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Audit of Pre-release Decision Making within the Case Preparation and Release Framework

Internal Audit

378-1-257

January 5, 2011

Canada

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EXECUTIVE SUMMARY

BACKGROUND

The Correctional Service of Canada's (CSC) strategic outcome is to contribute to the Government of Canada's agenda as it relates to public safety. In all CSC activities, and all decisions made by staff, public safety is the paramount consideration.

The audit centers mainly on the correctional interventions program activity. This activity focuses "on addressing offender needs across a number of life areas that are associated to human behaviour" and is noted as being "necessary to help bring positive changes in behaviour and to safely and successfully reintegrate offenders back into Canadian communities."[1] The audit is also linked to the CSC priorities of safe transition of eligible offenders into the community and the enhancement of CSC's capacity to provide effective interventions for First Nations, Métis and Inuit offenders.

The Audit of Pre-release Decision Making within the Case Preparation and Release Framework was conducted as part of CSC's Internal Audit Branch 2009-2012 Audit Plan. The objectives of the audit were:

- To provide reasonable assurance that the management framework as it relates to the pre-release decision making process is in place, and ensures adequate and effective pre-release decision making processes, and,
- To determine the extent to which CSC sites are in compliance with relevant legislation and policy directives.

In reviewing the management framework, the audit team reviewed legislation, CDs and procedures relating to the pre-release decision making process along with the roles and responsibilities of key individuals involved in the process. The audit team examined if training was being provided and taken by staff as required. Finally, we determined if the sites were using any formal reporting processes to monitor pre-release decision making matters to assess and correct any deficiencies.

In assessing compliance with relevant legislation and CDs, the audit team examined the case preparation completed by Parole Officers, and determined whether the key documents relating to pre-release decision making were completed in keeping with policy and within the prescribed timeframes. The completion of offender programs prior to release was also examined.

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[1] http://www.tbs-sct.gc.ca/rpp/2010-2011/inst/pen/pen02-eng.asp (see 2.2 Correctional Interventions)

CONCLUSION

In regards to the management framework, Commissioner's Directives related to pre-release decision making are consistent with legislation and are generally well understood by those who need to apply them. Roles and responsibilities are also generally well understood by the majority of staff. It was however noted, based on interview responses, that effort to better ensure that Aboriginal Liaison Officers and Elders clearly understand the policies related to pre-release decision making and also have a clearer understanding of their roles and responsibilities within that process is required.

In addition, not all Parole Officers are receiving required training in keeping with the mandatory standards. Limited training is available for the Managers, Assessment and Intervention despite their responsibility of providing supervision of Parole Officers in addition to being responsible for the quality control of documents. There are also no national training standards specific to Aboriginal Liaison Officers despite their roles and responsibilities.

The audit found that performance metrics and timelines were tracked at the local level, but not routinely monitored nationally. As noted in previous case management audits, there is an absence of a national monitoring system that considers or measures the quality of information contained in the reports.

In regards to compliance, though file review results revealed that required documentation was completed in most cases, key documents were not always completed in keeping with the Commissioner's Directives, more specifically the content guidelines. In addition, approximately half of the reports were completed within required timeframes. Lastly, we verified whether offenders were completing programs specified in their correctional plans prior to release and though some offenders are completing programs, few have completed all core programs prior to release.

Highlights of opportunities for improvement include:

MANAGEMENT FRAMEWORK

- *Policies and procedures*: reviewing the frequency and manner in which policy updates/amendments are communicated; and clarifying whether all content guideline criteria must be addressed within reports. If not, identify which criteria are considered most critical and how they are to be captured within reports.
- *Training*: ensuring that Parole Officers meet National Training Standard requirements and, consider whether those training standards should include Managers, Assessment and Intervention, Aboriginal Liaison Officers, and other staff involved in pre-release decision making processes;
- *Monitoring and reporting*: implementing a quality control process at site level; and improving on national reporting and monitoring including a review of the pre-release decision management control framework.

COMPLIANCE WITH LEGISLATION AND POLICY

- *File documentation*: ensuring that key documents are prepared in keeping with relevant policies, by determining whether all criteria noted in the content guidelines are considered critical and whether they should be noted within reports; ensuring that healing plans, elder/spiritual advisor reviews and social histories are completed for all Aboriginal offenders, where applicable; ensuring that all offenders who meet the referral criteria are released with current psychological and/or psychiatric reports; and, ensuring consultation between institutional and community Parole Officers takes place during the pre-release process.
- *Timeliness*: ensuring that key documents are completed in a timely fashion in keeping with relevant policies.
- *Programs*: reviewing whether the National Correctional Program Referral Guidelines are having a negative impact on release decisions.

Recommendations have been made in the report to address these areas for improvement. Management has reviewed and agrees with the findings contained in this report and a Management Action Plan has been developed to address the recommendations (refer to *Annex F*).

STATEMENT OF ASSURANCE

This audit engagement was conducted with an audit level of assurance.

In my professional judgment as Chief Audit Executive, sufficient and appropriate audit procedures have been conducted and evidence gathered to support the accuracy of the opinion provided and contained in this report. The findings and conclusions are based on a comparison of the conditions, as they existed at the time, against pre-established audit criteria that were shared with management. The findings are applicable only to the areas examined.

_____   Date: _____

Sylvie Soucy, CIA
A/Chief Audit Executive

1.0 INTRODUCTION

In accordance with Correctional Service of Canada's (CSC) 2007-2008 Internal Audit Plan, the Internal Audit Branch conducted a Preliminary Survey of Institutional Case Management. Its focus was on documenting the key processes that support effective case management, and to document and assess the risk to which CSC is exposed for each of the key elements. The identification of key controls expected to be in place to manage these risks was also an important element of the survey.

The preliminary survey was national in scope, included Aboriginal and women offenders and addressed the following key elements of case management: Intake assessment, Institutional Supervision Framework, and Pre-release Decision Making within the Case Preparation and Release Planning Framework.

The first audit, Offender Intake Assessment, was completed in April 2009. The second audit, Institutional Supervision Framework, was approved in September 2010. The current audit focuses on the third element, Case Preparation and Pre-release Planning. The Release Process and Detention will be the object of a separate audit to be conducted as part of the 2009-12 revised audit plan.

Transformation Agenda

In 2008, CSC implemented the transformation agenda in response to recommendations made by the CSC Review Panel Report, *A Roadmap to Strengthening Public Safety*.

The Transformation Agenda themes are the following:

- Enhancing offender accountability throughout the correctional process;
- Eliminating illicit drugs in the institutions;
- Enhancing correctional programs and interventions to address the needs of offenders;
- Modernizing CSC's physical infrastructure; and,
- Strengthening community supervision, monitoring, programs and interventions.

In order to achieve expected results and advance the Transformation Agenda, CSC has developed various plans**.** The ones considered most noteworthy to the Pre-release Decision Making Audit are:

- Improving the capacity to address the unique needs and risks for Aboriginal offenders;
- Integrating all members of the case management team to ensure a focused approach to case management and risk decision making;
- Enhancing offender case management policies and procedures;
- Maximizing program capacity so that offenders have access to the programs they need; and

- Implementing culturally-appropriate strategies and programs to address the needs of First Nations, Métis and Inuit offenders, including improved organizational capacity to work with communities to ensure safe reintegration.

As a result of the Review Panel Report and with the implementation of the Transformation Agenda, CSC continues to maintain a consistent focus on achieving quality public safety results through initiatives aimed at improving performance in the institutions and community.

Report on Plans and Priorities

As noted in the 2010-2011 Report on Plans and Priorities[2], the vast majority of offenders will eventually return to the community either through some form of conditional release or at the expiration of their sentence. CSC is committed to the reduction of violent reoffending, non-violent reoffending and reoffending of offenders released to the community. It is also committed to narrowing the gap between Aboriginal and non-Aboriginal offenders.

Pre-release process

According to the Corrections and Conditional Release Act *(CCRA)*, all offenders must be considered for some form of conditional release during their sentence. Conditional release means that the remainder of the sentence may be served in the community under supervision with specific conditions. The Parole Board of Canada (PBC) must assess an offender's risk when they become eligible for all types of conditional release.[3] Release types will be reviewed in section 2.2 on audit scope.

CSC is responsible for case preparation. In preparing offenders for release to the community, case management teams complete comprehensive risk assessments based on correctional interventions and evaluations, and present recommendations to the Parole Board of Canada (PBC) regarding conditional release, detention and any special conditions which could help mitigate risk posed to the public.

Case preparation involved in pre-release decision making processes includes an analysis of all relevant information pertaining to the offender's case, the development of a supervision plan which identifies the means by which the risk can be safely managed in the community once the offender is released, and the provision of all relevant information to the offender and the PBC in advance of the scheduled review.

The general pre-release assessment process involves both the Institutional Parole Officer (IPO) and Community Parole Officer (CPO) participating in the recommendation process. In collecting information and arriving at a recommendation, Parole Officers must seek to obtain information and/or verification from as close to the original source of the information as possible to ensure that it is relevant and reliable.

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[2] http://www.tbs-sct.gc.ca/rpp/2010-2011/index-eng.asp?acr=1568

[3] http://www.npb-cnlc.gc.ca/infocntr/factsh/rls-eng.shtml

Once it is determined that the offender will proceed with a review, this generally results in the preparation of three key documents.

First, the Institutional Parole Officer will initiate the process by completing a **Correctional Plan Progress Report** (referred to as the Correctional Plan Update as of April 2010 [4]) which includes a risk assessment and will request a **Community Strategy**, the second key document.

The Community Strategy is a document that outlines the way in which various dynamic factors (such as substance abuse, employment or associates) will continue to be addressed in the community, the way in which the offender will be monitored and determines the level of intervention to be applied upon the offender's release to the community. The CPO completes the Community Strategy.

Thirdly, the **Assessment for Decision** follows. That document reflects an analysis of all relevant information about the offender's case such as the probability of reoffending, risk of violence and overall level of risk.

Reporting Structure

CSC`s Correctional Operations and Programs Sector, via its Institutional Reintegration Branch, is responsible for directing national strategies, policies and goals to provide effective correctional and institutional services across Canada. The Branch develops, analyzes and improves policies, standards and procedures for all steps of an offender's incarceration, from the initial collection of information at his/her arrival until released under community supervision. The facilitation and monitoring of case preparation and release is one of many central tasks of institutional reintegration.[5]

As per the Guidelines 005-1, *Institutional Management Structure: Roles and Responsibilities*, there is a management structure in place at site level that provides appropriate support and supervision to the intervention function. This structure enhances offender monitoring through programs and case management. It also ensures that the appropriate integration of activities within the intervention functions (for example programs and case management) and that high quality decisions and interventions are rendered.
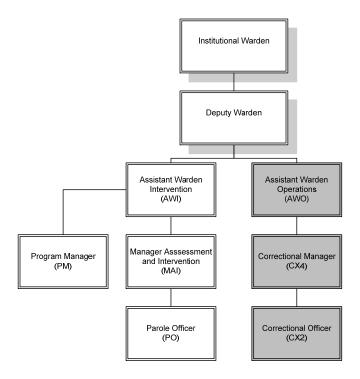
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[4] For the purpose of this audit, given the time frame under which the documents were reviewed, we will refer to them as CPPR.

[5] http://infonet/Sectors/COPS/OPReintegration/InstitutionReintegration/?lang=en

The following chart represents the organizational structure at the institutional level. The audit focused on the interventions side.

Representative diagram of customary organizational structure in CSC Institutions

The following are brief descriptions of the roles and responsibilities of key staff considered pertinent to the pre-release decision making process:

Assistant Warden, Intervention (AWI)

The AWI is responsible for managing all professional correctional interventions in the institution (for example, human, financial and material resources related to programs, case management, psychology, education and Aboriginal spiritual activities). The AWI determines the needs, resources and operating procedures, recommends internal local procedures, and ensures the integrity of practices and compliance with policies. The AWI also provides links with correctional authorities in the community.

Manager, Assessment and Intervention (MAI)

The MAI is responsible for case management and sentence management activities. Key activities include supervising and conducting quality control of the work of institutional POs, and intervening directly in difficult cases as necessary. The MAI monitors the various components of the case management activities being delivered against national policies and institutional standards to ensure compliance. He/she also takes corrective action and develops plans to address identified weaknesses in the casework, where required. The MAI is also responsible for Aboriginal Liaison Services.

Parole Officer (PO)

The PO is considered the case manager for the offender and in that role, guides the progress of offenders through a progression from a more controlled to a less controlled environment and from institutions to community supervision. The PO manages the reintegration of offenders throughout their sentences, analyzes and recommends potential release suitability, observes and interprets the behaviour of offenders, actively intervenes to increase the offenders' motivation to change and identifies reintegration requirements both for individual cases and for specific types of offenders.

Aboriginal Liaison Officer (ALO)

The ALO ensures that the unique histories and needs of Aboriginal offenders are understood and met. They provide liaison between offenders and non-Aboriginal staff to ensure spiritual and cultural needs.

Elder

The Elder is a person recognized by an Aboriginal Community as having knowledge and understanding of the traditional culture of the community, including the physical manifestations of the culture of the people and their spiritual and social traditions and ceremonies. They provide guidance and leadership in correctional planning/intervention for those who wish to follow a traditional healing path. It should be noted that Elders are not staff members but are contractors.

Legislative and Policy Framework

The following legislation and policy, though not necessarily exclusive, are considered most relevant to the Pre-release decision making process.

Corrections and Conditional Release Act (CCRA)

- Section 84 Parole Plans
- Section 102 Criteria for Granting Parole
- Section 119 Day Parole Eligibility
- Section 120 Full Parole Eligibility
- Section 122 Day Parole Review
- Section 123 Full Parole Review
- Section 125 Accelerated Parole Review
- Section 126 Review by Board
- Section 127 Statutory Release
- Section 133 Conditions of release/releasing authority

Corrections and Conditional Release Regulations (CCRR)

- Section 102 *Correctional Plans*

- Section 157   Day Parole Review
- Section 158   Full Parole Review
- Section 159   Accelerated Parole Review

Commissioner's Directives (CD)

- CD 702   Aboriginal Offenders
- CD 710-1   Progress Against the Correctional Plan
- CD 712   Case Preparation and Release Framework
- CD 712-1   Pre-Release Decision Making

2.0 AUDIT OBJECTIVES AND SCOPE

2.1 Audit Objectives

The objectives of this audit were:

- To provide reasonable assurance that the management framework as it relates to the pre-release decision making process is in place, and ensures adequate and effective pre-release decision making processes; and,
- To determine the extent to which CSC sites are in compliance with relevant legislation and policy directives.

Specific criteria related to each of the audit objectives are included in *Annex A*.

2.2 Audit Scope

The audit focused on the pre-release decision making process as outlined in CD 712-1 *Pre-Release Decision Making* and assessed compliance with CSC policies and related timeframes in the preparation of cases for release. The audit was national in scope and included interviews at National Headquarters and visits to maximum, medium and minimum security institutions within all 5 regions (refer to *Annex B*).

2.2.1   Within the Scope of the Audit

The audit looked specifically at pre-release case preparation for Day and Full Parole (including Accelerated Parole reviews) as well as Statutory Release from various security levels. Section 84 releases were also included within the audit. The audit looked at the male offender population serving federal sentences. A definition for each type of release is presented below.

Accelerated Parole Review is a streamlined process for first-time, non-violent offenders. It is a conditional release (Day and/or Full Parole) that is granted by the Parole Board of Canada (PBC) when the offender meets certain criteria and the Board believes the offender is not likely to commit an offence involving violence before warrant expiry.

Day Parole is a conditional release granted by the PBC, which allows the offender to be at large during his or her sentence in order to prepare for full parole or statutory release. The conditions of this conditional release normally require the offender to return to a penitentiary, a Community Based Residential Facility (CBRF) or a provincial correctional facility each night, unless otherwise authorized by the PBC.

Full Parole is also a conditional release granted by the PBC which allows the offender to serve a part of his or her sentence under supervision in the community. The offender does not normally have to return nightly to an institution, CBRF or provincial correctional facility.

Statutory Release is a non-discretionary form of legislated release with which the CSC and PBC are obligated to proceed unless there is sufficient evidence to support the detention of the offender. By law, most offenders are automatically released after having served 2/3 of their sentence and remain under supervision until the expiration of their sentence. Statutory release can be with or without residency at a Community Based Residency Facility (CBRF).

Section 84 of the Corrections and Conditional Release Act (CCRA) states that "where an inmate who is applying for parole has expressed an interest in being released to an aboriginal community, the Service shall, if the inmate consents, give the aboriginal community a) adequate notice of the inmate's parole application; and (b) an opportunity to propose a plan for the inmate's release to, and integration into, the aboriginal community."

2.2.2 Outside the Scope of the Audit

As was the case with the offender intake assessment and institutional supervision framework audits, the focus of this audit was to assess the management framework and compliance with legislation and policy related to the case management function. Similar to the two previous audits, the quality of analysis and decisions made within pre-release decision making processes were not within the scope of the audit.

For the purpose of this audit, temporary absences, Parole Board of Canada hearing sub-processes (i.e. Information sharing, waivers, postponements, and adjournments) and judicial reviews were deemed to be outside the scope.

The release process (i.e. early discretionary releases, accompaniment to destination, warrant expiry releases) and detention, were also deemed to be outside the scope of the current audit, and have been identified as future audits.

3.0 AUDIT APPROACH AND METHODOLOGY

The audit included the following methodologies:

- Review and analysis of legislation and relevant Commissioner's Directives (CD), including procedures relating to pre-release decision making;
- Site visits of 15 institutions (for the list of sites visited refer to Annex B);
- Structured interviews with 128 institutional staff. The individual interviewees included Parole Officers; Managers, Assessment and Intervention; Assistant Wardens, Intervention; Deputy Wardens and Wardens as well as Elders and Aboriginal Liaison Officers;
- Review of 400 offender files from the Offender Management System (OMS) to determine compliance with the various legislation and CDs;
- Review of related staff training data of 543 Parole Officers; and,
- Analytical review based on information received by the performance measurement and/or corporate reporting groups.

For the OMS file review, the audit team used a representative sample and included both aboriginal and non-aboriginal male offenders. The sample incorporated files from maximum, medium and minimum security institutions from each of CSC's five operational regions. The period of coverage for the audit considered releases during fiscal year 2009-2010.

Table 1: Summary of files reviewed by release type

Sampling Criteria	Files per Release Type
Accelerated Parole (APR)	48 files
Day and Full Parole (DP/FP)	68 files
Statutory Release (SRD)	256 files
Section 84 (s84)	28 files
Total Files Reviewed	**400 files**

From the OMS files reviewed, APR represented 12% of releases, DP/FP represented 17%, SRD represented 64% and s84 represented 7%. It is noted that the total aboriginal sample represented 24% (95/400). Other than the aboriginal sample, which was over-represented, the sample of the remaining release types was proportional to the number of releases for fiscal year 2009-2010.

The following information was examined for each offender file:

- The Correctional Plan Progress Report (CPPR) used to initiate the offenders release planning and request a community strategy ;
- The Community Strategy (CS) completed in response to the CPPR; and,
- The Assessment for Decision (A4D) completed as a result of the CPPR and CS request.

In reviewing the management framework, the audit team reviewed legislation, CDs and procedures relating to the pre-release decision making process along with the roles and responsibilities of key individuals involved in the process. The audit team examined if training was being provided and taken by staff as required. Finally, we determined if the sites were using any formal reporting processes to monitor pre-release decision making matters.

In assessing compliance with relevant legislation and CDs, the audit team examined the case preparation completed by Parole Officers, determined whether the key documents relating to pre-release decision making were completed in keeping with policy and within the prescribed timeframes. The completion of offender programs prior to release was also examined.

4.0 AUDIT FINDINGS AND RECOMMENDATIONS

4.1 Management Framework

We assessed the adequacy and effectiveness of the management framework as it relates to the pre-release decision making process. This included a review of policies and procedures, roles and responsibilities, training, and monitoring and reporting mechanisms.

4.1.1 Policies and Procedures

We expected to find that Commissioner's Directives (CD) relating to the Pre-release Decision Making process are clear, consistent and in compliance with legislation and regulations. We also expected that they would be effectively communicated to those who need to apply them.

Commissioner's Directives are generally clear, consistent with legislation and corresponding regulations. They are communicated to those who need to apply them. However, of the staff interviewed, Aboriginal Liaison Officers and Elders reported more concerns regarding the clarity and consistency of legislation and regulations and about the manner in which the information is communicated.

Commissioner's Directives relating to Pre-release Decision Making processes were compared to the relevant sections of the legislation (both *CCRA* and *CCRR).* There were no concerns of significance noted.

Relevant information is readily available to those who need to apply it and generally, staff know how to access it. Policies, procedures and content guidelines were often referenced on a daily to weekly basis by staff.

Overall, 84% (107/128) of staff interviewed found CSC legislation, policies and procedures generally clear and consistent. 80% (103/128) reported that information was effectively communicated.

It is noted, however, that Aboriginal Liaison Officers reported lower responses at 67% (6/9) when compared to other staff regarding the clarity and consistency of legislation, policies and procedures. Both Aboriginal Liaison Officers and Elders also reported significantly lower responses at 44% (4/9) and 50% (3/6) respectively regarding the effectiveness of how information is communicated.

Of all staff interviewed, concern was generally voiced regarding how the information is communicated. This applied particularly to changes and/or amendments to policies and procedures, which in large part tend to be communicated to staff via emails and bulletins. It was reported by staff that the frequent number of updates and changes can be difficult to manage. It was also noted that training regarding the application of the changes to policy does not routinely follow and it was suggested that more exchange between institutional team members was needed after changes to policy have been ratified.

It is noted that strengthening the processes to notify staff of relevant policy updates was a recommendation in both the Audits of Offender Intake Assessment and Community Supervision.

Section 3 (a) of the CCRR clearly states that every staff member shall be familiar with the Act, the regulations and every written policy directive that relates to the staff member's duties. Additional effort should be made to ensure that Aboriginal Liaison Officers and Elders are in fact familiar with legislation and policy.

Content guidelines assist staff in preparing reports; however, the extent to which the content guidelines criteria are to be followed is not entirely clear.

The content guidelines are annexed to respective Commissioner's Directives and provide staff with a template or overview on what areas or criteria should be considered when completing reports.

Overall, 96% (51/53) of Parole Officers reported that the content guidelines and templates as they appear within the 700 series CDs assisted them in completing reports. In addition, 92% (22/24) of Managers, Assessment and Intervention reported that the content guidelines were useful in the quality control of reports prepared by Parole Officers.

Once again, it was noted that only 33% (2/6) of Elders and 67% (6/9) of Aboriginal Liaison Officers reported content guidelines to be useful. This is likely due to the reported lack of clarity and consistency of legislation, policies and procedures and the reported ineffectiveness of how the information is communicated.

4.1.2 Roles and Responsibilities

We expected to find that roles and responsibilities would be clearly defined, documented and communicated.

Roles and responsibilities are generally clearly defined, documented and adequately communicated.

Guidelines 005-1 *Institutional Management Structure: Roles and Responsibilities* contain information about the roles and responsibilities of the Manager, Assessment and Intervention (MAI), Assistant Warden, Interventions (AWI) and Deputy Warden (DW).

Further to interviews and in keeping with the guidelines, all DW and MAI indicated that they fulfilled their roles and responsibilities as noted in guidelines 005-1. All AWIs acknowledged their responsibility for ensuring the integrity of practices and compliance with policies. They also confirmed that they have the authority to approve the prioritization and implementation of offender activities and programs. However, the following table notes certain responsibilities which we were told were not being fulfilled by one individual (not the same in both cases).

Table 2: Summary of interview responses

Roles and/or responsibilities as per Guidelines 005-1	In Compliance
Assistant Warden Intervention (as reported)	
Responsible for managing professional correctional interventions	10/11 (91%)
Responsible for providing links with correctional authorities in the community	10/11 (91%)

It is noted that one AWI was awaiting relevant signing authorities prior to fulfilling the responsibility having been in the position for one month. The other reported that any links with correctional authorities in the community lied mostly with Parole Officers.

It is also noted that roles and responsibilities are generally identified within the first few pages of each Commissioner's Directive (CD). Of the CD's considered most significant in the pre-release decision making process, the roles and responsibilities of the Parole Officer; Institutional Head; Aboriginal Liaison Officer (ALO); Elder/Spiritual Advisor and Aboriginal Community Development Officer (ACDO) are most prevalent.

Further to interviews, and in keeping with CDs 702 and/or 712-1, all Institutional Heads and Parole Officers reported that they fulfilled their roles and responsibilities as identified in the CDs. All ALOs reported to sharing Elder Reviews/Healing Plans with offenders. The following table notes interview results for additional areas:

Table 3: Summary of interview responses

Roles and/or responsibilities as per relevant CD	In Compliance
Elder/Spiritual Advisor (as reported)	
Completed Healing Plans	5/6 (83%)
Completed Elder/Spiritual Advisor Reviews	4/6 (67%)
Were assisted by the ALO in completing reviews	5/6 (83%)
Aboriginal Liaison Officers (as reported)	
Supported and promoted involvement in s84 processes	8/9 (89%)
Completed Elder/Spiritual Advisor Reviews	7/9 (78%)
Assisted Elder/Spiritual Advisor in completing reviews	7/9 (78%)
Entered Elder Reviews/Healing Plans in Offender Management System	6/9 (67%)
Documented Elder's comments/recommendations and shared these with Case Management Team	6/9 (67%)
ACDO supported/promoted involvement of Aboriginal communities in release preparation	6/9 (67%)
Liaised with ACDO when preparing release plans	5/9 (56%)
Provided input to Case Management Team into recommendations regarding release planning, risk assessment and upcoming decisions	5/9 (56%)

Generally, where Elders reported not completing reviews, the Aboriginal Liaison Officers (ALO) reported doing so. In cases where the ALO reported not completing reports, they also indicated that the Elders were completing them and/or that they assisted the Elder in completing them. Though interviews suggested that requirements were being met, file reviews suggested otherwise.

Although 82% (105/128) of staff interviewed found that their roles and responsibilities were clearly defined and 80% (103/128) found that the information was adequately communicated, it is clear that this was not consistent across interviewees. As noted previously, Aboriginal Liaison Officers and Elders reported lower responses regarding the clarity and consistency of legislation, policies and procedures in addition to the effectiveness of the way information is communicated to them. This could explain some of the responses regarding their roles and responsibilities.

It is noted that Parole Officers are responsible for preparing key documents related to pre-release decision making processes and these reports, along with results regarding aboriginal specific reports, will be assessed further in section 4.2.1 of this report.

4.1.3 Training

We expected to find that training needs would be identified and training provided and taken as required by staff.

Parole Officers are not always meeting national training standard requirements, and this varies widely depending on the region.

The National Training Standards are comprised of mandatory training activities representing the fundamental learning and development requirements employees will be provided in order to perform certain aspects of their roles and responsibilities. The above noted training standards are identified as an organization priority designed to enable staff to meet the basic requirements of the position. Individuals deemed to have met the standards are able to demonstrate a sound knowledge of the case management process and to appropriately apply relevant laws, policies and procedures related to the duties of the Parole Officer position.

Section 4 (j) of the *Corrections and Conditional Release Act* stipulates that "staff members be properly (..) trained." All standards are compulsory by the deadline indicated in the individual standards, in order to meet various legal requirements. CSC determines training standards and content.

As per the Parole Officer Orientation standard (CM02), all appointed Parole Officers must complete a 13 day training prior to assuming full responsibilities of the position. Parole Officers are required to complete this training once during their career.

All Parole Officers appointed to the position must also attend the Parole Officer Continuous Development (POCD 1-3) training. The training is offered on an annual basis beginning the year after PO Orientation was taken. In addition to the formal training, Parole Officers must also receive an additional 2 days of unstructured training (CM06) on an annual basis. Parole Officers may, for example, attend an information session on mental health and/or visit a community office in the allotted 2 days.

We found that it was not always possible to determine the accuracy of corporate reporting data related to staff training. It was also difficult to determine the reliability of the available information. Most Parole Officers were deemed to have met training requirements as per corporate reporting data; however upon closer review, the information provided did not appear to be complete (for example, staff were deemed as having completed training, however there was no corresponding recording of hours or there were multiple entries for one). The inaccuracy of data brings into question whether staff have actually completed relevant training.

Data related to staff training of 543 Parole Officers was reviewed. Results revealed that 99% of Parole Officers (with reported start dates that fell within FY 2009-10) had completed the Parole Officer Orientation training (CM02). Of the whole Parole Officer complement, 72% had completed the Parole Officer Continuous Development training (POCD1-3) and 53% had completed the Parole Officer Continuous Development training (CM06).

The following table further summarizes results.

Table 4: Summary of staff training completion by region

Region	Parole Officer Orientation (CM02)	Parole Officer Continuous Development (POCD 1-3)	Parole Officer Continuous Development (CMO6)
Atlantic	9/9 (100%)	53/62 (85%)	50/62 (81%)
Ontario	23/23 (100%)	110/156 (71%)	70/156 (45%)
Québec	16/17 (94%)	30/80 (38%)	11/80 (14%)
Prairies	21/21 (100%)	152/163 (93%)	111/163 (68%)
Pacific	5/5 (100%)	45/82 (55%)	46/82 (56%)
Total	**74/75 (99%)**	**390/543 (72%)**	**288/543 (53%)**

Source: Corporate Reporting Training Data FY 2009-10

It was noted that the National Training Standards stipulate that CM02 must be taken before assuming full responsibilities. It is not clear what constitutes "full responsibilities" and whether there are measures in place to verify whether Parole Officers who are waiting to participate in the training have breached the standard.

The issue for Parole Officers not fully meeting training requirements was highlighted in previous case management audits (for example, the Audit of Offender Intake Assessment and Institutional Supervision Framework). As training requirements are not being met, one could question whether staff meet the basic requirements of the position and/or whether they have a sound knowledge of the case management process. It also raises question in relation to potential for inconsistent treatment of files and risk of errors.

Overall, 42% (54/128) of staff interviewed reported having difficulty meeting National Training Standards (NTS) noting funding, redundancy in training topics, training availability and timing as some of the reasons.

In addition to this, 70% (90/128) indicated a need for additional training in the following areas: risk assessment and analysis, training regarding the Aboriginal population beyond sensitivity or awareness types of training (for example, the preparation of s84 releases, completion of healing plans), the development of NTS training for Managers, Assessment and Intervention (for example, perhaps similar to the Supervising Community Professionals training offered to Parole Officer Supervisors), and Aboriginal Liaison Officers.

4.1.4 Monitoring and Reporting

We expected to find that monitoring practices and controls would be adequate to track and report performance at national, regional and institutional levels and to ensure compliance with pre-release decision making process policies and practices. We also expected that there would be corrective measures in place to address deficiencies, when required.

Performance metrics are reported and used at the local and regional levels for operational purposes. The Management Control Framework in place to review pre-release processes warrants revisiting; however there is no other evidence of routine national reporting.

Similar to the previous two case management related audits, it was found that work performance and timelines were tracked using a variety of corporate reporting tools such as RADAR, Corporate Reporting System (CRS) and Offender Management System (OMS). These corporate reporting tools were generally accepted and found useful for CSC staff, particularly for work planning, monitoring timelines and activity rates and reporting at the OMS and casework levels. The audit found that performance metrics and timelines were tracked at the site level, but not routinely monitored nationally.

Management Control Framework

CSC uses Management Control Frameworks (MCF) to determine compliance with legislation and policy. They provide a means for institutional managers to make assertions and attestations concerning the extent of compliance with the pre-release process. Reference tools provide the requirements taken from legislation or policy and a detailed review checklist is then used to self assess compliance against the requirements. Lastly, institutional management attests that their site is in compliance with specific requirements of the activity. A MCF related to the pre-release decision process is in place and it was considered in planning the current audit.

As attested by institutional management, results of the national reporting exercise covering the period May 1 to June 30, 2010 revealed 100% compliance in three areas considered in the MCF exercise:

1. The institution provides a framework for pre-release decisions and prepares cases consistent with policies, procedures and guidelines of both the CSC and the PBC.
2. The institution ensures that timeframes are met for the completion of reports and the sharing of reports with the offender and the PBC.
3. The institution is complying with content requirements for completion of reports for pre-release decisions.

The current audit essentially looked at the same areas as did the MCF. A review of the MCF reference tools and checklist noted deficiencies (for example, regarding timeframes, not all release types are included and regarding compliance with content guidelines, there is no reference to relevant content guidelines). If CSC intends to continue using the pre-release decision making process MCF as a self-assessment tool, the appendices warrant a review for completeness.

There is no formal quality control process at site level to assist in reporting and monitoring.

As noted in the Institutional Supervision Audit[6], Guideline 005-1 *Institutional Management Structure: Roles and Responsibilities*, states that the Managers, Assessment and Intervention (MAIs) are responsible for supervising the POs and performing the quality control function on case management reports completed. There is, however, no formal, standardized quality control process to assist them in doing so.

The Offender Intake Assessment Audit[7] also identified quality control as an area of improvement. Its Action Plan states that the development and introduction of a quality control process is underway, along with associated performance measurement index and indicators.

File review results, as discussed in Section 4.2.2, support the need for formal quality control on reports.

CONCLUSION

Legislation, policies and procedures are in place and the information is found to be generally clear, consistent and understood by the majority of staff. Roles and responsibilities were also reported as being clearly defined, documented and communicated by the majority of those interviewed. Site level monitoring appears to be in place.

Having been said, CSC could improve overall results by addressing the following areas:

- Assessing and reviewing the volume of changes and amendments to policies with a view to reduce the volume of information and improve the delivery process;
- Clarifying to what extent content guidelines are to be used by staff;
- Reviewing what is considered mandatory training as per the National Training Standards and ensuring that staff receive all training as specified;
- Reviewing the National Training Standards to consider whether those training standards should include additional staff involved in the pre-release decision processes (such as the Managers, Assessment and Intervention and Aboriginal Liaison Officers);
- Implementing a quality control process at site level; and,
- Improving on national reporting and monitoring including a review of the management control framework tools regarding pre-release decisions.\

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[6] Correctional Service of Canada - Research Briefs (*see Audit of Institutional Supervision Framework 2010-2011*)
[7] Correctional Service of Canada - Research Briefs (*see Audit of Offender Intake Assessment Process May 2009*)

Recommendation 1	8

The Assistant Commissioner, Correctional Operations and Programs, in collaboration with the Assistant Commissioner, Policy should:

1) confirm whether content guidelines and other annexes are part of policy and if there is a requirement to document all criteria noted within the content guidelines, including making statements regarding areas deemed to be not applicable.

2) strengthen processes to notify staff of relevant policy updates. *Work undertaken as a result of recommendations in the Audits of Offender Intake Assessment (rec. 1) and Community Supervision (rec. 1) may assist in the implementation of this recommendation.*

Recommendation 2	

The Regional Deputy Commissioners, with the assistance of the Assistant Commissioner Human Resources Management, should clarify the requirements of National Training Standards applicable to Parole Officers and ensure that they meet the requirements. *Work undertaken as a result of recommendations in the Audits of Offender Intake Assessment (rec. 4) and Community Supervision (rec. 2) may assist in the implementation of this recommendation.*

Recommendation 3	

The Assistant Commissioner, Human Resources Management Sector, in collaboration with the Assistant Commissioner, Correctional Operations and Programs and the Senior Deputy Commissioner, should review current training standards and consider whether they should include Managers, Assessment and Intervention, Aboriginal Liaison Officers or other staff involved in pre-release decision making processes, and consider including additional training in, for example, the completion of assessments required for Aboriginal offenders. W*ork undertaken as a result of recommendations in the Audit of Offender Intake Assessment (rec. 3) may assist in the implementation of this recommendation.*

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[8] Recommendations highlighted in red require management's immediate attention, oversight and monitoring. Recommendations in yellow require management's attention, oversight and monitoring.

Recommendation 4	

The Assistant Commissioner, Correctional Operations and Programs, should develop and implement performance metrics to include compliance and timeliness of pre-release decision making key documents. *Work undertaken as a result of recommendations in the Audit of Offender Intake Assessment (rec. 5) may assist in the implementation of this recommendation.*

Recommendation 5	

The Assistant Commissioner, Correctional Operations and Programs should develop and implement a formal, risk based, quality control process to include pre-release decision making processes, results of which should be included in performance monitoring and reporting activities. *Work undertaken as a result of recommendations in the Audit of Offender Intake Assessment (rec. 6) may assist in the implementation of this recommendation.*

Recommendation 6	

The Assistant Commissioner, Correctional Operations and Programs, in collaboration with the Assistant Commissioner, Policy should review requirements in the pre-release decision process Management Control Framework appendices for completeness.

4.2 Compliance with Legislation and Policy

We assessed the extent to which CSC is in compliance with relevant legislation and policy directives relating to pre-release decision making. This included a review of file documentation for compliance with relevant policies such as timeframes and program completions prior to release.

4.2.1 File Documentation

We expected to find that key documents were being prepared in compliance with relevant policies.

Not all key documents are being prepared in compliance with policy. We found that not all criteria contained in the content guidelines, which are designed to complement the CD, are being addressed within the documents. Completions of aboriginal specific reports are less than 50%.

As noted previously, the three main case management documents completed when processing a release are the Correctional Plan Progress Report (CPPR), Community Strategy (CS) and Assessment for Decision (A4D).

The content guidelines are affixed to the respective Commissioner's Directives. They provide staff with a consistent approach to consider a variety of criteria when completing reports.

The content guidelines were used to assess compliance within key documents. We expected to find reference to the criteria within reports. The following file review results are based on the criteria noted within the content guidelines.

Correctional Plan Progress Report (CPPR)

As noted in the content guidelines affixed to CD 710-1 *Progress Against the Correctional Plan*, the CPPR documents the offender's progress through his period of incarceration by taking into consideration the following:

- offender's criminal history;
- involvement in programs and/or other interventions;
- insight into criminal behaviour;
- institutional behaviour and/or adjustment;
- professional opinions;
- motivation level;
- overall reintegration potential;
- victim concerns;
- release plan; and,
- an assessment of risk.

The content guidelines for each of these categories contain further details as to what should be considered. It is noted that the CPPR must be up-to-date prior to any request for a Community Strategy.

When reviewed against the content guidelines, the following areas within the CPPR had lower rates of compliance:

- outstanding charges (ranging from 69% to 82%);
- appeal status (ranging from 53% to 86%);
- preventive security file reviews (ranging from 29% to 50%); and,
- consultation with the security intelligence office (ranging from 25% to 53%).

Further details on results of the content guidelines review can be found in ***Annex C***.

When interviewed, all Parole Officers reported that they verified outstanding charges and consulted with the security intelligence office when preparing key documents. 94% (50/53) reported that they verified appeals and reviewed the preventive security file. This being said, they are not consistently documenting them as such within key documents. These areas are of particular importance when preparing cases for release as each provide pertinent information to decision makers. It would be useful if consideration of the content guideline criteria was clearly documented.

Community Strategy (CS)

The development of the CS is an essential component of the pre-release process. Community Parole Officers complete the strategy which essentially provides an overview of how the offender's risk will be best managed in the community. It also considers a number of areas, namely the offender's**:**

- living arrangements,
- employment,
- community support, and
- any comments from police or anticipated community reaction.

It also addresses a proposed supervision plan which includes programming requirements, the frequency at which the offender meets with his Parole Officer, and recommends special conditions to be imposed by the Parole Board of Canada, as required.

Though Community Parole Officers were not interviewed for the purpose of this audit, the CS was reviewed as it is an integral part of the pre-release decision making process.

When reviewed against CD 712-1 *Pre-release Decision Making* (including the content guidelines), the following areas within the CS had lower rates of compliance:

- notification to third party (ranging from 74% to 93%);
- police comments (ranging from 46% to 75%);
- community Parole Officer integrating the s84 plan into reports (25%); and,
- community Parole Officer working collaboratively with the Aboriginal Community Development Officer and community representatives in preparing s84 releases (36%).

Further details on results of the content guidelines review can be found in **Annex D**.

Regarding the notification to third party, consistent with the CCRA, section 27 (1) and (2), when CSC is requesting offender information from a source external to CSC (for example, the offender's family, police or victims), the request must include a statement[9] advising the external source of CSC's obligation to share information with the offender. We expected to find such a statement or notification to third party, within each Community Strategy; however, this was not always the case. Police comments were noted in approximately half of all reports and given CSC's public safety mandate, their input could be of paramount importance when considering releases to the community.

Many of the areas pertaining to consultations with Community Based Residential Facilities (CBRF) were also of particularly low compliance with the guidelines. There

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[9] CD 701 Information Sharing (para 42)

was little documented evidence that the Community Parole Officer considered bed space availability, proposed date of accommodation availability, CBRF's current population and programs or CBRF concerns or suggestions for conditions and/or approaches to supervision. File review results suggest that CBRFs are not in a position to comment on bed space availability and/or provide a date as to when a bed would be available to accommodate releases likely due to population management issues.

Assessment for Decision (A4D)

The A4D is used to recommend special conditions attached to the release of an offender to the Parole Board of Canada. The content of this report, as noted in CD 712-1, depends on release type. Of note, statutory release cases without residency conditions (meaning the offender does not have to reside in a Community Based Residential Facility or "halfway house") have the fewest criteria to consider. Other than the initial risk assessment that would have been completed by the Institutional Parole Officer in the CPPR, the Community Parole Officer only justifies the necessity for special conditions within the A4D. There are no content guidelines regarding risk of recidivism, risk of violence and so forth. However, when assessing statutory release with residency cases, the criteria are more comprehensive including, for example, analysis of stress factors likely to lead the offender to behave in a violent manner and efforts made by the offender to mitigate such risk. It is noted that in cases where special conditions are not being recommended, there is no need to complete an A4D.

When reviewed against CD 712-1, *Pre-release Decision Making* (including the content guidelines), the following areas of lower compliance within the A4D appeared in relation to s84 releases:

- evidence of consultation with the Aboriginal Community Development Officer (25%); and,
- evidence of consultation with the Elder (11%).

Further details on results of the content guidelines review can be found in ***Annex E***.

Although we found evidence of key documents being completed in each applicable case, not all reports complied with relevant policies and, more specifically with the content guidelines. However, for those areas seemingly more significant to risk assessment, we noted higher levels of compliance. Those included analysis of current and previous sentences, consideration of victim concerns, inclusion of a risk assessment within CPPRs or statements regarding risk, probability of reoffending and severity of reoffending within A4Ds.

Results of file reviews confirmed that Parole Officers did in fact use content guidelines in the completion of case management reports; however, there were indications that not all criteria were being addressed within reports. The lower usage rates may be a result of any of the following:

- There is no mandatory requirement to document non-applicable areas; and,
- A function of the breadth of the guidelines.

It was noted that some annexes (for example CD 712 *Pre-release Decision Making*, Annexes B and G) direct the writer to address each criterion specifically whereas others are silent. This leads to confusion as to whether each criterion needs to be addressed or not.

Aboriginal Offenders

In addition, of the 95 Aboriginal offenders within the sample, we could find evidence of 83 (or 87%) taking part in the Aboriginal way of life and programs. For those 83 offenders, when it came to reviewing whether the offenders had Healing Plans, Elder Reviews and Social Histories, completion rates were low (less than 50%). It should be noted that there is no requirement to complete healing plans or Elder reviews for all Aboriginal offenders. CD 702, *Aboriginal Offenders*, notes that Healing Plans and Elder Reviews must include an overview of the 4 dimensions of the offender's life which are the physical, emotional, spiritual and mental aspects. Documents demonstrating these reviews were found in the files less than 60% of the time. The table below provides further detail of the file review:

Table 5: Summary of aboriginal specific reports

Completed Reports	Accelerated Parole Review	Day Parole/ Full Parole	Statutory Release	S84	Totals
Healing Plan	2/2 (100%)	3/5 (60%)	12/49 (25%)	18/27 (67%)	**35/83 (42%)**
4 dimensions *	1/2 (50%)	1/3 (33%)	7/12 (58%)	9/18 (50%)	**18/35 (51%)**
Elder Review	2/2 (100%)	3/5 (60%)	16/49 (33%)	20/27 (74%)	**41/83 (49%)**
4 dimensions *	0/2 (0%)	1/3 (33%)	9/16 (56%)	14/20 (70%)	**24/41 (59%)**
Social History	2/2 (100%)	2/5 (40%)	12/49 (24%)	17/27 (67%)	**33/83 (40%)**

* Note: denominator (for 4 dimensions) based on reports completed
Note: 1 s84 non-Aboriginal not included in calculations
Note: percentages highlighted in red represent less than 70% compliance; yellow between 70% and 89% compliance

As previously mentioned, Aboriginal Liaison Officers and Elder/Spiritual Advisors raised concerns relating to policy and procedures, roles and responsibilities and training. Those concerns likely contribute to the overall results. As per the content guidelines affixed to CD 712-1, *Pre-release Decision Making* and CD 710-1 *Progress Against the Correctional Plan*, Parole Officers are to include Aboriginal Social Histories in

Assessments for Decision and Healing Plans in Correctional Plan Progress Reports if an Elder assessment is available. Lack of training on completing such assessments and/or lack of available information on how to complete them may have also contributed to the overall results. Additionally, we were unable to determine whether offenders who did not have Elder reviews should have had one within the documentation reviewed.

Psychological/psychiatric reports

As per CD 712-1, *Pre-release Decision Making*, a psychological assessment is mandatory for offenders who meet any of the following referral criteria:

- persistent violence;
- gratuitous violence;
- conditional release reviews for offenders with indeterminate or life sentences;
- sex offenders who were identified as being high risk in the Specialized Sex Offender Assessment or those who remain untreated or dropped out of programs; and,
- offenders serving a life sentence for first or second degree murder.

The policy states that pre-release psychological assessments are considered to be current for a period of two years. Psychological assessments are not normally required for offenders eligible for accelerated parole.

Results of the file review revealed that:

- 49% (197/400) of offenders within the sample met the referral criteria for a psychological assessment;
- Of those 197, 98% (193/197) had psychological reports prior to release; and
- 85% (163/193) of the reports were considered to be current.

At least 1 psychiatric assessment is required for any offender serving a life (minimum or maximum) or indeterminate sentence prior to conditional release (other than medical or compassionate escorted temporary absence).

Results of the file review revealed the following:

- 90% (9/10) of offenders serving life or indeterminate sentences who had been reviewed for release and appeared in our sample had had a psychiatric assessment.

These findings are consistent with what was reported during interviews with 98% (52/53) of Parole Officers stating that they requested psychological assessments, as required.

Consultation between Institutional Parole Officers and Community Parole Officers

CD 712-1, *Pre-release Decision Making*, states that "*institutional and community Parole Officers are responsible for communicating with each other as required during the pre-release decision process.*" In fact, "*before finalizing the Community Strategy, the Parole Officer in the community is to contact the institutional Parole Officer to discuss the supervision plan.*"

Results of the file review revealed the following:

- 86% (344/400) of the files reviewed had evidence of consultation between institutional and community Parole Officers.

Overall, 98% (52/53) of Parole Officers interviewed indicated that they communicated with the community Parole Officer during the pre-release process.

One area where interview responses were particularly low, at 13% (7/53), related to Parole Officers ensuring that case documentation checklists were up to date.

The case documentation checklist[10] is a document in the Offender Management System used to initiate and monitor the information gathering process. Information gathered can include court and police documentation. Documentation requested and/or received is to be recorded in the checklist. Though CD 712-1, *Pre-release Decision Making,* states that the institutional Parole Officer will "ensure that the Case Documentation Checklist is updated," the bulk of staff reported either being unaware that it was their responsibility to do so, that they did not see it as a priority and/or that the responsibility lied with clerical staff. The availability of all relevant information is critical in case management. The fact that the majority of Parole Officers reported not knowing that this was one of their responsibilities raises concern. There is a need to review the responsibilities associated to this task.

In conclusion, there were areas where documentation did not always demonstrate compliance with policy directives relating to pre-release decision making. Firstly, key documents were not prepared in compliance with policy, more specifically the content guidelines affixed to the relevant CD. Secondly, other than for Accelerated Parole cases, the completion of Elder Reviews, Healing Plans and Social Histories for Aboriginal offenders was less than 50%. Thirdly, CSC should ensure that all offenders who meet the criteria for psychological and/or psychiatric reports receive those assessments prior to release. Lastly, improvements could also be made regarding consultation between institutional and community parole officers and the updating of case documentation checklists.

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[10] As per CD 705-2 Information Collection

4.2.2 Timeliness of case preparation

We expected to find that key documents would be prepared within the stated timeframes as noted in policy.

Key documents are being prepared within the stated timeframes as noted in policy between 54% and 68% of cases depending on the report.

Overall, 91% (116/128) of staff interviewed reported that they ensured relevant timeframes related to the pre-release process were met.

As per Commissioner's Directive 712-1, *Pre-release Decision Making*, the Correctional Plan Progress Report (CPPR)[11] must be completed within 4 to 6 months before eligibility date, Parole Board of Canada (PBC) hearing date or release date depending on release type. The Community Strategy (CS) must be completed within 30 days of request and the Assessment for Decision (A4D) must be completed within 2 to 4 months of eligibility date, PBC hearing date or release date once again depending on release type.

Results of the file review revealed the following:

- 55% (221/400) of CPPR were completed on time;
- 68% (271/399) of CS were completed on time; and
- 54% (216/399) of A4D were completed on time.

Regarding timeliness of case preparation, when interviewed, 59% (76/128) of staff reported that there was sufficient time to prepare casework and meet timeframes; however, circumstances outside of their control can thwart efforts at times (for example a tardy CS can impact on timely A4D completion). Among other reported issues that had a negative impact on the timely completion of reports were the high number of offenders on caseloads (ratio) and the volume of work generated by caseloads coupled with the complexity of cases. It was also expressed that the demands of the job and attempts at meeting requirements come at the expense of intervention and interaction with offenders.

Though key documents were indeed completed in each applicable case, timely completions were noted less than 70% of the time. CSC should ensure that reports are completed in keeping with timeframes specified in the Commissioner's Directives.

4.2.3 Programming

We expected to find that programs specified in the offender's correctional plan would be completed prior to release.

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[11] Re. eligibility dates: APR prior to DP/FP eligibility date; Non-APR, regular DP/FP and SR with residency - prior to scheduled PBC hearing date at institution; regular SR prior to SR date.

Though some offenders are completing core programs specified in their correctional plans, less than one third are completing all programs prior to release.

As noted in CD 726, *Correctional Programs*, programs are designed to meet "*the identified needs of offenders and to promote successful reintegration.*" They are "*structured interventions that address the factors directly linked to the offenders' criminal behaviour.*" Offenders are assigned to their correctional programs based on their Correctional Plan and on established correctional program selection criteria. Correctional programs must, amongst other things, target criminogenic factors and address the particular risk and need profiles of offenders. They achieve this through their scope, intensity, duration and type of groups setting. They ensure a continuum of care between institutions and the community. Core programs target the following need areas: violence prevention, substance abuse, sex offending and general crime prevention.

Overall, 57% (73/128) of staff interviewed believed that offenders were receiving programs prior to release.

Results of the file review revealed the following:

- 81% (323/400) of offenders were referred to core programs;
- Of the 631 program referrals made, 44% (280/631) were completed;
- 61% (196/323) of offenders completed one or more programs during the current sentence; and,
- 28% (90/323) of offenders completed all core programs identified in their correctional plan.

It was reported during interviews that the lack of available programming in the offender's preferred language can influence overall program completions (for example, availability of French programming in the Atlantic region or English programming in the Québec Region). In addition, shorter sentence lengths, operational constraints (for example security incidents, lockdowns, population management issues), lack of available resources, funding issues and general motivation of offenders also have an impact. It should be noted that offender participation in correctional programs is voluntary and based on informed consent.[12]

CSC National Correctional Program Referral Guidelines could have a negative impact on release decisions.

The National Correctional Program Referral Guidelines issued under the authority of the Assistant Commissioner, Correctional Operations and Programs (2009-05-28) were also reported as potentially having a negative impact on pre-release decisions. The guidelines state that an offender rated as low risk on the Statistical Information on Recidivism (or SIR-R1 tool) will not be referred to Correctional Programs. However, the

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[12] CD 726 Correctional Programs

PBC has been of divergent opinion during the hearings as they generally expect that the offender will have completed programming. This could potentially have an impact on an offender's release through no fault of his own.

The Audit of Offender Intake Assessment recommended an update of the guidelines. The guidelines were updated in 2009 however, additional areas of concern are noted.

CONCLUSION

In general, though key documents are prepared prior to each offender's release, they are not always completed in keeping with policy, more specifically the applicable content guidelines. Additionally, reports are being completed in keeping with the timeframes specified in policy less than 70% of the time. Lastly, offenders are completing some programming; however, less than one third are completing all core programs assigned in their correctional plan prior to release to the community.

The recommendations made in the previous section related to policy and procedures, training, monitoring and reporting will assist CSC in achieving improved policy compliance in the pre-release decision making process. Still, CSC could improve overall results by addressing the following areas:

- ensuring that key documents are prepared in keeping with relevant policies, more specifically the content guidelines contained in CDs 702, 710-1 and 712-1;
- ensuring that healing plans, elder/spiritual advisor reviews and social histories are completed for Aboriginal offenders, where applicable;
- ensuring that all offenders who meet the referral criteria are released with psychological or psychiatric reports and that psychological reports are current (completed within 2 years);
- ensuring that CSC can demonstrate consultation between institutional and community Parole Officers during the pre-release process;
- ensuring that case preparation is completed in a timely fashion; and,
- determining whether the National Correctional Program Referral Guidelines have a potentially negative impact on release decisions and adjust them if required.

Recommendation 7 [13]
The Assistant Commissioner, Correctional Operations and Programs, in collaboration with the Senior Deputy Commissioner (Aboriginal Initiatives Directorate, where applicable) and the Regional Deputy Commissioners, should ensure compliance with Commissioner's Directives with regards to file documentation and timeliness of case preparation.

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[13] Recommendations highlighted in red require management's immediate attention, oversight and monitoring.

Recommendation 8

The Assistant Commissioner, Correctional Operations and Programs should assess the potential impact of the National Correctional Program Guidelines on the timely release of offenders.

ANNEX A

AUDIT OBJECTIVES AND CRITERIA

OBJECTIVES	CRITERIA
1. To assess the adequacy and effectiveness of the management framework as it relates to the pre-release decision making process.	1.1 *Policies and procedures* CSC legislation, policies and procedures are clear, consistent and understood by those who apply them.
	1.2 *Roles and Responsibilities* Roles and responsibilities are clearly defined, documented and understood.
	1.3 *Training* Training needs are identified and training is provided and taken as required by staff.
	1.4 *Reporting and Monitoring* Monitoring practices and controls are adequate to track and report performance at national, regional and institutional levels and to ensure compliance with pre-release decision making process policies and practices. Also, corrective measures are in place to address deficiencies, when required.
2. To determine the extent to which CSC sites are complying with relevant legislation and policy directives.	2.1 *File Documentation* Key documents are prepared in compliance with relevant policies.
	2.2 *Timeliness of case preparation* Key documents are prepared within stated timeframes as noted in policy.
	2.3 *Programming* Programs specified in the offender's correctional plan are completed prior to release.

LOCATION OF SITE EXAMINATIONS

REGION	SITES
Atlantic	• Atlantic Institution • Dorchester Institution • Westmorland Institution
Québec	• Port Cartier Institution • Drummond Institution • Sainte Anne des Plaines
Ontario	• Millhaven Institution • Fenbrook Institution • Beaver Creek Institution
Prairies	• Edmonton Institution • Bowden Institution • Bowden Annex
Pacific	• Kent Institution • Mission Institution • Kwikwexwelhp Healing Village

ANNEX C

SUMMARY OF CORRECTIONAL PLAN PROGRESS REPORT COMPLIANCE

Correctional Plan Progress Report (CPPR) [14]	APR n=48	DP/FP n= 68	SRD n= 256	S84 n= 28
Consult with the security intelligence office	(25%)	(53%)	(40%)	(46%)
Review of preventive security file	(29%)	(47%)	(48%)	(50%)
Statement regarding appeal status	(58%)	(53%)	(55%)	(86%)
Statement regarding outstanding charges	(69%)	(75%)	(74%)	(82%)
Analysis/statement regarding the offenders' institutional adjustment	(69%)	(96%)	(97%)	(96%)
Analysis/statement regarding psychological/psychiatric reports	(67%)	(91%)	(89%)	(100%)
Analysis/statement regarding offender's insight	(58%)	(93%)	(93%)	(100%)
Statement regarding citizenship and/or immigration status	(83%)	(81%)	(74%)	(86%)
Analysis/statement regarding offender's previous sentence	(88%)	(81%)	(88%)	(75%)
Analysis/statement regarding victim concerns	(85%)	(90%)	(82%)	(96%)
Contains risk assessment	(96%)	(78%)	(95%)	(96%)
Community Assessment (CA) was completed outlining s84 release plan	n/a	n/a	n/a	(82%)
Analysis/statement regarding the offender's motivation level	(88%)	(99%)	(96%)	(100%)
Statement regarding the offenders' progress against correctional plan	(77%)	(99%)	(98%)	(96%)
Analysis/statement regarding offender's current sentence	(92%)	(100%)	(100%)	(100%)
Analysis/statement regarding offender's reintegration potential	(90%)	(97%)	(93%)	(100%)
Critical area - low				
Contains alternate release plan (SR cases)	n/a	n/a	(25%)	6/11 (21%)
Proposed s84 plan contained in CA was included in CPPR	n/a	n/a	n/a	(64%)
Statement referring reader to Criminal Profile	(88%)	(71%)	(71%)	(82%)
Summary of current request	(96%)	(100%)	(98%)	(100%)

Note: 28 s84 cases = 1 APR, 15 DP, 1 FP and 11 SRD
Note: 90-99% compliance green; 70-89% compliance yellow; less than 69% compliance red.

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[14] Y:\AUDIT BRANCH\378-1-\2008-2009\378-1-257_Pre-Release Decision Making\C. Field Work\C.1 File Reviews and Interviews\C.1.1 OMS File Reviews\C.1.1.2 Regional OMS Roll Up\by release type

SUMMARY OF COMMUNITY STRATEGY COMPLIANCE

Community Strategy (CS) [15]	APR n=48	DP/FP n= 68	SRD n= 256	S84 n= 28
Police comments	(52%)	(75%)	(50%)	(46%)
Evidence of the community Parole Officer, in consult with the Aboriginal Community Development Officer (ACDO), integrating the s84 plan into the report in collaboration with the Aboriginal community.	n/a	n/a	n/a	(25%)
Evidence of the community Parole Officer working collaboratively with the ACDO and community representatives in preparing the CS	n/a	n/a	n/a	(36%)
Notification to third party	(75%)	(74%)	(74%)	(93%)
Level of intervention/frequency of contact	(94%)	(88%)	(99%)	(100%)
Suitability of living arrangements determined	(94%)	(96%)	(91%)	(96%)
Mention of employment	(94%)	(94%)	(96%)	(96%)
Mention of community support	(100%)	(96%)	(97%)	(93%)
Statement regarding how proposed community strategy will allow (or not) the level of risk to remain acceptable to society	n/a	n/a	(99%)	(100%)
Statement regarding how proposed special conditions are necessary for proper risk management	n/a	n/a	100%	(100%)
Where Community Based Residential Facility (CBRF) input was solicited :				
	n= 44	n= 63	n= 103	n= 19
Evidence of bedspace availability	(18%)	(17%)	(13%)	(0%)
Proposed date of accommodation availability	(7%)	(3%)	(0%)	(0%)
Profile of CBRF current population and programs	(23%)	(21%)	(25%)	(42%)
CBRF concerns/suggestions for	(41%)	(29%)	(24%)	(32%)

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[15] Y:\AUDIT BRANCH\378-1-\2008-2009\378-1-257_Pre-Release Decision Making\C. Field Work\C.1 File Reviews and Interviews\C.1.1 OMS File Reviews\C.1.1.2 Regional OMS Roll Up\Community Strategies

Community Strategy (CS) [15]	APR n=48	DP/FP n= 68	SRD n= 256	S84 n= 28
conditions/approaches to supervision				
Mention of leave privileges	(91%)	**(78%)**	**(50%)**	(89%)
Evidence of CBRF reviewing background information	(93%)	(100%)	(82%)	(95%)
Evidence of facility accepting/rejecting residency	(93%)	(100%)	(82%)	(95%)

Note: 90-99% compliance green; 70-89% compliance yellow; less than 69% compliance red.

Note: there were no critical areas deemed low within the CS.

ANNEX E

SUMMARY OF ASSESSMENT FOR DECISION COMPLIANCE

Assessment for Decision (A4D) [16]	APR n=48	DP/FP n= 68	SRD n= 256	S84
Critical area - high				
Evidence of consultation with the ACDO	n/a	n/a	n/a	**7/28 (25%)**
Evidence of consultation with the Elder	n/a	n/a	n/a	**3/28 (11%)**
Analysis/statement regarding risk level/risk of violence	(100%)	(100%)	n/a	17/17 (100%)
Analysis/statement regarding the management of offender's risk	n/a	100%	n/a	16/16 (100%)
Analysis/statement regarding severity of reoffending	n/a	(99%)	n/a	16/16 (100%)
Statement regarding offender's probability of reoffending	n/a	(97%)	n/a	16/16 (100%)
Analysis/statement regarding offender's commitment level	n/a	(96%)	n/a	15/16 (94%)
Statement regarding offender's likelihood of committing an offence involving violence before the expiration of sentence	(94%)	n/a	n/a	1/1 (100%)
Critical area - low				
s84 identified in the OMS Application/Decision Screen	n/a	n/a	n/a	**11/28 (39%)**
Analysis/statement regarding offender's proposed plan	(90%)	n/a	n/a	1/1 (100%)
In the case of Statutory Release with Residency (SRR):				
			n= 52	n= 4
Analysis/statement regarding requirement for residency	n/a	n/a	(100%)	(100%)
Analysis/statement regarding offender's propensity to violence	n/a	n/a	(87%)	(75%)
Evidence of alternatives to residency being explored and/or considered	n/a	n/a	(79%)	(75%)
Explanation why alternatives were not sufficient to manage risk	n/a	n/a	(85%)	(75%)

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[16] Y:\AUDIT BRANCH\378-1-\2008-2009\378-1-257_Pre-Release Decision Making\C. Field Work\C.1 File Reviews and Interviews\C.1.1 OMS File Reviews\C.1.1.2 Regional OMS Roll Up\by release type

Assessment for Decision (A4D) [16]	APR n=48	DP/FP n= 68	SRD n= 256	S84
Analysis/statement regarding psychological/psychiatric reports indicating existence of mental illness	n/a	n/a	(81%)	(100%)
Analysis/statement regarding stress factors likely to lead the offender to behave in violent manner	n/a	n/a	(77%)	(100%)
Analysis/statement regarding efforts made to mitigate risk of violent behaviour	n/a	n/a	(77%)	(100%)

Note: 28 s84 cases = 1 APR, 15 DP, 1 FP and 11 SRD

Note: denominator for s84 cases dependant on release type and applicable content guideline criteria

Note: 90-99% compliance green; 70-89% compliance yellow; less than 69% compliance red.

Note: there were no critical areas deemed low for SRR

AUDIT OF PRE-RELEASE DECISION MAKING WITHIN THE CASE PREPARATION AND RELEASE FRAMEWORK
MANAGEMENT ACTION PLAN (MAP)

Recommendation:	**Recommendation No. 1** The Assistant Commissioner, Correctional Operations and Programs, in collaboration with the Assistant Commissioner, Policy should: 1) confirm whether content guidelines and other annexes are part of policy and if there is a requirement to document all criteria noted within the content guidelines, including making statements regarding areas deemed to be not applicable. 2) strengthen processes to notify staff of relevant policy updates. *Work undertaken as a result of recommendations in the Audits of Offender Intake Assessment (rec. 1) and Community Supervision (rec. 1) may assist in the implementation of this recommendation.*
Management Response / Position:	☑ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
1) Review and amend case management policies and annexes to determine potential enhancements and clarifications regarding content requirements for reports.	Policy review and amendments as required		ACOP	April 2011
2) Conduct the National Policy and Training Initiative to review amended case management policies and associated operational changes.	Staff trained through the National Policy Communication and Training Initiative	Gen Com announcement of policy change will provide wide notification	ACOP	April 2011
3) Future policy direction (e.g. CDs) will include contact information for those requiring further information.				*COMPLETED*

Recommendation:	**Recommendation No. 2** The Regional Deputy Commissioners, with the assistance of the Assistant Commissioner Human Resources Management, should clarify the requirements of National Training Standards applicable to Parole Officers and ensure that they meet the requirements. Work undertaken as a result of recommendations in the Audits of Offender Intake Assessment (rec. 4) and Community Supervision (rec. 2) may assist in the implementation of this recommendation.
Management Response / Position:	☑ **Accepted**　　☐ **Accepted in Part**　　☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
1) Identify all applicable NTS training 2) Identify target group, training compliance and recommendation to ensure standards are met.	Deck presenting findings and recommendations.	Requirements will be clarified along with recommendations to ensure standards are met.	RDCs: Lead ACHRM: Support ACCOP: Support	September 2011

Recommendation:	Recommendation No. 3 The Assistant Commissioner, Human Resources Management Sector, in collaboration with the Assistant Commissioner, Correctional Operations and Programs and the Senior Deputy Commissioner, should review current training standards and consider whether they should include Managers, Assessment and Intervention, Aboriginal Liaison Officers or other staff involved in pre-release decision making processes, and consider including additional training in, for example, the completion of assessments required for Aboriginal offenders. Work undertaken as a result of recommendations in the Audit of Offender Intake Assessment (rec. 3) may assist in the implementation of this recommendation.
Management Response / Position:	☑ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
1) Identify all applicable training	1) Recommendation to L&D Board	Multi-sector working group.	ACHRM: Lead	Analysis to be conducted between January and September 2011.
2) Review training objectives	2) **If applicable**, inclusion of new target group in Mandatory Training / NTS Manual		ACHRM: Lead	
3) Make recommendations to L&D Governance Board with respect of inclusion of new target group, if applicable. Recommendations will also include estimated impact on operations (in days) and incremental cost.			ACCOP: Lead	To be submitted to L&D Governance Board in September 2011. Changes to NTS target group to be reflected for F/Y 2012-13

Recommendation:	**Recommendation No. 4** The Assistant Commissioner, Correctional Operations and Programs, should develop and implement performance metrics to include compliance and timeliness of pre-release decision making key documents. Work undertaken as a result of recommendations in the Audit of Offender Intake Assessment (rec. 5) may assist in the implementation of this recommendation.
Management Response / Position:	☑ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
Develop a performance measurement index and indicators for pre-release decision making key documents, including: Correctional Plan Updates (formerly referred to as Correctional Plan Progress Reports); Community Strategy and Assessment for Decisions.	Performance measurement report		ACOP	April 2011

Recommendation:	**Recommendation No. 5** The Assistant Commissioner, Correctional Operations and Programs should develop and implement a formal, risk based, quality control process to include pre-release decision making processes, results of which should be included in performance monitoring and reporting activities. *Work undertaken as a result of recommendations in the Audit of Offender Intake Assessment (rec. 6) may assist in the implementation of this recommendation.*
Management Response / Position:	☑ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
A communiqué will be sent to staff regarding the importance of documenting all pertinent information within case management reports.	Gen-Comm		ACOP	January 2011
A formal, risk based quality control process for pre-release decision making will be developed. Implementation decisions will be taken by EXCOM	EXCOM presentation		ACOP	September 2011

Recommendation:	**Recommendation No. 6** The Assistant Commissioner, Correctional Operations and Programs, in collaboration with the Assistant Commissioner, Policy should review requirements in the pre-release decision process Management Control Framework appendices for completeness.
Management Response / Position:	☒ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
A review of requirements in the pre-release decision process Management Control Framework appendices will be completed	MCF revised as necessary		COP / ACP	March 2011

Recommendation:	**Recommendation No. 7** The Assistant Commissioner, Correctional Operations and Programs, in collaboration with the Senior Deputy Commissioner (Aboriginal Initiatives Directorate, where applicable) and the Regional Deputy Commissioners, should ensure compliance with Commissioner's Directives with regards to file documentation and timeliness of case preparation.
Management Response / Position:	☒ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
Conduct a review of Aboriginal Healing Plans in the context of proposed changes to Commissioner's Directives 705-5 Supplementary Assessment. Compliance and reporting (timeliness) will be addressed upon revisions to the CD.	Policy revised as necessary		COP / AID / RDCs	June 2011

Recommendation:	**Recommendation No. 8** The Assistant Commissioner, Correctional Operations and Programs should assess the potential impact of the National Correctional Program Guidelines on the timely release of offenders.
Management Response / Position:	☑ **Accepted** ☐ **Accepted in Part** ☐ **Rejected**

Action(s)	Deliverable(s)	Approach	Accountability	Timeline for Implementation
What action(s) has / will be taken to address this recommendation?	*Expected deliverable(s) / indicator(s) to demonstrate the completion of the action(s)*	*How does this approach address the recommendation?*	*Who is responsible for implementing this action(s)?*	*When will action(s) be completed to fully address the recommendation?*
A recent review of the concordance rate between CSC recommendations concerning conditional release and PBC decisions does not indicate impact on the timely release of offenders in that the concordance rate does not appear to be affected by the introduction of the guidelines. This result, however, is based on an incomplete data set due to the timing of the introduction of the guidelines.				
Continue monitoring the concordance rate and report back to the Committee.	Update report to the Committee		ACOP	June 2011
Continue liaison with PBC. Provision of professional development and information sessions as requested			ACOP	Ongoing