	>70 years		
Falls History	No falls in the last year	Falls in last 6 months	Fall in last 3 months	Fall in last month		
Balance	Ambulates without assistive device	Ambulates with assistive device &/or one person	Needs assistive device & two people	Chair/bedfast stand & pivot with help		
Mental State	Orientated to time, place & person	Orientated to place & person	Orientated to person	Disorientated &/or impaired judgement &/or impulsive		
General Health	Well nourished, normal sleep pattern	Poor appetite &/or sleep disturbance	Severe sleep disturbance	Malnourished, weight loss		
Vision	Normal	Wears glasses	Blurred vision, cataract, glaucoma	Severe visual disturbance or blindness		
Speech	Normal	Speech defect but understood	Dysphasia/ language barrier	Severe defects or severe language barrier		
Medications	No effects	CV effectors eg. Beta-blockers, diuretics, anti-hypertensive	CNS effectors eg. Tranquilisers sedatives, psychotropics	Both CV & CNS effectors		
Chronic Illness	None	1 chronic condition	> 1 chronic condition	Multiple illnesses		
Incontinence	None	Increased frequency	Nocturia, stress incontinence	Urge incontinence, indwelling catheter, diarrhoea		
Total up all scores and implement appropriate interventions (Falls Risk Recommended Interventions Form)				Total Score:		
0-10 Low Risk		11-20 Medium Risk	21-33 High Risk			
Name: _____		Date: _____		Time: _____		
Signature: _____		Designation: _____				

BINDING MARGIN - NO WRITING

FALLS RISK ASSESSMENT

JUSTICE

File in the Admission Section

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14 Document information

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