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# Accommodating the Needs of Offenders with Disabilities Audit Report



Performance Assurance Sector  
Correctional Service Canada

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## EXECUTIVE SUMMARY

In accordance with the Performance Assurance Internal Audit Plan for 2004-05, an audit on Accommodating the Needs of Offenders with Disabilities was conducted over the period March 2005 to May 2005.

The objectives established for this audit were as follows:

- 1) To review and assess the adequacy of the assessment procedures in place to identify inmates with disabilities.
- 2) To review and assess the adequacy of the case management process in responding to the requirements of offenders who have been identified as having disabilities.
- 3) To assess the degree to which the Correctional Service of Canada (CSC) is responding to the needs of offenders with disabilities in terms of services, aids and facilities.
- 4) To assess the degree to which CSC is meeting the work assignments/program needs of inmates who have been identified, either through assessment or self-identification, as having a disability.

The specific audit criteria identified for each of these objectives are included in Appendix B.

The audit included file reviews and interviews in three regions and at NHQ. As well an informal questionnaire was distributed to a sample of offenders at the sites visited. Sites chosen for the visits represented a range of security levels and were selected in consultation with staff from the Human Rights Division after looking at the type of human rights complaints received in the past.

**Issues concerning the assessment and services for offenders with mental health problems were presented to CSC's Executive Committee (EXCOM) in July 2004. CSC is currently seeking solutions to address the deficiencies identified. As a result, these areas are not covered in this audit.**

Based on the results of the work performed to assess the current audit objectives and criteria, it is our opinion that CSC is compliant with a number of requirements related to accommodating the needs of offenders with physical disabilities. In terms of assessment and provision of services for offenders with mental health disabilities, the deficiencies have been recognized by CSC and various avenues are being explored to rectify the situation. The results of this audit clearly identified that more work is required to ensure that information on offenders' disabilities is shared between Health Care staff, Program Managers and Parole Officers without violating offenders' privacy rights. Correctional Programs and work assignments need to put more emphasis on the Responsivity Principle.

Several barriers were encountered in the audit's assessment of how CSC is doing overall in accommodating the needs of offenders with disabilities. These difficulties

included: inconsistent definitions for disabilities being used by staff; lack of disability related information on the Offender Management System (OMS), or if on OMS, spread over many reports in no particular location within the reports; and few distinct program codes reflecting the specialized programs in place to address the needs of inmates with disabilities.

Finally, it is our opinion that without one Division/Branch taking overall responsibility, the various OPIs involved in contributing to the accommodation of offenders with disabilities will find it very difficult to resolve the many cross-Sector concerns. This is particularly obvious for resolution of the sharing of information issue which will need to involve at a minimum ATIP, Health Services, Reintegration and likely Offender Management System Renewal (OMSR). Having a primary OPI in place would be equally beneficial for a review of the policy framework to ensure it adequately addresses the range of issues relating to disabilities.

Other specific findings of the audit include:

- For the most part, Health Care staff is identifying physical disabilities of offenders and required physical aids are being provided;
- Flags in OMS, identifying disabilities, are poorly defined, seldom entered by institutional staff, and when used are rarely verified for continuing relevance
- The required number of cells/rooms in CSC facilities are wheelchair accessible, however less attention has been paid to ensuring other areas in the facilities are accessible;
- Identification, assessment and provision of strategies for Learning Disabilities are not being done on a regular, consistent basis across the regions visited;

The audit team is pleased to note that work has begun, or has been planned, to remedy many of the concerns raised during the audit.

A series of Best Practices which were identified during the site visits are listed in Appendix E.

## INTRODUCTION

The audit on Accommodating the Needs of Offenders with Disabilities was conducted as part of the Internal Audit Plan for the Correctional Service of Canada (CSC) for 2004-05 as approved by the Audit and Evaluation Committee.

Canada's legal framework protects the rights of all Canadians, including offenders, to live without being disadvantaged by discrimination because of race, national or ethnic origin, colour, religion, age, sex, sexual orientation, marital status, family status or **disability**. CSC must ensure that the human rights of offenders are being respected. In order to meet this duty and the challenge of protecting these rights, CSC must ensure that correctional programs, services and practices respond to their various needs. Preventing discrimination requires CSC to address the differences rather than treating all offenders the same.

The range of conditions included under the term disability is wide. Under the Canadian Charter of Rights and Freedoms (Charter), disability includes both **physical and mental** conditions. The Canadian Human Rights Commission (CHRC) further defines physical disabilities as including mobility, visual, hearing and speech impairment, as well as environmental sensitivities (i.e. reaction to smoke, etc) and mental disability as including psychiatric, intellectual and learning disabilities.<sup>1</sup> This is the definition which was used for the purpose of the audit.

### Background

#### CSC's Obligations

The Duty to Accommodate recognizes that substantive or true equality means respect for people's different needs and that failure to respect those needs creates discrimination. CSC's specific obligations to accommodate the needs of offenders with disabilities are spread over a variety of legislation and policies. Internally the obligations are contained in the Corrections and Conditional Release Act (CCRA), the Corrections and Conditional Release Regulations (CCRR) and in more than ten different CSC policies. In a broader context, CSC's obligations are contained in the Charter, the Canadian Human Rights Act and Treasury Board's Policy on Real Property Accessibility. Appendix A provides further information on the legislative and policy requirements related to the accommodation of offenders with disabilities.

#### Issues raised by External Groups

Both the Office of the Correctional Investigator (OCI) and CHRC have raised issues relating to how CSC is managing its accommodation of offenders with disabilities.

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<sup>1</sup> Canadian Human Rights Commission, *Barrier-Free Employers: Practical Guide for Employment Accommodation for People with Disabilities*, 2001

In the OCI's Annual Report of 1999-2000, case studies of 2 offenders with physical disabilities were presented who had had their day parole release dates delayed due to a lack of accessible accommodation. In the most recent annual report (2003-04), the Correctional Investigator calls for action, on an urgent basis, on a number of fronts relating to the diagnosis and treatment of offenders with a mental disorder, and liaison between CSC and community organizations so that continuity of care can be extended to offenders on release.

CHRC issued a report in 2003, *Protecting Their Rights, A Systematic Review of Human Rights in Correctional Services for Federally Sentenced Women*. In the report the CHRC took particular interest in women offenders with cognitive and mental disabilities. As part of the response to the report, CSC indicated that it was undertaking an audit on the accommodation of disabilities.

In addition, the Human Rights Division at NHQ supplied the auditors with information on complaints relating to disabilities (physical and mental) which offenders had filed with the Canadian Human Rights Commission.

### **Audit Objectives**

The audit focused on ensuring that procedures and practices are in place to satisfy legislative and policy requirements relating to accommodating the needs of offenders with disabilities.

The four objectives of the audit are as follows:

- 1) To review and assess the adequacy of the assessment procedures in place to identify inmates with disabilities;
- 2) To review and assess the adequacy of the case management process in responding to the requirements of offenders who have been identified as having disabilities;
- 3) To assess the degree to which CSC is responding to the needs of offenders with disabilities in terms of services, aids and facilities;
- 4) To assess the degree to which CSC is meeting the work assignments/program needs of inmates who have been identified, either through assessment or self-identification as having a disability.

The criteria used for the audit are listed in Appendix B.

### **Scope of Audit**

The audit included file reviews and interviews in three regions and at NHQ. As well an informal questionnaire was distributed to a sample of offenders at the sites visited. Sites chosen for the visits represented a range of security levels and were selected in consultation with staff from the Human Rights Division after looking at the type of human rights complaints received in the past.

**Issues concerning the assessment and services for offenders with mental health problems were presented to CSC's Executive Committee (EXCOM) in July 2004. CSC is currently seeking solutions to address the deficiencies identified. As a result, these areas are not covered in this audit.**

### **Audit Methodology and Approach**

Ten sites, including two Community Correctional Centres, from three regions were included in the audit. A list of the facilities visited during the audit can be found in Appendix C.

The audit team requested a list from each site, prior to the visit, of offenders who have a disability in one or more of the specified areas - that is physical disability (mobility, visual, hearing and speech impairment, and environmental sensitivities) and mental disability (psychiatric, intellectual and learning disability).

### **File Reviews**

During the file analysis process, audit team members conducted health care, RADAR and OMS file reviews based on the lists of offender names provided by the sites. A parameter of two years was placed on the review of OMS files, that is, only reports covering the period March 1<sup>st</sup> 2003 to March 1<sup>st</sup> 2005 were included. The review was further limited to examining reports prepared by staff at the sites included in the audit. In other words, if the offender had transferred from a site which was not part of the audit within the two year period, the time spent at the previous site was not reviewed. A total of seventy-five OMS file reviews were conducted. A breakdown by type of disability is contained in Appendix D.

### **Interviews**

Interviews were conducted with a variety of staff at each site including: Nurses; Psychologists; Parole Officers; Assistant Wardens, Correctional Programs (or equivalent) and Teachers of ABE 1 or 2. Also, at each institution, representatives of the Inmate Committee were invited to meet with the auditors so that the Committee could be informed of the audit and be given an opportunity to raise issues. Following the site visits, meetings were held with managers at NHQ from the areas of Health Services, Programs, CORCAN, OMSR and Reintegration.

### **Site Inspections**


While on site the audit team conducted "walk-around" inspections to assess the degree of accessibility for offenders with physical disabilities in the cells and other parts of the institutions such as: dining area; visiting; programs; recreation; and chapel, and washrooms close to all of these areas.

### Inmate Questionnaires

An informal questionnaire was distributed to a sample of the total inmate population at each site visited. The auditors were interested to learn how many of the offenders perceive themselves as having some type of disability. From a total sample of 411, eighty questionnaires were returned, five of which were from women offenders. A breakdown by type of self reported disability is contained in Appendix D.

### Debriefs

At the end of each visit, a meeting was held with either the Warden or a senior manager giving a preliminary account of the results. In addition, regional debriefings were held and, at NHQ, all the Offices of Primary Interest (OPIs) were debriefed on the preliminary findings.





## AUDIT FINDINGS AND RECOMMENDATIONS

### General Findings

There are a few overall observations made by the audit team, which although not falling under any specific objective, have a significant impact in being able to determine how effective CSC is in meeting its obligations for offenders with disabilities.

#### **i) Accountability**

**Finding #1 - There is a lack of overall accountability in ensuring that CSC is meeting its responsibility for accommodating the needs of offenders with disabilities.**

The audit team had expected to find one Office of Primary Interest (OPI) co-ordinating areas which touch on CSC's efforts in accommodating the needs of offenders with disabilities. This was not the case. To some degree, this may be due to the fact that CSC does not have a specific policy dealing with offender disabilities. Instead the requirements for the accommodation of offender disabilities come from a variety of sources (as described in Appendix A) including at least three pieces of legislation, eleven different CSC policies and a Treasury Board policy. As well, responsibility for implementation of the legislation and policy falls under a variety of OPIs including: Institutional and Community Reintegration, Health Services, Facilities Management, Programs, CORCAN and the Human Rights Division. All of these OPIs are working in some way to meet CSC's obligations, but they are working in relative isolation with no overall co-ordination.

Monitoring of the management of offenders with disabilities is not being done on a routine basis and results of interviews show that the various managers responsible for accommodating the needs of offenders are not aware of the full range of requirements.

One of the strategic objectives of CSC's Human Rights Division (Strategic Policy and Human Rights Sector) is to increase staff and managers' knowledge of their human rights obligations and responsibilities. In partial fulfillment of this objective, individuals from the Division in March 2005 visited a selection of sites in each region to conduct awareness sessions on human rights issues. In addition the Division, in response to one of the recommendations from the Canadian Human Rights Commission report *Protecting Their Rights*, has committed to creating a human rights accountability tool which will monitor appropriate performance indicators.

#### **Recommendation #1**

**Consideration be given to creating a primary OPI for issues relating to accommodating the needs of offenders with disabilities.**

**Action by: ACSPHR, ACCOP and ACCS.**

## **ii) Definition of Disability**

Finding #2 – There is no clear definition for disabilities available in CSC.

CSC's policy (CDs, SOPs and Guidelines) makes reference to both physical and mental disability, although what is included as subcomponents of these terms is not used consistently across the Sectors, or in OMS. As well, not all the definitions include a clause which limits a disability to one which affects daily living; or results in an offender being unable to carry out activities on his/her own.

In keeping with the Charter, the definition used for the audit covers both physical and mental disabilities. Since there is no CSC document which includes both broad categories of disability and their subcomponents, for the purpose of the audit, it was decided to adopt a definition used by the CHRC. Included in the definition is, under physical: mobility; visual; hearing; speech impairments and environment sensitivities, and under mental: psychiatric; intellectual; and learning disabilities.

**Objective 1:** To review and assess the adequacy of the assessment procedures in place to identify inmates with disabilities.

In order to assess compliance with the policy requirements of this objective, the audit team interviewed health care staff, psychologists, program managers and teachers, met with inmate committees, and reviewed health care and OMS files. Following the site visits, the audit team met with staff from Health Services, Reintegration Programs and OMSR at NHQ.

### **1.1 Physical Disabilities**

Finding #3 - For the most part, Health Care staff is identifying physical disabilities of offenders.

In accordance with Commissioners Directive (CD) 700 Guidelines Relating to Offenders with Disabilities, *physical disabilities are to be assessed by an appropriate health care professional*. Comprehensive forms are being used by nurses at the Intake Units for health care assessments:

- Men's Health Status Admission Assessment (CSC form 1244-E);
- Men's Health Status Admission Assessment for those Aged Fifty and Older and/or Those with Special Care Needs, (CSC form 1244-01); and
- Women's Health Status Admission Assessment (CSC form 1113).

It should be noted that the audit team found these forms are also being reviewed by health care staff when the offender transfers to a new facility.

However, the audit team observed that screening for auditory impairment is not specifically covered in the comprehensive physical assessment as the health admission assessment form does not include explicit questions which relate to hearing loss. Of the sixty-two returned offender questionnaires which indicated some sort of disability, nineteen percent self-reported auditory problems. Undetected, hearing loss can adversely affect the inmates' behaviour which in turn can influence how staff reacts to them. The audit team was told of cases where inmates had been described as uncooperative but when tested it was determined that the inmates had hearing difficulties.

As a result of the debrief with NHQ, Health Services staff on the audit findings, the addition of screening for auditory problems will be considered in a revision to the current assessment tools.

## **1.2\_Learning Disabilities**

Finding #4 - Identification, assessment and provision of strategies for Learning Disabilities are not being done on a regular, consistent basis across the regions visited.
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CD 700 "Case Management", requires Institutional Heads to ensure that suspected cases of Learning Disabilities (LD) are assessed and the provision of high quality remedial educational services are made available to this group. Twenty-six offenders (42%) indicated on the offender questionnaire that they had learning disabilities.

The psychologists who were interviewed explained to the audit team that offenders with learning disabilities have average intelligence and can learn, but learn inefficiently. They learn more slowly, or differently than other offenders, experience difficulty with institutional adjustment and are reluctant to participate in correctional programs. The learning problems are not necessarily obvious so they are hard to diagnose and the offenders' difficulty understanding things is often interpreted as defiant and rebellious behaviour by the staff, such as correctional officers and work supervisors, who interact regularly with these offenders. Being learning disabled can, without intervention, prevent offenders from participating effectively in education, employment and Correctional Programs and in turn may impact on their ability to successfully reintegrate into the community.

A national pilot, held over a 2 year period ending in fiscal year 2003-04, looked at offenders with potential Learning Disabilities. The pilot included conducting assessments for offenders suspected as having LD and providing strategies by specially trained teachers for these offenders on how to adapt their learning styles to match the traditional modes of service delivery in CSC. The results of the pilot showed that both Aboriginal and non-Aboriginal offenders at risk for LD improved performance in Correctional Programs. The evaluation of the pilot noted that participants made significant gains in the degree of active participation, completion of program assignments, attitude, behaviour, motivation, effort, problem solving, and communication skills.

The audit team was told, however, that following the pilot project the special funding for offenders with Learning Disabilities was discontinued with the result that in two of the three regions visited, the assessment and the provision of specialized strategies have been severely cut back. Of the three regions visited, only in the Pacific region are assessments and strategies for offenders with LD being continued on a regular basis.

## **Recommendation #2**

**Options be explored which would allow the continuation of assessments and provision of specialized strategies for offenders with Learning Disabilities.**

**Action by: ACCOP in consultation with RDCs.**

### **1.3 Sharing Of Information About Disabilities**

The Guidelines Relating to Offenders with Disabilities (CD 700) directs that once disabilities have been assessed by health care professionals, staff who are responsible for needs analysis and program planning are made aware of the relevant assessment results. In addition, health care policy (CD 800 Health Services) states that the findings of nursing assessments (not specific to physical or mental) shall determine, among other things, program placement.

Based on these policies, the auditors had expected to find regular communication between nurses, and Parole Officers and the Assistant Warden Correctional Programs (AWCP) or equivalent. The audit team also expected that information which identifies, or in some way describes the effects of disabilities and associated medications would be shared on a regular basis with the Parole Officer.

**Finding #5 – With a few notable exceptions, when disabilities are identified the information is not being shared with other staff in a standardized manner or on a consistent basis.**

The auditors learned that health care staff do not use OMS to record health related information, and the OMS system presently does not contain a module dedicated to health services. Information is currently stored in hard copy in the health care files which are kept in the institutional health services departments. These files are not readily available, to non medical staff, to a large degree due to inmate privacy issues.

If a Parole Officer inquires about health matters of a specific inmate, the nurses may give a general reply or the gist, but no specifics unless the offender has agreed in writing to share health related information with other staff. A nurse at one site told the audit team that if an offender had a notable behaviour problem and could not cope, the information would be communicated to the unit staff, usually the Correctional Officers (CXs), not the POs.

As reported by one Parole Officer, “to determine the type or nature of disability you need to piece together the puzzle from many types of reports. Often the disability is not evident, or maybe it will appear as just a line somewhere that the inmate had a head injury years ago.”

Similarly, through interviews it appeared, there is no formal process, in the male institutions, for the nurses to notify the AWCP of special needs relating to disabilities. Nurses told the audit team that information on disabilities, if it is communicated to program staff, is on an informal irregular basis, through a hall way conversation, telephone call or E-mail. Review of OMS files found no evidence that communication between health care and program staff had taken place.

From a privacy perspective, sharing of health related information presents a difficult situation. Nurses have a strong commitment to protecting the privacy rights of offenders and are very reluctant to provide details to non health care staff. On the other hand, Parole Officers and program staff need as much information as possible to make informed decisions.

There are a number of offender consent forms in use which permit the release of medical information to third parties, however they are not offered to the inmates to sign on a routine basis.

#### **1.4 The Use of Flags/Alerts/Needs (Flags) in OMS**

Finding #6 - Flags in OMS, identifying disabilities, are poorly defined, seldom entered by institutional staff, and when used are rarely verified for continuing relevance.
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The Standard Operating Practice on Offender Intake Assessment and Correctional Planning (SOP 700-04) requires that OMS alerts/ flags be entered when disabilities are identified. Staff interviewed however, (including Parole Officers, Health Care staff, and Psychologists), indicated that they rarely enter flags in OMS to indicate any sort of disability. From the list of flags available in OMS, there are a number which potentially could be used to describe a disability. These include: emotionally unstable; communication disability; certified MHA (Mental Health Act); physical disability; learning disability; health care services; and psychological referral.

Staff interviewed told the audit team they assume that the flags are being entered by community Parole Officers at the time of the Preliminary Assessment, or in some regions, at Intake. The interviewed staff told the auditors that, while they sometimes take note of the flags, they never review or revise them for continued validity. The exception to the verification of current flags is at Dorchester where unit staff is advised by management to review the flags on a regular basis.

The auditors reviewed ninety OMS files using the names of offenders with disabilities which had been supplied by the sites. Eighty-eight per cent of the files reviewed had no

corresponding flag entered in OMS. (These figures do not include the offender names from the two sites in the Atlantic region which came directly from RADAR).

During the debrief of preliminary findings with OMS staff at NHQ, the auditors were told that the problems associated with flags, alerts and needs in OMS had been identified and that their use is being reviewed.

### **Recommendation #3**

**i) the review of flags/alerts/needs in OMS for disabilities continue and decisions implemented. The review should include who should enter flags, who should review for continued relevance, at what frequency and how to address the privacy issue.**

**ii) as part of the development of the Health Services Module for OMS, consideration be given to a review of the current health related flags including which are appropriate, what others need to be added, and definitions for what the flag covers.**

**Action by: ACCS with ACCOP**

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It is the opinion of the audit team that the identification and assessment of physical disabilities by Health Care staff, for the most part, is in compliance with policy. However, this is not the case with respect to identifying offenders with Learning Disabilities. In addition, action will be required to ensure that the information identified on disabilities, both physical and mental, is shared with Parole Officers and program staff either through OMS or through regular staff communication.

**Objective 2: To review and assess the adequacy of the case management process in responding to the requirements of offenders who have been identified as having disabilities.**

In order to assess compliance with the policy requirements of this objective, the auditors met with Parole Officers (Institution and Community), representatives of Inmate Committees and reviewed cases on OMS. The auditors subsequently met with NHQ Institutional Reintegration staff. The purpose of this aspect of the audit was to ensure that information regarding offender disabilities was being considered in case management and release planning processes.

## **2.1 Case Management Decisions**

Finding #7 - It is difficult to verify that disabilities are being considered in case management decisions.

The Corrections and Conditional Release Regulations (CCRR) stipulate that, “*any physical or mental illness or disorder suffered by the inmate*” is to be considered as one of the factors in determining an inmate’s security classification. On a more general note, the audit team had expected that disabilities would be a consideration in all case management decisions.

The Parole Officers, who were interviewed, indicated that a disability would be considered in case management decisions if the disability related to risk. However based on the review of OMS files, evidence of this consideration could not easily be located. Information related to disabilities, where found, was dispersed throughout OMS reports (Case Work Record, Correctional Plan, Correctional Plan Progress Report, Assessments for Decisions, Preliminary Assessments, Psychological Assessments, Notes to File, Education Assessments, Program reports) with no specific heading within the report where it might be discussed. The exception to this situation was in the women offender files (Nova) where it was evident that much more communication had occurred between staff and that this was reflected consistently in Case Work Records.

In 100 % of the cases reviewed using OMS, the offenders’ security classifications matched the security classification of the institutions where they were residing. The auditors were not able to determine however, through a review of OMS files, what role, if any, the disability had had in the inmate’s security classification decision. In completing the file reviews, the auditors found that in the majority of cases the author of the report did not note the offender’s disability even though the files reviewed were based on the list of offenders with disabilities which the sites had supplied.

The current case management policy (SOP 700-14, Security Classification of Offenders) indicates that security classification is to be based on the Custody Rating Scale (CRS) with normally no overrides allowed. A review of the questions from the Custody Rating Scale found no obvious reference to disabilities in the factors considered despite this being a CCRR requirement. In the case of an inmate with disabilities therefore, the override provision would need to be used. In follow-up discussion with Institutional Reintegration Branch it was reported that the SOP 700-14 is being revised. It was agreed that the factor relating to disabilities would be included in revised case management policies to strengthen the assessment criteria for the security classification of the offender.

## **2.2 Community Release Preparation**

Parole Officers all stated that if an offender has a disability it would be considered in release planning, although verification through an OMS file review could not confirm

this. Psychologists also told the audit team that, if appropriate, they make recommendations to the Parole Officers to assist in release preparations. Sharing of health related information with community resources requires the consent of the offender. In the majority of cases the Parole Officer mentioned that obtaining the offender consent is not a problem.

In Ontario, the audit team met with a Discharge Planning Team which works out of RTC (composed of a social worker and an occupational therapist) but serves other Ontario institutions as well. The team makes extra efforts to connect with suitable resources in the community in order to place inmates who need additional care in the community. In addition, the psychiatric nurse who provides ambulatory services out of the RTC Ontario told the auditors that he also makes referrals to the community and assists with prerelease discharge planning. In the Atlantic region an ambulatory team, consisting of a social worker and a psychiatric nurse, assist in preparing offenders for release, and likewise in the Pacific region, the ambulatory team, which works out of RTC Pacific but provides services to all the institutions, plays a large role in release planning and makes regular visits to the Community Correctional Centres (CCCs) as well as the other institutions.

A major problem was identified however with a paucity of community facilities willing to take offenders with either physical or mental disabilities. The two CCCs visited have at least one room each which can accommodate offenders in wheelchairs, but a review of the Directory of Community Residential Facilities (CRFs), indicates that nationally, only 11% of these facilities are considered accessible for offenders with disabilities. How well the CRFs can accommodate offender with mental disabilities is unknown. Given the priority CSC wishes to place on community reintegration, it was suggested to the audit team that greater use of private home placement be explored by POs for offenders with disabilities.

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Based on the information gathered for this part of the audit, it is the opinion of the audit team that further work is required in the content of the reports in order to clearly demonstrate that disabilities are considered in case management decisions when appropriate.

**Objective 3:** To assess the degree to which the CSC is responding to the needs of offenders with disabilities in terms of services, aids and facilities.

In order to assess compliance with the policy requirements of this objective, the audit team met with health care staff, Parole Officers, talked to representatives of Inmate committees and toured the facilities with checklists to gauge accessibility.



### **3.1 Assistive Devices/Technical Aids**

Finding #8 - For the most part, CSC is providing required aids to inmates with physical disabilities.

One of the principles of the CCRA guides CSC to be responsive to the special needs of offenders, and health services policy (CD 800) requires that offenders have access to essential health care. The audit team expected that these requirements would include the provision of special aids to offenders who had been identified as needing them. In addition, case management policy (CD 700 Guidelines) requires Institutional Heads to use sign language interpreters when necessary to assist offenders with sensory disabilities.

The audit team found that technical/assistive aids, once approved as essential (affects the inmate's ability to carry on activities of daily living), generally are available for offenders with physical disabilities. Items/services which are deemed non-essential may be purchased by the inmates if approved, using their own money from either their current account or savings account.

However our site visits indicated that the precise definition of what is an essential item varies between the sites. For example in one region the audit team was told that hearing aids are provided as required but the batteries must be purchased by the inmates. The other two regions provide inmates with hearing aid batteries.

The current policy, CD 860 Inmate's Money, sets a \$500 withdrawal limit per year from the inmate's savings account. Various exceptions to the \$500 limit currently are allowed in the CD, and, as the CD is in the process of being revised, it was suggested that medical items/services be added to the list of exceptions. A review of the latest draft of the revised CD confirms that the change has been incorporated.

### **3.2 Special Diets**

No concerns were noted with approval for special diets. In a few institutions, however, although the special diet had been approved, concerns were expressed that the kitchen was not always able to do a good job of providing the special diets.

### **3.3 Environmental Sensitivities**

Interviews with inmate committees and staff reported few cases of environmental sensitivities. Not many offenders report a sensitivity to smoke, however at all the sites visited, the audit team heard that, where operationally feasible, non smoking areas are provided to some degree in the living areas. This could mean a non smoking range or, where overcrowding is an issue, a non smoker would be double bunked with another non smoker.

Accommodating environmental sensitivities was reported at a site where an inmate had complained about sensitivity to some of the chemicals in laundry soap, bleach for laundry and facial soap. Alternate products were provided.

### **3.4 Accessibility for Inmates with Disabilities**

Finding #9 - The required number of cells/rooms in CSC facilities can be considered wheelchair accessible, however less attention has been paid to ensuring other areas in the facilities are accessible.

In response to the Guidelines for Implementing Treasury Board's Revised Policy on Accommodation, the Facilities Branch of the Corporate Services Sector began a process of making CSC facilities accessible. Starting in 2001, through a series of steps, the objective was to have 1% of the rated capacity of all CSC's facilities accessible by 2003.

At the ten sites visited, the auditors were aware of four inmates requiring the use of a wheelchair.

The audit teams' "walk-around" inspections consisted of tours of the sites to look at the cells<sup>2</sup> which have been designated as accessible. As well, other parts of the facilities which an offender could be expected to use were observed i.e. showers, dining areas, visiting and correspondence (V&C), admissions and discharge (A&D), chapels, recreation, yards, Private Family Visit trailers (PFVs), program areas, schools, and health services. In addition, for all these areas, the audit team looked for accessible inmate washroom facilities close by.

#### **i) Cells**

All required numbers of cells, based on 1% of rated capacity, can be considered accessible. One of the designated accessible cells on one range of a visited site, where the living units were originally constructed for shared accommodation, has a fixed barrier around the toilet. If required however, the fixed barrier could be replaced by a privacy screen meeting accessibility criteria.

#### **ii) Non-Cell Areas**

While all new CSC buildings/facilities are designed for full accessibility according to current standards, some of the existing structures are difficult to physically modify. The audit team observed at the sites visited, in many of the non-cell areas, that an inmate in a wheelchair would experience difficulty. In certain cases, non-accessibility is due to lack of staff training on the use of equipment such as lifts for stairs. Many of the barriers to accessibility would require relatively minor modification to remedy. For example: if need be, a program room currently in a basement of a CCC could be moved to the main

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<sup>2</sup> or rooms in the case of Community Correctional Centres and the Women's facility.

floor conference room; a higher and wider desk could be provided in a classroom room; the legs of a table in the dining area could be adjusted to accommodate a wheelchair; missing grab bars from toilets or showers could be added; or procedures developed to enable staff to escort an inmate from an area without an accessible washroom to an area which has one.

It appeared to the auditors that non-accessibility, in areas other than cells, is not due to unwillingness on the part of the institutional heads/ directors, but rather it is not an issue they have thought about.

The audit team could find no internal CSC standards specifying that areas such as dining, programs, chapel, recreation, PFVs etc need to be accessible. A common sense approach, however, would indicate that, either these areas should be accessible or, the site should have plans in place for *work-arounds*.

**Recommendation #4**

**i) RDCs ensure that all sites review areas, other than accessible cells, to determine, if not presently accessible, how they could manage operationally should they receive an inmate in a wheelchair. If required, standing orders/post orders be revised to ensure procedures are in place to describe the necessary operational adjustments.**

**Action by: RDCs**

**ii) A checklist be developed on accessibility to enable operational heads to monitor their readiness to have all areas accessible, or alternatively, to have reasonable alternate means of managing operationally.**

**Action by: ACCS in consultation with ACSPHR.**

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It is the opinion of the audit team that, for the most part, offenders with physical disabilities are being accommodated in terms of assistive devices, facilities and services and CSC is fulfilling its policy obligations. Increased attention is required to ensure all areas of the facilities, are accessible.

**Objective #4: To assess the degree to which CSC is meeting the work assignment/program needs of inmates who have been identified as disabled.**

In order to assess compliance with the policy requirements of this objective, the audit team met with AWCPs (or equivalent), reviewed Program Inventories and talked to inmate committees. Following the site visits, the audit team met with managers from Reintegration Programs and CORCAN.

#### **4.1 Institutional Program Inventories**

Both the CCRA and CD 730, Inmate Program Assignment and Payments, require that a range of programs (i.e. therapeutic interventions, work, education and training) be available to suit the identified needs of the inmate population.

Finding #10 - Program Inventories do not consistently include correctional programs/work assignments which reflect special needs of offenders with disabilities.

##### **i) Work Assignments**

The Employment and Employability Program (EEP), is a national initiative led by CORCAN which operates in all institutions. The EEP consists of approved generic job descriptions for work assignments with national standardized objectives, duties, job requirements and OMS codes. The aim is to have productive engagement through the development and maintenance of practical competencies. The EEP works in conjunction with education and correctional programs.

Legislation stipulates that programs must be responsive to offenders with special needs. The audit team found that how offenders with disabilities are being accommodated for this requirement varies from site to site. One institution was adhering so strictly to the EEP generic work descriptions that allowances were not being made for inmates with disabilities, many of whom were elderly. The EEP requires inmates to have “meaningful work” and those inmates who could not meet the requirements of the jobs were classified as unemployed, thereby receiving the inmate pay rate of “allowance” (2.50/day).

The case cited above is the extreme, in the other sites visited the audit team noted there is a mixture of assignments created or altered to accommodate various types of disabilities. A description of some of the specially created work assignments are described in Appendix E.

The audit team followed up with managers from CORCAN and Reintegration Programs at NHQ who confirmed that, while presently, the EEP does not make specific allowance for inmates with disabilities, addendum to the work descriptions are possible to identify particular position requirements. Also, an institution may request, through CORCAN, a job description be written to fulfill any position which is currently not listed with the generic job descriptions. Resolution of how to accommodate offenders with disabilities is going to be worked on by CORCAN in collaboration with Reintegration Programs.

##### **ii) Correctional Programs**

CSC has been working successfully towards the development and delivery of internationally recognized, research-based accredited Correctional Programs. The standardization of these programs in areas such as: family violence prevention; sex

offending; substance abuse; cognitive skills; and anger management ensures an inmate from an institution in one region can receive the identical program delivered in the same way in any of the other regions.

The audit team was told that these programs do not reflect CSC's Principle of Responsivity (matching the style of delivery mode of the program to the learning style of the inmate, as well as their motivation, motivation level and aptitude). There are some offenders who would benefit from the Correctional Programs but are not capable of completing them due to, for example, cognitive impairment, ADHD or mental health problems. To better suit the needs of these offenders, programs require adaptation so that days are shortened, class sizes are reduced, and structured program planning is eliminated. The audit team found at the two Regional Treatment Centres visited that these national programs have been modified so that special needs can be accommodated. In other male institutions these types of modified Correctional Programs are not necessarily offered.

#### **4.2 Tracking of Special Needs Programs**

Finding #11 - It is currently not possible to track correctional programs/work assignments which are offered to offenders with disabilities.

The audit team reviewed the sites' individual program inventories and discussed OMS program codes with AWCPs. In sites where specialized work positions, or Correctional Programs, have been created and are being offered, it is not always evident from a review of the facility's program inventory. The titles of these work assignments and programs do not necessarily appear on the inventory. Instead they are included under the generic titles of EEP or the national Correctional Programs. In addition, these specialized work or programs are often not given a distinctive OMS program code. Attempts to determine how well CSC is doing in accommodating the needs of inmates with disabilities are hampered by this practice.

#### **Recommendation #5**

**i) CORCAN consider amending its inventory of work descriptions in the Employment and Employability Program (EEP) inventory to include one or several work descriptions suitable for inmates who are unable to perform all the duties included in the generic positions due to a disability, or consider another strategy which would address the needs of these inmates.**

**Action by: ACCOP**

**ii) Recognition be given to the Responsivity Principle by ensuring that Correctional Programs suitable for special needs offenders are available on a wider scale.**

**Action by: ACCOP and RDCs**

iii) The numbering system be revised so that work assignments/Correctional Programs which are geared to offenders with disabilities can be tracked.

Action by: ACCOP

### 4.3 Pay Levels

Reports from all programs staff interviewed indicate that, where appropriate, the Institutional Head approves adjustments to inmate pay levels for offenders with disabilities as per CD 730. No concerns were noted in this area.

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The audit team is of the opinion that more attention needs to be placed on ensuring that offenders with disabilities are accommodated, to a greater degree, with both programs and work assignments which respond to their particular requirements. With the current emphasis in CSC on standardization of programs, for accreditation purposes, and work assignments through the EEP, the legislative/policy requirements which call for programs to respond to the special needs of offenders are not being fully met. Tracking of the specialized programs/work assignments needs improvement.

### **Overall Conclusion**

Based on the results of the work performed to assess the current audit objectives and criteria, it is our opinion that CSC is compliant with a number of requirements related to accommodating the needs of offenders with physical disabilities. In terms of assessment and provision of services for offenders with mental health disabilities, the deficiencies have been recognized by CSC and various avenues are being explored to rectify the situation. The results of this audit clearly identified that more work is required to ensure that information on offenders' disabilities is shared between Health Care staff, Program Managers and Parole Officers without violating offenders' privacy rights. Correctional Programs and work assignments need to put more emphasis on the Responsivity Principle.

Several barriers were encountered in the audit's assessment of how CSC is doing overall in accommodating the needs of offenders with disabilities. These difficulties included: inconsistent definitions for disabilities being used by staff; lack of disability related information on OMS, or if on OMS, spread over many reports in no particular location within the reports; and few distinct program codes reflecting the specialized programs in place to address the needs of inmates with disabilities.

Finally, it is our opinion that without one Division/Branch taking overall responsibility, the various OPIs involved in contributing to the accommodation of offenders with disabilities

will find it very difficult to resolve the many cross-Sector concerns. This is particularly obvious for resolution of the sharing of information issue which will need to involve at a minimum ATIP, Health Services, Reintegration and likely OMSR. Having a primary OPI in place would be equally beneficial for a review of the policy framework to ensure it adequately addresses the range of issues relating to disabilities.

**Recommendation #6**

**The policy and management framework be reviewed to ensure issues, relating to accommodating the needs of offenders with disabilities, are addressed without duplication or contradiction including:**

- i) roles and responsibilities;**
- ii) definition for disabilities;**
- iii) sharing of information;**
- iv) content of case management documents;**
- v) accommodation in the community.**

**Action by: ACSPHR in conjunction with ACCOP and ACCS.**

## Appendix A

### LEGISLATIVE AND/POLICY REQUIREMENTS

Legislative and policy requirements addressing CSC's specific obligations to accommodate the needs of disabled offenders are found in:

#### Corrections and Conditional Release Act (CCRA)

4. The principles that shall guide the Service in achieving the purpose referred to in section 3 are:

(h).that correctional policies, programs and practices respect gender, ethnic, cultural and linguistic differences and be responsive to the special needs of women and aboriginal peoples, as well as to the needs of other groups of offenders with special requirements.

70. Service shall take all reasonable steps to ensure that penitentiaries, the penitentiaries environment, the living and working conditions of inmates and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity.

*76. The Service shall provide a range of programs designed to address the needs of offenders and contribute to their successful reintegration into the community.*

#### Corrections and Conditional Release Regulations (CCRR)

17. The Service shall take the following factors into consideration in determining the security classification to be assigned to an inmate pursuant to section 30 of the Act:

(e) *any physical or mental illness or disorder* suffered by the inmate;

88. The Service shall ensure that a person is available to any inmate who is unable to read or write to assist the inmate in preparing and reading the inmate's correspondence:

(a) in the official language of the inmate's choice; or

(b) where practicable, in another language of the inmate's choice.

#### Commissioner's Directives (CD)

##### CD 085 Correspondence and telephone communication

*4. Inmates who are unable to read or write are entitled to the assistance of a person to assist them in preparing and reading correspondence.*

##### CD 090 - Personal property of inmates

15. *Health care items (including medical bracelets), religious articles, educational textbooks or supplies, and arts and crafts raw materials **should be allowed**.* Each item shall be approved by a staff member at the Unit Manager level or above, following consultation with the head of the appropriate department. The value of these items is not included in the \$1500 limit stated at paragraph 16.



## **CD 300 – Real Property**

10 d. Institutional heads are responsible for ensuring facilities are *appropriately accessible to persons with disabilities*.

## **CD 700 - Case Management**

8. The Service recognizes that some inmates or certain groups of offenders have special needs and recognizes that integration into the general inmate population is fundamentally important. These special needs groups may include:

These special needs groups may include:

- a. long term offenders;
- b. offenders with substance abuse problems;
- c. sex offenders;
- d. native offenders;
- e. female offenders;
- f. *offenders with physical disabilities (including sensory disabilities);*
- g. *offenders with intellectual disabilities;*
- h. *offenders with learning disabilities;*
- i. other special needs groups.

*Therefore, the Director shall ensure the provision of high quality programs and services which by their orientation and nature satisfy both the special needs of these offenders and the needs of the inmate population as a whole and shall ensure that the "Guidelines relating to Offenders with Disabilities" are followed.*

## **CD 700 - Guidelines Relating to Offenders with Disabilities**

5. Regional Deputy Commissioners shall ensure:

a. that offenders with physical disabilities can be accommodated adequately at an appropriate security level within their region; and

6. Directors shall ensure:

a. that all cases of physical disability have been assessed by an appropriate health care professional and that staff who are responsible for needs analysis and individual program planning are made aware of relevant assessment results;

b. that staff are aware of and make use of available community resources required to assist in maintaining effective communications with offenders with sensory disabilities. For example, sign language interpreters should be engaged where necessary.

7. Regional Deputy Commissioners shall ensure:

- a. that procedures are in place within their region to identify offenders with intellectual disabilities.
- b. that all offenders with intellectual disabilities in their respective regions have access to educational, life skills and other programs which are specifically designed to meet the needs of this group, where a need for specialized programming has been identified.

8. Directors shall ensure:

- a. that staff responsible for needs analysis and program planning are made aware of assessment results identifying an offender as having intellectual disabilities; and
- b. that any shortfalls in programs or services for offenders with intellectual disabilities are reported to the Regional Deputy Commissioner in cases where the shortfalls cannot be corrected locally.

9. Directors shall ensure:

- a. that any cases of suspected learning disability are assessed by an appropriate educational specialist.
- b. that remedial educational service is made available to offenders whose learning disability is confirmed.

#### **CD 720 – Education of Offenders**

11. Adult Basic Education is the Service's education priority and shall be available at all institutions.

13. All institutional education programs shall be available on a 12-month basis.

#### **CD 730 – Inmate Program Assignment and Payments**

11. The institutional head shall:

- a. provide for a range of programs suitable to the identified needs of the inmate population and the operational requirements of the institution;

20. Under exceptional circumstances, institutional heads may authorize, in writing, pay for inmates at levels for which they would not otherwise be eligible.

#### **CD 800 - Health Services**

4. Inmates shall have access to screening, referral and treatment services. Essential services shall include:

- c. mental health care provided in response to disturbances of thought, mood, perception, orientation or memory that significantly impairs judgment, behaviour, the capacity to recognize reality or the ability to meet the ordinary demands of life. This includes the provision of both acute and long-term mental health care services; and

17. Within two (2) working days of initial reception, including a warrant of suspension, every inmate shall be given a nursing assessment and a referral to an appropriate clinician, if necessary. This nursing assessment shall, at a minimum, screen for:

- b. acute medical, mental or dental conditions;

### **CD 840 – Psychological services**

3. Psychological services provided for essential mental health needs shall be comparable to those available in the surrounding community.

### **CD 850 – Mental Health Services**

6. Mental health services and programs for inmates shall provide a continuum of essential care for those suffering from mental, emotional, or behavioural disorders consistent with professional and community standards including:

- a. individual assessment/diagnostic;
- b. treatment for those suffering from acute, sub-acute or chronic mental disorders shall be provided in an appropriate facility.

9. The mental health professional shall make appropriate referrals to community agencies to ensure that required services are provided to the inmate on release.

### **CD 860 - Inmate's Money**

22. Withdrawals above the \$500 limit for family related reasons shall be based on a case by case review and be consistent with the Mission Document. The Institutional Head or delegate is authorized to determine the amount of such withdrawals. These requests are subject to reasonable verification to ensure that the funds are used for the stated purpose.

23. The Institutional Head or delegate may authorize, on a case by case basis, requests for withdrawals above the \$500 limit to pay for legal fees and related costs, private family visits, correspondence and post-secondary courses and related materials, and smoking cessation products if authorized by Health Services. Requests are subject to reasonable verification to ensure that the funds are used for the stated purpose.

### **CD 880 – Food Services**

13. With regard to therapeutic (medical) diets, an appropriate diet shall be provided to inmates who need a therapeutic diet as part of a treatment regimen approved by the institution's Health Services in response to a clear and defined diagnosis.

### **SOP 700-04 - Offender Intake Assessment and Correctional Planning**

11. Every offender shall be interviewed within twenty-four hours of arrival at the Intake Assessment Unit to supplement and verify information already gathered and to identify areas of need that require immediate attention. The results of this interview should be documented in a casework record in OMS.

12. The following Immediate Needs checklists should be reviewed to confirm information acquired through the Preliminary Assessment:

- Medical,
- Mental Health,
- Security, and

## Suicide Risk.

13. Any immediate needs that are identified during the initial intake interview shall be referred for attention to the appropriate specialist. The existence of critical information shall be entered as either an "alert", "flag" or "need" in the Offender Management System (OMS) via the Preliminary Assessment screen or from the Intake Assessment and Placement menu. The existence of critical information will appear in the OMS file "header". The continuing validity of "needs", alerts" or "flags" should be verified periodically. Those that are no longer applicable should be removed.

28. Supplementary assessments are designed to address specific problem areas and are intended to provide information on the nature and seriousness of problems related to the dynamic factors. Such assessments shall be conducted based on referral criteria.

98. The Intake Assessment results are the basis for developing Correctional Plans for individual offenders. In consultation with the program and community personnel, a Correctional Plan is designed to address the factors which have been identified as contributing to a safe and timely reintegration. These factors must be prioritized so that interventions can be logical, sequenced and effective and ensure that the offender's progress can be evaluated during the offender's sentence.

106. When the offender's achievement grade level is below Grade 10 or the equivalent, or when upgrading is required for participation in correctional or vocational programs or Corcan, participation in Adult Basic Education must be included in the offender's Correctional Plan.

111. Once programs are identified that respond to the offender's dynamic factors, a program Application/Referral shall be completed in OMS for each program. This has the effect of referring the offender directly to a specific program at the appropriate institution or community unit , and provides advance notice to the institution or community that the individual offender requires the program at or before a specific date in the future.

### **SOP 700-14 – Security Classification of Offenders**

23 Normally there will be no overrides above or below the rating produced by the Custody Rating Scale or the Security Reclassification Scale. Where the caseworker believes that it is necessary to override or underide the results of the Custody Rating Scale or the Security Reclassification Scale, he/she shall include a detailed justification in the *Assessment for Decision* in conformity with section 18 of the *Corrections and Conditional Release Regulations*, by setting out the analysis under the three headings of institutional adjustment, escape risk and risk to public safety.

**AUDIT OBJECTIVES AND CRITERIA**

**#1. To review and assess the adequacy of the *assessment* procedures in place to identify inmates with disabilities.**

Criteria

- a) Procedures are in place to assess offenders with physical disabilities by health care professionals. (CD 700 Guidelines paras. 6a, b)
- b) Referrals are made to psychologists/psychiatrists for further assessment when mental disabilities are identified. (CD 800 para. 17b, SOP 700-04 paras. 28, 31, 32, 37)
- c) Procedures are in place to identify offenders with intellectual disabilities. (CD 700 Guidelines para. 7a)
- d) Procedures are in place for educational specialists to assess offenders for possible learning disabilities. (CD 700 Guidelines para. 9)
- e) Staff is aware and understands Guidelines Relating to Offenders with Disabilities established in CD 700. (CD 700 para. 8)
- f) When disabilities are identified, they are flagged in OMS. (SOP 700-04 para. 13)

**#2. To review and assess the adequacy of the *case management* process in responding to the requirements of offenders who have been identified as having disabilities.**

Criteria

- a) Correctional plans and CPPRs reflect the nature of the disability in the recommended program assignments and other case management decisions. (CD 700 Guidelines paras.6, 7, 8, SOP 700-04 paras 98, 106, 111)
- b) Offenders with physical disabilities are accommodated within their region at the appropriate security level (CCRR s.17e, CD 700 Guidelines para. 5a)
- c) Operational procedures are in place to make suitable arrangements in the community for offenders with disabilities prior to release. (CD 850 para. 9).

**#3. To assess the degree to which CSC is responding to the needs of offenders with disabilities in terms of *services, aids and facilities*.**

Criteria

- a) CSC provides technical aids and equipment for offenders with identified physical disabilities. (CCRA s.4 h)
- b) Procedures are in place to assist visually impaired or illiterate offenders with understanding and completing correspondence and required written forms. (CCRR s.88)
- c) Special provision is made to allow the inmates to purchase items related to their disability the cost of which exceeds the allowable amount.
- d) Specialized diets (non-religious) are provided as required.
- e) Appropriate measures have been taken for offenders who report environmental sensitivities (including but not limited to smoke).
- f) Services are provided to meet the needs of inmates with mental health disabilities.
- g) TB accessibility standards are being met.

**#4. To assess the degree to which CSC is meeting the work assignment/program needs of inmates who have been identified, either through assessment or self-identification, as having disabilities.**

Criteria

- a) Staff who is responsible for needs analysis and individual program planning is made aware of relevant assessment needs.
- b) Institutional program inventories reflect the needs of offenders with disabilities in terms of providing specialized programs/work assignments as required (i.e. for elderly offenders, physically disabled, learning disabled, low functioning).
- c) All offenders identified as having intellectual disabilities have access to educational, life skills and other programs which have been designed to meet their needs.
- d) Institutional Heads adjust pay levels as required to accommodate the needs of inmates with disabilities.

**FACILITIES SELECTED FOR AUDIT**

**Atlantic Region**

- Dorchester
- Nova

**Ontario Region**

- Millhaven Assessment Unit
- Pittsburgh
- Regional Treatment Centre
- Portsmouth

**Pacific**

- Kent
- Mission
- Regional Treatment Centre
- Chilliwack

## Appendix D

### Results of File Reviews and Offender Questionnaires by Type of Disability

Seventy-five file reviews were undertaken by the audit team, based on lists, provided by the sites. The breakdown by type of disability was as follows:

<b>Physical</b>	<b>Mental</b>	<b>Intellectual</b>	<b>Learning</b>	<b>Communication</b>	<b>Not Evident</b>
<b>28</b>	<b>34</b>	<b>7</b>	<b>9</b>	<b>3</b>	<b>22</b>

These breakdowns were determined using information from OMS, either on the files themselves or by the flags in use. In twenty-two of the cases, although the names had been provided by the site, a disability could not be determined from the file review. In some cases offenders were classified in more than one disability category.

### Offender Questionnaires

From the eighty offender questionnaires which were returned, sixty-two identified some sort of disability. The breakdown was as follows:

<b>Physical Disability</b>					<b>Mental Disability</b>		
<b>Mobility</b>	<b>Visual</b>	<b>Hearing</b>	<b>Speech</b>	<b>Environmental Sensitivities</b>	<b>Psychiatric</b>	<b>Intellectual</b>	<b>LD</b>
<b>30</b>	<b>21</b>	<b>12</b>	<b>7</b>	<b>18</b>	<b>24</b>	<b>10</b>	<b>25</b>

These figures are based on offender self reporting, in some cases, offenders indicated that they have more than one disability.



### BEST PRACTICES

During the on site visits, the audit teams observed/identified a number of practices that could be beneficial to other facilities.

#### Programs which have been developed to Accommodated Offenders with Disabilities

##### RTC Ontario

*Affirmative Business* – three criteria to be part of the program: Axis 1 (mental illness), longer indeterminate sentence, offender wants to participate. Inmates work cooperatively to run the business which makes toys for cats,... The program promotes pro-social skills as the inmates support each other in the business and it is self supporting. Money made goes back into the business to buy supplies, etc. Proportion of the proceeds goes to a charity.

##### Dorchester

Life Skills Shop - The shop targets special needs inmates with social/behavioural/intellectual/psychiatric/vocational needs. The focus on skill, behaviour and attitude development through a series of projects which benefit the community as well. development and attitude development."

##### Mission

Garden Helper –Allows inmates to grow produce which is donated to a women's shelter  
Bike for Tykes – a kids' bike repair program  
Toys for Tots –Designed for elderly inmates to make wooden toys at their own pace  
Pot Washer- A program for low functioning offenders which includes a visual aid of step by step pictures of the process for washing pots to help develop a routine. The pictures are hung above the sink area in the kitchen.

#### Awareness Sessions

##### Nova

Awareness Sessions - At Nova Institution the psychologist has held lunch hour sessions to interested staff on mental health information informing them of expected behaviour.

#### Tracking of Special Diets

Mission Institution was noted as having a particularly good process, using EXCEL, for tracking special diet requirements. The system includes pictures of the designated inmates along with the specific dietary requirements.

**Management Action Plan**

<p>Recommendation #1: Consideration be given to creating a primary OPI for issues relating to accommodating the needs of offenders with disabilities.</p> <p>Completed. OPI duties were assigned to the COP Sector and ACCOP.</p>
<p>Recommendation #2: Options be explored which would allow the continuation of assessments and provision of specialized strategies for offenders with Learning Disabilities.</p> <p>Accepted: The DG Operational Programs and Reintegration has been assigned to explore options to support the continuation of assessments and specialized strategies and to present to Excom, March 31, 2007, an evaluation of those strategies, costs to implement, and a strategy for funding.</p>
<p>Recommendation #3(i): The review of flags/alerts/needs in OMS for disabilities continue and decisions implemented. The review should include who enter flags, who should review for continued relevance, at what frequency and how to address the privacy issue.</p> <p>Accepted: Policy will be amended to give direction on the revisions to the use of Flags/Alerts/Needs by March 31, 2007.</p>
<p>Recommendation #3(ii): As part of the development of the Health Services Module for OMS, consideration be given to a review of the current health related flags including which are appropriate, what others need to be added, and definitions for what the flag covers</p> <p>Completed: This has been referred to the Health Services Information System development team for inclusion in the requirements.</p>
<p>Recommendation #4(i): RDCs ensure that all sites review areas, other than accessible cells, to determine, if not presently accessible, how they could manage operationally should they receive an inmate in a wheelchair. If required, standing orders/post orders be revised to ensure procedures are in place to describe the necessary operational adjustments.</p> <p>Completed: All sites are either wheelchair accessible or have accessibility identified in their institutional plans. Where required, all sites are amending policies and procedures to reflect operational adjustments. Further refinements may occur when the checklist in recommendation 4ii is completed.</p>
<p>Recommendation #4 ii): A checklist be developed on accessibility to enable operational heads to monitor their readiness to have all areas accessible, or alternatively, to have reasonable alternate means of managing operationally.</p> <p>Accepted: the ACCS and ACSPHR have been advised to create the checklist by March 31, 2007.</p>
<p>Recommendation #5(i): CORCAN consider amending its inventory of work descriptions in the Employment and Employability Program (EEP) inventory to include one or several work descriptions suitable for inmates who are unable to perform all the duties included in the generic positions due to a disability, or consider another strategy which would address the needs of these</p>

<p>inmates.</p> <p>Completed: All CORCAN EEP work descriptions include an addendum that provides a means to identify and accommodate special needs offenders.</p>
<p>Recommendation 5(ii): Recognition be given to the Responsivity Principle by ensuring that Correctional Programs suitable for special needs offenders are available on a wider scale.</p> <p>Accepted: By March 31, 2007 Operational Programs and Reintegration will modify the basic materials for Violence Prevention, Substance Abuse, and Family Violence Programs to make programs more accessible to offenders with intellectual or learning disabilities and attention deficits.</p>
<p>Recommendation #5(iii): The numbering system be revised so that work assignments/Correctional Programs which are geared to offenders with disabilities can be tracked.</p> <p>Accepted: This recommendation to be included in the review by the DG OPR (The DG Operational Programs and Reintegration has been assigned to explore options to support the continuation of assessments and specialized strategies and to present to Excom, March 31, 2007, an evaluation of those strategies, costs to implement, and a strategy for funding.)</p>
<p>Recommendation #6: The policy and management framework be reviewed to ensure issues, relating to accommodating the needs of offenders with disabilities, are addressed without duplication or contradiction including:</p> <ul style="list-style-type: none"> <li>i) Roles and Responsibilities;</li> <li>ii) definition for disabilities;</li> <li>iii) sharing of information;</li> <li>iv) content of case management documents;</li> <li>v) accommodation in the community.</li> </ul> <p>Accepted: As part of the review of options to support assessments and strategies the DG Operational Programs and Reintegration will review the policy framework and ensure the issues identified in the recommendation are addressed. To be completed by March 31, 2007.</p>