



Newsletter of the Asian and Pacific Conference of Correctional Administrators  
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# Caring for Elderly Offenders



Challenges of An Ageing Prisoner Population in Western Australia Department of Corrective Services

Elderly Offenders in the Prisons Department of Malaysia

Healthcare Considerations for Older Offenders in Correctional Services of Canada

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# editor's note

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The trend of a rising population of elderly offenders in prison can be observed in many correctional and prison agencies around the world.

As a country progresses, more of its citizens are living longer and the population in prison also reflects that demographic development. When an elderly offender comes into the prison system, as custodians ensuring safety and security, we will find the healthcare of such an inmate to be of particular concern.

In Singapore, we currently have relatively few elderly offenders in prison but we expect this number to rise quickly as Singapore's population ages. We are exploring the challenges of managing elderly prison inmates and learning from counterparts experienced in this area.

The articles in this edition of the newsletter shed light on how elderly inmates are managed by APCCA members. Western Australia discusses the healthcare challenges of an ageing inmate population while Canada shares how the individual needs of the elderly offender are determined and managed. Malaysia talks about the admission process, prison routine and considerations when housing elderly inmates. Last but not least, continuing from the last edition, Solomon Islands provides us with another update of the events in their organisation.

I would like to again convey my sincere appreciation to the APCCA members who have contributed articles. Let us continue to share our experiences and achievements through this newsletter so as to broaden each other's perspectives and enrich the corrections community.

**Soh Wai Wah**  
**Singapore Prison Service**





# Caring for the Ageing Prisoner, A New Age Issue

Contributed by Department of Corrective Services, Western Australia

**Have prison health services become a grey area? Kim Smee looks at the challenge of an ageing prisoner population in Western Australia.**

Perth's Casuarina Prison Infirmary mimics a community hospital in many ways: the strong smell of disinfectants, the fluorescent lighting and the bare, grey, spotless floors that squeak when a wheelchair rolls over them. Staff at the infirmary are capable of responding to an extraordinary range of medical needs and anything they can't do (like a heart transplant) is outsourced to the public health system.

As a facility for maximum security prisoners, it has extra challenges less common in community care. But these challenges are not confined to dealing with the young, muscle-bound hot head prisoner stereotype. Our prisons have an equally challenging cohort on the rise – the ageing prisoner.

Clinical Nurse **Dave Venables** returns from his medication rounds when he is called out again to deal with a prisoner bleeding from the face. When he returns, Dave is unruffled. He has a calm and professional demeanour thanks to 11 years experience working with outpatients and prisoners in the infirmary.



*WA Prison Clinical Nurse D Venable*

I have come to ask him about ageing prisoners. It's well documented that Australia's general population is ageing, and so with it our prison population. Academics around the world are writing about the new challenges corrective services face with ageing prisoners. There are different theories on why it is happening – some say a tougher stance on law and order, others say an openness to deal with crimes committed decades earlier – but they all agree older prisoners bring with them greater health problems and with that greater care needs and high costs.

Dave thumbs through the charts on his clipboard. "Of the guys we have in here now, it looks as though one third is aged prisoners, which is quite a high proportion," he says. Casuarina also has an outpatient service which can see between 50-80 prisoners a day, of which Dave estimates about 20 per cent are older prisoners.

"I've been working at Casuarina infirmary a long time and without question we have been seeing an older population in here," he says. "Aged prisoners, and in particular the very elderly, have very high needs. Their skin is usually very thin and sensitive to injury, they have stiff joints and arthritic conditions which make the simple task of mobility a painful experience. Some need very intense care such as basic hygiene assistance. Elderly patients require a particular degree of care and focus, a specific style of nursing."

Dave can see real benefit in having a specialised unit in the near future, and a disability access unit has been considered. But the real story, he says, is how well the medical and nursing teams have responded to these prisoners' needs already. "I think the Casuarina Infirmary has risen to these challenges very well. There is an exceptionally well-qualified nursing team at Casuarina and the relationship between our health services staff and custodial, while historically quite good, is better than ever. "All the staff here have set a very high benchmark for the treatment of elderly patients and we are very proud of it."

While the infirmary has managed particularly well with its elderly patients to date, there will likely be a need for greater resources if the current trends continue. "I think the day probably will come when we need a geriatric unit," Dave says.



*A patient in Casuarina Prison infirmary*

Casuarina is not alone in having had to rise to these challenges in recent years. All prisons have found effective ways to cope with increased demand, particularly in the regions where prisoners have to be managed locally. Perhaps instead the question should be whether it is Corrections' role to treat largely incapacitated people, thereby adopting a role as a hospital or retirement home, rather than in institution for correcting behaviour.

Late in 2011 the Australian Institute of Criminology published a journal article titled 'Older Prisoners – A Challenge for Australian Corrections'. The paper pointed to statistics showing an 80.3 per cent increase in prisoners aged over 50 in Western Australia (WA) specifically between 2001 and 2010, 81.6 per cent nationally. The number of over 50 year olds in WA prisons increased from about 230 in 2001 to 430 in 2010, from 1,800 to 3,300 nationally. Over that same period the general WA prison population increased from 3,170 to 4,772 and the national prison population from 22,458 to 29,700.

‘Over 50’ might seem too young to label as aged or ageing but it is the agreed range in most criminology journals and it is also common for prisoners to have aged far worse than those in the community because of socioeconomic factors and lifestyle choices made before their incarceration.

The rising numbers of older prisoners has obvious implications for health services but it could also affect accommodation needs and require adjustments to program delivery. Older prisoners tend to be far less disruptive in custodial environments but they are also prone to depression and psychological problems, according to the literature.

Furthermore, research in Australia and the United States has identified that the cost of accommodating older prisoners is almost three times greater than it is for their younger counterparts. Clearly there are many future challenges for staff from most areas, including those working with offenders on parole or in program management.

While the issue of an ageing prison population has been recognised as a problem in UK, US, Canada and Australia, it could be considered a far more salient issue abroad than in WA. The number of older prisoners has increased by a few hundred here, but the US has had increases in the tens of thousands.

WA Corrective Services Commissioner Ian Johnson said the ageing population may not yet be a critical issue in the WA context, but it is still an increasingly salient one. “The more you examine the issue of caring for an ageing population the more issues seem to emerge,” he said. “Questions that must be asked include; how should we prepare for an increase in prisoners with dementia?”

“When does a prison become a hospital; or an aged care facility? Will we need to bring specialist medical teams into our infirmaries? And many more.”

“For example, I think we need to start a discussion about how we respond to the issue of providing palliative care for terminally ill prisoners. The financial burden and risks in relation to transporting such prisoners to and from a prison infirmary to hospital is astronomical. Should this be incumbent on corrections departments?”

“Similarly, the question has been raised about where these prisoners should die. Some may argue a prison is the least appropriate setting for such a patient however I know of several cases where terminally ill prisoners have specifically requested to spend their final days in the prison infirmary, surrounded by those who have cared for them and in the only “home” they have known for several years. Families want them to die outside of prisons but victims of their crimes would, in many instances, have a different view.”

“There is also the issue of a coronial inquest when a prisoner dies in custody, this requires the involvement of police, the coroner and can take some time before an inquiry is completed placing staff under stress.”

According to the Australian Bureau of Statistics, the ageing of Australia’s general population is, and will continue to be, one of the “most profound changes to occur in coming decades.” The prison population is likely to be no exception. This change will bring with it an interesting question: can a prison serve as a house for rehabilitation and home for retirement?



# Elderly Offenders in Malaysian Prisons

Contributed by the Prisons Department of Malaysia



## SEBERANG PERAI PRISON

The issue of managing elderly offenders in prison is not confined to a specific establishment. It is a growing problem in most countries around the world.

The number of elderly individuals breaking the law and being placed in prison is increasing and contributing to numerous problems for correctional facilities in terms of health care, nutrition, accommodation and other related issues.

In Malaysia, an elderly offender is referred to an inmate over the age of 60. This is in line with the definition at the “World Assembly on Ageing” 1982 by the United Nations.

For this edition, we shall share the initiatives by Penjara Seberang Perai (Seberang Perai Prison, Penang, Malaysia) and Taiping Prison, both in the northern part of Malaysia on managing their elderly inmates.



# General Management of Elderly Offenders in Seberang Perai and Taiping Prison



**TAIPING PRISON**

## In-House Clinic

Both prisons have a clinic where medical officers are permanently stationed to treat and medicate sick inmates. Sanitation and cleanliness are observed at all times with the use of disinfectants, fumigation, gloves and facial masks where necessary.

The health screening of elderly offenders include comprehensive screening to determine primary health care needs, which also covers mental health care including post-traumatic stress disorders and risk of suicide and self-harm and the existence of drug dependency.

Blood samples of inmates are also taken periodically and on a random basis. This will assist the prison authorities to take further action whether to segregate or send the inmate for treatment outside if need be. This is very crucial to prevent any outbreak of contagious or epidemic diseases.

The staff at the clinic also maintains proper record keeping of prisoners and their health related records so that recurrence of their

illness are easily managed as these records are used as references.

## Prison Hospital/Wards

The management makes available four wards where seriously ill prisoners are housed. There is one ward for psychiatric prisoners, one for tuberculosis prisoners, one for HIV/AIDS prisoners and one for prisoners with assorted health problems like amputees, provision of daily dressings and prisoners in plaster cast due to fracture.

## Diet

Special diets like high fiber bread, milk and vegetarian diet are provided upon recommendation from the Medical Officer.

## Daily Programme

Time	Activities
7.00 am	Roll Call
7.45 am	Breakfast
9.30 am	Healthcare/Counselling/ Civic/Religious Class
1.00 pm	Lunch
2.00 pm	Roll Call
2.30 pm	Vocational Session
4.00 pm	Leisure/Indoor Game
5.30 pm	Tea
6.00 pm	Roll Call
7.00 pm	Final Lock Up





## Religious Session

Elderly inmates are given opportunities to attend religious classes of their faith. Religious books are also made accessible to them.

## Counselling

Both prisons has a group of well trained and experienced counselling officers to cater for this particular group.

## Accommodation

The elderly inmates are placed at the ground floor due to their vulnerability and specific hygiene needs.

## Vocational Programme

Elderly offenders are allowed to work upon recommendation from the Medical Officer.



## Welfare Care

Welfare officers are also available at both prisons to look into the welfare and special needs of the inmates. Common problems like issuing spectacles for inmates with eye sight problems, wheelchairs for immobile inmates, letters and mail to the family and friends as well as liaising with the Registration Department for identity card renewals and the Immigration Department for passport renewal are handled by these Welfare Officers.

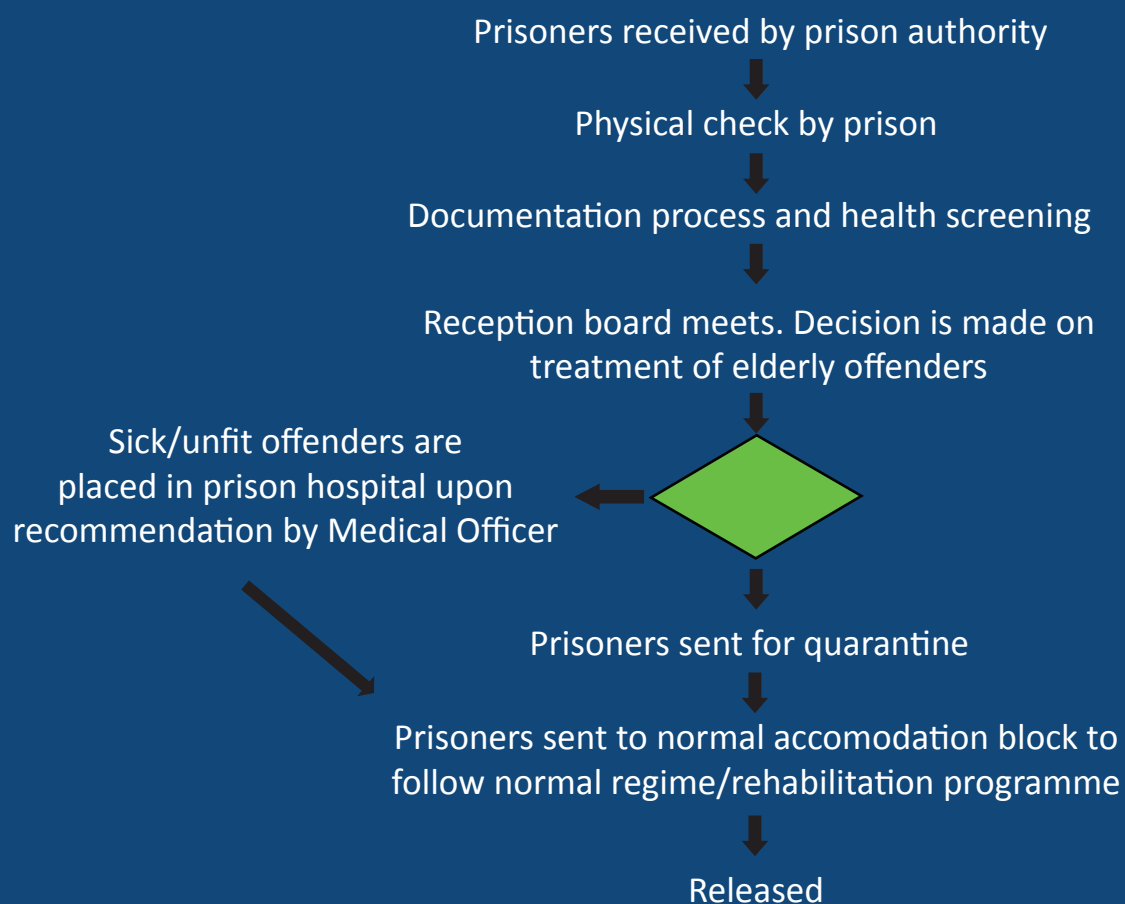


Elderly Offenders (Male)				
No	Age	Malaysian	Foreigner	Total
1	60 Years	10	0	10
2	61 Years	7		7
3	62 Years	2		2
4	63 Years	3		3
5	64 Years	1		1
6	65 Years	5		5
7	66 Years	2		2
Total		30		30

Elderly Offenders (Female)				
No	Age	Malaysian	Foreigner	Total
1	60 Years	1	0	1
2	61 - 66 Years	0		0
Total		1		1

Statistics : Seberang Perai Prison

## Flow Chart of Admission and Treatment of Elderly Offenders



## Current Practice in Malaysia in Compliance with UNSMR

	Malaysia	UNSMR
1.	<p><b>Registration</b></p> <p>Newly received elderly offenders will be provided with facilities to contact their relatives, access to legal advice and given information on prison regime and regulations.</p> <p>Personal data will also be uploaded in the SMPP (Personal Information of Inmates) system.</p>	<p>A bound registration book shall be maintained with the identity, reasons for commitment and day and hour of admission and release of prisoners.</p>
2.	<p><b>Accommodation</b></p> <p>The accommodation of elderly offenders shall have facilities and materials suitable for their health needs.</p> <p>Malaysian Prisons Department has implemented categorisation/classification method for prisons based on type of offences to better suit their rehabilitation needs.</p> <p>The elderly offenders will then be transferred to other prisons based on their type of offences.</p>	<p>Cells for individuals should not be used to accommodate two or more persons overnight; dormitory facilities are to be supervised at night.</p> <p>Cells and prison dormitories should provide adequate space, ventilation, lighting and sanitary facilities and are to be kept clean at all times.</p>
3.	<p><b>Rehabilitation Programme</b></p> <p>Prisoners deemed fit by the Medical Officer will be placed in a vocational programme specially designed for this category.</p>	<p>Treatment of prisoners under sentence shall be directed to achieve the capacity for law-abiding and self-supporting lives, utilizing professional services whenever possible.</p> <p>The Director shall receive full reports on the mental, social and physical status of prisoners under sentence of a suitable length directly after admission, keeping and updating this information in individual files.</p>



4.	<b>Religion</b>  (No different).	<p>If the institution contains a sufficient number of prisoners of the same religion, a qualified representative of each religion shall be appointed to hold services and pay pastoral visits.</p> <p>No prisoner shall be refused access to a qualified representative of a religion, nor shall he be required to entertain a religious visit he objects to.</p> <p>As far as is practicable, every prisoner is to be allowed to satisfy religious needs by attending services and possessing books of observance and instruction.</p>
5.	<b>Medical services</b>  (No different).	<p>A medical officer with some knowledge of psychiatry is to be available to every institution. Prisoners requiring specialised treatment are to be transferred to a civil hospital or appropriate facility.</p> <p>A qualified dental officer shall be available to every prisoner. Prenatal and postnatal care and treatment are to be provided by women's institutions; where nursing infants are allowed to remain with their mothers, a nursery staffed by qualified persons is needed.</p> <p>Every prisoner shall be examined by the medical officer shortly after admission; prisoners suspected of contagious diseases are to be segregated. The medical officer shall see all sick prisoners daily, along with those who complain of illness or are referred to his attention.</p> <p>The medical officer is to report to the director on prisoners whose health is jeopardised by continued imprisonment and on the quality of the food, hygiene, bedding, clothing and physical regimen of the prisoners.</p>



# Healthcare Considerations for Older Offenders

Contributed by Correctional Service of Canada

The Canadian population is growing older, with seniors now making up the fastest-growing age group in Canada. In 2011, the median age in Canada was 39.9 years, whereas in 1971, it was 26.2 years.

This trend is expected to continue for the next several decades due to a below-replacement fertility rate, an increase in life expectancy, and the aging of the baby boom generation (born between 1946 and 1965). In 2011, an estimated 5.0 million Canadians were 65 years of age or older, a number that is expected to double in the next 25 years to reach 10.4 million seniors by 2036. By 2051, about one in four Canadians is expected to be 65 or over.

The aging Canadian population is reflected in the offender population of the Correctional Services of Canada (CSC), the federal correctional system. In 2000, 12% of the federal inmate population was aged 50 or over, compared to 18% by 2009 and 20% in 2012. It is noteworthy that the majority (60%) grew old while incarcerated, while 40% were admitted at 50 years of age or older.

While the marker for “older” or “senior” in the general Canadian population is age 65, CSC has established age 50 as the age of an “older” offender. However, there is no clear consensus in the correctional

healthcare literature on what age constitutes an ‘older offender’ and definitions vary from 45 years and above to 65 years and above (Stojkovic 2007; Yorston & Taylor 2006).

Some have made a distinction between “older” and “elderly” where elderly is defined as 65 and above. Aday and Krabill (2013) identify three categories of older inmates; those incarcerated after age 50, those incarcerated before age 50 who grow old while incarcerated, and career criminals consistently imprisoned (ageing recidivist who receives many sentences of incarceration throughout their lifetime and return to incarceration at an older age).

In the final analysis, there seems to be agreement that based on typically lower socioeconomic status of offenders, high risk behaviours (smoking, drugs, alcohol, poor diets), greater rate of infectious diseases, lack of access to health care (or use of health care) along with, institutional stressors make offenders 10 to 15 years older physiologically than their chronological age (Aday and Krabill, 2013).

Regardless of the age used, older offenders pose challenges in correctional environments from determining their unique needs for accommodation, programs, and physical and mental health services. In CSC, determination of the individual needs of the older offender begin at admission.

Within 24 hours of admission, a nurse meets with each offender aged 50 and older to conduct an Intake Health Assessment to identify their health care need as early as possible.

As Table 1 shows, this includes identifying those at risk for falls, and screening for physical (including infectious diseases screening) and mental health issues requiring attention or affecting special housing, cell assignment, and/or programming. Special needs are communicated to case management and security staff and they are included in their planning.

Furthermore, within 14 days of admission, each older offender undergoes a comprehensive nursing assessment of

Continuum of health care		
Admission	Throughout Incarceration	Pre-Release
<b>Health screening and assessment for timeline identification of health care needs includes:</b> <ul style="list-style-type: none"> <li>• Intake Health Status Assessment (24 hour and 14 day)</li> <li>• Health Status Admission Assessment (for those ages 50 and older and/or those with self care needs)</li> <li>• Falls assessment if inmate is age 50 or older at admission</li> <li>• Mental health screening</li> <li>• Screening for infectious diseases</li> <li>• Reception Awareness Program</li> </ul>	<b>Primary Health Services include:</b> <ul style="list-style-type: none"> <li>• Ambulatory health clinics within the institution (nurse, physician, specialists)</li> <li>• Provision of pharmaceuticals</li> <li>• While incarcerated, when inmate reaches age 50, falls assessment &amp; If subsequent falls, a risk reassessment</li> <li>• Dental services</li> <li>• Diagnostics (lab work, x-ray)</li> <li>• Vision care</li> <li>• Palliative care</li> <li>• Opiate substitution therapy</li> <li>• Ongoing screening and treatment for infectious diseases</li> <li>• Ambulatory and inpatient psychiatric assessment and treatment</li> <li>• Admission to CSC inpatient hospital</li> <li>• Referral to community health service providers</li> <li>• Emergency services provided in the community</li> </ul>	<b>Interdisciplinary discharge planning is completed congruent to CSC's discharge planning guidelines in order to prepare offenders for release to the community.</b>

Table 1: Continuum of health care



their health history as well as a functional assessment to identify any deficiencies in the offender's ability to perform activities of daily living that would require further interventions in terms of occupational therapy, assistive devices, and personal assistance.

A health education program (Reception Awareness Program) is offered to inmates upon admission. This program provides general information on the prevention of infectious diseases and the health services offered by CSC. CSC also offers health education programs throughout incarceration to provide offenders with the knowledge and skills necessary to lead healthier lives both in institutions and in the community following release.

For example, the Choosing Health in Prisons (CHIPs) Program provides monthly health promotion and educational materials to inmates, with each month's theme focusing on a specific health issue. The middle column of Table 1 presents a partial list of services that are available to the older offenders throughout incarceration.

Older inmates are more likely to present with chronic health problems such as hypertension, diabetes, arthritis, cancer, emphysema, kidney, heart problems and hearing and visual impairment (Stal, 2012). The progression of chronic health conditions may lead to the need for hospice palliative care. At CSC, when an inmate is declared palliative by a physician, a multidisciplinary team is constituted and follows a set of specific guidelines to provide consistent end of life care with a focus on symptom management and psychosocial care.

There are several components to the program including: consultation with community palliative care physician specialists, pain management, attention to spiritual needs according to personal faith/beliefs (Chaplain/Elder), and an examination of eligibility for Parole By Exception / Royal Prerogative of Mercy (clemency, granted in exceptional circumstances in deserving cases by the Governor General or the Federal Cabinet), and opportunities for family contact.

Although CSC has its own inpatient units for physical and psychiatric care, consistent with the wishes of inmates, CSC's approach is to accommodate, as much as possible, older offenders in the general offender population and to rely on hospital care only when necessary. As necessary, special arrangements are made within the general offender population to accommodate those who have special needs.

For example, attention is given to physical requirements such as: step-stools to facilitate entry to, and exit from, escort vehicles; wheelchair entry and accessibility to living units and other areas of the institution; plumbing fixtures that accommodate inmates with physical disabilities; cells that safely accommodate oxygen bottles and equipment etc.

Some correctional institutions have developed support programs to assist with care, provide support and preserve the independence of the older offender as long as is possible.

For example, one of CSC's institutions implemented the Care Support Worker for Men Program in which offender peers provide basic care services in specific housing units. This may include delivering meals, assisting those in wheelchairs or with other mobility challenges to move within the institution, or to assist with basic personal hygiene.

In another institution, Personal Support Workers are available to assist older offenders with activities of daily living.

When older offenders are released into the community, it is essential that they have the necessary supports in place for successful reintegration. CSC currently has a framework to ensure appropriate release planning for offenders, including older offenders. The planning process for offenders may include a functional health care assessment and the identification of areas of concerns to be

addressed in the offender's release plan.

It is also important to CSC to support staff in their management of older offenders. To this end, in 2010, training modules were developed on hospice palliative care and on older offenders which include theories on aging, aging of body systems, assessment of the aging offender and behavioural issues such as depression.

As the ageing offender population continues to increase, addressing the special needs of this group will continue to pose significant challenges to all prison systems and likewise CSC will also have to grapple with these challenges.

## Endnotes

- i. Statistics Canada. Estimates of population, by age group and sex for July 1, Canada, provinces and territories, annual (CANSIM Table 051-0001). Ottawa: Statistics Canada, 2010.
- ii. Human Resources and Skills development Canada; Indicators of well being – <http://www4hrsds.gc.ca/.3ndic.1t.4r@-eng.jsp?iid=33>
- iii. Source of CSC Statistics: CSC Performance Management October 14, 2012
- iv. CSC Hospice Palliative Care Guidelines

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# General Update from Correctional Service of Solomon Islands

Contributed by Correctional Services of Solomon Islands



*New Gizo CC & Staff Housing Development 3D Plan*

## Site Works Updates

It is pleasing to report that after what seems like months of bad weather in Gizo, which has severely affected the earthworks program on the site, the weather patterns have changed for the better in recent days.

The construction site manager informs they are now working extremely hard to try and pull back some of the outstanding work, which includes completion of a range of major retaining walls, drainage arrangements linked to the various housing platforms and retaining walls as well as redistribution of fill material for drying out and compaction to fill areas on the site.

The construction of a range of gabion walls continues along the front of the site which will act as a barrier to any possible future tsunami with the actual new correctional centre foundations sitting above the agreed minimum level of 6 metres above the high water mark.

Agreement has also been reached by all stakeholders for the construction of an additional two new staff houses on the site, increasing the original number from 11 to 13. This is a major achievement and much welcomed by Correctional Service of Solomon Islands (CSSI) as the issue of sufficient staff housing for this centre is very crucial to the ongoing sustainability of operating the new facility.



We are advised that the process of finalizing an approved contractor to undertake the construction of the new correctional centre is expected to be completed by the end of this month. This activity is being undertaken through a standard administrative tender process which CSSI has representation in and is chaired by Sinclair Knight Merz (SKM).

## CSSI Steering Committee

CSSI has commenced the internal process of forming and implementing a steering committee to oversee the implementation of all tasks and activities required for the transition and commissioning of the new Correctional Centre (CC) and staff housing arrangements. This committee comprises all senior officers and responsible units within CSSI and it has been agreed that this committee will meet monthly. Included in this format is the ability to include other supporting stakeholders involved in this major project.

## Community Awareness Program

CSSI has continued to roll out an ongoing program of community awareness in the western province which commenced earlier this year. This program is led by the CSSI Programs and Industries Unit and has been undertaken with the support of Regional Assistance Mission to Solomon Islands (RAMSI) and includes wide communication and consultation with all community and stakeholder groups in Gizo and surrounding areas.

These community groups have included schools, villages, faith groups, NGO's, local business groups, essential services and the Western Province Government.



*Gabion Wall Construction – Filling gap in wall*



*Platform for 5 x Staff Houses – From eastern end*



*Type A Drain – On hill of CC Site*

This program is ongoing and includes all matters relating to the new CC and also the impact and community responsibilities associated with the construction of this important facility.

While there will be a continuing focus on consultation and communicating new developments of the new centre, there will be a developing focus to identify a suite of approved programs which will support the

four main streams of prisoner rehabilitation and reintegration when the new centre opens.

This process will continue into the new year and is crucial to ensuring CSSI provides programs which allow prisoners the opportunity to address serious offending behaviors while at the same time provide them with opportunities to improve their vocational skills so that upon release they are much better placed to become a valued member of their local communities.

## Rehabilitation and Reintegration



*Prisoners upskilled with knowledge from Solomon Islands College of Higher Education*

## More Prisoners in Certified Training

Rove Correctional Central Centre prisoners has provided with various rehabilitation programs, including education, faith based, vocational and life skills as well as programs that are specific to behaviours associated with offending.

Types of training conducted for prisoners by the Solomon Islands College of Higher Education include welding, small engine and outboard motor, computing, food and hygiene as well as Alcohol Anonymous meetings.

- 61 inmates graduated with SICHE certificates in small engine mechanic, chain saw, OBM, welding, carpentry and joinery.
- 32 inmates received certificates in computing, Alcohol Anonymous, food and hygiene and other life skills program.
- 32 inmates received certificates in literacy and numeracy.



## Church Feeding

The program officers have conducted church awareness initiatives to various churches around the Honiara community, public awareness in Gizo town and schools. The awareness initiatives are designed purposely for preparation of the community for the new correctional centre.

## Angel Tree Program

CSSI program officers organised an Angel Tree Program for prisoners' families especially their children on 22nd of December 2012. About 186 children received Christmas gifts.





## CSSI Christmas Program

During the Christmas period last year, a number of churches have committed to offer food for prisoners, conduct services and sing carols.

Sports, dancing and singing competitions were also organised by program officers for prisoners to keep them occupied.



*CSSI has also organised Santa Claus Candle Night for staff's children.  
A total of 876 children received Christmas gifts.*



## Infrastructure Development

The RAMSI, Law and Justice Program Unit approved a CSSI funding submission of AUD\$2.5M for the upgrade of infrastructure in the provincial prisons of Lata, Kirakira.

### Kirakira Correctional Centre Upgrade

CSSI & SKM will conduct a final inspection before signing the certificate of completion. RAMSI will seek additional funds for solar

lighting within Kirakira Correctional Centre, once the funding has been approved; Kirakira Correctional Centre will be 100% complete.

### Lata Correctional Centre Upgrade

Work has been interrupted due to the tsunami in Lata. The facilities in Lata Correctional Centre have been utilised for the relief effort and will last three months.

## Parole Board Setup

CSSI is now considering community based corrections as an option for the sentencing and releasing authorities to consider. However, legislative provisions for the release of prisoners to parole are already written into the Correctional Services Act. The challenge now is to pull all of this together and to develop a professional, well trained and supported community corrections or probation service, coordinated by one agency.

A project has been assigned to look into the review of the parole system for the Solomon Islands and have developed in stages.

1. Information gathering and consultation on the project (completed)
2. Providing report to the Permanent Secretary and Minister (completed)
3. Getting the direction from the Government (in progress, options on parole system provided to Ministry)
4. Manuals are being prepared (depended much on the direction from the Government)

## 2nd Pacific Islands Regional Correctional Women's Conference

The 2nd Pacific Islands Regional Correctional Women's Conference (PIRCWC) was held in Port Vila, Vanuatu from 3 – 7 December 2012. The theme for the conference was "Leftemup ol Woman" to emphasize the important role women have in the family, the workplace and the community. The three key conference topics; Capacity Building, Leadership and Sexual Harassment were identified by female correctional officers at the first PIRCWC as needing to be addressed in order to achieve gender equity.





More than 20 women from four Pacific Island countries, Vanuatu, Fiji, Solomon Islands and Papua New Guinea came together to share and learn from their experiences working in correctional services. Commissioners from Solomon Islands and Fiji attended the conference and had shown their support to the women for the way forward of the PIRCWC in future. Unfortunately, funding arrangements precluded other Pacific Island nations from attending.



Outcomes from the week - long conference included:

- Review and streamline the Pacific Island Regional Women in Corrections Gender Equity and Women's Development Action Plan;
- Review and update individual Country Action Plans with the inclusion of actions around gender equity and improvements to correctional centre management;
- Support and strengthen the Pacific Islands Correctional Women's Advisory Network to maintain close relationships and provide networking and sharing opportunities throughout the year;
- Provide current and relevant information and knowledge to conference participants in order to allow them to complete their individual Country Plans;
- Provide capacity building opportunities to local Vanuatu female correctional staff in facilitation, public speaking and leading group discussions.

For the 3rd PIRCWC in 2013, Cook Islands will be unable to host due to financial difficulties. However, plans are underway to see possibilities in Solomon Islands to host the 3rd conference. Papua New Guinea will host the 2014 PIRCWC and Fiji in 2015.



**MULTIMEDIA HUB**  
**Tanah Merah Prison, Singapore**



**APCCA Newsletter, May 2013 Issue no.34**  
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*Special thanks to the inmates at MMH for their dedication  
and commitment in the design and layout of this newsletter.*



**SINGAPORE  
PRISON SERVICE**

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