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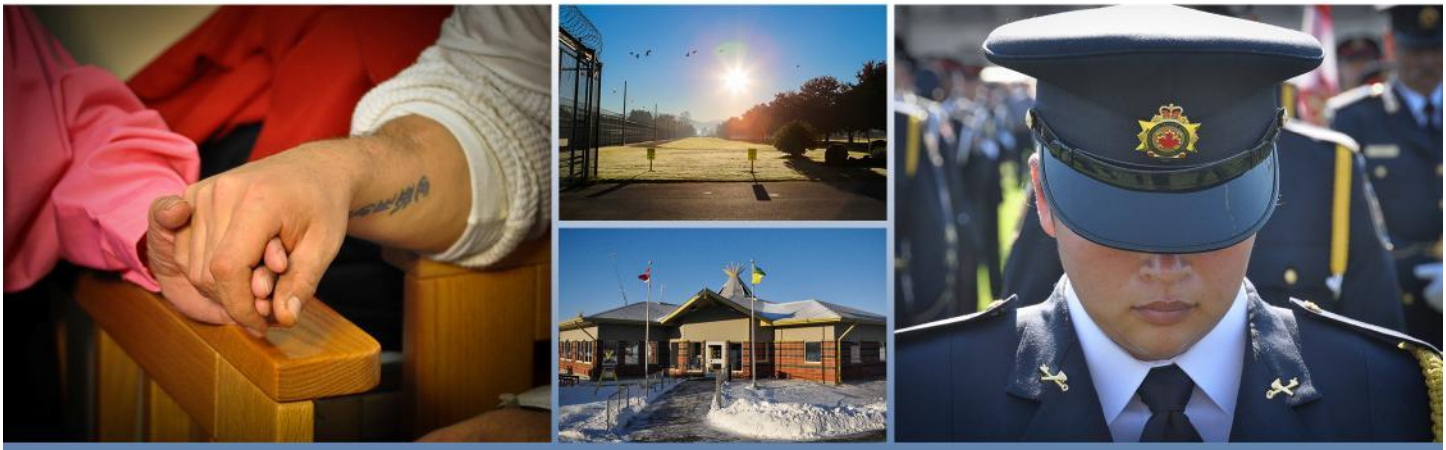

RESEARCH REPORT

Health and Well-being of Older Offenders on Conditional Release in the Community

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Health and Well-Being of Older Offenders on Conditional Release in the Community

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The research reported here would not be possible without the willing cooperation and patience of the 65 men and women who volunteered to participate in the study, in hopes that the information they provided might help to better the community release planning and support for older persons released from prison and re-entering what can be a lonely and sometimes frightening outside world.

The research reported here also parallels a larger study of the health care needs and well-being of older persons in the federal prison system undertaken by the Correctional Service of Canada. With the support and assistance of those involved in this larger research study, including Dan Heurter, RN, Nursing Project Manager – Older Persons in Custody, and Sandra MacLeod, Senior Health Policy Analyst both of NHQ Health Services, Correctional Service of Canada, along with Dr. John Hirdes, School of Public Health and Health Systems, University of Waterloo and Dr. Samir Sinha, Director of Geriatrics, Sinai Health System, the researchers from the Institute for Applied Social Research (IASR) at Nipissing University received training in the use of the interRAI ED-CA health care assessment instrument used in both studies, input into the design of the semi-structured interview protocol used in the community study, and ongoing encouragement and support.

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Executive Summary

Key words: *Older offenders, conditional release, health care needs, community experiences.*

Few studies have investigated the re-entry experiences and needs for health care and services among older offenders released from prison and living in the community, though in Canada and internationally older persons account for a growing proportion of offenders on release in the community. The current study reports on the results of in-person health care assessments and qualitative interviews with a sample of 65 older Canadian federal offenders aged 50 years or older on conditional release in the community, including men and women and those with Indigenous ancestry.

Compared to the chronologically older, non-offender, non-institutional population aged 65 or older, the older offender community sample participants are less likely to report problems with cognition or impairment in daily functioning, but are more likely to report mental health and alcohol abuse problems, along with dyspnea, recurring pain and traumatic injury.

The majority of older offender community sample participants report that the quality of health care services they received in the community is "10 times better outside" with better access to health care and other treatment services, and to more specialized treatment. Compared to long-term sentence offenders, recidivist and first time older offender participants are better able to re-establish connections with health care providers and to make use of family and friends to secure housing and employment. Compared to men, older women offenders have fewer financial resources, are more likely to experience their criminal record as a barrier to employment, to be unable to work due to disability, to have fewer family and other social supports, and are at greater long-term risk for institutionalized care. A majority of the Indigenous sample participants report that Indigenous resources in the community are important for their support and success in the community. Many of the older offender community sample participants demonstrate evidence of traumatic lives led and are often vulnerable to a poorer quality of life and more negative health outcomes compared to the older non-offender population.

The study findings point to the need to (1) conduct a broader study of older offenders in the community, (2) consider the experiences of older offenders on conditional release, in particular those who have served long sentences in their care and supervision in the community, and for women, (3) consider additional culturally-based initiatives to support all Indigenous offenders on conditional release, given the reliance on these by older Indigenous offenders and (4) pursue bolstering of policies that would include health care needs as a factor in parole release decision-making for older offenders, similar to policies enacted in a number of European and other correctional jurisdictions

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Introduction

In Canada (Iftene, 2017; Public Safety Canada, 2019; Zinger & Landry, 2019) and internationally (Canada, Barrenger, Robinson, Washington & Mills, 2019; Rope & Sheahan, 2018; UNODC, 2009), increases in the numbers of older persons in prisons are a growing concern for correctional systems. Recent studies of older offenders in prisons have documented both their complex needs for physical, psychological and social supports (Allenby & McConnell, 2012; Baidawi & Trotter, 2016; De Smet et al., 2017; Galli, Bretscheider, Elger, Handtke & Shaw, 2016; Maruschak, Berzofsky & Unangst, 2015; Nolan & Stewart, 2017; Stewart et al., 2015; Nowotny, Cepeda, James-Hawkins & Boardman, 2016; Williams, Ahalt, & Greifinger, 2014) and the challenges of providing specialized services for older offenders within current correctional institutions (Cipriani, Danti, Carlesi & Di Fiorino, 2017; du Toit et al., 2019; Zinger & Landry, 2019). Recent systematic reviews of research on older persons in prisons have been reported in Brown (2018) and Di Lorito, Völlm and Dening (2017).

Fewer studies have investigated the re-entry experiences and needs for services of older offenders released from prison and living in the community, though in Canada (Public Safety Canada, 2019) and internationally (Angus, 2015; Fazel, Hope, O'Donnell, & Jacoby, 2001; Maschi, Morrisey & Leigey, 2013a; Wyse, 2018) older persons account for a growing proportion of offenders on release in the community.

Older Offenders

There is no international consensus on what defines an 'older' offender, though age 50 is most common (Curtice, Parker, Wismayer & Tomison, 2003; Loeb and AbuDagga, 2006; Maschi, Viola & Sun, 2013b; Scaggs, 2017; UNODC, 2009). Criminal lifestyle factors and the circumstances of incarceration have been found to prematurely age those in prison by as much as 5 to 15 years compared to the other age groups in the general, non-offender population (Kouyoumdjian, Andreev, Borschmann, Kinner & McConnon, 2017; USDOJ, 2016; Williams et al., 2014). In Canada, age 50 is used to define an older offender (Iftene, 2016; Nolan & Stewart, 2017; Zinger & Landry, 2019).

The older prison population is composed of three main groups: (1) prisoners who grow old serving long-term sentences, (2) recidivists, those earlier convicted and imprisoned and now returned to prison at older age for committing a new offence, and (3) first time older prisoners with no prior criminal history (Gobeil, Allenby & Greiner, 2014; Nowotny et al., 2016; Stanback, 2011; UNODC, 2009). In Canada, the number of older persons in federal prisons has increased by almost 50% in the last decade, and older offenders now account for 25% of the federal prison population (Zinger & Landry, 2019).

Older Offenders on Release in the Community

Older offenders account for an even greater proportion of those on release from prison in the community, with 3,468 or 39% of Canadian federal offenders on conditional release in 2020 being 50 years of age or older (Public Safety Canada, 2022). Compared to younger offenders, older offenders on release in the community are less likely to breach release conditions and are a lower risk for recidivism (Gaes, Bales & Scaggs, 2016; Gobeil, 2008; Handtke, Wangmo, Elger & Bretschneider, 2017; Thompson, Forrester, & Stewart, 2015), but demonstrate unique, age-related challenges in re-adjusting to living in the community.

Parole officers may be poorly prepared to address the complex needs of older offenders re-entering the community, including physical and cognitive limitations that can prevent their participation in conventional supervision and community-based programs and treatment (Codd & Bramhall, 2002; Higgins & Severson, 2009; Maschi et al., 2013b; Williams & Abraldes, 2007; Williams et al., 2010). Older offenders may require specialized social work services to facilitate access to chronic care or supported living facilities, or to negotiate access to specialized medical, mental health, or geriatric assessment and treatment services (Williams & Abraldes, 2007). Lack

of social skills and financial resources, and resistance from the community may limit the extent to which older offenders can participate in age-appropriate community recreation programs and activities (Maschi et al., 2013b; Shapiro & Schwartz, 2001; Yorston & Taylor, 2006).

First time and recidivist older offenders returning to the community may be able to access pre-existing social networks that can be an important resource in facilitating access to housing, employment and other community supports (Visher & Travis, 2003; Western, Braga, Davis & Sirois, 2015). Long-term sentence older offenders are more likely to experience social isolation on release into the community, and greater difficulty in accessing community resources (Aday & Krabill, 2012; Maschi et al., 2013b; Stewart, 2000; USDOJ, 2016; Western et al., 2015). Older women offenders in particular are poorly prepared to return to the community, as they have fewer job skills, less income and are more vulnerable to victimization in the community (Aday & Krabill, 2011; Flores & Pellico, 2011; Gelsthorpe, Sharpe & Roberts, 2007; Shantz & Frigon, 2009).

Older offenders face significant challenges in finding employment on release into the community, including ageism, lack of education and employment skills, having a criminal record, and release conditions that may restrict them from engaging in some types of occupations (Maschi, Morgen, Westcott, Viola & Koskinen, 2014; Metzger, Ahalt, Kushel, Riker & Williams, 2017; Porporino, 2014; Psick, Ahalt, Brown & Simon, 2017; Nowotny et al., 2016; Scaggs, 2017). For many older offenders, the nature of their criminal offence (e.g. murder, assault, sexual offence) may deter potential landlords, including supported living facilities (nursing homes, long-term care facilities, seniors' residences) from making housing available to older offenders, placing them at risk for living in unstable housing, in poor or crime-ridden neighbourhoods (Clarke, 2017; Crawley, 2004; Gaes et al., 2016; Snyder, van Wormer, Chadha & Jaggers, 2009; Stewart, 2000; Wyse, 2018).

Access to an adequate income and to medical, dental and prescription medication benefits is a significant concern for older offenders in the community given the high prevalence of physical, mental health, and substance abuse disorders among this group (Visher & Travis, 2003; Visher & Mallik-Kane, 2007; USDOJ, 2016; Wyse, 2018). First time and recidivist older offenders returning to the community may be able to re-establish links with pre-existing health care and other treatment providers. Long-term sentence older offenders are more likely to rely on emergency rooms and clinics for health care, and to struggle to pay for medication and other

health care items (Clear, Rose & Ryder, 2001; Visher & Mallik-Kane, 2007; Williams et al., 2010; Wyse, 2018). Community mental health clinics may be reluctant to provide services to offenders, especially those with complex needs, including mental disorders in combination with substance use, antisocial personality disorder, or a record of serious violence or sexual offences (Corrigan, 2004; Frank, Wang, Nunez-Smith, Lee, & Comfort, 2014; Hoge, 2007; Snyder et al., 2009; Yorston & Taylor, 2006; Walker et al., 2013). Owing to the greater prevalence of physical and mental health problems and lack of financial resources among older women, they are especially likely to experience difficulties in accessing community health care and treatment resources (Aday & Farney, 2014; Aday & Krabill, 2011; Balis, 2007; Gelsthorpe et al., 2007). Higher rates of mortality among older offenders, including deaths due to drug overdose and suicide, have been reported (Kouyoumdjian et al., 2017; Pratt, Piper, Appleby, Webb & Shaw, 2006; Williams et al., 2010; Zlodre & Fazel, 2012).

Objectives of the Current Study

The current study reports on the results of in-person health care assessments and interviews exploring the re-entry experiences and needs for health care and other community services with a sample of 65 older Canadian federal offenders on conditional release in the community, including men and women and both Indigenous and non-Indigenous offenders. The objectives of the study are:

1. to employ a standardized health care screening instrument, the interRAI ED-CA, to assess the health care, cognitive and social support needs of a sample of older offenders living in the community;
2. to employ a semi-structured interview protocol to assess access to, and needs for health care and other community services of the sample participants; and,
3. to collect unstructured, open-ended responses describing the re-entry and community living experiences of the sample participants.

Method

Research Design

An in-person assessment and interview methodology was employed to conduct the research (Cresswell; 2018; Olson, 2011; Stuckey, 2013). The interRAI ED-CA (Costa et al., 2017), a standardized health care screening instrument, was verbally administered by the interviewers to each of the sample participants, followed by the administration of a semi-structured qualitative interview protocol combining closed-ended questions about health and wellness, social support, housing, employment and finances, community resources, personal/emotional issues, and connection to culture/spirituality with open-ended questions designed to further probe participants' perceptions of their experiences in the community (Brinkman, 2017; Kelly, 2010).

The study was conducted under the terms of the Memorandum of Understanding (MOU) between the Correctional Service of Canada and the Institute for Applied Social Research (IASR) of the School of Criminology and Criminal Justice at Nipissing University. The Nipissing University Research Ethics Board (NUREB) reviewed and approved the study according to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, including Chapter Nine – Research Involving the First Nations, Inuit and Métis Peoples of Canada (Government of Canada, 2014).

Participants

A non-proportionate quota sampling strategy based on known characteristics of the population of offenders aged 50 years or older and living in the community on conditional release was used to ensure representation from men, women and persons with Indigenous ancestry, and regional representation (Cresswell, 2018; Hoover et al., 2019; Morrow et al., 2007; Robinson, 2014). Over the course of the study participant recruitment period July 2019 – December 2019, Correctional Service of Canada staff regularly provided the IASR researchers with an updated list of the population of offenders on conditional release who met the study criteria. Parole offices in each of the regions with a sufficient number of potential participants were targeted for sample recruitment, including each of the quota groups of women, persons with Indigenous ancestry, men, and regional representation. An on-site contact at each targeted parole office was appointed to assist the researchers by contacting those who had been identified as

meeting the study criteria to solicit their participation and to arrange a time to meet with the researchers.

A total of $N = 65$ older offenders volunteered to participate in the study, with representation from each of the Atlantic, Quebec, Ontario, Prairie and Pacific regions of Canada. A breakdown of representation by region and participation rates is shown in Table 1.

The population of all offenders of ages 50 years and older in the community was selected for comparison purposes (N = 3,536). The interview participant and population groups were compared on demographics (sex, age, ethnicity, marital status) and offender characteristics (offence, sentence, and release types, criminogenic need and criminal history risk profiles). Differences between the interview participants and the population of older offenders on release may be due in part to oversampling women and Indigenous offenders for the interviews.

Table 1
Number of sample participants (N = 65) and number unable to contact, did not show, or declined or withdrew from interview, by location and region

Location	Region	Participants		Unable to Contact/No Show		Declined/ Withdrew		Total Sample Frame	
		%	(*n*)	*%*	(*n*)	*%*	(*n*)	*%*	(*n*)
Halifax/Dartmouth	ATL	4.6	(3)	9.1	(1)	-	-	5.2	(4)
Vancouver	PAC	27.7	(18)	36.4	(4)	-	-	28.6	(22)
Edmonton	PRA	30.8	(20)	27.3	(3)	100.0	(1)	31.2	(24)
North Bay Parole	ONT	6.2	(4)	-	-	-	-	5.2	(4)
Sudbury Parole	ONT	7.7	(5)	-	-	-	-	6.5	(5)
Toronto	ONT	7.7	(5)	9.1	(1)	-	-	7.8	(6)
Montreal	QUE	15.4	(10)	18.2	(2)	-	-	15.6	(12)
Total All Locations		100.0	(65)	100.0	(11)	100.0	(1)	100.0	(77)

The demographic and offender characteristics profile for the sample participants and the population of non-participants who met the study criteria is shown in Table 2. Owing to the intentional over-sampling of women and those with Indigenous ancestry, there is a statistically significant difference in the distribution of men and women χ^2 (1, n = 3601) = 4.040, $p = 0.044$) and for ethnicity χ^2 (2, n = 3601) = 15.042, $p = 0.000$) between the participant sample and the

population of non-participants. In addition, there is a statistically significant difference both in the distribution of release types χ^2 (3, n = 3599) = 8.050, p = 0.044) with day parole more common amongst the sample participants, and for community functioning needs at release (χ^2 (4, n = 2,540) = 10.677, p = 0.030), with the sample participants demonstrating higher levels of need for support. Though the average age of the sample participants at release is statistically significantly greater than among the population of non-participants (t (3599) = 2.200, p=.028), there is no significant difference in average age between sample and population at the midpoint of the study period July 2019 – December 2019. For most of the demographic and offender characteristics, there is no significant difference in their distribution between the sample participants and the population of non-participants.

Table 2

Demographic and offender characteristics of sample participants (N = 65) and population of community correctional non-participants (N = 3,536)

Characteristic	Sample Participants		Population of Non-Participants		χ^2	*df*
	%	(*n*)				
Sex						
Women	12.3	(8)	6.2	(219)	4.040*	1
Men	87.7	(57)	93.8	(3317)		
Average age at release in years (s.d.)	56.3	(10.5)	53.3	(10.9)	$t = 2.200$*	3599
Average age at study midpoint (s.d.)	61.2	(7.8)	61.4	(8.6)	$t = 0.186$	3599
Ethnicity						
Indigenous	30.8	(20)	14.0	(497)	15.042***	2
White	58.5	(38)	76.0	(2686)		
Other	10.8	(7)	10.0	(353)		
Marital status						
Single	43.1	(28)	36.9	(1305)	1.137	3
Married/common-law	32.3	(21)	37.5	(1325)		
Separated/divorced/widowed	18.5	(12)	19.2	(679)		
Other/unknown	6.1	(4)	6.4	(227)		
Major admitting offence						
Homicide related	43.1	(28)	47.2	(1670)	4.667	5
Robbery	6.2	(4)	4.2	(147)		
Drug offences	6.2	(4)	11.5	(408)		
Assault/other violent offences	9.2	(6)	5.2	(184)		
Sexual offences	21.5	(14)	19.5	(690)		
Property/other non-violent offences	13.8	(9)	12.4	(437)		
Sentence type						
Indeterminate	46.2	(30)	46.2	(1634)	0.000	1
Determinate	53.8	(35)	53.8	(1902)		
Release Type						
Day parole	83.1	(54)	72.5	(2564)	8.050*	3
Full parole	1.5	(1)	7.7	(273)		
Statutory release	12.3	(8)	17.1	(604)		
Long term supervision	3.1	(2)	2.3	(82)		
*missing	-	-	0.4	(13)		
Criminogenic need level (at release)						
Low	24.6	(16)	15.3	(542)	3.554	2
Medium	41.5	(27)	46.8	(1656)		
High	26.2	(17)	24.6	(870)		
*missing	7.7	(5)	13.2	(468)		

Table 2 (cont'd)
Demographic and offender characteristics of sample participants (N = 65) and population of community correctional non-participants (N=3,536)

Characteristic	Sample Participants		Population of Non-Participants		χ^2	*df*
	%	(*n*)	%	(*n*)		
Criminal history risk level (at release)						
Low	13.8	(9)	13.7	(483)	0.053	2
Medium	36.9	(24)	35.3	(1247)		
High	41.5	(27)	37.8	(1338)		
*missing	7.7	(5)	13.2	(468)		
Community Functioning Need - Release						
Asset to community adjustment	3.1	(2)	2.6	(93)	10.667*	4
None	33.8	(22)	43.8	(1550)		
Low	18.5	(12)	10.9	(385)		
Medium	23.1	(15)	11.1	(391)		
High	3.1	(2)	1.9	(68)		
*missing	18.5	(12)	29.7	(1049)		
Employment Need - Release						
Asset to community adjustment	9.2	(6)	3.3	(118)	7.456	4
None	24.6	(16)	29.2	(1033)		
Low	27.7	(18)	22.1	(782)		
Medium	20.0	(13)	14.6	(517)		
High	-	-	1.0	(37)		
*missing	18.5	(12)	29.7	(1049)		
Marital/Family Need - Release						
Asset to community adjustment	1.5	(1)	2.2	(79)	3.410	4
None	27.7	(18)	30.6	(1081)		
Low	21.5	(14)	16.1	(569)		
Medium	21.5	(14)	16.7	(591)		
High	9.2	(6)	4.7	(167)		
*missing	18.5	(12)	29.7	(1049)		
Personal/Emotional Need - Release						
Asset to community adjustment	-	-	-	-	4.328	4
None	6.2	(4)	9.6	(338)		
Low	23.1	(15)	13.1	(463)		
Medium	33.8	(22)	32.7	(1158)		
High	18.5	(12)	14.9	(528)		
*missing	18.5	(12)	29.7	(1049)		

Table 2 (cont'd)
Demographic and offender characteristics of sample participants (N = 65) and population of community correctional non-participants (N=3,536)

Characteristic	Sample Participants		Population of Non-Participants		χ^2	*df*
	%	(*n*)	%	(*n*)		
Substance Abuse Need - Release						
Asset to community adjustment	-	-	-	-	1.179	4
None	30.8	(20)	31.2	(1103)		
Low	18.5	(12)	14.9	(526)		
Medium	23.1	(15)	16.2	(574)		
High	9.2	(6)	8.0	(284)		
*missing	18.5	(12)	29.7	(1049)		

* $p < .05$, ** $p < .01$, *** $p < .001$

Measures/Material

Paralleling a larger CSC Health Services study of the health care needs of older offenders in correctional facilities that was completed in November 2020, the interRAI ED-CA (Costa et al., 2017), was employed to assess the health care needs of the community sample participants. The interRAI Emergency Department Contact Assessment (ED-CA) is a brief assessment comprised of 39 clinical indicators and computational algorithms designed to identify common physical, cognitive and social issues that may require further attention or treatment (Costa et al., 2017). The assessment can be completed in approximately fifteen minutes, and identifies thirteen problem areas possibly requiring clinical intervention, along with yielding algorithm scores for four scales, including the Assessment Urgency Algorithm, Institutional Risk Scale (risk for admission to long-term care), Self-Reported Mood Scale and Pain Scale (Costa et al., 2017). The validity and reliability of the interRAI ED-CA have been established in international, multi-site studies (Brousseau et al., 2018; Costa et al., 2014; Hirdes et al., 2008; Wellens et al., 2011; 2012).The interRAI ED-CA has been used extensively in assessing the health, cognitive status and functionality in daily living activities of older adults seen in emergency rooms, and has proved valuable in informing geriatric care and discharge-planning processes (Costa et al., 2014; Devriendt et al., 2018; Gray et al., 2013). The use of this standardized assessment tool allows direct comparisons to published research involving Canadians ages 65 and older.

Combining additional interview questions on criminal history and perceptions of aging used in the larger correctional facilities study with questions derived from an extensive review of the literature on older offenders (Brown, 2018), and semi-structured questions adapted from

previous studies of federal offenders on community release (Brown et al., in review), a twenty-two page, seventy-three question semi-structured interview protocol was developed for administration to the sample participants (Appendix A) following completion of the interRAI ED-CA assessment. In addition to a number of broad, open-ended questions about participants' perceptions and experiences of older age and questions on demographic background and incarceration history, a combination of closed-ended, numerically-scored binary and nominal classification questions, followed up with open-ended responses, were asked of the sample participants spanning the categories Part A - Health and Wellness, Part B - Family Friends and Social Relationships, Part C - Housing and Community, Part D - Avoidance of Substance Misuse, Part E – Personal/Emotional and Part F – Connection to Culture/Spirituality.

The interview sessions took between thirty minutes and one and one-half hours to complete, and were manually transcribed by the researchers or, with the permission of the participant, digitally recorded. The interRAI ED-CA assessment data and numerically scored interview protocol data were later entered into the IBM SPSS Statistics 26 (IBM Corporation, 2019) program for analysis and reporting. Sample participants' verbal responses were transcribed and entered into the qualitative data analysis program NVivo 12 Pro (QSR International, 2018) for the purposes of coding, classifying and reporting responses. The transcribing and qualitative coding of verbal responses was reviewed by at least two of the IASR researchers to ensure inter-rater reliability (Campbell, Osserman & Pedersen, 2013).

Assessor Training. Members of the IASR research team were trained in the administration of the interRAI ED-CA by the Nursing Project Manager – Older Persons in Custody, NHQ Health Services, Correctional Service Canada, who was responsible for training and coordinating CSC nursing staff administering the instrument in the prison facilities. Over the course of the day long training session, IASR staff were familiarized with the interRAI ED-CA instrument and observation and data recording procedures, along with being presented with and evaluated on a number of example assessments.

To ensure consistency in completion of the interRAI ED-CA and the semi-structured interview protocol with the sample participants, two members of the research team were present at each of the scheduled sessions. The pairing of the researchers in teams of two at each of the parole office sites further helped to ensure the validity of the study findings by making certain that any questions about the interpretation of terms, or scoring or transcribing of the data could

be immediately addressed (Cho & Trent, 2006; Cypress, 2017; Jones, 2007; Patenaude, 2004; Wodak & Meyer, 2001).

Procedure/Analytic Approach

Participant Recruitment. Two members of the IASR research team were dispatched to conduct interviews at parole offices with a sufficient number of potential participants to ensure an adequate response rate, including women and those with Indigenous ancestry. In advance of each visit, an information letter was sent by the Director General, Strategic Policy and Planning CSC, explaining the research and asking for an on-site contact to be named to assist the IASR researchers in making arrangements to conduct the research. Upon arriving at each research site, the IASR researchers would meet with the designated on-site contact to review arrangements and to provide any clarification or additional information if required. With the support and assistance of the manager and staff, interviews with the older offender sample participants were conducted by the IASR researchers at the parole office in a room set aside for that purpose.

Informed Consent and Data Management. The IASR researchers provided volunteers with a verbal summary of the informed consent form, and encouraged them to ask questions about the procedures to be employed and the terms of their participation. All participants were then asked to sign a paper copy of the informed consent form, including permission to access their Offender Management System (OMS) file, prior to proceeding with the interviews. Participants were provided with a $20.00 Tim Horton's gift card to compensate them for their time and travel to attend the interview. Debriefing procedures were outlined on the consent form. Interviews were conducted in English at the North Bay, Sudbury, Toronto, Vancouver, Edmonton and Halifax/Dartmouth parole offices, and in French or English at the Montreal parole office. A data file with the sample participants' demographic and offender characteristics was created by CSC Interventions and Women Offenders Research staff for the purposes of the data analysis and reporting of results.

Analytic/Statistical Techniques. Chi-square analyses and Student's t-tests of differences between means were conducted to identify statistically significant differences in demographic or offender characteristics between the sample participants and non-participant comparison population, using IBM SPSS Statistics 26 (IBM Corporation, 2019). Frequency counts and percentages are reported for the interRAI ED-CA assessment data and the numerically-scored

interview protocol questions.

Though the sample of older offenders employed in the current study is large in comparison to most qualitative studies (Kim, Sefcik & Bradway, 2016; Vasileiou, Barnett, Thorpe & Young, 2018) reported results should be interpreted with caution, and are best viewed as exploratory and suggestive of areas requiring broader study (Hunter & Howes, 2020).

Results

interRAI ED-CA Assessment

Results of the interRAI ED-CA assessment for the older offender community sample are reported in Table 3.

Only a small proportion of the community sample participants (6.3%) reported having stayed in hospital in the previous 90 days, with fifteen percent (15.6%) attending the emergency department in the last 90 days. A majority (70.3%) of participants reported none or fewer than two visits with a physician in the last 90 days. Participants reported low levels of functional impairment, including cognitive skills (0%), ability to understand others (95.3%); Activities of Daily Living (ADLs; < 4%); and Instrumental Activities of Daily Living (IADLs; < 5%). Risk for institutionalization in a long-term care setting was scored as low for the majority of participants (82.8%).

Reports of mental health or alcohol use problems among the community sample participants were infrequent, including any recent change in mental status (9.4%), hallucinations or delusions (0%) and consumption of alcohol to point of intoxication (3.1%). Reports of problems in mood as measured by the mood scale were more frequent (21.9%). Although a majority of the community sample participants rated their overall health as 'excellent' (12.5%) or 'good' (48.4%), and most were assessed as 'self-reliant' (93.8%), still a large proportion of participants in each group reported problems with dyspnea (42.2%), recurring pain as measured by the pain scale (68.7%) and traumatic injury during their lifetime (40.6%;).

Compared to the non-offender, non-institutional population aged 65 or older, in which 88.4% of those included in the Canadian Long-Term Study on Aging rated their health status as "good' to excellent' (Raina et al., 2019), older offenders in the community sample rate their health status less positively (60.9%). On the other hand, older offenders living in the community are much less likely to report problems with cognition or impairment with ADL's or IADL's (<10%) compared to the non-offender older population, where it is estimated that 20% or more have moderate to severe impairment in cognitive functioning and in completion of ADL's and IADL's (Gilmour, 2011).

Table 3

interRAI ED-CA assessment results, community sample participants (N = 64)[a]

interRAI Assessment		Community Sample %	(*n*)
Section A - Identification Information			
Gender			
	Women	10.9	(7)
	Men	89.1	(57)
	Other	-	-
Age group			
	50 – 54	23.4	(15)
	55 - 59	25.0	(16)
	60 - 64	14.1	(9)
	65 - 69	21.9	(14)
	70 - 74	9.4	(6)
	75 - 79	4.7	(3)
	80 and older	1.6	(1)
Lives alone			
	No	68.8	(44)
	Yes	31.3	(20)
Section B - Intake and Initial History			
Family/friends overwhelmed			
	No	93.8	(60)
	Yes	6.3	(4)
Support person for discharge			
	No	10.9	(7)
	Yes	62.5	(40)
	Lives in institutional setting	26.2	(17)
Receiving community health/social services last 90 days			
	No	56.3	(36)
	Yes	17.2	(11)
	Lives in institutional setting	26.6	(17)
Acute hospital overnight stay last 90 days			
	No	93.8	(60)
	Yes	6.3	(4)
Emergency department visit last 90 days			
	No	84.4	(54)
	Yes	15.6	(10)

Table 3 (cont'd)
interRAI ED-CA assessment results, community sample participants (N = 64)[a]

interRAI Assessment		Community Sample %	(*n*)
Physician visits previous 90 days			
	None	28.1	(18)
	1-2	42.2	(27)
	3-5	14.1	(9)
	6 or more	15.6	(10)
Time since last hospital visit previous 90 days			
	No hospitalization	93.8	(60)
	31-90	4.7	(3)
	15-30	-	-
	8-14	-	-
	In last 7 days	1.6	(1)
	Transferred from other hospital	-	-
Section C – Clinical Evaluation			
Cognitive skills daily decision-making			
	Independent	100.0	(64)
	Modified/any impairment	-	-
Ability to understand others			
	Understands	95.3	(61)
	Usually	4.7	(3)
	Often	-	-
	Sometimes	-	-
	Rarely/never	-	-
Acute change in mental status from usual functioning			
	No	90.6	(58)
	Yes	9.4	(6)
Inappropriate or abusive behaviour last 3 days			
	No	100.0	(64)
	Yes	-	-
Presence of hallucinations last 24 hours			
	Not present	100.0	(64)
	Present but not exhibited	-	-
	Present and exhibited	-	-
Presence of delusions last 24 hours			
	Not present	100.0 (64)	
	Present but not exhibited	-	-
	Present and exhibited	-	-

Table 3 (cont'd)
interRAI ED-CA assessment results, community sample participants (N = 64)[a]

interRAI Assessment		Community Sample %	(*n*)
Consumed alcohol to point of intoxication last 7 days			
	No	96.9	(62)
	Yes	3.1	(2)
Self-reported mood - little interest or pleasure in things you normally enjoy?			
	Not in last 3 days	87.5	(56)
	Not in last 3 days, but often feels that way	3.1	(2)
	1-2 of last 3 days	4.7	(3)
	Daily in last 3 days	4.7	(3)
	No response	-	-
Self-reported mood - anxious, restless or uneasy?			
	Not in last 3 days	85.9	(55)
	Not in last 3 days, but often feels that way	1.6	(1)
	1-2 of last 3 days	4.7	(3)
	Daily in last 3 days	7.8	(5)
	No response	-	-
Self-reported mood - sad, depressed, or hopeless?			
	Not in last 3 days	82.8	(53)
	Not in last 3 days, but often feels that way	4.7	(3)
	1-2 of last 3 days	6.3	(4)
	Daily in last 3 days	6.3	(4)
	No response	-	-
Self-reported health – in general, rate your own health			
	Excellent	12.5	(8)
	Good	48.4	(31)
	Fair	21.9	(14)
	Poor	17.2	(11)
	No response	-	-
ADL Self-performance and capacity - bathing			
	Independent or set-up help only	96.9	(62)
	Supervision or physical assistance	3.1	(2)

Table 3 (cont'd)
interRAI ED-CA assessment results, community sample participants (N = 64)[a]

interRAI Assessment		Community Sample %	(*n*)
ADL Self-performance and capacity – personal hygiene			
	Independent or set-up help only	100.0	(64)
	Supervision or physical assistance	-	-
ADL Self-performance and capacity – dress lower body			
	Independent or set-up help only	98.4	(63)
	Supervision or physical assistance	1.6	(1)
ADL Self-performance and capacity - locomotion			
	Independent or set-up help only	96.9	(62)
	Supervision or physical assistance	3.1	(2)
IADL Self-performance and capacity – managing medications			
	Independent or set-up help only	95.3	(61)
	Supervision or any assistance	4.7	(3)
IADL Self-performance and capacity – stairs			
	Independent or set-up help only	95.3	(61)
	Supervision or any assistance	4.7	(3)
Falls			
	None last 90 days	87.5	(56)
	None last 30 days, but fell last 31-90	1.6	(1)
	One fall in last 30 days	3.1	(2)
	Two or more falls in last 30 days	7.8	(5)
Dyspnea (shortness of breath)			
	Absence of symptoms	57.8	(37)
	Absent at rest, present with moderate activity	21.9	(14)
	Absent at rest, present with normal activity	14.1	(9)
	Present at rest	6.3	(4)
Pain symptoms			
	No pain	31.3	(20)
	Present but not exhibited last 3 days	7.8	(5)
	Exhibited on 1-2 of last 3 days	15.6	(10)
	Exhibited daily in last 3 days	45.3	(29)

Table 3 (cont'd)
interRAI ED-CA assessment results, community sample participants (N = 64)[a]

interRAI Assessment		Community Sample %	(*n*)
Intensity of highest pain level present			
	No pain	29.7	(19)
	Mild	6.3	(4)
	Moderate	21.9	(14)
	Severe	25.0	(16)
	Horrible or excruciating	17.2	(11)
Nutritional issues – noticeable decrease food or fluids consumed last 3 days			
	No	95.3	(61)
	Yes	4.7	(3)
Nutritional issues – noticeable weight loss last 30 – 180 days			
	No	85.9	(55)
	Yes	14.1	(9)
Conditions/diseases make cognitive, ADL, mood, behaviour unstable			
	No	98.4	(63)
	Yes	1.6	(1)
Traumatic injury			
	No	59.4	(38)
	Yes	40.6	(26)
Section D – Discharge module			
Algorithm scores			
Self-reliance			
	0 (is self- reliant)	93.8	(60)
	1 (not self-reliant)	6.3	(4)
Assessment urgency			
	1 (low)	60.9	(39)
	2	7.8	(5)
	3	25.0	(16)
	4	4.7	(3)
	5	-	-
	6 (high)	1.6	(1)

Table 3 (cont'd)
interRAI ED-CA assessment results, community sample participants (N = 64)[a]

interRAI Assessment		Community Sample %	(*n*)
Mood Scale			
	0	78.1	(50)
	1	4.7	(3)
	2	3.1	(2)
	3	1.6	(1)
	4	3.1	(2)
	5	-	-
	6	3.1	(2)
	7	3.1	(2)
	8	-	
	9	3.1	(2)
Pain (0-4)			
	0 (none)	31.3	(20)
	1	7.8	(5)
	2	20.3	(13)
	3	25.0	(16)
	4 (daily, excruciating)	15.6	(10)
Emergency Department revisit risk (1-5)			
	1 (low)	75.0	(48)
	2	18.8	(12)
	3	1.6	(1)
	4	1.6	(1)
	5 (high)	3.1 (2)	
Institutional risk (1-5)			
	1	82.8 (53)	
	2	3.1	(2)
	3	1.6	(1)
	4	6.3	(4)
	5	4.7	(3)

Note: One participant did not complete the interRAI ED-CA assessment during the interview, case excluded from table calculations

The frequency of falls among the older offender participants is comparable to that found (12.3% - 20%) among the older non-offender, non-institutional population (Gilmour, 2011). Revisits to the emergency room by older offender community sample participants (25.0%) are comparable in frequency to estimates among older non-offenders (20% - 40%) (Galvin et al., 2017; Sheikh, 2019). Visits to primary health care providers are similar in frequency among the older offender community sample and the non-offender, non-institutional older population, with

frequent visits more common among both offender and non-offender older women (CIHI, 2011; Hu et al., 2017).

Older offenders in the community sample are more likely to report mental health problems and alcohol use compared to the older, non-offender, non-institutional population, and older men offenders report four to eight times the frequency of symptoms of depression or anxiety compared to their older non-offender counterparts (Mosier et al., 2010; Raina et al., 2019). More than 40% of offenders in the community sample report experiencing chronic pain as measured by a score of 3 or more on the interRAI ED-CA pain scale, compared to estimates of 26.7% among those 65 and older living in the community (Ramage-Morin, 2008).

Distribution of the interRAI ED-CA results for the community sample participants by gender and by Indigenous ancestry are reported in Table B1 and Table B2 in Appendix B. Though overall there are few variations in the distribution of the symptoms or needs for care between those with Indigenous ancestry and those without, there are a number of substantive differences between men and women. Women participants (Table B1) in the older offender community sample are younger than the men, and less likely to have recently visited the emergency department or to have been hospitalized. On the other hand, women are more likely to have frequent (3 or more) visits to their physician in the last 90 days (W: 42.9%; M: 28.0%), to report

problems with bathing or climbing stairs, to have had two or more recent falls, and much more likely to report daily pain symptoms (W: 85.7%; M: 40.4%), or horrible or excruciating pain (W: 57.1%; M: 12.3%). Women participants are more likely to be assessed as not self-reliant (W: 28.6%; M: 3.5%) and at greater risk for institutionalization (W: 42.9%; M: 14.0%). Overall, women community sample participants report no mental health problems or use of alcohol, but demonstrate a greater number of physical health-and pain related problems compared to men.

Compared to results reported for participants in the larger correctional facilities study of the health care needs of older offenders (Hirdes et al., 2020) there are few differences in health care needs among the conditional release participants. However, those living in the community are statistically significantly more likely to report dyspnea χ^2 (3, n = 1486) = 8.037, p = 0.045) and notable weight loss in the last 30 – 180 days χ^2 (1, n = 1486) = 8.400, p = 0.004). Older offenders living in the community are also significantly more likely to report experiencing more intense levels of pain χ^2 (4, n = 1486) = 42.566, p = 0.000) and higher scores on the pain scale χ^2

(4, n = 1486) = 519.339, p = 0.000). Detailed results comparing the community and facilities samples are shown in Table C1 in Appendix C.

Participant Responses to Interview Protocol Questions

Older offender community sample participant responses to the interview protocol questions are shown in Table 4 for the entire sample. Responses by gender and by Indigenous ancestry are displayed in Table D1 and Table D2 in Appendix D. The structured, closed-ended question responses are followed by a summary of participants' opened-ended accompanying responses, grouped by major themes arising from the qualitative analysis.

Compared to the average age (61 years) of participants at the time of interview, more than one-half (50.8%) of the participants were less than 50 years at the time of their most recent incarceration. More than 40% of the participants reported serving sentences of 11 years or more on their most recent incarceration prior to release, and more than one-quarter (26.2%) of participants reported spending more than 20 years in prison during their lifetime. Most (77.0%) of the participants were 50 years or older at the time of their most recent release from prison, and nearly three-quarters (73.9%) had been in the community for five years or less at the time of interview. Nearly one-half (47.7%) of the participants responded that they grew old while in custody serving a lengthy sentence, though nearly another one-third (30.8%) reported being incarcerated for the first time in their 50's or 60's.

Compared to men (Table D1), women participants spent less time incarcerated on their most recent conviction, with most women reporting less than 5 years (W: 75.0%; M: 33.3%), and half of women (W: 50.0%; M: 29.8%) reported having served less than 5 years in total for all incarcerations. Women participants were more likely to have spent less than one year on release at the time of interview, and to report growing old while serving multiple admissions to prison. Indigenous participants (IA) (Table D2) were more likely than non-Indigenous participants (NI) to report being incarcerated less than 5 years on their most recent incarceration (IA: 46.7%; NI: 20.0%), and to have spent less than 5 years in total in prison for all convictions (IA: 42.9%; NI: 10.0%).

Table 4

Community sample participant responses to structured interview protocol questions (N = 65)[c]

Category/Question/Response	%	(*n*)
Background Information		
Age when most recently incarcerated		
< 50 years	50.8	(33)
50 – 64 years	35.4	(23)
65 years or older	12.3	(8)
How many years have you been in prison on…		
(a) most recent incarceration		
less than 5	38.5	(25)
5 - 10	16.9	(11)
11 - 15	13.8	(9)
16 – 20	10.8	(7)
more than 20	18.5	(12)
(b) total for all incarcerations		
less than 5	32.3	(21)
5 - 10	12.3	(8)
11 - 15	12.3	(8)
16 – 20	13.8	(9)
more than 20	26.2	(17)
Age when most currently released from prison		
Less than 40 years old	10.8	(7)
40 – 49	10.8	(7)
50 – 59	43.1	(28)
60 - 69	26.2	(17)
70 – 79	7.7	(5)
80 or older	-	-
How long have you been on release in community		
Less than 1 year	30.8	(20)
1 – 5 years	43.1	(28)
6 – 10 years	7.7	(5)
11 – 15 years	7.7	(5)
16 – 20 years	1.5	(1)
more than 20 years	7.7	(5)
How would you answer this question?		
I have grown old in custody due to serving a lengthy	47.7	(31)
Multiple admission and spent much of my adult life in	16.9	(11)
Was incarcerated for the first time in my 50’s or 60’s	30.8	(20)

Table 4 (cont'd)
Community sample participant responses to structured interview protocol questions (N = 65)[c]

Category/Question/Response		%	(*n*)
Part A – Health and Wellness			
How would you rate your overall health (1-10)?			
	1 – 2 (very poor/poor)	3.1	(2)
	3 – 4	13.8	(9)
	5 – 6	27.7	(18)
	7 – 8	38.5	(25)
	9 – 10 (very	15.4	(10)
Any physical conditions limiting your activities			
	No	32.3	(21)
	Yes	67.7	(44)
Do you have any special dietary needs?			
	No	75.4	(49)
	Yes	24.6	(16)
Do you have a family doctor?			
	No	21.5	(14)
	Yes	78.5	(51)
Do you take any medications?			
	No	12.3	(8)
	Yes	87.7	(57)
How many prescription medications are you currently taking?			
	None	12.3	(8)
	1 - 2	27.7	(18)
	3 - 4	29.2	(19)
	5 - 6	12.3	(8)
	7 - 8	7.7	(5)
	More than 8	9.2	(6)
Do you have a dentist?			
	No	58.5	(38)
	Yes	41.5	(27)
Do you have a mental health professional that you see?			
	No	60.0	(39)
	Yes	40.0	(26)
Do you have an addiction treatment specialist that you see?			
	No	72.3	(47)
	Yes	27.7	(18)

Table 4 (cont'd)
Community sample participant responses to structured interview protocol questions (N = 65)[c]

Category/Question/Response		%	(*n*)
How do you think your health needs are being met (1-10)?			
	1 – 2 (very poorly/poorly)	6.2	(4)
	3 – 4	4.6	(3)
	5 – 6	13.8	(9)
	7 – 8	33.8	(22)
	9 – 10 (very well/excellent)	41.5	(27)
Part B – Family, Friends and Social Relationships			
Do you currently receive support from family members?			
	No	33.8	(22)
	Yes	66.2	(43)
Involved in intimate relationship now or at some point during your release?			
	No	60.0	(39)
	Yes	40.0	(26)
Do you have any children?			
	No	29.2	(19)
	Yes	70.8	(46)
Do you socialize with friends often?			
	No	35.4	(23)
	Yes	64.6	(42)
Part C – Housing and Community			
How rate your experience living in community (1-10)?			
	1 – 2 (very poor/poor)	4.6	(3)
	3 – 4	1.5	(1)
	5 – 6	7.7	(5)
	7 – 8	38.5	(25)
	9 – 10 (very	43.1	(28)
Has criminal record limited ability to function in community?			
	No	38.5	(25)
	Yes	61.5	(40)
Does your older age limit your ability to function in the			
	No	69.2	(45)
	Yes	30.8	(20)
Where you are living now, is it a safe and stable living			
	No	6.2	(4)
	Yes	93.8	(61)

Table 4 (cont'd)
Community sample participant responses to structured interview protocol questions (N = 65)[c]

Category/Question/Response		%	(*n*)
Do you see a time when you will be living in a supported living situation?			
	No	58.5	(38)
	Yes	41.5	(27)
What is highest level of schooling you completed?			
	Less than high school	26.2	(17)
	Completed high school	21.5	(14)
	Some	13.8	(9)
	Completed	18.5	(12)
	Completed university	20.0	(13)
	Other	-	
On your release did you find a job in the community			
	No	32.3	(21)
	Yes	67.7	(44)
What is your current employment status?			
	Part-time	7.7	(5)
	Full-time	27.7	(18)
	Unemployed	23.1	(15)
	Casual employment	4.6	(3)
	Seasonal employment	-	-
	Self-employed	6.2	(4)
	Unable to work (disability)	9.2	(6)
	Retired	16.9	(11)
	Other	4.6	(3)
Do you have sources of income other than job?			
	No	30.8	(20)
	Yes	69.2	(45)
What would you estimate your annual income to be?			
	Less than $30,000 per year	69.2	(45)
	$30,000 per year or more	26.2	(17)
Do you have access to reliable transportation			
	No	-	-
	Yes	100.0	(65)
Do you have access to technology (phone, internet, etc.)			
	No	4.6	(3)
	Yes	95.4	(62)

Table 4 (cont'd)
Community sample participant responses to structured interview protocol questions (N = 65)[c]

Category/Question/Response	%	(*n*)
Following release have you been enrolled in or completed any CSC programs?		
No	46.2	(30)
Yes	53.8	(35)
Following release have you been enrolled in or completed any non-CSC programs?		
No	50.8	(33)
Yes	49.2	(32)
Do you continue to see a parole officer on a regular basis?		
No	-	-
Yes	100.0	(65)
Is your parole officer sensitive to any limitations you may have based on your age?		
No	41.5	(27)
Yes	56.9	(37)
Are you able to access leisure activities you would like to be a part		
No	21.5	(14)
Yes	78.5	(51)
Part D – Avoidance of Substance Misuse		
Have you had any issues with substance misuse?		
No	47.7	(31)
Yes	52.3	(34)
Part E – Personal/Emotional		
Do you feel safe in the community?		
No	3.1	(2)
Yes	95.4	(62)
Have you been a victim of bullying or abuse?		
No	89.2	(58)
Yes	9.2	(6)
Do you have someone you can reach out to if you need help?		
No	4.6	(3)
Yes	95.4	(62)
Do you think you spend too much time on your own?		
No	73.8	(48)
Yes	24.6	(16)
Is loneliness a problem for you?		
No	80.0	(52)
Yes	18.5	(12)

Table 4 (cont'd)
Community sample participant responses to structured interview protocol questions (N = 65)[c]

Category/Question/Response	%	(*n*)
Part F – Connection to Culture/Spirituality		
Do you consider yourself connected to your culture?		
No	35.4	(23)
Yes	84.6	(42)
Do you consider yourself a religious or spiritual person?		
No	18.5	(12)
Yes	81.5	(53)
If you are an Indigenous person, do you use any cultural resources in the community?		
Not applicable	66.2	(43)
No	13.8	(9)
Yes	20.0	(13)

[c] Missing data <5%

Four open-ended questions were asked of the sample participants at the beginning of the interview protocol. The questions and main themes of their responses to the questions are presented below.

Q13. There are lots of views on what is an 'older' offender in terms of age. What do you consider to be an "older" person in CSC? (do you feel old yourself? Do you think it is about 'age' or about how you 'feel' in terms of being 'older'?)

Most of the community sample participants reported that they did not feel old "No, I'm older but I don't feel old," and instead expressed the sentiment that being 'older' is not about age, but a mental state, "It's how you feel, for sure age is an attitude." On the other hand, past lifestyles and the capacity of prison to expedite the aging process were consistent themes, especially among those who served long sentences:

> Well since being incarcerated I've seen a lot of guys late 40s early 50s leading up to 60 and they look like they're 80 because of their lifestyle on the street. I had a pretty good lifestyle on the street so that makes a big difference.

> Yeah, how your body is, what shape your body's in, your mentality and all that sort of stuff. You get old very quickly in jail... a lot of stress.

Q15. Does your age factor into your experience of living in the community? If so, how?

For the most part, participants did not believe that age had an important influence on their

experience in the community, even sometimes working to their advantage:

> Well I guess in some ways it does because I get old age pension and, you know, I can live better on it than I could on the disability I got.

> I guess you could say I've grown up a bit. As you mature I think you handle life better and you look at things, I guess you could say, a little bit wiser than when you are younger you know.

Still, a number of the community sample participants, in particular women, did note that physical disability, and age itself, could at times pose a barrier to getting around in the community, or in obtaining employment:

> It's a lot more difficult for me to get around. It's going to get a lot more worse because of my disability and stuff like that.

> Well you know getting out at my age, I'm in pretty good shape and I want to work, but it's difficult to get a job you know at my age.

Q16. In your view, is there anything that could be improved – anything that could be done to make your life as an older person in the community better?

Many of the sample participants expressed concern over lack of access to healthcare "Health care has been a struggle. There's things that aren't covered by MSP you know…and Corrections covers them for a while…but when I was no longer under their care except for supervision meetings all that goes. So my insulin and so on wasn't covered," and according to one of the female participants:

> When it comes to being an ex-offender there is no healthcare other than what anybody else living in the community has so you're not hooked up with a doctor, you're not hooked up with mental health, you're not hooked up with an addictions counsellor. You're sent to organizations and agencies and put on waiting lists but there's nothing immediately available to address whatever issue you might be dealing with so you're coming out with an issue that hasn't been dealt with no place to go and nobody to turn to and you're on your own.

In addition, many of the participants pointed to a lack of adequate release planning and access to information about how to find housing "Give more information how to get an apartment…a lot more information about everything" and how to find supports in the community:

> I don't know of any support groups for people over 50 for inmates that have been

> incarcerated. I don't know of any programs like that. I haven't heard of a lot of programs for people that are older to rejoin the workforce. That's a good question to ask because age is a big thing joining the workforce, having the age bias, and then having the incarceration bias, you know having to disclose and stuff like that it's got to be tough.
>
> I would like to see at least one person in the system in the parole office that all that person does is assist inmates that are coming out particularly long-term inmates. To assist them in the environment, healthcare, ID, your driver's license all of that stuff, and where to go and if they don't know take them there.

Q17. As you get older, what, if anything worries you about getting older while living in the community? (what do you worry about the most? Do you worry about getting older…getting sick…getting dementia, dying without supports around you, etc?).

A majority of the sample participants expressed concerns about their health "the usual you know, the effects of aging I suppose – health and lifestyle," having enough money to be able to afford to live in the community "I have to be able to make a good living to be able to save anything for when I'm not healthy enough to work," along with fears about the future "what worries me is if I were to get sick" and "Well the only thing that worries me is infirmity, you know like to end up in the nursing home…you know I hope that doesn't happen in my case." Finding adequate employment was frequently cited by participants as a concern, given the barrier represented by both their older age and their criminal record "Its kind of hard to find a reasonable job in your 50's…in your 50's they don't want guys" and "I can't go anywhere because I have a record and I can't tell you how many jobs I've applied for."

For those older offenders serving a shorter sentence, and able to maintain their social network while incarcerated, the return to the community is less stressful:

> Not particularly. We have a family doctor that we have been established with for 20 years and he has access to a major hospital here in the city. For any hospital requirements that I might have because of my age I am covered under the Trillium drug benefit program so my drug expenses are essentially taken care, of except for $100 deductible a year. Yeah I suppose the one thing that is missing in my view is some sort of dental care support and that's a combination of as a parolee and as an older person in general.

Health and Wellness

Only a small proportion of the community sample participants rated their overall health as very poor or poor (3.1%), while a majority (53.9%) rated their overall health as 7/10 or greater. For the most part, participants expressed positive views about their health, even in the context of dealing with a variety of chronic ailments:

> Probably about a 7. I mean I'm getting older, I mean you know, I'm getting more like my bones ache more. I don't have any arthritis yet, but do you know I just ache more. Other than that, no I'm doing pretty good.
>
> Probably an eight and a half or a 9. I have hypertension and I take medication for that but that's under periodic assessment by my family doctor. That's the only acute issue. There are a couple of background issues that have been diagnosed which don't require specific care or medication and are just under surveillance so to speak.

Most (67.7%) of the participants agreed that their physical condition did, however, place limits on their activity, ranging from hearing impairment, aching joints, bad back or hip, COPD, arthritis, diabetes and asthma to being overweight and having chronic pain, impacting on performance of a range of physical activities, including exercise generally, walking, lifting, climbing stairs and being able to work:

> Yes, absolutely. I can't do steps very well. When I walk now I'm walking with a limp and I can't use the painkillers because I don't have the funds for that right now. Being a courier and driving I couldn't do it now. I'm just too old and there's too many things wrong with me physically.
>
> Well I work for myself because you can't get a job you know because you have a criminal record. I always worked for myself and I was a painter and I had to stop working because of my shoulder.

Most of the participants reported receiving treatment for the health conditions responsible for limiting their physical activity, including being prescribed medication, especially pain medication, inhalers, cortisone shots, exercise and physiotherapy, seeing a chiropractor, diet and hearing aids, or a wheelchair. Some of the participants complained about the cost of medications or other forms of treatment:

> I was getting a chiropractor but I had to stop because my pension is very low. I had to stop because I couldn't afford it. My rent is more than half of my pension, so I'm really struggling with that.

Most participants (75.4%) did not report having any special dietary needs. A number did report having to follow a diabetic diet, and others reported following a vegetarian diet. The cost of eating well was a common theme, “I've got to pay my rent so it's just really like to do a really good meal plan I just can't afford it.”

Compared to men participants (Table D1), women were both more likely to report physical conditions limiting their activities (W: 87.5%; M: 64.9%) and special dietary needs (W: 50.0%; M: 21.1%), while Indigenous participants (Table D2) were least likely to report physical

conditions limiting activities (IA: 28.9%; NI: 40.0%) or special dietary needs (IA: 20%; NI: 35.0%).

Access to health care services in the community was not a problem for most of the sample participants, with three-quarters (75.3%) rating their health care needs being met as 7/10 or higher, though women (Table D1) were somewhat less likely to give a positive rating for their health care needs being met. More than three-quarters of those interviewed reported having a family physician (78.5%), 40% a mental health professional they see, and more than one-quarter (27.7%) see an addiction treatment specialist. Indigenous participants (Table D2) were most likely to report seeing an addiction treatment specialist (IA: 40.0%; NI: 22.2%), "Yes, I see an elder… he's a drug and alcohol counsellor." A majority of participants (87.7%) take some form of medication, generally between one to four medications (56.9%), with pain medications the most common. The cost of non-funded health care services like a dentist, physiotherapist, chiropractor, counsellor or medical aids and devices, and the high cost of medications not covered under a private or government plan were consistent themes:

> I was having some problems when I first got out about getting a knee brace and CSC wouldn't pay for it, so I still haven't got it. It costs like seven or eight hundred dollars.

> I have to wait on prescriptions because I can't afford them. When I need them, sometimes I have to wait for pay day to come.

Family, Friends and Social Relationships

Two-thirds (66.2%) of the community sample participants report receiving support from family members, with children, siblings, ex-spouses and mothers playing key roles "My sister and my brother. Support for like everything but financial pretty much," "I have my mother who helps me monetarily and with regards to housing" and,

> Oh yeah of course all of that. Like my son's mom, my ex-wife – she is probably my best friend, her and I are – she's been my biggest supporter through all of this nightmare. So I had two sons, my oldest son passed away two months ago. Both of my sons were really, really good supports.

For those without family, friends provide emotional and other types of supports "I have really, really good friends that I get my support from. They're like family." Less than one-half (40.0%) of participants report being involved in an intimate relationship while on release, with women (W: 25.0%; M: 42.1%) and Indigenous participants (IA: 20.0%; NI: 48.9%) least likely to report being involved in an intimate relationship. Among most of those with an intimate

partner, the relationship was generally reported to be positive, and often represented an enduring relationship “I don't know where I would be if I didn't have my husband to be honest with you” and “I live with my wife we just celebrated our 30th wedding anniversary the other day.” However, engaging in an intimate relationship could also lead to stress and increased risk for problems living in the community, according to a woman participant:

> Well I got married on my release. I was married for, well I'm still currently married, I'm just separated. I think when he left he said he wanted his old life back, because I guess corrections really, you know, affected his lifestyle kind of thing. I won't do it again I'll tell you that. I should have stayed single with my two dogs, they never get married and I'll never have a husband again.

More than two-thirds (70.8%) of the sample participants report having children, though only a small number reported currently living with their children. Most participants described their relationship with their children in positive terms, though many also reported relationships that were strained as a result of their incarceration. “I would say that is excellent now but I would also say that it affected my son a lot and so I had to rebuild some bridges.” “No I don’t talk with my daughter often, her husband is not very supportive of her talking to me on a regular basis,” and:

> I think right now the best relationship I have or the best way of being a father is not being a father. She grew up. My ex-wife remarried, so she had a father that she grew up with so it was better for me to step away. The best way of me being a father is not being a father. Right now I choose that.

Most (64.6%) of the participants reported socializing with friends, though not always on a frequent basis. “Around here there's probably about one friend, my neighbour, I go to his place he'll go to my place whatever he's just across the street so that's about the only one.” Most friendship activities were informal in nature, and finding someone to talk to who understands them was a common theme among the participants:

> You know I can go to them and talk to them about my feelings, talk about what was going on, they could give a lot of good suggestions and just be there for me, right? That's the big thing, they're there for me. They never come to me for anything cuz, they're more you know, they could if they wanted to, but they're more, they're more supportive to me, right, which is great.

For a number of Indigenous participants (Table D2), connection to culture was an important aspect of socializing with others “I still go to Buffalo Sage and play cards with the girls… we go for coffee” and,

> My friends are elders and I do a lot of ceremonies myself so therefore I'm sort of their guider cause my knowledge is vast, so a lot larger than most of them. So they like me to come to sweats, they like me to come to sun dances and they like me to come to different ceremonies just to talk.

A number of the participants also expressed an understanding of the risks that socializing with old friends could represent. “The only people that I know are cons or ex-cons right so if I want to change my life I would have to make new friends I guess.”

Housing and Community

Most (81.6%) of the community sample participants rated their experience living in the community as 7/10 or greater, “Living in the community is the best isn't it - you know what I mean, I mean I've got a good job I've got everything going for me so I have nothing to complain about” and “I've got a wonderful support system. I've been drug and alcohol free now for uh going on 8 years so.” For those who rated their experience less positively, adjusting to life in the community, getting appropriate identification, access to health care and supports, finding employment, and meeting the requirements of their release conditions were reported as stressful experiences.

A majority of the sample participants (61.5%) did report that their criminal record was a significant barrier to finding employment, especially women (W: 87.5%; M: 57.9%), “A lot more employers are doing criminal record checks as well so then you can't even apply for those really.” In addition, having a criminal record was mentioned as a problem for applying to rent an apartment, or in becoming involved in volunteer work. Less than one-third (30.8%) of the participants reported that their older age limited their ability to function in the community, with physical limitations commonly associated with aging most frequently cited where there was an impact, “To a point I mean it's a normal thing of aging you know like I can bend down to tie my shoes but it's just harder getting up.”

Almost all (93.8%) of the community sample participants reported living in a safe and stable living arrangement, including living in a half-way house in some undesirable neighbourhoods, “I don't like the neighbourhood but the supports are good the house itself is good the staff are okay it's just in a bad neighbourhood I guess.” Most participants reported living alone, in a private home or apartment, and pointed out how important their place of residence was in supporting their success in the community, “I feel safe here. All my amenities are very close like anywhere from like Walmart to fancy restaurants to No Frills, to shopping and

even to changing busses to all over the city so I love it." For those living in a private home with others, children and partners were most commonly mentioned. A small number of participants reported living alone in a retirement home.

Most participants did not see a time when they would be living in a supported living situation (58.5%), though most also said they did not want to think about the possibility, "Well I'm hoping I can look after myself until I pass over you know. I hope I can stay where I am and not go to a nursing home." Among those who do foresee living in a supported care accommodation (41.5%), most were resigned to its inevitability. "I'm going to say yes but I have a feeling my youngest son will tell me no because he's always told me he'll look after me no matter what. But I don't want to be a burden on my boys. So I'll probably say yes." Women participants (Table D1) were more likely to foresee living in supported housing (W: 75.0%; M: 36.8%) at some point in the future, while Indigenous participants (Table D2) were least likely to believe they would end up living in a supported living situation (IA: 25.0%; NI: 48.9%).

Nearly three-quarters (73.8%) of the sample participants completed high school or some form of post-secondary education, and 20% reported they had completed university. More than two-thirds (67.7%) found a job when released from prison, though only 27.7% found full-time work. Age, and inability to do physical work was a common theme among those who could not find full-time employment. "Actually right now I'm on short term disability but it's going to have to go to permanent, like they're going to have to let me go because I am a fall risk," and "Yeah I found a couple [of jobs] but I found it too hard to do with the medical problem." More than one-quarter (26.1%) of the participants were disabled or retired. Among those who were unemployed (23.1%), most reported it can take a long time after release to find a job. "Searching for work right now yep and I have faith that I will have a job before the end of the month or next month." Women participants (Table D1) were more likely (W: 25.0%; M: 7.0%) to report being unable to work due to disability, and none of the women reported being retired.

More than two-thirds (69.2%) of the sample participants reported having sources of income other than from a job, including CPP/QPP, OAS, GIS, employment pension, or military pension, though women (Table D1) were least likely to report non-job related income (W:37.5%; M:73.7%). A majority (69.2%) of participants reported an annual income of less than $30,000. Almost all of the participants reported being able to pay their monthly bills, though at times money was tight, "Right now things are tight but I mean we'll be all right I guess." For others,

old debts and lack of income are a serious problem, “Nope, nope, less. I'm in poverty. I'll put it that way.” All (100%) participants reported having access to reliable transportation, and almost all (95.4%) to communications technologies such as a telephone/cellphone and the internet, “Right now I just depend on my phone, right which, the phone you can do everything on.” Both access to transportation and technology were identified as important for employment purposes, for maintaining contact with family and friends, for accessing community services, and for entertainment purposes.

Only about one-half of the community sample participants reported being enrolled in any CSC programs (53.8%) or other types of community programs (49.2%), though most women participants (Table D1) reported being involved with CSC (W: 87.5%; M: 49.1%) and non-CSC programs (W: 87.5%; M: 49.1%) during their release. Many participants, especially men, reported they no longer needed programs. “Oh no, that’s all done. I don’t need to do that anymore.” Other participants, especially women, continue to enroll in both CSC programs and others offered in the community, including AA and NA, Circle of Support and Accountability, Indigenous programs and a variety of resume writing, job skills and employment programs. All of the participants (100%) report seeing their parole officer on a regular basis, and almost all participants expressed positive sentiments about the relationship with their parole officer. “Yes, yes. She's strict but keeps me in line. I like that,” and “He's going through the steps that he needs to fulfill his end of the situation and at the same time I'm being very careful to follow all of the conditions properly and as a result he's been very good.” More than one-half (56.9%) of participants report that their parole officer was sensitive to any limitations they might have based on their age. “She's willing to research to look at other avenues. If I can't get it done one way she'll try to help me to find other ways to get it completed whatever the task may be,” while many others observed that they had no limitations related to their age.

Most of the sample participants (78.5%) report having access to leisure activities in the community, though sometimes release conditions could limit where or what types of leisure activities can be engaged in, “I can, but I had to turn them all down because of my conditions on parole.” Other limitations on engaging in leisure activities include health concerns, “Walking is about it I can do right now,” and finances, “Well if you don't have the money you're not going to be able to do much of anything.” A wide range of leisure activities were mentioned by participants, including walking, going to the gym, spending time with family and friends,

watching movies and television, playing video games, playing the guitar, pursuing hobbies and going out to bingo. A number of the participants reported engaging in volunteer work, “I helped with the volunteer work at the SPCA community veterinarian clinic for people that are on like disability or welfare and stuff like that that have dogs. They get their needles for free.” Most of the participants noted how important “keeping busy” was to being successful on release, “It gives me a routine, routine and the social aspect you feel part of the community.”

Avoidance of Substance Misuse

About one-half (52.3%) of the community sample participants reported having had issues in dealing with substance misuse while on release in the community, though many others reported never having had a problem with substance misuse. Indigenous participants (Table D2) were most likely to report issues with substance misuse (IA: 75.0%; NI: 42.2%). Problems with alcohol misuse were most commonly reported, followed by marijuana and heroin, and the risks that substance misuse pose for living successfully in the community were well understood “It probably will be an issue for me the rest of my life and I have to stay on top of it. it’s sent me back a couple of times.”

Personal/Emotional

Most (95.4%) of the sample participants report feeling safe in community, especially in comparison to being in prison, “I’ve only been safe in the last 6-7 years really.” A small number of the participants reported being bullied based on having a criminal record, either by their employer treating them unfairly, or by law enforcement ignoring vandalism or theft committed against them.

When asked to describe themselves, most participants voiced positive images of themselves, as helpers “Um, I’m a kind, generous person. I would give you the shirt off my back,” easygoing “Just a nice, easy-going guy,” honest “I’m honest, straightforward, that’s about it,” and friendly, “I think I have to say I’m a personable guy, I get along well with everybody.” Some participants noted that they did not always view themselves positively, “Well I don’t drink or use anymore. I feel like a totally different person,” and others credited their transformation to spiritual beliefs, “I’ve got a lot of good qualities. I believe in the Seven Grandfathers teachings and I practice them.”

Almost all (95.4%) of the sample participants reported they had someone they could reach out to for help in a crisis, including family (sisters, sons, daughters, cousins, wife, husband,

brother, parents, girlfriend), church pastor, friends, boss at work, landlord, Elders and parole officer. One participant expressed the view that being a 'lifer' itself could be seen in positive terms:

> I have family yeah. I have some people and there's always CSC because I'm a lifer they can't let me go and that's the one benefit I do have as a lifer is that you know they're stuck with me for life.

Nearly one-quarter (24.6%) of community sample participants believe they spend too much time on their own, and 18.5% reported that loneliness was a problem. For some, being alone did not mean they were lonely, "I'm not lonely. Like I said, I have two dogs and I go out once in a while, I talk to my neighbours, I talk to the kids, but I'm not lonely." While for others loneliness stems from loss, "I miss my wife, it's only been two years, they say with time it gets easier."

Most participants report being hopeful for the future, and many report having dreams and plans for the next five years, including owning their own home, being financially independent, running their own business, raising horses, being able to retire, staying healthy and possibly living abroad. For others, "I'm living one day at a time and just enjoying what I have."

Connection to Culture/Spirituality

Most (84.6%) of the sample participants report being connected to their culture, and most (81.5%) also consider themselves to be a religious or spiritual person. Many of the Indigenous participants (Table D2) report being in touch with their culture and making use of cultural resources in the community (65%), including "Friendship Centre, the elders on the reservation, the First Nations," and place a high value on spiritual practices, "I would say it [my participation in spiritual activities] has a lot to do with the strength that I have and the hope that I have," and "It's been very positive and you know being able to have access to the stuff... I mean the sweat lodges and healing circles and medicine people, and uh... just overall a spiritual inclined people." For those who do not have an Indigenous ancestry, culture and spirituality/religion are not reported as important influences on their release in the community, "I don't really follow it. I didn't grow up with it and I'm doing fine without it so I don't think it's really affected me," and "Well I'm sure if I went to church – but then, no, not really."

Discussion

Overview of Findings

According to results reported in the literature from interRAI ED-CA assessments conducted with participants from the chronologically older, non-offender, non-institutional population aged 65 or older, the older offender community sample participants are less likely to report problems with cognition or impairment in daily functioning, but are equally likely to be at risk for falling (Gilmour, 2011; Statistics Canada, 2020), to visit the emergency room, and to attend appointments with their primary health care provider (Galvin et al., 2017; Hu et al., 2017; Sheikh, 2019). Older offender sample participants are more likely than the older non-offender population to report mental health and alcohol abuse problems, along with higher rates of dyspnea (42.2%), recurring pain (68.7%) and traumatic injury (40.6%) (Ramage-Morin, 2008; Van-Mourik et al., 2014). Though less likely than the older non-offender population to rate their health positively, still nearly two-thirds (61.3%) of older offender sample participants rated their health as good to excellent (Raina et al., 2019).

Many of the findings previously reported in the small body of international and Canadian studies of older offenders in the community are paralleled in the present study. Compared to long-term sentence offenders, recidivist and first time older offender participants were better able to re-establish connections with health care providers, mental health and addiction treatment providers, pharmacies and social services on release from prison, and to make use of family and friends to secure housing and employment (Visher & Travis, 2003; Western et al., 2015).

Most older offender participants reported that the quality of health care services they received in the community was “10 times better outside” and “100% better in the community”, with better access to health care and other treatment services, and to more specialized treatment:

> Totally different. I mean, you have access to everybody out here, right? It's just a matter of which one you wanna go to, a doctor, dentist, psychologist, psychiatrist, whatever. So you have much more access out here right.

Among a number of those participants who had grown old while serving lengthy terms in prison, the perspective on health care in the community could, however, be different:

> It's harder to get services here [in the community] because in prison, its ordered so it's pushed more where you have a better chance of receiving it than you would here, because of the vast majority of the waiting lists.

> Well if I needed hearing aids on the inside I would have had them and there wouldn't have been any questions asked. But because I'm in the community and on parole, CSC doesn't want to pay for them.

Most of the older offender sample participants reported that access to treatment programs, transportation and technology, housing and even employment was very good, though on occasion physical limitations due to aging, or having a criminal record, could pose barriers to engaging in employment or leisure activities. Compared to the older non-offender, non-institutional population, community sample participants have similar levels of educational achievement (Statistics Canada, 2019) and are equally likely to be employed (Statistics Canada, 2017a), but have lower annual incomes (Statistics Canada, 2016).

Only about one-half of the sample participants reported being enrolled in or completing CSC or other types of programs after release. All (100%) of the sample participants report meeting with their parole officer on a regular basis, and most (56.9%) report that their parole officer is sensitive to limitations they may have based on age, though others reported they did not really have any limitations:

> Oh yes, yes she is she checks with me you know to see if I can come into the office or if she should come over or whatever you know.

> I don't think I really feel like I have limitations due to age, so I don't express any of that to the parole officers, and so they haven't really been faced with trying to address that.

More than one-half (52.5%) of the sample participants report having issues with substance misuse, more than double the rate observed in the older non-offender population (Statistics Canada, 2017b). Participant reports of spending too much time on their own or being lonely are similar in proportion (20%) to those found in the older, non-offender population (Statistics Canada, 2015). Most participants (84.6%) report being connected with their culture.

Most sample participants rate the experience of living in the community, and access to health care and other services as significantly better than the prison experience. Living in the community, the older offender community sample participants appear to have many of the same age-related experiences as the chronologically older non-offender, non-institutional population, though their greater prevalence of mental health problems and substance misuse, dyspnea, traumatic injury and pain, combined with the stigma of their criminal record and fewer financial resources render older offenders on conditional release in the community, in particular those who

have served long sentences, vulnerable to a poor quality of life and negative health outcomes (Aday & Krabill, 2012; Wyse, 2018)

Women on Release in the Community

Older women offenders on conditional release and older women non-offenders in the population make more frequent visits to their health care provider compared to men (CIHI, 2011). According to the interRAI ED-CA assessment, older women offenders are especially likely to find the adjustment to re-entering the community challenging, given their greater likelihood of experiencing functional limitations, falls, and pain, their more frequent need to contact their physician, and their greater risk for requiring institutionalized care (Aday & Farney, 2014; Aday & Krabill, 2011; Andrew, Mitnitski & Rockwood, 2008; Balis, 2007; Gelsthorpe et al., 2007). All (100%) of the women sample participants report having a family doctor, and all are taking prescribed medications.

Compared to older men participants, women were younger (<60), and more likely to be recidivists. Women sample participants reported fewer financial resources including being less likely to have pension income, and are more likely to experience their criminal record as a barrier to employment, to be unable to work due to disability, and to have fewer family and other social supports available to them, matching the findings from other research (Aday & Krabill, 2011; Flores & Pellico, 2011; Gelsthorpe et al., 2007; Shantz & Frigon, 2009).

Indigenous Ancestry and Community Release

Among community sample participants with Indigenous ancestry, few report physical limitations based on their physical condition, or special dietary needs. Older Indigenous offender participants are mostly likely to report issues with substance misuse (IA: 75.0%; NI: 42.2%). A majority (60.0%) of older Indigenous offenders report finding Indigenous resources in the community as important for their support and success in the community:

> It’s been very positive you know, being able to have access to the stuff. I mean the sweat lodges and healing circles and medicine people, and overall a spiritual inclined people.

> I have numerous people on my support network who are in my phone. My daughter's my number one support. My parole officer. I have numerous Elders on my support network and leaders in the AA program.

> Being Aboriginal my family is tight so no matter how many years we've been apart I go home to them tomorrow and they'll all be there to support me.

Limitations of the Study

With an average age at the study midpoint of 61 years, the older offender community sample represents a 'younger' older offender population, and only 10 (15.4%) of the sample participants were older than age 70. Consequently, the sample results cannot speak to the health status and community experiences of the 'older' older offender population, in particular those 80 years of age and older who are typically most likely to experience declining health and loss of cognitive and functional capacity and more likely to require living supported living accommodations. Given the longer life expectancy of women at birth of approximately 6 years (Tjepkema, Bushnik & Bougie, 2019), and so greater long-term risk of requiring supported living assistance and accommodation (Statistics Canada, 2012), it is another limitation of the current study that no women over the age of 70 years participated in the sample.

As an in-person assessment and qualitative interview study, the older offender community sample (N = 65) is large in comparison to most qualitative studies, but reported results should still be interpreted with caution, and seen as exploratory and suggestive of areas requiring broader study (Hunter & Howes, 2020). The use of two-person assessment and interview teams, along with two-person transcription, NVivo coding, and coding validation ensured that coding of qualitative responses was consistent, supporting both the reliability and the validity of the findings. In addition, the findings do reflect the results from other studies of older offenders in the community.

Conclusions

Though their experiences of living in the community are similar in many respects to the chronologically older, non-offender, non-institutional population, many of the older offender community sample participants also demonstrate evidence of traumatic lives led, of substance misuse, mental disorder, traumatic injuries, breathing problems and chronic pain, conditions exacerbated by lengthy periods of incarceration, disrupted family and social relationships, stigma and loss of community acceptance, and lack of financial resources, all of which are compounded for older women offenders on conditional release. Consequently, older offenders are vulnerable to a poorer quality of life and more negative health outcomes compared to the older non-offender population. Confronted by prospect of living in what is often an unwelcoming community, older offenders with Indigenous ancestry turn to Indigenous culture practices for support in the community. Nevertheless, the older offender community sample participants almost without

exception rate their quality of life, including their health care, as superior to what they experienced while incarcerated.

The findings from the in-person assessment and interview of 65 older offenders on conditional release in the community point to the need to (1) conduct a broader study of older offenders in the community that includes older age groups, those 70 years and older, in order to more fully describe and understand the experiences of older offenders, (2) be sensitive organizationally to the sometimes stressful and negative experiences of older offenders on conditional release, in particular those who have served long sentences and for women, (3) consider additional culturally-based initiatives to support all offenders with Indigenous ancestry on conditional release, given the reliance on these by older offenders with Indigenous ancestry and (4) pursue bolstering of policies that would include health care needs as a factor in parole release decision-making for older offenders, similar to policies enacted in a number of European and other correctional jurisdictions (Ahalt, Trestman, Rich, Greifinger & Williams, 2013; Allen, 2016; Cartwight, 2016; Handtke et al., 2017; Psick et al., 2017; Williams, Goodwin, Baillargeon, Ahalt & Walter, 2012).

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Appendix A: Older Offenders in the Community Interview Protocol

Older Individuals on Conditional Release in the Community

Interview Protocol

Correctional Service of Canada

&

Institute for Applied Social Research (IASR)
Nipissing University
100 College Drive, Box 5002
North Bay, Ontario
P1B 8L7
Tel: 705-474-3450 ext. 4454
Email: gregb@nipissingu.ca

Older Individuals on Conditional Release – Interview Protocol

Current date: _____ **Interview Location:**_____

Interview Number: _____ **Interviewer:** _____

Background Questions

My name is _____ and I am a researcher from _____. We are doing research to find out what kinds of services older individuals, those aged 50 years or more, on conditional release in the community make use of and any needs for services they may have. You have been identified as an individual 50 years of age or older who is on conditional release in the community who may be willing to speak with us.

Your answers to the interview questions will be combined with the information collected by the interRAI ED-CA health care screening assessment you completed. In addition, providing us with your FPS number will allow us to collect some background information from the CSC OMS database (e.g., demographic and offence information). When we do the research and write the research report none of the documents will have your name on it and only grouped information will be presented. No one will be identified.

****Depending on whether the participant has consented to participate prior to interviewers' visit, you may or may not want to reiterate the following information:*

As mentioned in the consent form, your information will remain confidential except under the following circumstances: If you disclose information about plans to harm yourself or others, information concerning any unknown emotional, physical or sexual abuse of children, or information about any other criminal activities not already known to authorities, the researcher is required to report this information to the appropriate authorities.

Do you have any questions or any concerns?

All completed research published by the Correctional Service of Canada is available on the web - http://www.csc-scc.gc.ca/research/index-eng.shtml. This project is not likely to be completed for at least a year.

Eligibility Questions

Q1. What is your current age?_____

Q2. How old were you when you were most recently incarcerated?

Between 50 – 64 years of age	1
65 years of age or older	2
All other ages	3
Refused to say	88
Missing	99

Q3. How many years were you in prison

(a) on your most recent or only incarceration _____,

and/or

(b) in total for all of the times you have been incarcerated? _____

Q4. At what age were you most recently released from prison into the community? _____

Q5. How long have you currently been on release in the community? _____

Q6. How would you answer this question?

I have grown older in custody as a result of a lengthy sentence imposed when I was younger	*1*
I have had multiple admissions and have served much of my adult life in custody	*2*
I was incarcerated for the first time in my 50's or 60's	*3*
Refused to say	88
Missing	99

Demographic Background Questions

Q7. What is your gender orientation?

Male	1
Female	2
Transgender	3
Other	4
Refused to say	88
Missing	99

Q8. How do you identify your ethnocultural background?

Caucasian	1
Black	2
First Nation	3
Inuit	4
Metis	5
Mixed race	6
Other	7
Refused to say	88
Missing	99

Q9. What language do you usually communicate in?

English	1
French	2
Other	3
Refused to say	88
Missing	99

Q12. What is the highest level of schooling you completed?

Less than high school	1
Completed high school	2
Some college/CGEP/university	3
Completed college/CGEP/Trades	4
Completed university	5
Other	6
Refused to say	88
Missing	99

Open-Ended Questions

Probe if necessary. Try to encourage as much detail without asking any leading questions.

Q13. There are lots of views on what is an 'older' offender in terms of age. What do you consider to be an "older" person in CSC? (do you feel old yourself? Do you think it is about 'age' or about how you 'feel' in terms of being 'older'?)

Q14. **On a scale from 1-10 where 10 is the BEST possible**, how would you rate your experience of living in the community?

Q15. Does your age factor into your experience of living in the community? If so, how?

Q16. In your view, is there anything that could be improved – anything that could be done to make your life as an older person in the community better?

Q17. As you get older, what, if anything worries you about getting older while living in the community? (what do you worry about the most? Do you worry about getting older…getting sick…getting dementia, dying without supports around you, etc?).

Semi-Structured Questions

OK, thanks for that – it's helpful to have you talk about you're your experience in the community in your own words. Now I am going to ask you some more detailed questions. These questions are about how the kind of preparation and planning you did to get ready for your release, and your experiences since you have been living on release in the community.

Part A – Health and Wellness

Q18. **On a scale from 1-10 where 10 is Excellent and 1 is Poor**, how would you rate your overall health? What health or dietary needs, if any, do you have?

Q19. Do you have any physical health conditions that represent a limitation on your activities? For example, conditions that limit your physical mobility, your physical endurance, your ability to concentrate, etc.

No □

Yes □ *If yes*, what kinds of limitations on your activity do you have? Are these limitations related to a specific health condition? If so what kind of health condition is it?

If yes, what kinds of treatments are you getting for this condition? Are you able to get the treatment you need? If not, why not?

Q20. Do you have any special dietary needs?

No □

Yes □ *If yes*, what are your special dietary needs?

Q21. Do you take any medications?

No □

Yes □ *If yes*, is your medication paid for you by a private or government plan? Do you have a pharmacy you go to regularly to fill your prescriptions? Are there any issues with getting the medications you need?

Q22. If you don't mind me asking, how many prescription medications are you currently using?

Q23. Do you have a family doctor?

Yes □

No □ *If no*, what do you do/who do you see when you have a physical health problem?

Q24. Do you have a dentist?

Yes □
No □ *If no*, what do you do/who do you see when you have a dental problem?

Q25. Do you see other medical practitioners for your physical health problems? If so, what types of practitioners do you see?

Q26. Do you have any ongoing problems in accessing and receiving the kind of medical or dental care you need?

Q27. Do you have a mental health professional you see?

Yes □
No □ *If no*, what do you do/who do you see when you need to see a mental health professional?

Q28. Do you have an addiction treatment professional you see?

Yes □
No □ *If no*, what do you do/who do you see when you need to see an addiction treatment professional?

Q29. Do you have any ongoing problems in accessing and receiving the kind of mental health or addiction treatment service you require?

Q30. **On a scale of 1-10 with 10 being the BEST possible**, how well do you think your health needs are being met? Why did you give that number? What changes could help meet your health needs better? Do you use any mobility aids (walker, wheelchair, cane, etc.)?

Q31. Compared to the medical, dental, mental health or addiction treatment services you received when you were incarcerated, how do the treatment services you are receiving in the community compare?

Part B – Family, Friends and Social Relationships

A. Family Support

Q32. Do you currently receive any support from family members (e.g., parents, siblings, your children, your extended family)?

No □

Yes □ *If yes*, what kind of help do they provide? Does being older make a difference in how family members relate to and support you?

B. Intimate Relationships

Q33. Are you currently, or at some point during your release, been involved in an intimate relationship (e.g., boyfriend, girlfriend, partner, spouse)?

No, no relationship □

Yes □ *If yes*, how has the relationship affected your time on on release in the community?

C. Children/Parenting

Q34. Do you have any children?

No ☐ skip to Q 24

Yes ☐ Q35. When/how often do you have contact with your children?

Q36. Do any of your children currently live with you?

Q37. How would you describe your relationship with your children?

D. Friends and Associates

Q38. Do you socialize with friends often?

Yes ☐
No ☐ If no, why not?

Q39. How has having friends/not having friends affected your release in the community?

Part C – Housing and Community

Q40. Do you think your criminal record is a limit on your ability to function well in the community?

No □

Yes □ If yes, in what ways does it limit your ability to function in the community?

Q41. Do you think your older age is a limit on your ability to function well in the community?

No □

Yes □ If yes, in what ways does it limit your ability to function in the community?

A. Accommodation

Q42. Where do you live (e.g. a private house, apartment, rooming house, seniors accommodations)?

Q43. With whom do you live?

Q44. Would you say that where you are living now is a safe and stable living arrangement?

Yes □

No □ *If no*, how is it unsafe or unstable for you?

Q45. How do you think the type of place you live in has affected your release?

_____

_____

Q.46 Thinking about the future, do you see a time when you will be living in a supported living situation (retirement home, assisted living situation, long-term care, etc.)?

Yes □
No □ If no, why not?

_____

_____

B. Employment and Income

Q47. On your release, did you find a job in the community?

No □
Yes □ *If yes,* what type of job was it?

_____

_____

_____

Q48. What is your current employment status?

Part-time	1
Full-time	2
Unemployed	3
Casual employment	4
Seasonal employment	5
Self-employed	6
Unable to work (disability)	7
Retired	8
Other	9
Refused to say	88
Missing	99

C. Finances

Q49. Do you have any other sources of income other than from a job?

No □
Yes □ *If yes*, are you receiving a pension (e.g. CPP. OAS, private employer pension plan).

Q.50 What would you estimate your current annual income to be?

Less than $30,000 per year	1
$30,000 per year or more	2
Refused to say	88
Missing	99

Q51. Since your release, have you been able to pay your bills? Do you think that being an older person makes it harder to make ends meet financially? Why/why not?

D. Community Resources

Q52. Do you have reliable transportation access (e.g., bus, car)?

No □
Yes □

Q53. How do you think having OR not having access to transportation has affected your release?

Q54. Do you have access to technology (e.g., phone, internet, television)?

No □
Yes □

Q55. How do you think having OR not having access to technology has affected your release?

C. Community Programs

Q56. Following release, have you been enrolled in and/or completed any CSC programs (e.g.,community maintenance programs or any other programs administered by Corrections Canada or a person or persons employed/contracted by the Correctional Service of Canada)

No □
Yes □ *If yes*, how do you think participation in these program affected your release in the community?

Q57. Following release, have you been enrolled in any non-CSC programs?

No □

Yes □ *If yes*, how do you think participation in these programs affected your release?

D. Community Supervision

Q58. Do you continue to see a parole officer on a regular basis?

No □ *If no*, why not?

Yes □ *If yes*, is your parole officer helpful in addressing your needs in the community?

Q59. Is your parole officer sensitive to any limitations you may have based on your age?

No □

Yes □ *If yes*, how has your parole officer supported you in addressing these limitations?

E. Leisure activities

Q60. What do you do in your free time? How do you think that these activities contribute to your success in the community?

Q61. Are you able to access the leisure activities you would like to be part of?

Yes □
No □ *If no*, why do you think you are unable to access the leisure activities you would like to be a part of? Do you think that being an older person limits your access to leisure/recreational activities in the community?

Part D - Avoidance of Substance Misuse

Note: Reminder concerning the limitations of confidentiality

Q62. Have you had any issues with substance misuse?

No □
Yes □ *If yes*, is this still an issue for you? How has substance misuse affected your release?

Part E – Personal/Emotional

Note: Reminder concerning the limitations of confidentiality

A. Safety/Security

Q63. Do you feel safe living in the community? Have you been a victim of bullying by someone, or a victim of abuse (physical, emotional, financial, sexual)?

No □
Yes □ *(please explain)*

B. Self-Concept

Q.64 How would you describe yourself to someone else?

Q65. In a crisis, do you have someone you can reach out to for help? If yes, who? If no, why not?

Q66. Do you think you spend too much time on your own? Is loneliness a problem for you?

No □
Yes □

Q67. Are you hopeful for the future? Where do you see yourself in five years?

Part F - Connection to Culture/Spirituality

Q68. Would you consider yourself connected to your culture?

No □
Yes □

Q69. Do you consider yourself a religious or spiritual person?

No □
Yes □ If yes, what religion or spirituality do you identify with?

Q70. How often do you attend/participate in cultural and/or religious or spiritual activities?

Q71. (*If you are an Indigenous person)*, do you use any cultural resources in the community (e.g., Aboriginal community liaison, Elder, Friendship Centre, etc.)?

No □
Yes □ *If yes*, which ones do you use?

Q72. How do you think this connection or lack of connection to your culture and/or religion or spirituality has affected your ability to remain in the community?

Additional Information

Q73. We are interested in knowing about any other information you think might help us understand whether being an older individual (50 years of age or older) on conditional release makes it easier or more difficult to be successful in the community. Are there any other comments that you would like to share with us?

OK – that's all the questions we have for you today.

Thank-you so much for taking the time to do this interview with us. The information you have given us will be used by the Correctional Service of Canada to plan ways to improve the process of release into the community, so that everyone will have a good chance at being successful.

Again, thank-you!

Appendix B: InterRAI Assessment Results, by Gender and by Indigenous Ancestry

Table B1

IinterRAI ED-CA assessment results by gender (N = 64)[a]

interRAI Assessment	Male		Female	
	%	(*n*)	%	(*n*)
Section A - Identification Information				
Age group				
50 – 54	21.1	(12)	42.9	(3)
55 - 59	22.8	(13)	42.9	(3)
60 - 64	15.8	(9)	-	-
65 - 69	22.8	(13)	14.3	(1)
70 - 74	10.5	(6)	-	-
75 - 79	5.5	(3)	-	-
80 and older	1.8	(1)	-	-
Lives alone				
No	68.4	(39)	71.4	(5)
Yes	31.6	(18)	28.6	(2)
Section B - Intake and Initial History				
Family/friends overwhelmed				
No	94.7	(54)	85.7	(6)
Yes	5.3	(3)	14.3	(1)
Support person for discharge				
No	10.5	(6)	14.3	(1)
Yes	61.4	(35)	71.4	(5)
Lives in institutional setting	28.1	(16)	14.3	(1)
Receiving community health/social services last 90 days				
No	52.6	(30)	85.7	(6)
Yes	19.3	(11)	-	-
Lives in institutional setting	28.1	(16)	14.3	(1)
Acute hospital overnight stay last 90 days				
No	93.0	(53)	100	(7)
Yes	7.0	(4)	-	-
Emergency department visit last 90 days				
No	82.5	(47)	100	(7)
Yes	17.5	(10)	-	-
Physician visits previous 90 days				
None	28.1	(16)	28.6	(2)
1-2	43.9	(25)	28.6	(2)
3-5	14.0)	(8	14.3	(1)
6 or more	14.0	(8)	28.6	(2)
Time since last hospital visit previous 90 days				
No hospitalization	93.0	(53)	100.0	(7)
31-90	5.3	(3)	-	-
15–30	-	-	-	-
8-14	-	-	-	-
In last 7 days	1.8	(1)	-	-
Transferred from other hospital	-	-	-	-

Table B1 (cont'd)
interRAI ED-CA assessment results by gender (N = 64)[a]

interRAI Assessment	Male		Female	
	%	(*n*)	%	(*n*)
Section C – Clinical Evaluation				
Cognitive skills daily decision-making				
Independent	100.0	(57)	100.0	(7)
Modified/any impairment	-	-	-	-
Ability to understand others	-	-	-	-
Understands	94.7	(54)	100.0	(7)
Usually	5.3	(3)	-	-
Often	-	-	-	-
Sometimes	-	-	-	-
Rarely/never	-	-	-	-
Acute change in mental status from usual functioning				
No	91.2	(52)	85.7	(6)
Yes	8.8	(5)	14.3	(1)
Inappropriate or abusive behaviour last 3 days				
No	100.0	(57)	100.0	(7)
Yes	-	-	-	-
Presence of hallucinations last 24 hours				
Not present	100.0	(57)	100.0	(7)
Present but not exhibited	-	-	-	-
Present and exhibited	-	-	-	-
Presence of delusions last 24 hours	-	-	-	-
Not present	100.0	(57)	100.0	(7)
Present but not exhibited	-	-	-	-
Present and exhibited	-	-	-	-
Consumed alcohol to point of intoxication last 7 days				
No	96.5	(55)	100.0	(7)
Yes	3.5	(2)	-	-
Self-reported mood - little interest or pleasure in things you normally enjoy?				
Not in last 3 days	86.0	(49)	100.0)	(7
Not in last 3 days, but often feels that way	3.5	(2)	-	-
1-2 of last 3 days	5.3	(3)	-	-
Daily in last 3 days	5.3	(3)	-	-
No response	-	-	-	-
Self-reported mood - anxious, restless or uneasy?				
Not in last 3 days	84.2	(48)	100.0	(7)
Not in last 3 days, but often feels	1.8	(1)	-	-
1-2 of last 3 days	5.3	(3)	-	-
Daily in last 3 days	8.8	(5)	-	-
No response	-	-	-	-

Table B1 (cont'd)
interRAI ED-CA assessment results by gender (N = 64)[a]

interRAI Assessment	Male		Female	
	%	(*n*)	%	(*n*)
Self-reported mood - sad, depressed, or hopeless?				
Not in last 3 days	80.7	(46)	100.0	(7)
Not in last 3 days, but often feels	5.3	(3)	-	-
1-2 of last 3 days	7.0	(4)	-	-
Daily in last 3 days	7.0	(4)	-	-
No response	-	-	-	-
Self-reported health – in general, rate your own health				
Excellent	14.0	(8)	-	-
Good	47.4	(27)	57.1	(4)
Fair	22.8	(13)	14.3	(1)
Poor	15.8	(9)	28.6	(2)
No response	-	-	-	-
ADL Self-performance and capacity - bathing				
Independent or set-up help only	100.0	(57)	71.4	(5)
Supervision or physical assistance	-	-	28.6	(2)
ADL Self-performance and capacity – personal hygiene				
Independent or set-up help only	100.0	(57)	100.0	(7)
Supervision or physical assistance	-	-	-	-
ADL Self-performance and capacity – dress lower body				
Independent or set-up help only	100.0	(57)	85.7	(6)
Supervision or physical assistance	-	-	14.3	(1)
ADL Self-performance and capacity - locomotion				
Independent or set-up help only	96.5	(55)	100.0	(7)
Supervision or physical assistance	3.5	(2)	-	-
IADL Self-performance and capacity – managing medications				
Independent or set-up help only	96.5	(55)	85.7	(6)
Supervision or any assistance	3.5	(2)	14.3	(2)
IADL Self-performance and capacity – stairs				
Independent or set-up help only	98.2	(56)	71.4	(5)
Supervision or any assistance	1.8	(1)	28.6	(2)

Table B1 (cont'd)
interRAI ED-CA assessment results by gender (N = 64)[a]

interRAI Assessment	Male		Female	
	%	(*n*)	%	(*n*)
Falls				
None last 90 days	89.5	(51)	71.4	(5)
None last 30 days, but fell last 31-90	1.8	(1)	-	-
One fall in last 30 days	3.5	(2)	-	-
Two or more falls in last 30 days	5.3	(2)	28.6	(2)
Dyspnea (shortness of breath)				
Absence of symptoms	59.6	(34)	42.9 (3)	
Absent at rest, present with moderate activity	21.1	(12)	28.6	(2)
Absent at rest, present with normal activity	12.3	(7)	28.6	(2)
Present at rest	7.0	(4)	-	-
Pain symptoms				
No pain	35.1	(20)	-	-
Present but not exhibited last 3 days	8.8	(5)	-	-
Exhibited on 1-2 of last 3 days	15.8	(9)	14.3	(1)
Exhibited daily in last 3 days	40.4	(23)	85.7	(6)
Intensity of highest pain level present				
No pain	33.3	(19)	-	-
Mild	7.0	(4)	-	-
Moderate	24.6	(14)	-	-
Severe	22.8	(13)	42.9	(3)
Horrible or excruciating	12.3	(7)	57.1	(4)
Nutritional issues – noticeable decrease food or fluids consumed last 3 days				
No	94.7	(54)	100.0	(7)
Yes	5.3	(3)	-	-
Nutritional issues – noticeable weight loss last 30 – 180 days				
No	86.0	(49)	85.7	(6)
Yes	14.0	(8)	14.3	(1)
Conditions/diseases make cognitive, ADL, mood, behaviour unstable				
No	98.2	(56)	100.0	(7)
Yes	1.8	(1)	-	-
Traumatic injury				
No	59.6	(34)	57.1	(4)
Yes	40.4	(23)	42.9	(3)

Table B1 (cont'd)

interRAI ED-CA assessment results by gender (N = 64)[a]

interRAI Assessment	Male		Female	
	%	(*n*)	%	(*n*)
Section D – Discharge module				
Algorithm scores				
Self-reliance				
0 (is self- reliant)	96.5	(55)	71.4	(5)
1 (not self-reliant)	3.5	(2)	28.6	(2)
Assessment urgency (1-6)				
1 (low)	61.4	(35)	57.1	(4)
2	8.8	(5)	-	
3	26.3	(15)	14.3	(1)
4	3.5	(2)	14.3	(1)
5	-	-	-	
6 (high)	-	-	14.3	(1)
Mood Scale				
0	75.4	(43)	100.0	(7)
1	5.3	(3)	-	-
2	3.5	(2)	-	-
3	1.8	(1)	-	-
4	3.5	(2)	-	-
5	-		-	-
6	3.5	(2)	-	-
7	3.5	(2)	-	-
8	-	-	-	-
9	3.5	(2)	-	-
Pain (0-4)				
0 (none)	35.1	(20)	-	-
1	8.8	(5)	-	-
2	22.8	(13)	-	-
3	22.8	(13)	42.9	(3)
4 (daily, excruciating)	10.5	(6)	57.1	(4)
Emergency department revisit risk (1-5)				
1 (low)	75.4	(43)	71.4	(5)
2	19.3	(11)	14.3	(1)
3	-	-	14.3	(1)
4	1.8	(1)	-	-
5 (high)	3.5	(2)	-	-
Institutional risk (1-5)				
1	86.0	(49)	57.1	(4)
2	1.8	(1)	14.3	(1)
3	-	-	14.3	(1)
4	7.0	(4)	-	-
5	3.5	(2)	14.3	(1)

[a] One participant did not complete the interRAI ED-CA assessment during the interview, data recorded as missing

Table B2

interRAI ED-CA assessment results by Indigenous Ancestry (N = 64)[a]

interRAI Assessment	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Section A - Identification Information				
Age group				
50 – 54	21.1	(4)	24.4	(11)
55 - 59	26.3	(5)	24.4	(11)
60 - 64	21.1	(4)	11.1	(5)
65 - 69	10.5	(2)	26.7	(12)
70 - 74	15.8	(3)	6.7	(3)
75 - 79	-	-	6.7	(3)
80 and older	5.3	(1)	-	-
Lives alone				
No	73.7	(14)	66.7	(30)
Yes	26.3	(5)	33.3	(15)
Section B - Intake and Initial History				
Family/friends overwhelmed				
No	100.0	(19)	91.1	(41)
Yes	-	-	8.9	(4)
Support person for discharge				
No	10.5	(2)	11.1	(5)
Yes	57.9	(11)	64.4	(29)
Lives in institutional setting	31.6	(6)	24.4	(11)
Receiving community health/social services last 90 days				
No	52.6	(10)	57.8	(26)
Yes	15.8	(3)	17.8	(8)
Lives in institutional setting	31.6	(6)	24.4	(11)
Acute hospital overnight stay last 90 days				
No	89.5	(17)	95.6	(43)
Yes	10.5	(2)	4.4	(2)
Emergency department visit last 90 days				
No	73.7	(14)	88.9	(40)
Yes	26.3	(5)	11.1	(5)
Physician visits previous 90 days				
None	26.3	(5)	28.9	(13)
1-2	42.1	(8)	42.2	(19)
3-5	5.3	(1)	17.8	(8)
6 or more	26.3	(5)	11.1	(5)

Table B2 (cont'd)

interRAI ED-CA assessment results by Indigenous ancestry (N = 64)[a]

interRAI Assessment	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Time since last hospital visit previous 90 days				
No hospitalization	89.5	(17)	95.6	(43)
31-90	10.5	(2)	2.2	(1)
15–30	-	-	-	-
8-14	-	-	-	-
In last 7 days	-	-	2.2	(1)
Transferred from other hospital	-	-	-	-
Section C – Clinical Evaluation				
Cognitive skills daily decision-making				
Independent	100.0	(19)	100.0	(45)
Modified/any impairment	-	-	-	-
Ability to understand others				
Understands	84.2	(16)	100.0	(45)
Usually	15.8	(3)	-	-
Often	-	-	-	-
Sometimes	-	-	-	-
Rarely/never	-	-	-	-
Acute change in mental status from usual functioning				
No	94.7	(18)	88.9	(40)
Yes	5.3	(1)	11.1	(5)
Inappropriate or abusive behaviour last 3 days				
No	100.0	(19)	100.0	(45)
Yes	-	-	-	-
Presence of hallucinations last 24 hours				
Not present	100.0	(19)	100.0	(45)
Present but not exhibited	-	-	-	-
Present and exhibited	-	-	-	-
Presence of delusions last 24 hours				
Not present	100.0	(19)	100.0	(45)
Present but not exhibited	-	-	-	-
Present and exhibited	-	-	-	-
Consumed alcohol to point of intoxication last 7 days				
No	100.0	(19)	95.6	(43)
Yes	-	-	4.4	(2)

Table B2 (cont'd)

interRAI ED-CA assessment results by Indigenous ancestry (N = 64)[a]

interRAI Assessment	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Self-reported mood - little interest or pleasure in things you normally enjoy?				
Not in last 3 days	84.2	(16)	88.9	(40)
Not in last 3 days, but often feels that way	10.5	(2)	-	-
1-2 of last 3 days	-	-	6.7	(3)
Daily in last 3 days	5.3	(1)	4.4	(2)
No response				
Self-reported mood - anxious, restless or uneasy?				
Not in last 3 days	89.5	(17)	84.4	(38)
Not in last 3 days, but often feels	-	-	2.2	(1)
1-2 of last 3 days	5.3	(1)	4.4	(2)
Daily in last 3 days	5.3	(1)	8.9	(4)
No response	-	-	-	-
Self-reported mood - sad, depressed, or hopeless?				
Not in last 3 days	78.9	(15)	84.4	(38)
Not in last 3 days, but often feels	5.3	(1)	4.4	(2)
1-2 of last 3 days	10.5	(2)	4.4	(2)
Daily in last 3 days	5.3	(1)	6.7	(3)
No response	-	-	-	-
Self-reported health – in general, rate your own health				
Excellent	10.5	(2)	13.3	(6)
Good	47.4	(9)	48.9	(22)
Fair	21.1	(4)	22.2	(10)
Poor	21.1	(4)	15.6	(7)
No response	-	-	-	-
ADL Self-performance and capacity - bathing				
Independent or set-up help only	100.0	(19)	95.6	(43)
Supervision or physical assistance	-	-	4.4	(2)
ADL Self-performance and capacity – personal hygiene				
Independent or set-up help only	100.0	(19)	100.0	(45)
Supervision or physical assistance	-	-	-	-
ADL Self-performance and capacity – dress lower body				
Independent or set-up help only	100.0	(19)	97.8	(44)
Supervision or physical assistance	-	-	2.2	(1)

Table B2 (cont'd)

interRAI ED-CA assessment results by Indigenous ancestry (N = 64)[a]

interRAI Assessment	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
ADL Self-performance and capacity - locomotion				
Independent or set-up help only	89.5	(17)	100.0	(45)
Supervision or physical assistance	10.5	(2)	-	-
IADL Self-performance and capacity – managing medications				
Independent or set-up help only	94.7	(18)	95.6	(43)
Supervision or any assistance	5.3	(1)	4.4	(2)
IADL Self-performance and capacity – stairs				
Independent or set-up help only	89.5	(17)	97.8	(44)
Supervision or any assistance	10.5	(2)	2.2	(1)
Falls				
None last 90 days	89.5	(17)	86.7	(39)
None last 30 days, but fell last 31-90	-	-	2.2	(1)
One fall in last 30 days	-	-	4.4	(2)
Two or more falls in last 30 days	10.5	(2)	6.7	(3)
Dyspnea (shortness of breath)				
Absence of symptoms	57.9	(11)	57.8	(26)
Absent at rest, present with moderate activity	31.6	(6)	17.8	(8)
Absent at rest, present with normal activity	10.5	(2)	15.6	(7)
Present at rest	-	-	8.9	(4)
Pain symptoms				
No pain	26.3	(5)	33.3	(15)
Present but not exhibited last 3 days	5.3	(1)	8.9	(4)
Exhibited on 1-2 of last 3 days	26.3	(5)	11.1	(5)
Exhibited daily in last 3 days	42.1	(8)	46.7	(21)
Intensity of highest pain level present				
No pain	21.1	(4)	33.3	(15)
Mild	-	-	8.9	(4)
Moderate	26.3	(5)	20.0	(9)
Severe	31.6	(6)	22.2	(10)
Horrible or excruciating	21.1	(4)	15.6	(7)
Nutritional issues – noticeable decrease food or fluids consumed last 3 days				
No	100.0	(19)	93.3	(42)
Yes	-	-	6.7	(3)

Table B2 (cont'd)

interRAI ED-CA assessment results by Indigenous ancestry (N = 64)[a]

interRAI Assessment	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Nutritional issues – noticeable weight loss last 30 – 180 days				
No	73.7	(14)	91.1	(41)
Yes	26.3	(5)	8.9	(4)
Conditions/diseases make cognitive, ADL, mood, behaviour unstable				
No	100.0	(19)	97.8	(44)
Yes	-	-	2.2	(1)
Traumatic injury				
No	42.1	(8)	66.7	(30)
Yes	57.9	(11)	33.3	(15)
Section D – Discharge module				
Algorithm scores				
Self-reliance				
0 (is self- reliant)	89.5	(17)	95.6	(43)
1 (not self-reliant)	10.5	(2)	4.4	(2)
Assessment urgency (1-6)				
1 (low)	57.9	(11)	62.2	(28)
2	10.5	(2)	6.7	(3)
3	21.1	(4)	26.7	(12)
4	10.5	(2)	2.2	(1)
5	-	-	-	-
6 (high)	-	-	2.2	(1)
Mood Scale				
0	68.4	(13)	82.2	(37)
1	15.8	(3)	-	-
2	5.3	(1)	2.2	(1)
3	-	-	2.2	(1)
4	-	-	4.4	(2)
5	-	-	-	-
6	5.3	(1)	2.2	(1)
7	5.3	(1)	2.2	(1)
8	-	-	-	-
9	-	-	4.4	(2)
Pain (0-4)				
0 (none)	26.3	(5)	33.3	(15)
1	5.3	(1)	8.9	(4)
2	21.1	(4)	20.0	(9)
3	31.6	(6)	22.2	(10)
4 (daily, excruciating)	15.8	(3)	15.6	(7)

Table B2 (cont'd)

interRAI ED-CA assessment results by Indigenous ancestry (N = 64)[a]

interRAI Assessment	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Emergency department revisit risk (1-5)				
1 (low)	63.2	(12)	80.0	(36)
2	31.6	(6)	13.3	(6)
3	-	-	2.2	(1)
4	-	-	2.2	(1)
5 (high)	5.3	(1)	2.2	(1)
Institutional risk (1-5)				
1	84.2	(16)	82.2	(37)
2	-	-	4.4	(2)
3	-	-	2.2	(1)
4	5.3	(1)	6.7	(3)
5	10.5	(2)	2.2	(1)

[a] One participant did not complete the interRAI ED-CA assessment during the interview, data recorded as missing

Appendix C: Assessment Results, Community Sample Participants, and Comparison with Older Offender Institutional Population

The interRAI ED-CA was selected for use in the CSC Health Services study of older offenders in correctional facilities that began in April 2018 and concluded with a final report in November 2020 (Hirdes et al., 2020)

In Phase I, all men 65 years of age and older, and all women aged 50 years and older held in custody in federal correctional facilities were eligible to participate. Older persons in custody in each facility were approached by a member of the core correctional facility care team and asked if they would like to meet with the CSC research team nurse to learn more about the assessment process. Those who agreed met with a study team assessor (a CSC nurse) to complete the study's informed consent procedure and the interRAI ED-CA assessment itself.

In Phase II of the correctional facilities study, all men aged 50 years and older, including men in Community Correctional Centres, were eligible to participate in the study.

In total, N = 1,422 older offenders participated in the CSC Health Services facilities study, with representation from each of the CSC regions.

The interRAI ED-CA results from older offenders on conditional release in the community (N = 65) are compared with results from the larger correctional facilities sample (N = 1,422) in Table C1, including chi-square tests of differences in the distribution of health care needs between the two samples.

Table C1

interRAI ED-CA assessment results, community sample participants (N = 64)[a] and older offender institutional population (N = 1,422)

interRAI Assessment	Community Sample		Institutional Population		χ^2	*df*
	%	(*n*)	%	(*n*)		
Section A - Identification Information						
Gender						
Women	10.9	(7)	4.2	(69)	5.193	2
Men	89.1	(57)	94.2	(1340)		
Other	-	-	0.9	(13)		
Age group						
50 – 54	23.4	(15)	26.2	(373)	1.832	6
55 – 59	25.0	(16)	22.9	(326)		
60 - 64	14.1	(9)	16.9	(240)		
65 - 69	21.9	(14)	16.5	(235)		
70 - 74	9.4	(6)	9.7	(138)		
75 - 79	4.7	(3)	5.6	(79)		
80 and older	1.6	(1)	2.2	(31)		
Lives alone						
No	68.8	(44)	99.8	(1419)	n/a	-
Yes	31.3	(20)	0.2	(3)		
Section B - Intake and Initial History						
Family/friends overwhelmed						
No	93.8	(60)	99.6	(1417)	n/a	-
Yes	6.3	(4)	0.4	(5)		
Support person for discharge						
No	10.9	(7)	4.6	(65)		
Yes	62.5	(40)	0.2	(3)		
Lives in institutional setting	26.2	(17)	95.2	(1354)		
Receiving community health/social services last 90 days						
No	56.3	(36)	4.4	(62)	n/a	-
Yes	17.2	(11)	-	-		
Lives in institutional setting	26.6	(17)	95.6	(1360)		
Acute hospital overnight stay last 90 days						
No	93.8	(60)	96.6	(1373)	1.40	1
Yes	6.3	(4)	3.4	(49)		

* $p < .05$, **$p < .01$, ***$p < .001$

Table C1 (cont'd)

interRAI ED-CA assessment results, community sample participants (N = 64)[a] and older offender institutional population (N = 1,422)

interRAI Assessment	Community Sample		Institutional Population		χ^2	*df*
	%	(*n*)	%	(*n*)		
Emergency department visit last 90 days						
No	84.4	(54)	89.5	(1272)	1.643	1
Yes	15.6	(10)	10.5	(150)		
Physician visits previous 90 days						
None	28.1	(18)	27.8	(396)	6.412	3
1-2	42.2	(27)	43.6	(620)		
3-5	14.1	(9)	21.0	(298)		
6 or more	15.6	(10)	7.6	(108)		
Time since last hospital visit previous 90 days						
No hospitalization	93.8	(60)	96.3	(1369)	1.057	1[4]
Yes hospitalization	6.2	(4)	3.7	(53)		
Section C – Clinical Evaluation						
Cognitive skills daily decision-making						
Independent	100.0	(64)	95.1	(1353)	3.257	1
Modified/any impairment	-	-	4.9	(69)		
Ability to understand others						
Understands	95.3	(61)	89.8	(1277)	2.073	1[4]
Usually/most times	4.7	(3)	10.2	(145)		
Acute change in mental status from usual functioning						
No	90.6	(58)	89.9	(1278)	0.038	1
Yes	9.4	(6)	10.1	(144)		
Inappropriate or abusive behaviour last 3 days						
No	100.0	(64)	97.5	(1387)	1.613	1
Yes	-	-	2.5	(35)		
Presence of hallucinations last 24 hours						
Not present	100.0	(64)	95.5	(1358)	2.377	1[4]
Present	-	-	4.5	(64)		
Presence of delusions last 24 hours						
Not present	100.0	(64)	96.4	(1371)	3.010	1[4]
Present	-	-	3.6	(51)		

* $p < .05$, **$p < .01$, ***$p < .001$

[4] Categories collapsed to 2 to have sufficient cases in cells to allow for chi-square analysis

Table C1 (cont'd)

interRAI ED-CA assessment results, community sample participants (N = 64)[a] and older offender institutional population (N = 1,422)

interRAI Assessment	Community Sample		Institutional Population		χ^2	*df*
	%	(*n*)	%	(*n*)		
Consumed alcohol to point of intoxication last 7 days						
No	96.9	(62)	99.7	(1418)[5]	n/a	-
Yes	3.1	(2)	0.3	(4)		
Self-reported mood - little interest or pleasure in things you normally enjoy?						
Not in last 3 days	87.5	(56)	87.3	(1241)	0.537	4
Not in last 3 days, but often feels that way	3.1	(2)	3.3	(47)		
1-2 of last 3 days	4.7	(3)	3.7	(52)		
Daily in last 3 days	4.7	(3)	5.3	(75)		
No response	-	-	0.5	(7)		
Self-reported mood - anxious, restless or uneasy?						
Not in last 3 days	85.9	(55)	68.8	(979)	8.660	4
Not in last 3 days, but often feels	1.6	(1)	5.3	(75)		
1-2 of last 3 days	4.7	(3)	11.7	(166)		
Daily in last 3 days	7.8	(5)	14.1	(201)		
No response	-	-	0.1	(1)		
Self-reported mood - sad, depressed, or hopeless?						
Not in last 3 days	82.8	(53)	74.3	(1056)	2.510	4
Not in last 3 days, but often feels	4.7	(3)	5.7	(81)		
1-2 of last 3 days	6.3	(4)	9.2	(131)		
Daily in last 3 days	6.3	(4)	10.8	(154)		
No response	-	-	-	-		
Self-reported health – in general, rate your own health						
Excellent	12.5	(8)	20.4	(290)	3.312	4
Good	48.4	(31)	46.4	(660)		
Fair	21.9	(14)	21.0	(299)		
Poor	17.2	(11)	12.1	(172)		
No response	-	-	0.1	(1)		
ADL Self-performance and capacity - bathing						
Independent or set-up help only	96.9	(62)	98.0	(1393)	0.352	1
Supervision or physical assistance	3.1	(2)	2.0	(29)		

* $p < .05$, ** $p < .01$, *** $p < .001$

[5] Given that alcohol is a contraband item within federal institutions, it is not surprising that consumption of alcohol to the point of intoxication occurs so infrequently among the institutional population.

Table C1 (cont'd)

interRAI ED-CA assessment results, community sample participants (N = 64)[a] and older offender institutional population (N = 1,422)

interRAI Assessment	Community Sample		Institutional Population		χ^2	*df*
	%	(*n*)	%	(*n*)		
ADL Self-performance and capacity – personal hygiene						
Independent or set-up help only	100.0	(64)	98.2	(1397)	1.797	1
Supervision or physical assistance	-	-	1.8	(25)		
ADL Self-performance and capacity – dress lower body						
Independent or set-up help only	98.4	(63)	97.7	(1389)	0.157	1
Supervision or physical assistance	1.6	(1)	2.3	(33)		
ADL Self-performance and capacity - locomotion						
Independent or set-up help only	96.9	(62)	95.5	(1358)	0.273	1
Supervision or physical assistance	3.1	(2)	4.5	(64)		
IADL Self-performance and capacity – managing medications						
Independent or set-up help only	95.3	(61)	94.8	(1348)	0.033	1
Supervision or any assistance	4.7	(3)	5.2	(74)		
IADL Self-performance and capacity – stairs						
Independent or set-up help only	95.3	(61)	91.6	(1302)	1.135	1
Supervision or any assistance	4.7	(3)	8.4	(120)		
Falls						
None last 90 days	87.5	(56)	87.1	(1238)	5.478	3
None last 30 days, but fell last 31-90	1.6	(1)	4.6	(65)		
One fall in last 30 days	3.1	(2)	5.1	(73)		
Two or more falls in last 30 days	7.8	(5)	3.2	(46)		
Dyspnea (shortness of breath)						
Absence of symptoms	57.8	(37)	72.9	(1037)	8.037*	3
Absent at rest, present with moderate activity	21.9	(14)	16.0	(228)		
Absent at rest, present with normal activity	14.1	(9)	7.1	(101)		
Present at rest	6.3	(4)	3.9	(56)		

* $p < .05$, ** $p < .01$, *** $p < .001$

Table C1 (cont'd)
interRAI ED-CA assessment results, community sample participants (N = 64)[a] and older offender institutional population (N = 1,422)

interRAI Assessment	Community Sample		Institutional Population		χ^2	*df*
	%	(*n*)	%	(*n*)		
Pain symptoms						
No pain	31.3	(20)	43.7	(622)	6.521	3
Present but not exhibited last 3 days	7.8	(5)	5.2	(74)		
Exhibited on 1-2 of last 3 days	15.6	(10)	7.9	(122)		
Exhibited daily in last 3 days	45.3	(29)	43.2	(614)		
Intensity of highest pain level present						
No pain	29.7	(19)	43.8	(623)	42.566***	4
Mild	6.3	(4)	11.2	(159)		
Moderate	21.9	(14)	23.8	(338)		
Severe	25.0	(16)	18.4	(262)		
Horrible or excruciating	17.2	(11)	2.8	(40)		
Nutritional issues – noticeable decrease food or fluids consumed last 3 days						
No	95.3	(61)	95.4	(1357)	0.002	1
Yes	4.7	(3)	4.6	(65)		
Nutritional issues – noticeable weight loss last 30 – 180 days						
No	85.9	(55)	94.6	(1345)	8.400**	1
Yes	14.1	(9)	5.4	(77)		
Conditions/diseases make cognitive, ADL, mood, behaviour unstable						
No	98.4	(63)	70.4	(1001)	23.687***	1
Yes	1.6	(1)	29.6	(421)		
Traumatic injury						
No	59.4	(38)	68.1	(969)	2.156	1
Yes	40.6	(26)	31.9	(453)		
Section D – Discharge module						
Algorithm scores						
Self-reliance						
0 (is self- reliant)	93.8	(60)	90.4	(1285)	0.817	1
1 (not self-reliant)	6.3	(4)	9.6	(137)		

* $p < .05$, ** $p < .01$, *** $p < .001$

Table C1 (cont'd)

interRAI ED-CA assessment results, community sample participants (N = 64)[a] and older offender institutional population (N = 1,422)

interRAI Assessment	Community Sample		Institutional Population		χ^2	*df*
	%	(*n*)	%	(*n*)		
Assessment urgency						
1 (low)	60.9	(39)	50.3	(715)	3.679	5
2	7.8	(5)	8.9			
3	25.0	(16)	31.2	(443)		
4	4.7	(3)	4.9	(69)		
5	-	-	1.1	(15)		
6 (high)	1.6	(1)	3.7	(53)		
Mood Scale						
0	78.1	(50)	59.6	(848)	15.060	9
1	4.7	(3)	4.9	(70)		
2	3.1	(2)	10.5)	(149		
3	1.6	(1)	7.5	(107)		
4	3.1	(2)	4.0	(57)		
5	-	-	3.1	(44)		
6	3.1	(2)	5.8	(82)		
7	3.1	(2)	1.2	(17)		
8	-	-	0.9	(13)		
9	3.1	(2)	2.5	(35)		
Pain (0-4)						
0 (none)	31.3	(20)	43.7	(622)	519.339***	4
1	7.8	(5)	13.1	(186)		
2	20.3	(13)	-	-		
3	25.0	(16)	43.2	(614)		
4 (daily, excruciating)	15.6	(10)	-	-		

* $p < .05$, ** $p < .01$, *** $p < .001$

Table C1 (cont'd)

interRAI ED-CA assessment results, community sample participants (N = 64)[a], and comparison with older offender institutional population (N = 1,422)

interRAI Assessment	Community Sample		Institutional Population		χ^2	*df*
	%	(*n*)	%	(*n*)		
Emergency Department revisit risk (1-5)					5.357	4
1 (low)	75.0	(48)	62.0	(882)		
2	18.8	(12)	31.0	(441)		
3	1.6	(1)	2.2	(31)		
4	1.6	(1)	2.7	(38)		
5 (high)	3.1	(2)	2.1	(30)		
Institutional risk (1-5)						
1	82.8	(53)	82.2	(1169)	3.765	4
2	3.1	(2)	7.7	(110)		
3	1.6	(1)	2.3	(32)		
4	6.3	(4)	5.7	(81)		
5	4.7	(3)	2.1	(30)		

* $p < .05$, ** $p < .01$, *** $p < .001$

[a] One participant did not complete the interRAI ED-CA assessment during the interview, case excluded from table calculations

Appendix D: Community Sample Participant Responses to Structured Interview Protocol Questions by Gender and Indigenous Ancestry

Table D1

Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
Background Information				
Age when most recently incarcerated				
< 50 years	52.6	(30)	37.5	(3)
50 – 64 years	31.6	(18)	62.5	(5)
65 years or older	14.0	(8)	-	-
How many years have you been in prison on…				
(a) most recent incarceration				
less than 5	33.3	(19)	75.0	(6)
5 - 10	15.8	(9)	25.0	(2)
11 - 15	15.8	(9)	-	-
16 – 20	12.3	(7)	-	-
more than 20	21.1	(12)	-	-
(b) total for all incarcerations				
less than 5	29.8	(17)	50.0	(4)
5 - 10	10.5	(6)	25.0	(2)
11 - 15	12.3	(7)	12.5	(1)
16 – 20	14.0	(8)	12.5	(1)
more than 20	29.8	(17)	-	-
Age when most currently released from prison				
Less than 40 years old	10.5	(6)	12.5	(1)
40 – 49	12.3	(7)	-	-
50 – 59	38.6	(22)	50.0	(4)
60 - 69	28.1	(16)	12.5	(1)
70 – 79	8.8	(5)	-	-
80 or older	-	-	-	-

Table D1 (cont'd)
Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
How long have you been on release in community				
Less than 1 year	28.1	(16)	50.0	(4)
1 – 5 years	43.8	(25)	37.5	(3)
6 – 10 years	8.8	(5)	-	-
11 – 15 years	7.0	(4)	12.5	(1)
16 – 20 years	1.8	(1)	-	-
more than 20 years	8.8	(5)	-	-
How would you answer this question?				
I have grown old in custody due to serving a lengthy sentence	52.6	(30)	12.5	(1)
Multiple admission and spent much of my adult life in custody	12.3	(7)	50.0	(4)
Was incarcerated for the first time in my 50's or 60's	29.8	(17)	37.5	(3)
Part A – Health and Wellness				
How would you rate your overall health (1-10)?				
1 – 2 (very poor/poor)	3.5	(2)	-	-
3 – 4	12.3	(7)	25.0	(2)
5 – 6	28.1	(16)	25.0	(2)
7 – 8	36.8	(21)	50.0	(4)
9 – 10 (very good/excellent)	17.5	(10)	-	
Any physical conditions limiting your activities				
No	35.1	(20)	12.5	(1)
Yes	64.9	(37)	87.5	(7)
Do you have any special dietary needs?				
No	78.9		50.0	

	(45)	(4)
Yes	21.1	50.0
	(12)	(4)
Do you have a family doctor?		
No	24.6	-
	(14)	
Yes	75.4	100.0
	(43)	(8)

Table D1 (cont'd)
Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
Do you take any medications?				
No	14.0	(8)	-	-
Yes	86.0	(49)	100.0	(8)
How many prescription medications are you currently taking?				
None	14.0	(8)	-	-
1 - 2	29.8	(17)	12.5	(1)
3 - 4	26.3	(15)	50.0	(4)
5 - 6	12.3	(7)	12.5	(1)
7 - 8	7.0	(4)	12.5	(1)
More than 8	10.5	(6)	-	-
Do you have a dentist?				
No	57.9	(33)	62.5	(5)
Yes	42.1	(24)	37.5	(3)
Do you have a mental health professional that you see?				
No	59.6	(34)	62.5	(5)
Yes	40.4	(23)	37.5	(3)
Do you have an addiction treatment specialist that you see?				
No	71.9	(41)	75.0	(6)
Yes	28.1	(16)	25.0	(2)
How do you think your health needs are being met (1-10)?				
1 – 2 (very poorly/poorly)	5.3	(3)	12.5	(1)
3 – 4	1.8	(1)	25.0	(2)
5 – 6	15.8	(9)	-	-
7 – 8	33.3	(19)	37.5	(3)
9 – 10 (very well/excellent)	43.8	(25)	25.0	(2)

Table D1 (cont'd)
Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
Part B – Family, Friends and Social Relationships				
Do you currently receive support from family members?				
No	33.3	(19)	37.5	(3)
Yes	66.7	(38)	62.5	(5)
Involved in intimate relationship now or at some point during your release?				
No	57.9	(33)	75.0	(6)
Yes	42.1	(24)	25.0	(2)
Do you have any children?				
No	28.1	(16)	37.5	(3)
Yes	71.9	(41)	62.5	(5)
Do you often socialize with friends often?				
No	35.1	(20)	37.5	(3)
Yes	64.9	(37)	62.5	(5)
Part C – Housing and Community				
How rate your experience living in community (1-10)?				
1 – 2 (very poor/poor)	5.3	(3)	-	-
3 – 4	1.8	(1)	-	-
5 – 6	7.0	(4)	12.5	(1)
7 – 8	38.6	(22)	37.5	(3)
9 – 10 (very good/excellent)	43.8	(25)	37.5	(3)
Has criminal record limited ability to function in community?				
No	42.1	(24)	12.5	(1)
Yes	57.9	(33)	87.5	(7)
Does your older age limit your ability to function in the community?				
No	66.7	(38)	87.5	(7)
Yes	33.3	(19)	12.5	(1)

Table D1 (cont'd)
Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
Where you are living now, is it a safe and stable living arrangement?				
No	5.3	(3)	12.5	(1)
Yes	94.7	(54)	87.5	(7)
Do you see a time when you will be living in a supported living situation?				
No	63.2	(36)	25.0	(2)
Yes	36.8	(21)	75.0	(6)
What is highest level of schooling you completed?				
Less than high school	28.1	(16)	12.5	(1)
Completed high school	19.3	(11)	37.5	(3)
Some college/CGEP/university	15.8	(9)	-	-
Completed college/CGEP/Trades	15.8	(9)	37.5	(3)
Completed university	21.1	(12)	12.5	(1)
Other	-	-	-	-
On your release did you find a job in the community				
No	33.3	(19)	25.0	(2)
Yes	66.7	(38)	75.0	(6)
What is your current employment status?				
Part-time	7.0	(4)	12.5	(1)
Full-time	24.6	(14)	50.0	(4)
Unemployed	24.6	(14)	12.5	(1)
Casual employment	5.3	(3)	-	-
Seasonal employment	-	-	-	-
Self-employed	7.0	(4)	-	-
Unable to work (disability)	7.0	(4)	25.0	(2)
Retired	19.3	(11)	-	-
Other	5.3	(3)	-	

Table D1 (cont'd)
Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
Do you have sources of income other than job?				
No	26.3	(15)	62.5	(5)
Yes	73.7	(42)	37.5	(3)
What would you estimate your annual income to be?				
Less than $30,000 per year	68.4	(39)	75.0	(6)
$30,000 per year or more	28.1	(16)	12.5	(1)
Do you have access to reliable transportation				
No	-	-	-	-
Yes	100.0	(57)	100.0	(8)
Do you have access to technology (phone, internet, etc.)				
No	3.5	(2)	12.5	(1)
Yes	96.5	(55)	87.5	(7)
Following release have you been enrolled in or completed any CSC programs?				
No	50.9	(29)	12.5	(1)
Yes	49.1	(28)	87.5	(7)
Following release have you been enrolled in or completed any non-CSC programs?				
No	56.1	(32)	12.5	(1)
Yes	43.9	(25)	87.5	(7)
Do you continue to see a parole officer on a regular basis?				
No	-	-	-	-
Yes	100.0	(57)	100.0	(8)
Is your parole officer sensitive to any limitations you may have based on your age?				
No	42.1	(24)	37.5	(3)
Yes	56.1	(32)	62.5	(5)
Are you able to access leisure activities you would like to be a part of?				
No	21.1	(12)	25.0	(2)
Yes	78.9	(45)	75.0	(6)

Table D1 (cont'd)
Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
Part D – Avoidance of Substance Misuse				
Have you had any issues with substance misuse?				
No	47.4	(27)	50.0	(4)
Yes	52.6	(30)	50.0	(4)
Part E – Personal/Emotional				
Do you feel safe in the community?				
No	3.5	(2)	-	-
Yes	94.7	(54)	100.0	(8)
Have you been a victim of bullying or abuse?				
No	89.5	(51)	87.5	(7)
Yes	8.8	(5)	12.5	(1)
Do you have someone you can reach out to if you need help?				
No	5.3	(3)	-	-
Yes	94.7	(54)	100.0	(8)
Do you think you spend too much time on your own?				
No	73.7	(42)	75.0	(6)
Yes	24.6	(14)	25.0	(2)
Is loneliness a problem for you?				
No	80.7	(46)	75.0	(6)
Yes	17.5	(10)	25.0	(2)
Part F – Connection to Culture/Spirituality				
Do you consider yourself connected to your culture?				
No	38.6	(22)	12.5	(1)
Yes	61.4	(35)	87.5	(7)
Do you consider yourself a religious or spiritual person?				
No	21.1	(12)	-	-
Yes	78.9	(45)	100.0	(8)

Table D1 (cont'd)
Community sample participant responses to structured interview protocol questions, by gender, (N = 65)[b]

Category/Question/Response	Male		Female	
	%	(*n*)	%	(*n*)
If you are an Indigenous person, do you use any cultural resources in the community?				
Not applicable	66.7	(38)	62.5	(5)
No	12.3	(7)	25.0	(2)
Yes	21.1	(12)	12.5	(1)

[b] Missing data <5%

Table D2

Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Background Information				
Age when most recently incarcerated				
< 50 years	65.0	(13)	44.4	(20)
50 – 64 years	30.0	(6)	37.8	(17)
65 years or older	5.0	(1)	15.6	(7)
How many years have you been in prison on…				
(a) most recent incarceration				
less than 5	20.0	(4)	46.7	(21)
5 - 10	10.0	(2)	20.0	(9)
11 - 15	5.0	(1)	17.8	(8)
16 – 20	20.0	(4)	6.7	(3)
more than 20	40.0	(8)	8.9	(4)
(b) total for all incarcerations				
less than 5	10.0	(2)	42.2	(19)
5 - 10	5.0	(1)	15.6	(7)
11 - 15	15.0	(3)	11.1	(5)
16 – 20	20.0	(4)	11.1	(5)
more than 20	40.0	(8)	20.0	(9)
Age when most currently released from prison				
Less than 40 years old	10.0	(2)	11.1	(5)
40 – 49	15.0	(3)	8.9	(4)
50 – 59	50.0	(10)	40.0	(18)
60 - 69	15.0	(3)	31.1	(14)
70 – 79	10.0	(2)	6.7	(3)
80 or older	-	-	-	-

Table D2 (cont'd)
Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
How long have you been on release in community				
Less than 1 year	30.0	(6)	31.1	(14)
1 – 5 years	40.0	(8)	44.4	(20)
6 – 10 years	15.0	(3)	4.4	(2)
11 – 15 years	10.0	(2)	6.7	(3)
16 – 20 years	-	-	2.2	(1)
more than 20 years	5.0	(1)	8.9	(4)
How would you answer this question?				
I have grown old in custody due to serving a lengthy sentence	65.0	(13)	40.0	(18)
Multiple admission and spent much of my adult life in custody	25.0	(5)	13.3	(6)
Was incarcerated for the first time in my 50's or 60's	10.0	(2)	40.0	(18)
Part A – Health and Wellness				
How would you rate your overall health (1-10)?				
1 – 2 (very poor/poor)	5.0	(1)	2.2	(1)
3 – 4	25.0	(5)	8.9	(4)
5 – 6	25.0	(5)	28.9	(13)
7 – 8	35.0	(7)	40.0	(18)
9 – 10 (very good/excellent)	10.0	(2)	17.8	(8)
Any physical conditions limiting your activities				
No	60.0	(12)	71.1	(32)
Yes	40.0	(8)	28.9	(13)
Do you have any special dietary needs?				
No	65.0	(13)	80.0	(36)
Yes	35.0	(7)	20.0	(9)
Do you have a family doctor?				
No	35.0	(7)	15.6	(7)
Yes	65.0	(13)	84.4	(38)

Table D2 (cont'd)
Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Do you take any medications?				
No	25.0	(5)	6.7	(3)
Yes	75.0	(15)	93.3	(42)
How many prescription medications are you currently taking?				
None	25.0	(5)	6.7	(3)
1 - 2	30.0	(6)	26.7	(12)
3 - 4	10.0	(2)	37.8	(17)
5 - 6	25.0	(5)	6.7	(3)
7 - 8	5.0	(1)	8.9	(4)
More than 8	-	-	13.3	(6)
Do you have a dentist?				
No	60.0	(12)	57.8	(26)
Yes	40.0	(8)	42.2	(19)
Do you have a mental health professional that you see?				
No	55.0	(11)	62.2	(28)
Yes	45.0	(9)	37.8	(17)
Do you have an addiction treatment specialist that you see?				
No	60.0	(12)	77.8	(35)
Yes	40.0	(8)	22.2	(10)
How do you think your health needs are being met (1-10)?				
1 – 2 (very poorly/poorly)	15.0	(3)	2.2	(1)
3 – 4	5.0	(1)	4.4	(2)
5 – 6	25.0	(5)	8.9	(4)
7 – 8	15.0	(3)	42.2	(19)
9 – 10 (very well/excellent)	40.0	(8)	42.2	(19)

Table D2 (cont'd)
Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Part B – Family, Friends and Social Relationships				
Do you currently receive support from family members?				
No	30.0	(6)	35.6	(16)
Yes	70.0	(14)	64.4	(29)
Involved in intimate relationship now or at some point during your release?				
No	80.0	(16)	51.1	(23)
Yes	20.0	(4)	48.9	(22)
Do you have any children?				
No	25.0	(5)	31.1	(14)
Yes	75.0	(15)	68.9	(31)
Do you often socialize with friends often?				
No	40.0	(8)	33.3	(15)
Yes	60.0	(12)	66.7	(30)
Part C – Housing and Community				
How rate your experience living in community (1-10)?				
1 – 2 (very poor/poor)	10.0	(2)	2.2	(1)
3 – 4	-	-	2.2	(1)
5 – 6	5.0	(1)	8.9	(4)
7 – 8	15.0	(3)	48.9	(22)
9 – 10 (very good/excellent)	65.0	(13)	33.3	(15)
Has criminal record limited ability to function in community?				
No	45.0	(9)	35.6	(16)
Yes	55.0	(11)	64.4	(29)
Does your older age limit your ability to function in the community?				
No	70.0	(14)	68.9	(31)
Yes	30.0	(6)	31.1	(14)

Table D2 (cont'd)
Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	% (*n*)		% (*n*)	
Where you are living now, is it a safe and stable living arrangement?				
No	10.0	(2)	4.4	(2)
Yes	90.0	(18)	95.6	(43)
Do you see a time when you will be living in a supported living situation?				
No	75.0	(15)	51.1	(23)
Yes	25.0	(5)	48.9	(22)
What is highest level of schooling you completed?				
Less than high school	35.0	(7)	22.2	(10)
Completed high school	25.0	(5)	20.0	(9)
Some college/CGEP/university	15.0	(3)	13.3	(6)
Completed college/CGEP/Trades	20.0	(4)	17.8	(8)
Completed university	5.0	(1)	26.7	(12)
Other	-	-	-	-
On your release did you find a job in the community				
No	30.0	(6)	33.3	(15)
Yes	70.0	(14)	66.7	(30)
What is your current employment status?				
Part-time	10.0	(2)	6.7	(3)
Full-time	30.0	(6)	26.7	(12)
Unemployed	15.0	(3)	26.7	(12)
Casual employment	5.0	(1)	4.4	(2)
Seasonal employment	-	-	-	-
Self-employed	5.0	(1)	6.7	(3)
Unable to work (disability)	10.0	(2)	8.9	(4)
Retired	25.0	(5)	13.3	(6)
Other	-	-	6.7	(3)

Table D2 (cont'd)
Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Do you have sources of income other than job?				
No	30.0	(6)	31.1	(14)
Yes	70.0	(14)	68.9	(31)
What would you estimate your annual income to be?				
Less than $30,000 per year	55.0	(11)	75.6	(34)
$30,000 per year or more	35.0	(7)	22.2	(10)
Do you have access to reliable transportation				
No	-	-	-	-
Yes	100.0	(20)	100.0	(45)
Do you have access to technology (phone, internet, etc.)				
No	-	-	6.7	(3)
Yes	100.0	(20)	93.3	(42)
Following release have you been enrolled in or completed any CSC programs?				
No	40.0	(8)	48.9	(22)
Yes	60.0	(12)	51.1	(23)
Following release have you been enrolled in or completed any non-CSC programs?				
No	25.0	(5)	62.2	(28)
Yes	75.0	(15)	37.8	(17)
Do you continue to see a parole officer on a regular basis?				
No	-	-	-	-
Yes	100.0	(20)	100.0	(45)
Is your parole officer sensitive to any limitations you may have based on your age?				
No	35.0	(7)	44.4	(20)
Yes	65.0	(13)	53.3	(24)
Are you able to access leisure activities you would like to be a part of?				
No	20.0	(4)	22.2	(10)
Yes	80.0	(16)	77.8	(35)

Table D2 (cont'd)
Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
Part D – Avoidance of Substance Misuse				
Have you had any issues with substance misuse?				
No	25.0	(5)	57.8	(26)
Yes	75.0	(15)	42.2	(19)
Part E – Personal/Emotional				
Do you feel safe in the community?				
No	5.0	(1)	2.2	(1)
Yes	90.0	(18)	97.8	(44)
Have you been a victim of bullying or abuse?				
No	90.0	(18)	88.9	(40)
Yes	5.0	(1)	11.1	(5)
Do you have someone you can reach out to if you need help?				
No	5.0	(1)	4.4	(2)
Yes	95.0	(19)	95.6	(43)
Do you think you spend too much time on your own?				
No	65.0	(13)	77.8	(35)
Yes	35.0	(7)	20.0	(9)
Is loneliness a problem for you?				
No	70.0	(14)	84.4	(38)
Yes	30.0	(6)	13.3	(6)
Part F – Connection to Culture/Spirituality				
Do you consider yourself connected to your culture?				
No	20.0	(4)	42.2	(19)
Yes	80.0	(16)	57.8	(26)
Do you consider yourself a religious or spiritual person?				
No	20.0	(4)	17.8	(8)
Yes	80.0	(16)	82.2	(37)

Table D2 (cont'd)
Community sample participant responses to structured interview protocol questions by Indigenous ancestry, (N = 65)[b]

Category/Question/Response	Indigenous		Non-Indigenous	
	%	(*n*)	%	(*n*)
If you are an Indigenous person, do you use any cultural resources in the community?				
Not applicable	-	-	95.6	(43)
No	40.0	(8)	2.2	(1)
Yes	60.0	(12)	2.1	(1)

[b] Missing data <5%