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OFFENDER COMPLAINT AND GRIEVANCE SYSTEM AUDIT REPORT



Performance Assurance Sector
Correctional Service Canada

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Executive Summary

The Offender Complaint and Grievance System audit was conducted in November-December of 2000 and January-June of 2001 as part of the Performance Assurance audit calendar for 2000-2001. A numerical scoring approach was used to assess each of the fifteen institutions, the five Regional Offices and the Inmate Affairs Division at NHQ. Included in the fifteen were five maximum, six medium, the Special Handling Unit, four of the women's facilities as well as two of the Federally Sentenced Women's units in Springhill Institution and Quebec's Regional Reception Centre.

Generally, no major issues were identified with respect to how complaints/grievances/claims against the crown were processed and responded to. There were some concerns about consistency and quality. For instance, the major finding addressed in the report was the lack of training for the institutional and possibly Regional grievance coordinators. A number of them were found to have been assigned to the position with little or no formal training and expected to learn on the job, hence, there appeared to be a number of interpretations with respect to acknowledgements, expectations from the respondents and timeframes being assigned and met. The review team felt that this could be satisfactorily addressed by providing centralized training and yearly follow-up.

The review team would also like to point out that a number of individuals had taken upon themselves to "go that extra mile" to give value added to their work as grievance coordinators. The results of this personal commitment became evident in places such as Edmonton Institution, where the offender committee commented positively on the efforts made to use mediation to resolve issues and, indeed, the drop in formal grievance statistics bears this out. Donnacona Institution has also introduced a mediation/peer counseling process which also appears to be reducing the number of complaints. Although the review team did not visit Warkworth Institution, they would like to take this opportunity to acknowledge the significant contribution their grievance coordinator has made in informally resolving and, therefore, reducing the number of formal complaints at that institution.

All in all, the review teams acknowledge that the grievance coordinators in all institutions are making a recognizable effort to making the system work. With the addition of consistent training and possibly a centralized information service which could be used for consultation on process issues, we foresee that the system can only get better.

Each institution visited was provided with a detailed summary of their results. Although no major problems were identified and the overall results were generally good, it is expected that each institution will take corrective action on the specific deficiencies identified.

Summary of Findings

Finding # 1: There is no national, regional, or institutional training provided to the staff who process complaints, grievances or claims against the Crown. A few sites have offered information sessions to staff in general, but most are trained on the job by current or former coordinators. In addition, many of the grievance coordinators were given the job as an add-on to their regular duties, or conversely, they were often assigned additional duties.

Finding # 2: Many of the institutional grievance coordinators expressed the opinion that, as their positions are at relatively junior levels, they feel awkward quality controlling the responses provided on the complaint and grievance forms by more senior staff. Some also felt that they did not have management backup to complete this task.

Finding # 3: There is no official regional or national support system in place for the coordinators; they often depend on their counterparts from other institutions for advice and guidance. Some stated that, if necessary, they could call RHQ and NHQ for advice, but overall, they believed that an occasional meeting with their peers in other facilities to exchange ideas would be very productive.

Finding # 4: In the case where there is an exceptionally good grievance coordinator in place who deals with complaints efficiently but perhaps in an unorthodox manner, there is no current way to ensure that his/her replacement will be able to provide such a unique service (such as recognition and encouragement for new staff to carry on the service).

Finding # 5: Not all sites had backup in place when the grievance coordinator was on leave. Therefore, some sites had lengthy delays in the processing of complaints, grievances, and claims against the Crown upon return of the coordinator from holidays.

Finding # 6: In three institutions, the review teams found examples of complaints/grievances which were not being responded to in the same official language that they were originally submitted. Another region made efforts to provide responses in the language in which the grievance was submitted, however, the review team feels obliged to comment on the poor quality of the translation in some cases.

Finding # 7: It is often difficult to confirm that timeframes are being met through OMS as the system automatically adjusts the timeframes when an extension letter is generated (this issue was brought to the attention of NHQ Offender Affairs Division and has since been addressed).

Finding # 8: In at least one region, there is no system in place, either regionally or institutionally, to track and ensure that corrective action has been taken on upheld and upheld-in-part grievances let alone adherence to timeframes for action to be taken.(again, this is also being addressed by NHQ and IA).

Finding # 9: The quality of analysis for claims against the Crown varied from thorough to almost non-existent. There is a need for a consistent approach and this appeared to be achieved best in those cases where one person was solely responsible for conducting all of the investigations. Although an instruction package exists, staff members are either unaware of its existence or do not always use it either in full or in part.

Recommendation # 1 That Offender Affairs, NHQ review the role of institutional grievance coordinators and that RHQ/NHQ ensure that adequate training and support be provided to them.

OPI :ACPPC

Action Plan

Six of the nine findings in the audit relate to standards and training. Inmate Affairs is also sensitive to concerns expressed by the Correctional Investigator, by staff at the regional and operational levels, and through observation of the responses and processes at the various levels. Inmate Affairs must take the initiative in 2002-03 to establish clear and consistent standards for processing and analyzing offender complaints, and follow up with a national training program. This will be supported by a review of existing policy and the manual, development of information sheets for staff and offenders, and increased use of the Infonet. The offender complaint and grievance system is an essential component of the rule of law in federal institutions. While the audit indicates a reasonable level of performance in processing and responding to grievances, it is clear that a stronger commitment is needed to ensure that the process is fair, timely and effective.

Steps to be taken to improve effectiveness include:

Task	Completion Date
Prepare and circulate discussion paper on roles, standards and objectives for investigation of grievances.	02-03-30
Consult with regions, Correctional Investigator regarding any required changes to Commissioner's Directive 081 and the Offender Grievance Training Manual for Staff	02-04-30
Convene national meeting of Regional Administrators and institutional managers responsible for investigation of grievances to finalize policy changes, establish service standards and develop content for national training package.	02-05-15
Complete consultation with staff and inmates, submit revised policy and standards for approval by EXCOM.	02-06-30
Conduct separate training sessions in all regions for coordinators who process grievances and for supervisors who respond to grievances.	02-09-30
Promulgate revised policy and standards	02-10-30
Monitor implementation	03-01-30 and annually

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Introduction

The purpose of the audit was to assess compliance with CSC's policies and procedures relating to the Complaint and Grievance process for Offenders. At each of the sites visited, the audit team examined the established process in place for dealing with the complaints/grievances/claims, reviewed a maximum of 30 files for quality detail and timeframes and consulted with inmate committees and inmate grievance coordinators.

Commissioner's Directive 081 also applies to the handling and processing of grievances in Parole Offices, however, statistics gathered from the Inmate Affairs Division and OMS indicated that there is little or no grievance activity from offenders on Conditional Release. It was, therefore, decided that the review would be concentrated on the areas where most activities occurred. In addition, attention was given to the women's facilities as a result of the Correctional Investigator's contention that their complaints were being neglected.

The purpose of the audit was to assess compliance with CSC's policies and procedures relating to the Offender Complaint and Grievance process. In addition, the procedures for handling claims against the Crown were also reviewed. At each of the sites visited, the audit teams examined the procedures for processing complaints/grievances, timeframes, quality and completeness of responses, and follow-up measures where required. At the suggestion of the Correctional Investigator, in institutions where there were Outside Review Boards, the teams also reviewed their responses to grievances with a view to determining value added as opposed to the extended delays involved in using them.

At each site, an effort was made to meet with offenders, Inmate Committees, inmate Grievance Clerks and Committees, and offender range representatives to elicit their views and opinions on the grievance process. It is interesting to note that in one maximum-security institution, the inmate committee was very positive in their remarks. Offender opinions from the other sites varied from positive to negative. Often the most positive feedback came from those sites in which the grievance coordinator was more pro-active.

In addition, the review teams also interviewed grievance coordinators, Chiefs, administration and anyone else identified as relevant to the audit within the various sites.

Each institution and regional office visited was debriefed and provided with a detailed summary of their results.

As a courtesy, Burnaby CCI was visited, however, being a provincial facility, they have their own process for dealing with complaints which appear to be working for their particular population.

Audit team

The audit team members from the Performance Assurance Sector at NHQ that conducted the Offender Complaint and Grievance Audit were the following:

Francine Deschamps
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In addition, we would like to thank Debbie Lemay from RHQ (Pacific) who participated in the field verification portion in the Pacific Region.

Methodology

The approach used was based on a scoring system used by Her Majesty's Prison Service in England. Each review subject (Offender Grievance System and Claim against the Crown Appeals) was divided into sub-sections. The criteria for each section was measured using documentation reviews where possible, as well as observation of procedures and interviews with staff. Each criteria had a **fixed** weighted value, based on the source of the baseline requirement:

10	CCRA / CCRR
7	Commissioner's Directive
5	Grievance Manual
3	Other

The audit team members assessed each criterion and **assigned** a score, based on the following scoring methodology:

- 1.1** Full compliance, exceeding minimum requirements or exhibiting a best practice.
- 1.0** Full compliance.
- 0.75** Isolated incidents of non-compliance which are detracting from otherwise good performance against the requirement.
- 0.50** Relatively minor non-compliance which, if not corrected, could build into a serious deficiency.
- 0.25** Serious deficiency or non-compliance issue.
- 0.00** Unsatisfactory - baseline requirement is not being met.

The scored assigned to each criterion is then multiplied by the associated weighted value, giving the overall result.

Where possible, 10 complaints, 10 1st level grievances and 10 claims against the Crown, samples selected from those processed in 2000-01 were reviewed at each site for timeframes, accuracy of data, completeness, and quality of response etc. In cases where there were not enough files (the womens' facilities) to meet the sampling timeframe, the original timeframe was extended to include as many as possible.

(Note: originally, the audit was aimed at reviewing complaints/grievances/claims submitted for the past 6 months. However, due to the spread of time over which the field visits occurred, the limited number of grievances in the women's facilities and to get a better random sampling we extended the timeframes to include grievances/claims for 2000-01)

At each Regional Office, 10 second level responses were reviewed.

At National Headquarters, 30 third level responses were examined.

In addition, 46 complete grievance files, randomly selected from the NHQ Central Registry, were reviewed from complaint to third level. The timeframes recorded on the hard copies were matched with the information entered at all levels into OMS to determine the accuracy of information entered into the automated system. In addition, all files were checked for accuracy, clarity and suitability of response, presence of background information, and evidence of analysis in reaching a decision. In all, 500 registered complaints/grievances were reviewed. In addition, in institutions where early resolution prior to registration of the complaints was attempted, the teams reviewed the outcomes of those attempts where recorded.

The table below identifies the number of cases reviewed at each institution and Region:

* It should be noted that when the outcome of a claim against the Crown is appealed at the institution, they are then sent to RHQ as 2nd level grievances; the files reviewed at the Regional and National levels were a random selection of grievances and CAC appeals.

NUMBER OF CASES REVIEWED AT INSTITUTIONS AND RHQ

REGION	INSTITUTION / RHQ	Abbreviation	COMPLAINTS	1ST LEVEL GRIEVANCES	CLAIMS AGAINST THE CROWN	2ND LEVEL GRIEVANCES
<i>ATLANTIC</i>	Atlantic Institution	AI	10	10	10	N/A
	Springhill Institution	SI	10	10	10	N/A
	Nova Institution for Women	Nova	6	0	4	N/A
	RHQ		N/A	N/A	N/A*	10
<i>QUEBEC</i>	Donnacona Institution	DI	10	10	10	N/A
	Regional Reception Centre	RRC	10	10	10	N/A
	Joliette Institution	Jol	10	7	N/A	N/A
	RHQ		N/A	N/A	N/A*	10
<i>ONTARIO</i>	Joyceville Institution	JI	10	10	10	N/A
	Kingston Penitentiary	KP	10	9	10	N/A
	Grand Valley Institution for Women	GVI	4	0	4	N/A
	RHQ		N/A	N/A	N/A*	10
<i>PRAIRIES</i>	Bowden Institution	BI	10	10	10	N/A
	Edmonton Institution	EI	10	10	10	N/A
	Edmonton Institution for Women	EIFW	6	N/A	4	N/A
	RHQ		N/A	N/A	N/A*	10
<i>PACIFIC</i>	Kent Institution	Kent	10	10	10	N/A
	Matsqui Institution	Mats	10	10	10	N/A
	Mountain Institution	MI	10	10	10	N/A
	RHQ		N/A	N/A	N/A*	10
TOTAL			136	116	122	50

Section A: Adherence to Policies and Procedures (Objectives 1&2)

- 1. To assess the extent to which CSC' s Policies and Procedures with regard to the Offender Complaint and Grievance System (CCRA, CCRR, CD #081 and Manual) are being applied properly and consistently**
- 2. To assess whether all offenders and staff in institutions are informed and aware of the policies and procedures related to the Offender Complaint and Grievance System**

In most institutions, the responsibility for the administration of the complaint and grievance process falls under the Chief, Administrative Services who is either the Grievance Coordinator or has the Grievance Coordinator working for him/her. Generally, the Chief, Administrative Services is also responsible for a variety of duties such as offender records, privacy issues, and access to information. If the grievance coordinator works for the Chief, the Chief habitually takes on the role of reviewing the complaints and grievances for designating urgency, priority, sensitivity, and subject codes.

All site interviews with inmate committees and or inmate grievance committees indicate that offenders are aware of the grievance process and have free and complete access to it. Several remarked in interviews, however, that there is an ongoing perception that some offenders suffer reprisals after submitting a complaint or grievance from the staff. For example, they say they may experience a random cell search or find that information contained in the formal complaint is employed in their case management reports. The review teams could find no evidence to prove these allegations. Many offenders, therefore, view the system in a negative light. In addition, some offenders commented that it appeared obvious that the same staff member provided the response to both levels in the institution, therefore, they felt that it was useless to pursue their complaints. A few inmate committees commented positively about how the system works in their particular facility (these comments were usually made in institutions where there is a greater tendency for staff to attempt mediation or informal resolution to solve problems).

The review teams also observed that there appears to be no procedures in place to ensure that offenders whose mother tongue is neither French nor English and who do not have a proficiency in either language are informed of the process. Perhaps in areas where there may be a number of offenders of a particular ethnic origin, one offender who is fluent in English or French could be selected to assist the others.

Best practice For maximum-security facilities or any other security level, Edmonton and Donnacona Institutions are models of a best practice through their use of the Redress Officer, Peer Counselors, and Mediation. These arbitration efforts and supplementary support system have contributed to a significant reduction in the number of complaints

and grievances received in both institutions. Other institutions could possibly benefit from implementing similar programs not only from the satisfaction point of view, but also from a cost-effective perspective. Edmonton Institution was the only maximum that had positive feedback from the Inmate Committee. This appears to exemplify how informal resolution can be used to CSC's advantage. Donnacona reports that since the start of their program, the number of complaints registered has decreased significantly (less than half) they state that their complaints for 1995-96 numbered 1350 and in 1999-00 they were reduced to 551. Edmonton's statistics also show a marked decrease in the number of complaints, and indicate that they are the maximum-security institution with the lowest number of complaints received.

Most institutions (12) advised the offenders about the grievance system during orientation and through the Offender handbook. Two institutions, however, did not have a handbook or orientation program and another had a handbook but no orientation program. In addition, where a handbook was the only form of communication, there was nothing in place to advise illiterate offenders (a film addressing this had been sent to all institutions in 1992, however, staff are unaware of its existence). As a result, much of the information pertaining to the grievance system is shared by word-of-mouth, often perpetuating the negative image that many offenders hold towards the system.

➤ **Official Languages**

The review teams found examples of complaints and grievances that were not responded to in the language in which the offender submitted the original. Or conversely, where an effort was made to provide the response in the correct language, the quality sometimes suffered. The team refers to SOP 087 on Official Languages, which identifies complaints and grievances as one of the essential services.

➤ **Grievance Committees**

Most sites audited had no Grievance Committee, however, most did have Inmate Committees. Often, the Inmate Committee members took an active role in resolving complaints. Most sites, however, did have an inmate grievance clerk who assisted offenders in completing complaints and grievances.

➤ **Form 360**

The offender complaint form 360 which was updated two years ago to indicate such designations as priority status was not being used by most sites as they were not provided with the new forms when they requested new supplies. Inmate Affairs Branch at NHQ has now provided direction to the field to obtain their correctly updated replacement forms from the InfoNet.

➤ **Access to the Forms**

According to both staff and offenders, the complaint and grievance forms are readily available to all offenders; they are either stored in the living units, located in a central office accessible to all offenders, or acquired through the grievance coordinator, inmate grievance clerk or inmate committees. In addition, the various individuals who were responsible for maintaining the supplies ensured that some forms were always available. The only concern found by the review teams came from offenders housed in institutions where their movement was restricted. In these areas, offenders maintained that requesting forms directly from staff was the only way to acquire them. As a result, this made offenders more wary of asking for them particularly in the event that a complaint was being made about a staff member. In addition, when the offenders had filled out the complaint or grievance forms, they were again obligated to hand them to staff to be forwarded. The offenders reported that they were reluctant to do this. Perhaps where movement is restricted in this manner, an envelope could be provided to the offender to seal the complaint as well. Some sites reported that when the forms had been left out in the units for the offenders to take one as required, the offenders were sometimes using them for writing paper. In these cases, the forms were put in the unit office and were available upon request.

➤ ***Outside Review Boards***

A representative from the office of the Correctional Investigator, in conversation with the team leader for this review, suggested that the audit also look at the function of the Outside Review Board (ORB) to determine if there was any value added to referring grievances to it. This suggestion was made primarily because the ORB meets so infrequently, if at all, and the timeframes for processing the grievance are greatly lengthened when it is used. In addition, the delays incurred made the Board seem to be an unnecessary step considering that its decision-making power is limited and its recommendations are not binding. The CCRR states that referral to an ORB upon request as a step in the grievance process is mandatory. None of the institutions audited had a separate ORB and on the rare occasion that an offender requested a review, the Citizen's Advisory Committee took on the function of the ORB.

➤ ***1-800-number***

The review teams had no major issues to report regarding access to the 1-800 number that provides offenders direct contact with the Inmate Affairs Division at NHQ. The number was made available to those offenders who did not have them automatically on their calling cards. If, as at one site, the number was not made available, it was an oversight due to a lack of familiarity with the program. Once informed about the error, the problem was immediately rectified. Nonetheless, one difficulty was recounted from the Pacific region. Offenders commented that the line was always busy when they called and that the time change made their window for contact too small. Some of the offenders interviewed

affirmed that they knew about the number but did not know its purpose; perhaps a more detailed description could be offered at orientation or included in the offender handbook.

➤ **Acting - Signing Authority**

For individuals acting on behalf of a Warden or an RDC, their signatures on responses to complaints, grievances, and claims should reflect their acting position with an *A/*, a *for*, or similar indication.

Section B: Timeframes and Automated System (Objectives 3&4)

3. To assess the accuracy and integrity of information contained in CSC's automated and paper-based reporting systems

The annual report from the Correctional Investigator stated that an area of concern is the:

"continuing instances of excessive delay in responding at the institutional and regional levels of the process".

Statistics, with regard to timeframes for the year 2000-01, were provided by the Inmate Affairs branch. These data indicated that there were delays in response times at the various levels depending on the regions, however, the largest percentage of delays reported occurred at NHQ. (68% of grievances at the third level took over 25 days to process). As of September 2001, staff in the Offender Affairs Division have been asked to produce a fixed number of grievances per analyst per month to try and cut down on the backlog and reduce the response times.

Of all the files reviewed and hard copy dates compared to those entered into OMS, the teams did not find evidence of many significant delays at the institutional and regional levels as had been reported by the CI. The review teams, therefore, came to the conclusion that for the most part, there does appear to be an improvement in response time over the past year.

The Inmate Affairs Division identified a number of significant delays which had occurred over the years and are currently trying to deal with them. A letter has been sent to the Correctional Investigator explaining what had happened. (see Annex A)

In addition, there may be an explanation pertaining to the excessively delayed timeframes reported by the office of the Correctional Investigator. Due to a number of factors, staff are often forced to grant more than one extension before completing an adequate response to a complaint or grievance. Staff also reported that members of the staff from the Correctional Investigator's office have stated that they do not recognize extensions beyond the first.

AVERAGE SCORING OF TIMEFRAMES MET FOR ROUTINE CASES IN THE FIVE REGIONS AND NHQ

1.0=full compliance .75=minor faults .50=more serious faults .25=serious deficiency	ATLANTIC	QUEBEC	ONTARIO	PACIFIC	PRAIRIES	NHQ
COMPLAINT/ 1 ST LEVEL	1.0	.75	.50*	.75	.75	N/A
2 ND LEVEL	1.0	1.0	.50	.75	1.0	N/A
3 RD LEVEL	N/A	N/A	N/A	N/A	N/A	.50
<i>TOTAL CASES REVIEWED</i>	80	87	78	100	80	75

* In one of the Ontario institutions, a new individual had recently taken the position of Grievance Coordinator and was, therefore, experiencing a backlog of files.

The review teams currently found little evidence that timeframes were being abused. For the most part, they were being respected and efforts were being made to provide offenders with extensions where necessary. However, the teams found that not all sites were providing the offenders with reasons for extensions. In addition, not all of the reasons given by some of the sites provided adequate justification for the delay. The review teams all expressed concern with the blanket reasons given for delays from institution through to NHQ. They felt that "backlogs" and "workloads" were not sufficient and that perhaps efforts should be made to individualize the explanations. In addition, since there appear to be a large number of extensions being sent out, attention should be focussed on the reason for their requirement. Also, if extensions are going to be required, the cases should be identified prior to the completion date provided in the original acknowledgement and the analyst required to provide a reason for the delay. The review teams noted that nine out of thirty grievances reviewed at NHQ were not provided with an extension even though they were overdue.

The review teams also noted that there was a discrepancy between the wording of the French and English acknowledgement letters sent out at National Headquarters. The English letters state "we expect to provide you with a response by (date)" whereas the French letter states "nous espérons d'avoir complété notre enquête, d'ici le (date)". The English response implies that the offender should receive his response on the date given. The French version provides room for administrative processing before the offender expects to receive a response. The review teams suspect that there may be more complaints generated amongst English speaking offenders with regard to timeliness than among the Francophone offenders. This matter has been brought to the attention of the Offender Affairs Branch at NHQ.

Some grievance coordinators felt intimidated when approaching more senior staff with regard to meeting deadlines or the provision of more detailed or accurate responses. This also depended on the attitudes that those same senior staff held toward the grievance system. On the other hand, in another institution, the Chief, Administrative Services brought all overdue complaints and grievances to the morning operational meetings for the Warden to discuss with the staff members responsible.

The review teams found that, for the most part, acknowledgements were being sent for complaints, grievances and claims against the Crown. There were instances where it was not in the form of the OMS-generated letter, but the grievance coordinator was stamping the complaint form (360) with the date received, filling out the top boxes and giving a copy back to the offender. One Grievance Coordinator did not know that the OMS letter could be modified so was not sending out reasons for delays. Many of the acknowledgements for the claims did not have due dates (see claims section).

Due to continual use of the old form still being distributed by Corcan (supplied by La Macaza), problems occurred with clearly identifying those cases that were priority versus those that were routine. Consequently, there were inconsistencies between institutions and also between regional offices as to how these were identified on the hard copies (one region was using a bootlegged form attached to the grievance) and how the information was entered in OMS. Employment of the new form would allow for this classification to be documented properly. (Since April 2001 arrangements have been made by NHQ to address the priority issue). It may be interesting to note that one region reported that the office of the Correctional Investigator regularly checks the timeframes for the processing priority complaints/grievances. The review teams suggest that not all grievances with priority coding are true priorities and that in order to prevent that office from holding the grievance coordinators to task for unprocessed priority complaints/grievances care should be taken to check the contents prior to assigning a code.

The audit teams found that all complaints and grievances reviewed were logged in OMS. At one site, where there was a significant backlog, the data was entered correctly but not in a timely fashion. There were rarely instances where the information on the paper file did not match that of OMS i.e. the decisions, such as rejected as opposed to denied, or upheld versus upheld-in-part, were not the same on both. There were a few cases where the coding selected in OMS did not accurately reflect the subject of the complaint. One reason expressed by many Grievance Coordinators for this inaccuracy was the inadequate amount of categories for coding the subject of complaints in OMS compared with the diverse matters about which the offenders complain.

At one regional site, after being signed by the DC, some of the responses were being held up for processing in a bundle rather than being mailed out individually to save time. In one case, this led to a one-month delay between the signature date of the RDC and the date on the transmittal slip to show receipt of the package from the institution.

Currently, there is no written evidence to prove that responses are shared with the offender. Only when an offender withdrew his complaint was there any indication that the outcome was shared with the offender. The form could be modified to ensure that the offender shows that he/she has received a response. Or, alternatively, a staff member could sign and date the form when it was being returned to the offender. Offenders at several institutions complained about not receiving a response to their complaint or grievance either at all or in a timely fashion, and their allegation could not be disproved.

The review teams concluded that there were no issues with respect to need-to-know access to the complaint and grievance information on OMS. All institutional offices confirmed that the staff who had direct responsibility for the system had the only access. Regional offices also confirmed this and spot checks were conducted at NHQ to ensure that this was also the case. The teams would like to comment, however, that one site had six back-up coordinators — a number that might be a little excessive.

The review teams found that OMS was not addressing all the needs for an accurate BF system. For example, if an offender is transferred to another facility, his/her name is removed from the count of the previous institution even though that site remains responsible for completing the outstanding complaint or grievance. A number of sites are now keeping their own BF system to track complaints and grievances without relying on OMS.

Section C: Quality of Responses and follow up action (Objectives 5&6)

- 4. To assess the extent to which responses to complaints/ grievances are complete and give evidence of thorough investigation**
- 5. To assess whether corrective action agreed upon as a result of grievances is carried out within the prescribed timeframes**

AVERAGE SCORING FOR QUALITY OF RESPONSES TO COMPLAINTS/GRIEVANCES IN THE FIVE REGIONS

1.0=full compliance .75= minor faults .50=more serious faults .25=serious deficiency	ATLANTIC	QUEBEC	ONTARIO	PRAIRIES	PACIFIC
COMPLAINT/1ST LEVEL	.75	.50	1.0	.50	.75
2ND LEVEL	1.0	1.0	1.0	1.0	1.0

The review teams found different interpretations as to how the box on the complaint form that asks if the offender was interviewed was being filled out. Often this section was ignored, and if it was used, the information was sketchy, and there were seldom reasons given why the box was not checked, even if it was due to a simple refusal on the part of the offender to participate. The intent behind this section was to encourage staff and offenders to try and resolve problems informally in accordance with CCR (74) 2. Since there appeared to be no records of when early resolution had been attempted at many of the sites visited, the review team was unable to determine if this effort could indeed reduce the number of formal complaints and grievances. Indications through interviews are revealing that this is, indeed, the case but it might be a good management practice to keep a record for future reference. It may also serve as a justification for expanding mediation services to sites which, to date, have been more resistant to the idea. As well, a signature by the offender demonstrating acknowledgement of the decision was often missing from the form. Even though the offender may have refused to sign, there was not always an indication of this on file. It is advisable that all institutions ensure a signature or else make note that there was a refusal/withdrawal by the offender.

The team members found a number of responses did not always specify the corrective action that would be taken and/or when. Very few institutions audited were tracking corrective action at the institutional level, however, they were keeping track of Regional and NHQ requests for corrective action. In addition, where a system is in place for tracking institutional corrective action, often they were not meeting the thirty (30) day deadline for action taken. In one institution, the Grievance Coordinator reported that the Unit Managers were responsible for taking corrective action and had their own tracking systems. Unfortunately, this type of individual responsibility can lead to inconsistency of practice and inability to verify the action taken and when. At time of signing the grievance, the Ontario Region had the DC sign a simultaneously prepared memo indicating the corrective action required and the date for expected action to have been taken.

The review teams also found that it was often difficult to determine what aspect was being upheld and what was not for those decisions that were "upheld-in-part".

The review teams observed that the quality of responses with regard to detail and tone varied from institution to institution. Most Institutional responses at the complaint level were lacking in a quality response yet first level responses were normally of good quality that answered all the offenders' issues, with the exception of one region in which the first level appeared to simply repeat the response given at the complaint stage. In some institutions, staff members were responding back to staff or to the Warden rather than directly to the offender, referring to the offender in the third party and not addressing him/her directly. All second level grievances from the five regions were completed well, giving evidence of thorough inquiry, where required.

At many sites, the same person responded to both the complaint and to the first level. Although staff argued that this was unavoidable for such areas as health care, the review teams felt that provisions should be put in place to perhaps immediately re-route the grievance to the second level (skipping the first) to prevent the offender from being provided with the same answer twice.

At all sites visited, the review teams found a significant lack of documentation with respect to withdrawn complaints and grievances. There was no evidence on the form demonstrating why the complaint was withdrawn and the review teams could find no documentation as to the reasons for the withdrawals. A number of offenders contended that they had withdrawn their complaints on the condition that corrective action would be taken immediately, however, they commented that this action was subsequently never taken.

Section D: Multiple Grievors

The review teams had some observations and comments to make about the process of designating multiple grievors. It is our opinion that the current method of handling multiple grievors requires standardization.

There is no provision in the CCRA or CCRR to limit offenders from submitting an excessive number of complaints/grievances. In addition, the wording of the act obliges staff to process all grievances submitted; therefore, all coordinators should be using the same method for dealing with the excessive amount of grievances submitted by each offender to ensure consistency.

Most IGCs say that they did not bother to utilize the designation because of the work involved. Since they are required to eventually process all grievances submitted anyway, it seemed futile to them to undergo what they saw as a laborious process of applying for multiple grievor status to RHQ. As this application did not guarantee that the offender's grievances would not have to be logged into the system or responded to. The IGCs found it easier to simply process the large number of complaints through the regular system.

Some Grievance Coordinators log all complaints upon receipt, which, in the case of excessive complaints from one offender, clogs the system leading to a conclusion that staff are not meeting deadlines when, in fact, they are for the regular offenders, but if they don't log them, they run the risk of being accused by the offenders of losing the complaints.

As a result of the aforementioned reasons, there were very few multiple grievor designations found in the five regions. At the same time, there were offenders in particular institutions whose number of trivial complaints submitted could constitute the label of a multiple grievor.

The review teams would like to suggest that the CCRA and CCRR be re-visited with a view to modifying the wording to state **reasonable** rather than **complete** access to the grievance system. It has been the experience of most staff that offenders who submit multiple complaints and grievances do so not out of genuine need but to clog and, moreover, abuse the system. In doing so, they leave less time for staff to process the legitimate grievances from their fellow offenders.

Section E: Claims Against the Crown (Objective7)

6. To assess whether appeals against the decision to deny or reduce the amount requested on Claims against the Crown give evidence of thorough investigation and decisions on the appeals are rendered within the proscribed timeframes

Commissioner's Directive 090 for the handling of Claims against the Crown is out-of-date especially with respect to the amounts for which the various levels have signing authority.

In the majority of sites visited, the review teams found that acknowledgements did not give an expected response date. Some sites sent acknowledgement letters, some memos and some sent nothing at all but consistently the date of expected response was missing. In addition, as in the acknowledgements for complaints, some sent copies of the date stamped claim form that served as their acknowledgement.

The review teams found that often there was no evidence of an investigation on the file. Where there was an investigation conducted, the documentation varied in terms of detail and quality. This documentation ranged from a brief one-line memo to an in-depth investigation report. The teams did find some evidence that the list of supporting documents contained in Annex C of the Training Manual was used to conduct the investigation, but often, the results were not transcribed into a summary report with a recommendation to the decision-maker. One region does not use the sample document nor did they know it existed before the on-site audit. At one site, only part of the Annex was used.

The review teams found that the quality of decisions varied from region to region and institution to institution. Some of the claims reviewed did not always clearly indicate rationale for upholding or denying. In addition, some did not always elucidate the reasoning for those cases that were upheld in part. Information from investigations was not transferred into the final decision to the offender. The review teams found that when the claims were investigated by one person who was committed to the process and had developed a formula for investigating them, the claims were done well. On the other hand, when the claims were distributed amongst staff to investigate, there was inconsistency with regard to quality, detail and analysis.

The review teams could find no issues with respect to ensuring that the offender signs a release form when he /she receives payment.

Although the review teams all agreed that a consistent approach to the handling of claims and appeals should be encouraged, they did review the proposed SOP on the subject. The team members felt obliged to comment that the SOP appears to be too lengthy, wordy, and complicated. Perhaps a short document which gives information in point form would be more user-friendly.

Best Practice: The Chief, Administrative Services at Donnacona demonstrates a best practice by investigating each claim with the same degree of thoroughness no matter what the amount for which it was submitted. In addition, at the RRC (Quebec) and at Atlantic Institution, the claims are handled by one staff member with consistent and well-documented results.

Because claims against the Crown often are not the responsibility of the Grievance Coordinator prior to their decisions being appealed, they often do not fall under the same authority for processing. It might be worthwhile, therefore, to identify where the responsibility should fall and direct efforts to streamlining the process at that point. If this was done, there might be a more consistent method for dealing with the appeals. In addition, when the claims are distributed randomly for completion by various staff of an institution, there is no centralization of information storage and confirmation of details and corrective action becomes difficult.

Section F: Role of the Institutional Grievance Coordinator

The CCRA states that offenders are able to submit complaints and grievances freely without negative consequences to which they should receive fair and expeditious responses. In order to meet the requirement for timeliness, there must be a process in place with at least one staff member committed to ensuring that the procedures are followed. This generally is the Grievance Coordinator.

This Grievance Coordinator is essential to the successful functioning of the complaint and grievance process within the institution. This person is responsible for the timely processing of complaints and grievances. Often, the role of the Grievance Coordinator varies, depending on how the individual Warden is committed to making the grievance process work efficiently in his/her institution.

After visiting sixteen sites, the review teams found significant variations in how the Grievance Coordinators were viewed in their institutions. Where the Warden appeared to consider the grievance process a priority, the Coordinator was encouraged to take on a more involved role in resolving offender problems. Where the staff appeared to see the grievance process as merely a necessary evil, the Coordinator was seen as a processing clerk. Indeed, the role sometimes was seen as so insignificant that the grievance coordination duties were an add-on to other "more important" duties.

The review teams identified a number of institutions in which the Grievance Coordinators, either on their own or through encouragement from the Warden, took very pro-active roles in resolving complaints. Some Coordinators found much success with early resolution while still others relied more heavily on their Inmate Committees for documenting and resolving complaints at an informal level. Again, the excellent mediation and peer counseling programs at Edmonton and Donnacona indicate a high level of management commitment to addressing and resolving complaints. Although not chosen for this review but noteworthy nonetheless, Warkworth's Grievance Coordinator has succeeded in significantly reducing the number of complaints through his informal resolution and intervention efforts. Another institution (Mountain) had asked for a volunteer from the staff to take on the role of mediator, and after having reviewed a selection of his intervention efforts, the auditors felt that there appeared to be merit in pursuing this effort.

The review teams were told by many of the Grievance Coordinators that the grievance manual was too wordy and convoluted for easy reference. Some others reported that the document was helpful. Perhaps the instruction manual could be reviewed with consultation from the field to provide a more user-friendly document for all staff concerned.

Section G: Women Offenders

The 1999-2000 report of the Correctional Investigator stated that:

I noted that last year only nine grievances (from Women offenders) were referred to the national level.

The review teams visited Edmonton Institution for Federally Sentenced Women, Grand Valley Institution, Joliette Institution, Nova Institution, Springhill Women's Offender Unit, and the Maximum Security Unit for Women in the Regional Reception Center in Quebec. The review teams included specific questions which attempted to address the comments of the Correctional Investigator and to determine if there were any precise reasons for the small amount of grievances from women offenders.

In line with the philosophy behind Creating Choices, staff members at the women's units and institutions are encouraged to work with the women offenders to resolve problems through mediation and compromise. However, through interviews with various women offenders in each institution and unit, most of them are aware of the grievance process and know that they can use it at any time.

The review teams were told that staff never interfered with the offenders submitting grievances if they wanted to, however, at one site the review team was told that the women were never given a detailed explanation of how the process works. For example, one woman offender said that she was never told that there was more than one level to the process. The fact that they appear to choose alternative methods to resolve problems should not be mistaken for them being prevented from using the system, which is implied in the report.

Joliette was handing out copies of a "how to" brochure written by Inmate Affairs in NHQ in 1992, about which the offenders spoke positively. Given the fact that a replacement brochure has never been written, perhaps the remaining copies in storage should be located and distributed amongst the institutions. In addition, the chair of the Inmate Committee told the review team that she encouraged the offenders to use the process but that they chose alternate methods to resolve problems. Finally, the review teams also commented that one should never underestimate the offender information network and that it is very unlikely that offenders do not know or will not tell others of ways in place to deal with complaints.

Nova's Inmate Committee and house representatives indicated open and free access to the grievance system. Also, the orientation program and offender handbook clearly outlines the process. The offenders interviewed demonstrated a good knowledge of the system. No first level grievances were on record for the fiscal year examined.

The review teams found that, in at least four of the women's facilities, the Grievance Coordinators were extremely pro-active in dealing with offender complaints to the reported satisfaction of the offenders interviewed. The only criticism, if it can be called such, is that most of the issues were resolved prior to a formal complaint being submitted, and so no record was kept of many of the successful interventions. This leads the review teams to ascertain that the small number of grievances submitted by women offenders is a result of informal resolution being successful.

In the case of the Springhill unit, the orientation program and the offender handbook clearly address the process for the women. The Inmate Committee chairperson attempts to resolve all complaints informally through staff interaction prior to the women submitting a complaint on paper. No records are kept to indicate the number of informal resolutions that take place.

The review teams would also like to comment on the section on complaints/grievances in the recently published Cross-Gender Staffing study. As in the case of most male facilities, offenders tend to express negative views about the grievance process in general. This is no different for the women's facilities. The teams did not find the level of dissatisfaction and negativity reported in the study when they interviewed the women offenders. Granted they expressed suspicion of the process and still possessed their own share of skepticism, but the teams were left with the impression that the offenders were well aware of the system and acknowledged that staff were trying to resolve problems through informal resolution.

Ed McIsaac
Executive Director
Office of the Correctional Investigator
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Ottawa ON K1P 5H9

May 7, 2001

Dear Mr. McIsaac:

Further to your inquiry about overdue active grievances, I have confirmed the following:

- 2,871 active complaints and grievances are currently recorded in OMS;
- 1,768 of these were received in 2001 and investigation is ongoing;
- 122 are listed as Active but have an outcome and a decision date;
- 390 were received between 1998 and 2000 and will be followed up; and
- 591 were received prior to 1998 and will be closed.

Following your initial inquiry on this subject, Brian Mainwaring, A/Director Offender Affairs provided a list of active grievances to regional coordinators. Active grievances from received between 1993 and 1997 have been reduced from 1,455 in November 2000 to 591 in May 2001.

The records of any grievances received prior to 1999 have been destroyed as per Privacy guidelines, therefore it would be impossible to re-open most of these cases. I will therefore refer the 591 remaining old active grievances to OMS to be closed. I am also forwarding a list of the 390 active grievances from 1998 to 2000 to Assistant Deputy Commissioners with the request that the investigations be completed and responses provided to the offenders.

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While the exercise of identifying and following-up on old active grievances has been cumbersome, the result will be a clean database, which will provide us with the ability to more effectively monitor grievance completion rates.

I thank you for bringing the matter to our attention.

Yours sincerely

***Bill Staubi
Director General,
Rights, Redress and
Resolution***