



Social Studies

A Program for Every Inmate: Meeting Specific Needs

Description



Reflecting the image of Canadian society, the offender population whom the Correctional Service of Canada (CSC) must manage is constantly changing. CSC must therefore face new challenges and adapt its approach to better meet the needs of different offender groups for whom it is responsible. From the aging of the population to the specific needs of Aboriginal peoples, women and substance dependent offenders, the programs must have the same objective: to ensure the safe reintegration of all offenders.

Learning objectives

As part of their law and/or sociology coursework, this module will allow students to:

Law

- Explaining how social changes influence the evolution of Canada’s correctional system;
- Explaining the importance of respecting minority rights in society;
- Identifying and describing legal considerations that apply to people traveling in the country and abroad.

Sociology

- Understanding that interactions within groups, societies or nations are produced according to systems of beliefs and values that group members accept both implicitly and explicitly;
- Describing the effects of dependencies on family members;
- Determining resources that are available to families grappling with dependency or violence problems;
- Describing how health requires sharing roles, rights and responsibilities among people and society.

A constantly changing world: CSC's new challenges

The offender population is not exempt from the difficulties of society in general, quite to the contrary. Several problems affecting communities are often more acutely reflected in penitentiaries: mental health, infectious diseases, substance abuse and dependencies, aging of the population. These are major challenges that correctional authorities must address if they want to ensure the safety of offenders, of Correctional Service Canada (CSC) employees and of the community.

Upon admission to the penitentiary, many offenders suffer from physical and mental health problems. In accordance with its mandate, CSC must provide essential health care (medical, dental and mental) as well as non-essential mental health care that may contribute to their successful reintegration.

Mental health

In the last ten years, there has been a considerable increase in the number of offenders experiencing mental health problems upon admission to CSC facilities. Among men, rates have risen by 71% and among women, rates have increased by 61%. Currently, 12% of male offenders and 21% of women offenders are identified as having a mental health disorder at intake.

There is often a link between mental health and crime, and it is not rare for an offender to suffer from more than one psychological problem. Therefore, significant work is done to establish appropriate clinical assessment services, such as treatments during detention and follow-ups once the offender reintegrates the community.

Other quick facts regarding the mental health needs of federal offenders:

- Offenders have substantially higher prevalence of mental disorders compared with the general public; rates of most disorders are higher in women offenders than men offenders.
- The proportions of offenders having a diagnosis of mental disorder on admission has risen substantially in recent years, as have rates of prior psychiatric or psychological treatment, and prescribed medication.
- It is not uncommon for an offender to suffer from more than one mental health problem.
- Substantial numbers of offenders require special mental health services for organic brain problems, such as those caused by Fetal Alcohol Spectrum Disorders (FASD), dementia or injury.
- Suicide rates of offenders are substantially higher than those of the comparably-aged general public.

Significant work is done to establish appropriate services, and interventions that will assist an offender while they are incarcerated and as they transition back to the community.

CSC is implementing several initiatives to enhance its capacity to address and respond to the mental health needs of offenders in institutions and in the community, as follows:

- introduction of clinical mental health screening for all offenders entering the federal correctional system;
- implementation of primary mental health care in all institutions, including mental health counselling, support, treatment and maintenance; and
- enhancement of community mental health services to strengthen the continuum and continuity of specialized mental health support in the community.

A constantly changing world: CSC's new challenges (continued)

Substance abuse and dependencies

In addition to mental health disorders, there are also substance abuse and dependency problems affecting Canada's offender population. Substance abuse and dependencies are not only detrimental to the health of offenders, but also promote the spreading of infectious diseases, and are often linked to the commission of other crimes and violent acts within penitentiaries. Therefore, CSC takes this problem very seriously and has established all possible measures to address the needs of substance abusing offenders (such as providing substance abuse programming and opiate substitution therapy as required) and stop the movement of drugs within its institutions.

To reduce the supply of drugs in penitentiaries, CSC has established measures like searching visitors and their personal effects, searching cells, body searches of offenders and urine tests. A visitor caught bringing drugs into an institution may be charged with a criminal offence and may face a prison sentence. It could also impact the release or the visiting privileges of the inmate being visited.

Public health and infectious diseases

Correctional Service Canada (CSC) is committed to the control and management of infectious diseases in correctional facilities to protect the health of inmates and staff, and ultimately the community. Continuing risk behaviours by inmates during incarceration present a public health challenge that CSC is addressing through a comprehensive public health program.

Many inmates are vulnerable to a wide variety of infectious diseases because of risk-taking behaviours (i.e., injection drug use; unprotected sex; etc.). This results in **Hepatitis B and C**; **Human Immunodeficiency Virus (HIV)**; and **Sexually Transmitted Infections (STI)** being found at much higher rates in federal penitentiaries than in the general community. Moreover, penitentiaries, like hospitals and other care facilities, are susceptible to outbreaks of **Tuberculosis (TB)**

All inmates are offered infectious disease screening when they enter a federal penitentiary. This is not mandatory, but they are encouraged to participate so they are aware of their infectious disease status, in order to protect themselves, their families, and their fellow inmates. Inmates may request screening at any time during their incarceration. Public Health staff ensures any inmates with infectious diseases are offered a full range of counselling, treatment and also maintain a follow-up system to provide optimal care. Inmates are asked about their vaccination status and any immunizations necessary are offered to them. In order to promote public health and a safe and healthy environment, CSC provides condoms, dental dams, water-based lubricant and bleach, as well as instructions on how to clean syringes, as harm reduction measures to help reduce the spread of disease within institutions.

A variety of health promotion/education and harm reduction programs such as the Risk Awareness Program (RAP); Choosing Health in Prisons (CHIPs), Peer Education and Counselling (PEC); and Aboriginal PEC are offered to inmates at the beginning of their sentence and throughout their incarceration. The purpose of these programs is to provide inmates with the knowledge and skills necessary to lead healthier lives and to prevent the acquisition and transmission of infectious disease both in CSC institutions and in the community following release.

Public Health works with institutional correctional and parole staff and community partners to facilitate discharge into the community in order to maintain continuity of care of their infectious diseases care, treatment, and follow-up.

A constantly changing world: CSC's new challenges (continued)

Aging of the offender population

The infectious diseases just mentioned are generally caused by a risky lifestyle, yet CSC is faced with another medical problem, i.e. the aging of the offender population. Indeed, offenders are not exempt from the reality affecting all of Canada's population. Here the problem is even worse, as the aging process is accelerated by 10 years primarily due to the socioeconomic status of offenders and their lifestyle choices prior to incarceration. Offenders are therefore considered to be "elderly" as of 50 years of age.

This aging offender population therefore displays many chronic health problems: serious heart disorders, diabetes, hypertension, strokes, cancer, Alzheimer's and Parkinson's disease, deafness, loss of sight or of memory, etc. The fear of death and the shame of dying while incarcerated are also having negative effects on the emotional health of offenders, and disease often isolates them since it is harder for them to work and participate in recreational activities. This is a relatively new issue and CSC, in collaboration with its front line workers, community agencies, volunteers and other partners, is now endeavouring to improve its programs to meet this challenge.

Glossary

Hepatitis B and C: Disease affecting the liver (mainly spread by blood-borne viruses).

Human Immunodeficiency Virus (HIV) : Disease which suppresses and can destroy the body's natural ability to defend itself, a blood and body fluids borne virus

Sexually Transmitted Infections (STI): A wide range of sexually transmitted bacteria and viruses.

Tuberculosis: A bacteria primarily spread by coughing bacteria out of an infected person's lungs and inhaled by another person.

Specific groups, specific needs

Physical and psychological health issues are important for CSC, yet these are not the only challenges facing it. Certain offender groups need specifically adapted programs to better supervise them and increase their chances of reintegration.

Women offenders

In 1934, the authorities opened the first prison for women in Kingston, Ontario. Before then, women were incarcerated in the same building as men, and none of the programs then in place met their needs. That prison was a step ahead, but remained the only institution to receive women, which meant that women were incarcerated in a maximum-security, rather than multi-level, environment and that they were far from their families and home communities. A report on the status of women offenders called *Creating Choices* and published in 1990, opened the door to many changes: the Prison for Women was closed and replaced by five **regional institutions** and an Aboriginal **Healing Lodge** for women offenders.

Minimum- and medium-security women live in houses that include communal living spaces and are responsible for their daily needs, including cooking, cleaning and laundry.

Different studies on women offenders also led to the implementation of various initiatives. Among them, the Mother-Child Program is particularly significant, as it aims to create a living environment fostering the maintenance and development of mother-child relationship. It is important to know that two thirds of incarcerated women have children less than five years old. They are often single-parent heads of family, and separating them from their children makes their situation even more difficult. Therefore, this program enables the acquisition of parenting skills and the establishment of a healthy mother-child relationship, all in the best interest of the child, whose safety and physical, emotional and spiritual well-being is the number one criterion.

Aboriginal people

Generally speaking, Aboriginal people are over-represented in federal penitentiaries. In 2007-2008, they accounted for 17% of the total federal offender population, while they represent 4% of Canada's adult population.

Aboriginal community research indicates that the major factors contributing to Aboriginal offenders' success upon release are:

- Participation in spiritual and cultural activities
- Participation in programs (preferably delivered by Aboriginal people)
- Support from family and community

Faced with this reality, CSC has established new strategies aimed at developing and implementing interventions that are adapted to Aboriginal people's culture. Therefore the Aboriginal Corrections Continuum of Care model was created in 2003.

This approach is based on healing and reconciliation. It encourages aboriginal offenders to reconnect with their families and communities.

Specific groups, specific needs (continued)

Steps in the Continuum:

- Starts at intake by identifying Aboriginal offenders and encouraging them to bridge the disconnect between them, their culture and communities;
- Healing processes start in institutions to better prepare Aboriginal offenders for transfer to lower security and for conditional release;
- Engages Aboriginal communities and involves them in accepting offenders back into their community and supporting their reintegration;
- Ends with the establishment of community supports to sustain progress beyond the end of the sentence and to prevent re-offending.

In addition to offering an array of Aboriginal Social and Cultural Interventions as part of the Continuum of Care, CSC provides Aboriginal Correctional Programming designed specifically to address criminal offending behaviour. These programs represent an integration of traditional Aboriginal healing approaches with Principals of Effective Corrections. Aboriginal Correctional Programs are as follows:

1. Aboriginal Offender Substance Abuse Program (substance abuse)
2. Basic Healing Program (living skills)
3. Circles of Change Program (living skills)
4. New Spirit of a Warrior (violence prevention)
5. In Search of Your Warrior (violence prevention)
6. High Intensity Aboriginal Family Violence Program (family violence prevention)
7. Tupiq (Inuit-specific sex offender programming)
8. Aboriginal Women's Maintenance Program (maintenance programming)

First Nations, Inuit and Métis elders and spiritual advisors play a critical role. They participate in the identification and orientation of Aboriginal offenders on admission. They provide access to the ceremonies and teachings of their unique cultures. They help offenders re-establish connections with their families and communities. They also assist CSC and communities in planning for the offender's eventual return. Where an offender chooses to initiate a healing journey, the elder or spiritual advisor becomes part of the case management team. He or she participates in developing a healing plan that will guide all CSC staff in supporting the offender during the sentence and after release.

Ethnocultural groups

The offender population reflects the community; it is diverse. Therefore in federal penitentiaries, it is not surprising to find offenders from all ethnic origins; so here too their special needs must be considered to ensure they participate in CSC's programs. Both staff and offenders are thereby made more aware of this reality.

CSC accordingly acknowledges the importance of the contribution of external community resources in the application of programs for offenders from diverse ethnic groups. The involvement of fellow ethnic group offenders in the application of programs enables a better response to the specific needs of these inmate clientele.

CSC regularly consults with ethnocultural community leader and organizations with knowledge of ethnocultural matters in order to gain advice on the provision of correctional services and programs to ethnocultural offender. This is done through the National Ethnocultural Advisory Committee (NEAC) and the Regional Ethnocultural Advisory committees (REAC) who help CSC establish links with our community partner organizations that will assist members of various ethnocultural backgrounds to be better equipped for the release of an ex-offender.

Specific groups, specific needs (continued)

Consequently, seminars, conferences and cultural festivals are organized; the International Day for the Elimination of Racial Discrimination (March 21st) is celebrated; multicultural groups and diversity committees have been created; there are visits to ethnic communities. Inmates also have their associations, like the Black Inmates and Friends Association, as well as Italian, Chinese, Greek or Jewish groups contributing to affirm and strengthen their cultural identity. Such inmates may be Canadian citizens, but they can also happen to be foreign nationals incarcerated in federal institutions. These offenders have the same rights and privileges as the other inmates.

Sex offenders and dangerous offenders

Other offenders require special attention because of the nature of their crimes. They have committed crimes that often get a lot of media coverage. CSC ensures an assessment, treatment and increased supervision during incarceration and after release. The treatments offered are adapted to their needs and to the risks they represent.

A dangerous offender is someone found guilty of a “serious personal injury offence.” Such a conviction may result from an act of brutality or a series of offences leading to an indeterminate sentence. Offenders stated to be dangerous cannot obtain a release on parole until the Parole Board has established that they no longer represent a risk for the community. The files of these offenders are reviewed seven years after they have been stated to be dangerous, then every two years, to determine if they can safely reintegrate the community.

Special programs have been developed for dangerous offenders: sexual deviance treatments, intensive violence prevention programs, mental disorder treatments and educational programs, as needed.

Gangs and organized crime

In the initial assessment, about one out of in six men offenders and one out of 10 women offenders are reported to have known gang affiliation. The most predominant groups in federal institutions are motorcycle gangs, Aboriginal gangs and traditional organized crime groups.

Offenders involved in criminal organizations present a certain number of significant problems for CSC:

- intimidation, extortion and violence among inmates in custody and conditionally released into the community;
- drug trafficking in the institutions;
- recruitment of new members;
- employee intimidation and corruption;
- increase in serious crime sentences which then increase risks and affect the capacity for maximum security.

Therefore, CSC endeavours to establish standard processes throughout the organization to ensure national information exchanges, improve public safety and broaden international exchanges with different partners and workers.

Indeed, the offender population reflects the community, i.e. it is diverse. CSC must therefore ensure to meet the special needs of each offender group, in order to fulfill its mandate, which is to ensure the safe reintegration of offenders under its responsibility.

Glossary

Regional institutions: Nova Institution for Women, Truro, Nova Scotia; Joliette Institution, Joliette, Québec; Grand Valley Institution for Women, Kitchener, Ontario; Edmonton Institution for Women, Edmonton, Alberta; Fraser Valley Institution for Women, Abbotsford, British Columbia.

Healing Lodges: These types of facilities may or may not be located on First Nations reserves. There are two distinct types of healing lodges for CSC offenders in custody or under supervision. The first type is a healing lodge located in the community, having an agreement with Public Safety Canada to deliver custody and supervision services to both native and non-native offenders. The second type is an institution located on CSC land and administered by CSC with the assistance of a native community.