

2025 - 2026

ANNUAL REPORT

REVIEW OF TEN YEARS
OF RECOMMENDATIONS



Office of the
Correctional
Investigator

Bureau de
l'enquêteur
correctionnel

Canada

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Cover Photo: Past Office of the Correctional Investigator Annual Reports displayed on a desk.



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June 30, 2026

The Honourable Gary Anandasangaree, P.C., M.P.
Minister of Public Safety
Public Safety Canada
269 Laurier Avenue West - Room 19A-7400
Ottawa, ON K1A 0P8

Dear Minister,

In accordance with section 192 of the *Corrections and Conditional Release Act*, it is my privilege and duty to submit to you the 53rd Annual Report of the Office of the Correctional Investigator.

Yours respectfully,

Valerie Phillips
Interim Correctional Investigator

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Valerie Phillips, Interim Correctional Investigator of Canada

Correctional Investigator's Message

In Canada, incarceration means the loss of liberty, not the loss of other fundamental human rights. This principle was brought into sharp focus in the 1970s, when deteriorating conditions at Kingston Penitentiary led to riots and serious violence, including loss of life. In response, the Office of the Correctional Investigator (OCI) was created to provide independent oversight of federal corrections.

Prisons, by their nature, operate largely out of public view. Yet the need for external scrutiny is longstanding, rooted in the recognition that institutions exercising profound control over the bodies and minds of individuals must be subject to accountability.

Today, the OCI serves as that critical safeguard. As an independent ombuds, it works to ensure that people in federal custody are treated fairly, humanely, and in accordance with the law, investigating both individual complaints and systemic issues to improve conditions of confinement and strengthen accountability nationwide.

The need for this oversight is growing. The federally sentenced population continues to increase, particularly among women and disproportionately among Indigenous women. Institutions are under strain, reflected in rising double-bunking, increased tensions and violence, and a population with more complex mental health and care needs. In this context, independent scrutiny is not only necessary, it is essential.

Transition and Continuity

This year marks a period of transition for the Office. Under the leadership of Dr. Ivan Zinger, the OCI strengthened its human rights-based approach and brought national attention to systemic issues, including the over-representation of Indigenous peoples, the disproportionate use of force against Black and Indigenous prisoners, the excessive use of segregation-like conditions, and gaps in mental health services. His tenure leaves a strong legacy of principled, evidence-based oversight.

Following Dr. Zinger's retirement in early February 2026, the position of Correctional Investigator remained vacant until I was appointed Interim Correctional Investigator on June 18, 2026. In my past role as Executive Director and General Counsel and in my current role, I have been ensuring that this Office continues to move forward with respect for what has been built and with a renewed purpose to make a meaningful difference in the lives of those we serve. I will share this Annual Report with the Minister of Public Safety on June 30, 2026. By the time it is tabled in the Fall of 2026, a longer-term Correctional Investigator may be appointed.

Delivering on Our Mandate

During the past fiscal year, this Office opened 4,315 cases, including 3,857 complaints submitted by 1,984 individuals. Staff spent 263 days in institutions, conducted 1,458 interviews, and, when accounting for team visits, logged 410 person-days on site. The Office also received 19,646 toll-free calls, representing more than 118,000 minutes of direct engagement on the phones. In addition, the Office reviewed 83 reports related to deaths and serious bodily injury and fully reviewed 566 use of force incidents to assess compliance with law and policy.

These interventions have tangible impacts. The Office has prevented unfair decision-making, challenged improper practices, and improved responses to individuals in mental health distress. It has also driven systemic changes, including, for example, ensuring individuals with multiple ethnic identities are more accurately reflected within the correctional system and, ultimately, improving access to culturally appropriate interventions. These results demonstrate the value of independent oversight in strengthening fairness, accountability, and correctional outcomes.

A Decade of Findings: Progress and Persistent Gaps

This report provides a ten-year retrospective of 365 OCI recommendations across six priority areas: conditions of confinement, health care, Indigenous and women's corrections, programs and reintegration, and deaths in custody.

Over the past decade, the Office's work has contributed to important changes in policy, practice, and transparency. CSC has introduced new frameworks, modernized certain approaches, and responded to several longstanding concerns raised by this Office. Some of these reforms include the implementation of a standalone policy on sexual coercion and violence, the appointment of a Deputy Commissioner of Indigenous Corrections, the discontinuation of randomized strip searching practices in women's facilities, and targeted measures to address grievance backlogs. In areas such as harm reduction and health service delivery, shifts in policy signal greater alignment with evidence and community standards of care. These developments demonstrate that sustained, evidence-based recommendations can lead to meaningful change.

While progress has been made, the central finding of this report is clear and consistent: a persistent gap remains between policy commitments and what is experienced on the ground. This gap is the defining challenge of federal corrections. Reforms are frequently announced and frameworks updated, yet implementation is often uneven, incremental, and insufficient to materially improve daily conditions. Without sustained accountability and measurable outcomes, even well-intentioned policies fail to deliver meaningful change.

Conditions of Confinement and Use of Force

Despite reforms, restrictive and highly controlled environments continue to shape the experience of many individuals, particularly in maximum-security settings, hindering rehabilitation. Structured Intervention Units were intended to eliminate the harms of segregation, yet evidence shows that segregation-like conditions persist, including limited time out of cell and reduced access to meaningful human contact.

Similarly, while use of force policies emphasize de-escalation, reliance on force has not declined and continues to disproportionately affect vulnerable populations, particularly those with mental health needs. These findings highlight a critical disconnect between policy direction and operational reality.

Health Care and Complex Needs

Health care remains one of the most pressing areas of concern. Individuals in custody continue to face delays in accessing mental health services, dental care, and specialized treatment. As the incarcerated population ages and presents increasingly complex needs, these pressures are intensifying.

Although there has been progress through integrated care models and expanded services, systemic barriers persist. Staffing shortages, inconsistent access, and gaps in continuity of care continue to undermine outcomes. Once again, the issue is not solely policy, but the consistency and effectiveness of implementation.

Indigenous Corrections

The findings on Indigenous corrections remain deeply troubling. Over-representation has continued to rise, and core correctional processes, particularly risk assessment and security classification continue to produce inequitable outcomes. These barriers limit access to programs, community-based alternatives, and earlier release opportunities.

Despite longstanding commitments, access to culturally appropriate interventions, including Healing Lodges, remains constrained. This ongoing disparity reflects a failure to translate policy intent into meaningful, measurable change.

Women's Corrections

In women's corrections, population growth and increasing complexity are placing strain on a system that continues to rely heavily on security-driven responses. Overcrowding, over-securitization, reduced access to services, and gaps in reintegration planning are undermining principles of dignity, support, and rehabilitation.

Programs and Reintegration

Significant challenges in reintegration persist across the system. Opportunities for employment, education, and gradual release remain limited, while community capacity has not kept pace with demand. These gaps contribute to ongoing concerns around safe and timely reintegration.

Deaths in Custody

Findings on deaths in custody continue to reveal persistent and troubling patterns. Gaps in prevention, transparency, and accountability limit the system's ability to respond effectively and learn from these incidents. As a result, systemic improvements remain uneven, and opportunities to prevent avoidable deaths are not consistently realized.

A Call for Accountability and Results

The evidence from this report reinforces a single, overarching conclusion: while some improvements have been made, without consistent implementation, accountability, and measurable results, meaningful improvement will remain out of reach.

This year, rather than re-issuing individual or thematic recommendations, this report is intended to consolidate ten years of findings and assess the extent to which CSC has achieved meaningful and sustained progress. I have chosen to issue a single, summative recommendation focused on accountability, implementation, and results; therefore, I recommend that:

CSC give full consideration to the findings of this ten-year retrospective and provide the OCI a detailed, SMART (Specific, Measurable, Achievable, Relevant, Time-bound), publicly available action plan that outlines how CSC will address the unresolved gaps identified across the Office's six priority areas by December 31, 2026. This response should clearly articulate:

- the corrective actions CSC will take;
- how these actions will be operationalized and sustained;
- who will be responsible for implementation;
- how progress will be measured and reported; and
- the timelines within which results can reasonably be expected.

The Office expects that this response will move beyond restatement of existing initiatives and instead demonstrate tangible, measurable commitments to closing long-standing gaps that continue to affect the safety, legality, and fairness of federal corrections.

Fiscal Pressures and the Role of Oversight

Looking ahead, fiscal restraint measures present challenges as Canada faces economic pressures and the OCI works to support responsible fiscal management. While the Office recently received integrity funding to strengthen its core mandate, it has now been asked to reduce its budget by 15%, even as some smaller agencies were exempt and CSC's reduction target was lowered. These decisions have disproportionate impacts on smaller oversight bodies. For the OCI, reduced resources may limit its ability to respond to complaints, conduct timely investigations, and maintain a consistent presence in institutions across the country. The Office will closely monitor these impacts, particularly on services for federally sentenced persons.

Despite these challenges, the OCI will continue to prioritize its core mandate: investigations, systemic reviews, and independent oversight while ensuring its services remain accessible and responsive. Effective oversight, even in a constrained environment, is essential to maintaining fairness, accountability, and public trust.

Looking Ahead

The challenges facing federal corrections are complex and persistent and impact public safety. Issues such as conditions of confinement, access to care, use of force, over-representation, and reintegration require sustained attention and rigorous oversight. Addressing them demands more than commitments, it requires measurable progress and accountability.

Ultimately, the strength of a democracy is reflected in how it treats those under its control. Canada must continue to ask whether it is doing enough not only in enforcement and deterrence, but in treatment, rehabilitation, and reintegration. Closing the gap between what is promised and what is experienced is not only a correctional priority, it is a test of our commitment to human rights and the rule of law.

Valerie Phillips

Interim Correctional Investigator

June 2026

Methodological Framework

This Annual Report presents a ten-year retrospective of 365 recommendations issued by the OCI, covering the period from 2014-15 to 2023-24.¹ These recommendations have been grouped and assessed thematically to reflect the Office's key areas of focus over the past decade. The analysis is organized into six priority areas, each forming a discrete chapter of the report:

- Security and Conditions of Confinement
- Mental and Physical Health Care
- Indigenous Corrections
- Federally Sentenced Women
- Programs, Interventions, and Timely Reintegration
- Section 19 and Deaths in Custody

Given the overlap in evidence sources, investigative methods, and institutional visits across these areas, the Office adopted a consolidated, multi-method approach to assess progress on recommendation implementation, identify persistent gaps, and evaluate whether changes have translated into meaningful outcomes for federally sentenced individuals.

The review draws on qualitative and quantitative evidence to assess CSC's responses to OCI recommendations over the past decade. The methodology ensured representation across regions, security levels, populations groups, and institutional types. This approach centred lived experience, institutional practice, and administrative and operational evidence.

Documentary and Data Review

The Office systematically examined its own Annual Reports and Special Reports issued over the review period to trace the evolution of recommendations, assess past commitments, and examine patterns of response and implementation over time.

Across all thematic areas, the Office conducted a comprehensive review of CSC materials, including policies, procedures, national strategies, frameworks, guidelines, training materials, internal audits and evaluations, research reports, committee records, and operational directives. The review also included analysis of administrative and operational data provided by CSC through formal information requests, as well as relevant oversight and accountability documents, such as audits, Quality of Care Reviews, and Boards of Investigation reports. Complaints submitted to the OCI were also analyzed to contextualize findings and identify recurring or unresolved concerns.

¹ See Annex C: OCI Recommendations from 2014-15 to 2023-24 for a list of all formal recommendations made by the OCI during the ten-year period under review.

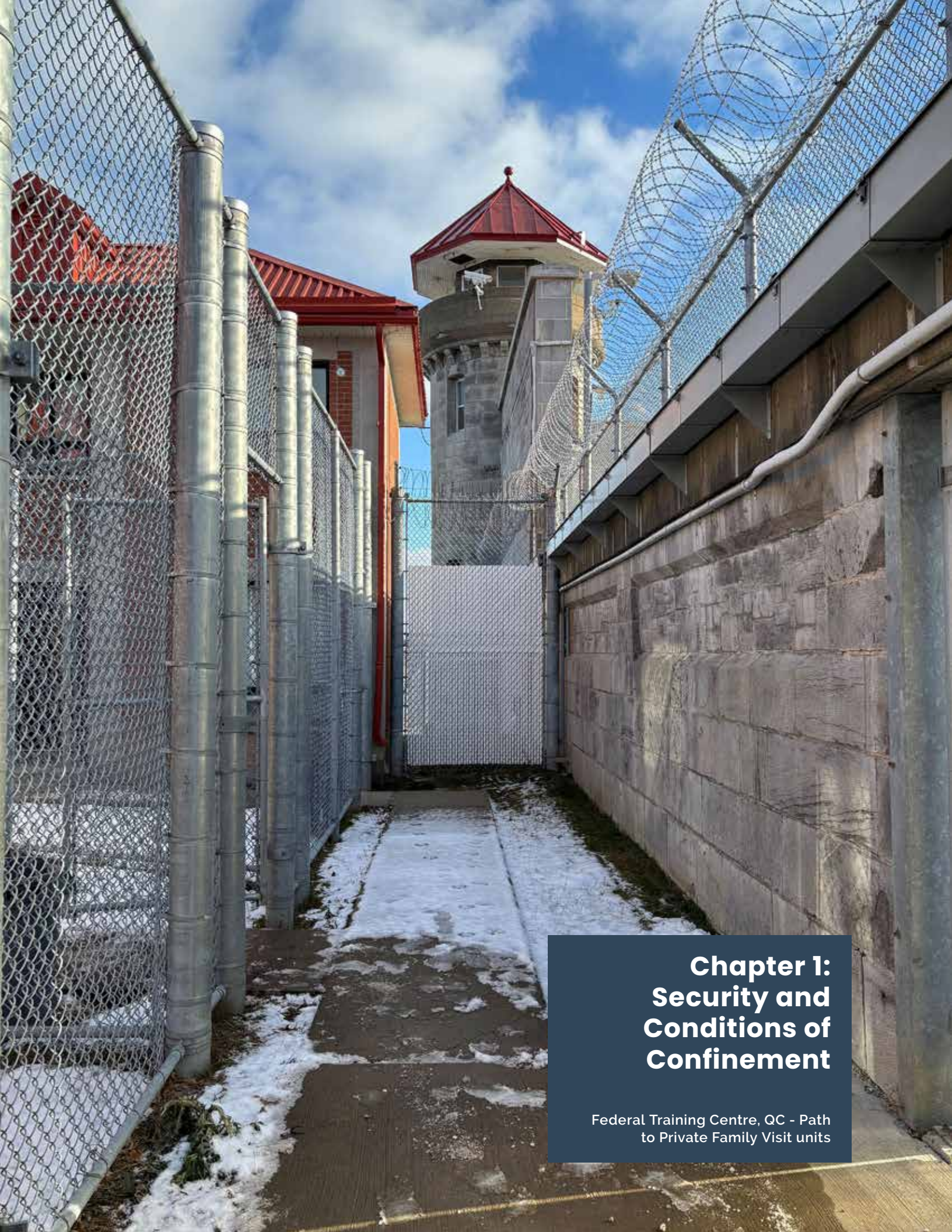
Institutional Visits

Site visits and on-site inspections formed a central component of the methodology. OCI staff conducted visits to institutions across all five regions, encompassing minimum, medium, and maximum-security facilities, as well as Regional Treatment Centres, all five federally sentenced women's institutions, and both CSC-run and community-run healing lodges.

Interviews

The Office conducted approximately 345 interviews using semi-structured, in person, and virtual formats. Interviewees included a broad range of stakeholders, such as federally sentenced individuals, CSC national headquarters from various sectors, institutional and community staff (including correctional officers, health care professionals, program staff, and chaplaincy), Elders, external and community-based organizations, and service providers.

The chapters that follow draw on this consolidated body of evidence to examine where demonstrable progress has been made, where implementation has been partial or inconsistent, and where long-standing gaps and systemic barriers continue to impede meaningful change.



Chapter 1: Security and Conditions of Confinement

Federal Training Centre, QC - Path
to Private Family Visit units

Background

Security practices and conditions of confinement have been a central focus of the Office of the Correctional Investigator's oversight work for the past decade, reflecting their significance for institutional safety, operational effectiveness, and correctional outcomes. Over this period, the Office has issued 88 recommendations on these matters through multiple major systemic investigations, thematic inspections, special reports, and case studies. Among the office's most significant work are the following investigations:

An Investigation of the Standalone Male Maximum-Security Penitentiaries in Federal Corrections

In 2023-24, the OCI conducted a comprehensive investigation of the six standalone maximum-security institutions to assess how they operate in practice and whether current approaches support CSC's stated objectives of safety, rehabilitation, and reintegration. The investigation found that maximum-security environments are characterized by highly restrictive routines, security-driven infrastructure, and limited opportunities for meaningful engagement. In particular, an overreliance on the creation and management of subpopulations to address identified or perceived security risks contributed to movement challenges, reduced social interaction, and limited meaningful use of time out of cell. These pressures were further compounded by the implementation of Structured Intervention Units (SIUs), which have required a disproportionate share of institutional resources and attention, affecting capacity in other units. Individuals in maximum-security institutions experience prolonged idleness which, in our view, impedes opportunities to cascade to medium-security institutions or successfully transition directly to the community.

Preliminary Observations on Structured Intervention Units

One of the most significant and enduring areas of OCI concern has been the use of solitary confinement practices, both under the former administrative segregation regime and the SIUs introduced in 2019. In the 2021-22 Annual Report, the Office found that SIUs continued to replicate certain conditions of administrative segregation, including restricted movement, limited meaningful human contact, and inconsistent access to minimum out of cell time, particularly for individuals with significant mental health needs. Subsequent reporting confirmed that these deficiencies have persisted, with SIUs mainly used to house behavioural and security challenges rather than as a transitional or rehabilitative alternative.

Thematic Inspection: Dry Cells

Beyond segregation and SIUs, the OCI has examined other highly restrictive practices that significantly affect conditions of confinement. One of the most intrusive of these is the use of dry cells.² In 2022-23, the OCI conducted a thematic inspection of dry cell placements to assess compliance with law and policy, as well as the adequacy of safeguards intended to protect the health and dignity of the individual. The inspection found that dry cell placements were frequently prolonged, institutional practices varied widely, and oversight

² According to the CCRA s.51(1), dry cell placements are to be used when there are *reasonable grounds to believe* that an individual has ingested or concealed contraband. Practices typically involve a strip search followed by placement in a cell without plumbing under constant observation.

and documentation remained inconsistent. Conditions were often austere and degrading, with limited evidence that extended placements improved contraband detection outcomes. The OCI also noted the phased introduction of body scanner technology as a potential alternative to reduce reliance on dry cells, though implementation remained uneven and limited.

Use of Force

Over the years, OCI has examined use of force through multiple oversight mechanisms, including national systemic investigations, institution-specific reviews, and individual case investigations into egregious uses of force. As part of this work, the Office has assessed the impact of the Engagement and Intervention Model (EIM)³ to determine whether it reduced reliance on force, as intended. Early findings showed insufficient evidence of sustained reductions, and later reporting characterized EIM outcomes as mixed, particularly in maximum-security environments, with recurring concerns that the model failed to produce meaningful cultural change.⁴ The OCI has consistently observed that use of force has not declined overall and, in some settings, has increased, alongside continued overreliance of inflammatory agents, particularly in crisis situations. Investigations have also documented disproportionate impacts on vulnerable individuals, including those experiencing mental health crises,⁵ and on Indigenous and Black individuals, reflecting systemic bias and racism in risk security responses.⁶

A Culture of Silence: National Investigation into Sexual Coercion and Violence in Federal Corrections

In 2019-20, the OCI conducted a national investigation into sexual coercion and violence (SCV) in federal corrections, focusing on sexual victimization, barriers to reporting, and the adequacy of prevention and response measures within CSC. The investigation found that incidents of SCV, including staff sexual misconduct and peer on peer abuse, were significantly under-reported and poorly managed at both institutional and national levels. The absence of dedicated legislation and policy frameworks, combined with weak data collection and tracking, inadequate victim centred supports, and limited staff training, undermined prevention, reporting, and response efforts. The investigation concluded that CSC lacked a comprehensive and trauma-informed approach to addressing sexual violence, underscoring the need for stronger oversight, clearer accountability, and a more coordinated national response.

Thematic Inspection: The Rising Cost of Living Behind Bars

In addition to safety and security practices, the OCI has examined how basic living conditions affect safety, dignity, and rehabilitation, including inmate pay and food services. These issues were examined in depth in the 2022-23 Annual Report which found that inmate pay rates were insufficient to meet basic needs amid rising costs for essential goods

³ See Office of the Correctional Investigator (OCI), *Annual Reports*, 2017-18; 2019-20; 2020-21; 2021-22; and 2023-24.

⁴ See OCI, *Annual Reports*, 2018-19 and 2023-24.

⁵ OCI 2023-2024 *Annual Report* (2024). Although outside the scope of the current review, the OCI *Annual Report* 2024-25 also examines the use of force incidents at the Regional Treatment Centres.

⁶ See OCI, *Annual Reports*, 2020-21 and 2021-22.

and services. The investigation also found that criteria for accessing higher pay levels were unrealistic for many individuals, which undermines incentives to work, negatively affects institutional safety, and offers little preparation for successful reintegration. Other investigations have raised concerns about limited access to essential goods and ongoing problems with the quality and quantity of institutional food, with clear implications for institutional safety. These issues were evident in the Office's *Investigation into the Riot at Saskatchewan Penitentiary* which identified long-standing complaints about institutional conditions, including food, as contributing factors to the unrest, highlighting the broader safety implications of unmet basic needs.⁷

Offender Complaint and Grievance Process

The offender complaints and grievance process is the primary mechanism for individuals to seek redress for treatment or conditions of confinement, and the OCI has repeatedly examined its effectiveness, including the use of informal and alternative dispute resolution (ADR) mechanisms. Most recently, in 2023-24, the OCI reviewed the process and found that, despite some streamlining, persistent delays, backlogs, and fears of reprisals continued to undermine its credibility. The review also found that limited emphasis on informal resolution, weak national oversight, and insufficient investment in mediation and ADR capacity have contributed to the routine escalation of complaints. This has placed additional strain on the formal grievance system and undermined confidence in its ability to provide meaningful redress.

Findings

The 88 recommendations issued over the past decade revealed five recurring and inter-related themes: challenges related to security infrastructure, procedures, and operational practices; the use of force; sexual coercion and violence; the cost of living and access to essential goods and food services; and limitations in complaint, grievance, and dispute resolution processes.

Security Infrastructure, Procedures, and Operational Practices

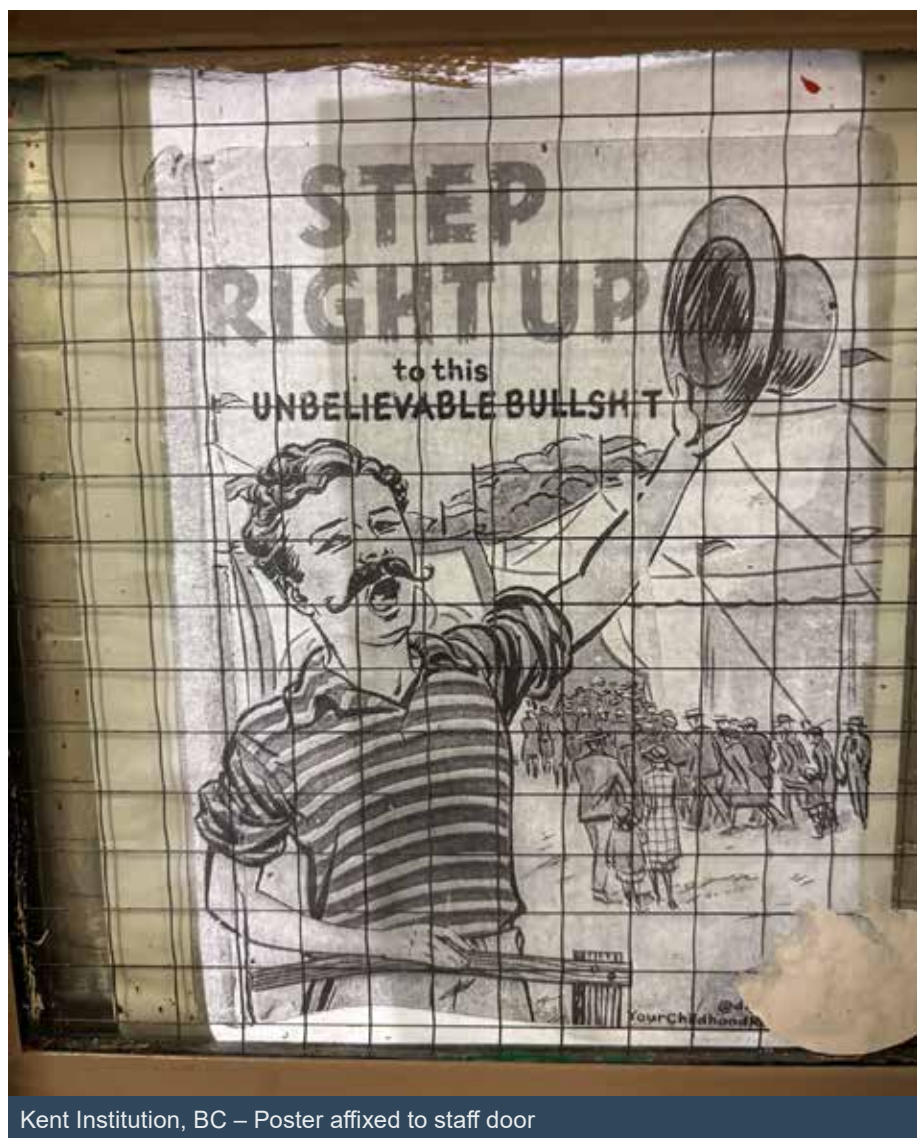
Finding: *Maximum-security institutions continue to operate without a clear purpose, reinforcing restrictive and inequitable conditions stemming from practices, such as the overuse of subpopulations and limiting access to recreational spaces.*

CSC currently operates nine maximum-security men's institutions in Canada, six of which are standalone, as well as five Secure Units in women's institutions. For more than a decade, the Office has reported that maximum-security environments present unique challenges compared to other institutions. These include disproportionately higher use of force incidents, fewer opportunities for programming and meaningful employment, harsh conditions of confinement, outdated infrastructure, and stressful environments driven by factors

⁷ OCI, 2017–2018 Annual Report (2018).

such as an overreliance on static security measures and control.⁸ The Office has consistently identified the need for an independent, third-party assessment of culture in maximum-security institutions. This long-standing recommendation remains unaddressed, with CSC relying on internal reviews and organizational culture initiatives.

In 2023-24, the Office undertook an investigation into CSC's six standalone maximum-security institutions. The report made several recommendations on topics such as subpopulation management, access to amenities, equitable routines, employment and programming, SIUs, and case management.⁹ CSC made few concrete commitments in response, deferring instead to its upcoming 2023-24 "Risk Based Audit and Evaluation Plan," noting its own intention to complete an evaluation of maximum-security institutions. This two-part evaluation, originally scheduled to be completed by December 2025,¹⁰ aims to assess whether maximum-security institutions are achieving their intended objectives, including in relation to subpopulations and incompatibility, areas that substantially overlap with the Office's own investigation.



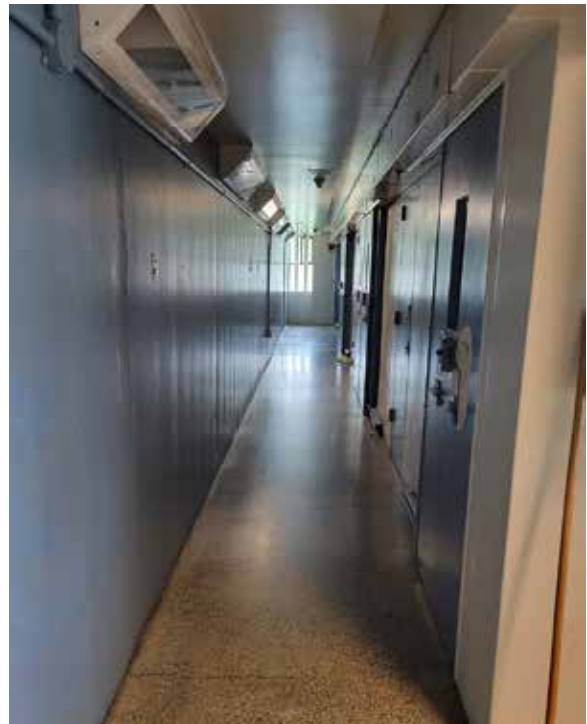
Kent Institution, BC – Poster affixed to staff door

⁸ For illustrative examples of cultural and operational issues in maximum-security institutions, see OCI, "Dysfunction at Edmonton Institution," in *Annual Report 2018-19*.

⁹ OCI, 2023-2024 *Annual Report* (2024).

¹⁰ Correctional Service Canada (CSC), response to OCI document request, February 18, 2026. CSC provided only a draft version of Part I of the evaluation, as Part II had not yet been completed.

While CSC's evaluation represents a positive step in principle, the narrow scope of Part I, limited site visits, reliance on preselected interviewees, and substantial overlap with the Office's prior findings limit its usefulness in addressing long-standing concerns. Given CSC's general unresponsiveness to our investigation's findings and recommendations, duplicating this type of exercise is questionable, particularly when the resulting report largely corroborates several of our previous observations and offers limited depth in key areas. It is, however, encouraging to see the Service reflect on its own idea of a properly functioning maximum-security environment. These institutions still lack a clear purpose statement, as this, too, will be *considered* once the evaluation is complete.¹¹



Edmonton Institution, AB – Range

Subpopulations

Although CSC does not formally define the term "subpopulation," in an operational context it refers to segments of the institutional population that are managed separately and, in some cases, restricted from associating with other groups due to identified or perceived security risks. These groups can be established for a variety of reasons and can include, for example, Security Threat Group (STG) affiliation, incompatibility issues, or offence-type. From a population-management perspective, the presence of such groups can complicate movement and create barriers to accessing programs, services, and other institutional resources.

In our 2023-24 Annual Report, with a goal of safely reducing the number of subpopulations in maximum-security institutions, the Office recommended that CSC devise and implement a national subpopulation management strategy. In response, the Office was again pointed to CSC's own planned evaluation. In the time since, there has been little progress on reducing the number of subpopulations within maximum-security institutions and, in fact, the situation has worsened at some institutions. When our staff visited Millhaven Institution, the number of subpopulations had grown by two, and Edmonton Institution sat at a staggering 11 subpopulations. At Donnacona and Atlantic Institutions, the number of subpopulations in the regular housing units was substantially reduced, but these efforts seem to have led to pressures in restrictive housing ranges. Despite relying on subpopulations as a "necessary tool," CSC appears to recognize the challenges that they present and that there is a concerted effort at the site and regional levels to reduce their numbers.¹²

¹¹ OCI, 2023–2024 Annual Report (2024).

¹² CSC, "Response to the 51st Annual Report of the Correctional Investigator 2023 to 2024," last modified September 19, 2025.

Access to Recreation Space

While some movement challenges are directly related to subpopulation restrictions, other issues related to access to recreation and outdoor spaces in maximum-security institutions persist, despite multiple OCI recommendations. These include equitable access to large yards and improvements to basic amenities in common spaces.

In some institutions, large exterior yards remain inaccessible for extended periods. Some of these large exterior yards have been repurposed to construct new units, while at other sites these spaces have simply remained closed to the population for years. At Atlantic Institution, for example, the main yard is frequently closed due to security incidents and restricted access for certain subpopulations, while the main yard at Donnacona has been completely closed for several years. With respect to basic amenities, issues previously identified by the Office have not been adequately addressed. For example, while Millhaven Institution has installed stools on ranges for phone use, it lacks proper common space and any general seating. Over the course of site visits, OCI staff have continued to observe disparities in the conditions and availability of common spaces depending on the population or institution.



Donnacona Institution, QC – Yard for entire population

COMMON ROOMS



Kent Institution, BC



Donnacona Institution, QC – I Block kitchen



Port-Cartier Institution, QC – Structured Intervention Unit

Finding: *SIUs continue to mirror key shortcomings of the former segregation regime while exacerbating challenges related to complex case management, vulnerable populations, and oversight.*

Structured Intervention Units (SIUs) were introduced on November 30, 2019, following court rulings that found the former administrative segregation regime to be unconstitutional. In response, the federal government enacted Bill C-83¹³ in June 2019, seeking to address long-standing concerns related to human rights infringements and the harmful mental-health impacts associated with segregation. The SIU model was intended to replace administrative and disciplinary segregation by providing individuals with a minimum of four hours per day out of their cells, including at least two hours of “meaningful human contact.” SIUs are now established in all five women’s institutions and in nine men’s maximum- and multi-level institutions across the country. Despite these stated objectives, the Office has consistently found that SIUs continue to reproduce many of the conditions and outcomes associated with segregation, while introducing new operational and systemic challenges, including concerns around the management of complex cases, use with vulnerable populations, and a lack of sustained transparency and oversight.

¹³ Bill C 83, An Act to amend the *Corrections and Conditional Release Act* and another Act, 42nd Parl., 1st sess. (2019).

It is clear that the average number of people placed in SIUs in 2025 is much lower than the average number placed in administrative segregation in 2015. The process for transferring someone to an SIU is now more complex and demanding, and the number of bed spaces in SIU units is lower than the number of administrative segregation beds was 10 years ago. But this factual reality is hiding another part of the problem. One of the key changes brought by the 2019 reform was shifting from a status-based placement in administrative segregation to placement in a designated unit. Before the coming in force of Bill C-83, anyone placed on a status restricting them to their cell 22 hours per day – whatever the unit this cell was in – was considered to be on “administrative segregation status.” CSC has not yet formally acknowledged that the minimum requirements set out in section 36 of the Act should apply to all non-SIU units. As a result, even though SIU placements are far fewer than segregation placements were ten years ago, it remains difficult to determine how many individuals are still held in conditions that resemble SIU or segregation-like confinement.

Management of Complex Cases in SIUs

Since their introduction, the Office has consistently found that SIUs consume a disproportionate share of institutional resources, including staffing, management oversight, and health care supports, often to the detriment of other units and populations. This resource issue is particularly evident in the management of complex SIU cases, which often require repeated inter-institutional negotiations, national-level involvement, and priority transfers.

In its 2023-24 Annual Report, the Office found that decisions involving complex SIU transfers were routinely negotiated through recurring inter-institutional conference calls. These discussions were characterized by resistance from some sites, inconsistent acceptance of complex cases, and fragmented decision-making. In some cases, unresolved negotiations triggered additional placement assessments by National Headquarters, further compounding inefficiencies and prolonging decision-making processes. Accordingly, the Office recommended that CSC develop a national policy to improve the efficiency and equity of transfers involving complex SIU cases. In response, CSC pointed to an existing interdisciplinary process and a Complex Case Transfer framework and indicated that an upcoming review of its SIU policy would “consider whether to include direction regarding the management of complex cases.” However, within the revised policy suite, complex cases are referenced only once, assigning the SIU Project Officer responsibility for identifying related trends. This does not provide clear operational guidance and falls short of addressing the systemic and recurrent challenges identified by the Office.

In the absence of clear national direction, negotiations and transfers involving complex SIU cases continue to be described by CSC staff as strategic and adversarial, often likened to a chess match. These dynamics are further compounded by broader population management challenges. Interregional SIU transfers are frequently prioritized over other movements, effectively displacing individuals already awaiting transfer and disrupting correctional progress elsewhere in the system.

Interviews with management and staff during our visits confirmed that concerns raised in 2023-24 have largely remained, and in some cases, worsened. CSC staff reported that the

presence of a single high-needs or high-risk individual can have deleterious effects on morale, whether the person has a propensity for violence, self-harm, or litigious behaviour. Consequently, some institutions take measures to ensure they do not take any more of their “fair share” of problematic prisoners. For example, some sites reported deliberately “stocking” up on individuals deemed incompatible to shield their institution from additional complex cases. These practices reflect institutional adaptation to systemic inefficiencies and point to a lack of coordinated, equitable management of complex cases at the national level.

Vulnerable Populations in SIUs

The Office has issued several recommendations regarding the use of administrative segregation and later, the implementation of the SIU, particularly due to growing concerns about the placement of younger individuals and those with serious mental health issues in segregation-like conditions. Throughout the past decade, the Office has called for both the restriction and presumptive prohibition of segregation for individuals under the age of 21 due to their level of vulnerability and stage of development.¹⁴ The Office has noted that extended segregation can harm individuals of any age, and younger offenders are especially vulnerable due to limited coping skills and resilience. Developmental immaturity combined with mental health issues or trauma history can make segregation re-triggering and difficult to endure. While the Office acknowledges that these recommendations targeted the former administrative segregation regime, their spirit still applies to the restrictive SIU environment.



Port-Cartier Institution, QC – Structured Intervention Unit mini yard

¹⁴ OCI, 2014–2015 Annual Report (2015); OCI, *Missed Opportunities: The Experience of Young Adults Incarcerated in Federal Penitentiaries - Final Report* (2017).

On a positive note, over the last two fiscal years, placements in SIUs involving individuals under the age of 21 accounted for only 1.2% of total admissions. While this comparatively low proportion is encouraging, it is not supported by clear policy direction or formal safeguards governing the placement of individuals under 21 in SIUs. In the absence of explicit limits or criteria, there remain ongoing concerns about the protection of vulnerable populations.

In its final report, the Structured Intervention Units Implementation Advisory Panel (SIU IAP),¹⁵ which was established to monitor the implementation of the SIU model, found that individuals with mental health issues are not exempt from placement in SIUs. In fact, individuals experiencing mental health challenges often remain there for comparable or longer periods than individuals without identified mental health needs. For instance, 22.7% of individuals assessed by CSC as having *no* mental health needs remained in SIUs for more than two months, compared with 22.1% of those with *some* mental health needs and 19.1% of those with *considerable or higher* needs. Moreover, the duration of SIU stays showed no meaningful improvement over time, as lengths of stay did not decrease in any significant way.¹⁶ Visits conducted as part of this investigation only confirmed this, as multiple Correctional Managers (CMs) assigned to SIUs expressed indifference about the presence of individuals with mental health concerns, having accepted that this is an everyday reality staff must contend with.



[...] at least, here, they don't get their medication stolen (by other inmates)

- SIU Correctional Manager

Oversight and Transparency

To increase transparency within SIUs, the Office has previously called on CSC to publish quarterly records of SIU placement authorizations under section 34 (2) of the *Corrections and Conditional Release Act* (CCRA), including the reasons cited for granting authorization.¹⁷ In response, CSC began publishing quarterly SIU authorization data in 2023, including reasons for transfers, via high-level research briefs. This type of publicly available information on SIU placement decisions is an important step in meaningful transparency of how and why individuals are confined in these highly restrictive environments.

The need for sustained transparency, however, has become more pressing with the dismantling of the Structured Intervention Unit Implementation Advisory Panel (SIU IAP), which previously provided an important, albeit time-limited, source of independent insight into the operation of the SIU regime. As external oversight mechanisms narrow, access to timely and detailed information about SIU-related decision-making is essential to maintaining accountability and public confidence. Furthermore, the SIU regime was introduced with the clear legislated requirement that it be reviewed after five years of operation, allowing Parliament to assess whether the legislative framework¹⁸ and its safeguards were functioning

¹⁵ The mandate of the panel concluded in 2024.

¹⁶ Public Safety Canada, *Solitary Confinement and the Structured Intervention Units in Canada's Penitentiaries: The final report of the Structured Intervention Units Implementation Advisory Panel* (Government of Canada, 2024).

¹⁷ OCI, 2020–2021 *Annual Report* (2021).

¹⁸ *Corrections and Conditional Release Act*, S.C. 1992, c. 20, s. 233(1).

as intended and to identify areas requiring reform. SIUs have been in place since November 2019, and the five-year mark has now passed. In this context, continued gaps in transparency are particularly concerning, as Parliament anticipated that operational experience over time would inform evidence-based improvements to the regime. Absent timely transparency measures and a comprehensive review of the SIU framework, there is a risk that systemic issues will remain unaddressed, undermining the objectives of fairness, accountability, and respect for the rights of federally incarcerated persons.

Restrictive Confinement

In the 2021-22 Annual Report, the Office reported on an investigation into restrictive forms of confinement following the legislative repeal of administrative segregation and the introduction of SIUs. The investigation examined conditions of custody after these reforms, including whether new statutory minimum standards such as minimum out-of-cell time and access to meaningful human contact were being achieved in practice outside of the SIUs.

The investigation focused primarily on male maximum-security institutions and examined custodial conditions where individuals experienced fewer than four hours per day out of cell. The investigation reviewed a range of restrictive confinement practices operating outside the formal SIU framework. These included Voluntary Limited Association Ranges (VLARs)¹⁹ and Therapeutic Ranges²⁰ in men's maximum-security institutions. The Office found that, in practice, some of these units were providing less out of cell time than SIUs. Periods of access were found to be range-based and activities that were accessible off-unit were found to be limited or seen as unappealing.

The Office made several recommendations calling for the development of a national policy framework governing VLARs and other subpopulation units. In its response to the 2021-22 Annual Report recommendations, CSC indicated that a review of VLARs was underway. However, during a follow-up conducted as part of the current investigation, CSC confirmed that no formal review had in fact been completed. Instead, the Office was informed that based on *discussions* at various levels, there was no need to "rebrand VLARs," nor do they require a standalone policy. Placements on VLARs may be nominally voluntary, but the continued absence of clear definitions and a national policy framework have allowed them to function as an informal form of restrictive confinement.

¹⁹ Although CSC does not provide a formal definition, VLARs are used to house individuals separately from the mainstream population with restricted association, typically on a voluntary basis. VLARs operate outside the Structured Intervention Unit framework.

²⁰ Therapeutic Ranges are specialized units in men's maximum-security institutions intended to support individuals with identified intermediate mental health needs. These ranges may involve restricted movement and association but are not subject to the statutory standards that apply to Structured Intervention Units.

Finding: *Dry cell practices remain inhumane, inconsistently applied, and insufficiently monitored, while body scanners have yet to function as a reliable alternative, exposing gaps in transparency and accountability.*

Dry cells – specialized cells equipped with toilets that lack traditional plumbing, designed to intercept contraband concealed within an individual's body – have been the subject of numerous recommendations by this Office. These cells represent one of the most restrictive and degrading measures used in federal corrections. Their prolonged use, often involving constant surveillance and, in many cases, continuous illumination, raises significant mental health and human rights concerns. Over the past decade, the OCI has repeatedly recommended that dry cell placements be capped at 72 hours, with extensions permitted only in the most exceptional circumstances and subject to senior level authorization. Despite this, 12.4% of the 282 dry-cell placements recorded in 2024-25 exceeded this limit, with some placements lasting up to 193 hours.

The OCI has also emphasized the need for CSC to improve tracking, reporting, and public transparency regarding dry cell use, including the frequency and duration of placements and their outcomes, such as whether contraband is seized. While CSC has informed the Office internally that approximately 41% of dry cell placements result in a seizure, concerns remain regarding data collection and reporting practices. National dry cell figures rely on a recently implemented manual reporting process, supplemented by cross-referencing incident-based records recorded in the Offender Management System (OMS). While seizures associated with dry cell placements are captured through mandatory OMS incident reports, reporting is not required when placements do not result in a seizure. This gap creates a risk that dry cell placements without seizures are being under-reported.

Efforts to reconcile national reporting data with OMS records have revealed inconsistencies that raise questions about the reliability of CSC's dry cell data. For example, only five placements were recorded in the Pacific region and 21 in the Atlantic region over an entire year. Differences were also identified between national figures and locally confirmed data, including at maximum-security sites. Together, these variations point to ongoing limitations in oversight, data integrity, and accountability related to the use of dry cells. Despite OCI recommendations for greater transparency, CSC has declined to publicly report on dry cell use, including in aggregated or trend based form, citing institutional security concerns.

In October 2024, amendments to the *Corrections and Conditional Release Regulations* (CCRR) came into force with the objective of strengthening oversight of dry cell use and providing direction on the use of body scanner technology to detect contraband.²¹ Although the new regulatory framework establishes clearer limits on dry cell placements, by requiring regional and/or national reviews, and promotes body scanners as a preferred alternative, significant gaps in operational compliance persist. Despite amendments to the CCRR, including maximum placement durations, dry cell placements continue to exceed reasonable duration limits, transparency regarding their use remains insufficient, and implementation of the revised requirements varies considerably across institutions.

²¹ *Regulations Amending the Corrections and Conditional Release Regulations*, SOR/2024 181, *Canada Gazette*, Part II, vol. 158, no. 21 (October 9, 2024), <https://gazette.gc.ca/rp-pr/p2/2024/2024-10-09/html/sor-dors181-eng.html>.



Port-Cartier Institution, QC – Dry cell gloves

For example, updated Commissioner's Directives set out expectations regarding access to basic necessities, including adequate bedding, nutritious food, clothing, toiletries, and showers every 48 hours, and access to recreation where risks can be managed. However, a review of institutional logbooks and interviews with staff indicate that these standards are applied inconsistently in practice, with showers and recreation rarely provided in accordance with policy.

In an effort to address the introduction of contraband through less invasive means than dry cells or strip searches, CSC began piloting the use of body scanners in the summer of 2022.²² When asked to provide an update on the rollout, CSC indicated that the use of body scanners is not currently being formally recorded or tracked at the national level, citing the initiative's recent implementation as justification. CSC did note, however, that six institutions currently have "functional" body scanners, with plans to expand to an additional five institutions by the end of 2025-26 and to complete a full rollout across all institutions by the end of 2028-29. Beyond these implementation targets, it appears that little baseline or outcome data is being collected, with CSC indicating that, "as full body scanners are implemented across all sites, more comprehensive data will become available."²³

These findings demonstrate that while some progress has been made through recent regulatory changes and the gradual introduction of body scanner technology, these measures have not yet resulted in a meaningful or demonstrable shift away from the more intrusive dry cell practices. Ongoing gaps in tracking and reporting prevent CSC from demonstrating that dry cells are used as a last resort or that body scanners are reducing reliance on highly restrictive control measures, or that either approach is effective in detecting contraband.

²² Public Safety Canada, "New Rules to Prevent Contraband in Correctional Facilities Come Into Force," *Government of Canada*, October 9, 2024.

²³ CSC. Response to OCl, received February 18, 2026, through an official document request.

Finding: CSC has begun implementing incremental improvements to the safety of its security escort fleet; however, issues with cramped and uncomfortable prisoner seating remain unresolved.



Kent Institution, BC – Transport van

Transfers to and from the community and between institutions using institutional vehicles are a near daily occurrence in federal corrections. Escorts may take place for transfer purposes, to seek outside medical services, or to take part in various types of Temporary Absences for reintegrative or compassionate purposes. Since the Office's 2016-17 Annual Report, in which significant concerns were raised about the substandard and unsafe design of prisoner escort vehicles due to the absence of seatbelt assemblies, handholds and other safety and restraint features, we have repeatedly recommended that these vehicles be overhauled to meet acceptable safety or operational standards.²⁴ The latest of these recommendations came in 2021-22, after our Office learned that CSC had

approved and proceeded with procuring fleet vehicles without making substantive changes in response to previously identified deficiencies.

In response, the Service committed to seeking official verification from Transport Canada that the current security escort vehicles were compliant with the provisions of the Canadian Motor Vehicle Safety Standards (CMVSS). In May 2024, a Security Bulletin was issued directing staff to install seatbelts for offender use in all Ford Transit (T80R) security escort vehicles, with seatbelt assemblies included as standard equipment in all new four-inmate five-officer security escort vehicles to ensure compliance with CMVSS.²⁵ While the bulletin established an expectation of fleet-wide compliance, the absence of defined implementation timelines limits the consistency and effectiveness of these measures. For example, in January 2026, the Office became aware that at least one institution had not implemented the directions set out in the bulletin, resulting in the injury of an offender involved in a crash. Institutional management was only made aware of the absence of seatbelts following the incident.

While concerns remain regarding the cramped and uncomfortable nature of prisoner seating in these vehicles, particularly for the elderly individuals and those with physical disabilities, the measures introduced in response to the Office's recommendations represent progress toward improving safety during security escorts. However, the identified implementation gap underscores the importance of timely and consistent compliance across the fleet.

²⁴ OCI, 2019–2020 Annual Report (2020); OCI, 2021–2022 Annual Report (2022).

²⁵ CSC, Bulletin: Seatbelts in Secure Escort Vehicles (May 29, 2024), internal document, accessed April 2026.

Use of Force

Finding: CSC continues to rely on the use of force to manage incidents in ways that are inconsistent with its Engagement and Intervention Model. Persistently high rates of force, continued reliance on chemical and inflammatory agents, disproportionate impacts on Black and Indigenous peoples and individuals experiencing mental health crises, and weakened oversight mechanisms, point to systemic failures in implementation, accountability, and institutional culture.

Over the past decade, the Office has issued 21 recommendations aimed at strengthening safeguards and oversight related to the use of force by staff in managing incidents involving incarcerated individuals. Several of these were prompted by serious failures, including the preventable death of Matthew Hines at Dorchester Institution in 2015.²⁶ During this time, the Office has consistently identified concerning patterns in the use of force, including its use during medical emergencies and acute mental health crises, the misuse of chemical and inflammatory agents against vulnerable individuals,²⁷ and the persistent over-representation of Black and Indigenous peoples in use of force incidents.

In 2018, in response to findings and recommendations issued by the OCI, as well as other stakeholders, CSC replaced its Situation Management Model with the Engagement and Intervention Model (EIM). Compared to the previous model, the EIM emphasized more dynamic approaches to security, communication, and early intervention, requiring front-line staff to attempt verbal engagement, negotiation, and de-escalation before resorting to force. Only when force is deemed necessary, the model sets out a graduated, structured response, with clear roles for staff, clinical input during interventions, and mandatory post-incident reviews intended to promote proportionality, accountability, and learning.²⁸

In 2021, CSC completed an internal evaluation²⁹ and found that, despite some early improvements under the EIM, there was no overall reduction in use of force incidents, no meaningful change in how force was used against people in mental health distress, and a continued over-representation of Black and Indigenous individuals in use of force incidents.

In the 2023-24 Annual Report, the OCI assessed the EIM's impact at standalone male maximum-security institutions in the investigation, *Six Years After the Engagement and Intervention Model: Mixed Results for Use of Force at Standalone Male Maximum-Security Institutions and with Vulnerable Prisoners*. The investigation found that these institutions, while housing only 10% of the population, accounted for nearly half of all use of force incidents. It further identified an overall increase in the rate of incidents and the continued use of chemical and inflammatory agents against individuals experiencing mental health

²⁶ OCI, *Fatal Response: An Investigation into the Preventable Death of Matthew Ryan Hines* (2017).

²⁷ This includes individuals experiencing mental health distress and facing situations such as self-injury, overdoses, attempted suicide.

²⁸ CSC, *Engagement and Intervention Model* (last modified January 19, 2026), internal document, accessed April 2026.

²⁹ CSC, *Evaluation of Correctional Service Canada's Engagement and Intervention Model* (2021).

distress. The Office issued one recommendation: that CSC publicly outline its efforts to reduce force, expand its capacity to respond to medical and mental-health crises, and ensure legal and policy violations are not left unchecked.

Case Examples

Use of Force during a Mental Health Crisis

In February 2024, an incarcerated Indigenous person who had been placed in a health care cell under modified watch³⁰ activated the emergency call button while in distress. Despite clear indicators of a mental health emergency, including the individual's request for a nurse, visible self-injury, and placement in a health care setting, the responding officer did not engage health or mental health staff. Instead, the officer issued compliance-based orders and escalated the situation by threatening, and subsequently deploying, OC spray. This use of force occurred while the individual was distressed and holding a razor, directly contributing to further self-harm during the incident.

Although institutional and regional reviews concluded that the force was necessary and proportionate, the OCI Use of Force Review team determined that the response was not aligned with the EIM. The circumstances called for a person centred, health led approach, and the case is indicative of the broader systemic issue in which mental health emergencies continue to be addressed through control measures rather than engagement and integrated interventions.

Improper Use of Force and Policy Non-Compliance

In October 2023, a use of force incident involving an Indigenous incarcerated person occurred following a minor act of non-compliance during a routine metal detector screening. A correctional officer struck the inmate in the face with a fist, and the inmate was then taken to the ground and restrained.

Local and National reviews determined that the force used was neither necessary, proportionate, nor was it consistent with the EIM. The OCI analysis concurred and identified serious policy breaches, including assaultive behaviour and inaccurate reporting that did not align with video evidence.

³⁰ Under Commissioner's Directive 843 - *Interventions to Preserve Life and Prevent Serious Bodily Harm*, "modified watch" is an enhanced observation level used for incarcerated individuals who present a risk of self-injury or suicide but do not require constant observation. It includes heightened monitoring, regular staff interaction, and an interdisciplinary approach intended to preserve life, prevent serious bodily harm.

CSC's response highlighted measures taken to reinforce EIM principles, including updated staff training, new scenario-based modules focused on mental and physical health needs, and guidance requiring sites to track non-compliance and implement timely corrective action. CSC reiterated its commitment to ensuring that any use of force is safe, reasonable, and proportionate, and stated that all deliverables from the 2021 EIM Evaluation had been implemented.

The OCI questions CSC's assertion that all EIM Evaluation deliverables have been implemented, as well as the effectiveness of these measures in practice. An examination of recent use of force trends highlights unresolved systemic issues and raises concerns about the extent to which these measures have translated into meaningful operational change:

- An increase of 39% use of force incidents, from 1,722 incidents in 2021-22 to 2,393 in 2024-25.³¹ Maximum-security institutions continue to account for almost half of all use of force incidents.
- The number of individuals involved in use of force incidents has increased by 43%, from 2,669 individuals in 2021-22 to 3,817 individuals in 2024-25.
- Since 2021-22, approximately half of all use of force incidents employed at least one inflammatory or chemical agent.
- Consistently, from 2021-22 to 2025-26, each year 10% of all inflammatory or chemical agents deployed during a use of force incident occurred in response to acts of self-harm (including self-injury, suicide attempts, overdoses, and suspected overdoses).
- Black and Indigenous individuals continue to be overrepresented in use of force incidents, accounting for roughly 15% and 43% of all individuals involved in incidents, respectively. This over-representation has remained consistent from year-to-year, between 2021-22 and 2025-26.

The evidence shows that CSC has not meaningfully addressed our concerns regarding the use of force despite a decade of clear recommendations and their own internal findings. Persistently high rates of force in maximum-security institutions, the continued reliance on chemical and inflammatory agents, including during medical and mental-health crises, and the over-representation of Black and Indigenous individuals in these incidents all point to systemic issues that remain unaddressed. Operational failures have resulted in harm, abuse, and even preventable deaths. Without a sustained commitment to measurable improvements, the gap between policy intent and operational reality will continue to place incarcerated people at risk.

Sexual Coercion and Violence

In a landmark investigation in 2019-20, the OCI identified sexual coercion and violence (SCV) in federal corrections as a serious and systemic issue requiring comprehensive reform. To address these concerns, the OCI recommended that the Minister of Public Safety introduce legislation explicitly endorsing zero tolerance for sexual violence in federal institutions and to establish a transparent public reporting framework comparable to the United

³¹ The mid-year count for 2025-2026 was 1,172, which was on track to continue this upward trend.

States Prison Rape Elimination Act (PREA) which was enacted in 2003. Additional recommendations called for CSC to develop a standalone Commissioner's Directive setting out clear procedures for prevention, detection, investigation, reporting, and victim support; to undertake an independent national prevalence study; to develop an evidence-based strategy; and to strengthen population management tools, staff training, and accountability mechanisms to support culture change.

Finding: Progress on policy development has been made; however, inconsistent application and the absence of legislation continue to limit impacts at the institutional and individual levels.

In the years following the investigation, CSC has taken an important step toward addressing the recommendations through the introduction of Commissioner's Directive (CD) 574, *Sexual Coercion and Violence*, which came into force in May 2022. Supported by a suite of implementation tools, including a staff response guide, a case management tool, and guidelines on health care responses to sexual assaults, CD 574 is the first standalone policy dedicated to sexual coercion and violence in federal corrections in Canada. It establishes clear definitions, staff roles, and procedural expectations intended to promote more consistent responses across institutions.

While CD 574 reflects meaningful progress and includes several notable strengths,³² it stops short of adequately addressing ongoing issues. Unlike PREA, CD 574 does not clearly establish confidential or victim-led reporting mechanisms. Although the CD appropriately requires mandatory reporting and an investigation once an incident is disclosed, it treats disclosures made within health care settings as an exception to this process without clearly articulating the purpose or limits of that exception. In practice, this creates ambiguity about whether disclosures made to health care professionals are intended to remain confidential for the purpose of accessing care, or whether they may later trigger reporting and investigative obligations. This ambiguity increases the risk of variability in interpretation and application across institutions. From a trauma-informed perspective, the absence of clearly articulated confidential or victim-led disclosure pathways may limit access to care for individuals who are not ready to engage with formal investigative processes. This may discourage some victims from coming forward, particularly where there are fears of escalation, retaliation, or outcomes they do not yet feel prepared to navigate.³³

Of particular concern, the operational impact of CD 574 has not been systematically evaluated, and evidence of consistent implementation across institutions remains limited. Case examples reviewed by the Office highlight ongoing challenges in translating policy expectations into practice, including inconsistent responses to disclosures, staff skepticism, and management approaches that do not fully align with the directive's intent.

³² Cassandra L. Mathe, "Sexual Violence Procedures in Canadian Correctional Facilities" (master's thesis, Queen's University, 2024).

³³ Ibid; National Sexual Violence Resource Center. *Confidentiality and Trauma-Informed, Victim Centered Responses* (SART Toolkit).

Case Examples

CD 574 requires that "staff will respond to all allegations of sexual assault as per this policy, regardless of their opinion as to the credibility of the allegation." In one case reviewed by the Office, an alleged sexual assault was disclosed by an incarcerated individual after they had been transferred across multiple institutions. The victim made repeated disclosures to staff and expressed a desire to contact police; however, the documentation reviewed does not demonstrate a timely, coordinated, or victim-centred response. During subsequent engagement with this Office, correctional staff raised questions regarding the timing of the disclosure and expressed doubt regarding the allegation. Information related to the incident and associated risk factors does not appear to have followed the victim through the transfer process. Police services in different regions declined to accept the complaint due to jurisdictional considerations, and there is no clear evidence that CSC took steps to resolve or escalate the matter. Despite pre-existing alerts identifying the alleged aggressor as engaging in predatory behaviour, and the victim fitting a recognized vulnerability profile, the individuals were initially placed in the same population. Moreover, no incompatibility designation had been applied since the incident, meaning that there is no formal barrier preventing their future placement together.

In another case reviewed by the Office, an institution acknowledged allegations of repeated assaults, psychological harassment, and threats, and implemented incompatibility measures. However, the management approach relied largely on avoidance strategies, including instructing the victim to disengage or physically remove themselves if they encountered the alleged perpetrator. CD 574 sets out clear expectations that staff responses to allegations of sexual assault be victim-centred, protective, and focused on ensuring individual safety through appropriate and active measures. Although no further physical assaults were reported, the individual continued to report ongoing distress, a persistent perception of unsafe conditions, and concerns that their allegations were not fully believed or taken seriously.

Federal corrections continues to lack a legislated zero-tolerance framework for sexual coercion and violence in corrections, in contrast to jurisdictions such as the United States, where statutory requirements establish binding standards, external monitoring, and mechanisms for oversight. These issues point to a broader structural limitation that extends beyond the content of CD 574 itself. While the directive establishes important expectations and procedures, in the absence of legislative authority, reliance on internal policy instruments alone places constraints on enforceability, consistency, and accountability, placing incarcerated individuals further at risk.

Finding: Reporting practices have improved, yet gaps in data and stalled research limit understanding of prevalence and risk.

CSC has improved transparency through more standardized reporting practices related to SCV, publishing annual data on substantiated offender-on-offender SCV incidents, based on information drawn from the Offender Management System (OMS). This form of national reporting did not previously exist and represents a tangible step toward greater institutional accountability, as well as a response to long-standing OCI recommendations.

For example, CSC reported that, following the implementation of CD 574, reported SCV incidents increased from 39 in 2021-22, to 132 in 2022-23, with subsequent years averaging approximately 165 incidents annually.³⁴ CSC has emphasized that this increase reflects improved awareness, clearer definitions, and strengthened reporting mechanisms rather than rising prevalence, consistent with trends observed following the implementation of PREA.³⁵

At the same time, these reporting improvements remain limited in scope. The data capture only substantiated offender-on-offender incidents and exclude staff-perpetrated sexual violence. Given the well documented research on under-reported cases of sexual violence in the general population and custodial environments,³⁶ this narrow focus significantly understates prevalence. The absence of staff-perpetrated sexual violence is notable in light of previous criminal prosecutions and civil actions involving correctional staff which have highlighted systemic vulnerabilities and power imbalances affecting reporting and accountability.³⁷ Even where practical constraints restrict the public reporting of confirmed cases, the absence of staff-perpetrated sexual violence from routine reporting limits understanding of a known institutional risk. By contrast, PREA requires the tracking and public reporting of sexual abuse involving both incarcerated persons and staff, underscoring the role of legislative authority in standardizing transparency and oversight.³⁸

Progress in understanding the true prevalence and nature of sexual coercion and violence in federal corrections has also been constrained by stalled research efforts. Recognizing the limitations of administrative data and the high likelihood of under-reporting, the Office previously recommended that Public Safety Canada undertake an independent research study to better assess the prevalence, nature, and risk factors associated with SCV in federal custody. Despite multiple attempts to advance this work, this study has not been completed and the initiative has effectively stalled. While the Office acknowledges the methodological, ethical, and logistical challenges associated with conducting research on sexual violence in custodial settings, the absence of prevalence-based research represents a significant knowledge gap for federal corrections.

³⁴ CSC, *Sexual Coercion and Violence in Federal Custody: 2021-2022*, RIB-22-17 (2022); CSC, *Sexual Coercion and Violence in Federal Custody: 2022 to 2023*, RIB-23-29 (2023); CSC, *Sexual Coercion and Violence in Federal Custody: Fiscal Year 2024 to 2025*, RIB-25-18 (2025).

³⁵ CSC, *Sexual Coercion and Violence in Federal Custody: 2022 to 2023*, (2023); Rantala, R., *Sexual Victimization Reported by Adult Correctional Authorities, 2012-15*, NCJ No. 251146 (U.S. Department of Justice: Office of Justice Programs, Bureau of Justice Statistics, 2018).

³⁶ Cotter, A., *Criminal Victimization in Canada, 2019*, catalogue no. 85-002-X (Statistics Canada, 2021); Statistics Canada, *Sexual Assault Incidents in Canada: From the Police to Criminal Courts*, catalogue no. 11-627-M (Statistics Canada, 2024); Hilinski Rosick, C. M. and Freiburger, T. L. "Sexual Violence Among Male Inmates," *Journal of Interpersonal Violence* 36, no. 7-8 (2021): 3285-3303; Daniel Butler, H., et al., "Understanding the Decision to Officially Report Sexual Assaults in Prison," *Journal of Criminal Justice* 39, no. 1 (2011): 35-45.

³⁷ Canadian Human Rights Commission, "Urgent Action Needed to Stop Sexual Coercion and Violence in Federal Prisons," April 13, 2022; CBC News, "Correctional Officer at Grand Valley Institution Charged with Sexual Assault," December 15, 2022.

³⁸ *Prison Rape Elimination Act of 2003*, Pub. L. No. 108-79, 117 Stat. 972 (codified as amended at 34 U.S.C. ss. 30301-30309), particularly ss. 30301(2), 30302(3), and 30305 (establishing national standards and data-collection requirements addressing sexual abuse involving both incarcerated persons and staff).

Finding: SCV tracking and alert mechanisms exist, but inconsistent application compromises the safety of incarcerated individuals.

Beyond reporting and prevalence, concerns remain regarding how information on SCV is recorded and used to inform risk and population management decisions. In March 2023, CSC updated the OMS Alerts module to require confirmed or suspected incidents to be recorded under a dedicated 'sexual coercion and violence alert' for both the perpetrator(s) and victim(s), rather than under the broader predatory or vulnerability alerts. However, the updates were not applied retroactively, meaning historical incidents may remain misclassified under legacy alerts, limiting longitudinal analysis and comprehensive risk assessment. In addition, the same alert is activated for both aggressors and victims, with differentiation occurring only within a narrative description, which reduces the usefulness of the data for trend analysis, tracking, and population-level risk management. When provided relevant data on this, the Office was unable to reliably differentiate between perpetrators and victims.

CSC guidance indicates that the alert is to be activated when there are *reasonable grounds* to believe an incident has occurred, without requiring a police investigation, criminal charge, or conviction.³⁹ While this lowered threshold likely facilitates identification practices and avoids reliance on criminal justice outcomes, its effectiveness is dependent upon the consistent application, adequate training, and clear expectations that alerts will inform concrete prevention, placement, and victim protection measures. A 2024 CSC Board of Investigation report reviewed by the Office highlights this very concern. In the case examined, an individual with documented indicators of sexually harmful behaviour, including several charges of SCV against other incarcerated individuals, and existing OMS alert flags was placed within a population recognized as particularly vulnerable. Subsequent allegations involved repeated assaults affecting multiple vulnerable individuals, raising questions about the operational value of risk flags when they are not effectively integrated into placement and population management decisions.

Finding: New SCV training has been introduced, but lacks the depth required to drive sustained cultural change.

In response to OCI recommendations, CSC has introduced sexual coercion and violence training across key staff entry and development points. In 2023–24, a 3.5 hour SCV module was incorporated into the New Employee Orientation Program and the Correctional Training Program for new correctional officers, alongside training initiatives for existing staff intended to establish baseline awareness across the workforce.

While these initiatives establish baseline awareness across the workforce, limitations in the depth and practical application of training raise concerns about staff preparedness to address SCV in custodial settings. For example, officer training devotes limited time to attitudes toward SCV and its impacts. Furthermore, CSC has indicated that no training is required to use the corresponding Case Management Tool, on the basis that it supplements CD 574.

³⁹ CSC, information provided to the OCI in response to a formal document request, received January 18, 2026.

Given the complexity of sexual coercion and violence in custodial settings, current training initiatives may not adequately equip staff to respond effectively. As reflected in cases reviewed by the Office, some staff continue to hold views that undermine effective responses, such as questioning victim credibility or placing responsibility on victims to prevent harm. Without more comprehensive and trauma-specific training, and regular monitoring, implementation of CD 574 is likely to remain uneven, and efforts to shift institutional culture toward sexual safety and accountability will continue to be limited.

Overall, while CSC has made progress in addressing SCV, systemic gaps persist. Ongoing limitations in legislative authority, data, operational practice, and staff training continue to impede prevention and meaningful cultural change.

Cost of Living, Access to Essential Goods and Food Services

The OCI has repeatedly called for a comprehensive review of the Commissioner's Directive (CD) 730: *Offender Program Assignments and Inmate Payments*. First established in 1981, the Directive has seen only minimal updates over four decades, with the maximum daily pay rate remaining at \$6.90. This Office has long urged the Minister of Public Safety to modernize the inmate pay system by indexing rates to inflation and ensuring meaningful consultation with incarcerated persons and community organizations. Pending broader reform, the OCI has also recommended interim measures to strengthen purchasing power, including eliminating mandatory deductions,⁴⁰ adjusting eligibility criteria to qualify for higher pay levels, providing essential self-care items, and improving affordability within the inmate purchasing catalogue.

Finding: CSC's comprehensive review of inmate pay focused on cost off-setting measures but left core inadequacies related to low pay rates and unrealistic pay-level criteria unresolved.

Fair and adequate inmate⁴¹ pay is a foundational safeguard against exploitation and forced labour and is a key component of humane detention and meaningful rehabilitation. International standards, including the Mandela Rules affirm that prison labour should be fairly remunerated and not be exploitative.⁴²

In 2023 and in direct response to our recommendation, CSC undertook an internal review to examine whether inmate pay could be increased. While the review resulted in several welcome policy changes implemented in September 2023, including waiving charges for food, accommodation, and telephone services and raising canteen and transfer limits, it did not address base pay rates. Mandatory deductions for Federal Crown debts and contributions to the Inmate Welfare Fund remain in force, further constraining individuals' earnings. CSC estimated that increasing pay would require \$30–\$35 million annually and, without an identified funding source, recommended maintaining existing rates. Although

⁴⁰ Previously, deductions have included items such as food, board, phone calls, Inmate Welfare Fund etc.

⁴¹ The Office is intentionally moving away from terms such as *inmate*, *offender*, and *prisoner*. However, much of the relevant literature, including CSC policy documents and legal terminology, continues to rely on the term when referring to the inmate pay program.

⁴² United Nations Office on Drugs and Crime, *The United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)* (United Nations, 2015).

CSC has maintained that pay functions primarily as an incentive for work and program participation, it has also asserted that existing pay levels align with correctional objectives such as rehabilitation and reintegration. Available evidence suggests otherwise, leaving the persistent inadequacy of inmate pay effectively unaddressed.

Beyond the amount of pay itself, the OCI has consistently raised concerns about restrictive eligibility criteria for higher levels of pay and delays in pay reviews that limit access to Level A (\$6.90/day) and Level B (\$6.35/day) pay. CSC's review identified systemic issues, including untimely and poorly coordinated reviews, subjective assessment criteria that allow for bias, overlapping requirements that obstruct progression, and criteria that are poorly aligned with progress on the Correctional Plan. The review also found that Black and Indigenous offenders are underrepresented at higher pay levels.⁴³

CSC identified administrative measures to address these issues, such as clearer guidance, reminders to complete reviews on time, and performance objectives for wardens, while noting that any substantive revisions to pay criteria have been paused pending funding decisions. Despite these measures, significant backlogs persist, undermining the intent of the pay system and further constraining earning potential. For example, the percentage of pay reviews that were overdue in 2025 ranged from 23% to almost 40% across the regions.⁴⁴

Finding: Rising prices continue to erode individual purchasing power, undermining both daily living conditions in custody and financial preparedness for reintegration.

While CSC has introduced several measures since 2022-23 to improve access to goods, including expanding supplier options, reducing delivery fees, and updating purchasing guidelines, prices continue to exceed the purchasing power of people in custody. With pay capped at \$6.90 per day *before* deductions, even basic items, such as a box of cereal (\$8.40) cost more than a full day's wages.⁴⁵ Although some of products are provided by CSC at no cost, the quantity and quality are insufficient, leading many individuals to rely on the canteen to meet their basic needs. Compounding this issue, incarcerated individuals consistently raised concerns about the annual limit on transfers from their savings account to their current account for spending purposes. While intended to encourage saving, the \$850 transfer cap often restricts access to funds needed to purchase essential goods, particularly as prices rise and pay levels remain stagnant.

Inadequate pay and rising financial pressures have distinct and compounding impacts on institutional safety and on reintegration outcomes. Within institutions, when individuals are unable to afford basic goods through legitimate means, this can contribute to the growth of informal or underground economies, increasing risks related to debt, coercion, conflict, and overall institutional instability. Separately, low pay undermines the ability of individuals to accumulate meaningful savings prior to release, weakening the purpose of the mandatory savings account. Without sufficient financial resources upon release, individuals will continue to face heightened vulnerability and an increased risk of instability during the critical transition to the community.

⁴³ CSC. *Review of Inmate Pay Level Criteria – EXCOM Presentation*, Sept 2025, received January 18, 2026.

⁴⁴ Ibid.

⁴⁵ Prices extracted from a sample canteen sheet from Bath Institution (December 8, 2025).

#N/A BATH INSTITUTION - CANTEEN ORDER FORM

WEEK OF NOVEMBER 24TH, 2025

UNIT & RANGE: #N/A #N/A NAME: #N/A C \$

CELL: #N/A FULL FPS#: #N/A H \$

RE USABLE BAGS		\$	QTY	TOTAL
MESH LAUNDRY BAG, 24"X35" LIM.1		\$ 4.16		
HYGIENE (H) OR CANTEEN (C) ACCOUNT SPECIFY HERE				
NICORETTE	MINT, (15PC) 4MG	\$ 9.08		
SUNDRIES				
BATTERIES	AA, PANASONIC, 4PK	\$ 1.98		
BATTERIES	AAA, PANASONIC, 4PK	\$ 1.98		
PLAYING CARDS	BICYCLE	\$ 3.92		
ENVELOPE	9" X 12" (YELLOW)	\$ 0.24		
ENVELOPE	LETTER SIZE (WHITE)	\$ 0.07		
BALLPOINT PEN	BIC ROUND STIC	\$ 0.20		
"CLICK PEN	MEDIUM POINT, BLUE LIMIT 3	\$ 0.36		
STAMP	AMERICAN	\$ 1.98		
STAMP	CANADIAN	\$ 1.40		
STAMP	INTERNATIONAL	\$ 4.12		
STAMP	OVERSIZED - CANADIAN	\$ 2.95		
XPRSSPOST	NATIONAL	\$ 30.57		
XPRSSPOST	REGIONAL	\$ 21.47		
WRITING PAD	50 SHEETS	\$ 1.02		
CHOC. BARS, POPCORN AND POTATO CHIPS				
POPCORN	MICROWAVABLE, SINGLE (K)	\$ 1.17		
CHIPS - SMALL BAGS				
OLD DUTCH	SALT & VINEGAR, 40G	\$ 0.79		
CHIPS - LARGE BAGS				
DORITOS	COOL RANCH, 2.35G (K)	\$ 5.59		
PARTY MIX	NO NAME, 300G LIM.1	\$ 4.10		
UNCLE RAYS	HOT, 1.30G LIM.2	\$ 2.25		
CHIPS - COMPLIMENTS, 200G (K)				
	DILL PICKLE	\$ 2.67		
	RIPPED	\$ 2.67		
	SOUR CREAM & ONION	\$ 2.67		
CHOCOLATE BARS (K)				
	CARAMILK, 50G	\$ 1.57		
	MARKS - COOKIE DOUGH (KING SIZE), 89.6G	\$ 2.78		
	OH HENRY ORIGINAL, 58G	\$ 1.57		
	SNICKERS, 52G	\$ 1.69		
WHITE SUPPLIES LAST				
	NESTLE CRUNCH, 44G	\$ 1.57		
BEVERAGES				
ALMOND BREZZE	VANILLA, 946ML (K)	\$ 3.59		
FRUIT PUNCH	NN, 200ML - LIMIT 10	\$ 0.38		
GRAPE COCKTAIL	ALLEN'S, 200ML LIMIT 8	\$ 0.56		
JUICE POWDER	GATORADE LEMON-LIME, 560G	\$ 7.46		
JUICE POWDER	ICI TEA, NESTLE 2.2KG	\$ 17.40		
JUICE POWDER	TANG ORANGE, 275G (K)	\$ 3.06		
WATER BOTTLE	COMP, 500ML - LIMIT 72 (K)	\$ 0.21		
CRYSTAL LIGHT SINGLES (K)				
GROCERY ITEMS				
BEEF RAVIOLI	CHEF BOYARDELL 425G	\$ 2.42		
CAKE FROSTING	FRENCH VANILLA 450G (K)	\$ 2.20		
CHILI	PURITAN MILD, 425G	\$ 3.63		
CHIPITS	COMP. CHOCOLATE 200G (K)	\$ 5.69		
CRACKERS	RITZ ORIGINAL, 350G	\$ 4.13		
CREAM OF CHICKEN	- COMP, 204ML	\$ 1.76		
FLOUR	WHITE, 2.5KG (K)	\$ 5.51		
HONEY	COMP., 500G (K)	\$ 7.34		
MUSHROOMS	COMPLIMENTS, 204ML	\$ 1.57		
NUTELLA	HAZELNUT & COCOA, 725G (K)	\$ 8.81		
PASTA SAUCE	PRIMO, 680ML (K)	\$ 2.94		
POP TARTS	STRAWBERRY, 304G 6PK	\$ 5.24		
STEWED TOMATOES	COMP., 796ML (K)	\$ 2.67		
TABLE SYRUP	COMP., 750ML (K)	\$ 4.14		
WHITE RICE	LONG GRAIN, 2KG	\$ 6.05		
SPECIAL WHITE SUPPLIES LAST				
CRACKERS	RITZ CHEDDAR, 180G	\$ 2.31		
BBQ SAUCE				
DIANA	COURMET SPICY, 500ML	\$ 5.29		
KRAFT	ORIGINAL, 455ML (K)	\$ 4.19		
BEANS (K)				
CHICKPEAS	NO NAME, 540G	\$ 1.65		
IN TOMATO SAUCE	HEINZ, 390ML	\$ 1.94		
RED KIDNEY	NO NAME, 540G	\$ 1.65		
***SIX BEAN BLEND	NO NAME, 540G	\$ 1.65		
CANNED FISH				
JACK MACKEREL	IN BRINE - GRACE, 425G	\$ 4.78		
TUNA	ADMIRAL, 170G	\$ 1.94		
CEREAL (K)				
CINNA-CRUNCHIES	COMPLIMENTS, 794G	\$ 8.40		
FRUITY HOOPS	COMPLIMENTS, 794G	\$ 8.40		
OATMEAL	QUAKER, 1KG	\$ 4.59		
RAISIN BRAN	COMPLIMENTS, 794G	\$ 8.40		
WHITE SUPPLIES LAST				
CEREAL	REESE'S PUFFS, 601G	\$ 5.73		
CONDIMENTS / SPICES				
CHEESE SAUCE	JALAPENO ZAST, 99G	\$ 1.39		
CHEESE WHIZ	KRAFT	\$ 0.44		
MAYO	KRAFT	\$ 0.33		
GARLIC CHILI	HUY FONG, 213ML	\$ 4.46		
SWEET & SOUR	OLDE STYLE, 28G (K)	\$ 0.26		
NOODLES				
MAC N' CHEESE	KRAFT DINNER, 225G	\$ 2.03		
PAMA NOODLE	CHICKEN, 55G	\$ 1.11		
MR. NOODLE	BEEF, 85G	\$ 0.47		
MR. NOODLE	SPICY CHICKEN, 85G	\$ 0.47		
MR. NOODLE	VEGETABLE, 85G	\$ 0.47		
SPAGHETTI	ITALPASTA, 900G (K)	\$ 2.76		
PEANUT BUTTER (K)				
	NO NAME, 1KG LIMIT 1	\$ 4.96		
	KRAFT NATURAL, 750G LIMIT 1	\$ 5.28		
PUDDING CUPS (4PK) (K)				
	BUTTERSCOTCH, 99G	\$ 2.21		
	CHOCOLATE, 99G	\$ 2.21		
SPICES				
	ITALIAN SEASONING - COMP., 37G	\$ 1.84		

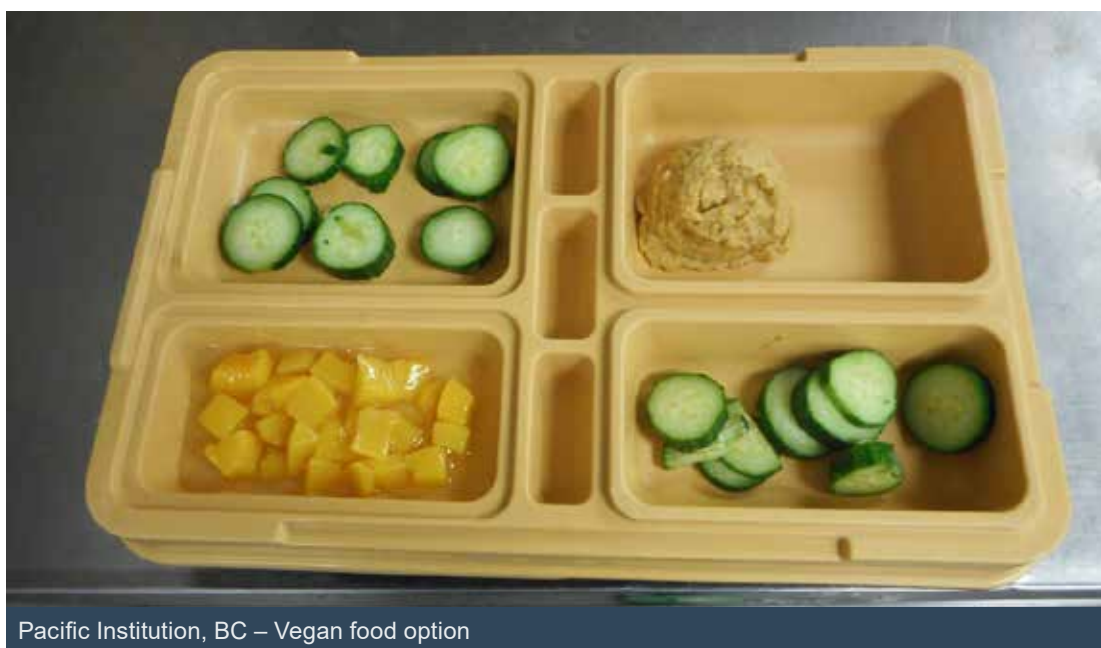
Bath Institution, ON – Canteen list

Finding: Despite policy commitments, access to essential and culturally appropriate canteen items remains uneven and limited.

In addition to affordability challenges, access to culturally, religiously, spiritually, and gender appropriate items remains an essential component of an equitable purchasing system. The OCI previously recommended that CSC strengthen policy to ensure consistent access to appropriate personal care products and expand culturally relevant food options on national canteen lists. CSC has cited requirements under CD 890 – *Inmate Owned Canteens* and reported that culturally appropriate items are available through canteens and national supplier catalogues, with a regional review confirming their presence across institutions. Despite these assurances, the OCI continues to hear from incarcerated individuals that availability is inconsistent and that costs remain prohibitive, limiting meaningful access to these items.

Finding: While CSC has implemented food services policy and oversight reforms, concerns remain regarding portion sizes, nutritional adequacy, food quality, and inconsistent operational practices.

To address ongoing concerns related to nutrition, food quality, safety, and cost, the OCI has consistently recommended that CSC subject its food services to independent external review. Specifically, these recommendations have called for a revised National Menu aligned with the Canada Food Guide and meaningful consultation with people in custody. They also called for the placement of food services under Health Services oversight, and for regular audits of nutritional content, food production practices, and the impacts of Food Services Modernization.



Pacific Institution, BC – Vegan food option



Pacific Regional Treatment Centre, BC – Food tray



Institution in the Quebec region – Mouldy margarine

Further to a 2019 internal audit, CSC completed multiple policy and oversight improvements, including revisions to CD 880 – *Food Services*, full standardization of the National Menu with annual review by a registered dietician, and strengthened food safety and sanitation controls through external and internal audits. It also increased dietician staffing, clarified direction on special diets and expanded performance monitoring through the Food Services Information Management System. CSC contends that consultation with staff and Inmate Committees remains part of the annual menu review and program refinement.

Despite this progress, the Office continues to have concerns regarding the quality and quantity of food provided in federal institutions. The OCI's review of the 2024-25 National Menu identified reductions in meal portion sizes following CSC's decision to replace 1% milk with 2% milk.⁴⁶ While CSC indicates that these menu adjustments were intended to maintain nutritional adequacy, evidence from the OCI's review and consistent reports from individuals in custody suggest that this objective has not been reliably met. Individuals report smaller portion sizes and meals that are frequently described as unpalatable or inedible. Persistent issues with milk provision, including widespread substitution with powdered milk, further raise concerns about whether basic nutritional standards are being met across institutions.

The Office also continues to receive complaints regarding food waste and inconsistent operational practices. For example, at one medium-security men's institution, staff reported that additional servings cannot be provided unless available to all, resulting in surplus food being discarded rather than distributed to incarcerated persons or redirected to a community organization.

⁴⁶ CSC, *Highlighted Changes 2024-25 to the National Menu Infographic*, internal document, accessed March, 2026.



Matsqui Institution, BC – Food waste

Taken together, these concerns point to a persistent gap between policy commitments and day-to-day delivery. Ongoing issues related to portion size, nutritional adequacy, food quality, and waste indicate that food services continue to fall short of providing a consistent, safe, and nutritionally appropriate standard across institutions.

Complaint, Grievance, and Dispute Resolution Processes

Finding: While national-level initiatives have contributed to significantly reducing grievance backlogs, they have not produced substantive or sustainable improvements in the timeliness or quality of complaint and grievance resolution, particularly at the institutional level.

The offender complaints and grievance process remains the primary mechanism through which incarcerated individuals seek redress for concerns related to their rights, treatment, and/or conditions of confinement. Under section 90 of the CCRA, the process must operate fairly and expeditiously and consists of three stages: a written complaint at the working institutional level, an initial grievance to the Institutional Head, and a final grievance to the Commissioner at the national level.⁴⁷

Long-standing concerns exist regarding the effectiveness and timeliness of the offender complaints and grievance system. As early as 2016-17, the OCI found that nearly half of grievances reaching the national level took at least 151 working days to resolve, with close to 30% exceeding 300 working days. In extreme cases, decisions were deferred up to 14 times, resulting in delays of more than three years. The Office has consistently underscored the need for grievance processes that are fair, timely, and substantive and has called on CSC to conduct internal audits to identify systemic deficiencies and drive improvement.

⁴⁷ According to CD 081 – *Offenders Complaints and Grievances* (June 28, 2019), decisions will be provided within the following timeframes: Complaint and Initial Grievance Levels: routine priority within 25 working days of receipt by the grievance coordinator at the site; high priority within 15 working days of receipt by the Grievance Coordinator at the site. Final Grievance Level: routine priority within 80 working days of receipt by the National Grievance Coordinator; high priority – within 60 working days of receipt by the National Grievance Coordinator.

CSC Complaint and Grievance Resolution Committee

In response to OCI recommendations and CSC's own audit findings, the Service established the Complaint and Grievance Resolution Review Committee (CGRRC) as a pilot in 2022. The Committee was intended to address grievances from frequent grievors, improve compliance with timelines, and reduce the national backlog. Between 2022 and 2024, the CGRRC reviewed and resolved more than 4,000 backlog files and engaged directly with incarcerated individuals, representing a more deliberate and responsive approach at the national level. A subsequent evaluation of the pilot, however, identified significant limitations, including weak linkage with institutions, mixed reception among staff and incarcerated persons, and limited sustainability without additional dedicated resources. CSC has since indicated that the Committee has "fulfilled its intended purpose," and that lessons learned from the pilot will inform upcoming policy reviews, raising concerns about how progress will be maintained as challenges related to grievance volume, processing times, and response quality persist.

Overall, the total volume of grievances has declined marginally between 2016–17 and 2024–25;⁴⁸ however, this modest decrease obscures a shift in the nature of complaints being filed. While total grievances fell by nearly 6%, initial grievances increased by almost 11%, which may signal a greater willingness among offenders to raise new or more serious concerns. Complaints related to security issues and staff interactions have remained relatively stable, whereas those concerning material conditions of confinement and access to programs and employment declined sharply by 43% and 47%, respectively. Notably, this decline coincided with a reduction in the proportion of these complaints being deemed valid, raising questions about whether the trend reflects genuine improvements in conditions and services or more restrictive thresholds for substantiating claims.

Despite some improvement at the national level, timeliness remains a persistent concern institutionally. Response deadlines are frequently extended, often on a routine basis and without clear justification, including in high-priority cases. This practice is difficult to reconcile with the CCRA requirement that grievances be handled expeditiously and with Commissioner's Directive 081, which requires urgent matters to be addressed within prescribed timeframes. The quality of institutional responses also remains inconsistent. Decision-makers frequently provide cursory conclusions, address only select issues, or fail to explain their reasoning, limiting transparency and accountability. In some cases, institutions focus on resolving the immediate situation without determining whether misconduct occurred, weakening the corrective and deterrent function of the grievance process.

Overall, these findings indicate that pressures within the complaints and grievance system have shifted rather than diminished. While national-level backlogs have been reduced, sustained volumes and ongoing challenges with timeliness and response quality at the institutional level continue to undermine confidence in the system and highlight the importance of early, effective, and substantive resolution.

⁴⁸ Data were obtained from the CSC Data Warehouse for the most recent complete fiscal year available at the time of writing (2024–25). During the factual review process, CSC provided its own analysis; however, insufficient detail was provided to allow for validation.

Finding: While CSC's expansion of its ADR program is a promising step, the gaps in training, staffing, and equitable access risk undermining the potential impact of this initiative.

The OCI has emphasized the need to prioritize informal resolution and implement an ADR program. In the correctional context, ADR can serve as a better alternative to the existing grievance system, by offering the opportunity for informal resolution at the institutional level. This avoids drawn-out escalation through multiple levels of the national grievance system. By diverting issues away from formal grievance channels, ADR has the potential to reduce backlogs and support the CCRA's requirement that grievances be resolved fairly and expeditiously.⁴⁹

Over the past decade, the Office has repeatedly recommended expanding ADR beyond a single pilot site and across security levels, supported by appropriate resourcing. CSC has since committed to expanding ADR to additional institutions and developed a National Implementation Plan. This work is informed in part by the Kent Institution pilot, where early, informal, person-to-person resolution led by an experienced and dedicated staff member proved effective in reducing grievance backlogs and limiting escalation.

Concerns remain, however, regarding the proposed staffing and training model. The plan relies primarily on AS-04 staff to deliver ADR services, the majority of whom were previously at the CR-04 level. A lack of experience for these roles raises concerns given the complexity of disputes in custodial settings. CSC staff also noted that the success of the Kent pilot depended heavily on the experience, maturity, and established rapport of the ADR practitioner, factors that may not be consistently replicated under the proposed model.

Effective ADR delivery requires specialized skills and training. Entry-level domestic mediators accredited by the ADR Institute of Canada are typically required to complete more than 80 hours of formal instruction, in addition to ethics training, supervised mediations, and ongoing professional development. By contrast, CSC plans to provide ADR and Training Officers with 10.5 hours of virtual instruction consisting of theoretical foundations and limited practical training, supplemented by role-playing exercises. Given the power imbalances, misconduct allegations, and trauma-related issues often present in offender grievances, this level of preparation may be insufficient.

Finally, while expansion to institutions in the five regions is a positive development, none of the identified sites are designated for women. It remains unclear whether CSC anticipates expanding the ADR model, virtually or in person, to this growing portion of the population and ensure that equitable, timely, and scalable access to ADR services to women in federal custody.

⁴⁹ Corrections and Conditional Release Act, S.C. 1992, c. 20, s.90.

Conclusion

This review demonstrates that while CSC has undertaken a range of policy updates, pilot initiatives, and administrative reforms in response to long-standing OCI recommendations, progress across security practices and conditions of confinement has been uneven, incremental, and insufficient to deliver meaningful and consistent improvements in daily conditions. Across multiple domains, including maximum-security operations, restrictive confinement, sexual coercion and violence, material living conditions, and grievance resolution, the gap between stated policy intent and lived experience for individuals in custody remains pronounced.

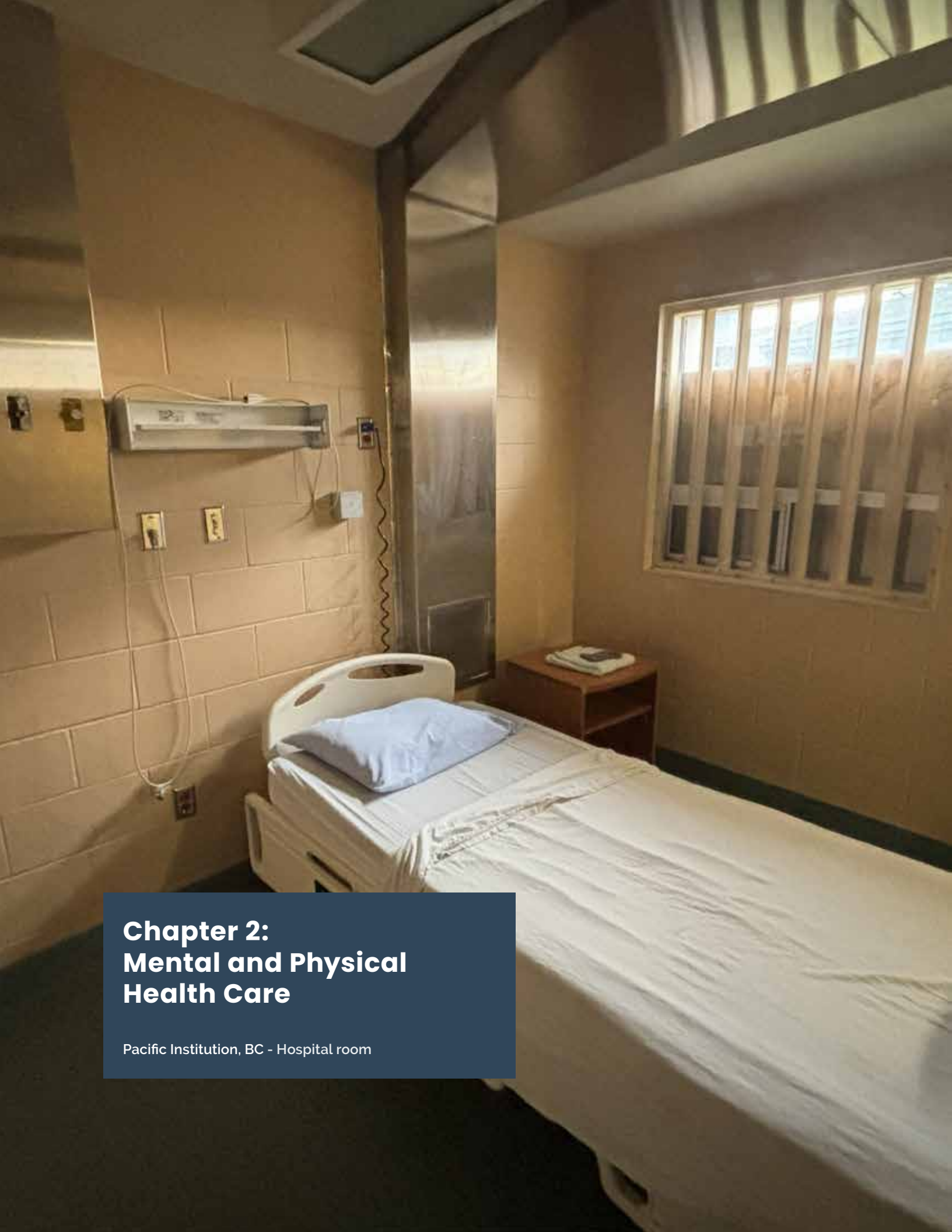
At the same time, sustained oversight has contributed to measurable albeit limited gains. These include the introduction of Commissioner's Directive 574 – *Sexual Coercion and Violence*; improved national reporting of substantiated SCV incidents; regulatory amendments intended to strengthen oversight of dry cell use; the phased introduction of body scanner technology as a less intrusive security measure; and incremental safety improvements to security escort vehicles. In the area of living conditions, CSC's 2023 inmate pay review resulted in cost-offsetting measures such as the elimination of charges for food, accommodation, and telephone services, alongside increased canteen and transfer limits. National efforts to reduce grievance backlogs, including the Complaint and Grievance Resolution Review Committee pilot, further demonstrate that targeted interventions can yield results.

Nevertheless, ongoing gaps and challenges persist. Maximum-security institutions continue to operate without a clearly articulated purpose for what they are intended to achieve, reinforcing restrictive routines, heavy reliance on subpopulations, and inequitable access to programs, movement, and recreation. Structured Intervention Units, introduced to replace unconstitutional segregation practices, replicate many of the same harms while introducing new challenges related to case management, lack of transparency, and the monopolization of institutional resources.

Incidents involving use of force continue to raise serious concerns about the effectiveness and sustained implementation of CSC's Engagement and Intervention Model. Despite EIM's stated intent to reduce reliance on force, OCI findings show no sustained decline, with continued overuse of inflammatory agents, particularly in crisis situations. Use of force remains disproportionately directed at vulnerable populations, including individuals with mental health needs, Indigenous peoples, and Black individuals, underscoring persistent gaps in de-escalation practices and systemic bias in security responses.

In several key areas, including restrictive confinement and SCV, reliance on internal policy instruments in the absence of legislative standards continues to limit consistency, enforceability, and transparency, compromising individuals' safety and wellbeing. Additionally, reforms affecting daily living conditions have not kept pace with rising costs or institutional realities. Persistently low pay rates, constrained purchasing power, inconsistent access to culturally appropriate items, ongoing concerns with food quality and portion size, and delays in grievance resolution continue to undermine institutional safety and individual dignity.

Moving forward, meaningful improvement will require a shift from incremental, reactive reform toward coordinated, system-wide change grounded in clear institutional purpose, national standards, strengthened oversight, and measurable outcomes. Without sustained leadership at national, regional and institutional levels and, where appropriate, legislative action, progress will continue to fall short of delivering safe, equitable, and rehabilitative conditions across federal institutions.

A photograph of a hospital room. In the foreground, a white hospital bed with a blue pillow is visible. The bed is positioned against a wall made of light-colored, rectangular tiles. On the wall, there is a medical equipment rack with various devices and wires. To the right of the bed, there is a small wooden nightstand with a few items on it. In the background, a window with vertical bars is visible, allowing natural light into the room. The ceiling has a recessed light fixture.

Chapter 2: Mental and Physical Health Care

Pacific Institution, BC - Hospital room

Background

Over the past decade, the Office of the Correctional Investigator has consistently raised serious concerns regarding the adequacy, accessibility, and quality of health care in federal corrections. Sections 85 and 86 of the *Correctional and Conditional Release Act* (CCRA) require the Correctional Service of Canada (CSC) to provide all individuals in custody with essential health care, and reasonable access to non-essential care, in accordance with professionally accepted standards. This obligation encompasses physical, mental, dental, and related health services and reflects the foundational principle that individuals who are incarcerated are entitled to care equivalent to that available in the community. This obligation is reinforced by international standards, including the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Mandela Rules, Rules 24 to 35) and the World Health Organization's guidance on prison health, which affirms equivalence between prison and community care.⁵⁰

Despite these legislative and international frameworks, health care remains one of the most frequent categories of complaints received by the Office. Complaints consistently raise issues of delayed access, continuity of care, medication management, extensive dental waitlists, and the impact of security-driven practices on clinical outcomes. Collectively, they point to systemic and persistent barriers to patient-centred care in the custodial environment.

Accordingly, over the past decade, the OCI has issued 78 recommendations aimed at addressing deficiencies in prison health care. Among the Office's most significant work during this period are the following investigations and national updates:

Clinical Independence and Prison Health Care Governance

A national investigation into *Clinical Independence and Prison Health Care Governance*⁵¹ examined how health services are structured and overseen within CSC. The investigation highlighted ethical challenges arising from dual loyalty obligations, where health care professionals must balance their primary duty to patients with competing security and custodial demands. It further identified weaknesses in governance and accountability structures as well as siloed models of care that undermined patient-centred decision-making and compromised the quality and continuity of services.

National Drug Formulary Investigation

Concerns regarding access to clinically appropriate treatment were further underscored in the OCI's special report⁵² on CSC's National Drug Formulary.⁵³ This investigation examined whether formulary restrictions were consistent with CSC's statutory obligation to provide

⁵⁰ United Nations, Mandela Rules (December 2015); World Health Organization Regional Office for Europe, *The WHO Prison Health Framework: A Framework for Assessment of Prison Health System Performance* (2023).

⁵¹ Office of the Correctional Investigator (OCI), 2017-2018 *Annual Report* (2018).

⁵² OCI, Special Report, *National Drug Formulary Investigation: Summary of Findings and Recommendations* (January 27, 2015).

⁵³ National Drug Formulary is the centrally managed list of medications and vaccines approved for use in federal correctional institutions, including the conditions, criteria, and restrictions under which they may be prescribed, with the objective of supporting safe, effective, and clinically appropriate pharmacotherapy within CSC health services.

health care comparable to that available in the community. The Office found that restrictive prescribing criteria limited access to appropriate treatment options for a range of physical and mental health conditions. It also identified systemic challenges with non-formulary requests including delays, administrative burden, and inconsistent access to medications.⁵⁴ In addition, the investigation documented gaps in continuity of care, particularly during transfers between institutions and upon release to the community and found no effective national or regional tracking of prescribing practices and trends.

National Systemic Investigation on Therapeutic Ranges

The OCI's National Systemic Investigation on Therapeutic Ranges examined the provision of intermediate mental health care (IMHC)⁵⁵ in maximum-security institutions.⁵⁶ The investigation assessed whether Therapeutic Ranges were meeting their stated objective of providing structured, treatment-oriented environments for individuals with significant mental health needs. It found that services were unevenly delivered across institutions and routinely compromised by staffing shortages, restricted access to clinicians, and security-driven operational decisions. As a result, many therapeutic ranges functioned in ways that fell short of their intended clinical purpose.

National Update on Correctional Service of Canada's Drug Strategy

An investigation into the Correctional Service of Canada's Drug Strategy⁵⁷ reviewed CSC's response to substance use in federal institutions, with particular attention to the implementation of harm reduction measures such as the Prison Needle Exchange Program and Overdose Prevention Services. The investigation concluded that CSC's approach remained largely oriented toward zero-tolerance drug suppression rather than evidence-based treatment and harm reduction. While some harm reduction initiatives had been introduced, their implementation was uneven across institutions and often constrained by security concerns. As a result, these measures had limited impact on improving access to addiction treatment or reducing overdose-related harms.

Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody

The Office completed a special report in collaboration with the Canadian Human Rights Commission examining the experiences of older individuals in federal custody.⁵⁸ The investigation found that CSC had not adequately adapted its health services, physical infrastructure, or correctional and release planning to respond to the needs of an aging prison population. Older individuals were frequently housed in institutions ill-equipped

⁵⁴ Non-formulary requests refer to requests submitted for medications that are not included on CSC's National Drug Formulary. These requests typically require additional clinical justification and multiple levels of review and approval.

⁵⁵ According to CSC's Mental Health Guidelines (2023), the purpose of IMHC is to provide mental health support and treatment for incarcerated individuals whose needs exceed what can be addressed in primary care, but who do not meet the criteria for care at a Regional Treatment Centre.

⁵⁶ OCI, 2019-2020 *Annual Report* (2020).

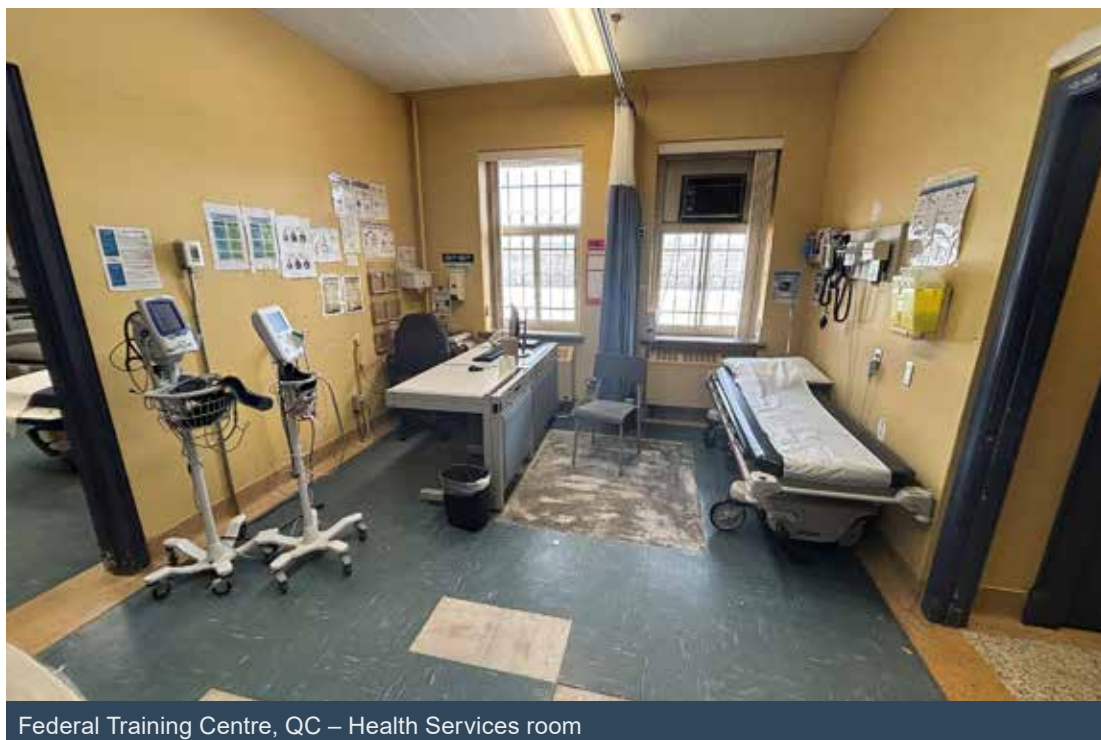
⁵⁷ OCI, 2021-2022 *Annual Report* (2022).

⁵⁸ Office of the Correctional Investigator and Canadian Human Rights Commission, Special Report, *Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody* (Ottawa: Office of the Correctional Investigator and Canadian Human Rights Commission, February 28, 2019).

to provide age-appropriate, chronic, or palliative care, resulting in conditions that compromised dignity and autonomy and fell short of CSC's legislative and human rights obligations.

Findings

Across the 78 recommendations issued over the past decade, three key and interrelated themes emerged: challenges related to access to and quality of health care; gaps in oversight, accountability, and advocacy; and ongoing concerns regarding the quality of health care for vulnerable populations.



Federal Training Centre, QC – Health Services room

Access to and Quality of Health Care

Finding: *The Integrated Primary Care Model advances integrated health care, but resource constraints have led to role confusion, workload pressures, and compromised quality of care.*

In response to long-standing concerns about fragmented health care delivery, the OCI has consistently recommended that CSC adopt a more integrated, team-based approach to mental and physical health care. While efforts toward integration have been underway for several years, CSC formally adopted the Integrated Primary Care Model, with full implementation for all sites in 2024–25. Under this model, each incarcerated person is assigned to a consistent, interdisciplinary care team responsible for coordinating and delivering their health services over time. In practical terms, this is intended to provide more continuous and coordinated care, rather than requiring individuals to navigate

separate systems for physical, mental, dental, and public health needs, and to support their active participation in care planning and decision-making.

The model is intended to provide a patient-centred approach that integrates these services through interdisciplinary teams with defined roles and responsibilities. It also introduces an Integrated Care Plan (ICP), replacing service-specific treatment plans. The ICP serves as a single, comprehensive plan for addressing an individual's health needs, developed with their participation and designed to enhance communication among providers and support timely, appropriate interventions.

Implementation of the Integrated Primary Care Model, however, has not been matched with additional staffing or resources, placing considerable strain on existing health services. Staff reported that, in practice, role distinctions have become increasingly unclear, contributing to heavier workloads and, in some cases, compromised care. For example, mental health nurses at several sites indicated they were routinely reassigned to primary care duties, while primary care nurses were expected to take on mental health functions without adequate training, clinical supervision, or clarity regarding expectations. These conditions were described as eroding professional practice boundaries, increasing stress and fatigue, and contributing to burnout and staff turnover.

The introduction of Individual Integrated Care Plans (ICPs) has further intensified pressures on health services. Although staff viewed ICPs as a promising practice and supported their original intent, National Headquarters' emphasis on completing a higher volume of ICPs to meet performance metrics has diminished their clinical value. As a result, ICPs were frequently described as a procedural or "checkbox" exercise rather than a meaningful clinical tool. Staff noted that expectations to complete ICPs for all individuals, regardless of clinical need or readiness to engage, are often at odds with staffing shortages, security constraints, and limited time for direct patient interaction. These concerns were reflected in accounts from Health Services staff:



ICP would be a great example of that [checkbox exercise]. Do you know what a waste of time that is? Does every person need one? No. We're supposed to meet with all of them, but do you know how hard that is? We have operational and security barriers that make this so challenging. We're saying everyone is getting an ICP, but it's an illusion that they have access to care.



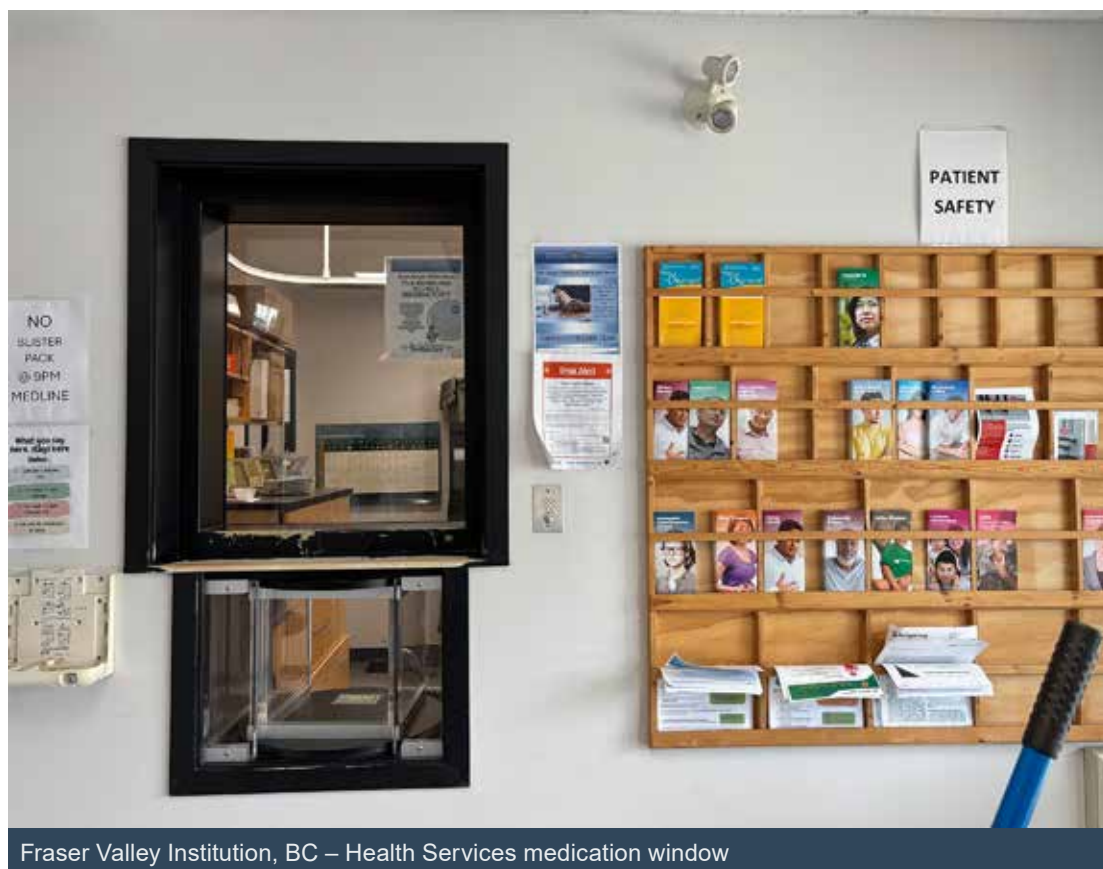
For me, it's an ethical thing, I like the idea of having them when the person who it affects most is engaged, wants to do it. It's a hard thing to swallow, sitting down with somebody and telling them, I don't have a choice, you don't have a choice, if you don't want to engage you don't have to, but I'm going to make one up and meet with you every six months to see if you change your mind.

Additional concerns were raised by staff regarding the cultural appropriateness of standardized ICP approaches for Indigenous patients, particularly where care planning does not adequately reflect Indigenous health perspectives, trauma histories, or the role of Elders and Indigenous specific supports.

Finding: Medication management challenges and dental service delays compromise continuity, safety, and equity of care.

Although not tied to a single recommendation, the OCI has consistently emphasized that individuals in federal custody are entitled to timely access to health care services comparable to those available in the community. Some staff reported that, in certain respects, health services within federal institutions may equal or even exceed what is available in the community, particularly given the breadth of services (e.g., primary care, dental care, optometry, physiotherapy, harm reduction, public health, and mental health care). In practice, however, access is frequently constrained by operational and security realities. Limits on movement, chronic staffing pressures, and the frequency of physician visits and clinics routinely create bottlenecks, resulting in delayed or inconsistent access to care. These challenges have been particularly evident in the provision and continuity of medication treatment, as well as in persistent delays in services such as dental care.

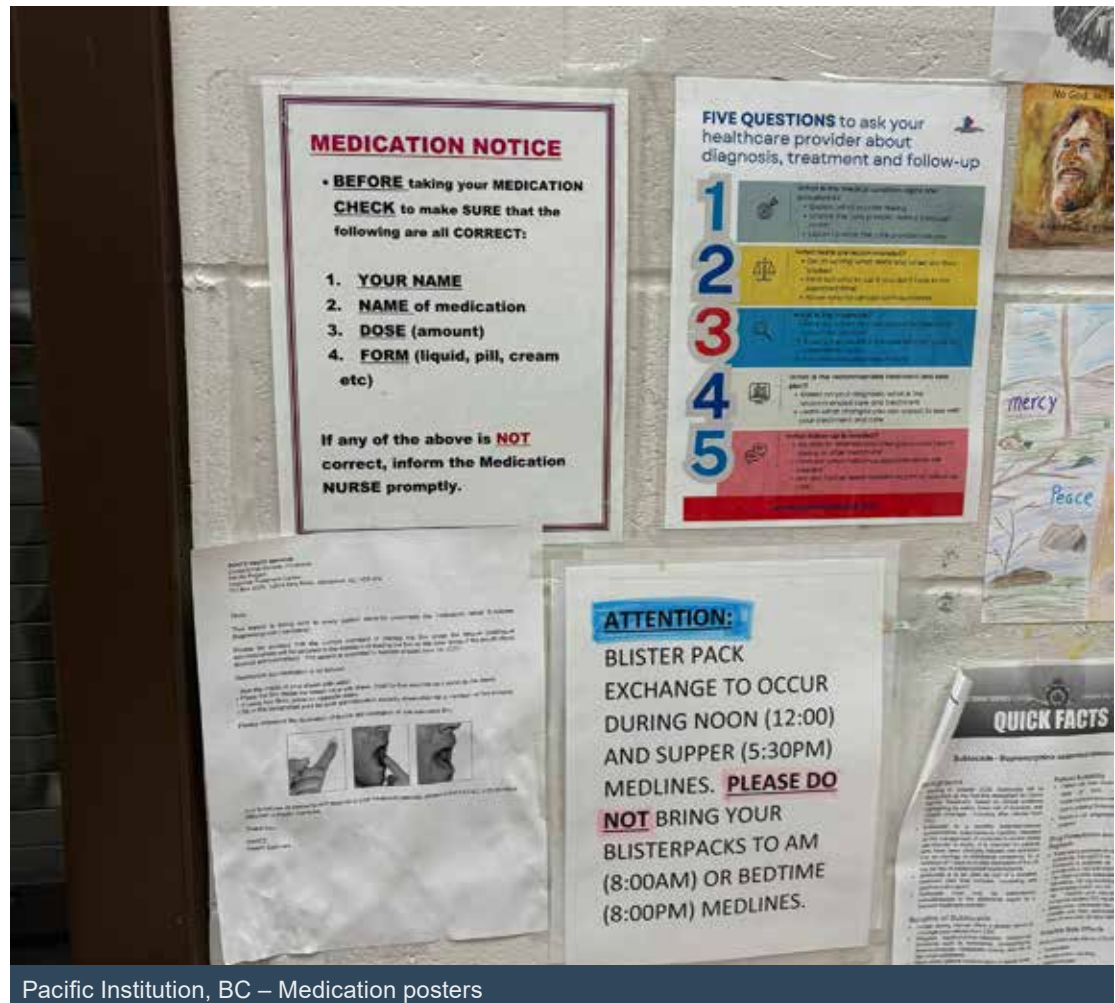
Medication Management



Fraser Valley Institution, BC – Health Services medication window

In 2014–2015, the Office recommended the development of a more comprehensive National Drug Formulary, along with standardized mechanisms to identify and address formulary gaps and improved data to track drug utilization trends. More than a decade later, the formulary has expanded significantly, and staff generally reported that it is more comprehensive, with access to a broader range of medications sufficient to support clinical care. At the same time, staff indicated that the primary challenge has shifted. Rather than access to individual medications, concerns now centre on the management of an increasingly large and complex medication profile. Insufficient resourcing, combined with inconsistent practices across institutions, has limited CSC's capacity to effectively manage medication regimens, monitor treatment plans, and ensure consistent medication oversight across the system.

Medication management was described as an area of increasing operational complexity and risk. Interviewees pointed to the very high volume of medications in institutions, with Medication Administration Records reaching excessive lengths and increasing both workload and the potential for error. Health Services staff reported ongoing efforts to reduce unnecessary prescribing through regular medication reviews; however, these were described as time and resource intensive due to the complexity and number of medications. Regional pharmacy resources were also reported to be strained, limiting the availability of consistent clinical support across institutions.



Pacific Institution, BC – Medication posters

Although certain administrative mechanisms and formulary restrictions are in place, concerns were raised by staff regarding higher risk medications, medication diversion, and inconsistent practices for certain drugs, including, for example, testosterone and some psychotropics. These challenges were particularly evident among newer staff navigating complex policies, the burden of administrative forms, and formulary requirements. Staff also described continuity of care challenges, including the need to stabilize individuals on admission by tapering or discontinuing medications initiated in the community or at another institution, as well as ongoing difficulties in ensuring access to prescribed medications upon release, an issue extensively documented by the Office in its most recent annual report.⁵⁹

At the national level, potential gaps in the National Drug Formulary and recurring patterns in non-formulary medication requests are reviewed through established governance mechanisms, including the National Pharmacy and Therapeutics Committee (NP&T). This work is broadly aligned with prior OCI recommendations related to formulary oversight and national coordination. However, despite earlier recommendations to improve public tracking and reporting of drug utilization trends, staff indicated that while CSC maintains internal pharmacy data for operational purposes, there is no routine, national or public reporting on drug utilization trends, raising concerns regarding transparency.

CSC has implemented key elements of the Office's recommendations by expanding formulary access and strengthening oversight. Nevertheless, this progress has been accompanied by new operational pressures, as the increasing complexity of medication profiles strains staff capacity and contributes to inconsistencies in practice.

Dental Services

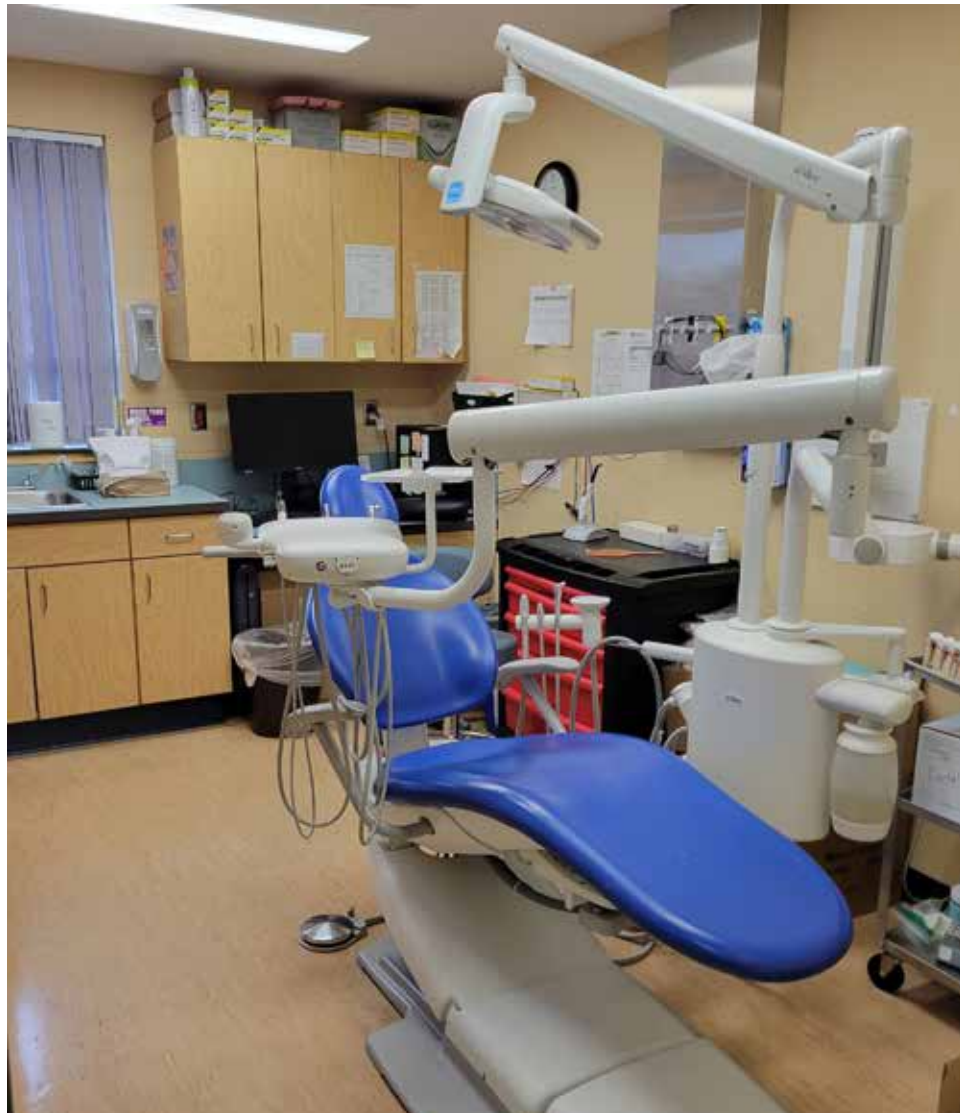
In 2015-16, the OCI recommended that CSC develop a national action plan to address persistent dental waitlists, restore preventive dental care funding, and improve access across federal institutions. More than a decade later, access to adequate dental care remains an ongoing issue, marked by long waitlists and unmet service standards across regions.

CSC prioritizes dental care through a three-tier triage system (emergency, urgent, and non-urgent), intended to ensure timely care for individuals with acute pain, infection, or significant risk of deterioration. However, CSC's own performance reporting demonstrates challenges. In its 2024 *Health System Overview and Quality Scorecard*, CSC reported that only 64% of dental services were delivered within target timeframes—well below the 90% target. While this indicator⁶⁰ does not capture unmet demand, overall equity of access, or quality of care, it nevertheless points to systemic delays.

In May 2025, CSC released a *Dental Services Review and Implementation Plan for 2025-26*, representing a long-overdue and constructive response to OCI's recommendations. As acknowledged in the plan, CSC had not conducted a formal review of its dental service standards since 2012-13, nor significantly updated dental coverage provisions under the *National Essential Health Services Framework* during that period.

⁵⁹ OCI, 2024-2025 Annual Report (2025).

⁶⁰ According to CSC's Health System Overview and Quality Score Card (2024): This indicator measures the percentage of individuals in custody that received dental care within target wait times, based on the urgency of their dental request.



Pacific Institution, BC – Dental office

The review further notes that long-standing concerns about dental services have resulted in legal and administrative consequences, including nine litigation cases between 2021 and 2025, as well as ongoing final-level grievances. Commonly cited issues include deterioration of dental health due to prolonged wait times and inadequate pain management; reliance on nursing staff with limited dental expertise for initial assessments; limited access to preventive services such as dental cleanings; delays linked to institutional transfers; and disputes over treatment options, particularly the use of tooth extraction in place of restorative care.

These pressures were echoed in feedback from health care staff, who frequently identified dental care as one of the most challenging areas of service delivery. At one site, more than two-thirds of the institutional population was awaiting dental care; at others, wait times for non-urgent services routinely ranged from nine months to over a year. Staff noted that delays in non-urgent and maintenance care often lead to preventable deterioration, sometimes escalating into emergencies.



Complaints received by the OCI further illustrate the impact of these delays. Individuals reported prolonged pain, worsening dental conditions, and repeated unsuccessful attempts to access care, in some cases seeking treatment outside the institution. Requests to pay out-of-pocket for community-based dental services were denied, often on the basis that the care did not meet the criteria for an "essential" medical temporary absence. These cases reinforce OCI's concern that an approach emphasizing acute intervention over preventive and restorative care contributes to avoidable deterioration, increased suffering, and predictable pressures on institutional health services.

Finding: *Persistent staffing shortages and uneven training implementation continue to undermine the stability and effectiveness of health service delivery.*

The OCI has made numerous recommendations around staffing and retention, emphasizing the need for careful recruitment, appropriate selection, comprehensive training, and ongoing support. These recommendations have applied to both correctional staff working with individuals who have diverse and complex needs and to health professionals navigating the challenges of operating within the correctional environment. However, staffing vacancies, recruitment and retention challenges, and training gaps persist.

Health Services Staffing

CSC is the largest federal employer of health care professionals, employing approximately 1,183 nurses, 220 psychologists, 166 social workers, and 61 occupational therapists across institutions and treatment centres. Vacancy rates for health services positions range from 20% to 30% across all 43 institutions, representing an estimated national gap of more than

370 health care providers, with psychologists experiencing the most critical shortages.⁶¹ In many institutions, workforce instability has resulted in near-complete staff turnover over a five-year period, shifting service delivery toward urgent and crisis-driven care and limiting access to preventative and therapeutic programming. For example, workforce data provided by CSC indicated that all Regional Treatment Centres reported notable vacancies in health care, with some as high as 24 Full-Time Equivalent (FTE) vacancies.⁶² CSC's staffing pressures reflect broader national health workforce shortages but are intensified by the challenges of working within a correctional context. In turn, remaining employees carry heavier workloads while also trying to support recruitment, onboarding, and training. Staff reported that the shift to 24-hour nursing coverage has also had a significant impact. While previous OCI reports have noted the need for extended clinical coverage outside of standard operating hours, the emphasis has been on increasing overall staffing capacity. In practice, however, participants indicated that CSC has stretched existing resources, rather than expanding the nursing complement, contributing to more burnout, extended sick leave, and departures. As one Chief of Health Services explained:



We've been given no additional staff or resources at all [...] Our obligations of care have increased dramatically. I don't know at what point the momentum that we provide care – and we provide good care here, we have hard workers – is going to give. We can't sustain this level of care forever.

In response to ongoing staffing pressures, CSC has developed a Health Human Resource Strategy for 2025–2030 to address workforce instability as a systemic issue. The strategy emphasizes modernization of care models, recruitment and retention, professional development, and data-informed workforce planning, reflecting a sound understanding of the correctional health context and a clear long-term vision. Concerns remain, however, regarding CSC's ability to address critical staffing gaps in the short to medium term. The strategy's reliance on future reviews, engagement processes, pilot initiatives, and developing data tools delays measurable impact, leaving persistent vacancies as a foreseeable risk to access and continuity of care. Moreover, successful implementation will be shaped by broader constraints, including fiscal pressures within CSC and widespread shortages and funding challenges across Canada's health care system.

Staff Training

The OCI has put forward several recommendations related to implementing and strengthening training for health care staff in correctional environments (e.g., use of force, engagement and interventions, professional standards and ethics, and racial bias in health care). The Office has also recommended that operational staff receive adequate training to work with populations presenting diverse physical and mental health needs.

⁶¹ CSC, Health Human Resource Strategy 2025–2030 (2025). OCI recognizes that although staffing levels have changed since this report was written, the underlying issue persists, as ongoing fluctuations continue to create challenges and undermine stability.

⁶² CSC, Health Services HR data provided to the OCI in response to a formal document request, received January 18, 2026.

CSC indicates that its employed registered health care professionals adhere to the ethical and professional standards established by their respective regulatory bodies, commonly referred to as colleges, and complete annual professional development activities as required by those bodies. Addressing areas the OCI has previously raised as gaps, health care staff also receive training related to practicing within a correctional environment, with topics of use of force, engagement and intervention, and emergency trauma care. More recent initiatives in this area include emergency simulation training, and in-person values and ethics training, which staff found helpful in taking a more hands-on and interactive approach.

CSC has also delivered a number of targeted workshops and educational series to strengthen health services staff knowledge and practice in working with diverse and vulnerable populations. These initiatives focused on recognizing and addressing racial bias in health care, enhancing responsiveness to the needs of older offenders, and improving understanding of substance use. These initiatives represent positive progress, and the extensive collaboration with external subject-matter experts is commendable; however, they were delivered over defined, time-limited periods and are not embedded within ongoing or mandatory training frameworks, though they are accessible to staff online for self-directed learning. This approach may limit reach and sustained impact, particularly given existing workload pressures on staff.

While recent changes to training for correctional staff reflect efforts aligned with the OCI's recommendations to enhance knowledge of working with diverse populations, gaps in practice and organizational culture remain. Some health care staff reported positive experiences working with correctional staff who demonstrate a particular interest in supporting individuals with mental or physical health needs, most often on dedicated or specialized units. However, such approaches are not yet reflected consistently across the broader institutional culture. Staff at some sites noted, for example, that correctional staff continue to interpret and respond to behaviours associated with dementia as non-compliant or confrontational rather than as symptoms of a degenerative illness of the brain requiring accommodation and support. Similar concerns were raised in the 2024-25 Annual Report, which identified an increased reliance on static security measures, including the use of force, in interactions with individuals presenting a range of health-related needs, such as aging, mental health conditions, and cognitive impairments.

Taken together, staffing shortages and uneven training implementation continue to constrain CSC's ability to deliver effective health care across institutions. While recent strategies and training initiatives demonstrate awareness of long-standing challenges and partially address OCI recommendations, they have not yet translated into consistent practice or system-wide improvement. Without clear staffing expectations, embedded and mandatory training frameworks, and mechanisms to ensure that new policies and learning are applied on the ground, existing gaps remain largely unmanaged. These pressures not only affect the availability and quality of care for individuals in custody, but also contribute to staff burnout and attrition, further entrenching workforce instability.

Oversight, Accountability, and Advocacy

Finding: *Health services accountability mechanisms exist, but oversight remains limited in scope and effect.*

Over the years, the OCI has recommended a range of measures to strengthen CSC's health care governance and accountability, including regular peer reviews of clinical practices, national-level medical chart audits and evaluations, and meaningful professional accreditation to ensure services meet accepted standards of care. CSC's Integrated Health Services Interim Guidelines outline multiple internal mechanisms intended to support accountability and quality assurance. These include the Health Quality Report Set, which provides patient-level and population-level data at site, regional, and national levels to support clinical decision-making, performance monitoring, and benchmarking. Regions are also required to conduct Quality Assurance Reviews of IPCs to assess quality, accuracy, and completeness against professional practice standards. The findings from these reviews are examined to identify education needs, standardize processes, and improve continuity and quality of care.

At the national level, oversight and coordination are supported through several internal mechanisms. These include the Health Services Executive Committee, which provides leadership and strategic direction on performance, quality, and risk management and the National Health Professionals Advisory Committee, which provides professional and clinical advice to promote evidence-informed and consistent practice in health services across CSC.

In addition, CSC relies on external accreditation by Accreditation Canada as a key accountability and quality assurance mechanism for its health services. While accreditation is consistent with OCI recommendations, the Office has noted ongoing concerns about the degree to which accreditation results are relied upon as indicators of overall system adequacy. As outlined in the OCI's 2023-24 Annual Report, accreditation is intended to support continuous improvement and quality enhancement, rather than to signal that further improvements are unnecessary, particularly where recurring deficiencies continue to be identified. As one health services staff member observed, "I'm supportive of Accreditation, but the practicality of it is ... they've given us a broken system."

While these mechanisms demonstrate that CSC has established multiple processes for health services oversight, the majority are internal governance and quality assurance functions. Aside from Accreditation Canada, CSC's accountability framework relies primarily on internal review, reporting, and advisory bodies. This approach continues to fall short of the OCI's long-standing calls for clearer separation between health care and correctional authorities.

Patient Advocacy

Finding: Despite multiple commitments, the absence of independent patient advocacy continues to undermine patient rights, informed consent, and clinical independence.

The Office has consistently recommended the creation of an external, independent, rights-based patient advocacy model to support individuals in federal custody in navigating the health care system, understanding treatment options, and exercising informed consent. These recommendations are grounded in long-standing concerns that the custodial environment, combined with significant power imbalances and clinical dual-loyalty pressures, limits patients' ability to raise concerns, challenge decisions, or seek recourse without fear of reprisal.

Despite these clear expectations, CSC has largely emphasized existing statutory obligations and the advocacy role of health care professionals themselves, rather than advancing an independent external model. This approach has persisted notwithstanding reforms introduced through Bill C-83 in 2019, which explicitly reinforced patient rights, informed consent, and access to patient advocacy as foundational components of prison health care.

Following these legislative reforms, CSC made multiple commitments to clarify the scope and function of patient advocacy through policy updates, the development of an implementation plan, and full implementation of an advocacy model. Timelines associated with these commitments, however, were repeatedly revised, extending through March 2025. Seven years later, none of the commitments resulted in the establishment of a functional, independent patient advocacy service. Instead, CSC has continued to rely on internal health services staff or limited, issue-specific organizations that do not provide consistent, system-wide advocacy support.

While health staff acknowledged their role in supporting patients, respondents emphasized the limits of internal advocacy within a correctional environment. As one staff member explained:



We have advocacy *within* our role, but it is not our sole responsibility. We are not neutral to the client or the dynamic. For us, our advocacy includes teaching and sharing relevant information, making sure they know their rights. If another staff member does something we're not in agreement with, then it puts us in a position that is not seen as advocating for the patient but is seen as 'disciplining' another staff member.

In March 2026, CSC introduced a Patient Advocacy Framework for Federal Corrections, describing a multifaceted, internally delivered model, that will include Patient Advocate positions in all regions and a strategy to collect patient experience data. The positions will be limited to women's institutions, maximum- security institutions, and Regional Treatment Centres. However, this model does not address the core concern identified by the Office. Given that correctional health services operate within a broader structure of institutional authority over patients, an internally delivered approach cannot provide the degree of independence necessary to support patient rights, informed consent, and clinical autonomy. As such, the framework does not meet the external, independent advocacy standard repeatedly recommended by the OCI and reflected in broader oversight and accountability processes examining health care in federal custody.⁶³

Moreover, at the time of writing, the Patient Advocate Service has not been staffed or operationalized. As a result, even under CSC's chosen internal model, no tangible progress has been made in improving access to patient advocacy in federal institutions.

Quality of Health Care for Vulnerable Populations

Populations with complex and intersecting health needs are disproportionately represented in federal custody and require timely, specialized, and coordinated health care. This theme examines progress made in response to OCI recommendations related to the quality and accessibility of health services for individuals with mental health needs, substance use disorders, and age related or palliative care needs.

Mental Health

Finding: *Despite ongoing reviews and proposed plans, slow implementation continues to undermine the availability, consistency, and quality of mental health care.*

Mental health remains one of the most resource-intensive areas of health service delivery in federal corrections. Individuals with serious mental illness are overrepresented in custody, and many require access to specialized, coordinated clinical care. In 2024–25, the OCI conducted a comprehensive examination of mental health services, including Intermediate Mental Health Care (IMHC) and Regional Treatment Centres (RTCs). Given the recency of that work, this section does not revisit those findings in detail, focusing instead on follow-up from previous reports, early areas of progress, and persistent gaps that continue to undermine access and quality of care.

⁶³ CSC, *Response to the coroner's inquest touching the death of Ashley Smith* (2014).

Intermediate Mental Health Care (IMHC)



Milhaven Institution, ON – Therapeutic range

In its 2019–20 Annual Report, the OCI called for an externally led review of CSC's Therapeutic Ranges, which function as Intermediate Mental Health Care (IMHC) units in maximum-security institutions. OCI recommendations emphasized the need to strengthen the therapeutic milieu, reduce reliance on restrictive interventions, improve access to clinical care and enhanced staffing (e.g., the Therapeutic Officer pilot), and the elimination of Pinel restraints.

In response, CSC completed a system-wide review of IMHC services, culminating in an external report in January 2023.⁶⁴ Based on this review, CSC identified four priorities for standardization going forward in 2025–2026: consistent individual and group treatment; availability of IMHC level ambulatory care across institutions; standardized diagnostic assessment; and supports for Activities of Daily

Living. CSC also established an IMHC Community of Practice and completed a review of all IMHC sites to assess variability in service delivery. Although promising, these are baseline activities that should have been in place prior to implementation.

Furthermore, these initiatives and priorities have not yet translated into consistent improvements in practice. IMHC report cards previously used to support monitoring and accountability have been paused, with no clear timeline for replacement. CSC was unable to provide updates on the status of the Therapeutic Unit Officer pilot, and standardized staffing complements for IMHC units have not yet been established. As a result, service delivery continues to vary significantly across institutions and remains largely dependent on local capacity rather than national standards.

The use of Pinel restraints within IMHC settings remains a significant concern. CSC reported approximately 246 placements between April and December 2025 but acknowledged the absence of data on duration, clinical rationale, or the use of alternatives. This lack of information is concerning, as it limits transparency and the ability to assess the duration and conditions under which such highly restrictive interventions are being used. More fundamentally, the continued use of Pinel restraints in therapeutic mental health environments raises serious questions about their compatibility with treatment objectives. Research shows that seclusion and mechanical restraint are associated with significant

⁶⁴ CSC, *Review of Intermediate Mental Health Care Services in Correctional Service Canada Mainstream Institutions and Associated Recommendations: Overview, Purpose, Principles and Process* (2023). The review was conducted under the leadership of Dr. Colin Cameron.

psychological and physical harms, including distress, fear, and loss of dignity.⁶⁵ These interventions are also linked to post-traumatic stress responses and carry a clear risk of re-traumatization, particularly among individuals with prior trauma. The continued reliance on Pinel restraints risks exacerbating distress, impeding recovery, and undermining the therapeutic milieu that IMHC units are intended to provide.

Overall, while CSC has articulated priorities for IMHC reform, progress remains largely confined to planning and assessment. Long-standing issues identified by the OCI remain unresolved, and clear implementation timelines, accountability mechanisms, and measurable outcomes have yet to be established.

Regional Treatment Centres.

As noted above, the OCI undertook a comprehensive review of the Regional Treatment Centres (RTCs) in its 2024–25 Annual Report, identifying significant gaps and highlighting areas where previous recommendations remained unaddressed. Following its own system-wide review, CSC has proposed a phased realignment of RTC operations to better align levels of care with patient needs and improve clinical and operational efficiency. Proposed measures include enhancing population specific services, standardizing care models, improving patient placement and bed utilization, and modernizing clinical practices to align with community standards. CSC is also moving forward with the development of a new, \$1.3 billion Health Centre of Excellence in the Atlantic region, targeted for 2032 – an initiative that has experienced significant delays in progress and a more than doubling of initially projected costs.



Shepody Healing Centre, NS – Cell

While elements of CSC's proposed transformation align in principle with OCI recommendations, their effectiveness will depend on timely and measurable implementation. Staff raised significant concerns about the proposed changes, particularly the integration of regional hospitals and RTCs, noting risks related to the mixing of patient populations and additional pressures on health services staff. The OCI's long-standing concerns regarding delays and costs associated with the Health Centre of Excellence, as well as the structural limitations and risks of constructing another CSC operated psychiatric facility, have been detailed in previous reports and remain unresolved. Given that the Health Centre of Excellence is not expected to be operational until 2031, CSC must establish clear interim milestones to

⁶⁵ Chieze, M., et al. "Effects of seclusion and restraint in adult psychiatry: A systematic review." *Frontiers in Psychiatry*, 10, 491 (2019).

address current service gaps well in advance. Going forward, the OCI will continue to monitor and follow up on progress related to RTC recommendations, as outlined in the 2024-25 Annual Report.

Fetal Alcohol Spectrum Disorder (FASD)

Finding: System-wide FASD capacity remains limited and uneven despite promising pilot.

Gaps in system-wide mental health capacity are particularly evident in CSC's response to individuals with complex neurodevelopmental conditions such as FASD. The OCI has previously recommended that CSC establish a comprehensive, system wide approach to FASD, including prevalence assessment, standardized screening and diagnosis, and partnerships with specialized community organizations.

Accordingly, CSC implemented an FASD Pilot Program at the Regional Psychiatric Centre in 2018-19 with a full diagnostic team, which demonstrated early diagnostic capacity and promise. Unfortunately, the program has not been sustained. Following the pilot's conclusion in January 2020, staffing was reduced and operations have since been disrupted by COVID 19, staff redeployments, and the absence of dedicated psychiatric coverage. The clinic is currently not fully staffed or operational, and no assessments have been completed since December 2024.

While training related to the FASD program has recently been extended to two additional Regional Treatment Centres, CSC recently indicated that there are no plans for further expansion or funding. CSC staff reported that the FASD Network of Saskatchewan continues to provide broader support activities, including transition services and community engagement; however, this support is limited to one region and no longer includes direct participation in assessments. As a result, individuals with FASD remain underserved and CSC continues to depend on external providers and hospital-based services for assessments, which creates delays and inconsistent access to care.

These gaps have a disproportionate impact on Indigenous individuals in federal custody, who are overrepresented in the correctional system and are more likely to be affected by FASD.⁶⁶ CSC has acknowledged that FASD prevalence is higher among Indigenous incarcerated populations, yet diagnostic capacity and culturally appropriate supports remain limited.

⁶⁶ Ruff, K., "Without Screening or Supports, Offenders with FASD Face Revolving Door of Justice," CBC News, February 16, 2018, <https://www.cbc.ca/news/indigenous/without-screening-or-supports-offenders-with-fasd-face-revolving-door-of-justice-1.4536103>; FASD Justice, "Indigenous Peoples," accessed May 4, 2026.

Alternatives to Incarceration

Expanding alternatives to incarceration for individuals with significant mental health needs, particularly through increased access to community-based mental health bed space, has been a long-standing OCI recommendation. In response to the Office's 2023–2024 Annual Report, CSC committed to developing a Health Services Partnership Plan to expand access beyond the 20 beds currently funded at the Institut national de psychiatrie légale Philippe Pinel (INPLPP).⁶⁷

Since that commitment, CSC reported preliminary engagement with community providers and exploratory discussions with psychiatric hospitals. However, no additional formal agreements for external mental health bed space have been established. CSC further reported that engagement efforts slowed in 2025 as priorities shifted, with plans to re-engage partners in 2026–2027. While the OCI recognizes that access to forensic psychiatric beds depends on provincial capacity and presents inherent challenges, sustained progress in this area requires ongoing collaboration with provincial partners and more stable, longer-term arrangements to support access to external mental health resources. In the absence of such progress, the continued lack of expansion in community-based options limits meaningful alternatives to incarceration.

Overall, CSC's response to long-standing mental health service gaps has been characterized by continued reviews, plans, and pilots, with limited evidence of system-wide implementation. Variability in services, unresolved staffing and capacity constraints, and the absence of clear national standards continue to undermine access to timely, consistent, and therapeutically appropriate mental health care across federal institutions.

Harm Reduction and Substance Use

Finding: Recent harm reduction policy reforms represent an important shift, but implementation gaps risk diluting health-centred impacts.

Harm reduction is an established public health approach that seeks to reduce the health and safety impacts of substance use without requiring abstinence or relying primarily on disciplinary responses. In custodial settings, harm reduction encompasses responses to overdose and substance-related risk, as well as the prevention and treatment of blood-borne infections associated with drug use and other risk behaviours. It recognizes the persistence of substance use despite security controls, and aims to reduce overdose, infectious disease transmission, and preventable morbidity and mortality. Evidence consistently demonstrates that prison-based harm reduction approaches contribute to improved health outcomes and institutional safety.⁶⁸

⁶⁷ INPLPP is a Quebec forensic psychiatric hospital providing secure treatment and assessment services for individuals involved in the criminal justice system with significant mental health needs. It operates under provincial health authority governance and accepts federal placements through intergovernmental agreements.

⁶⁸ World Health Organization, *Prisons and Health* (Copenhagen: WHO Regional Office for Europe, 2014), 39–44; Harm Reduction International, *The Harms of Incarceration: The Evidence Base and Human Rights Framework for Decarceration and Harm Reduction in Prisons* (London: Harm Reduction International, 2021); Canadian HIV/AIDS Legal Network, *Hard Time Persists: Health Care and Harm Reduction in Canada's Prison System* (Toronto: Canadian HIV/AIDS Legal Network, 2025).

Within CSC, harm reduction in the context of substance use is guided by their National Drug Strategy and implemented through measures including the Prison Needle Exchange Program (PNEP), Overdose Prevention Services (OPS), and opioid agonist treatment (OAT). Together, these interventions are intended to form a health-centred continuum that addresses substance-related risk while promoting safety and continuity of care in custody.

In its analysis of CSC's Drug Strategy (Annual Report 2021–22) and earlier critiques of harm-reduction efforts (e.g., Annual Report 2018–19), the OCI called on the Service to modernize policy and move away from zero-tolerance framing that risks stigmatizing individuals with substance use disorders. These recommendations have consistently emphasized a health-focused, person-centred approach aligned with community standards of care.

Following repeated OCI recommendations and nearly two decades without substantive revision, CSC promulgated a revised Commissioner's Directive 585 – *National Drug Strategy* in March 2026, supported by new guidelines and tools.⁶⁹ The revised directive aligns more closely with the Canadian Drugs and Substances Strategy⁷⁰ and distinguishes individual substance use as a health issue from trafficking and distribution as security concerns. At the policy level, this represents a significant and welcome shift toward a more health-centred framework.

Given the recency of implementation, it is premature to assess outcomes; however, early reviews highlight potential risks as CSC moves from policy to practice. While Guidelines 585–1 emphasize non-stigmatizing, health-centred responses, their application remains largely reactive and event-driven, rather than embedded within a resourced and preventive health care model. In contrast, Guidelines 585–2 prioritize enforcement-oriented approaches that are supported by long-standing operational structures and established custodial practices. Without careful implementation, security-driven responses may overshadow the Directive's health-centred intent, particularly where distinctions between individual substance use and trafficking are not consistently applied or so easily distinguished.

The OCI also notes that, despite the Canadian Drugs and Substances Strategy's emphasis on performance measurement, data collection, and continuous improvement, CSC's framework currently provides limited clarity on outcome-based indicators for harm reduction. This may constrain transparency and limit the ability to assess impact over time.

Finding: *Persistent operational, cultural, and resourcing barriers continue to limit the uptake and effectiveness of PNEP and Overdose Prevention Services.*

Prison Needle Exchange Program (PNEP) and Overdose Prevention Services (OPS) are identified as core pillars of CSC's harm reduction approach. Over the years, the OCI has recommended reforms to both programs to enhance participation, widen implementation, and establish a more comprehensive continuum of services.

⁶⁹ The CD was promulgated along with supporting guidelines (GL) and tools: GL 585-1: *Individual Substance Use Framework*, GL 585-2: *Contraband Interdiction and Management Framework*, Individual Substance Use Event Guidance Document, and the Contraband Interdiction and Management Framework Guidance.

⁷⁰ Government of Canada, *The Canadian Drugs and Substances Strategy: The Government of Canada's Approach to Substance Use Related Harms and the Overdose Crisis* (Ottawa: Health Canada, 2023).



Findings from several external evaluations⁷¹ of PNEP and OPS indicate that both programs remain underutilized and poorly aligned with current patterns of substance use in custody. Participation in PNEP remains extremely low and limited to a small number of sites. Identified barriers include stigma, lack of anonymity, limited hours of access, staff safety concerns, and weak integration with addiction treatment and counselling services – areas the OCI has also flagged. The evaluations highlighted that the program does not adequately reflect contemporary substance use patterns, which increasingly involve inhalation or nasal use rather than injection. However, safer alternatives for non-injecting use are not consistently available.⁷²

Our interviews with health services staff echoed these findings, with several respondents describing the program,

although beneficial for some, as disconnected from institutional realities and still burdened by barriers to access. Some health services staff further noted that, even for those who inject drugs, the current PNEP delivery model does not necessarily reduce needle sharing and may not provide the level of clinical oversight required in a custodial setting. In line with our recommendation to rollout more OPS programs, several staff indicated a preference for a supervised consumption model that would allow staff to monitor use, respond immediately to overdoses, as reflected in the following observation:



At this institution, the large majority of people who struggle with substance abuse gravitate toward crushing, snorting or smoking the drugs [...] A lot of the nurses have said they're very uncomfortable with the PNEP process, they would rather just straight out have a safe injection site [...] That's an ethical dilemma for the nurses. But, we have been working within the policy, and doing what we can.

- CSC Health Services Staff

⁷¹ *The Prison Needle Exchange Program and Overdose Prevention Service in Federal Institutions – Final Evaluation Report*, commissioned by CSC and conducted by researchers at the University of Ottawa.

⁷² During the factual review of the 2025-26 Annual Report in June 2026, CSC noted that they are planning to expand harm reduction services to address inhalation and nasal methods of consumption. Detailed plans and timelines were not provided.



Federal Training Centre, QC

Staff also emphasized that stigma, limited resources, pushback from correctional staff and insufficient mental health supports, particularly addictions counselling, limit the effectiveness of both PNEP and OPS.

Collectively, these findings suggest that while PNEP and OPS remain important components of harm reduction interventions, their current design and implementation have not kept pace with changing substance use patterns or operational realities.

Finding: Access to opioid agonist treatment (OAT) has improved overall, though challenges in implementation of new policy raise concerns regarding consistent care.

Opioid agonist treatment (OAT) remains the most widely accessed harm reduction intervention in federal custody, with a national average of 3,291 participants in 2025. In previous reporting, the OCI raised concerns regarding delays in access and ongoing waitlists. The OCI notes measurable progress in this area, with publicly reported OAT waitlists declining from 474 individuals in December 2020 to 24 in December 2025, addressing a long-standing barrier to timely access.⁷³

Effective October 1, 2025, CSC revised its OAT policy to designate extended-release buprenorphine (Sublocade) as the preferred first-line treatment for opioid use disorder, replacing buprenorphine-naloxone (Suboxone). Methadone remains available as a second-line option, while Suboxone was phased out of CSC's National Formulary and fully removed in April 2026. According to CSC, the policy change is intended to reduce diversion, support treatment adherence, and improve continuity of care.

While many staff expressed support for the shift, several raised concerns regarding the implementation process, particularly the limited and delayed guidance from National Headquarters. Some institutions reported moving forward with the transition

⁷³ CSC, "Opioid Agonist Treatment," Open Government Portal, Government of Canada, accessed February 2026.

independently, developing local communication strategies and implementation processes in the absence of centralized direction, while others described compressed timelines and insufficient preparation. Although NHQ has stated that information was provided in advance and institutions were given six months to make the transition, participants expressed frustration with what they perceived as NHQ advancing policy change without sufficient operational preparedness or support.

The OCI has also received complaints from incarcerated individuals raising similar concerns regarding communication, understanding of the changes, and the degree to which they felt able to meaningfully participate in treatment-related decisions during the transition. External reporting has likewise raised concerns that some incarcerated individuals have received limited information or perceived a lack of meaningful choice of treatment during the transition, underscoring the need for clear guidance and safeguards for informed consent.⁷⁴

Beyond implementation issues, the revised policy has prompted broader debate among health professionals and legal advocates regarding the adequacy of the supporting evidence, patient autonomy, and equivalence with community standards of care. Continued monitoring will be necessary to assess how clinical effectiveness, operational considerations, and patient-centred principles are balanced in practice.⁷⁵

Reducing HIV and Hepatitis C in Federal Institutions

Finding: Sustained, health centred approaches within federal institutions have contributed to measurable reductions in HIV and hepatitis C, demonstrating the effectiveness of targeted health screening and treatment initiatives.

Efforts to prevent and treat blood-borne infections in federal custody form a core component of harm reduction, extending beyond substance use interventions to include screening, treatment, and continuity of care. The Office has previously recommended that CSC seek additional funding to expand timely access to therapies for blood-borne infections, including hepatitis C, within federal institutions in order to support improved health outcomes. In this context, measurable progress has been observed over time.

National health surveillance data indicate that HIV prevalence among individuals in federal custody is now below 1%. Hepatitis C prevalence has declined significantly over the past 15 years, reflecting the combined impact of expanded screening, access to direct acting antiviral therapies, and broader public health and harm reduction measures implemented both within

⁷⁴ HIV Legal Network et al., *Urgent Concerns Regarding CSC's Recent Opioid Agonist Treatment Policy Changes*, Open Letter, December 18, 2025.

⁷⁵ Ibid; Russell et al. "Clarifying the evidence and implications of prioritizing extended-release buprenorphine for opioid agonist treatment in Canada's federal correctional system", *Canadian Journal of Public Health*, April 9, 2026.

institutions and in the community. Findings from the 2022 National Health Survey further show that, while lifetime exposure to hepatitis C remains high among the federal incarcerated population, the proportion of individuals with active infection has decreased. This suggests improved diagnosis, treatment initiation, and cure during periods of incarceration.⁷⁶



Federal Training Centre, QC – Old health pamphlets

These trends represent an important public health achievement and demonstrate the potential effectiveness of sustained, health centred approaches in correctional settings. Initiatives such as routine and targeted screening, improved linkage to care, expanded access to antiviral treatment, and continuity of care planning on release have contributed to these outcomes.

⁷⁶ CSC, *Prevalence Rates of Infectious Diseases among Offenders in Federal Custody* (Ottawa: CSC Research Branch, 2023); CSC, *Findings from the 2022 National Health Survey: Harm Reduction Services, Risk Behaviours, Institutional Drug Use, and Infectious Disease* (Ottawa: CSC Research Branch, 2024).

Aging Population

Finding: *Despite strategic frameworks and pilot initiatives, CSC remains unprepared to meet the needs of an aging population.*

The health care needs of aging persons in custody present a growing and increasingly complex challenge for correctional systems. Although there is no universally accepted definition of an “older” incarcerated person, correctional health literature generally identifies individuals aged 50 and older as Older Persons in Custody (OPiC), reflecting evidence of accelerated aging associated with lifestyle factors and incarceration. Within CSC, this population continues to grow. Approximately 25% (3,865) of individuals in federal custody are now aged 50 or older, including approximately 6.5% aged 65 and over.⁷⁷ This demographic shift has significant implications for health care delivery and long-term service planning.

Older persons in custody experience higher rates of chronic illness, dementia, mobility limitations, and need for palliative and end-of-life care. Many live with multiple co-occurring conditions, requiring specialized health interventions (e.g., hypertension, chronic pain, diabetes, dyslipidemia). Research consistently shows that older persons in custody have greater health needs in comparison to their counterparts in the general population, underscoring the need for a comprehensive health care approach within corrections.⁷⁸

The OCI has long recommended that CSC develop and implement a comprehensive national strategy on aging, emphasizing access to appropriate health care, a long term palliative care model, age-appropriate accommodations, and alternatives to incarceration. In response, CSC introduced the *Promoting Wellness and Independence of Older Persons in Custody* framework in 2018. As part of this work, Health Services completed a two-year Comprehensive Needs Assessment (2018–2020) examining chronic disease prevalence, lived experiences of those aging in custody, institutional infrastructure, staff perspectives, and clinical screening practices.

CSC has since developed a suite of aging-related tools and guidance. In collaboration with external researchers, CSC also piloted a corrections-specific screening tool, the interRAI Corrections Contact Assessment (CCA), intended to support early identification of health, cognitive, and care needs relevant to custodial environments. More recently, CSC has begun piloting a Geriatric Model of Care (GMoC) at six institutions, including one women's site, with full implementation at primary care sites targeted for 2026–27. CSC has also established ongoing engagement with external subject matter experts on aging and geriatric care in custodial settings to inform policy development and service planning related to older persons in custody.

⁷⁷ Year-end data for 2025–26 retrieved from the Corporate Reporting System – Modernized (CRS-M) on June 18, 2026.

⁷⁸ Novisky, Meghan A., et al., “Linkages between incarceration and health for older adults,” *Health & Justice* 13, no. 23 (2025); Skarupski, Kimberly A., et al., “The Health of America's Aging Prison Population,” *Epidemiologic Reviews* 40, no. 1 (2018): 157–165; Williams, Brie, et al., “The Growing Geriatric Prison Population: A Dire Public Health Consequence of Mass Incarceration,” *Journal of the American Geriatrics Society* 69, no. 12 (2021): 3407–3409.

As part of the RTC review, CSC has also proposed the establishment of Assisted Living Units within mainstream institutions and Enhanced Care Units within Regional Treatment Centres to better support the needs of aging individuals. At present, designated geriatric or assisted living units exist in limited capacity in the Pacific, Ontario and Prairie regions, while comparable designated units are absent in Quebec and Atlantic regions.

These developments may indicate an emerging shift toward addressing the needs of an aging population, though implementation is still in its early stages. While planned initiatives across multiple regions suggests movement beyond an initial pilot phase, it is not yet clear how consistently these units will be implemented or how well they will function in practice. At this stage, there is limited evidence to assess their effectiveness or sustainability across the system. Several key initiatives also remain underdeveloped or inconsistently applied. For example, despite national piloting of the interRAI tool, CSC has not identified a clear implementation timeline. At one GMoC pilot site, staff reported being unaware their institution was participating, raising concerns about communication and operational readiness.

At the site level, interviews and site visits indicated significant variability in the quality and availability of care. Some institutions were described as providing care comparable to, and in some cases exceeding, community standards through on-unit health services, nursing support, occupational and physiotherapy services, and peer-assisted caregiving. However, these practices were highly site specific and often dependent on individual staff commitment rather than standardized, system-wide supports, contributing to uneven levels of care across the federal system. For example, in the absence of regular and standardized cognitive and dementia-related assessments, staff reported relying on observations by correctional officers, health care staff, or peers to identify declines or changes in behaviour to trigger further assessment. While this approach may function in specialized or smaller settings where staff have ongoing familiarity with individuals, it is not transferable across institutions and increases the likelihood that emerging or progressive needs will be overlooked.

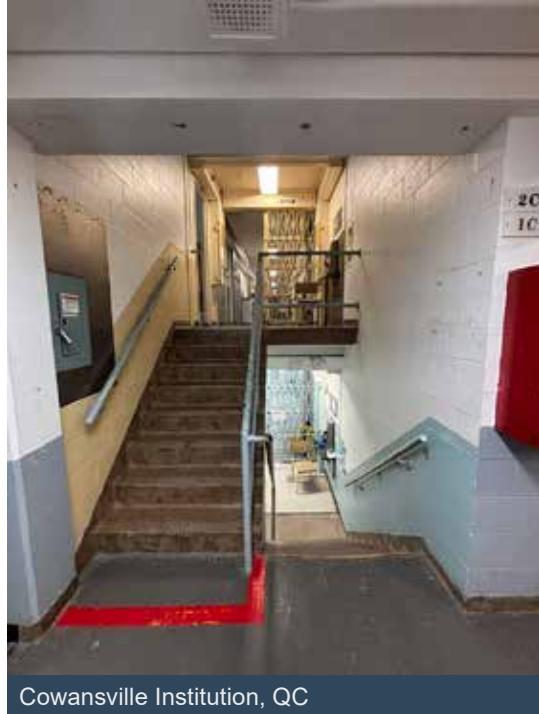
Health care capacity gaps have also resulted in unintended security outcomes. Staff reported that individuals who would otherwise meet criteria for transfer to minimum security are being retained at higher security levels because minimum-security institutions lack the health care capacity and staffing models necessary to meet their needs.

Finding: Correctional infrastructure remains ill-suited to address the needs of aging individuals.

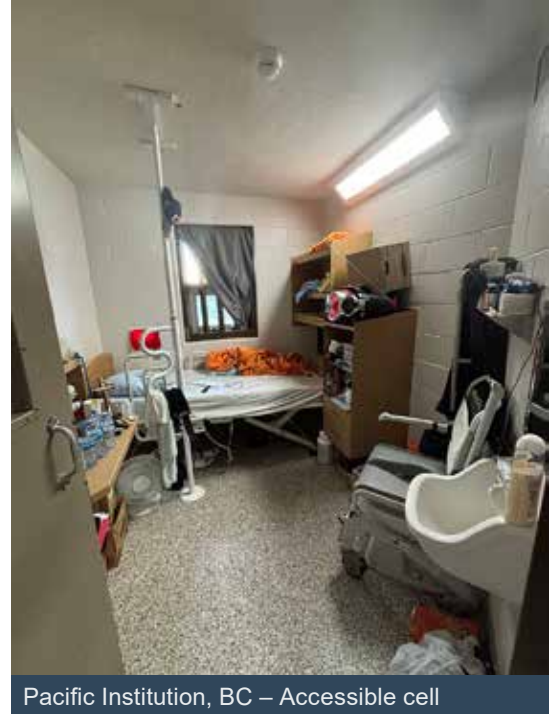
Despite repeated calls from OCI to address accessibility, staff consistently identified physical design limitations as a major barrier to meeting daily living and health care needs of the aging population. Institutions, including those with designated "geriatric units," were not designed to accommodate aging individuals or those with mobility impairments. Staff noted that even where modifications have been introduced, such as wider doorways, support bars, slip-resistant flooring, or designated "accessible" cells, spaces remain inadequate for the safe delivery of care. In particular, the lack of around-the-bed access was identified as a critical issue. Staff described incidents in which older individuals who

had fallen in their cells had to be dragged onto the range because confined cell spaces made safe lifting impossible. Staff also reported injuries sustained while attempting to lift or move individuals in these constrained environments.

These challenges extend beyond individual cells to broader institutional layouts, including stairways, ramps, outdoor pathways, and a lack of accessible facilities. Chiefs of Health



Cowansville Institution, QC



Pacific Institution, BC – Accessible cell

ACCESSIBLE SHOWERS



Fraser Valley Institution, BC



Millhaven Institution, ON

Services reported having to procure smaller or specialized equipment, such as narrow walkers, to accommodate restrictive layouts. At one institution, representatives of the Seniors Committee, identified persistent accessibility concerns including an insufficient number of accessible washrooms, noting that one unit relied on a single accessible washroom for approximately 50 individuals.

While CSC's proposed Assisted Living and Enhanced Care Units align with OCI recommendations in principle, it remains unclear how underlying infrastructure deficiencies, accessibility barriers, and staffing requirements will be addressed within existing facilities. Without substantial retrofitting or redesign, staff expressed concern that these models may be difficult to implement safely or sustainably.

Finding: Limited access to appropriate community-based placements narrows release options and undermines continuity and dignity of care for aging individuals.

Beyond the management of health care needs within institutions, the OCI has repeatedly emphasized the importance of community-based placement, including long-term care and hospice, for individuals with complex or end-of-life needs. In its response to these recommendations, CSC stated that it actively collaborates with community partners to facilitate the release of individuals to community-based options such as long-term care homes, hospices, or palliative care facilities, with the goal of ensuring continuity of care and dignity. In contrast, staff interviews revealed a significant disconnect between this stated approach and operational realities.

Securing placement in long-term care or similar facilities was described as extremely difficult, and almost impossible for individuals with complex medical needs or offence-related stigma. Staff provided multiple examples of individuals being refused placement and ultimately released to inappropriate settings (e.g., community shelter) despite significant health needs, or remaining hospitalized for extended periods due to the absence of viable alternatives.



Long-term care homes reserve the right of refusal. If there is a complex case or court orders involved – they will not accept these cases. We had someone sitting in a hospital for over a year because long-term care wouldn't take them. Another case where the individual's health was deteriorating, we couldn't take care of them, we were told to essentially abandon them at the hospital, forcing the hospital's hand. This is not a viable solution; it destroys our relationship with the hospital and the community.

— Community Health Services Staff

Staff also described a recurring pattern in which individuals are deemed “too well” for placement and later “too sick” to be accepted as their condition deteriorates, resulting in prolonged institutional stays or extended hospitalizations that undermine continuity of care. Even when acceptance is possible, waitlists can extend for years and require competing with already overburdened community systems. OCI findings point to the potential value of more structured or longer-term arrangements with provincial long-term care providers to help mitigate these access barriers.

The lack of appropriate community options was described as a frequent source of frustration and moral distress for staff. Many emphasized that these gaps limit release decisions and fundamentally undermine CSC’s ability to provide humane, person-centred care for aging individuals whose medical and functional needs exceed what correctional institutions were designed to deliver.

Medical Assistance in Dying (MAiD) in Federal Corrections

Medical Assistance in Dying (MAiD) raises complex ethical, legal, and operational issues in federal corrections. The Office has consistently emphasized that MAiD must be approached with strong safeguards grounded in dignity, autonomy, and humanitarian principles. The OCI has recommended the establishment of an external expert committee to examine MAiD in places of detention and to propose necessary policy and legislative reforms. Pending this work, the OCI has urged that MAiD should not be provided within federal penitentiaries and that decisions to pursue MAiD, particularly for palliative or terminally ill individuals, be freely and voluntarily made in the community.

In response, CSC has emphasized its commitment to a robust, compassionate, and patient-centred process that aligns with federal legislation. CSC has highlighted that its existing MAiD guidelines already include significant safeguards: eligibility assessments must be performed by external health professionals, and MAiD procedures are generally required to occur in community hospitals, with exceptions permitted only at the request of the individual and with senior level approval.

Despite these safeguards, the OCI continues to observe a fundamental tension between patient-centred objectives and the realities of a security-driven environment. Operational constraints, including staffing shortages, security requirements, and institutional routines, can interfere with end-of-life support, even when MAiD is accessed in the community. In one case, for example, an individual proceeded without a designated support person present due to the last-minute refusal of staff to provide an escort, despite extensive advanced planning.

These findings underscore the structural challenges of supporting autonomy and dignity at end of life for individuals in federal custody, and reinforce long-standing concerns about the limits of delivering MAiD-related care within a custodial framework.

Conclusion

This ten-year review demonstrates that while the CSC has introduced a range of policy reforms, frameworks, and pilots in response to the Office's 78 health-related recommendations, progress has been uneven and largely insufficient to produce consistent, system-wide improvements in the delivery and quality of health services. Despite clear legislative obligations, international standards, and repeated commitments, access to timely, equitable, and patient-centred health care in federal corrections remains constrained by structural, operational, and resourcing barriers.

Across all areas of health service delivery, a recurring gap persists between policy intent and implementation on the ground. CSC has introduced several constructive initiatives, including the Integrated Primary Care Model, expansion of the National Drug Formulary, a new dental services plan, development of a Health Services Human Resource Strategy, renewed focus on aging and palliative care, reviews of Regional Treatment Centres, and a significant reframing of harm reduction policy. In many cases, these initiatives reflect long overdue alignment with prior OCI recommendations and increased recognition of the complexity of delivering health care in custodial settings.

The impact of these initiatives, however, has been constrained by chronic staffing shortages, limited resourcing, and uneven implementation. The rollout of the Integrated Primary Care Model illustrates this tension. While the model advances integrated and patient-centred care in principle, implementation without corresponding investments in staffing and clinical capacity has contributed to role confusion, workload pressures, and erosion of professional boundaries. While OCI work has emphasized the importance of adequate nursing and clinical coverage beyond standard operating hours, this underscores the need to strengthen overall staffing capacity rather than redistribute already limited resources. Similarly, the expansion of medications available through the National Drug Formulary represents meaningful progress on access and selection, but has introduced new operational pressures as increasingly complex medication regimens strain staff capacity.

The consequences of these systemic limitations are most evident where delays and inequities result in tangible harm. Dental services remain characterized by prolonged waitlists, unmet service standards, and reliance on acute intervention rather than preventive care. Mental health services continue to show significant variability in quality and availability, with long-standing gaps in national standards, staffing complements, oversight, and therapeutic consistency. As a result, individuals with significant mental health needs continue to experience uneven access to appropriate and timely care.

Populations with complex and intersecting needs are disproportionately affected. Despite strategic frameworks and pilot initiatives related to aging, CSC remains insufficiently prepared to respond to the rapid growth of older persons in custody. Many institutions remain physically ill-suited to provide age-appropriate, chronic, or palliative care, and access to suitable community-based placements is severely limited. These constraints often result in individuals being retained in inappropriate institutional settings, undermining dignity, continuity of care, and humane release planning.

In the area of substance use, CSC's recent revision of its National Drug Strategy represents a significant and necessary shift toward a more health-centred and evidence-informed framework, bringing federal corrections closer to community standards of care. While early outcomes cannot yet be assessed, effective implementation will depend on sustained operational support, clearer outcome measurement, and careful balancing of health-centred objectives alongside entrenched security practices.

After more than a decade of recommendations, the expectations for correctional health care are well established. What remains is the sustained action required to translate policy commitments into consistent practice, adequate resourcing, and measurable improvements in outcomes. The Office will continue to monitor and report on CSC's progress, particularly where gaps in health care delivery pose ongoing risks to dignity, safety, and wellbeing for individuals in federal custody.



Chapter 3: Indigenous Corrections

Pacific Institution, BC

Background

The over-representation of Indigenous peoples in Canada's federal correctional system is a long-standing, well-documented, and deeply entrenched reality that continues to worsen despite decades of reform efforts. While Indigenous peoples represented less than five percent of the Canadian population in 2016-17, they accounted for 26.4%⁷⁹ of the federally incarcerated population at that time. By 2025, Indigenous peoples comprise nearly one third of all individuals in federal custody, with Indigenous women representing close to half of the federally incarcerated women's population. This growth has occurred notwithstanding sustained policy attention and repeated institutional commitments, and it has proven largely resistant to incremental changes in law, policy, and practice.

Over the past decade, the OCI has continued to examine the interconnected systemic factors that contribute to Indigenous over-representation and perpetuate inequitable outcomes across the correctional continuum. Through national investigations, case-level reviews, and sustained annual reporting, the Office has consistently documented how core correctional practices, such as risk assessment and security classification, disproportionately assign Indigenous individuals to higher risk and security categories. These determinations, often made early in a sentence, have lasting consequences. OCI findings have further demonstrated that these outcomes are reinforced by enduring structural barriers embedded within federal corrections. These include limited and uneven access to Indigenous-led supports and alternatives envisioned under the *Corrections and Conditional Release Act* (CCRA), such as Elders, community-run healing lodges, and release mechanisms intended to reduce reliance on incarceration for Indigenous peoples.

This body of work points to a correctional framework that remains predominantly mainstream and security-driven, with Indigenous-specific initiatives operating at the margins rather than as integral components of the system. The result is a model of corrections that continues to reproduce disadvantage and disparity rather than ameliorate it.

Between 2015 and 2025, the Office issued a total of 49 recommendations aimed at addressing these systemic failures and realigning federal corrections with legislative intent, evidence-based practice, and Indigenous-led approaches to healing and reintegration. Among the Office's most significant work during this period are the following investigations:

Risk Assessment with Indigenous Offenders: The Case of *Ewert v. Canada*

Six years after the Supreme Court of Canada's decision in *Ewert v. Canada* (2018),⁸⁰ the Office examined whether the Correctional Service of Canada's (CSC) continued reliance on standardized risk and security classification tools complied with its legal obligations. The investigation found that CSC persists in using assessment instruments that have not been demonstrated to be reliable or appropriately validated for Indigenous peoples, embedding systemic bias into correctional decision-making. As a result, Indigenous individuals remain more likely to be classified at higher security levels and less likely to access programs and conditional release, raising ongoing concerns regarding compliance with the intent of the *Ewert* decision.

⁷⁹ Office of the Correctional Investigator (OCI), 2016-2017 *Annual Report* (2017).

⁸⁰ *Ewert v. Canada*, 2018 SCC 30 [Ewert].

Ten Years Since Spirit Matters: A Roadmap for the Reform of Indigenous Corrections in Canada (2023)

In 2023, the Office released *Ten Years Since Spirit Matters*, a comprehensive ten-year update on the state of Indigenous corrections in Canada. The report was intended not only to assess progress since the original 2013 *Spirit Matters* report, but also to evaluate whether CSC had meaningfully implemented long-standing recommendations aimed at reducing Indigenous over-representation and strengthening Indigenous-led corrections. The update comprised three in-depth investigations examining key pillars of the Indigenous Continuum of Care: healing lodges, Pathways initiatives, and the role of Elders in federal corrections.

Unfilled Promises: Investigation of Healing Lodges in Canada's Federal Correctional System

This investigation examined the extent to which healing lodges were being used as originally intended – to reduce over-incarceration, support Indigenous-led corrections, and improve outcomes for Indigenous people in federal custody, for and by Indigenous peoples and communities. The Office found that access to healing lodges, particularly community-run facilities operating under section 81 of the CCRA, remained extremely limited. Substantial funding disparities between CSC-run and community-run healing lodges persisted, and long-standing barriers identified in the 2013 *Spirit Matters* report – including underutilization and inequitable resourcing – remained largely unaddressed. As a result, community-run healing lodges continue to be treated as peripheral rather than core components of Indigenous corrections, leaving key commitments unfulfilled more than a decade later.

Straight and Narrow Road: An Investigation into CSC's Pathways Initiatives

This investigation examined whether Pathways initiatives were delivering the Indigenous-centred, Elder-guided alternatives envisioned within federal institutions. The Office found Pathways to be unevenly implemented, constrained by security-driven practices, and insufficiently linked to community reintegration. As a result, Pathways has remained largely symbolic rather than transformative, reflecting the same implementation failures identified in *Spirit Matters* a decade earlier.

Investigation of the Role and Impact of Elders in Federal Corrections

This investigation confirmed the critical and positive role Elders play in supporting Indigenous offenders' healing, while also finding that their impact is constrained by inconsistent access, limited resources, insufficient authority, and institutional practices that undervalue Indigenous knowledge. The findings underscore that Indigenous-led healing has yet to be fully embedded as a core function of the federal correctional system.

Building on this body of work, the present chapter assesses the extent to which CSC has acted on recommendations issued over the past decade. The review focuses specifically on progress and gaps in the areas of risk assessment and security classification, community-run healing lodges and release options, Pathways and Indigenous-specific interventions, and the role of Elders in federal corrections.

Findings

The 49 recommendations issued over the past decade point to four key themes: challenges related to risk assessment, security classification, and Indigenous Social History; gaps in the use and accessibility of healing lodges and Section 84 releases; limitations in the availability and effectiveness of Pathways and Indigenous-specific Interventions; and the role of Elders within correctional practices.

Risk Assessment, Security Classification, and Indigenous Social History

Finding: *CSC has not developed Indigenous-led risk assessment or security classification tools consistent with the Supreme Court of Canada's declaration further to *Ewert v. Canada* (2018), and over-classification of Indigenous individuals persists.*

For more than a decade, the Office has called on CSC to develop new, reliable, and rigorously validated risk assessment and security classification tools for Indigenous offenders – designed from the ground up to address systemic bias, reduce over-classification, and improve access to lower security placements and release. In a 2016 investigation, the Office reported on the Federal Court's findings in Mr. Ewert's case, which concluded that several psychological risk assessment scales used by CSC were less reliable when applied to Indigenous peoples. The Office subsequently recommended the development of culturally appropriate, gender-responsive assessment tools grounded in *Gladue* principles for use with Indigenous men and women.

Following the Supreme Court of Canada's 2018 decision in *Ewert v. Canada*, the Office reiterated these recommendations and sought clarity on CSC's plan to address the identified gaps. CSC responded by asserting that its existing tools "demonstrate moderate to high predictive accuracy," while indicating that further research might be undertaken.⁸¹ The Office again, in 2023,⁸² pressed CSC to publicly articulate concrete actions, deliverables, and timelines for developing Indigenous-led assessment tools and to engage independent external expertise to evaluate the validity and reliability of existing instruments.

CSC has reported various initiatives intended to respond to these concerns. These include research on assessment tools used with women and Indigenous offenders, exploratory work outlined in CSC's 2019-20 Research Plan, revalidation exercises of the Custody Rating Scale for women and racialized offenders, partnerships with academic institutions to explore culturally informed approaches, and the use of expert panels and literature reviews. While these activities demonstrate engagement at the research and planning level, they have not resulted in the delivery of a revised assessment tool or process that meaningfully addresses the deficiencies identified by the Supreme Court.

⁸¹ OCI, 2018–2019 *Annual Report* (2019).

⁸² OCI, 2023–2024 *Annual Report* (2024).

More than seven years after *Ewert*, CSC continues to rely on standardized assessment and classification tools that were not designed for Indigenous populations and whose impacts on classification outcomes remain unchanged. As a result, Indigenous individuals continue to be disproportionately classified at higher security levels, with cascading consequences for access to programming, healing lodges, and conditional release. The record indicates sustained activity without substantive reform or measurable improvement in outcomes.

Indigenous Social History (ISH) in Decision-Making

Finding: *Although CSC has expanded training related to Indigenous Social History, the absence of clear, enforceable guidance has resulted in inconsistent and limited application of ISH factors in correctional decision-making.*

Indigenous Social History (ISH) factors capture the intergenerational and systemic impacts of colonialism, including residential schools, displacement, discrimination, and community trauma, that shape the lived experiences of Indigenous peoples. Under the CCRA, these factors are intended to be meaningfully considered in correctional decision-making to ensure assessments are fair, culturally informed, and responsive to Indigenous realities.

In 2021, the Office recommended that CSC strengthen training and practical support for case management staff to ensure ISH factors are applied consistently in decisions related to security classification, institutional placement, segregation, access to programming, and discretionary release.⁸³ CSC subsequently incorporated ISH content into *Parole Officer Induction Training* (POIT 2024),⁸⁴ making it a mandatory four-hour virtual module within the Analysis and Risk Assessment curriculum.

While this represents a positive step, the training remains largely conceptual. The module explains the purpose and limitations of risk assessment tools and emphasizes the importance of culturally informed approaches, but it does not identify Indigenous-specific tools or provide concrete instruction on how ISH factors should be operationalized in practice. Notably, the training does not reference sections 79.1(1) and (2) of the CCRA, which establish a statutory requirement to consider systemic and background factors affecting Indigenous peoples, while also limiting their use in risk assessment decisions to circumstances where those factors could reduce the level of assessed risk.⁸⁵

These limitations extend beyond initial training. The *Parole Officer Continuous Development* materials for 2024-25 on psychological risk assessment do not meaningfully address ISH or the documented limitations of standardized assessment tools when applied to Indigenous peoples.⁸⁶ The accompanying Trainer's Manual devotes minimal time to the issue and provides no practical guidance beyond acknowledging that risk factors may operate

⁸³ Correctional Services Canada (CSC), *Research Report: Aboriginal Social History Factors in Case Management*, (Research Report R-356) (2015).

⁸⁴ CSC, Online training portal - Knowledge Resources – *Parole Officer Induction Training* (POIT), accessed April 14, 2026.

⁸⁵ *Corrections and Conditional Release Act*, S.C. 1992, c.20, ss. 79.1(1) and (2).

⁸⁶ CSC, Online training portal - Knowledge Resource - *PCOD 2024-25 – Trainer - Considering Psychological Risk Assessments in Case Management*, pp. 49–50, accessed April 2026.

differently across cultural groups. Training case studies similarly omit Indigenous examples, limiting opportunities for learning and reflection.

As a result, there remains a significant gap between CSC's stated commitment to culturally informed decision-making and the practical guidance provided to staff. While awareness of ISH has increased, its application remains uneven, discretionary, and insufficiently anchored in legal requirements. In late 2025, CSC released *A Guide to Culturally Responsive Indigenous Interventions* and the *Indigenous Intervention Centres National Handbook*, both of which incorporate references to ISH considerations and culturally appropriate interventions. These documents represent movement in the right direction; however, at the time of writing, their implementation and impact could not be assessed. It remains unclear whether these tools will meaningfully influence assessment practices or classification outcomes for Indigenous men and women.

Despite long-standing recommendations and incremental improvements in training, CSC has not demonstrated measurable progress in addressing the systemic over-classification of Indigenous individuals. Increased awareness of ISH has yet to translate into consistent, legally compliant decision-making or improved correctional outcomes.

National Level Indigenous Leadership

The creation of the Deputy Commissioner for Indigenous Corrections (DCIC) position in March 2023 marked a significant and long advocated step forward, aligning with recommendations made by this Office over the past two decades⁸⁷ and echoing calls from numerous groups, including the National Inquiry into Missing and Murdered Indigenous Women and Girls (NIMMIWG).⁸⁸ This appointment, demonstrated recognition of the importance of Indigenous leadership, experience, and decision-making at the senior levels of federal corrections. The DCIC's extensive frontline experience⁸⁹ with federally incarcerated Indigenous peoples in institutions and healing lodges, is widely seen as a strength in leading the Indigenous Initiatives Sector (IIS). While the role is viewed as central to addressing systemic issues, including Indigenous over-representation, authority for major system-level change remains with the Commissioner. Nonetheless, this Office remains hopeful that the role of DCIC will result in meaningful leadership, accountability, and decision-making to drive meaningful improvements for Indigenous peoples under federal sentence. Recent policy changes under the leadership of the DCIC signal a positive direction and we await these policy changes translating into practice. This Office remains committed to ongoing and productive engagement as the DCIC leads this important portfolio forward.

⁸⁷ OCI, *Ten Years Since Spirit Matters – Special Publication*, (2023).

⁸⁸ National Inquiry into Missing and Murdered Indigenous Women and Girls, *Reclaiming Power and Place*, 2019, Vol. 1b, p. 185).

⁸⁹ CSC, "Let's Talk - Introducing the new Deputy Commissioner for Indigenous Corrections," last modified October 23, 2023.

Healing Lodges and Section 84 Releases

Finding: Over the past decade, CSC has failed to meaningfully expand the number of Section 81 healing lodges, resulting in persistent capacity limitations and unresolved regional gaps despite long-standing commitments and repeated recommendations.

The limited availability of community-run, Section 81⁹⁰ healing lodges has been a consistent concern for the Office, particularly in light of the scale of Indigenous over-representation in federal custody. Despite a population of more than 5,000 Indigenous peoples under federal custody, there are still only 10 healing lodges operating nationwide, of which just six are community-run under Section 81 agreements. Collectively, these facilities provide approximately 452 healing lodge beds, with less than half of those beds located in community-run lodges. Over the past decade, only one new Section 81 healing lodge has opened. During this same period, the Office has repeatedly recommended expanding the number of Section 81 agreements to increase culturally appropriate, community-based capacity – recommendations echoed by stakeholders, oversight bodies, and commissions examining Indigenous corrections.

CSC has periodically reported actions intended to respond to these recommendations. In 2016, following findings by both the Auditor General and this Office, CSC committed to increasing Section 81 capacity and reported assessing expressions of interest from Indigenous communities. In 2017, CSC again indicated it was strengthening partnerships to expand Section 81 participation, including discussions with Prairie-region communities regarding a potential healing lodge for women. However, despite the renewal of two existing Section 81 agreements in 2018, the opening of the Eagle Women's Lodge in Winnipeg, Manitoba in 2019 with a capacity of 30 beds for Indigenous women, and the addition of a limited number of beds, these efforts did not result in any net increase in the number of Section 81 healing lodges.

Most recently, CSC has confirmed that it has not entered into new Section 81 agreements with Indigenous communities or organizations. While the Service is engaged in preliminary negotiations with communities in Ontario, Atlantic, and Pacific regions – supported by letters of intent approved by the Minister of Public Safety in 2024 and 2025 – these discussions remain at an early stage.⁹¹ Any resulting increases in capacity are unlikely to materialize for several years, as negotiation and implementation processes are inherently long-term.

As a result, long-standing and well-documented gaps remain unaddressed. In particular, the absence of Section 81 healing lodges in the Ontario and Atlantic regions continues to limit access to community-based, Indigenous-led correctional options. This gap was

⁹⁰ Section 81 of the CCRA allows an Indigenous community to provide correctional services to Indigenous offenders. Offenders may be transferred to the care and custody of a facility in an Indigenous community at any time during their sentence, including directly from intake, *Corrections and Conditional Release Act*, S.C. 1992, c. 20, section 81.

⁹¹ CSC reported conducting 21 consultation and outreach activities across the Atlantic, Ontario, Pacific, Prairie, and Quebec regions; however, no letters of intent were issued due to limited community interest, capacity constraints, geographic location, land ownership issues, and the involvement of non-Indigenous organizations. CSC, *Response to Document Request*, dated December 2025.

identified in *Ten Years Since Spirit Matters* and persists in regions with significant Indigenous populations and growing numbers of Indigenous women in federal custody.

Finding: *Section 81 healing lodges continue to be significantly underutilized compared to CSC-run facilities due to systemic transfer barriers, restrictive practices, and the absence of effective policy implementation – not because of insufficient need or capacity.*

Despite long-standing recognition of their rehabilitative value, Section 81 healing lodges have consistently operated at lower occupancy than comparable CSC-run facilities. The Office has previously reported that average occupancy at Section 81 healing lodges declined from approximately 78% prior to the pandemic to 51% in 2022–2023. While overall healing lodge occupancy has since increased to 73% in 2025–26, this recovery has not been evenly distributed. Section 81 healing lodges remain significantly underutilized relative to CSC-run healing lodges, which reported an occupancy rate of 90.9% in the same period. This disparity cannot be explained by a lack of demand or available capacity. In 2025–26, the six Section 81 healing lodges collectively operated at 52.4% occupancy, with 110 of 210 beds vacant, even as CSC facilities retained individuals who met transfer criteria. As one Section 81 healing lodge reported, half of its beds remained empty while sending institutions continued to double-bunk minimum-security individuals, including those already approved for transfer. By contrast, CSC-run healing lodges reported near-full occupancy, underscoring a systemic preference for internal placements over community-based alternatives (see Table 1). During the factual review (errors and omissions) process, CSC indicated that its internal data system – on which this Office relies to derive data and information – is not reliable for accurately tracking healing lodge occupancy. Despite our efforts throughout the investigation to raise and reconcile obvious discrepancies, CSC ultimately acknowledged that it does not currently have a “reliable mechanism” for nationally tracking and reporting bed occupancy at healing lodges, particularly Section 81 facilities. Instead, it has relied on manual tracking methods. While CSC eventually provided some manually compiled data, this Office was not in a position to independently verify its accuracy or completeness. As a result, this Office was unable to validate the information provided by CSC.

Legislative and policy frameworks permit the transfer of Indigenous persons to Section 81 facilities, including individuals classified as medium security.⁹² CSC has confirmed that neither the CCRA nor section 81 exclusively restrict transfers to minimum-security populations. Yet, in practice, transfer decisions remain tightly constrained by classification practices. At the time of writing, only 20.2% of Indigenous men were classified as minimum security, while 58.6% were classified as medium security – significantly limiting eligibility under prevailing institutional approaches and contributing directly to ongoing vacancies in Section 81 healing lodges.

⁹² Guidelines 710-2-1 and CCRA section 81 set out the purpose and objectives of community-run facilities and the benefits to Indigenous offenders, Guidelines 710-2-1, *Corrections and Conditional Release Act Section 81* (November 7, 2018).

Table 1. Comparison of Capacity and Occupancy Rates Between Section 81 and CSC-run Healing Lodges

Fiscal Year 2025-26			
Facility	Rated Capacity	Actual Capacity	% Occupied
s.81 Total	210	110	52.4
Stan Daniels Healing Centre	73 ¹	33	45.2
O-chi-chak-ko-sipi First Nation Healing Lodge	28	20	71.4
Waseskun Healing Centre	27	15	55.6
Buffalo Sage for Women	28	13	46.4
Prince Albert Grand Council Spiritual Healing Lodge	24	10	41.6
Eagle Women's Healing Lodge	30	19	63.3
CSC-run Total	242	220	90.9
Kwikwèxwelhp Healing Village	50	47	94
Pê Sâkâstêw Centre	60	59	98.3
Willow Cree Healing Centre	72 ²	54	75
Okimaw Ohci Healing Lodge	60	60	100
GRAND TOTAL	452	330	73

1. CSC provided corrected numbers for 2025-26, which differ from what was provided and therefore reported in *Ten Years Since Spirit Matters*.

2. Willow Cree capacity is lower compared to 2022-23, as there appears to have been a reduction in usable beds.

Over the past decade, the Office has repeatedly recommended that CSC address these barriers by increasing cascading to lower security levels, expediting transfers, and working collaboratively with Section 81 operators to identify and address the causes of persistent vacancies. CSC initiatives intended to improve transfers, including Indigenous Interventions Centres (IICs), have not yielded measurable results. While participation in IICs has been associated with positive reintegration outcomes, the initiative has not translated into greater access to Section 81 placements. Introduced in 2017 and subsequently repackaged – most recently through the release of a *National Handbook* in 2025 – the underlying eligibility criteria for participation have remained unchanged.⁹³ CSC's own 2024 audit confirmed that no substantive policy changes were made to expand eligibility, reinforcing earlier findings that the initiative has failed to increase transfers to Section 81 healing lodges.⁹⁴

Similarly, CSC commitments to streamline placement and transfer processes have not translated into updated policy direction. Aside from consultations on proposed revisions to Commissioner's Directive 702, no substantive changes have been implemented. The primary guideline governing Section 81 transfers (GL 710-2-1) has

⁹³ CSC, "*Indigenous Interventions Centres National Handbook*," internal document, accessed April 2026.

⁹⁴ CSC, "*Audit of Indigenous Intervention Centres March 1, 2024*," last modified September 19, 2025.

not been revised since 2018, despite scheduled reviews. As a result, outdated criteria and inconsistent institutional practices continue to constrain access to Section 81 healing lodges.

While Indigenous-led healing lodges have taken proactive steps to address these challenges, including the formation of a National Coalition in 2025, responsibility for resolving systemic transfer barriers ultimately rests with CSC. Without clear policy reform, active institutional support, and consistent implementation, Section 81 healing lodges will continue to operate below capacity, limiting access to Indigenous-led, community-based correctional options despite demonstrated need.

Finding: No meaningful progress has been made toward funding parity between Section 81 healing lodges and CSC-run facilities, entrenching a two-tier healing lodge system with long-standing and tangible operational consequences.

Over the past decade, the Office has consistently identified significant funding disparities between Section 81 healing lodges operated by Indigenous communities and those operated directly by CSC. For example, in 2017, the Office found substantial inequities in funding levels and employment conditions and therefore the Office recommended reallocating resources to support new funding arrangements for Section 81 agreements. Subsequent reporting in 2022 confirmed that proportionally little new funding had been directed to Indigenous-controlled, community-run correctional initiatives, including Section 81 healing lodges. Most recently, in *Ten Years Since Spirit Matters*, the Office concluded that CSC had effectively created a two-tier healing lodge system, placing Section 81 healing lodges in competition with CSC-run facilities for residents, staff, resources, and authority.

Corrected financial data obtained through the current investigation reinforce this conclusion. While *Ten Years Since Spirit Matters* initially reported that Section 81 healing lodges accounted for approximately 34% of total healing lodge spending, revised data show that their share was closer to 25.8% in 2021-22 and remained largely unchanged at 26.5% in 2024-25. In absolute terms, CSC spending on CSC-run healing lodges in 2024-25 (\$43.9 million) was approximately 2.8 times higher than spending on Section 81 healing lodges (\$15.8 million), despite long-standing recommendations to rebalance funding.

Per-resident cost comparisons further illustrate the persistence of funding inequities. In 2024-25, CSC-run healing lodges reported an average annual cost of \$217,147 per resident, compared to \$143,780 at Section 81 healing lodges – a difference of approximately \$73,400 per resident per year. Put another way, for every dollar CSC spends on a resident in a CSC-run healing lodge, it spends approximately 66 cents on a resident in a Section 81 healing lodge. While per-resident costs declined across both types of facilities between 2021-22 and 2024-25, likely reflecting increased occupancy and economies of scale, these reductions did not meaningfully narrow the funding gap.

CSC has taken some steps to address long-standing funding concerns. In 2025, CSC introduced a hybrid funding model for Section 81 agreements that includes baseline funding regardless of occupancy and higher funding rates. While these changes have

improved short-term financial stability for some lodges, they were accompanied by a reduction in agreement renewal periods from five years to three. Comparative spending data show that these adjustments have not altered the underlying structural imbalance. As such, recent reforms represent incremental improvements rather than a shift toward funding parity or long-term sustainability.

The Office has repeatedly found that funding disparities have direct operational consequences. Section 81 healing lodges continue to face challenges related to staff recruitment, training, and retention, driven largely by non-competitive salaries and constrained resources. Aging infrastructure and limited program funding further affect day-to-day operations. During the current investigation, staff and residents reported that certain cultural and rehabilitative activities available at CSC-run healing lodges, such as making star blankets and teepees, could not be offered at Section 81 facilities due to resource limitations. These gaps underscore that, despite modest funding increases, no meaningful improvement has been made in addressing the systemic funding inequities facing Indigenous-led healing lodges.

Finding: Although more Indigenous offenders have expressed interest in Section 84 releases, the growth in actual releases has been modest. Overall results remain limited due to ongoing structural, administrative, and capacity barriers, that continue to constrain the effective use of section 84 as a reintegration pathway.

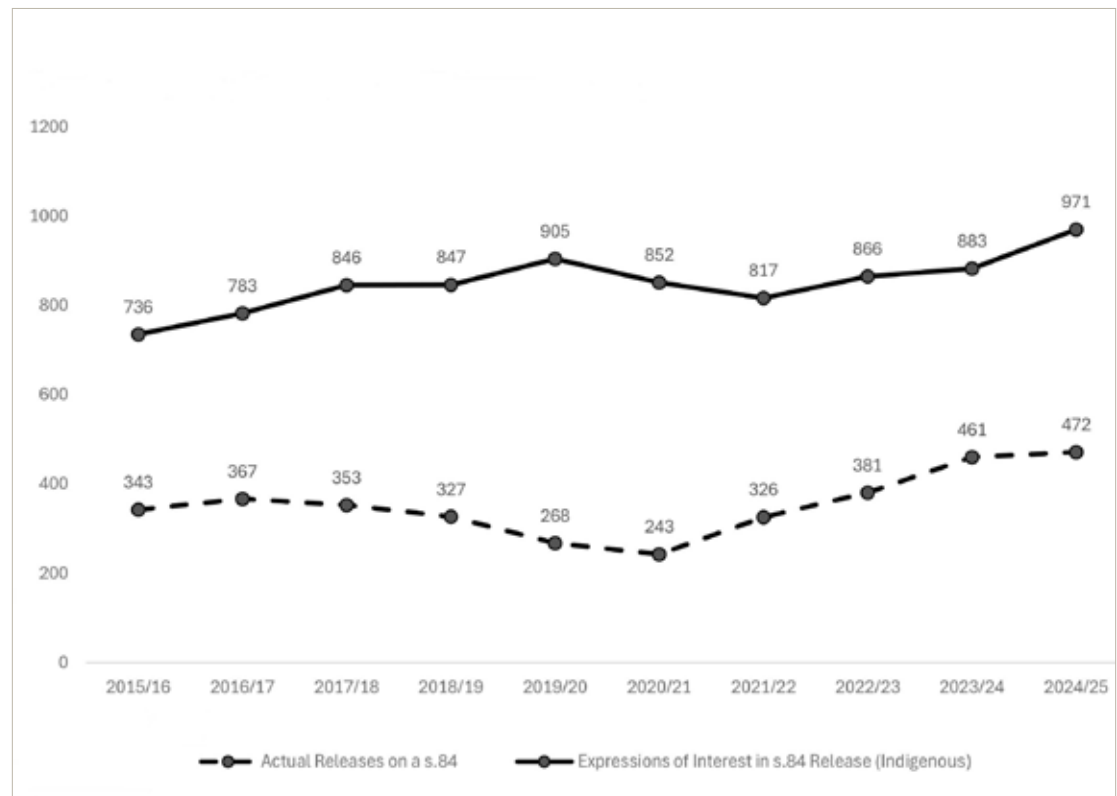
Over the past decade, the Office has consistently called on CSC to strengthen the use of section 84 of the CCRA as a mechanism to support culturally appropriate, community-led reintegration of Indigenous offenders.⁹⁵ While some progress has been observed, overall uptake remains modest relative to demonstrated interest and need.

Earlier reporting found gradual increases in Section 84 releases; however, *Ten Years Since Spirit Matters* highlighted a significant gap between interest and outcomes: between 2012 and 2021, only 227 of 507 expressions of interest resulted in a Section 84 release. More recent data show a substantial increase in interest. Between 2021 and 2025, expressions of interest averaged 878, yet only 307 releases were granted (see Graph 1). Although CSC has indicated that not all expressions of interest translate into parole eligibility, the scale of this gap underscores ongoing systemic constraints. Despite post-pandemic growth in both interest and releases, the majority of expressions of interest continue not to result in a Section 84 placement.

In response to the Office's recommendations, CSC has undertaken a number of initiatives aimed at improving the procedural and operational environment for Section 84 release planning. In 2025, CSC supported a Section 84 gathering hosted by the *Kwanatul-Together Circle of Eagles Lodge Society* in British Columbia, which facilitated dialogue on systemic barriers and co-development of a research project focused on Indigenous experiences with section 84. CSC has also reported enhancements to tracking mechanisms for Section 84 expressions of interest and releases.

⁹⁵ Section 84 of the CCRA provides that if an inmate expresses an interest in being released into an Indigenous community, CSC must (1) notify the community of their parole review or their statutory release date and (2) give them a chance to propose a plan for the release and reintegration into that community. Section 84 – Release into Indigenous community, *Corrections and Conditional Release Act*, S.C. 1992, c. 20.

Graph 1. Total Number of S. 84 Expressions of Interest and Actual Releases Since 2015-16



CSC has further indicated efforts to strengthen capacity through targeted pilots and contracted services. A three-month pilot in the Pacific region (June to September 2025) focused on quality assurance of Community Assessments and highlighted the value of dedicated management support for Indigenous Community Development Officers. Draft handbooks outlining the Section 84 process for Indigenous Community Development Officers and Indigenous Liaison Officers have been developed, alongside commitments to deliver awareness sessions for Section 84 Reintegration Workers. While these initiatives represent positive steps, their continuation and impact are dependent on sustained funding and broader implementation.

CSC has also reported expanded contribution agreements and partnerships intended to enhance community engagement and support Section 84 release planning. These include agreements with Indigenous organizations in Ontario, Nunavut, and Quebec, as well as ongoing work to develop a provincial framework for Section 84 engagement in Ontario. While these partnerships demonstrate effort to build community capacity, limited information is available on their duration, consistency, and measurable impact on Section 84 release outcomes.

Following a recommendation from the Office in 2024, CSC proposed streamlining the Section 84 *Path Home* process through revisions to Release Planning Process Guidelines and CD 702. At the time of writing, these revisions had not yet been approved. As a result, long-standing barriers – including limited staff capacity, administrative complexity, uneven awareness, and constrained community resources – continue to impede broader uptake.

Collectively, these initiatives signal increased attention to section 84 and a more supportive procedural framework; however, outcomes to date indicate that these efforts have not translated into a substantial or sustained increase in Section 84 releases. Despite growing expressions of interest, less than half of interested Indigenous individuals are ultimately released under section 84, highlighting the need for sustained implementation, policy finalization, and capacity investment to ensure section 84 fulfills its intended role in Indigenous reintegration.

Pathways and Indigenous-specific Interventions

Finding: *Recent policy and programmatic reforms have expanded access to the Pathways Initiative, resulting in a measurable increase in Indigenous offender participation.*

The delivery of Indigenous-specific programs and initiatives within federal corrections is governed by a suite of policy instruments, including Commissioner's Directive (CD) 702 (*Indigenous Offenders*), Guideline 702-1 (*Pathways Initiatives*), the National Pathways Handbook, and the National Indigenous Plan. Together, these instruments form the Indigenous Continuum of Care and are intended to ensure Indigenous offenders have access to culturally grounded supports throughout their sentence and reintegration.

In *Ten Years Since Spirit Matters*, the Office found that Pathways initiatives were inconsistently implemented and frequently did not comply with national guidance. Challenges included uneven adherence to Guideline 702-1, operational inefficiencies, limited Elder leadership, and weak continuity between institutional programming and community supports. These shortcomings undermined both the credibility of Pathways and access for eligible Indigenous offenders.

In response, CSC undertook revisions in 2025 to CD 702 and Guideline 702-1, alongside updates to the National Pathways Handbook. These changes were designed to improve coordination, clarify roles and responsibilities, and strengthen alignment across institutions delivering the Pathways Initiative. Although the revised Commissioner's Directive had not yet been approved at the time of writing, the proposed changes directly respond to the Office's recommendations and, if fully implemented, have the potential to improve early identification and placement of Indigenous offenders into Pathways.

Early participation data suggest these reforms are beginning to have a measurable impact. In 2022–23, fewer than 10% of incarcerated Indigenous individuals benefitted from Pathways. By the second quarter of fiscal year 2025–26, approximately 37% of Indigenous offenders had participated in Pathways.⁹⁶ Importantly, this increase did not result from changes to eligibility criteria, but rather from improved coordination and centralization of services that enabled earlier identification and placement. This early growth underscores how Indigenous leadership, such as the DCIC, provides the system-wide coordination needed to better align services, remove operational bottlenecks, and translate centralized reforms into meaningful earlier access to healing-focused supports for Indigenous offenders.

⁹⁶ CSC, "Pathways Indicator Report" unpublished internal document, received March 5, 2026, through an official document request.

Finding: *Despite improved access, Pathways capacity and program design constraints continue to limit its overall impact, with persistent waitlists, restrictive eligibility pathways, and uneven implementation across institutions.*

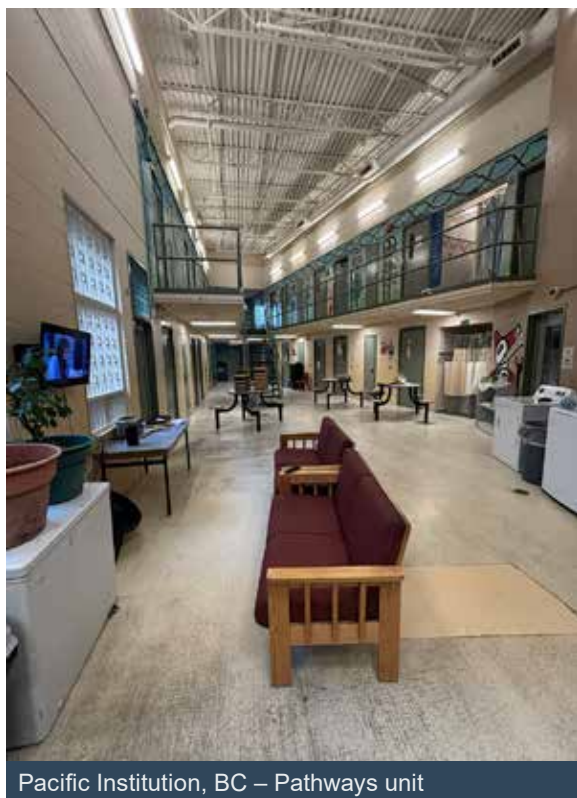
Despite these gains, Pathways capacity has not expanded at a pace commensurate with demand. National capacity increased only marginally, from approximately 350 beds in 2022–23 to 366 beds in 2025–26. As of 2025–26, 76 individuals remained waitlisted despite operating at approximately 86% capacity.⁹⁷ Indigenous offenders account for more than two-thirds of the population in the institutions where Pathways is offered, yet only a small proportion are able to access a Pathways bed.

Structural and systemic barriers further constrain participation. Staff reported that reliance on the Criminal Risk Index continues to classify a disproportionate number of Indigenous offenders as high risk. This often requires participation in High Intensity Programming and delays or prevents cascading to lower security levels – both of which restrict access to Pathways. Others noted persistent stigma associated with participation, with one staff member stating that “common knowledge within the offender grapevine is that you’re not solid if you go through Pathways.” In other words, participation in the program is perceived within the offender population as undermining one’s legitimacy, signalling that the individual is receiving preferential treatment rather than fully serving their sentence. As a result, staff prefer to transfer individuals directly from Intake, as once they enter the general population, they are unlikely to enroll in Pathways.



Collins Bay Institution, ON – Indigenous programs space

⁹⁷ CSC, “Bed Utilization Report” unpublished internal document, received March 5, 2026, through an official document request.



Pacific Institution, BC – Pathways unit

For individuals who do not qualify for Pathways, access to cultural programming remains limited and inconsistent. Indigenous Interventions Centre staff reported that Sweats, Elder counselling, and cultural activities for the general population operate on rotational schedules due to large populations and limited Elder availability. These constraints reduce frequency of participation and result in long wait times, particularly affecting Indigenous offenders serving life or long sentences. Delayed access to culturally grounded programming can, in turn, affect opportunities to cascade to lower security levels or pursue future reintegration pathways.

CSC has taken steps to revitalize Pathways initiatives at a small number of maximum-security institutions; however, implementation remains uneven due to staffing challenges, infrastructure gaps,

and the absence of dedicated Pathways spaces. Recent reforms have expanded access to Pathways, but limited capacity and persistent design constraints continue to restrict its overall impact.

The Role of Elders

Finding: While CSC has taken steps to improve Elders' working conditions and reduce administrative burdens, these efforts remain uneven and incomplete.

Over the past decade, the Office has emphasized the central role of Elders and Spiritual Advisors in supporting Indigenous offenders' healing, rehabilitation, and reintegration. Numerous reports, including those by the Auditor General of Canada, have called for expanded Elder involvement, clearer role definitions, improved compensation and job security, reduced administrative burdens, and culturally safe working environments. The Office has also highlighted the importance of respecting Indigenous ownership and control over ceremonial knowledge and practices.

In recent years, CSC has taken steps to address some of these concerns. Elders interviewed during this review acknowledged improvements such as increased compensation, access to mental-health days, and greater administrative support; however, Elders also reported the continued absence of basic benefits and emphasized that compensation does not reflect the scope, responsibility, or emotional demands of their work. As one Elder explained: "Our role is probably one of the biggest roles within CSC because we're everywhere... We are stretched thin, and we need time to regenerate."



Henry Traill Community Corrections Centre, ON – Sweat lodge and sacred grounds

In April 2025, CSC implemented an Elder and Spiritual Advisor Contracts model in the Prairie region aimed at reducing administrative burdens and improving onboarding. Under this model, Regional Administrators of Indigenous Initiatives provide structured support throughout the contracting process, assisting Elders in navigating CSC's systems. While promising, CSC has not yet indicated when, or whether, this model will be implemented nationally.

CSC has also strengthened onboarding supports through the revised Elder Orientation Package (May 2023), which includes just over 40 hours of facilitated training and an updated *Handbook for Elders*. These materials provide clearer guidance on CSC policies, expectations, and working practices, responding directly to Elders' requests for improved orientation. Although CSC indicated that materials have been shared across regions, it remains unclear how training is being delivered or evaluated on a national basis.

Additional efforts include the development of *Walking in a Good Way with Elders and Spiritual Advisors*, a guide for CSC staff intended to promote cultural awareness and respectful collaboration. While the guide was still pending final approval at the time of writing, its effectiveness will inevitably depend on consistent rollout, staff uptake, and monitoring across regions.

Finding: *The inconsistent and undervalued integration of Elders' assessments into case management and decision-making continues to undermine culturally grounded reintegration planning and correctional outcomes.*

Despite improvements in working conditions and orientation supports, Elders' contributions remain insufficiently integrated into formal decision-making. Staff interviews consistently highlighted disconnects between Elders, Indigenous Liaison Officers, and Case Management Teams. As one staff member noted: "There's a discrepancy between what Elders

see as progress and what CMT sees. Elders see healing and behaviour change, but those perspectives don't always translate into decisions."

Although CSC policy identifies Elders as instrumental in documenting progress through Healing Plans, their assessments are not consistently reflected in decisions related to security classification, transfers, temporary absences, or release planning. In some cases, Elders and Indigenous staff reported that cultural progress is overshadowed by actuarial tools and risk-based assessments. Some institutions have attempted to address this gap by co-locating Elders, Indigenous Interventions staff, and Parole Officers to encourage collaboration and shared understanding. While these localized practices show promise, they are not applied consistently across the system.

Without the systematic integration of Elders' cultural, emotional, and spiritual assessments into correctional decision-making, Indigenous healing risks remaining peripheral. A holistic and culturally responsive correctional approach requires that Elders' knowledge be afforded meaningful weight alongside actuarial tools. Strengthening Elder authority and embedding their perspectives into formal decision-making frameworks remain essential to improving reintegration outcomes for Indigenous offenders.

Conclusion

Overall, this ten-year review demonstrates that while CSC has undertaken a range of policy updates, pilot initiatives, and administrative reforms in response to the 49 recommendations made by this Office, progress has been uneven, incremental, and insufficient to shift outcomes in a meaningful way. Indigenous over-representation has not stabilized or declined; rather, it has continued to grow.

Across the correctional continuum, this review shows a persistent gap between intent and impact. CSC has made modest advances in awareness, training, and procedural refinement, including increased attention to Indigenous Social History, improvements to Elder onboarding and resourcing, enhanced coordination within Pathways, and renewed engagement with Indigenous communities around Section 84 releases. In several areas, early indicators suggest these efforts may be beginning to improve access – such as increased participation in Pathways and rising expressions of interest in section 84. However, these gains remain fragile and constrained by structural limitations that CSC has yet to address.

Long-standing systemic barriers continue to undermine progress. CSC has not developed Indigenous-led risk assessment or security classification tools, despite clear legal direction from the Supreme Court of Canada. Indigenous individuals remain overclassified and over-concentrated in higher security levels, limiting access to healing lodges, community-based alternatives, and timely release. While training on Indigenous Social History has expanded, guidance remains largely theoretical, with limited practical integration into case management and decision-making. As a result, statutory obligations to meaningfully consider systemic and background factors continue to be applied inconsistently.

Similarly, healing lodges – particularly those run by community – remain peripheral rather than foundational within the federal correctional system. Capacity has not expanded despite repeated commitments, regional gaps persist, and community-run lodges continue to be significantly underutilized due to restrictive transfer practices and outdated policies. These challenges are compounded by entrenched funding disparities that have created a

two-tier healing lodge system, limiting Indigenous communities' ability to deliver culturally grounded healing environments on an equitable footing with CSC-run facilities.

In the area of conditional release, the continued gap between expressions of interest and actual Section 84 releases underscores not a lack of demand, but enduring administrative, capacity, and coordination barriers. While CSC has initiated promising partnerships, pilots, and proposed policy revisions, these efforts have not yet translated into sustained increases in community-led releases or reduced reliance on incarceration. Likewise, Pathways initiatives, though now more accessible than in previous years, remain constrained by limited capacity, restrictive eligibility pathways, and uneven implementation, particularly for individuals serving long sentences.

At a more fundamental level, this review highlights the absence of progress on several of the Office's most consequential recommendations – those aimed at reducing the overall use of incarceration for Indigenous peoples. CSC has not developed a comprehensive decarceration strategy, nor articulated measurable objectives or timelines to reduce Indigenous over-representation. Despite repeated commitments to reconciliation and Indigenous-led approaches, there has been no demonstrable shift in the "yardstick" by which success is measured: Indigenous people remain more likely to be incarcerated, classified at higher security, and denied access to community-based alternatives.

The cumulative effect of these findings is clear. Federal corrections remains predominantly risk-averse, security-driven, and institution-centred, with Indigenous-specific initiatives operating at the margins rather than as core system functions. While the creation of senior Indigenous leadership positions, including the Deputy Commissioner for Indigenous Corrections, marks an important step forward, leadership alone cannot overcome structural inertia without authority, sustained resourcing, and systemic accountability.

After more than a decade of repeated recommendations, the path forward is not ambiguous. Meaningful change will require a decisive shift from incremental reform to structural transformation, anchored in Indigenous leadership, legislative intent, and community-based solutions. Without corresponding action to reduce incarceration, rebalance authority, and address the systemic roots of over-representation, progress in policy and programming will continue to fall short of the outcomes Indigenous peoples, communities, and among many others have long called for.

The Office will continue to monitor, report on, and hold the Correctional Service of Canada accountable for translating commitments into measurable change – particularly where the consequences of inaction continue to be borne disproportionately by Indigenous peoples under federal sentence.



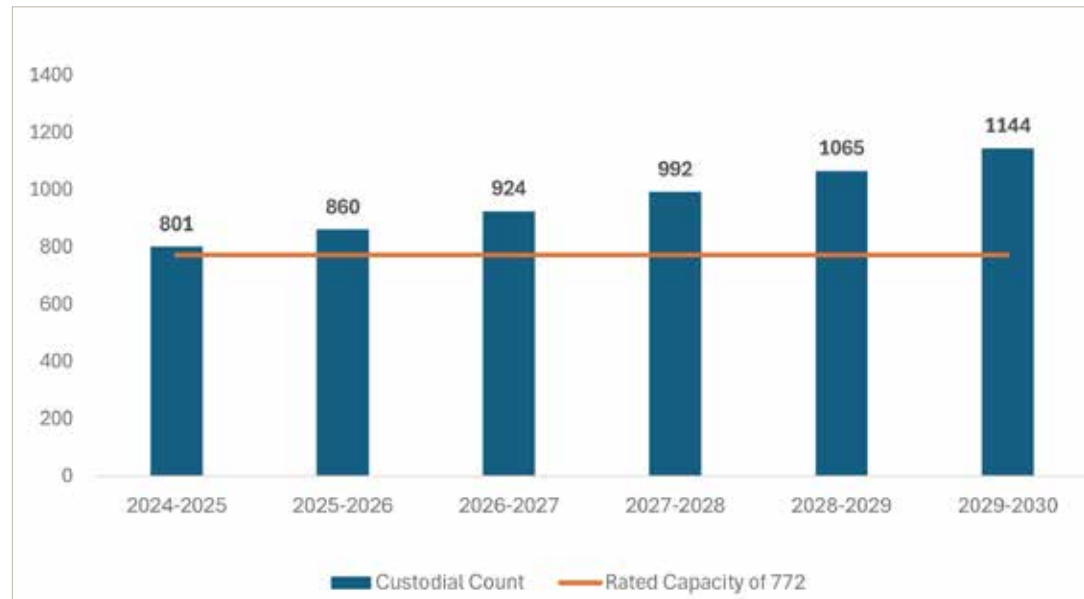
Chapter 4: Federally Sentenced Women

Edmonton Institution for Women, AB -
General population living units

Background

Federally sentenced women in Canada represent the fastest growing correctional population, a trend projected to continue in the coming years. Their pathways into custody often reflect long-standing inequities, including disproportionately high rates of mental health concerns, substance use issues, and histories of physical and sexual victimization – all of which influence both their correctional needs and their experiences within institutional environments.

Graph 1. Population Forecasting of Federally Sentenced Women⁹⁸



Over the past decade, the Office of the Correctional Investigator (OCI) has issued 32 recommendations calling for systemic changes to better meet the needs of federally sentenced women. Informed by a series of national-level investigations and updates, the recommendations reflect a consistent message: meaningful reform in women's corrections requires a shift away from security-driven models toward approaches that prioritize dignity, rehabilitation, and a more diversified and responsive range of custodial and community reintegration options.

Women's Maximum-Security and Secure Units

Between 2016 and 2021, the Office's annual reporting on federally sentenced women placed significant emphasis on examining the Secure Units within the five regional women's institutions. This body of work included investigations and national updates such as *Maxed Out: A Review of the Secure Units at the Regional Women's Facilities (2016–2017)*,⁹⁹ *Federally Sentenced Women – The Secure Units in Women's Institutions (2018–2019)*,¹⁰⁰ and *Over-representation of Indigenous Women in Secure Units – Maximum Security (2021–2022)*.¹⁰¹

⁹⁸ Correctional Service Canada, *Federally Sentenced Women's Population Management Strategy*, PowerPoint presentation, summer 2025, unpublished internal document, received February 23rd, 2026, through an official documentation request.

⁹⁹ Office of the Correctional Investigator (OCI), *2016–2017 Annual Report (2017)*.

¹⁰⁰ OCI, *2018–2019 Annual Report (2019)*.

¹⁰¹ OCI, *2021–2022 Annual Report (2022)*.

Across these reports, the Office consistently identified the need to fundamentally re-examine security practices in women's institutions, with a view to eliminating or reducing overly secure procedures. The Office further recommended rescinding the movement level system¹⁰² in maximum-security units and undertaking a comprehensive review of the security assessment and classification tools. These tools were found to be inadequately tailored to the circumstances, needs, and risk profiles of women and often resulted in inflated security ratings – especially for Indigenous women.

Minimal Options for Federally Incarcerated Women in Minimum-Security Units

Complementing its review of maximum-security and secure units, the Office's reporting has also examined the structural and systemic deficiencies affecting women classified to minimum-security units (MSUs). Between 2014 and 2016,¹⁰³ the OCI raised concerns about inadequate access to programming, community contact, and reintegration supports. In 2022-23, the Office returned to a more explicit focus on minimum-security units and reintegration through its *Minimal Options for Federally Incarcerated Women in Minimum Security Units* investigation.¹⁰⁴ Finding that MSUs did not provide adequate opportunities for community access or the development of post-release supports, the Office recommended reallocating resources to the community, increasing access to community-based programs and services for minimum-security women, and expanding the use of community-run Section 81 healing lodges as well as Section 84 agreements and releases.

Population Pressures in Women's Institutions: Overreliance and Impacts of Interregional Transfers

In its 2023-24 report on *Population Pressures in Women's Institutions*,¹⁰⁵ the OCI drew attention to the rapidly increasing population of federally sentenced women and the use of involuntary interregional transfers to alleviate population pressures. This was found to be a practice that disproportionately impacts women – particularly Indigenous women – by disrupting family connections, cultural ties, and access to support networks. The situation has continued to worsen with all women's sites exceeding their original rated capacity. The impacts of this are widespread and have resulted in a significant and ongoing increase in double-bunking and shared accommodation; reduced access to programs, services, and community supports; and reduced availability of community-based beds.

¹⁰² Within the level system, women in maximum security are assigned a level 1, 2, or 3 designation based on the assessed level of risk exhibited in their behaviours. Those identified as high-risk are assigned to level 1 which is the most restrictive of institutional movement while those deemed as lower risk are categorized as level 3 which is the least restrictive. According to Correctional Service Canada, the level system exists to support movement for activities, such as programs and employment, by determining the level of supervision and security measures required to facilitate such movement.

¹⁰³ OCI, 2014–2015 *Annual Report* (2015); OCI, 2015–2016 *Annual Report* (2016); OCI, 2016–2017 *Annual Report* (2017).

¹⁰⁴ OCI, 2022–2023 *Annual Report* (2023).

¹⁰⁵ OCI, 2023–2024 *Annual Report* (2024).



Nova Institution, NS – Double-bunked cell

Review of Women's Corrections 30 Years Since *Creating Choices*

The Office conducted a *Review of Women's Corrections 30-Years Since Creating Choices* (2020-21),¹⁰⁶ examining the framework that is widely regarded as foundational to women's corrections in Canada. The investigation revisited the original framework's five core principles and nine key issues, assessing progress three decades later. This review underscored that conditions in federal prisons for women continue to fall short of the vision set out in *Creating Choices*, with ongoing structural barriers, unmet needs, and environments that fail to provide the supportive, community-oriented approach that was envisioned. Moreover, many of the same systemic problems identified in 1990 persist or have worsened, and the population profile has evolved significantly.

Findings

An examination of the 32 recommendations issued over the past decade identified three central and interrelated themes: a sustained departure from the *Creating Choices* framework; the over-securitization of federally sentenced women; and gaps in reintegration planning and community-based program delivery.

¹⁰⁶ OCI, 2020–2021 *Annual Report* (2021).

A Sustained Departure from *Creating Choices*

Finding: CSC's *Creating Choices* framework has not been adequately adapted or implemented to remain aligned with the contemporary needs and profile of incarcerated women.

Stemming from a Task Force report in 1990, the *Creating Choices* framework¹⁰⁷ was a groundbreaking blueprint for women's corrections and marked a shift toward a more humane and gender-responsive correctional approach. The principles of empowerment, meaningful and responsible choices, respect and dignity, supportive environments, and shared responsibility continue to be relevant today and reflect recognized best practices in women-centered, trauma-informed, and culturally responsive corrections.

In practice, however, the operationalization of these principles has not kept pace with the evolving realities of women's corrections. The original model was developed for a smaller, less complex, and less diverse population. Over time, a growing disconnect has emerged between the intent of *Creating Choices* and day-to-day institutional practices. Long-serving CSC staff working in women's corrections have described a growing sense of distance between daily operations and the principles of *Creating Choices*. This concern was reflected in staff interviews conducted by the Office, including the following remarks:

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Fewer and fewer people anchor *Creating Choices* in conversations and decision-making.

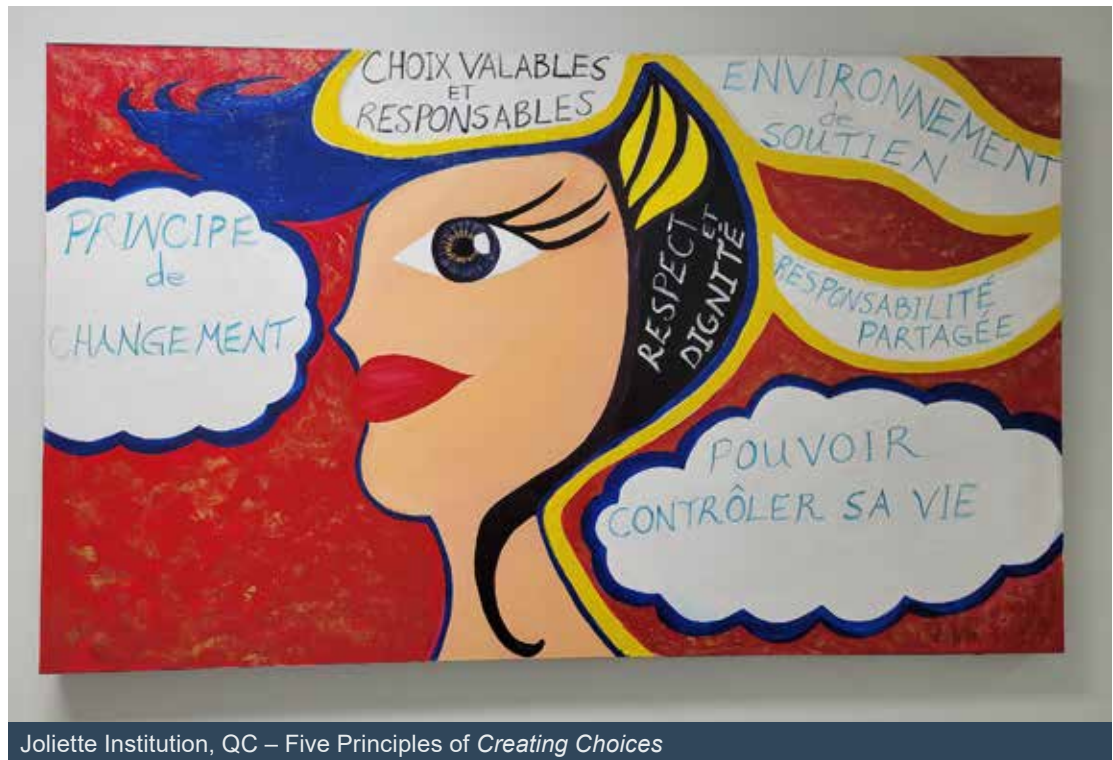
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I don't think it will ever go back to what it was.

The Office has previously reported on concerns related to the implementation of the *Creating Choices* framework in women's institutions. While individual recommendations have addressed specific areas, which are explored further in this chapter, taken together they represent a consistent and cumulative call to return to the principles of *Creating Choices*. Through its ongoing monitoring and reporting activities, including engagement with institutional leadership and the Women Offender Sector, the OCI has observed that institutional practices do not consistently reflect the women-centred and reintegration-focused principles set out in the framework. While these concerns have been raised with CSC over multiple reporting periods, they have not resulted in comprehensive or sustained changes in practice.

These implementation gaps must be considered in the context of a significantly evolved population. The demographics, characteristics, and pressures shaping the federally sentenced women's population in 2026 differ profoundly from those that informed the *Creating Choices* framework in 1990. Women in custody today are more likely to present with complex mental health needs, histories of trauma and victimization, and substance use issues. At the same time, the over-representation of Indigenous women has continued to rise, and

¹⁰⁷ CSC and Canadian Association of Elizabeth Fry Societies, *Creating Choices: The Report of the Task Force on Federally Sentenced Women* (1990).



a broader range of gender-related considerations now affects correctional policy and practice. These shifts have exacerbated the strain on a framework that has neither been fully modernized nor consistently implemented to respond to contemporary realities.

The OCI was made aware that CSC recently distributed a survey to incarcerated women seeking their perspectives on *Creating Choices* and that the Service has reported a strong response rate. This engagement is positive and necessary. The high participation rate appears to underscore the depth of interest among women in custody to better shape the framework that governs their incarceration. Meaningful reform will require CSC to move beyond incremental implementation fixes and toward a re-envisioned framework that reflects the realities of the contemporary federally sentenced women's population. Such a framework must be responsive to intersecting needs related to mental health, trauma, Indigenous over-representation, and gender diversity, and capable of translating women-centred, reintegration-focused principles into consistent institutional practice. Given that *Creating Choices* remains foundational to women's corrections in Canada, its principles must be strengthened, modernized, and translated into consistent institutional practice to ensure their continued relevance and effectiveness.

Gender Diverse Offenders

After the 2022 promulgation of Commissioner's Directive (CD) 100 – *Gender Diverse Offenders*,¹⁰⁸ the OCI completed a *Gender Diversity Policy Review* in its 2022-23 Annual Report. The Office recognized – and continues to recognize – that gender considerations involve complex issues, particularly within the context of environments that are inherently built on sex-segregation. The OCI recommended that CSC take additional measures to better address the needs and protect the rights of gender-diverse individuals, including strengthening advisory input beyond that of the Gender Considerations Secretariat, clarifying the circumstances under which health or safety considerations may override placement decisions, and establishing safe, accessible mechanisms for reporting abuse. While CSC has, in principle, accepted the recommendations arising from the review, little progress has been made beyond external engagements and consultations, and the experiences of individuals with diverse gender identities continue to vary considerably across institutions, giving rise to ongoing concerns for the Office.

Over the past few years, the Office has closely monitored the implementation of CD 100, its impact on incarcerated gender-diverse individuals, and related decision-making processes. Through individual file reviews and interviews with gender-diverse individuals, the Office has raised concerns regarding instances of arbitrary and inequitable decision-making, as well as the inconsistent application of policy. While considerations related to gender diversity are not unique to women's institutions, it is important to note that a significant proportion of the Office's complaints and more complex casework arise from women's institutions or involve individuals seeking transfer to women's sites, where these issues often become particularly acute.

Despite policy language emphasizing dignity, self-identification, and individualized assessment, the OCI has observed that security considerations are frequently prioritized over gender identity, often without clear justification. The Office is concerned that, while decisions are assessed on a case-by-case basis, the approach appears in practice to frequently default toward denial, effectively weakening the policy's protections and exposing gender diverse individuals to heightened risk of harm and re-traumatization.

Through complaints and interviews, the Office has heard from gender-diverse individuals who reported experiences of discriminatory attitudes and behaviours from both CSC staff and other incarcerated persons. Interviewees further indicated that, in their view, many staff lack sufficient knowledge and understanding of gender diversity, which may contribute to these experiences. These experiences were often described as having a lasting impact

¹⁰⁸ Commissioner's Directive 100, *Gender Diverse Offenders* (May 9, 2022).

individuals' sense of safety, identity, and wellbeing while incarcerated. As one individual reported:



Being your authentic self in an institution can make you fall into a belief that you will experience this discrimination for the rest of your life when, in reality, it is better in the community.

- Transgender incarcerated person

This statement reflects the broader concern expressed by gender diverse individuals that the institutional environment can reinforce feelings of marginalization and hopelessness, particularly when supports and affirming practices are limited.

Effectively meeting the needs and upholding the rights of gender-diverse individuals serving federal sentences will require sustained attention, the implementation of evidence-informed and innovative practices, and meaningful engagement with subject-matter experts and individuals with lived experience. As CSC endeavors to update and revise CD 100 in the next fiscal year, it will be imperative that these revisions are grounded in human rights principles and informed by current research and best practices. They must also be developed in close collaboration with gender diverse individuals and relevant stakeholders to ensure that policies and practices meaningfully promote safety, dignity, and equitable access to supports throughout the correctional continuum.

Over-Securitization of Federally Sentenced Women

Finding: *Federally sentenced women continue to experience high rates of security over-classification, with particularly pronounced impacts on Indigenous women, women with mental health needs, and gender-diverse individuals.*

Over the past decade, the OCI has repeatedly raised concerns about the over-classification of federally sentenced women, particularly Indigenous women, noting that overly restrictive security placements undermine rehabilitation, exacerbate trauma, and do not align with the principles of *Creating Choices*. Indigenous women are consistently over-represented in maximum security, accounting for 52% of the population at the writing of this report.¹⁰⁹ Previous OCI recommendations called on CSC to ensure that security classification tools

¹⁰⁹ Data retrieved from the Corporate Reporting System – Modernized (CRS-M) on CRS-M April 19, 2026.

are evidence-based, consider the realities of women's pathways to incarceration, and are culturally appropriate.

In response to these concerns, and in alignment with the Supreme Court of Canada's 2018 decision *Ewert v. Canada*,¹¹⁰ CSC has undertaken several research and analytical initiatives aimed at addressing systemic biases in security classification for Indigenous peoples. More specifically, CSC is examining options to incorporate dynamic indicators into the security classification decision-making framework for Indigenous individuals, including the identification of strengths and protective factors that may mitigate assessed risk. A pilot initiative to test this approach is expected to be implemented in the next fiscal year. While promising, these efforts remain developmental and have yet to result in substantive changes to women's security classification outcomes.

CSC has also introduced procedural measures intended to increase assessment opportunities for Indigenous individuals at higher security levels. Previously only requiring a security classification review every two years for maximum-security individuals, CSC now conducts reviews for all Indigenous offenders following program completion milestones, creating additional points at which security placements may be reconsidered. In January 2026, a policy amendment¹¹¹ was also implemented to address the management of maximum-security women in secure units. Case Management Teams are now required to organize a case conference at least once every six months to explore the possibility of a reclassification to a lower security level. These measures represent incremental steps toward addressing over-classification, reducing the time spent in restrictive environments, and managing population pressures. They do not, however, fundamentally alter the underlying structural limitations of the classification framework and are contingent on consistent application and available operational resources.

The pressing need to address over-classification is further underscored by the evolving profile of women entering federal custody. Interviews with CSC staff and management confirmed that women with complex mental health concerns who are behaviourally challenging are often classified as maximum security. In many cases, heightened security placement reflects the absence of appropriate therapeutic environments rather than elevated risk, as infrastructure limitations constrain placement options within the general population. The Office has similarly noted that transgender women are often placed in higher security when transferred from a men's site to a women's site, with security classification functioning as a means of managing perceived complexity rather than assessed risk. Excerpts such as the following are frequently found in decisions involving transgender women:



As such, I've considered the possibility of a reclassification of maximum-security as a mitigation strategy, which would see you transferred to the Secure Unit, providing a higher level of intervention and supervision.

¹¹⁰ *Ewert v. Canada*, 2018 SCC 30 [Ewert].

¹¹¹ CSC, Interim Policy Bulletin – 730, *Commissioner's Directive 710-6: Review of Inmate Security Classification* (January 19, 2026).



"(...) you were approved for transfer to a women's institution (...) following gender reassignment surgery. Within the approved decision, it was noted that [the women's institution] would implement a management plan, including a review of your security classification. Following that review, you were classified as maximum security (...).

— Excerpts from CSC decisions

The intent of women-centred corrections and the *Creating Choices* framework is fundamentally incompatible with security classification practices that result in women being treated more punitively than men or placed in restrictive environments due to system limitations rather than verified risk. Despite incremental adjustments and preliminary research efforts from CSC, there remains an urgent need to ensure that security classification tools are accurate, equitable, culturally informed, and consistently applied.

Random Strip Searching in Women's Institutions

The OCI's 2018–19 Annual Report raised concerns regarding the use of random strip searches in federal women's institutions, including the application of the *random strip search calculator*. This calculator was set at a 1:3 default ratio and was intended to standardize the random assignment of routine strip searches. The Office found that this practice reflected over-securitization, was inconsistent with trauma-informed and gender-responsive principles and departed from the intent of the *Creating Choices* framework.

The OCI recommended that CSC immediately rescind the random strip search routine in women's institutions and adopt a trauma-informed, gender-responsive search policy as standard practice.

Initially in their response, CSC maintained that its approach to women's corrections is research-based, trauma- and gender-informed, and that strip searches are conducted only when necessary, proportionate, and in accordance with the *Corrections and Conditional Release Act* (CCRA).

On May 14, 2024, however, CSC issued a directive rescinding the practice of random strip searches and the associated calculator, reiterating the requirement to apply the least restrictive measures when conducting searches. The OCI welcomed this change as a positive step toward alignment with both the CCRA and *Creating Choices*.

As body scanners are increasingly implemented across CSC institutions to further reduce reliance on strip searches, the OCI will continue to monitor their impact on incarcerated women.

Finding: Variability in the implementation of the Reintegration Movement Plan (RMP) across women's sites contributes to inconsistencies in procedural fairness and access to off-unit movement for maximum-security women, with implications for wellbeing, institutional adjustment, and reintegration.



Edmonton Institution for Women, AB – Secure unit

The OCI has repeatedly raised concerns about the restrictive nature of Secure Units (SUs) and the operational barriers that limit meaningful reintegration opportunities. Across multiple Annual Reports, most notably between 2016 and 2019, the OCI urged CSC to rescind its existing movement level system. Under this approach, maximum-security women are further classified as Level 1, 2, or 3 (with Level 3 being the least restrictive) to determine the degree of security and supervision required when individuals are off unit. Recommendations to rescind the system emphasized the need for procedural fairness, consistency, and individualized decision-making.

In response to these recommendations, CSC conducted a national review of the movement level system that included consultations with incarcerated women,

front-line staff, and external stakeholders. This review led to the creation of the Reintegration Movement Plan (RMP), embedded in CD 578 – *Intensive Intervention in Women Offender Institutions/Units*.¹¹² While the level system was not rescinded, it was reformed to increase consistency and procedural fairness across the women's sites.

As per policy, the RMP is intended to ensure that all maximum-security women have opportunities to participate in interventions and activities outside the Secure Unit, individually or in groups. Women continue to be designated as Level 1, 2, or 3, but the policy also allows for case-specific decision-making and requires that decisions are reviewed and recorded regularly.

Despite these policy objectives, the operationalization of the RMP continues to vary considerably across the regional women's sites, resulting in inconsistent access to off unit movement for women housed in Secure Units. Best practices identified through interviews with both staff and maximum-security women emphasize the importance of offering women opportunities to leave the unit as frequently as possible. It was noted that off unit movement yields significant benefits for wellbeing, institutional adjustment, and reintegration.

¹¹² Commissioner's Directive 578, *Intensive Intervention in Women Offender Institutions/Units* (November 30, 2019).

tion readiness. Importantly, these opportunities should not be restricted solely to women who demonstrate the highest levels of compliance. Although fewer escorts or reduced security measures are appropriately tied to a Level 3 designation, the opportunity for off unit movement itself does not necessarily need to be “earned” through behaviour in all cases.

Practices from site to site indicate the absence of a shared understanding of the purpose and principles underpinning the RMP. Although it is not systematically tracked, interviews with staff and maximum-security women revealed that some sites facilitate regular movement for all women in Secure Units, while others largely restrict such opportunities for those assigned to Level 3, or report limited movement due to operational constraints. Population pressures, particularly as related to staffing and escort availability, were frequently cited as barriers to facilitate regular movement off unit. With many Secure Units operating over capacity – at a national occupancy rate of 123% and increasingly reliant on double-bunking¹¹³ – operational resources are strained, often resulting in the reduction of routine activities, including movement outside the Secure Unit. The impact of these limitations was directly articulated by women in maximum security, as reflected in the following comment:



We are being told by senior management that there is a long list of activities, but if we don't actually get out of the unit, it doesn't really matter how many activities there are.

— Maximum-security interviewee

Overall, the Office's review acknowledged RMP's value and widespread agreement that maximized time away from the secure environment supports positive outcomes. However, staffing and resource challenges along with the absence of standardized application and level-specific tracking of off unit movement undermines the RMP's effectiveness and contributes to disparities in women's experiences.

Gaps in Reintegration Planning and Community-Based Program Delivery

Finding: *The underutilization of temporary absences hinders safe, gradual reintegration for federally sentenced women, contributing to stagnation in minimum-security units and undermining women's readiness for release despite clear evidence of positive outcomes.*

Over the past decade, the OCI has consistently found that temporary absences (TAs) are a critical yet underutilized mechanism for supporting the gradual, structured reintegration of federally sentenced women into the community. Evidence demonstrates that access to the community through TAs contributes to improved release outcomes and has a “dosage effect” whereby more frequent and sustained participation in TAs is associated with bet-

¹¹³ CRS-M data retrieved on April 21, 2026.

ter results.¹¹⁴ The OCI has repeatedly called for an increase in the availability, frequency, and meaningful use of TAs. While minimum-security units are intended to play a central role in this process by supporting community access and reintegration planning, the Office has consistently heard that women are bored and have few purposeful activities to fill their days. For example, since 2022-23, only a total of 74 work releases has been granted across all women's sites.¹¹⁵ In the absence of meaningful access to temporary absences, women in minimum security often remain in a prolonged holding pattern, with limited opportunities to advance reintegration planning.

Table 1. Total Number of Granted and Cancelled Non-Medical Escorted TAs (ETA), Unescorted TAs (UTA), and Work Releases (WR) Since 2022-23

FY	Granted ETAs		Cancelled ETAs		Granted UTAs		Cancelled UTAs		Granted WRs		Cancelled WRs	
	#	%	#	%	#	%	#	%	#	%	#	%
2022-23	1,198	73	451	27	95	94	6	6	2	100	0	0
2023-24	2,155	65	1,143	35	102	84	20	16	39	87	6	13
2024-25	2,231	62	1,386	38	91	48	98	52	21	91	2	9
2025-26*	1,372	61	872	39	126	77	37	23	12	92	1	8
TOTAL	6,956	64	3,852	36	414	72	161	28	74	89	9	11

*Data were extracted on October 6, 2025 and do not include numbers for the full fiscal year.

This was emphasized in the Office's 2022-23 *Minimal Options for Federally Incarcerated Women in Minimum Security Units* report and is frequently heard as a complaint from minimum-security women. As one woman told us:



There's nothing to do here. Most people spend their time sleeping, waiting to be released.

— Minimum-security interviewee

In response to the recommendations made in the OCI's 2022-23 Annual Report, CSC's Women Offender Sector (WOS) undertook a Review of Resource Indicators at Minimum at the Federally Sentenced Women Institutions.¹¹⁶ Part of this review included an analysis of Escorted Temporary Absences (ETAs). Although it was recognized that the lack of availability of non-security volunteer escorts is a widespread concern and can result in the cancellation of an ETA, overall, WOS did not have any overall concerns with the access to

¹¹⁴ Helmus, L., and Ternes, M., *The Impact of Temporary Absences and Work Releases on Community Outcomes* (Research Report R-350) (Correctional Service of Canada, 2015).

¹¹⁵ CSC, *Yearly data on the number of temporary absences for incarcerated women*, received February 23rd, 2026, through an official documentation request.

¹¹⁶ CSC, *Review of the Review of Resource Indicators at Minimum at the Federally Sentenced Women Institutions*, December 2024, unpublished internal document, received February 23rd, 2026, through an official document request.



Grand Valley Institution, ON – Minimum security

the community that women in the MSUs are receiving. This finding contradicts what the Office has heard from both CSC staff and minimum-security women. Interviews revealed that there is a strong need to increase access to the community for minimum-security women. Moreover, a review of ETAs over the past five years reveals that 36% of all non-medical ETAs were cancelled, with some sites cancelling more ETAs than they completed. For example, in 2024–25, Edmonton Institution for Women (EIFW) cancelled 51% of ETAs and 60% of UTAs, while granting only nine work releases overall. Early data from 2025–26 show a similar pattern, with 53% of ETAs already cancelled.¹¹⁷ Women reported that cancelled ETAs were discouraging and reduced their motivation, especially when cancellations occurred at the last minute.

To boost the number of TAs and establish community partnerships, CSC recently launched a pilot project in collaboration with the Canadian Association of Elizabeth Fry Societies (CAEFS). This initiative is being piloted at Nova Institution for Women and has identified several programs, activities, and other opportunities in the local community to increase participation in TAs. Although this is a step in the right direction and the Office is keen to see the pilot project results, this type of engagement should be considered baseline and a foundational component of institutional operations. Community partnership development and TA facilitation should have been established years ago, given long-standing evidence of their importance to reintegration outcomes.

¹¹⁷ CSC, Yearly data on the number of temporary absences for incarcerated women, received February 23rd, 2026, through an official documentation request.

Overall, the continued underutilization and cancellation of TAs represent a missed opportunity to support safe, gradual reintegration for federally sentenced women. Despite consistent evidence of their effectiveness, repeated recommendations, and many women's expressed interest and capacity to engage in community access, systemic and operational barriers persist. More timely, coordinated, and sustained action is required to ensure these reintegration tools are used as intended, and to better align policy, practice, and outcomes.

Mother-Child Program

The OCI's 2021-22 Annual Report identified the Mother-Child Program as an ongoing area of concern in women's federal institutions. It was found that long-standing systemic shortcomings continue to undermine the program's primary objective: supporting and preserving the bond between incarcerated mothers and their children.

To address these concerns, the OCI recommended that the CSC:

- Review the Mother-Child Program's eligibility and participation requirements to remove barriers and increase access, with particular attention to the needs of Indigenous mothers; and
- Collect, monitor, and publicly report participation data to improve transparency and better assess who the program serves and how it operates.

Following the 2022 Commissioner's Mandate Letter from the Minister of Public Safety, which called for expanded promotion, participation, and resourcing of the Mother-Child Program across all women's institutions, CSC committed to addressing both the OCI's recommendations and the Minister's direction.

On May 8, 2025, CSC's Internal Audit and Evaluation Sector released the *Audit of the Mother-Child Program*.¹¹⁸ The audit findings indicate that the program continues to fall short of the principles that informed its creation, highlighting gaps in program design, delivery, and accessibility. These findings reinforced the OCI's long-standing concerns regarding systemic barriers and limited uptake.

While CSC has made some progress in advancing its stated commitments following the audit, recent observations from interviews and institutional visits conducted by the OCI indicate that these efforts have not yet resulted in meaningful operational improvements or increased program participation. In fact, participation in the residential component of the program has decreased, with population pressures within women's institutions being a significant constraint. These pressures have further limited access to the Mother-Child Program, particularly the fulltime residency component, by creating

¹¹⁸ CSC, Internal Audit and Evaluation Sector, *Audit of the Mother-Child Program* (May 2025).

accommodation challenges that reduce opportunities for eligible mothers and children to participate.

Consistent with broader OCI observations, the continued shortcomings of the Mother-Child Program reflect a persistent gap between CSC's commitments to expand access and participation and the timely implementation of measurable improvements. These gaps raise ongoing concerns about CSC's capacity to meaningfully increase program uptake and support sustainable program expansion within existing institutional constraints.



Nova Institution, NS – Mother-Child Accommodation

Finding: *Access to community-based reintegration options remains limited, including Section 81 healing lodges and other culturally informed alternatives, constraining opportunities for gradual and supported release.*

Over the past ten years, the OCI has recommended that CSC reallocate resources toward community-based, women-centred reintegration supports. These recommendations have been grounded in persistent findings related to limited options in minimum-security units, the underutilization of S. 81 healing lodges and S. 84 releases, and ongoing population pressures. They are further supported by evidence demonstrating that public safety objectives are best met through early access to gradual release opportunities, adequate community residential capacity, and culturally grounded services delivered outside institutional walls.¹¹⁹ Core elements of the recommendations include:

- Expanding and adequately funding Section 81 healing lodges and other community-run facilities and strengthening partnerships with Indigenous community organizations;
- Reducing reliance on institutional placements for women who could safely transition to community settings, and reinvesting those resources into community supervision, housing, and supports; and
- Embedding community placement and release planning earlier in women's sentences.

The OCI has noted that without a deliberate transfer of resources, authority, and decision-making power to the community, women, especially Indigenous women, remain housed in institutional environments that are ill-equipped to address their needs or support sustainable reintegration.

In its 2023-24 Annual Report, the Office called upon the Service to develop a comprehensive community reintegration strategy for women as part of its larger Population Management Strategy. Completed in Summer 2025, the strategy acknowledged the need to support effective women's community supervision practices through enhanced collaboration, specialized funding, and training. It also recognized the importance of preventing and offering alternatives to suspension through measures such as voluntary community beds, increased community collaboration, community staff capacity, and organizational direction.¹²⁰ The strategy also recognized the need for expanded use of sections 81 and 84 as viable, community-driven alternatives to institutional placement for Indigenous women. With the national profile of federally incarcerated women becoming more complex, there is also a need for diverse and specialized types of community supports (i.e., supporting mental health, substance use, parenting, gender diversity, accessibility, etc.).

¹¹⁹ Hanby, L., et al., *Indigenous Healing Lodges: Impacts on Offender Reintegration and Community Outcomes* (Research Report R-437) (Correctional Service of Canada, 2022).

¹²⁰ CSC, *Federally Sentenced Women's Population Management Strategy*, Summer 2025, unpublished internal document.

While these acknowledgements represent an important step, the effectiveness of the strategy will depend on the development of a concrete, fully resourced action plan. Without clear timelines, accountability mechanisms, and sustained investment, long-standing gaps in community-based capacity are likely to persist. Continued underdevelopment of community alternatives risks perpetuating institutional reliance and undermines the intent of gradual, supported reintegration for women who could safely and successfully transition to the community.

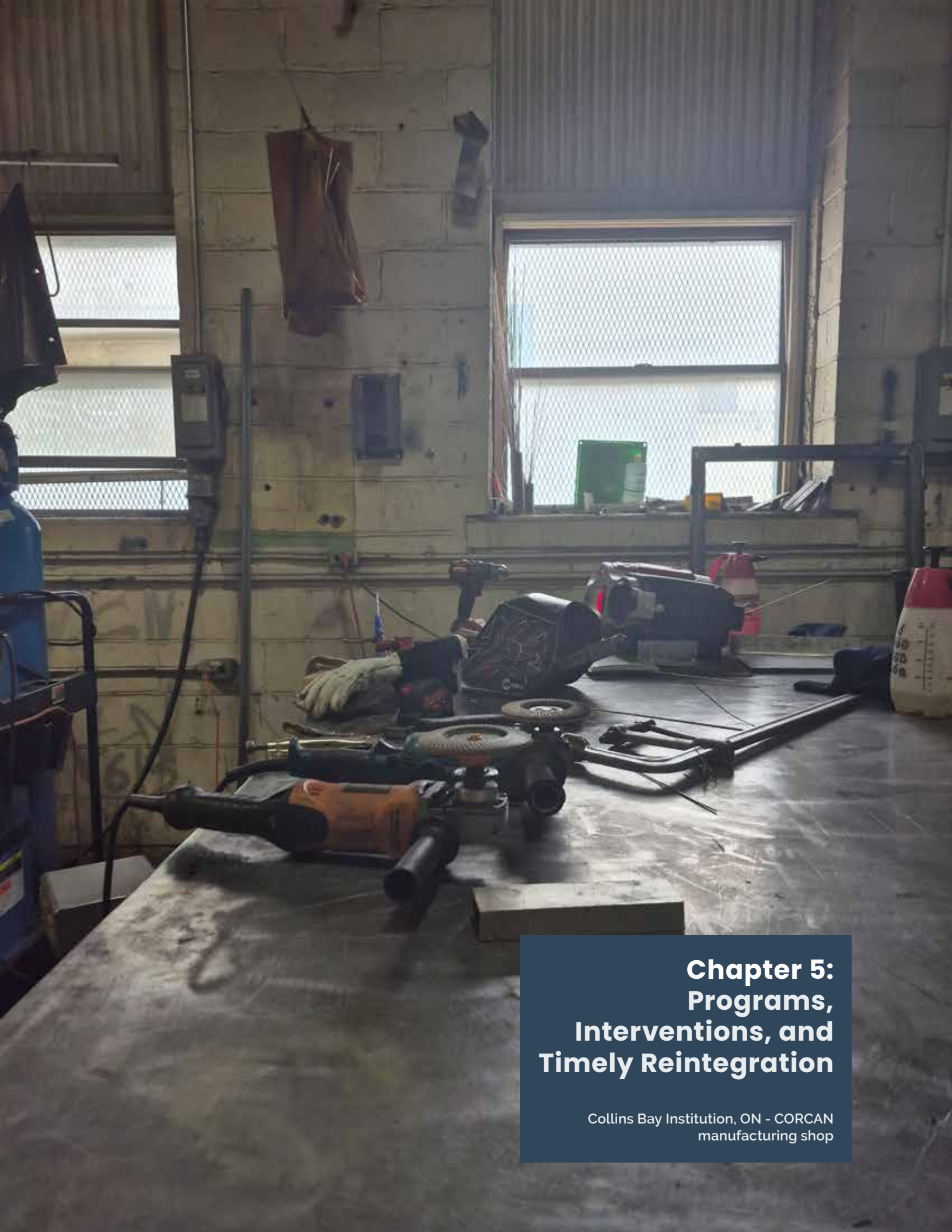
Conclusion

Over the past decade, CSC has taken some limited steps to respond to long-standing concerns regarding federally sentenced women, including targeted policy reforms, research initiatives, and select pilot projects. Measures such as rescinding random strip searches, reforming movement practices within Secure Units through the Reintegration Movement Plan, initiating research into culturally informed security classification, and engaging women in consultations on the future of *Creating Choices* reflect some recognition of OCI's recommendations. These steps align with the OCI's findings that traditional, security-driven models are poorly suited to women's pathways, needs, and rehabilitation goals.

These efforts, however, remain fragmented, inconsistently implemented, and insufficient to address the scale and complexity of the challenges facing women's corrections. Core principles of *Creating Choices* have not been consistently operationalized, and in many respects have been eroded by over-securitization, population pressures, and institutional practices that prioritize security and containment over rehabilitation. Security classification continues to function as a proxy for managing complexity, particularly for Indigenous women, women with significant mental health needs, and gender diverse individuals, rather than as an accurate reflection of assessed risk. Incremental procedural adjustments have not yet translated into meaningful reductions in the use of restrictive environments or equitable access to movement, programming, and progression.

Reintegration gaps remain especially pronounced. Temporary absences, community engagement, and gradual release mechanisms are underutilized and frequently disrupted, leaving many women in minimum security with limited opportunities to build community ties or advance release planning. Community-based alternatives, including Section 81 healing lodges and other culturally responsive supports, remain scarce, under-resourced, and unevenly accessible, limiting safe and supported transitions from custody. Population pressures within women's institutions further compound these challenges, reducing access to programming, community beds, and family-centred initiatives such as the Mother-Child Program, despite repeated commitments to expansion.

This ten-year review reveals a persistent gap between CSC's stated commitments to women-centred, trauma-informed, and culturally responsive corrections and the day-to-day realities experienced by federally sentenced women. While recent policy changes and pilot initiatives indicate some forward movement, meaningful progress will depend on sustained leadership, structural reform, and dedicated investment. Revitalizing *Creating Choices*, addressing over-classification at its roots, strengthening reintegration planning, and reallocating resources toward community-based options are essential to achieve safe, equitable, and sustainable outcomes for women's corrections.



Chapter 5: Programs, Interventions, and Timely Reintegration

Collins Bay Institution, ON - CORCAN
manufacturing shop

Background

Over the past decade, the Office has monitored CSC's efforts to meet its obligations under the *Corrections and Conditional Release Act* (CCRA), particularly its duty to support the rehabilitation and safe reintegration of federally sentenced individuals.¹²¹ This work has examined how effectively CSC's correctional, educational, and employment programs fulfill these legislative requirements while remaining responsive to the distinct needs of women, Indigenous Peoples, Black and other racialized groups, individuals with mental health needs, and others.¹²² CSC's correctional interventions include the Integrated Correctional Program Model (ICPM), Adult Basic Education, and CORCAN vocational training. In principle, these programs should address criminogenic needs, build employable skills, and promote successful reintegration. In practice, the Office has repeatedly documented a shift toward standardized, efficiency-driven programming that undermines these goals. Heavy reliance on ICPM, outdated industries and training models, and slow progress on digital learning infrastructure fail to meet the modern needs of people in custody. Research consistently links boredom and the absence of meaningful activity to institutional misconduct, declining mental health, substance use, and poorer release outcomes.¹²³ trends the Office continues to observe. These trends are further aggravated when CSC cuts essential rehabilitative services in an effort to modernize, optimize, streamline, and improve "operational and administrative efficiency."

Across ten years of investigations, the Office has issued roughly 70 recommendations aimed at strengthening rehabilitative programs and interventions behind bars. Several landmark reviews include:

Educational Programming and Vocational Training in Federal Penitentiaries

The OCI's *Learning Behind Bars* investigation¹²⁴ examined educational and vocational programming in federal penitentiaries to assess whether these supports were preparing incarcerated persons for successful reintegration. The investigation found that opportunities were limited, outdated, and poorly aligned with modern labour market needs. Long-standing OCI recommendations on digital literacy, distance education, and technology access had seen little progress, while post-secondary education and apprenticeships were rare. As a result, education and prison work appeared to have limited rehabilitative value, leaving many individuals unprepared for release.

¹²¹ CCRA, S.C. 1992, c. 20, s. 3.

¹²² See, CCRA S.C. 1992, c. 20, sections 4(c.2), 4(g), 5(b), and 76, 77, and 80.

¹²³ See, Duwe, G., Clark, V., & McNeeley, S., "When Prison Becomes the Devil's Workshop: The Association Between Idleness and Post-Release Employment, Recidivism, and Mortality," *Crime & delinquency* 71, no. 5 (2025): 1359–1387; Duwe, G., & McNeeley, S., "The Effects of Prison Labor on Institutional Misconduct, Postprison Employment, and Recidivism," *Corrections* 5, no. 2 (2020): 89–108; Fox, K. J., & Crocker, A. M., "Idle Time in Prison: The Emotional, Social, and Practical Impacts of Incapacitation," *Journal of Contemporary Criminal Justice* 40, no. 4 (2024): 696–715; Nurse, J., Woodcock, P., & Ormsby, J., "Influence of Environmental Factors on Mental Health Within Prisons: Focus Group Study," *Bmj* 327, no. 7413 (2003): 480; and, Vuk, M., & Doležal, D., "Idleness and Inmate Misconduct: A New Perspective on Time Use and Behavior in Local Jails," *Deviant Behavior* 41, no. 11 (2020): 1347–1369.

¹²⁴ Office of the Correctional Investigator (OCI), 2019–2020 *Annual Report* (2020).

Experiences of Black People in Federal Custody

The OCI's 2021-22 investigation¹²⁵ examined whether the experiences and outcomes of Black individuals in federal custody had improved since its 2013 review. It found that Black people remain significantly overrepresented in federal custody and continue to face systemic discrimination across security classification, use of force, institutional discipline, and access to employment, pay, and early release. The investigation documented persistent racial bias, stereotyping, and the overuse of security threat group designations, alongside limited access to culturally relevant supports. Overall, it found little meaningful progress over the past decade, highlighting the need for targeted, community-informed reforms.

Managing Life Sentences in Federal Custody

The OCI's *Hope Behind Bars* investigation¹²⁶ examined case management, security reclassification, and sentence planning for individuals serving life sentences in medium-security institutions. It found that Lifers face systemic disadvantages due to biased risk assessment tools, delayed and outdated Correctional Plan updates, arbitrary escape-risk assessments, and prolonged waits for psychological evaluations. Access to temporary absences and reclassification to lower security was routinely restricted, while overprogramming and checklist-driven decision-making overshadowed progress. As a result, many Lifers languished at higher security levels well past parole eligibility, with little clear rehabilitative or reintegrative purpose, undermining hope, motivation, and correctional outcomes.

Findings

Across the 70 recommendations issued over the past decade, five themes emerged: correctional programs; educational programs; vocational programs; release planning and community corrections; and bridging the gaps with three emerging strategies.

Correctional Programs

Finding: *CSC has not produced a rigorous, independent evaluation of its core correctional programs, despite their substantial and ongoing public cost. Evidence remains limited to demonstrate program effectiveness.*

In 2016, the Office called for an immediate, independent evaluation of ICPM against clear performance measures. CSC's eventual 2019 evaluation¹²⁷ of ICPM and Women Offender Correctional Programs (WOCP) did not fully address this recommendation. The evaluation lacked independence, and methodological limitations undermined its usefulness. The custodial sample was small and skewed and only a quarter of invited staff participated.

¹²⁵ OCI, 2021–2022 Annual Report (2022).

¹²⁶ OCI, 2023–2024 Annual Report (2024).

¹²⁷ Correctional Service Canada (CSC), *Evaluation Report: Evaluation of Correctional Reintegration Programs* (2019).



Stony Mountain Institution, MB
– Structured Intervention Unit



Collins Bay Institution, ON – Program space

The evaluation did not compare ICPM to the previous multiprogram model, nor did it examine recidivism outcomes after warrant expiry. Design limitations, such as a flawed control group, further undermined confidence in the findings. Even within these constraints, the evaluation produced unremarkable institutional and post-release outcomes, including the greater likelihood of substance use among program completers, though this finding was only statistically significant for men in the ICPM-Multi Target, high intensity program. Staff feedback was similarly mixed, with roughly half reporting dissatisfaction with program overall, and the majority of those delivering the Indigenous stream described its contents as culturally relevant and appropriate to a moderate (43%) or small (21%) extent. Given that ICPM and WOCP cost approximately \$45 million in 2017-18, the absence of a rigorous, independent assessment remains a serious concern.¹²⁸

In terms of recidivism outcomes, two major Canadian studies¹²⁹ were conducted in response to an OCI recommendation from 2018.¹³⁰ These studies found that between 44% and 70% of individuals released from custody in Canada had subsequent contact with the justice system within

three or more years, with Indigenous men experiencing the poorest outcomes. These findings, which remain relevant today, raise fundamental questions about the purpose and effectiveness of CSC programs and interventions.

¹²⁸ In the factual review process, CSC cited an Orbis Partners study (Jones & Robinson, 2013) claiming ICPM outperformed earlier programs and justified national expansion. However, the study concluded that results were preliminary and equivocal, did not clearly favour ICPM over the Nationally Recognized Correctional Programs, and did not support expansion at that time.

¹²⁹ Pedneault, C., Lee, S. C., & Jones, N. J., *Reconvictions among adults sentenced to custody or community supervision across five provincial correctional programs, 2015/2016 to 2018/2019* (Juristat: Canadian Centre for Justice Statistics, 2024), 1–43; and, Stewart, L. A., et al., *A comprehensive study of recidivism rates among Canadian federal offenders* (CSC, 2019).

¹³⁰ In 2017-18, the Office recommended that Public Safety Canada develop a nationally maintained recidivism database that links federal, provincial, and territorial jurisdictions. Since this recommendation was made, Public Safety Canada and the Canadian Centre for Justice and Community Safety Statistics have collaborated to develop a national database integrating administrative data from policing, criminal courts, and correctional services to monitor and report on recidivism (or re-contact) with the criminal justice system. See, page 4 of Pedneault, Lee, and Jones (2024).

Finding: *CSC's reliance on standardized Risk-Need-Responsivity (RNR)¹³¹ based programs, combined with operational barriers and a lack of culturally responsive or population-specific approaches, significantly limits program accessibility and effectiveness.*

With the aim of improving outcomes, the Office has repeatedly recommended that CSC develop targeted and adapted programming for older individuals,¹³² Black persons,¹³³ and young adults.¹³⁴ CSC has consistently maintained that its core correctional programs – rooted in the RNR model and cognitive-behavioural approaches – are suitable for all individuals regardless of age, gender, or ethnicity. While this principle is foundational to CSC's correctional philosophy, it is often applied bluntly, without meaningful attention to cultural norms or the lived realities of particular groups.

The effectiveness of CSC programs is further attenuated by the practical realities of federal corrections. Access to programs is regularly disrupted by operational pressures, such as lockdowns, incompatible subpopulations, and staffing shortages. RNR requires that program intensity be matched to a person's risk and need, yet maximum-security men's facilities, which house many high-risk individuals, offer very few programs or interventions. Program prioritization based on release dates means that those serving long sentences, including Lifers, are frequently waitlisted, overlooked, or repeatedly cycled through maintenance sessions without meaningful progression.¹³⁵

In evaluating the effectiveness of correctional programs, CSC must also acknowledge the deeper philosophical critique of its program structure. CSC programs are grounded in the Psychology of Criminal Conduct (PCC), which emphasizes personal autonomy and control.¹³⁶ While prosocial decision-making can be taught and the PCC is widely recognized as informing best practice, this framework often fails to account for the realities of those living with intergenerational trauma, co-occurring disorders, systemic discrimination, or chronic poverty. For many, the expectation that cognitive-behavioural skills can overcome entrenched structural barriers is unrealistic. Indeed, in the absence of interventions to address social determinants¹³⁷ – income, employment, stable housing, education, and health – correctional programs are unlikely to improve reintegration outcomes. CSC's own 2019 evaluation acknowledged that "additional services" in employment, education, family, and social supports were associated with reduced revocations, even after controlling for program participation, underscoring the need for integrated service delivery. Instead, CSC's rehabilitative programs and services currently function in silos. During interviews, institutional staff often expressed their desire for more holistic and coordinated approaches to correctional, educational, and vocational programs.

¹³¹ The RNR model (Andrews, D.A., & Bonta, J., 2010) is a framework for offender assessment and rehabilitation that aims to reduce recidivism. It requires that correctional interventions match the level of *risk* to the intensity of service, dynamic *needs* be targeted, and correctional programming be *responsive* to individual needs (e.g., learning style, cognitive ability, motivation).

¹³² OCI, 2018-2019 *Annual Report* (2019).

¹³³ OCI, 2021-2022 *Annual Report* (2022).

¹³⁴ OCI, 2017-2018 *Annual Report* (2018).

¹³⁵ OCI, 2023-2024 *Annual Report* (2024).

¹³⁶ Bonta, J., & Andrews, D. A., *The psychology of criminal conduct*. (Routledge 2023).

¹³⁷ Institute for Research on Public Policy, *Rethinking criminal justice in Canada – Round table report* (October 2018).

Although ICPM is built as a standardized, prescriptive program, meaningful individualization often arises from staff who creatively adapt materials, pacing, and links to employment, education, and case management. Program Officers also have room to tailor delivery, as observed during an OCI site visit. Reintegration success, however, will ultimately depend on how correctional programming is integrated with other domains, including social and structural determinants.

Educational Programs

Finding: *A large majority of incarcerated people have identified learning needs while only a fraction are enrolled in correctional programs, revealing a systemic gap that undermines both employability and successful reintegration.*

The Office has issued several recommendations aimed at strengthening CSC's educational framework. These include integrating education with employment and release planning, expanding access to digital technology, improving post-secondary opportunities, all while ensuring that educational services are responsive to the diverse needs of incarcerated people.

CLASSROOMS



Collins Bay Institution, ON



Stony Mountain Institution, MB

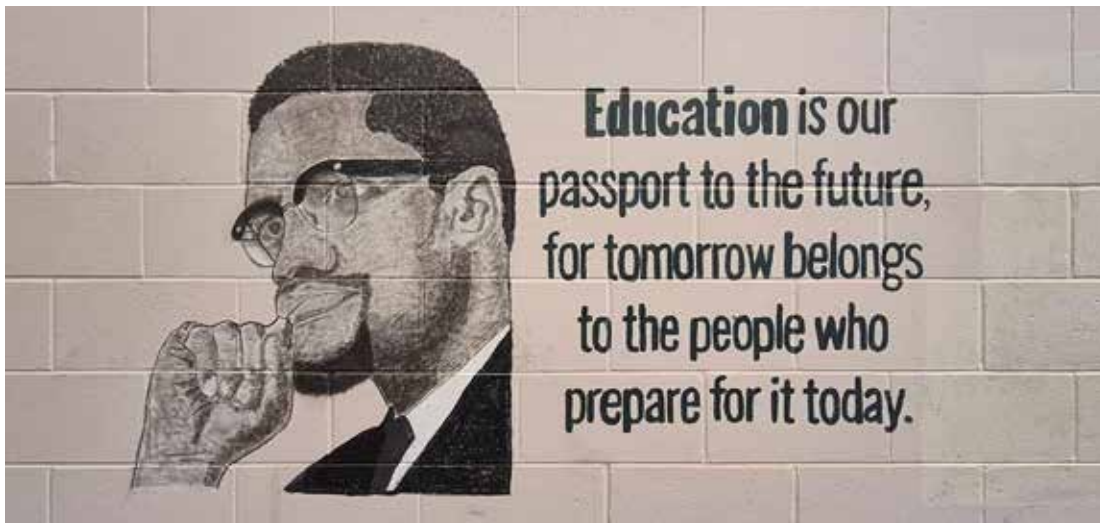
The need for education behind bars is great, not only for individuals seeking to complete high school, but also for those with post-secondary ambitions. Published CSC research indicates that about 75% of federally sentenced individuals enter custody without a high school diploma.¹³⁸ A snapshot of the in-custody population in October 2025,¹³⁹ shows that:

¹³⁸ CSC, *Identified needs of federal offenders in custody: 2020* (Research in Brief, April 2021).

¹³⁹ Data obtained through a formal request to CSC.

- 54% of incarcerated men and 46% of incarcerated women had an identified need for a high school diploma.
- An additional 10% of men and 17% of women had referrals to post-secondary education.
- In total, 9,847 individuals or 65% of the total in-custody population had an identified education need.

Meanwhile, CSC reported that there were only 3,209 current enrollments in education programs on October 5, 2025. Although this figure comes with caveats, such as individuals being able to enroll in multiple programs simultaneously, it still represents only one third of those with an identified education need. This suggests a level of support that may be inadequate given education's vital role in employability and, by extension, successful reintegration. This shortfall is further compounded by a persistent disconnect between education, employment and release planning, a theme that emerged repeatedly in interviews with CSC staff. As one interviewee explained: "Education in prison is a key piece to positive reintegration for offenders ... It's a foundational piece to public safety and should be transformed by integrating it with release planning and employment."



Mural at Collins Bay Institution, ON

Finding: CSC has begun closing a long-standing digital literacy gap through the Offender Digital Education initiative, which is expanding systemwide and already supporting over 1,000 learners. Outdated infrastructure and the absence of dedicated funding, however, threaten the program's sustainability and its ability to fully support reintegration.

CSC's educational program has suffered a near total absence of modern digital technology. The Office has repeatedly recommended that CSC provide incarcerated individuals with access to digital tools and infrastructure to support online learning, modern literacy, and communication. These recommendations have been grounded in the recognition



Millhaven Institution, ON – Library computers

that digital literacy is essential to employability, release readiness, and successful reintegration. Interviews with incarcerated individuals serving long sentences consistently reveal deep concern about digital literacy; specifically, fears about entering a society that increasingly requires online skills to secure housing, pay bills, and access employment opportunities.

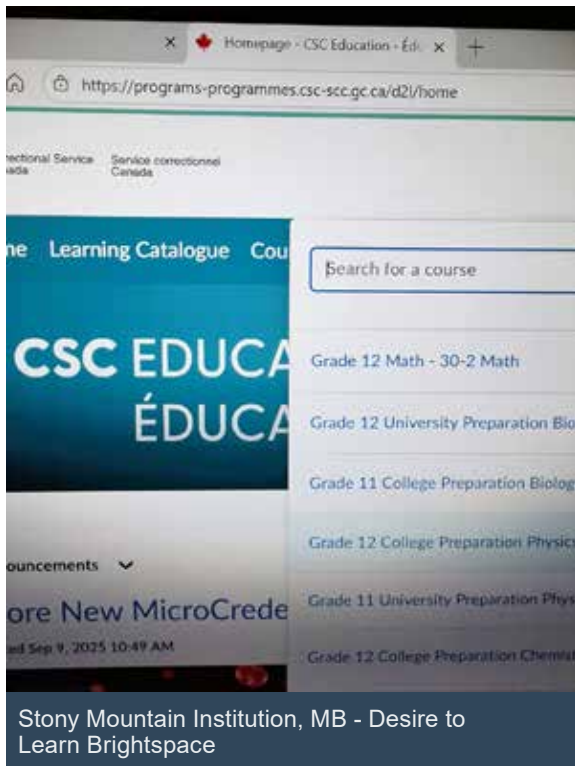
Building on the efforts of a handful of enterprising educational staff, CSC has begun addressing this gap through the Offender Digital Education (ODE) initiative, officially launched in February 2025. First piloted at Bath Institution in 2020, the aim of the ODE is to allow individuals to “learn and practice fundamental computer skills, while upgrading their education and

increasing their literacy.”¹⁴⁰ The ODE is made possible through a secure intranet and CSC’s new digital learning management system, D2L (Desire to Learn) Brightspace. This platform allows teachers to modernize course content, deliver Adult Basic Education through blended rather than exclusively paper-based approaches, and support a growing range of secondary, post-secondary, and microcredential courses. These D2L microcredential courses have been developed in partnership with colleges, government services, and literacy organizations, and seek to strengthen reintegration by improving employability, digital literacy, mental health, and financial skills. The ODE also offers an Indigenous learning stream, which includes courses delivered by Good Learning Anywhere through the Sioux-Hudson Literacy Council. This marks an important shift toward aligning institutional education with broader reintegration goals, a priority the Office has consistently identified as critical to post-release success.

The ODE is now operating in institutions across every region and is expected to expand systemwide through a phased rollout. Although each site is implementing ODE at its own pace – upgrading VPN networks, security infrastructure, and computer terminals – most institutions now have D2L Brightspace in their schools, including maximum-security facilities. Data obtained from CSC shows that 1,015 incarcerated individuals (958 men and 57 women) completed a digital course between February 1 and September 30, 2025.

Staff interviewed by the Office reported that the ODE is creating a more “comprehensive and blended” learning environment by integrating traditional classroom instruction with modern technology and independent study. They also reported that the platform has facilitated collaboration across institutional sectors, including education, mental health, and CORCAN, and has improved continuity for students who transfer between institutions by allowing them to continue coursework without interruption. CSC has also indicated that

¹⁴⁰ CSC, *Offender Digital Education Initiative*, internal document last modified May 5, 2026. Accessed May 7, 2026.



it is working toward greater alignment and continuity between federal and provincial education systems.

Despite this progress, significant challenges remain. At the time of writing, the ODE initiative lacked dedicated funding. Furthermore, many institutions continue to struggle with outdated infrastructure, limited bandwidth, and outdated hardware, constraining both access and reliability and requiring significant resources to address. These constraints threaten the full realization of the ODE program's ambitions. Without sustained investments, CSC risks falling short of its goal to modernize prison education and equip incarcerated individuals with the skills needed for meaningful reintegration. These challenges mirror concerns previously raised by the

Office regarding the risks associated with pilot-based innovation that is not supported by sustained investment or systemwide planning.

Finding: *Post-secondary education opportunities exist across most institutions and demand is strong, but access remains inconsistent due to security-level restrictions, financial and administrative barriers, and limited academic support. These concerns underscore the fragility of these programs and raise concerns about their long-term stability.*

The Office has recommended that CSC expand access to post-secondary studies through stronger partnerships with colleges and universities, recognizing the role of higher education in improving employability, release readiness, and reintegration outcomes. In October 2025, 1,605 incarcerated individuals with high school diplomas (or equivalent) had accepted referrals to post-secondary education, signalling both demand and the importance of higher learning for reintegration.

Our investigation found that post-secondary options – paper-based, in-person, virtual, and microcredentials through D2L – were available at nearly all institutions surveyed. These opportunities are supported by partnerships with a wide range of post-secondary institutions. Despite the breadth of offerings, access to post-secondary and education more generally remain uneven – especially between security levels. As one educational staff member explained, "At a max, we're not able to provide the interventions that need to be provided ... operational realities trump everything ... The rules are the rules, and no one is willing to change that." Maximum-security institutions face chronic barriers to movement,



with minimal academic support. As one teacher noted, "As amazing as we are as teachers, we might not be able to help them with their studies ... We can facilitate calls with university tutors, but it's time-consuming." Without internet access, most post-secondary learning occurs through correspondence or, in rare cases, on-site visits from university faculty. Some incarcerated individuals described delays and administrative barriers that, in their view, bordered on obstruction, particularly in higher-security settings. One incarcerated person interviewed in March 2025, shared the following experience:



I've been trying to apply to university. They don't have anyone who's able to do the application or help me apply for loans ... I received a request today that I sent out in January ... I've delayed my parole again 'cause my [Case Management Team] is constantly changing ... I need to do community assessments, job applications, adult school applications ... It's hard watching this stuff happen and to remain resilient ... Push paper, push paper, so they can see that I don't want to give up on my life.

staffing, and access to service areas, all of which impede consistent participation in higher-education programming.

Beyond security level, access to post-secondary education depends on a range of practical and administrative factors, including:

- Case management awareness and support, including staff willingness to facilitate applications, logistics, and communication with universities.
- Ability to pay, as incarcerated students must cover tuition unless eligible for rare bursaries.
- Administrative requirements, such as having a bank account, government ID, and internet access to apply for student loans – tasks often reliant on family, First Nations Band offices, or community supports, where communication is limited.

Even when students successfully enroll, they often navigate their coursework

Separate from issues of access and participation, the Office is also concerned about the overall stability and sustainability of post-secondary education within federal corrections. In this context, CSC's February 2026 decision to terminate its long-standing contractual arrangement with CEGEP for federal institutions in Quebec is particularly concerning. While only two institutions were still participating in this program, this decision effectively dismantled a post-secondary program that had operated for more than fifty years and underscores the vulnerability of even well-established educational pathways to policy and funding decisions.

Collectively, these findings highlight the fragility of access to education behind bars. While CSC has expanded partnerships and introduced digital tools that could strengthen higher-education pathways, meaningful participation still depends heavily on institutional culture, the operational realities of prison life, staff initiative, and the sustainability of programs. CSC must continue to prioritize individualized education in federal corrections through dedicated long-term funding, innovation, and strategic partnerships.

Vocational Programs

Finding: *CSC has not meaningfully advanced long-standing recommendations to expand vocational training and gainful employment, and data gaps prevent reliable assessment of progress. CORCAN opportunities remain scarce, inequitable, and misaligned with employment needs, leaving many incarcerated individuals without access to gainful skill building work.*

In 2017, the Office recommended that the Minister of Public Safety consider requesting a parliamentary committee study on work and prison industries (CORCAN) for federally incarcerated individuals. The Minister at the time formally accepted the recommendation, stating that a request had been made to the Standing Committee on Public Safety and National Security (SECU).¹⁴¹ To the best of our knowledge, no such study has been conducted to date. In 2019-20, the Office further recommended the establishment of an independent expert working group to help inform the implementation of long-standing recommendations related to education and vocational training in federal corrections. This recommendation was not supported at the time, as it was noted that several planned initiatives required further implementation, evaluation, and reporting. CSC indicated that an update would be provided to the Minister by June 2021. As of March 2026, the Office has not been advised of any subsequent developments.

The Office has recommended that CSC expand meaningful employment, apprenticeship, and work-release opportunities – particularly in higher-security institutions where such opportunities are scarce. Despite these recommendations, our ability to assess progress over time has been constrained by limitations in CSC and CORCAN data reporting. Responses to our data requests have left key questions unanswered and fail to demonstrate change. For example, when asked to show improvements in employment at maximum-security institutions, CSC reported a 3.1% increase in “structured employment”

¹⁴¹ Public Safety Canada, *Statement from Minister Goodale on Office of the Correctional Investigator 2016–2017 Annual Report* (2017 October). Website accessed on May 7, 2026.

between 2022-23 and 2024-25. Without context or baseline numbers, it is difficult to assess the significance of this increase. Similarly, reported "significant increases" in employability programming, such as National Employability Skills Program completions rising from 3 to 33 over the same period, are challenging to interpret in the absence of information on overall demand, participation rates, or comparisons to pre-pandemic levels.

Using CSC's Corporate Reporting System (CRS-M), the Office determined that as of March 15, 2026, 74% of federally incarcerated individuals had an identified employment need (low = 20%, moderate = 47%, and high = 7%). Despite the prevalent needs, most institutional jobs consist of positions requiring basic skills such as food servers and range cleaners. These jobs offer little in the way of skill development or preparation for release but result in the same pay as high-skilled prison work or positions of trust, like serving on Inmate Welfare Committees.¹⁴²

CORCAN has the potential to fill this gap by providing higher quality employment and vocational training. Its industries, ranging from metalwork and cabinetry to agriculture, construction, Indigenous crafts, and the reinstated prison farms at Joyceville and Collins Bay Institutions¹⁴³ are impressive in scale and sophistication. Some sites offer apprenticeships and pathways to Red Seal certification.¹⁴⁴ Still, access to these opportunities is extremely limited, offered to a privileged few, and varies by security level.

A national snapshot from March 2026,¹⁴⁵ shows only 1,058 CORCAN workers, representing 9% of all individuals with an employment need. Women occupied just 52 of these positions (8% of all women in custody). Strikingly, nearly half of CORCAN workers had no or low employment need, suggesting that those who would benefit most from vocational training are often excluded.¹⁴⁶ Most CORCAN jobs are concentrated in men's minimum (25%) and medium (57%) security institutions, with few positions available at the maximums (2%). Further, while trades in demand make up roughly 30% of assignments, the largest share of CORCAN workers, especially women, are employed in textiles, a sector with limited labour prospects and low wages.¹⁴⁷

Participation in CORCAN is constrained not only by limited worksite capacity but also by structural barriers such as the requirement for applicants to have personal identification, a SIN, and a high school diploma. Racial disparities in hiring are also evident: white men make up 46% of the in-custody population but 60% of CORCAN workers, while Black and Indigenous men are underrepresented relative to their population share. The latter finding affirms the suspicions of Black incarcerated individuals who often spoke about facing barriers in trying to access CORCAN jobs, relative to their non-Black peers. More generally, sentenced individuals cited hopelessness about post-release employment prospects as a reason for not pursuing CORCAN work.

¹⁴² For more on inmate pay, see the OCI's 2022–2023 Annual Report, *Thematic Investigation: The Rising Cost of Living Behind Bars*.

¹⁴³ In 2009, the Government of Canada decided to close its prison farms. In its 2016-17 Annual Report, the OCI recommended that CSC reinstate its prison farm program under CORCAN direction. In 2018, the government announced that it would reopen its prison farms at Joyceville and Collins Bay Institutions under CORCAN.

¹⁴⁴ See CSC's *Employment and Employability Strategy for Offenders* (2018) and its policy framework, CD 735 – *Employment and Employability Program*.

¹⁴⁵ Data obtained from CSC's Reports of Automated Data Applied to Reintegration – *Employment Management Information System Reports* (RADAR). CSC extraction date: March 19, 2026.

¹⁴⁶ Represents "current need" while employed by CORCAN. In reviewing the same group for their needs at intake, we determined that percentages were similar.

¹⁴⁷ See: jobbank.gc.ca/trend-analysis.



Fraser Valley Institution, BC

Pay was by far the most cited deterrent. Incarcerated people earn the same daily rate for demanding CORCAN work as for far less intensive tasks, and most – especially women, Black individuals, and other racialized peoples– remain stuck at the lowest pay levels. Although higher pay is supposed to be tied to accountability and motivation, the data suggests that meeting these criteria does not reliably translate into better compensation, even in minimum-security environments where such qualities are expected.

These findings point to a system where meaningful employment remains scarce, unevenly distributed, and often inaccessible to those who need it most. In 2018, CORCAN published its *Employment and Employability Strategy for Offenders*, an aptly characterized "visionary document" that outlines a "robust employment continuum." In framing the need for this employment continuum, the document states the following: "In the past, CORCAN was a 'prison industry' model where employment shops were utilized to provide employment opportunities for offenders while incarcerated, with only limited opportunities through CORCAN for offenders under community supervision."

While the Office wholeheartedly agrees with this assessment and supports the forward-thinking efforts that went into developing the Employment and Employability Program (EEP), eight years have passed with little substantive progress. To date, despite the promise of CORCAN and the Office's long-standing recommendations, CSC has not yet demonstrated measurable progress in expanding gainful employment or ensuring equitable access across security levels and demographic groups.



Collins Bay Institution, ON
- CORCAN loading bay



Nova Institution, NS



Stony Mountain Institution, MB
- Introduction to residential construction



Edmonton Institution for Women, AB
- CORCAN sewing shop

Finding: Work-release participation remains far below already inadequate pre-pandemic levels, despite limited efforts at addressing the shortage through new CORCAN-led partnerships.

The Office acknowledges the lingering impact of the pandemic on work-release availability. According to a CSC Case Management Bulletin (May 21, 2024), participation in work releases dropped by 80% between 2019-20 and 2020-21. The bulletin also referenced a pamphlet co-developed with external partners, to “engage and encourage potential employers” to participate in CSC’s Work Release program. Despite this initiative, participation in work-release programs remains well below pre-pandemic levels, which were themselves limited. Participation increased from 58 individuals in 2020-21 to a peak of 166 in 2023-24 but subsequently declined to 114 in 2024-25 and 134 in 2025-26.¹⁴⁸

¹⁴⁸ Data provided by CSC on June 15, 2026 through the factual review exercise.



People need a second chance!
Providing them with employment opportunities is an important step to help them show their commitment and readiness to return to the community.

WHO AUTHORIZES A WORK RELEASE?
Applications are authorized by the Correctional Service Canada. To decide, they consider:

- A person's level of risk
- A person's behaviour in the institution
- How a structured work release plan contributes to a person's correctional plan
- The benefit to the community through participation in a structured work or community service environment

Work Release Statistics:
The vast majority of people in custody eventually return to our communities, and work releases increase the odds of community success upon release. For the past 10 years, the average successful completion rate for WRs is 95%
(Source: Public Safety Canada Annual Report 2020, Corrections and Conditional Release Statistical Overview)

WHO PAYS THE WORKER?
The employer is subject to all provincial labour standards in the province of work. The person participating in a Work Release must be covered by the employer's Workplace Safety and Insurance Board (WSIB) provisions. The worker must be paid at least the minimum wage as per the province's Labour Law.
There are also various wage subsidy programs that may be available to an employer in the province or territory where your business is located.

**I am interested!
How can I find out more?**
For more information on Work Release, please visit the following website:
[Correctional Service Canada - Canada.ca](https://www.csc.gc.ca/canada.ca)
or email:
WorkReleases.GEN-NHQ@CSC-SCC.GC.CA
Let us know the type of business you operate and provide your contact information. We will connect to discuss your labour requirements and potential solutions to help address your needs.

Work Release
Consider working with CSC to find:

- ✓ Solutions to your short or long-term employment needs
- ✓ Skilled workers
- ✓ An opportunity to make a difference

**Get there through
Work Release opportunities
with CSC!**

Correctional Service Canada Service correctionnel Canada Canada

CSC's Work Release pamphlet

It remains unclear whether CSC has taken any steps beyond publishing the pamphlet to address the ongoing shortage of work-release opportunities. The Office is encouraged, however, to see how some institutions, through regional CORCAN offices, have pursued new partnerships with companies, colleges, and employment stakeholders – including BUILD Inc., an Indigenous social enterprise in Winnipeg – aimed at improving training pathways and strengthening reintegration prospects.

Finding: *CSC's approach to community employment continues to perpetuate barriers for women, Indigenous Peoples, individuals with mental health issues, older adults, Black persons, and younger adults. The elimination of Community Employment Coordinator positions further undermines reintegration by removing specialized, relationship-based supports.*

While systemic inequities within CORCAN have been outlined, the real test of equity emerges in the community, where individuals face steep barriers to securing and maintaining employment. Interviewees shared that CSC falls short in addressing the distinct employability needs of certain populations, including women, Indigenous Peoples, individuals with mental health issues, older adults, Black people, and younger adults. For example, community staff shared how people with mental health issues struggle due to limited employment histories, cognitive impairments, or difficulty regulating emotions in workplace settings. Older individuals under community supervision face age-related

barriers, despite proving to be reliable and long-term employees when given the chance.¹⁴⁹ Younger adults, meanwhile, may have fewer structural barriers but at-times lack the stability, work habits, or motivation needed to sustain employment. Across all groups, broader social and economic barriers – not just CSC programming – shape employability outcomes and can undermine reintegration without targeted, population-specific supports.

In light of the above, the Office agrees with CORCAN's analysis, within the context of the EEPs Community Employment Services strategy, when it stated: "strategies must include specific considerations for assisting offenders who are identified as having a higher likelihood for difficulty to maintain stable employment to provide additional employment intervention."¹⁵⁰ Recognizing the need for hands-on and individualized employment preparation – including apprenticeships, documentation, and job-readiness training – CSC introduced Employment Coordinator positions in 2017 and eventually expanded the pilot to 22 institutions. Community Employment Coordinators (CECs) were intended to support people immediately upon release by helping them secure identification, prepare resumes, manage anxiety, access education, and connect with employers. The decision to eliminate CEC positions in January 2026, as part of CSC's Comprehensive Expenditure Review reflects an approach that ignores the realities of reintegration and the long-standing imbalance between institutional and community corrections. Relying solely on external employment services overlooks the specialized, relationship-based support CECs provide and highlights a troubling disconnect between national-level decisions and frontline expertise.

Release Planning and Community Corrections

Finding: *CSC continues to chronically underfund community corrections, leaving the system unable to meet rising needs and operating under significant strain.*

The Office has had long-standing concerns about CSC's chronic underinvestment in community corrections and the disconnect between institutional planning and post-release support. As reported in last year's Annual Report, despite individuals under community supervision representing 40% (8,713 out of 23,516) of the sentenced population in 2024-25, Community Corrections received only 12% of CSC's \$3.2-billion budget and 9% of its staff.¹⁵¹ A review of CSC's actual spending for 2024-25 shows that community corrections accounted for \$392.4 million, or just under 11% of total expenditures. Only half was spent on Community Based Residential Facilities, Community Correctional Centres, and Community Health Services, all essential to safe reintegration. Community corrections spending has also run consistent deficits since the pandemic, suggesting rising cost pressures and insufficient funding.

Interviews with community staff across regions underscored the severity of these resource shortages. One senior staff member stated bluntly, "Nothing has changed – it's worse."

¹⁴⁹ Employment and Social Development Canada, "Age-friendly workplaces: Promoting older worker participation" last modified August 27, 2024. Accessed May 5, 2026.

¹⁵⁰ CSC, *Employment and Employability Strategy for Offenders* (2018).

¹⁵¹ OCI, *2024-2025 Annual Report* (2025).

Another described escalating costs for transportation, daily living allowances, health care transitions, and even shipping personal property, adding, "We are stripped down to bare bones, and I don't know what else they could possibly take from us."

These pressures are compounded by the increasingly complex needs of individuals under supervision. Community Correctional Centres, which are already over capacity in several regions, are required to house those with the highest needs, including individuals with serious mental or physical health issues, substance use disorders, and older adults requiring personal care support.

Together, these findings point to a community-corrections system operating under severe strain, with insufficient resources to meet the growing complexity of the population it serves. Despite these realities, CSC shows no indications that it plans to act on OCI recommendations to support community corrections through significant investments.

Finding: *CSC has not developed an effective long-term strategy to address chronic community bedspace shortages, relying instead on a centralized tool that staff report has poor uptake and limited usefulness.*

In 2018-19, the Office recommended that CSC develop a long-term strategy to address the chronic shortage of community bed space and implement a system to track needs ahead of release. To date, the only concrete initiative the Office has seen is the Offender Accommodation Management System (OAM), a centralized database intended to automate aspects of bed management.¹⁵² Interviews with senior community staff, however, suggest poor uptake and little confidence in the tool. As one interviewee put it, "NHQ believes they're better at tracking bed needs in our district than we are ... OAM was created to fix a problem that we didn't have." When asked how CSC could better support efforts to expand bed space, particularly for specialized needs such as substance use, aging and hospice care, or mental health, staff emphasized the importance of local partnerships, flexibility, and timely decision-making. "Agility is key here," one said, noting that bedspace challenges vary by region and require local solutions. Many advocated for regional or district bed-space coordinators rather than a centralized system managed from Ottawa. Others criticized NHQ for slow contract approvals.

Finding: *Release planning remains insufficient, with persistent gaps driven by overwhelming Institutional Parole Officers (IPO) workloads, unchecked administrative burdens, and poor coordination between institutions and community partners.*

Effective reintegration depends heavily on institutional staff preparing individuals for release, but the Office has seen little meaningful improvement in release planning. While CSC has numerous requirements that mask persistent gaps with the appearance of

¹⁵² CSC, *Offender Accommodation Management – User Guide* (2023): 6.

progress, community staff were unequivocal in their assessments – best captured by this remark from one senior community staff: "Release planning hasn't changed in twenty-five years."

The Office has previously recommended practical measures, such as increasing in-person contacts between IPOs and incarcerated individuals and assigning dedicated Release Coordinators, but these have not been implemented. Low frequencies of contact with IPOs remain common, largely due to overwhelming workloads. As one former IPO put it, "I felt like a paper pusher ... I didn't get to see inmates as much as I wanted to." Another noted that while the Parole Officer is the "driver of the case," competing demands mean "discharge planning is the last thing on your mind." Improving release planning will require relieving Parole Officers of excessive administrative tasks and checklist items required to satisfy national performance metrics, while strengthening coordination between case management, institutional sectors, and community partners well before release. Without these changes, the disconnect between institutional and community corrections will continue to undermine reintegration outcomes.

Finding: CSC continues to release large numbers of individuals without essential identification, with only modest and uneven regional improvements despite long-standing commitments and policy revisions.

The Office has repeatedly raised concerns over the years about individuals being released without essential identification, most recently in its 2024-25 Annual Report. A government issued identification or health card is required to access benefits and programs such as pharmacare, health care, disability services, and other supports. Despite CSC's commitment last year to improving access to personal identification and collaborating with provincial and territorial health authorities, as well as several recent policy revisions reinforcing PO responsibilities, community staff consistently shared frustrations with the lack of tangible progress.



Collins Bay Institution, ON

Data obtained through a formal request shows that, as of mid-year 2025-26, half of individuals released from federal custody still lacked personal identification compared to 62% in 2022-23. While an improvement, these gains appear driven by the Quebec region where 80 to 85% of individuals were released with ID over the past four years. Excluding Quebec, only 59% of individuals released lacked personal documents in mid-year 2025-26 – still an improvement over 73% in 2022-23. Further, only 20% of individuals released by mid-year 2025-26 had a birth certificate and 32% had a health card.¹⁵³

The Office recognizes the progress made in recent years, yet considerable work remains to ensure that this momentum is not lost. Sustained intergovernmental collaboration, such as the CSC's 2019 MOU with Indigenous Services Canada intended to support ID access for Indigenous individuals, will be required to ensure that every individual released from federal custody has essential identification.

Release Options for Older and Aging Prisoners

In 2018-19, the OCI and the Canadian Human Rights Commission issued a joint report, titled, *Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody*. The report urged the Minister of Public Safety to review and assess options such as medical or geriatric parole for older individuals who do not pose undue risk, including proposing amendments to the CCRA where appropriate. It also called on CSC to mandate ongoing reviews of release options, strengthen release planning to include end-of-life preparation, and ensure proactive, compassionate release when death is reasonably foreseen.

Since this recommendation was made, there has been no change to Canada's compassionate release framework beyond the existing Section 121 provisions of the CCRA. CSC issued an update to CD 712-1: *Pre-release Decision Making* in 2019, which reiterates the responsibilities and procedures already set out in law, and has produced communications and posters to remind staff and incarcerated individuals of their rights and obligations. This includes the *Palliative and End-of-Life Care Guidelines*, published in 2022, which aim to "guide and support the interdisciplinary health care team in the provision of palliative and end-of-life care." While these steps are welcome, their practical impact remains unclear. The most recent Parole Board of Canada (PBC) Performance Monitoring Report containing data on Parole by Exception decisions (2022-23) recorded only three releases. Without broader baseline information on how many individuals may be eligible, it is impossible to draw meaningful conclusions. Nevertheless, the lack of accessible release options has real consequences: between January 1 and March 31, 2026, twenty-two individuals with an average age of 60 died in CSC custody.

¹⁵³ This is where the Quebec region is a significant outlier, as 75% of individuals released in this region had a health card upon release.

Bridging the Gaps with Three Emerging Strategies

Over the past decade, the Office's investigations have repeatedly shown that CSC's existing programs, interventions, and services do not adequately meet the needs of several populations, including Black individuals, those serving life or indeterminate sentences, and people with Security Threat Groups designations. In response to sustained oversight, CSC has begun developing three national strategies now under consideration: the Black Offender Strategy, the National Lifer Strategy, and the Security Threat Group Strategy. These initiatives represent an important opportunity to bridge long-standing gaps repeatedly documented by the Office in correctional interventions and to build a more responsive, equitable, and person-centred approach.

Finding: *The Black Offender Strategy's early implementation shows promise but remains hindered by the inconsistent application of the Black Social History tool (BSH), structural barriers limiting liaison roles, and the continued marginalization of culturally grounded community programming.*

Black individuals continue to be overrepresented in federal custody, and the situation continues to worsen. In 2016-17, Black people accounted for 8.6% of the federally incarcerated population; as of March 2025, that figure has risen to 11%, driven by increases among Black men. The OCI's 2013 report, *A Case Study of Diversity in Corrections: The Black Inmate Experience*, identified significant disparities in security classification, use of force, segregation, access to correctional, educational, and vocational programs, and parole outcomes. A decade later, the OCI's 2021-22 *Update on the Experiences of Black Persons in Canadian Federal Penitentiaries* found that most of these disparities persisted. The report called for a national strategy that would include culturally adapted programming, liaison officers, meaningful consideration of social history, targeted research, community in-reach, and sustained funding. In 2022, CSC committed to developing a Black Offender Strategy (BOS) in response to the OCI's recommendation.

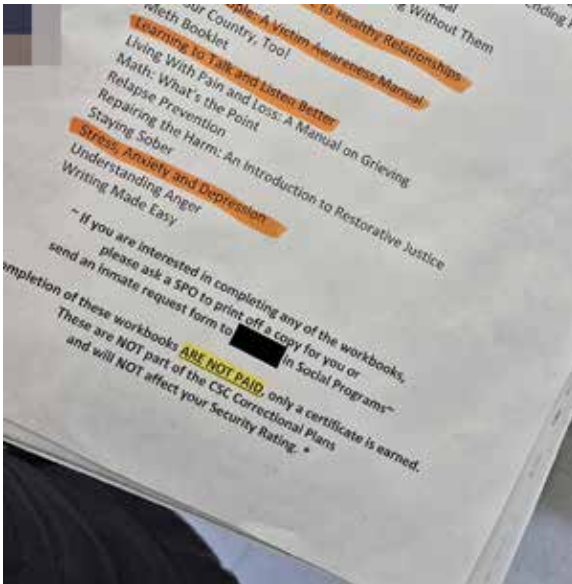
While it may be premature to assess the BOS – given that it only recently secured \$7.9 million in funding for a two-year period beginning in 2025-26 – the following elements of the strategy merit close attention by CSC.

The Black Social History (BSH) tool, piloted in Ontario in 2023, was created to provide culturally informed context for case management by documenting historical social, political, and systemic factors. While CSC's research study found that 67% of staff believed the tool improved their understanding of an individual's background, fewer than 40% of Black individuals felt it helped their Case Management Team understand their offence cycle.¹⁵⁴ OCI interviews revealed that the BSH was sometimes ignored or misinterpreted in ways that reinforced existing risk narratives rather than informing meaningful interventions. Several incarcerated Black individuals described instances where the BSH was used against them, including one case where a person was told that because he was raised in a difficult environment, "he'd be like this his whole life." Such accounts highlight a troubling

¹⁵⁴ Filoso, D., Chadwick, N., Johnson, S., and White, A., *A summary of staff and client experiences with the Black Social History pilot in the Ontario Region* (Research Report R-485) (CSC, 2025).



Collins Bay Institution, ON

Stony Mountain Institution, MB
- Social program offerings

pattern: a tool intended to contextualize risk is, in some cases, being used to affirm it. Staff in BOS-related roles also reported barriers to implementing the tool, and many Black individuals stated that the BSH tool “just sits on the file,” with little influence on programming, security, or parole decisions.

Alongside the BSH tool, CSC has introduced several roles under the BOS. In addition to “positions of trust” occupied by incarcerated individuals such as Ethnocultural Representatives and Black Inmate and Friends Association (BIFA) representatives, CSC has created several liaison positions, including the Black Institutional Liaison Officer (BILO) and the Black Offender Liaison Officer (BOLO). Together, these roles play a crucial part in connecting incarcerated individuals with culturally relevant resources and community supports. While staff consistently celebrated the value of these positions in connecting Black individuals with resources and supports, structural barriers such as restricted movement, unclear mandates, and institutional resistance limit their effectiveness. These challenges reflect broader institutional patterns, including high turnover in liaison roles, insufficient authority for positions like the BILO, and inconsistent operationalization of national strategies intended to address systemic inequities.

Community partners echoed similar frustrations, noting that while they are invited to deliver culturally grounded programming, their contributions rarely

influence correctional planning or parole decisions. As one stakeholder representing a Black-led non-profit organization put it, “It’s good to have social programs, but unless it’s documented and recognized, it doesn’t count.” CSC’s frameworks continue to privilege traditional correctional programs over culturally relevant interventions, leaving community-based work symbolically valued but operationally sidelined. Without formal recognition in case management and parole processes, these programs cannot fully support rehabilitation or address the systemic barriers faced by Black individuals in custody.

Finding: While CSC has taken early steps in implementing its National Lifer Strategy through consultations, a working group, and targeted reviews, meaningful progress will depend on sustained collaboration with external partners, improved quality and timeliness of Correctional Plans, and ensuring staff are fully supported to implement the strategy as intended.

The Office's 2023-24 investigation, *Hope Behind Bars: Managing Life Sentences in Federal Custody*, found that Lifers made up 26% of the federal in-custody population and were being held at higher security levels for longer periods without clear rehabilitative purpose. The OCI recommended that CSC develop a National Lifer Strategy in consultation with Lifers, frontline staff, and external partners; improve sentence planning and case management to ensure timely security reviews and movement; and significantly increase support for voluntary organizations working with Lifers.

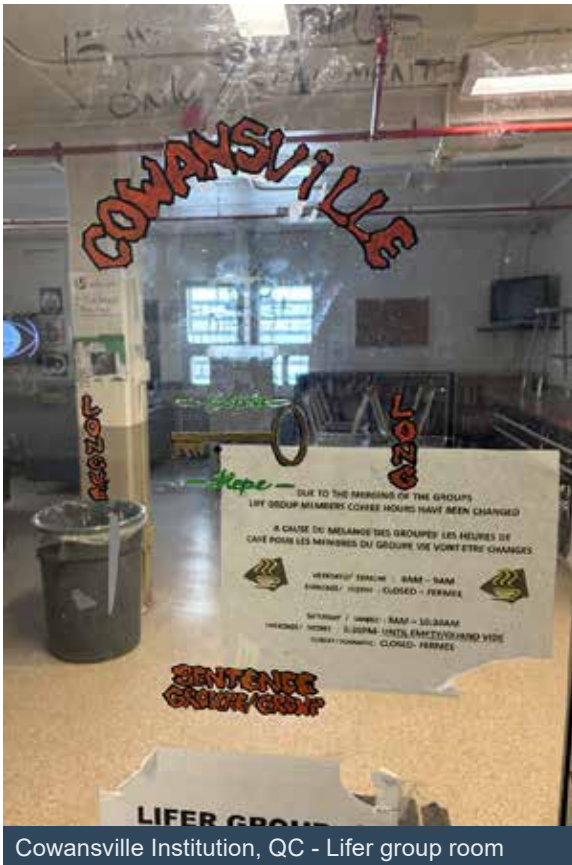
A March 9, 2025, memo from the Assistant Commissioner confirmed that CSC had begun developing a National Lifer Strategy, with a planned release in spring 2026. CSC also circulated a lengthy paper-and-pencil survey to Lifers and staff in May 2025. While some Lifer groups reported limited distribution – one representative noted that “few people even knew it was there, and the staff had no idea how to submit the form” – CSC reported receiving more than 450 responses, which it characterized as “very positive.” Early summaries shared with the Office suggest that the results echo many concerns raised by the OCI and other stakeholders.

Later, in November 2025, a national Working Group was established, bringing together regional and national CSC staff alongside external partners such as the St. Leonard's Society and the National Associations Active in Criminal Justice.

CSC acknowledged that OCI findings underscored the need for clearer communication and training around the *Four Phases of a Long-Term Sentence*, an attenuated version of the former LifeLine Program. Although CSC developed guidelines and a “Tool for Managing Life Sentences,” these materials were still under review by the Working Group at the time of writing. CSC further issued a June 23, 2025, Case Management Bulletin clarifying that the long revoked “two year rule” – which had automatically placed Lifers in maximum security for their first two years – was not sanctioned by the Service.

Despite these preliminary steps, many Lifers continued to report little meaningful improvement on the ground. Both staff and Lifers reported limited awareness of the *Four Phases* in practice. Individuals described lengthy delays in accessing programs, repeated “bumping” from programming, and yearslong stagnation in medium security without clear guidance and unexplained transfer denials. One Lifer shared that he was “two years past [his] day parole date” before finally receiving required maintenance programming after being bumped seven times.

In response to growing population pressures, CSC committed to prioritizing the cascading of eligible individuals from higher to lower security. A memo dated October 28, 2025, initiated security classification reviews for Lifers below a certain Custody Rating Scale threshold, followed by a January 6, 2026, directive to review all Lifers whose Correctional



Cowansville Institution, QC - Lifer group room

Plans had not been updated in more than eight years. It is worth noting that only two such cases were identified in the OCI's 2023-24 Annual Report, raising the question as to why this review was not expanded to all Lifers with plans older than two years, a group of fewer than 150 individuals. CSC also indicated that requirements for Psychological Risk Assessments are being revised to reduce delays and improve relevance amid a national shortage of psychologists.

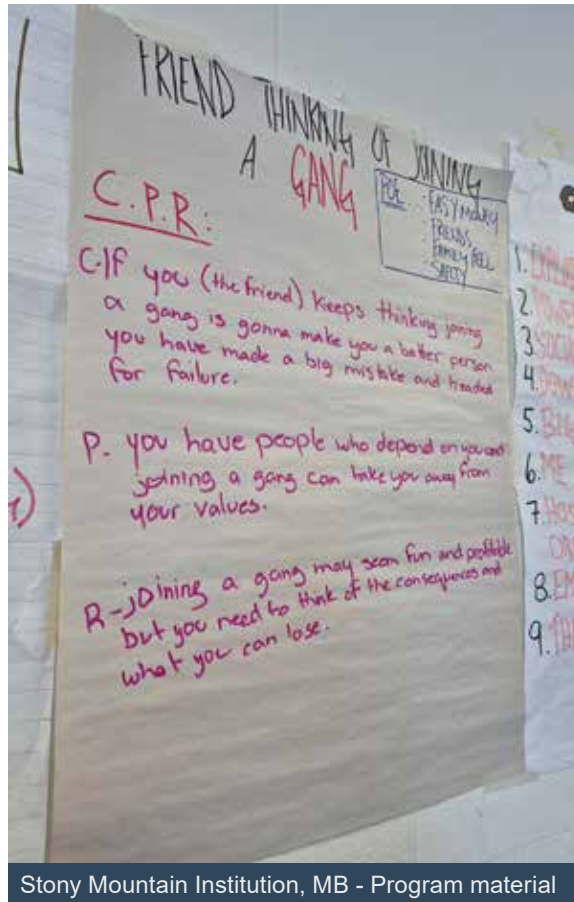
While these developments are encouraging, the success of CSC's Lifer strategy will depend on sustained collaboration with external partners and Lifer groups, improved quality control and timeliness of Correctional Plans, and adequate support for staff in applying case management tools as intended.

Finding: If implemented, the new Security Threat Group Strategy may introduce important safeguards, such as clearer evidentiary thresholds, removal of vague labels, and measures to reduce bias. Success can be achieved with further refinement, particularly around staff workload, retroactive reviews, and the security threat group (STG) designation rebuttal process.

Real or alleged involvement with Security Threat Groups (STGs) such as gangs, organized crime, or terrorist entities can impact a person's access to programs, employment, education, temporary absences, and even inmate-committee participation. STG designations also lead to higher security classifications, which has a cascading effect on program access and institutional pay levels. These consequences have disproportionately harmed Black and Indigenous individuals, as documented by this Office and others.¹⁵⁵

A central concern is that STG designations have frequently been inaccurate, difficult to remove, and susceptible to systemic bias. In many cases observed by the Office, individuals were labelled simply for associating with known affiliates, despite no evidence that association alone indicates risk. For years, the Office has recommended a national STG strategy grounded in best practices, responsive to the needs of young adults, Black and Indigenous peoples, and women, and safeguarding procedural fairness.

¹⁵⁵ Martinez, S., "Probative of Prejudice: Procedural Fairness Underlying Security Threat Group Classifications in Canadian Prisons," *JL & Soc. Pol'y* 37 (2025): 49; OCI, 2021–2022 Annual Report (2022); Saghbini, C., & Paquin-Marseille, L., *Black People in Criminal Court in Canada: An Exploration Using the Relative Rate Index* (Department of Justice Canada, 2023).



Stony Mountain Institution, MB - Program material

On January 15, 2026, CSC invited the Office to review its revised Commissioner's Directive 568-3: *Security Threat Group Strategy*. The Office was encouraged to see many of its long-standing concerns reflected in the new approach. The revised CD requires STG affiliation to be based on objective, clearly related facts and introduces a defined burden of proof: reasonable grounds. It also distinguishes between "reasonable grounds to suspect" and "grounds to believe," with the latter required for an official affiliation designation, addressing past arbitrariness. The strategy also acknowledges how gender, race, and age shape STG involvement and embeds these considerations into guiding principles and senior-level responsibilities. It further attempts to mitigate implicit bias through guiding questions (e.g., whether behaviour may be explained by family or friendship ties). Other notable improvements include:

- Elimination of vague labels in favour of a clear affiliated/not-affiliated binary.
- Removal of affiliation alone as a risk factor, shifting decisions toward demonstrated behaviours.
- Emphasis on cross-sector collaboration, and engaging people with lived experience.

Collectively, these changes mark a significant departure from the previous CD 568-3, which was heavily focused on surveillance and control. While the revised CD had not yet been promulgated at the time of writing, the new strategy moves toward managing risk in a more evidence based, equitable manner, reducing barriers to rehabilitation and reintegration.

While the direction is promising, some concerns remain. First, the revised strategy introduces new manuals and multiple administrative forms, potentially increasing the workload for frontline staff who are already stretched thin. Early implementation will require clear communication, training, and close support from institutional management to avoid overwhelming staff. Second, it is unclear whether CSC intends to conduct retroactive reviews of existing STG designations, including those flagged as "associates." Any such review would require careful coordination with institutions to prevent undue administrative burden and unintended consequences. Finally, the rebuttal process remains imbalanced: Security Intelligence Officers have 90 days to complete an assessment, while the incarcerated individual has only five working days to respond. To ensure fairness,

incarcerated individuals should be given more time, informed of their right to legal representation, and provided with the information used to determine their affiliation.

Taken together, these concerns underscore the importance of continued collaboration and ongoing refinements to ensure the revised strategy delivers on its promise of a fairer, more evidence-based approach to managing STG affiliation.

Conclusion

Over the past decade, CSC has made selective but important advances in program delivery and reintegration supports. Initiatives such as the Offender Digital Education platform, the development of the Black Offender Strategy, early steps toward a National Lifer Strategy, and a substantially revised Security Threat Group framework reflect a growing acknowledgement that standardized, efficiency-driven approaches have failed to meet the needs of a diverse and increasingly complex population.

These gains, however, remain uneven, fragile, and insufficiently resourced. Core correctional programs continue to operate without rigorous, independent evaluations demonstrating effectiveness or value for money, despite significant expenditures and persistently high recidivism rates. Operational barriers, limited cultural responsiveness, and program prioritization practices continue to restrict access, particularly for those in higher security institutions, serving long sentences, or facing structural disadvantage. Education illustrates both promise and risk: while digital learning has expanded access and continuity, outdated infrastructure and the absence of dedicated funding threaten its long-term viability.

Long-standing gaps are most acute in employment and reintegration. Meaningful institutional work and vocational training remain scarce and inequitable, CORCAN opportunities are misaligned with labour-market needs, and work-release participation remains well below pre-pandemic levels. The elimination of Community Employment Coordinator positions further weakens release readiness, removing specialized, relationship-based supports at a critical transition point. These shortcomings are compounded by chronic underinvestment in community corrections, persistent bed shortages, inadequate release planning, and continued releases without essential identification.

CSC has articulated many of the right objectives but continues to struggle with implementation, integration, and accountability. Without sustained investment, rigorous evaluation, equitable access across security levels and populations, and a decisive rebalancing toward community-based supports, recent initiatives risk replicating past cycles of partial reform. Meaningful progress will depend on CSC's ability to translate long-standing commitments into durable, measurable improvements in rehabilitation and reintegration.

A photograph of a prison corridor viewed through a metal barrier. The barrier is made of light blue painted metal with a repeating diamond-shaped pattern. The corridor is long and narrow, with a polished floor that reflects the overhead lights. The walls are a dull, greyish-blue. On the right side of the corridor, there are rows of cell doors, some of which are slightly ajar. At the far end of the corridor, a bright red door stands out against the otherwise monochromatic scene. The ceiling is white with several recessed lights and a fire alarm bell.

Chapter 6: Section 19 and Deaths in Custody

Port-Cartier Institution, QC
- View of range through barrier

Background

Over the last decade, the Office of the Correctional Investigator has consistently identified deaths in custody as one of the most urgent and revealing examples of systemic health, safety, and human rights indicators within federal corrections. Under section 19 of the *Corrections and Conditional Release Act* (CCRA), the Correctional Service of Canada (CSC) is required to investigate all deaths or instances of Serious Bodily Injury (SBI) and provide those reports to the OCI. The Office has scrutinized hundreds of cases, revealing recurring gaps in clinical care, security practices, information sharing, and mental health service delivery. Independent reviews of CSC's investigative processes have highlighted persistent deficiencies in the quality of medical care, continuity of care, and the overall adequacy of internal investigations, including systemic failures documented in National Boards of Investigation (NBOIs) and case studies into deaths at Regional Treatment Centres.¹⁵⁶ During this period, the Office has continued to identify how lapses in oversight, aging and increasingly complex prisoner health profiles, and shortcomings in prevention and intervention strategies contribute to preventable deaths. This reality reinforces the Office's long-standing calls for stronger accountability, improved health care governance, and a more transparent, rights-based approach to federal corrections.

The Office has issued 41 recommendations over this period regarding section 19 and its related processes. Such recommendations have addressed various topics including self-harm and suicide, organizational and institutional accountability, and information sharing with affected families and CSC staff. Particularly notable work by the Office included:

Fatal Response: An Investigation into the Preventable Death of Matthew Ryan Hines

The Office conducted an investigation into Matthew Hines' death at Dorchester Penitentiary in 2015.¹⁵⁷ His death, which was determined to have been *preventable*, resulted from repeated and inappropriate uses of force, including OC spray at close range, and a failure by correctional staff to recognize and respond to his ensuing medical distress. The investigation concluded that serious lapses in care, communication, and accountability contributed to his fatal asphyxia, and it highlighted systemic shortcomings in CSC's use of force practices and handling of medical emergencies. These findings formed part of the basis for the introduction of the Engagement and Intervention Model, as described earlier in this report.

In the Dark: An Investigation of Death in Custody Information Sharing and Disclosure Practices in Federal Corrections

An investigation into CSC's information sharing practices with family members following a death in custody.¹⁵⁸ It revealed that the families of people who die in federal custody face significant barriers in accessing even basic information about the circumstances of their loved one's death, with CSC providing inconsistent, delayed, and heavily redacted

¹⁵⁶ Office of the Correctional Investigator (OCI), 2024–2025 Annual Report (2025).

¹⁵⁷ OCI, *Fatal Response: An Investigation into the Preventable Death of Matthew Ryan Hines* (2017).

¹⁵⁸ OCI, *In the Dark: An Investigation of Death in Custody Information Sharing and Disclosure Practices in Federal Corrections - Final Report* (2016).

disclosures. The report concluded that CSC's information sharing practices lacked transparency, relied on cumbersome access to information processes, and failed to meet the needs of bereaved families. Such issues fuel mistrust and distress, and underscore the need for proactive, timely, and compassionate communication following a death in custody.

Case Study: Death at the Regional Treatment Centre – Millhaven

An investigation into the 2021 death of Stéphane Bissonnette at the Regional Treatment Centre (Millhaven)¹⁵⁹ found that his death occurred due to persistent and systemic failures, including inadequate security patrols and wellness checks, lapses in the continuity of care, and security-driven responses to complex mental-health needs. Systemic deficiencies in the broader context of RTCs, ranging from deficient infrastructure to improper staffing and governance, were identified as contributing factors that undermined safe and appropriate clinical intervention in the period leading up to Mr. Bissonnette's death.

An Investigation of the Correctional Service of Canada's Mortality Review Process

Until the adoption of Bill C-83 in 2019, section 19 of the CCRA did not differentiate the extent or nature of CSC's investigative obligations based on whether a death was a result of natural or non-natural causes. Over the years, however, CSC developed a mortality review process for deaths deemed to be from natural causes, which involved bulk reviews of medical files until the end of 2011 when this was changed to individual reviews. A 2014 investigation into this review process¹⁶⁰ demonstrated serious gaps, delays and questionable results from this process, and noted that it did not seem to meet most of the requirements of section 19. This report prompted the Service to strengthen its approach to investigating deaths from natural causes. CSC committed to launching a six-month pilot project aimed at expediting mortality reviews and enhancing their consistency and quality.¹⁶¹ Later, in 2019, Parliament adopted Bill C-83, which clarified that deaths from natural causes trigger a clinical Quality of Care Review (QCR) by a healthcare professional rather than a formal institutional investigation. Section 19.1 now provides that, when the Service has reasonable grounds to believe a death resulted from natural causes, CSC's response is primarily limited to an internal QCR which is also carried out by CSC Health Services. Furthermore, the CCRA does not require CSC to conduct an investigation under section 19 in cases where an incarcerated person's death results from medical assistance in dying (MAiD), as such cases are explicitly exempted from that provision; rather, these cases are addressed through internal file reviews.

Building on this previous work, the Office investigated QCRs for deaths of natural causes in its 2023-24 Annual Report. The investigation found systemic gaps in the way CSC conducts QCRs, highlighting shortcomings in the oversight and consistency of these reviews. These deficiencies raise concerns about accountability and the ability of CSC's review process to prevent future deaths.

¹⁵⁹ OCI, *2023–2024 Annual Report* (2024).

¹⁶⁰ OCI, *An Investigation of the Correctional Service of Canada's Mortality Review Process* (2014).

¹⁶¹ Correctional Service Canada (CSC), "CSC's Response to the Office of the Correctional Investigator final report entitled: An investigation of the Correctional Service of Canada's mortality review process," last modified January 9, 2024.

Findings

The 41 recommendations issued over the past decade point to six recurring themes: information sharing with next of kin and family of the deceased; information sharing within CSC; suicides in custody; Indigenous perspectives; quality of care reviews; and parole by exception and compassionate release.

Information Sharing with Next of Kin and Family of Deceased

Finding: While CSC has made efforts to improve information sharing with families following deaths in custody, issues remain with regard to death notification training, and impersonal and infrequent communication from Institutional Heads.

Over the past 10 years, several of our Office's recommendations have called for more effective information sharing regarding SBI and deaths in custody with the loved ones of those involved. In our 2016 investigation into disclosure practices for deaths in custody,¹⁶² for instance, we recommended that the Service proactively share factually relevant information with the families of inmates immediately following an incident of this nature. The same investigation recommended that CSC establish a family liaison function in each region to facilitate information sharing with the Next of Kin (NOK), that a letter of condolence be sent to NOK following a death in custody, and that mortality reviews and NBOIs be "presumptively and routinely" shared "in their entirety" with NOK. To improve the quality of correspondence between CSC staff and NOK, our Office also recommended that CSC provide training on communication with families following a death and create a national forum for staff to discuss challenges, best practices, and lessons learned.

The Service has made some changes to information sharing practices following our Office's recommendations. For instance, as recommended by our Office in 2016,¹⁶³ CSC created a detailed guide to help families navigate CSC's processes following a death in custody including the deceased person's final wishes, the collection of personal belongings, cultural or religious rituals, and funeral arrangements.¹⁶⁴ NOK also now have access to a family liaison in each region per our recommendation.

Despite the noted points of progress, significant gaps remain in CSC's information sharing practices. A major problem lies in the procedures surrounding death notifications. Currently, the individual who delivers this important message varies depending on the institution where the incident took place. While Chaplains are assigned the responsibility of death notifications in numerous institutions, it is not uncommon for the Assistant Warden, Management Services (AWMS) to assume this role, in addition to making funeral arrangements and managing requests for personal information regarding the deceased, among other tasks. Importantly, death notifications are not in CSC's official description of

¹⁶² OCI, *In the Dark* (2016).

¹⁶³ Ibid.

¹⁶⁴ CSC, "Death of a person in the care and custody of Correctional Service of Canada: A guide for family and friends, 2021," last modified February 7, 2023.

AWMS responsibilities.¹⁶⁵ Indeed, responsibilities related to deaths in custody are a marked departure from the typical functions of an AWMS which include information technology management, sanitation, records management, staff training, and various maintenance and infrastructure projects. Therefore, some AWMS feel especially unprepared for the delivery of death notifications and ensuing correspondence. Similarly, in some institutions, death notifications are assigned to the Chief, Administration Services (CAS). As is the case with AWMS, such notifications diverge greatly from the standard tasks of a CAS and therefore leaves some staff feeling ill-equipped for this important responsibility. Indeed, our Office spoke with one CAS who received no training regarding death notifications yet has been tasked to deliver 16 so far in their career. They also described uncomfortable situations where they were instructed to wait before delivering a notification due to administrative delays.

Following a recommendation from our Office in 2016,¹⁶⁶ CSC developed training regarding communication with families following a death in custody. However, the experience described by the CAS above indicates that it may not have reached all relevant staff and the training itself is minimal. Specifically, one training module is a thirty-minute online course while the other consists of an online document without audio-visual media, live and/or recorded instruction, or knowledge testing.¹⁶⁷ This lack of robust training is especially concerning as substantial research has found that those with increased and continued education surrounding death notifications are more likely to feel confident and competent in their skills and less susceptible to burnout. In contrast, those with minimal training are more likely to perceive such notifications as difficult and stressful.¹⁶⁸ Evidence suggests that regular training can also help contain the feeling of loss experienced by loved ones as they are more likely to feel emotionally supported and less stigmatized when interacting with more highly trained personnel.¹⁶⁹ Thus, the lack of training provided regarding death notifications not only impacts the staff who make the notifications but also the individuals who receive them. To address some of these gaps, our Office has proposed that a national forum be created to discuss best practices, lessons learned, and challenges regarding communication with families;¹⁷⁰ however, this has not yet been actioned by CSC.

In addition to a notification of death, letters of condolence are now sent to NOK by the Institutional Head following a death in custody, as recommended by our Office in 2016.¹⁷¹ It must be noted, however, that the significance of this practice is weakened by the fact that all Institutional Heads are provided with the same letter template to simply input the names of the deceased and their relationship with the NOK.¹⁷² As one AWMS described it, "we lose sight of the human side". Similarly, a CAS described the template as obsolete and

¹⁶⁵ CSC, *AW Management Services*, internal document, accessed March 2026.

¹⁶⁶ OCI, *In the Dark* (2016).

¹⁶⁷ CSC, *Notification of Death: Training Package*, internal document, accessed March 2026.

¹⁶⁸ Campos, A., et al., "The Association of Death Notification and Related Training with Burnout among Emergency Medical Services Professionals," *Prehospital Emergency Care* 25, no. 4 (2020): 539–548; Hofmann, L., et al., "The delivery of death notifications, associated stress and use of aftercare in police officers: a mixed-method approach," *Police Practice and Research* 23, no. 5 (2022): 584–599; De Leo, D., et al., "Notification of Unexpected, Violent and Traumatic Death: A Systematic Review," *Frontiers in Psychology* 11, no. 2229 (2020).

¹⁶⁹ Hofmann, L., et al., "The Impact of Police Behavior During Death Notifications on Mental Health of the Bereaved: A Cross-Sectional Study," *OMEGA – Journal of Death and Dying* 87, no. 2 (2021): 344–362.

¹⁷⁰ OCI, *In the Dark* (2016).

¹⁷¹ Ibid.

¹⁷² CSC, *Letter of Condolence*, internal document, accessed March 2026.

reported having to reword it often. Unfortunately, this impersonal letter is typically the only correspondence that NOK receive from Institutional Heads.

Relatedly, despite a recommendation from our Office that NBOI reports be shared "presumptively and routinely" with NOK,¹⁷³ current CSC guidance to families continues to state that an Access to Information and Privacy (ATIP) request must be made to receive such reports.¹⁷⁴ While no further action is required on the part of families after the ATIP process has begun, the initial request for information continues to rest on grieving loved ones and is therefore neither presumptive nor routine.

Information Sharing within CSC

Finding: *CSC lacks a consistent, national process to systematically disseminate and integrate lessons learned from NBOIs into training and disciplinary decision-making, resulting in gaps between investigative findings, staff accountability, and the prevention of future incidents.*

Over the last decade, our Office has urged that case summaries and lessons learned from incidents of SBI or death be shared with CSC staff and integrated into existing training to prevent future incidents. In 2017,¹⁷⁵ for example, the Office recommended that lessons gleaned from the NBOI into a major riot at Saskatchewan Penitentiary (SP) be widely circulated within CSC and released as a public document. In the same year,¹⁷⁶ our Office similarly recommended that a case summary of the preventable death of Matthew Hines be used as a national training tool for all CSC staff, with a specific focus on inappropriate use of force and gaps in health care responses.

Importantly, CSC has taken various steps to respond to these recommendations. For instance, CSC has integrated lessons learned from the case of Matthew Hines into training scenarios in both the Correctional Training Program (CTP) and the Correctional Officer Continuous Development (CXCD) training. CSC has also made a document available to all staff with a case summary and lessons learned from the NBOI into the riot at Saskatchewan Penitentiary.¹⁷⁷ Unfortunately, the value of this document was undermined by its brevity in identifying but three lessons learned from the incident.

Despite such marginal improvements, the dissemination of case summaries and lessons learned from incidents of SBI or death continues to be largely limited to cases that are directly addressed by our Office. This lack of a regular and standardized process of information sharing exists despite the fact that Commissioner's Directive 041 - *Incident Investigations*¹⁷⁸ explicitly states that significant findings and recommendations from the Incident Investigations Branch (IIB) are "distributed to all CSC staff" and are posted

¹⁷³ OCI, *In the Dark* (2016).

¹⁷⁴ CSC, "Death of a person in the care and custody of Correctional Service of Canada," last modified February 7, 2023.

¹⁷⁵ OCI, *2016–2017 Annual Report*, (2017).

¹⁷⁶ OCI, *Fatal Response* (2017).

¹⁷⁷ CSC, *Board of Investigation into the Riot at Saskatchewan Penitentiary: Case Summary*, internal document, accessed March 2026.

¹⁷⁸ Commissioner's Directive 041 - *Incident Investigations* (September 8, 2020).

on CSC's intranet. Indeed, a page titled "Information bulletins: Incident investigations" which contains such findings was most recently updated in 2021 and 2024 with only a few pages of information for each of these years.¹⁷⁹ Without a straightforward and consistently implemented process of sharing information from NBOIs, such findings and recommendations are either not shared or are disseminated only by institutions that have developed their own strategy to share this information. At one institution, for instance, the Assistant Warden, Operations has started conducting biweekly CX development sessions where Correctional Officers may be informed of recent NBOI findings and recommendations that emerged out of investigations into incidents that occurred at their institution. While this practice is potentially useful and insightful, it reflects the efforts of individual staff at one institution and is not the norm across the country. Ultimately, as long as the piecemeal approach to the distribution of findings, recommendations, and lessons learned from NBOI reports remains, tragedies similar to those that have been investigated may not be prevented.

The disciplinary process that often ensues following a serious incident in order to assess instances of wrongdoing by staff is even more opaque than CSC's process for internal information sharing. NBOIs do not determine individual culpability or impose consequences. Once an NBOI concludes, any consideration of discipline is transferred to separate management and labour-relations processes. In the case of Matthew Hines, an interim report by the Office pointed to an absence of disciplinary action.¹⁸⁰ However, subsequent disciplinary reports obtained by the Office revealed notable differences between the findings and recommendations identified in the NBOI report and the disciplinary outcomes for staff. Both failed to adequately reflect the seriousness and impact of individual staff's actions and omissions, and the organizational failures that led to Matthew's death. Notably, CSC agreed to reconcile findings from NBOIs with staff discipline by embedding lessons learned from all investigations into disciplinary files to avoid further discrepancies in decision-making. Following further recommendations that individuals at all levels be held accountable for the use of force that directly contributed to Matthew's death, CSC also agreed to exercise more scrutiny at the regional and national levels when making disciplinary decisions stemming from use of force incidents that result in SBI or death.

¹⁷⁹ CSC, *Information bulletins: Incident investigations*, internal document, accessed March 2026.

¹⁸⁰ OCI, *Fatal Response* (2017).

Case in Focus: Death at Millhaven RTC

On December 17, 2021, Stéphane Bissonnette, a patient at the Regional Treatment Centre (RTC) Millhaven, died while on Modified Suicide Watch. A National Board of Investigation (NBOI) was convened to review the incident, and, following a recommendation from this Office, an Independent Observer (IO) was appointed to review the impartiality and completeness of CSC's internal investigation. Our Office's review of this tragic incident concluded that Mr. Bissonnette's death was the result of cumulative and systemic deficiencies, including inadequate wellness checks, security patrols, serious lapses in the continuity of mental health care.¹⁸¹ Such findings raised questions about security-driven, punitive approaches within a treatment setting and the investigation established that staff failed to promptly recognize and respond to clear signs of medical distress. As a result, the Office recommended that CSC prepare and release a case summary of the facts and findings of this NBOI including recommendations, lessons, and corrective measures that were consequently implemented. We further recommended that the IO's report be immediately released in the interest of transparency surrounding the NBOI process. Encouragingly, CSC accepted these recommendations and published vetted copies of both of these documents.¹⁸² Taking accountability, promoting transparency, and using this incident as a learning tool serve as an example of where this process could be improved to address patterns of similar tragic incidents that the Office has identified in previous reports. Due to this existing pattern and concerns about the site in question, the Office also recommended that an independent, external mental health expert conduct a full compliance review of patient safety at RTC Millhaven. In response, CSC offered no evident commitment to such a review, instead sharing its intention to conduct its own review of all RTCs.¹⁸³ This review, which remains ongoing, sought to standardize RTC and regional hospital policies and programs to align with consistent service delivery and the implementation of the planned Health Care Centre of Excellence. Whether this exercise sufficiently addresses the specific or systemic concerns outlined in our Office's case study on Bissonnette has yet to be determined.

¹⁸¹ OCI, 2023–2024 Annual Report (2024).

¹⁸² CSC, *Independent Observer's Report: Death of Stéphane Bissonnette* (last modified December 11, 2024); CSC, "Case Summary: Investigation into the Death of Stéphane Bissonnette," last modified December 11, 2024.

¹⁸³ CSC, "Response to the 51st Annual Report of the Correctional Investigator 2023 to 2024," last modified September 19, 2025.

Suicides in Custody

Finding: While CSC has implemented select suicide prevention measures, progress has been limited and uneven. Significant gaps persist in the mitigation of environmental risks, the quality and consistency of Boards of Investigation (BOI) analysis, and transparency through public reporting on deaths in custody.



In 2024-25, suicide was the leading cause of non-natural deaths in federal custody.¹⁸⁴ Over the past decade, the Office has issued numerous recommendations aimed at addressing this persistent and preventable outcome. In a 2014 investigation into inmate suicides occurring between 2011 and 2014,¹⁸⁵ the Office called on CSC to remove all known suspension points in segregation cells as a matter of immediate priority and to publish a comprehensive, evergreen document outlining its suicide awareness and

prevention strategy. The Office has also repeatedly emphasized the importance of strengthening investigative practices, including requiring a clinically informed analysis of the psychological factors that may contribute to suicides in custody.

In response, CSC has taken some steps to address identified gaps. More recently, following the Office's investigation into the death of Stéphane Bissonnette, CSC committed to assessing the feasibility of remote in-cell vital-sign monitoring for high-risk incarcerated persons. CSC has since advised that contracting work is underway to pilot such technology at the Regional Mental Health Centre in Quebec, with anticipated implementation in fall 2026. CSC has also improved public access to information by releasing the Final Report of the Second Independent Review Committee into Federal Deaths in Custody (2010–2011) and, subsequently, four other Independent Review Committees reports on deaths in custody along with associated action plans.

Despite these measures, critical shortcomings remain, particularly in the investigation of suicides. Some recent NBOI reports have begun to identify organizational factors that may have contributed to a death; however, this practice is not mandated under Commissioner's Directive 041 and, as a result, is applied inconsistently. None of the NBOI reports into suicides submitted to the Office in 2025-26 identified more than one policy gap, if any at all. Similarly, while many NBOI reports now include a detailed psychological history of the deceased, including prior self-harm, suicide attempts, substance use, and access to mental health services, CD 041 does not require that this analysis be conducted by a

¹⁸⁴ This statistic only includes non-natural deaths with a known cause. Data retrieved from the Corporate Reporting System – Modernized (CRS-M) on March 25, 2026.

¹⁸⁵ OCI, *A Three Year Review of Federal Inmate Suicides (2011–2014)* (2014).



Cowansville Institution, QC - Collapsible shower hooks and a shower head designed to prevent ligature use



Nova Institution, NS - Collapsible hook designed to prevent ligature use



Kent Institution, BC - Bed with a sheet metal frame

registered mental health clinician. Nor does it require that this analysis explicitly examine potential underlying causes of the incident. Consequently, the depth and analytical value of these reviews vary and do not consistently inform suicide prevention efforts.

Long-standing concerns also persist regarding environmental risks. In 2014,¹⁸⁶ the Office recommended that all known suspension points in segregation cells be eliminated to reduce access to means of suicide. In response to the findings of a subsequent NBOI, CSC initiated a project to assess suspension points across institutions and propose mitigation

¹⁸⁶ OCI, *A Three Year Review of Federal Inmate Suicides (2011–2014)* (2014).



Fraser Valley Institution, BC - Bed with a metal bar frame

strategies. A draft report shared with the Office identified six categories of suspension points and outlined potential infrastructural modifications, along with associated costs.¹⁸⁷ However, this report has remained in draft form for several years and was last updated in 2022. In the absence of national direction, institutions have independently implemented ad hoc measures, leading to inconsistent and, at times, improvised modifications – such as the installation of sheet metal beneath cell beds to prevent ligature use.

Significant gaps also remain in transparency and public reporting. In 2014,¹⁸⁸ the Office recommended that CSC continue producing Annual Inmate Suicide Reports or, alternatively, publish annual analyses of all deaths in custody. The most recent report was released in 2023 and covered deaths occurring between 2017 and 2020.¹⁸⁹ Similarly, while CSC developed a Suicide Prevention and Intervention Strategy in 2019,¹⁹⁰ the document has not been updated to reflect current operational realities and has not been publicly released, contrary to the Office's recommendations.¹⁹¹

Finally, the Office has consistently called for NBOI investigations into deaths in custody to clearly assess whether and how a death could have been prevented, rather than limiting analysis to contributing factors.¹⁹² This requirement is not currently reflected in CD 041. The absence of mandatory, prevention-focused analysis and the delayed evaluation of suspension-point removal continue to undermine CSC's ability to meaningfully reduce suicide risk in federal custody.

¹⁸⁷ CSC, *Suspension Points: Phase 3: Solutions, Estimates & Recommendations*, February 2022, unpublished internal document, received March 12, 2026, through an official documentation request.

¹⁸⁸ OCI, *A Three Year Review of Federal Inmate Suicides (2011–2014)* (2014).

¹⁸⁹ CSC, *Annual Report on Deaths in Custody: 2017/2018 to 2019/2020* (2023).

¹⁹⁰ CSC, *Suicide Prevention and Intervention Strategy*, internal document, accessed March 2026.

¹⁹¹ OCI, *A Three Year Review of Federal Inmate Suicides (2011–2014)* (2014).

¹⁹² OCI, *Fatal Response* (2017).

Indigenous Perspectives

Finding: While CSC has made efforts to strengthen the application of Section 19 processes for Indigenous individuals through staff training, overall progress remains limited due to the absence of mandatory IIB-specific training and the insufficient integration of Indigenous Social History into NBOI reports.

Following an investigation into the suicide of a young Indigenous man referred to as 'M',¹⁹³ our Office issued three recommendations regarding Section 19 processes specifically involving Indigenous individuals. In response to our finding that the NBOI into M's death lacked adequate consideration of M's Indigeneity, our Office recommended that national investigators within the IIB be comprehensively trained in *Gladue* analysis and report writing. The Office also recommended that a *Gladue*-informed summary of M's case be created and used as a training tool for all CSC staff and that such materials be made public to encourage transparency. Furthermore, our Office suggested that NBOIs into individuals of Indigenous ancestry be principally investigated and written from an Indigenous Social History (ISH) perspective. Finally, our Office urged the Commissioner to issue a formal apology to M's family for the systemic failures of CSC.

CSC has taken various measures to respond to the recommendations outlined above. For instance, M's case is now incorporated into the mandatory training regarding Indigenous corrections delivered to all staff. The two-page document refers to M's ISH, and prompts trainees to identify ways in which various factors could have been addressed earlier.¹⁹⁴ In addition, the onboarding material for national investigators now includes an information package that briefly highlights ISH and the lasting impact of various processes of colonization, including residential schools, and the Sixties Scoop.¹⁹⁵ Despite this positive step, the document does not comprehensively discuss how national investigators can use this information to approach investigations through a broader lens and ensure that ISH is not confined to a single part of the resulting report. Further, due to its categorization as a component of onboarding, existing national investigators may not benefit from this new approach.

In Fall 2025, CSC made progress in its application of Section 19 to Indigenous inmates by delivering a presentation regarding ISH and its consideration in NBOIs at an IIB all-staff meeting.¹⁹⁶ Importantly, the presentation emphasized that ISH should be considered in multiple areas of NBOI reports and should include concrete examples to support the findings. It also explained that, among other factors, ISH analysis must examine whether the mental health care provided to the subject of an NBOI report was trauma-informed and whether staff were able to recognize signs of distress or spiritual disconnection. While materials from this presentation are accessible to IIB staff, the content, which IIB confirmed

¹⁹³ OCI, 2020–2021 Annual Report (2021).

¹⁹⁴ CSC, *Case Study: M's Indigenous Social History*, unpublished internal document, received February 6, 2026, through an official documentation request.

¹⁹⁵ CSC, *Indigenous Resource Kit*, unpublished internal document, received February 6, 2026, through an official documentation request.

¹⁹⁶ CSC, *Indigenous Social History and BOIs*, PowerPoint presentation, October 2025, unpublished internal document, received February 6, 2026, through an official documentation request.

is still under development, has not yet been added as part of the mandatory training for national investigators.

Despite CSC's various points of progress in the application of Section 19 processes to Indigenous individuals, significant gaps remain. National investigators are only required to receive the broad training regarding Indigenous corrections that is mandatory for all staff. The absence of IIB-specific content is concerning as the standard training materials that were provided to our Office comprised of five slides, including only three with content.¹⁹⁷ While the involvement of a facilitator could enrich content, the three slides that do include training materials are void of substantial information and primarily consist of ambiguous maps and diagrams.

The considerable lack of training provided to national investigators regarding the incorporation of ISH into NBOI investigations is apparent in its minimal consideration throughout existing reports. In Tier I and Tier II investigation reports,¹⁹⁸ for instance, the ISH is often limited to descriptions of the background of the inmates involved, while local investigations¹⁹⁹ often lack ISH altogether. In fact, a review of recent local investigation reports revealed that three failed to even mention the Indigeneity of the subject of the report.

In addition to these ongoing issues, there is no evidence that the Commissioner of CSC issued a formal apology to M's family for the organization's systemic failures, as recommended by our Office. Furthermore, contrary to our Office's suggestion, the training material that was developed regarding M's case has not been published. Ultimately, while CSC responded to our Office's past recommendations by stating that its approach to Indigenous corrections is "culturally responsive" and "takes into account each individual's Indigenous social history,"²⁰⁰ the serious and ongoing issues described suggest otherwise.

Quality of Care Reviews

Finding: *Despite being intended as a more rigorous replacement for Mortality Reviews, Quality of Care Reviews continue to lack sufficient transparency, and external scrutiny, limiting their effectiveness in examining deaths from natural causes and improving health outcomes.*

Quality of Care Reviews (QCRs), convened by the Commissioner under section 19.1 and conducted by a "registered health care professional," occur when an inmate dies of natural causes in CSC's custody.²⁰¹ The objective of these reviews is to assess the quality

¹⁹⁷ CSC, *Foundations for Indigenous Corrections*, PowerPoint presentation, April 2025, unpublished internal document, received February 6, 2026, through an official documentation request.

¹⁹⁸ Tier I investigations are convened by the Commissioner and investigate the most severe incidents (ex. murder, suicide) whereas Tier II investigations are convened by the Director General of Incident Investigations and investigate incidents that are less severe than those that fall into Tier I (ex. attempted murder).

¹⁹⁹ Local investigations are convened by institutional heads and investigate incidents that are less severe than those that fall into Tier I and Tier II but still fall under section 19.

²⁰⁰ CSC, "Response to the 48th annual report of the Correctional Investigator 2020 to 2021," last modified February 3, 2022.

²⁰¹ Commissioner's Directive 041 - *Incident Investigations* (September 8, 2020).

of care provided leading up to the individual's death, where health care, mental health care, or clinical decision-making may have been contributing factors. QCRs replaced the former Mortality Review process as part of CSC's efforts to place greater emphasis on assessing the adequacy, timeliness, and appropriateness of care provided to incarcerated individuals prior to death. While Mortality Reviews were primarily focused on identifying cause of death and basic compliance with policy, Quality of Care Reviews were intended to provide a more comprehensive examination of clinical care, including treatment decisions, continuity of care, communication between health and operational staff, and consideration of release options where relevant. However, as our Office has repeatedly noted, concerns remain regarding the transparency, and long-term impact of these reviews, particularly where broader systemic and/or organizational failures are identified.

The Office's investigation, titled *An Investigation of Quality of Care Reviews for Natural Cause Deaths in Federal Custody*,²⁰² identified weaknesses in CSC's QCR process that undermine confidence in its rigour, and transparency. Our Office recommended that the QCR process be subject to an independent audit chaired by an external medical examiner, to ensure objective assessment of clinical practices and strengthen public trust. It further called on CSC's Health Services Sector to obtain independent, external verification of cause of death determinations, or, if not possible, to fully document and report all efforts taken to secure such verification, recognizing the importance of impartial medical conclusions in deaths in custody.

The Office also raised concerns about how the timeliness of release considerations, including compassionate or medical release, are examined within the QCR process. To address this gap, the Office recommended that assessments of release considerations be conducted by the IIB, in collaboration with Health Services, and guided by qualitative standards informed by the Office's 2014 findings.²⁰³ Collectively, these recommendations aimed to enhance the integrity of QCRs, ensure meaningful accountability, and improve learning and preventative capacity following deaths from natural causes in federal custody.

While CSC acknowledged the Office's recommendations which emerged from the 2023-24 Annual Report, its responses have largely stopped short of committing to the structural reforms necessary to address the concerns identified. Of particular concern is CSC's emphasis on internal process improvements and commitment to reviewing policy without demonstrating a willingness to subject QCRs to independent, external scrutiny. In our Office's view, continued reliance on internal review mechanisms without independent audits or verifications, limits the credibility, transparency, and accountability of the process.

Similarly, CSC's response to our recommendation calling for independent, external verification of cause-of-death determinations has done little to resolve long-standing concerns regarding transparency and impartiality. While CSC maintains that its Health Services Sector can assess and review causes, contributing factors and circumstances of death, the Office has consistently found that internal determinations, in the absence of external confirmation, risk eroding public confidence, particularly in a custodial setting where CSC bears responsibility for care.

²⁰² OCI, 2023-2024 Annual Report (2024).

²⁰³ OCI, *An Investigation of the Correctional Service of Canada's Mortality Review Process* (2014).

The Office has additional concerns that CSC has not meaningfully addressed deficiencies in how release considerations are examined within QCRs. CSC's responses have not adequately confirmed that compassionate, medical, or other release options are reasonably considered. CSC's *Quality of Care Review Guidelines*, for example, updated in December 2025, include the following responsibility assigned to the Director of Patient Relations, Redress, and Litigation Management Division, "Collaborates with the Incident Investigation Branch as needed, particularly in response to OCI recommendations and related matters."²⁰⁴

Without clearly assigning a specific function to the IIB, supported by qualitative standards and intersectoral collaboration, QCRs risk continuing to overlook opportunities for release that may have preserved dignity. The failure to fully commit to the Office's recommendations in this area points to a broader reluctance to confront the organizational implications of end-of-life decision-making in custody.

CSC's responses with respect to QCRs reflect a pattern: acknowledgement without concrete action and consideration without commitment. Incremental adjustments cannot be a substitute for independent oversight and transparency. Until CSC demonstrates a willingness to welcome external scrutiny and clarify responsibility for determinations following deaths in custody, the effectiveness of QCRs as a tool for accountability and prevention remains uncertain.

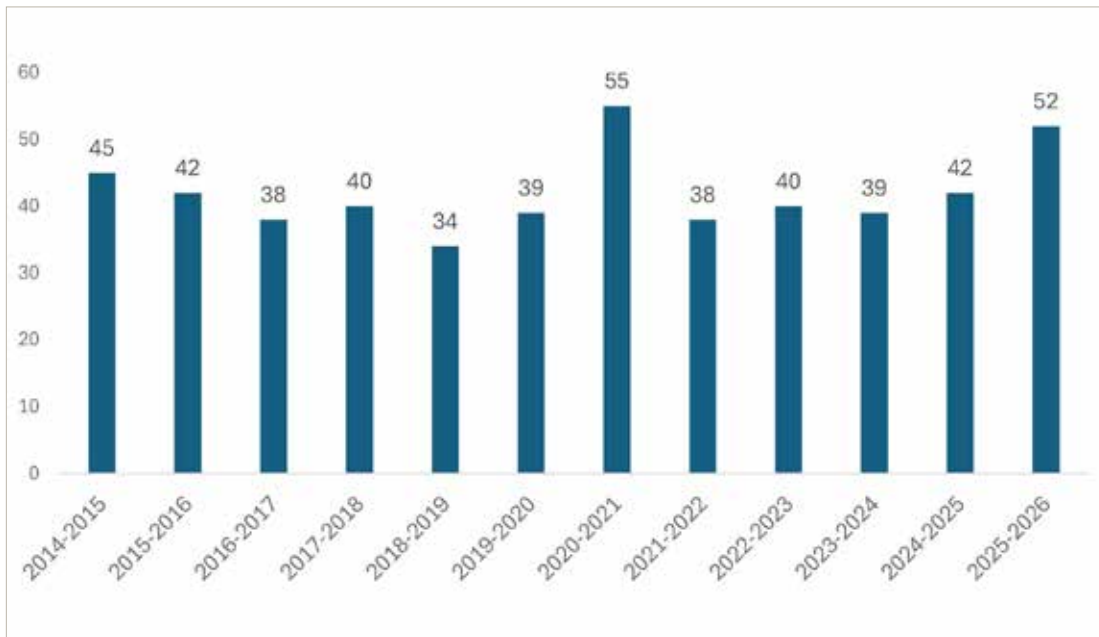
Parole by Exception and Compassionate Release

Finding: *Section 121 has been inconsistently identified and applied due to gaps in case management awareness and the absence of reliable tracking and data sharing mechanisms between CSC and the Parole Board of Canada (PBC).*

Section 121 of the CCRA provides for what is commonly known as "parole by exception" or "compassionate release." It allows the Parole Board of Canada (PBC) to grant parole at any time, notwithstanding an incarcerated person's normal parole eligibility, in narrowly defined and exceptional circumstances. These include cases where an individual is terminally ill, where continued confinement is likely to cause serious physical or mental harm, or where confinement would amount to an excessive and unforeseeable hardship relative to the sentence imposed. Section 121 is the primary statutory mechanism through which compassionate or humanitarian release can be considered in the federal correctional system.

²⁰⁴ CSC, *Quality of Care Review Guidelines for Deaths from Natural Causes: From Principles to Practice: Advancing Health Care Outcomes Through Accountability and Continuous Improvement*, internal document, accessed March 2026.

Graph 1. Total Number of Deaths per Year by Natural Causes, from 2014-15 to 2025-26



Source: CSC's Corporate Reporting System-Modernized (CRS-M; Extraction date: April 16, 2026).

In the Office's 2023-24 Annual Report, in the context of a broader investigation on QCRs, we found that natural deaths in CSC institutions had remained relatively consistent; this is a trend that has continued. At the time, our Office examined all cases over the five-year period between 2015-16 and 2019-20, finding that parole by exception had only been considered 20 times and granted in 16 instances. Further, the most recent PBC Performance Monitoring Report containing data on Parole by Exception decisions (2022-23) recorded only three releases.²⁰⁵

A subsequent review of the period between 2015-16 and 2019-2020 highlighted significant gaps in how compassionate parole was identified, assessed, and documented. While individuals with terminal illnesses or rapidly declining health could seek release on compassionate grounds, many cases were not captured as "parole by exception" because the individuals had reached parole eligibility, resulting in the absence of reliable data. We further found recurring confusion among case management staff regarding eligibility timelines, particularly following parole denials, with some staff mistakenly concluding that applications could not be reconsidered despite PBC guidance allowing for earlier reviews in exceptional circumstances.

Due to the lack of adequate tracking mechanisms and inconsistent case records, our Office has recommended that CSC and the PBC review the application of Section 121 provisions to ensure consistency with the spirit and intent of this section.²⁰⁶ The Office also recommended that CSC and the PBC establish a data sharing and reporting framework to publish information on Section 121 parole by exception applications as well as applications

²⁰⁵ Parole Board of Canada, Performance Monitoring Report 2022-2023 (Parole Board of Canada, last modified August 13, 2025).

²⁰⁶ OCI, 2018-2019 Annual Report, (2019).

of any kind of release based on compassionate grounds.²⁰⁷ In response, CSC committed to enhancing its current data sharing and reporting process by making changes to the Offender Management System (OMS) and engaging with the PBC to establish a mechanism that would enable information sharing between the two organizations.²⁰⁸ While updated QCR guidelines were presented during bilateral meetings between our Office and the Health Services Sector, we have not been apprised of any new data sharing or reporting frameworks.

Conclusion

In response to our Office's numerous recommendations regarding section 19 and its related processes, CSC has made various notable changes. Among points of progress, the loved ones of individuals who have died in custody now have access to a detailed guide and lessons learned from the case of Matthew Hines have been added to CTP and CXCD training. Vital sign monitoring is expected to be piloted in a few months and onboarding materials for national investigators now include crucial information regarding processes of colonization and ISH. Despite such efforts, significant gaps continue to affect CSC's activities and obligations with regards to deaths in custody. The NOK and families of those who have died in custody continue to bear the responsibility of seeking information regarding their loved one's death while those delivering death notifications receive minimal training. At the same time, the impact of lessons learned from tragedies in custody continues to be stifled by disorganized dissemination of information. Further, the publication of annual reports on deaths in custody has seemingly slowed to a stop, there is no IIB-specific training regarding ISH and its consideration in NBOI reports, QCRs continue to lack transparency, and Section 121 considerations are not reliably identified and applied. Such issues, among others, illustrate that CSC must substantially intensify its efforts to improve the implementation of Section 19 and 19.1 processes. A failure to do so will mean the continued existence of deficiencies that hinder the procedures tied to some of the most sensitive and tragic topics in corrections.

²⁰⁷ OCI, 2023–2024 *Annual Report* (2024).

²⁰⁸ CSC, "Response to the 51st Annual Report of the Correctional Investigator 2023 to 2024," last modified September 19, 2025.

Ed Mclsaac Human Rights in Corrections Award



From left to right: Dr. Ivan Zinger, Dr. Melissa Munn, and Ed Mclsaac

The Ed Mclsaac Human Rights in Corrections Award was established in December 2008, in honour of Mr. Ed Mclsaac, long-time Executive Director of the Office of the Correctional Investigator and a dedicated proponent of human rights in federal corrections. The award recognizes outstanding achievement and commitment to improving federal corrections in Canada and protecting the human rights of incarcerated persons.

Dr. Melissa Munn, the 2025 recipient of the Ed Mclsaac Human Rights in Corrections Award, has been dedicated to advancing human rights, dignity, and fairness for people affected by Canada's correctional system for nearly four decades. An activist-academic and long-standing ally to incarcerated and formerly incarcerated individuals, Dr. Munn's work encompasses direct support, advocacy, and academic contributions. Over the course of her career, she has collaborated with abolitionist, restorative justice, and prisoner-support organizations across Canada, providing parole-related support, conducting policy-focused research, and advancing initiatives that amplify the voices of incarcerated individuals.

Dr. Munn's commitment includes supporting a prisoner-led gang disaffiliation program, creating and maintaining the PenalPress.com, a digital archive of prisoner-produced newsletters, and has played a key role in the *Journal of Prisoners on Prisons*, the world's only peer-reviewed publication dedicated to prisoner writing. Additionally, she created the widely distributed *Getting Out. Staying Out.* booklet, now in its fourth English and second French editions which has reached over 4,500 prisoners and parolees across Canada.

Through her wide-ranging contributions within and beyond corrections, Dr. Munn exemplifies the spirit of the Ed Mclsaac Human Rights in Corrections Award and continues to advance a more humane and rights-based correctional landscape in Canada.

ANNEX A: Correctional Service Canada Response

On behalf of the Correctional Service of Canada (CSC), I would like to thank you for your 2025-2026 Annual Report and for your continued, independent oversight of federal corrections.

The 2025-2026 Annual Report, differs from previous annual reports, in that rather than focusing on findings and recommendations arising from a single reporting year, it provides a ten-year retrospective of observations, findings, and recommendations issued by the Office. As such, it offers an opportunity to reflect on persistent and systemic issues, the progress that has been achieved, and the work that remains ahead.

CSC accepts the recommendation contained in the ten-year review. We remain committed to addressing these systemic barriers in a more comprehensive and measurable way.

Since my appointment in March 2026, I have been focused on assessing the modernization priorities to transform CSC. This includes not only re-examining how we operate today but also identifying opportunities to strengthen outcomes for those in our care, support our workforce, and enhance public safety.

Given the challenges facing the organization, the improvements that have been made, and the opportunities that exist to strengthen outcomes moving forward, it is imperative that CSC undertake a strategic approach, as achieving meaningful and sustainable progress requires thoughtful priority-setting and a clear path forward.

Moving Forward

As CSC establishes organizational priorities for the years ahead, this work will be informed by evidence, meaningful stakeholder engagement, broader Government of Canada priorities, and valuable insights drawn from your review, as well as other external reviews including the 2022 Office of the Auditor General Audit Report on Systemic Barriers.

We recognize that many of the challenges identified in your review are complex and will require sustained effort over time. CSC will develop a multi-year transformation and modernization plan that will establish organizational priorities and guide future action. The plan will also provide a framework for stakeholder engagement, communicating organizational priorities, key initiatives, anticipated timelines, and demonstrable results as CSC advances its transformation and modernization efforts.

In developing the plan, CSC will draw upon themes raised throughout your review, including addressing equity and over-representation, offender supports and services, strengthen governance and accountability, workforce sustainability, infrastructure modernization, outcomes for federally sentenced women, and timely reintegration, as organizational priorities are established and CSC's future direction is shaped.

We will continue to engage constructively with your Office as we advance this work, and we will ensure that your observations and recommendations inform both immediate actions and longer-term transformation efforts.

Thank you again for your important work and ongoing engagement.

Talal Dakalbab
Commissioner of the Correctional Service of Canada

ANNEX B: Annual Statistics

Cases and Complaints

Table A. Total Cases²⁰⁹

	ACTIVE	ADDRESSED	TOTAL
Total Cases ²¹⁰	151	4,164	4,315

Table B: Total Non-Complaints or Matters Outside of the OCI's Jurisdiction

CATEGORY	ACTIVE	ADDRESSED	TOTAL
Detention under Canada Border Services Agency (CBSA) authority	0	1	1
Disclosure	0	5	5
External Independent Decision Maker (SIU)	0	4	4
Independent Chairperson (discipline)	0	1	1
Judicial courts and administrative tribunals	0	3	3
Not a complaint	4	38	42
Not enough information to categorize	3	77	80
OCI's decision	0	3	3
OCI's services and accessibility	0	18	18
OCI's staff member	0	9	9
Outside OCI's jurisdiction (general)	1	81	82
Parole Board of Canada	0	37	37
Provincial corrections	0	64	64
Request for information/document	2	33	35
Request for interview	2	72	74
TOTAL	12	446	458

²⁰⁹ These includes both complaints, non-complaints, and matters outside of the OCI's jurisdiction.

²¹⁰ The data reported in these annexes are a snapshot of the OCI's internal data from the week of April 30, 2026. Future reporting may be different as cases are updated.

Table C. Total Complaints²¹¹

	ACTIVE	ADDRESSED	TOTAL
Total Complaints	139	3,718	3,857

Table D: Top Complaint Categories, by Population

POPULATION AND COMPLAINT CATEGORY	#	%
OVERALL	1,485	39%
Complaint Category		
Staff behaviour and performance	381	10%
Physical health care	343	9%
Conditions of confinement (infrastructure)	287	7%
Personal effects	241	6%
Transfer	233	6%
INDIGENOUS	407	37%
Complaint Category		
Staff behaviour and performance	110	10%
Physical health care	103	9%
Personal effects	69	6%
Conditions of confinement (infrastructure)	69	6%
Transfer	56	5%
WOMEN	161	42%
Complaint Category		
Conditions of confinement (infrastructure)	49	13%
Physical health care	41	11%
Staff behaviour and performance	34	9%
Security classification	20	5%
Personal effects	17	4%

²¹¹ Total cases (Table A) minus non-complaints and matters outside of the OCI's jurisdiction (Table B).

Table E: Complaints, Individual Complainants, and Sentenced Population by Region

REGION	CASES	COMPLAINTS ²¹²	INDIVIDUALS ²¹³	SENTENCED POPULATION ²¹⁴
Atlantic	384	351	184	2,329
Quebec	1,202	1,112	526	5,748
Ontario	943	813	486	7,097
Prairies	1,083	952	526	6,332
Pacific	658	600	259	3,385
Unspecified	90	29	3	-
TOTAL²¹⁵	4,315	3,857	1,984	24,891

Table F: Individual Complainants and Complaints by Facility Type

FACILITY TYPE	COMPLAINTS	INDIVIDUAL COMPLAINANTS
Institutions for Men	3,131	1,603
Multi-Level	1,462	814
Maximum ²¹⁶	889	370
Medium	744	396
Minimum	36	23
Institutions for Women	388	203
CCC-CRF²¹⁷	162	101
Treatment Centres	101	40
Community	37	27
Healing Lodges	9	7
Unspecified	29	3
Grand Total	3,857	1,984²¹⁸

²¹² Complaints are calculated by taking the total number of cases and subtracting all non-complaints or matters that fall outside of the OCI's jurisdiction (see Table B).

²¹³ The number of individuals who contacted our Office to make a complaint (i.e., complainants). Does not include non-complaints or matters that fall outside of the OCI's jurisdiction (see Table B).

²¹⁴ Year-end count of total sentenced population broken down by regions for fiscal year 2025-26, according to the Correctional Service Canada's Corporate Reporting System – Modernized (CRS-M).

²¹⁵ Does not include 278 cases from anonymous complainants.

²¹⁶ Includes the Special Handling Unit (SHU).

²¹⁷ Community Correctional Centres and Community Residential Facilities.

²¹⁸ Does not include 278 cases from anonymous complainants.

Table G: Complainants and Complaints by Self-Reported Ethnicity

ETHNICITY	WOMEN		MEN	
	COMPLAINTS	INDIVIDUALS	COMPLAINTS	INDIVIDUALS
White	173	104	1,461	808
Indigenous	153	81	941	492
Black	27	18	635	289
Other Racialized Individuals, Multi-Ethnic or Unspecified	31	15	316	177
Total²¹⁹	384	218	3,353	1,766

Table H: OCI Complaints by Category and Status

COMPLAINT CATEGORY	ACTIVE	ADDRESSED	TOTAL
AMENITIES AND LIVING CONDITIONS	34	954	988
Conditions of confinement (infrastructure)	16	271	287
Personal effects	7	234	241
Financial matters	1	117	118
Cell or unit placement	1	84	85
Routines and confinement	5	79	84
Food services	2	69	71
Claim against the Crown	0	29	29
Canteen	0	24	24
Lockdown	1	12	13
Purchasing system	0	12	12
Access to yard and exercise	1	11	12
Double-bunking	0	12	12
INTERACTIONS	37	787	824
Staff behaviour and performance	20	361	381
Safety and security	2	147	149
Use of force	11	55	66

²¹⁹ Total complaints exclude 120 from anonymous complainants missing both gender and ethnicity information. Total individuals exclude 278 cases from anonymous complainants.

COMPLAINT CATEGORY	ACTIVE	ADDRESSED	TOTAL
Discipline	1	57	58
Search and seizure (cell and personal effects)	0	39	39
Discrimination	0	38	38
Harassment	0	28	28
Urinalysis	0	18	18
Inmate Request process	0	12	12
Search and seizure (search of persons)	2	8	10
Dry cell placement	0	8	8
Death or serious injury	0	8	8
Escort transport	1	5	6
Search and seizure (Indigenous spiritual effects)	0	3	3
HEALTH	18	527	545
Physical health care	10	333	343
Mental health care	4	84	88
Accommodation for health needs	2	75	77
Dental health care	2	28	30
Confidentiality and consent (health care)	0	4	4
Harm reduction strategy	0	3	3
DECISIONS	14	426	440
Transfer	4	229	233
Security classification	8	123	131
Temporary absences and work releases	0	43	43
Structured intervention unit	2	22	24
Transfer decision in the context of gender identity expression	0	7	7
Transfer to a healing lodge (managed by CSC)	0	2	2
CASE MANAGEMENT AND INTERVENTIONS	9	387	396
File information and correction	4	83	87

COMPLAINT CATEGORY	ACTIVE	ADDRESSED	TOTAL
Correctional programs	1	62	63
Employment	0	50	50
Release preparation	1	48	49
Release suspension	0	45	45
Correctional planning	1	31	32
Community program/supervision	1	30	31
Pre-release decisional process	1	20	21
Sentence calculation	0	11	11
Education	0	7	7
RIGHTS	13	323	336
Access to courts and legal counsel	3	81	84
Grievance and complaint	4	79	83
Committees and representation	4	67	71
Cultural, religious or spiritual practices	1	45	46
Access to information and privacy	0	27	27
Access to police services	0	11	11
Indigenous path	0	7	7
Official languages	0	4	4
Reprisal for exercising rights	1	1	2
Foreign languages and interpretation	0	1	1
COMMUNICATION WITH OUTSIDE	14	314	328
Visits	9	174	183
Correspondence	3	71	74
Telephone	1	67	68
Mother-child program	1	1	2
Access to media	0	1	1
GRAND TOTAL	139	3,718	3,857

Table I: Disposition of Cases

ACTION ²²⁰	#
Internal Resolution	2,471
Inquiry	1,555
Investigation	2,809
Total	4,835 ²²¹

Reviews

Mandated Reviews

Section 19(1) of the *Corrections and Conditional Release Act* (CCRA) requires CSC to investigate when an “inmate dies or suffers serious bodily injury” and to “report thereon to the Commissioner or to a person designated by the Commissioner.” Under section 19(2), CSC must also provide the OCI with copies of these reports, which the OCI subsequently reviews and analyzes.

Some of the reviews completed during the past fiscal year formed part of ongoing systemic tracking and analysis, while others were initiated in response to complaints, correspondence with institutions, or other forms of notification. The cases examined by the OCI are not limited to incidents that occurred within the reporting period, as considerable time may have elapsed between the occurrence of an incident and the finalization of the report.

²²⁰ An *internal resolution* involves a response to the complainant through the OCI's preliminary analysis process. “*Inquiry*” means the initial review to assess whether CSC's actions or decisions were fair, appropriate, and in compliance with policy and law. An *Investigation* consists of a thorough review of all relevant information to assess the fairness, appropriateness, and compliance of CSC's actions or decisions.

²²¹ A case may be opened and closed more than once. This is the reason that the total in this table is larger than the actual number of complaints reported in Table C.

Table J: OCI Review of CSC Mandated Reports by Incident Type

INCIDENT TYPE	REVIEWS
Assault	28
Suicide	16
Overdose Death	10
Overdose Interrupted	6
Homicide	6
Death by Natural Cause ²²²	4
Death of Unknown Cause	4
Sexual Assault	4
Attempted Suicide	3
Attempted Murder	2
Total	83

Use of Force Reviews

The Correctional Service of Canada notifies the Office each time a use of force package is created. The Office has access to CSC's use of force database and can review the packages therein, which typically includes: a use of force report; the incident video; the Health Services use of force checklist; a post-incident checklist; the officer's statement or Observation Report; and CSC's action plan to address deficiencies. OCI use of force review analysts then triage each use of force package to determine whether a *summary* or *full* review is required.²²³ In 2025-26, there was a total of:

- 2,606 use of force incidents.
- 2,257 use of force cases processed by the OCI
 - 1,960 cases were triaged by the OCI but only required a *summary* review.
 - 566 cases received a *full* review by the OCI's use of force analysts.

²²² As per new provisions (adopted in 2019) under section 19.1(1) of the CCRA, when a CSC healthcare professional advises the Service that there are reasonable grounds to believe a death resulted from natural causes, the Service's obligations are limited to an internal review of the "Quality of Care" provided to the incarcerated individual.

²²³ A *summary* review of CSC's use of force package is completed for: incidents that are the subject of a specific complaint; where it is determined through triage that the incident requires review; and for level 1 and 2 incidents where CSC's internal review disputed whether the use of force incident was "necessary" or "proportionate." A *full* review is completed for: level 3 incidents; incidents deemed "serious" in nature or occurred in a "location of special interest" to the OCI; incidents where force was used to respond to riots or in circumstances under temporary heightened restrictions; and, incidents where a full Emergency Response Team was deployed.

Table K: Use of Force Reviews Conducted by the OCI in 2025-26

REGION	SUMMARY REVIEW	FULL REVIEW	TOTAL
Atlantic	238	85	321
Quebec	261	157	677
Ontario	134	100	447
Prairies	194	147	584
Pacific	50	79	228
Total	1,691	566	2,257

Visits

Table L: Cases, Interviews, and Days in Institutions by Region and Institution

REGION / FACILITY	CASES ²²⁴	INTERVIEWS ²²⁵	OCI DAYS IN FACILITIES ²²⁶	PERSON DAYS IN FACILITIES ²²⁷
Atlantic	384	146	28	40.5
Atlantic	121	43	12	18
Dorchester	60	37	4	5
Nova Institution for Women	101	42	6.5	9.5
Shepody Healing Centre	8	2	0.5	1
Springhill	69	22	5	7
CCC-CRF	19	0	0	0
Community	6	0	0	0
Quebec	1,202	374	74	121
Archambault	159	39	6.5	10
Cowansville	68	27	3.5	3.5
Regional Mental Health Centre	14	-	-	-

²²⁴ Represents all interactions with federally sentenced individuals, including on the phone, virtually, and in-person.

²²⁵ For the purposes of this table, "Interviews" only include those conducted *in-person* and with federally sentenced individuals. Staff interviews are not included, which is why we are reporting no interviews for some visited facilities. No data may also indicate that interviews at the institution were completed at the same time as interviews occurring at an adjacent institution, e.g., Millhaven and Millhaven RTC. Furthermore, between fiscal years 2020-21 and 2021-22, the Office pivoted to a virtual visit model, which guided how investigators conducted business during the pandemic. These visits involved a combination of videoconferencing and telephone interviews. Readers should keep this in mind when comparing the data in this table to that of previous Annual Reports.

²²⁶ Represents the number of days that the OCI spent visiting CSC Institutions. Institutions include penitentiaries, CRFs, community parole offices, and other locations where meetings and interviews were conducted with federally sentenced persons.

²²⁷ Occasionally, OCI staff conduct visits in teams of two or more. Person Days in Institutions reflects cumulative staff efforts, calculated as the number of days spent on visits to CSC facilities multiplied by the number of individuals on the visiting team.

REGION / FACILITY	CASES	INTERVIEWS	OCI DAYS IN FACILITIES	PERSON DAYS IN FACILITIES
Regional Reception Centre	103	30	8	18
Donnacona	113	42	10.5	19
Drummond	99	49	8	11
Federal Training Centre	155	42	8	16
Joliette	62	42	8.5	9.5
La Macaza	130	37	6	9
Port-Cartier	197	58	9	15
Special Handling Unit (SHU)	20	6	3	5
Waseskun	0	0	2	3
CCC-CRF	66	2	1	2
Community	16	0	0	0
Ontario	943	353	56	91.5
Bath	76	30	6.5	6
Beaver Creek	132	47	6.5	13
Collins Bay	68	45	7.5	10.5
Grand Valley Institution for Women	69	64	9	15
Joyceville	60	70	9	9
Joyceville Assessment Unit	85	-	-	-
Millhaven	141	45	11	25
Regional Treatment Centre - Millhaven	21	-	-	-
Warkworth	131	52	6.5	13
CCC-CRF	119	0	0	0
Community	41	0	0	0
Prairies	1038	340	62	94.5
Bowden	135	24	6	12
Buffalo Sage Wellness House	6	4	1	2
Drumheller	133	41	4	4
Eagle Women's Lodge	0	3	1	2
Edmonton	154	30	6	12

REGION / FACILITY	CASES	INTERVIEWS	OCI DAYS IN FACILITIES	PERSON DAYS IN FACILITIES
Edmonton Institution for Women	70	66	9	12
Grande Cache	74	21	2	2
Grierson	7	1	0.5	1
Okimaw Ohci Healing Lodge	3	0	0	0
Pê Sâkâstêw Centre	1	4	1	2
Prince Albert Grand Council Spiritual Healing Lodge	1	0	0	0
Regional Psychiatric Centre	46	13	7	10
Saskatchewan	226	73	10.5	17.5
Stan Daniels Healing Centre	3	4	1	2
Stony Mountain	147	56	12	15
Willow Cree Healing Lodge	5	0	0	0
CCC-CRF	19	0	1	1
Community	8	0	0	0
Pacific	658	245	42.5	62.5
Fraser Valley Institution for Women	123	56	12	15
Kent	188	69	8	13
Kwikwêxwelhp Healing Village	5	2	1	2
Matsqui	58	42	5	7
Mission	98	12	3	6
Mountain	82	30	6	12
Pacific	16	20	2.5	2.5
Regional Reception Centre	17	6	1	1
Regional Treatment Centre	21	6	1	1
William Head	16	2	3	3
CCC-CRF	25	0	0	0
Community	9	0	0	0
Unspecified Institution²²⁸	90	0	0	0
Grand Total	4,315	1,458	262.5	410

²²⁸ In 87 cases, the complainants requested to remain anonymous. For the remaining three cases, location information was unavailable.

Toll-Free Contacts in 2025-26

Federally sentenced individuals and members of the public can contact the OCI by calling our toll-free number (1-877-885-8848) anywhere in Canada. All communications between federally sentenced individuals and the OCI are confidential.

- Number of toll-free contacts received in the reporting period: **19,646**
- Number of minutes recorded on toll-free line: **118,132**

ANNEX C: List of Recommendations from 2014-15 to 2023-24

Associated Investigation	Recommendations
ANNUAL REPORT 2014-15	
Access to Emerging Hepatitis C Therapies	1. I recommend that CSC prepare a business case to seek additional funding this fiscal year to expand inmate access to evolving Hepatitis C therapies. This initiative should be framed as an investment in public health and public safety.
Drug Utilization Evaluation	2. I recommend that CSC's efforts to establish prevalence estimates for chronic physical and mental health conditions be complemented by a comprehensive analysis of annually tracked and reported trends and causes of natural mortality among the federal inmate population.
Care and Custody of Elderly/Geriatric Offenders	3. I recommend that CSC engage its Health Care Advisory Committee to develop a chronic/long-term care model that is responsive to the needs of the growing number of older/geriatric people behind bars. The model should be presented in time to influence CSC's 2016-17 operational budget.
Accreditation of CSC Health Care Services	4. I recommend that CSC immediately produce an Action Plan detailing the steps to be taken to address the issues of concern identified in the September 2014 Accreditation Canada report. This plan should be vetted at the next meeting of the Health Care Advisory Committee.
Fetal Alcohol Spectrum Disorder (FASD)	5. I recommend that CSC establish a standing expert advisory committee on FASD to establish prevalence, provide advice on screening, assessment, treatment and program models for FASD-affected offenders. The Committee should recommend a FASD strategy for CSC's Executive Committee in the next fiscal year.
'Optimal' Model of Mental Health Care	6. I recommend that the Department of Public Safety commission, in partnership with Health Canada, an independent validation of CSC's 'optimal' model of mental health care and report findings to the Minister of Public Safety.
Prison Self-Injury	7. I recommend that CSC examine international research and best practices to identify appropriate and effective trauma-informed treatment and services for offenders engaged in chronic self-injurious behaviour, and that a comprehensive intervention strategy be developed based on this review.
Prevention of Deaths in Custody: Directions for Reform	8. I recommend that the Minister of Public Safety request that the Public Safety and National Security Committee (SECU) of parliament conduct a study and public hearings into policy options for managing the care, custody and safe release of inmates aged 65 and over who no longer pose an ongoing substantiated risk to public safety.

Associated Investigation	Recommendations
Special Focus on Administrative Segregation	9. I recommend that the Government of Canada amend the <i>Corrections and Conditional Release Act</i> to significantly limit the use of administrative segregation, prohibit its use for inmates who are mentally ill and for younger offenders (up to 21 years of age), impose a ceiling of no more than 30 continuous days, and introduce judicial oversight or independent adjudication for any subsequent stay in segregation beyond the initial 30 day placement.
Offender Grievances	10. I recommend that the Department of Public Safety conduct a compliance audit of the CSC's legal obligation to provide accessible, fair and expeditious resolution of offender complaints and grievances.
	11. I recommend that CSC re-allocate resources to Alternative Dispute Resolution to ensure the program is funded and made available in all federal penitentiaries.
Food Services Modernization	12. I recommend that in 2015-16 CSC undertake an external audit of its meal production services, with particular emphasis on safe food handling practices, equitable distribution of meals and concordance between the standards outlined in the National Menu and the nutritional value of meals provided to inmates.
Use of Force	13. I recommend that the Office of the Auditor General of Canada consider a compliance audit of the CSC's use of force review process.
"Shield Walk" Patrol	14. I recommend that Shield Walk Patrols be discontinued or, if not, be considered a use of force intervention and, as such, comply with all use of force policy and reporting requirements.
Integrating Gladue Principles in Correctional Decision Making	15. I recommend that CSC publicly release its study of the impact of Aboriginal social history (<i>Gladue</i> factors) on case management and its influence on correctional decision outcomes for Aboriginal offenders. This study should be accompanied by a Management Action Plan.
Review of Prison Industries	16. I recommend that CSC re-tool its Corcan employment and employability program to focus on building capacity in vocational skills training in demand areas, including significantly increasing access to Red Seal trades and apprenticeships, as well as sales, marketing and information technologies.
Federally Sentenced Women Offender Profile	17. I recommend that CSC take full advantage of the expanded capacity in the minimum security units to maximize participation in the residential component of the mother-child program at the regional women's facilities.
Women-Centred Health Care	18. I recommend that the National Complex Mental Health Committee oversee the treatment and intervention plans of chronically self-injurious offenders and ensure external psychological assessments are conducted in these cases.

Associated Investigation	Recommendations
SPECIAL REPORT (2014-15) - A Three Year Review of Federal Inmate Suicides (2011-2014)	
A Three Year Review of Federal Inmate Suicides (2011 – 2014)	1. As a matter of immediate priority, CSC should remove all <u>known</u> suspension points in segregation cells across the country. Where this is deemed technically or economically unfeasible, such cells (or ranges) should be decommissioned.
	2. Long-term segregation of seriously mentally ill, self-injurious or suicidal inmates should be expressly prohibited.
	3. CSC should immediately post the <i>Final Report of the Second Independent Review Committee into Federal Deaths in Custody 2010-2011</i> as well as its response to the report's findings and recommendations on its external website.
	4. CSC should continue producing its <i>Annual Inmate Suicide Reports</i> or replace it with an annual report that includes analysis of all deaths in custody regardless of cause. This reporting mechanism would include a roll-up of significant findings and recommendations emanating from CSC boards of investigations, mortality reviews of natural cause deaths, as well as pertinent issues identified by provincial and territorial Coroner and fatality inquiries involving federally sentenced inmates. Corrective measures aimed at mitigating organizational risk should be a prominent feature of these public progress reports.
	5. CSC should compile and publish, in one comprehensive evergreen document, the various components of its suicide awareness and prevention program/strategy.
	6. A national effort, led by Health Services, should identify inmates at elevated risk of suicide who are held in long-term segregation or have a history of repeated placements and develop appropriate mitigating measures to be shared with operational sites.
	7. The Regional Complex Mental Health Committees should <u>directly</u> oversee the treatment and management plans of inmates on active suicide watch or mental health monitoring placed in segregation, observation, psychiatric or behavioural cells.
	8. Psychological autopsies conducted in the course of investigations into prison suicides should be expanded to determine possible underlying causes and comparative profiles of other inmates who had committed suicide.
	9. Beyond compliance, boards of investigation into prison suicides should be encouraged to focus on identifying organizational gaps and environmental risks (e.g. access to means to commit suicide) that could potentially prevent similar future deaths.

Associated Investigation	Recommendations
A Three Year Review of Federal Inmate Suicides (2011 – 2014)	10. CSC should routinely share boards of investigations with designated family members as well provincial and territorial Coroner and Medical Examiner Offices regardless of whether the death goes to inquest or public fatality inquiry.
	11. All staff training across the Service, including induction, refresher and upgrading, should contain more practical focus on mental health issues and concerns in corrections. In-class training should be delivered in a live and interactive manner by mental health professionals with the aim of assisting security staff to identify and safely manage self-injurious, mentally disordered or suicidal inmates.
SPECIAL REPORT (2014-15) - National Drug Formulary Investigation Summary of Findings and Recommendations	
National Drug Formulary Investigation Summary of Findings and Recommendations	1. New admissions to federal custody with a valid prescription or who require medical treatment should be seen by an attending institutional physician within 72 hours of being admitted. This practice will ensure that prescribed medications are appropriately and efficiently reconciled and continuity of care between the community or provincial and federal custody is maintained.
	2. CSC should immediately amend policy to ensure that the medication regime for inmates being transferred is not changed unless or until the attending physician at the receiving institution has conducted either an in-patient assessment or consultation with the transferring institution.
	3. Communication should be improved by initiating regular meetings (at least semi-annually) between Regional Pharmacists and institutional physicians and by distributing summary information involving non-formulary decisions made on appeal to the National Pharmacist.
	4. To ensure consistency and accountability CSC should implement a national electronic pharmaceutical database to provide reliable data on drug utilization trends.
	5. CSC should conduct an administrative review of the non-formulary request process responsive to issues identified in this investigation, including, in particular, an assessment of the appropriateness of Regional Pharmacists making the final decision on non-formulary requests.
	6. In consultation with institutional physicians, CSC should amend areas of its Formulary where sufficient treatment options appear to be lacking (e.g. Psychotherapy, chronic pain management, Attention Deficit and Hyperactivity Disorder).
	7. In consultation with institutional physicians and Inmate Committees, CSC should develop a list of commonly used/requested over-the-counter health care products which would be made available for purchase through inmate canteens.
	8. CSC should develop options (e.g. lockboxes) to ensure patients can receive medications when health care staff are not available.

Associated Investigation	Recommendations
National Drug Formulary Investigation Summary of Findings and Recommendations	9. The two external expert reviews (attached) should be examined by the National Pharmacy and Therapeutics Committee and the Health Care Advisory Committee at their next meetings with a view to bringing forward recommended changes to the Formulary.
ANNUAL REPORT 2015-16	
Role of Health Care Providers in Corrections	1. I recommend that CSC consult with professional colleges, licensing bodies and accreditation agencies to ensure operational policies do not conflict with or undermine the standards, autonomy and ethics of professional health care workers in corrections.
Aging and Dying Behind Bars	2. I recommend that CSC develop, publicly release and implement an older offender strategy for federal corrections in 2016-17 that addresses the care and custody needs of offenders aged 50 or older. This strategy should include programming, reintegration, public safety and health care cost considerations.
Access to Dental Care	3. I recommend that CSC create a national action plan to address dental waitlist concerns, restore funding for preventative dental health care and improve access to dentistry services in federal penitentiaries.
A Comprehensive Harm Reduction Strategy	4. I recommend that CSC enhance harm reduction initiatives including the re-introduction of safe tattooing sites and the implementation of a needle exchange pilot and assess the impacts of these measures on inmate health, institutional substance miss-use and security operations.
Fetal Alcohol Spectrum Disorder (FASD)	5. I recommend that CSC work collaboratively with community groups that have proven expertise in providing treatment services and supports for FASD-affected individuals to address significant gaps in assessment, programming, treatment and services to these offenders in federal corrections.
Transgender Inmates	6. I recommend that CSC's gender dysphoria policy be updated to reflect evolving legal and standards of care protecting the rights of transgender people in Canada. Specifically: - upon request and subject to case-by-case consideration of treatment needs, safety and privacy, transgender or intersex inmates should not be presumptively refused placement in an institution of the gender they identify with. - the 'real life' experience test should include consideration of time spent living as a transgender person during incarceration.
CSC's Response to Self-Injurious Behaviour	7. I recommend that CSC develop a new, separate and distinct model from the existing Situation Management Model to address medical emergencies and incidents of self-injurious behaviour in partnership with professional mental health organizations.

Associated Investigation	Recommendations
Management of Complex Mental Health Cases	8. I recommend that the Minister of Public Safety direct CSC to develop additional community partnerships and negotiate exchange of service agreements in all regions that would allow for alternative placement and treatment arrangements other than incarceration for significantly mentally ill federal offenders. These arrangements and agreements should be in place by the end of the current fiscal year.
Systemic Review of Complex Needs Cases at the Regional Women's Facilities	9. I recommend that internally allocated specialized complex case funding should not be used as an alternative to seeking placement in an external treatment facility and that the CSC allocate funding for treatment beds commensurate with diagnostically identified needs.
New Reporting Format for Board of Investigations	10. I recommend that CSC retain, as a mandatory requirement, that a psychological review/autopsy be conducted by a registered mental health clinician into each and every prison suicide.
Third Independent Review of Deaths in Custody	11. I recommend that CSC publicly release the third Independent Review Committee report on deaths in custody and the action plan responding to the report's findings and recommendations.
National Forum for Preventing Deaths in Custody	12. I recommend that the Minister of Public Safety work with provincial and territorial counterparts to create an independent national advisory forum drawn from experts, practitioners and stakeholder groups to review trends, share lessons learned and suggest research that will reduce the number and rate of deaths in custody in Canada.
Special Focus on the Use of Inflammatory Agents in Corrections	13. I recommend that: a) The removal, display or threatened use of a chemical and inflammatory agent should be properly and immediately reinstated as a "reportable" use of force in CSC's use of force policy and review framework.
	13. b) CSC should conduct an immediate review of the factors behind the increasing use of inflammatory agents in CSC facilities and assess whether additional review and accountability controls are required to ensure their safe and proper use.
	13. c) CSC policy should require shower and wash as soon as possible following the use of or contamination by an organic inflammatory agent, with any delay of more than 20 minutes requiring notification of the Institutional Head.
	13. d) After each and every use of an inflammatory or chemical agent, the canister should be weighed and the volume discharged duly recorded. Officers should be held to account for the use(s) and volume of inflammatory agents discharged for each incident. These records should be shared regionally and nationally on a quarterly basis.
Update on the Impact of National Cost-Savings Initiatives on Inmate Services	14. I recommend that CSC suspends the introduction of the new inmate purchasing system, and proceed with in-depth, meaningful consultations with all stakeholders, including this Office, Inmate Committees and frontline staff.
	15. I recommend that the Minister of Public Safety initiate a review of the inmate payment/allowance system in federal corrections.

Associated Investigation	Recommendations
Indigenous Corrections	16. I again recommend that CSC appoint a Deputy Commissioner for Indigenous Corrections.
<i>Ewert v. Canada</i>	17. I recommend that the Service develop new culturally appropriate and gender specific assessment tools, founded on <i>Gladue</i> principles, to be used with male and female Indigenous offenders.
The Role of Indigenous Elders in Corrections	18. I recommend that CSC's National Aboriginal Advisory Council (NAAC) review gaps and barriers to increased participation of Elders in federal corrections and publicly release its recommendations by the end of the fiscal year.
Access to Programs	19. I recommend that the Integrated Correctional Program Model (ICPM) be immediately and independently evaluated against key performance outcome measures including: day and full parole grant rates; number of and reasons for Parole Board hearings that are waived, cancelled, postponed or withdrawn; reasons why release delayed until statutory release; percentage of inmates held until statutory release in minimum security.
Update on Vocational and Educational Programs	20. I recommend that CSC develop a three year action plan to meet demand for meaningful work, increase vocational training skills and participation in apprenticeship programs.
Review of Temporary Absences at Federal Regional Women's Facilities	21. I recommend that, in the coming year, CSC review temporary absence criteria, resources and staff support and develop an action plan to facilitate improved access to the community through increased use of Temporary Absences and Work Releases. Performance measures and indicators supporting transition from the institution to the community should become a standard feature of subsequent CSC <i>Reports on Plans and Priorities</i> .
Contact with the Outside World	22. I recommend that: a) CSC update and renew inmate libraries so that they are compliant with policy and comparable to the services, materials and technologies available in community libraries. 22. b) CSC ensure that copies of law and policy are current and updated as necessary, and made available in both print and electronic formats. 22. c) CSC explore safe, practical and innovative ways to expand access to the widest variety of electronic information, technology and communication possible in a correctional setting. 23. I recommend that CSC implement a comprehensive pilot project providing for monitored email, tablets and laptops in the coming fiscal year to assess security issues, privacy issues and costs, with the goal of full implementation within three years.
Review of Minimum Security Units (MSU)	24. I recommend that CSC focus efforts on developing protocols and arrangements with provincial child welfare/protection agencies to ensure referrals to and assessments by these external bodies are completed in a timely manner.

Associated Investigation	Recommendations
Transfers between MSU and Multi-level Facility	25. I recommend that CSC significantly enhance access to the community for women residing in the Minimum Security Units through increased use of temporary absences, work releases, employment and vocational skills training programs.
Access to Case Management Team	26. I recommend that access to case management team members be increased for women residing in the Minimum Security Units, including mandatory frequency of contact and consultation standards and that transfers to the main multi-level facilities should only be used when all other less restricted alternatives have been considered.
Temporary Absences and Work Releases for Minimum Security Offenders Only	27. I recommend that CSC enhance partnerships with community groups and organizations to deliver programming, opportunities and activities for women residing in the Minimum Security Units in the community and that this activity be monitored by an Advisory Committee of stakeholders.
ANNUAL REPORT 2016-17	
Management of Inmate Self-Injurious and Suicidal Behaviour	1. I recommend that CSC review, in FY 2017-18, its health care policies, practices and authorities to ensure they are compliant with the revised <i>United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules)</i> , specifically those relating to health care services (Rules 24 to 35), solitary confinement (Rules 45 and 46) and instruments of restraint (Rules 47 to 49).
Alternatives to Incarceration	2. I recommend that transferring mentally ill women in the Pacific Region to the all-male Regional Treatment Centre be absolutely and explicitly prohibited. Women requiring mental health treatment should be transferred to them female unit at the Regional Psychiatric Centre (RPC) in Saskatoon, or, preferably, to a local external community psychiatric hospital as required.
Mental Health Care Funding for Alternatives to Penitentiary	3. I recommend that CSC issue a Request for Proposal to fund or expand community bed treatment capacity to accommodate up to 12 federally sentenced women requiring an intensive level of mental health intervention, care and supervision.
Harm Reduction Measures in Prison (Safe Tattooing)	4. I recommend that CSC reintroduce safe tattooing as a national program.
Medical Assistance in Dying	5. I recommend that compassionate and humanitarian interests guide policy and practice in implementing <i>Medical Assistance in Dying</i> legislation in federal corrections. The decision of a palliative or terminally ill offender to end life through MAID should be freely and voluntarily made in the community.
Riot at Saskatchewan Penitentiary	6. I recommend that the lessons learned from the National Board of Investigation into the December 2016 major disturbance at Saskatchewan Penitentiary be widely circulated within CSC and released as a public document.

Associated Investigation	Recommendations
Prison Food	7. I recommend that an external audit and evaluation of CSC food services be conducted on a priority basis and that the concerns of the inmate population related to portion size, quality, selection and substitution of food items be solicited, heard and addressed immediately by CSC management. The audit should include comparison of ration and per diem meal costs, prior to and after introduction of the food services modernization initiative.
Complaints and Grievances	8. I recommend reinstatement and expansion of the Alternative Dispute Resolution pilot program at all medium and maximum security penitentiaries.
Disclosure of Use of Force Videos	9. I recommend that CSC publish on its public website the process for requesting use of force video recordings, including the legal criteria for exemptions and disclosure. CSC should inform the inmate population of their right to access use of force video recordings.
Prison Visits and Visitors	10. I recommend that CSC conduct a review of its prison visitor program, to include an updated evaluation of the use and reliability of Ion Mobility Spectrometry devices, and report the results to the Canadian public.
Prison Transport Vans	11. I recommend that, over the next two years, CSC remove the current fleet of security escort vehicles (small minivans) as their design is substandard and unsafe and replace them with larger vehicles meeting industry standards in policing (e.g. RCMP).
Auditor General's Report – <i>Preparing Indigenous Offenders for Release</i>	12. I recommend that CSC review its community release strategy for Indigenous offenders with a view to: i) increase the number of Section 81 agreements to include community accommodation options for the care and custody of medium security inmates.
	12. ii) address discrepancies in funding arrangements between CSC and Aboriginal-managed Healing Lodge facilities.
	12. iii) maximize community interest and engagement in release planning for Indigenous offenders at the earliest opportunity.
Barriers to Community Reintegration Prison Work and Employment	13. I recommend that the Minister of Public Safety request that the Standing Committee on Public Safety and National Security (SECU) conduct a special study on inmate work and prison industries (CORCAN).
	14. I recommend that the prison farm program be reinstated under CORCAN direction.
<i>Lifeline</i>	15. I recommend reinstatement of the <i>LifeLine</i> program.
Special Focus - <i>Maxed Out: A Review of the Secure Units at the Regional Women's Facilities</i>	16. I recommend that the level system for maximum security women be rescinded. Without procedural safeguards and defined review dates, movement levels are arbitrary as they exist outside the law. Security requirements should be assessed on a case-by-case basis as per the principles outlined in the <i>Corrections and Conditional Release Act</i> .
	17. I recommend that CSC expand capacity of the Structured Living Environments to allow for women with mental health needs to be integrated and accommodated in more appropriate and therapeutic settings. The Secure Units should be limited to separating women who would otherwise normally be placed in segregation.

Associated Investigation	Recommendations
SPECIAL REPORT (2016-17) - Fatal Response: An Investigation into the Preventable Death of Matthew Ryan Hines	
Fatal Response: An Investigation into the Preventable Death of Matthew Ryan Hines	1. Individual CSC managers at the institutional, regional and national levels should be held answerable and accountable for the deficiencies identified in the inappropriate, unnecessary and multiple uses of force that directly contributed to Matthew's medical emergency and ensuing death.
	2. The case of Matthew Hines should be used as a national teaching and training tool for all existing and future CSC staff and management. The case study would include analysis and understanding of the gaps in the use of force and health care responses proximate to Matthew's death in federal custody.
	3. CSC should immediately develop a separate and distinct intervention and management model to assist front-line staff in recognizing, responding and addressing situations of medical emergency and/or acute mental health distress.
	4. CSC should review and revise the channels, methods and flow of information between clinical and front-line staff to ensure first-response staff members are adequately prepared to safely manage medical and mental health needs.
	5. A scope of practice review should be undertaken to ensure Registered Nursing staff are adequately trained, supported and prepared to work in a correctional environment and include specific instruction in use of force, inflammatory agents and provision of emergency trauma care.
	6. CSC should ensure clarity in the leadership role of the officer in charge in situations where no Correctional Manager is present.
	7. CSC should review institutional, regional and national controls on the use of inflammatory agents in federal penitentiaries. Policy direction should be issued to provide clear instruction that inflammatory agents can only be used after all other means of conflict resolution have been exhausted and only when there is a clear and present risk of imminent harm.
	8. CSC front-line staff members should receive regular refresher and upgraded training in conflict de-escalation. Training should emphasize how to manage oppositional/defiant behaviours in situations where underlying mental health issues are present or previously identified.
	9. CSC should immediately develop mechanisms to reconcile Board of Investigation findings with the staff disciplinary process.
	10. Boards of Investigation into deaths in custody should be required to examine and clearly state whether and how the death in question could have been prevented.

Associated Investigation	Recommendations
SPECIAL REPORT (2016-17) - In the Dark: An Investigation of Death in Custody Information Sharing and Disclosure Practices in Federal Corrections	
In the Dark: An Investigation of Death in Custody Information Sharing and Disclosure Practices in Federal Corrections	1. I recommend that the Service proactively disclose factually relevant information to families of deceased inmates immediately following a death in custody. This disclosure should include a factual summary of the circumstances and events immediately preceding the death, life saving measures that were initiated upon discovery and preliminary details on the measures taken to manage pre-existing medical or mental health problems.
	2. I recommend that CSC develop and implement a facilitated disclosure process based on best practices in this area. Facilitated disclosures should occur shortly after the death and include those individuals who were directly involved with the inmate as well as the Warden. Follow-up discussions should be made available to correct information, provide additional detail or report on measures taken as a result of the investigation.
	3. I recommend that CSC clearly define procedures and protocols when an inmate is taken to an outside hospital in a medical emergency situation. This should include providing next of kin with a contact at the hospital, information regarding what family members can expect when they arrive at the hospital, and approved access for next of kin to enter the hospital room of their family member.
	4. I recommend that CSC establish a family liaison in each of the five regions to coordinate with National Headquarters and the institution in providing/sharing information with next of kin from the point of notification through to the completion of the investigative process.
	5. I recommend that CSC develop and provide training to staff involved in communicating with families following a death. This should include a national forum for staff to discuss challenges, exchange best practices and lessons learned.
	6. I recommend that CSC send a letter of condolence to the next of kin forthwith following a death in custody.
	7. I recommend that CSC develop a guide for families explaining CSC policy, responsibilities and investigative process following a death in custody. Contact information for the Coroner/Medical Examiner Officers and the police should also be included as well as any community contacts that may be helpful to grieving families.
	8. In the interest of transparency and openness, investigative reports (Mortality Reviews and National Board of Investigations) <u>in their entirety</u> should be presumptively and routinely shared, in a timely manner, with next of kin.
	9. I recommend that the Commissioner of Corrections routinely consider releasing information to families of deceased inmates under public interest disclosure provisions of the <i>Privacy Act</i> .

Associated Investigation	Recommendations
ANNUAL REPORT 2017-18	
Correctional Investigator's Message	1. I recommend that Public Safety Canada develop a nationally maintained recidivism database that links federal, provincial, and territorial jurisdictions. This database should publicly report on reoffending before and after warrant expiry dates (WED), for both violent and non-violent offences, and should include post-WED follow-up periods of at least two and five years.
	2. I recommend that the incoming Commissioner of Corrections initiate a prioritized review of the effectiveness of internal monitoring and performance mechanisms, inclusive of use of force reviews, the National Board of Investigation process, inmate complaint and grievance system, staff discipline, audits, evaluations, communications and public reporting functions.
Update on <i>Medical Assistance in Dying</i> (MAID) in Corrections	3. I recommend that there be no exceptions written into or provided for in CSC policy allowing MAID to take place in a facility under federal correctional authority or control. Internal policy should simply state that a request for MAID from a federal inmate who is terminally ill will be evaluated on a case-by-case basis.
	4. I recommend that, in cases of terminal illness where death is reasonably foreseen, there should be proactive and coordinated case management between CSC and the Parole Board of Canada to facilitate safe and compassionate community release in the timeliest manner possible.
	5. I recommend that the CSC develop arrangements with external hospice and palliative care providers in each Region to ensure adequate and appropriate bed space is in place to release palliative or terminally ill patients to the community.
Clinical Independence and Prison Health Care Governance	6. I recommend strengthening CSC's health care governance structure through the following accountability and assurance measures: a) Complete separation of health care budgets from prison administration.
	6. b) More team-based and shared models of primary care, including closer monitoring, charting and follow-up of individual treatment plans.
	6. c) Practical and ongoing judgement-based and ethical training of correctional health care professionals.
	6. d) Coordination, oversight and monitoring of transitions in physical and mental health care (e.g. transfers between CSC facilities, releases to the community, transfers to external health care providers, transfers to and returns from Regional Treatment Centres).
	6. e) A system of regular peer reviews, medical chart audits and evaluations of medical staff conducted at the national level.
Independent Review of the Regional Treatment Centres	7. I recommend that CSC ensure security staff working in a Regional Treatment Centre be carefully recruited, suitably selected, properly trained and fully competent to carry out their duties in a secure psychiatric hospital environment.

Associated Investigation	Recommendations
A Patient Advocate System for Federal Corrections	8. I recommend that independent Patient Advocates be assigned to each Treatment Centre, whose role and responsibilities include providing inmate patients with advice, advocacy and support and ensuring their rights are fully understood, respected and protected. The Patient Advocates could also serve as expert resources for other CSC facilities in each Region.
Engagement and Intervention Model	9. I recommend that in 2018-19 CSC conduct an evaluation of its new Engagement and Intervention Model.
Special Focus - Investigation into the Riot at Saskatchewan Penitentiary	10. I recommend that the Minister of Public Safety conduct an independent review of the National Board of Investigation section 19 process to enhance transparency, credibility, integrity and accountability of investigations convened and conducted by the Correctional Service of Canada. This review would consider an option for the Minister to authorize an external and independent investigation into major disturbances (riots) resulting in injury or death, suicides in segregation and use of force interventions leading to serious bodily injury or death.
	11. I recommend that the CSC conduct an external audit of its Food Services Modernization initiative (National Menu and Cook-Chill). The audit should review cost of the implementation and impact of this initiative on inmate employment and canteen purchases.
	12. I recommend that CSC creates and appoints a Deputy Commissioner level position for Indigenous Affairs to ensure that corporate attention and accountability remains focused on Indigenous issues in federal corrections.
Aboriginal Healing Lodges	13. I recommend that CSC re-allocate very significant resources to negotiate new funding arrangements and agreements with appropriate partners and service providers to transfer care, custody and supervision of Indigenous people from prison to the community. This would include creation of new section 81 capacity in urban areas and section 84 placements in private residences. These new arrangements should return to the original vision of the Healing Lodges and include consultation with Elders.
Update on Truth and Reconciliation Commission 'Calls to Action'	14. To honour the Truth and Reconciliation Commission's 'calls to action,' I recommend that CSC spending, budget and resource allocation should better reflect the proportion of Indigenous people serving a federal sentence. Over the next decade, re-allocation of resources and delegation of control to Indigenous communities should be the stated goals of CSC's contribution to reaching the TRC's 'calls to action.'
Indigenous-based Gangs in Prison	15. I recommend that the CSC develop a National Gang and Dis-Affiliation Strategy and ensure sufficient resources are allocated for its implementation, inclusive of (core and cultural) programs, employment and services. Special attention should be paid to Indigenous-based street gangs. This strategy should: a) be responsive to the unique needs of young Indigenous men and women offenders, including education and meaningful vocational opportunities.
	15. b) ensure that non-gang affiliated young adult offenders are not placed where there are gang members who may attempt to recruit or intimidate them.

Associated Investigation	Recommendations
Indigenous-based Gangs in Prison	15. c) facilitate opportunities (e.g. workshops, seminars, public speakers, etc.) where young adults can engage with their culture and/or spirituality, and age-specific activities.
	15. d) incorporate best practices and lessons learned from other jurisdictions and other public safety domains.
Innovation in a Stagnant Setting	16. I recommend federal prisons join the digital world by providing inmate access to monitored email and Internet, online learning and in-cell tablets.
	17. I recommend that, based on the <i>Walls to Bridges Program</i> , the Service increase inmate access and capacity to pursue post-secondary studies through partnerships with local universities and colleges.
Missed Opportunities	18. I recommend that the following five measures be implemented as a means to address key findings from my <i>Missed Opportunities</i> report: i) CSC should develop a Commissioner's Directive highlighting the unique needs of young adults and the importance of focused case management processes that are responsive to young adults (particularly with respect to safety and security, transfers, segregation, security level, and rehabilitative programs and services).
	18. ii) The frequency of contact between young adults and Parole Officers should be increased to ensure that young individuals are enrolled in correctional programming or education classes or working to gain skills and experience.
	18. iii) Parole Officers (institutional and community) should receive training specific to younger individuals.
	18. iv) There should be an increased focus on engaging with young Indigenous offenders through spirituality and culture, including clear, nationally supported strategies for gang dis-affiliation.
	18. v) There should be a presumptive prohibition on the use of administrative segregation for young adults under the age of 21 and this presumption should be incorporated into law.
The Two-Year 'Rule' and the Secure Units	19. I recommend repealing of two related measures that exist outside the law: the two-year "rule" and the discriminatory movement levels system for women classified as maximum security.
	20. I recommend CSC conduct a review to ensure a full range of mitigating strategies are in place to support rehabilitation and reintegration of women offenders who are removed from their home provinces or communities, including establishing new section 81 agreements.
Management of Complex Mental Health Needs	21. I once again recommend that the Service use section 29 provisions of the <i>Corrections and Conditional Release Act</i> to transfer patients who present with serious mental health needs, suicidal or chronic self-injurious behaviours and cannot be safely managed in a penitentiary setting to the care of external psychiatric facilities.

Associated Investigation	Recommendations
SPECIAL REPORT (2017-18) - Missed Opportunities: The Experience of Young Adults Incarcerated in Federal Penitentiaries	
Missed Opportunities: The Experience of Young Adults Incarcerated in Federal Penitentiaries	1. The Correctional Investigator recommends that CSC add a flag in the Offender Management System that would allow the Service to track individuals with a youth sentence transferred to an adult federal penitentiary.
	2. The Ontario Provincial Advocate for Children and Youth recommends that this report be shared with provincial/territorial counterparts, including Ministries responsible for community safety and correctional services and child and youth services in order to identify gaps (substance abuse, mental health, social services, education and crime prevention) and opportunities for improvement of provincial/territorial services.
	3. The Correctional Investigator recommends that federal corrections implement a presumptive prohibition on the use of administrative segregation for young adults under the age of 21. This presumptive prohibition should be incorporated into law.
	4. The Correctional Investigator recommends that CSC implement a mandatory review of use of force incidents involving young adults in federal custody.
	5. The Correctional Investigator recommends that CSC incorporate best practices and lessons learned regarding using force on young adults into the use of force training for officers and into its use of force policy.
	6. The Correctional Investigator recommends that CSC integrate best practices into staff training to help staff better understand and support young people in custody who engage in self-injurious behaviour.
	7. The Correctional Investigator recommends that the Service develop a gang disaffiliation strategy. This strategy should: a) Be responsive to the unique needs of young Indigenous offenders and women offenders.
	7. b) Ensure that non-gang affiliated young adult offenders are not placed on ranges where there are gang members who may attempt to recruit or intimidate them.
	7. c) Include opportunities (e.g. workshops, seminars, public speakers, etc.) where young adults can engage with their culture and/or spirituality.
	7. d) Incorporate best practices and lessons learned from other jurisdictions and other public safety domains (e.g. the police experience).
	8. The Correctional Investigator recommends that some institutional and community Parole Officers, with a special aptitude and interest for working with young adults, be specially trained as youth care counsellors. The role of the youth care counsellor includes: a) Provide consistent guidance and support.
	8. b) Provide basic counselling.
	8. c) Develop a correctional/community plan tailored to the needs of the young adult.

Associated Investigation	Recommendations
Missed Opportunities: The Experience of Young Adults Incarcerated in Federal Penitentiaries	8. d) Facilitate appropriate interventions and services (employment training, education, other services offered within the institution, the community and through other organizations).
	8. e) Ensure the safety and well-being of the inmate.
	9. The Correctional Investigator recommends that those with the designated youth counsellor training be assigned to all cases involving young adults.
	10. The Correctional Investigator recommends that Institutional Parole Officers with youth counsellor training meet with young adult offenders once a week for the first 6 months to ensure they are aware of and can assist with any adjustment issues. Following this six month period, meetings should occur at least twice every month thereafter.
	11. The Correctional Investigator recommends that young adult offenders work with Community Parole Officers for at least the last six months of their sentence to ensure they have the support (employment, education, housing, social assistance, substance abuse, mental health, etc.) they require to successfully integrate back into the community.
	12. The Correctional Investigator recommends that CSC develop a separate Commissioner's Directive specific to young adult offenders which ensures that the specific needs and interests of this group, including racialized young adults, are identified and met through the provision of effective and culturally specific programs, services and interventions.
	13. The Correctional Investigator recommends that correctional program facilitators undertake specialized training for working with youth and young adults, including training specific to racialized youth and young adults.
	14. The Correctional Investigator recommends that program facilitators work <u>individually</u> with young adult offenders in correctional programs to ensure each program is tailored to meet their specific needs.
	15. The Correctional Investigator recommends that CSC develop a pilot mentor program where older offenders can be trained and paired with younger offenders. This program should be based on best practices from other countries and incorporate culturally appropriate training.
	16. The Correctional Investigator recommends that all young adult offenders be paired with a peer mentor, as part of the intake process and when penitentiary placed.
	17. The Correctional Investigator recommends that young adult offenders serving a sentence of less than four years and who have not completed their high school education be prioritized for educational programming and benefit from weekly one-on-one sessions with a teacher to address their unique needs.
	18. The Correctional Investigator recommends that CSC develop special work opportunities for young adults that includes weekly one-on-one sessions with a vocational skills coordinator and an assessment to guide individuals in terms of which fields of work may best apply to their skill set and interest.

Associated Investigation	Recommendations
Missed Opportunities: The Experience of Young Adults Incarcerated in Federal Penitentiaries	19. The Correctional Investigator recommends that CSC develop training specific to young adults which would be part of the on-going training for staff. This training should address the essential knowledge and skills for working with young adults, their associated needs and risks, skills for managing young adult offenders, sensitivity awareness and cultural competency and a review of best practices.
	20. We recommend that the current study be brought forward to the Federal-Provincial-Territorial Ministers Responsible for Justice and Public Safety for review and consideration.
ANNUAL REPORT 2018-19	
Use of Force at the Treatment Centres	1. I recommend that, in 2019-2020, CSC conduct a review of security practices and protocols that would ensure a more positive and supportive environment within which clinical care can be safely provided at the Regional Treatment Centres. This "best practices" review would identify a security model and response structure that would better serve the needs of patients, support treatment aims of clinicians and meet least restrictive principles of the law.
Prison Needle Exchange Program	2. I recommend that CSC revisit its Prison Needle Exchange Program purpose and participation criteria in consultation with inmates and staff with the aim of building confidence and trust, and look to international examples in how to modify the program to enhance participation and effectiveness.
An Update on <i>Medical Assistance in Dying</i> in Federal Corrections	3. I recommend that the Correctional Service of Canada, in consultation with the Parole Board of Canada, conduct a joint review of the application of Section 121 "compassionate release" provisions of the <i>Corrections and Conditional Release Act</i> to ensure policy and procedure is consistent with the spirit and intent of <i>Medical Assistance in Dying</i> legislation.
Case Study 1: Dysfunction at Edmonton Institution	4. I recommend that CSC commission an independent, third-party expert, specializing in matters related to organizational culture (with specific knowledge of correctional dynamics), to assess and diagnose the potential causes of a culture of impunity that appears to be present at some maximum-security facilities, and prescribe potential short, medium and long-term strategies that will lead to sustained transformational change.
Case Study 2: Use of Force at Atlantic Institution	5. I recommend that the Service establish a working group, with external representation, to complete a review of <u>all</u> use of force incidents over a two-year period at maximum-security facilities. This review should go beyond compliance issues to include: i) an analysis of the trends, issues and culture that contribute to repeated compliance issues and inappropriate uses of force.
	5. ii) an examination of best practices and lessons learned within CSC and from international correctional authorities.
	5. iii) a corrective measures action plan that goes beyond simply providing verbal and written reminders to include (re)training, disciplinary action, mentoring, development of a code team, and other relevant initiatives.

Associated Investigation	Recommendations
Case Study 3: Prison Food	6. I recommend that an external and independent review of CSC food services be conducted and used to inform the development of a revised National Menu, inclusive of ingredients, cooking methods, portion sizes, nutritional content and food costs fully compliant with the new <i>Canada Food Guide</i> . This review should include <u>direct</u> and meaningful consultation with the inmate population.
	7. In recognition of the demonstrated links between good nutrition and a healthy population, I recommend that the delivery of CSC's Food Services program should be overseen by the Health Services sector. This change would include conducting periodic audits of the nutritional content of meals, regular inspection of food production and preparation sites and liaising with registered nutritionists, dieticians and food safety experts from outside CSC. A hybrid model incorporating internal and external oversight of CSC food services would more fully recognize that inmate populations are at increased risk of chronic disease and that using food services to help control and prevent health problems, including dental health, is an efficient use of public resources.
Risk Assessment with Indigenous Offenders: The Case of <i>Ewert v. Canada</i> (2018)	8. I recommend that in 2019-2020, CSC should: i) publicly respond to how it intends to address the gaps identified in the <i>Ewert v. Canada</i> decision and ensure that more culturally-responsive indicators (i.e., Indigenous social history factors) of risk/need are incorporated into assessments of risk and need.
	8. ii) acquire external, independent expertise to conduct empirical research to assess the validity and reliability of <u>all</u> existing risk assessment tools used by CSC to inform decision-making with Indigenous offenders.
National Aboriginal Advisory Committee	9. I recommend that CSC, in consultation with the National Aboriginal Advisory Committee and the National Elders Working Group, implement an action plan with deliverables for clarifying the role of Elders and reducing Elder vulnerability within CSC and report publicly on these plans by the end of 2019-2020.
Population Diversity in Corrections	10. I recommend that, in 2019-2020, CSC complete, in consultation with the Canadian Human Rights Commission, a comprehensive review of its staff complement, from the point of view of better reflecting and representing the diversity of the offender population. As part of this review, CSC should examine complaints against staff on prohibited grounds of discrimination. An Action Plan should be developed to address gaps.
Office of the Auditor General Report on Federal Community Supervision	11. I recommend that significant resources be reallocated to the community supervision program and that CSC develop and report out on a long-term strategy to address the shortage in community-based accommodation, and implement a system to assess and track the needs of offenders being released in order to avoid unacceptable delays and displacement.
	12. I recommend that each Regional Headquarters dedicate a resource/contact person to work with respective Provincial government counterparts to coordinate the retention and acquisition of official documentation (e.g., Health Cards, identification, birth certificates) for federal offenders prior to their release to the community.

Associated Investigation	Recommendations
Older Individuals in Federal Custody	13. I recommend that CSC reconsider the findings and recommendations identified in the joint OCI/CHRC report <i>Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody</i> (February 2019) with an aim to <u>comprehensively</u> updating and revising its national policy framework for aging offenders, <i>Promoting Wellness and Independence – Older Persons in CSC Custody</i> (May 2018). This should include clearly identified <u>new</u> and ongoing commitments and initiatives, as well as specific timelines for implementation.
CSC's Employment and Employability Strategy for Offenders	14. I recommend that CSC: i) Enhance digital/computer skills training in vocational program delivery to ensure offenders are better prepared for the current and future workforce.
	14. ii) Increase availability of apprenticeship opportunities and work releases to ensure offenders get important on-the-job training with skilled professionals.
	14. iii) Report out on how they specifically plan on addressing the unique employability needs of vulnerable populations (e.g., women, Indigenous, mental health, aging and younger individuals).
	14. iv) Modernize its manufacturing sector to ensure it aligns with labour market trends.
The Secure Units (Maximum Security) in Women's Institutions	15. I again recommend that the arbitrary and discriminatory movement levels system for women classified as maximum security be immediately rescinded. Supervision and security requirements should be individually assessed on a case-by-case basis, as <u>already</u> provided for in the <i>Corrections and Conditional Release Act</i> .
Routine Strip Searches in Women's Institutions	16. I recommend that the random strip search routine and protocol in the women's institutions be rescinded immediately, and a more trauma-informed, gender-responsive search policy become the standard practice in women corrections.
SPECIAL REPORT (2018-19) - Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody	
Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody	1. We recommend that an independent review of all older individuals in federal custody be conducted with the objective of determining whether a placement in the community, a long-term care facility or a hospice would be more appropriate.
	2. We recommend that CSC develop a separate and distinct Commissioner's Directive specific to older individuals, which ensures that their specific needs and interests are identified and met through the provision of effective and adapted programs, services and interventions.
	3. We recommend that CSC provide staff with training in age-related needs — physical, social and psychological — as well as training on how to identify, respond to and appropriately manage behaviour related to dementia.
	4. We recommend that CSC re-examine its use of force training and policy to incorporate best practices and lessons-learned regarding use of force on older individuals (including those using mobility devices).

Associated Investigation	Recommendations
Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody	5. We recommend that CSC offer appropriate work options (including accommodated options) for older individuals who want to and can continue working. In addition, regardless of whether an older individual can work, CSC should provide a reasonable living allowance to meet personal needs.
	6. We recommend that vulnerable populations (older offenders and those with mental and/or physical health issues) be monitored daily during lockdowns by professional health care staff.
	7. We recommend that CSC designate facilities for older individuals who want to live in such areas—and that such facilities are designed or retrofitted to ensure physical accessibility.
	8. We recommend that CSC create dedicated spaces and times where older individuals can assemble and socialize during institutional working hours, and allow them access to communal prison services during working hours (e.g. library, gym, canteen, visitation, cafeteria, hobby shop and yard).
	9. We recommend that social programs staff organize age-appropriate and disability-appropriate leisure, wellness and recreational opportunities (e.g. stretching, walking, aerobics, yoga, card games).
	10. We recommend that CSC introduce standardized peer assistance and peer support programs across all institutions. These programs should be modeled along the lines of the caregiver program at Pacific Regional Treatment Centre, including a comprehensive manual, recurring training and ongoing support to peer caregivers.
	11. We recommend that where the death of an offender is reasonably foreseen, CSC and the Parole Board be required to use proactive and coordinated case management to facilitate the offender's safe and compassionate release to the community as early as possible.
	12. We recommend that the Minister of Public Safety review and assess release options (e.g. medical and/or geriatric parole) for older and long-serving offenders who do not pose undue risk to public safety, and propose amendments to the <i>Corrections and Conditional Release Act</i> (CCRA) as appropriate.
	13. We recommend that release planning for older offenders include retirement financial planning, and the management of personal affairs, such as making a will and planning for the end stages of life.
	14. We recommend that CSC enhance partnerships with outside service providers and reallocate funds to create additional bed space in the community and secure designated spots in long-term care facilities and hospices for older individuals who pose no undue risk to public safety.
	15. We recommend that CSC fund and implement an integrated and comprehensive National Older Offender Strategy immediately. The strategy should: a) reflect the recommendations made in this report.
	15. b) go beyond an "aging in place" approach, including the mandatory and ongoing review of release options for older individuals who do not pose undue risk to public safety.

Associated Investigation	Recommendations
Aging and Dying in Prison: An Investigation into the Experiences of Older Individuals in Federal Custody	15. c) examine, respect and respond to the intersectional characteristics and needs of older individuals in federal custody.
	15. d) establish a timeframe for assessing, retrofitting and, where necessary, building facilities under CSC authority to ensure accessibility.
	16. We recommend that CSC significantly reallocate existing institutional resources to community corrections in order to better support the reintegration needs of aging offenders.
ANNUAL REPORT 2019-20	
Correctional Investigator's Message	1. I recommend that the Minister of Public Safety establish an independent expert working group to guide implementation of the Office's current and past recommendations on education and vocational training in federal corrections. This work should include timelines and clear deliverables.
	2. I recommend that the Minister of Public Safety introduce, in the next year, a legislative package that endorses a zero-tolerance approach to sexual violence in federal corrections and establishes a public reporting mechanism for preventing, tracking and responding to these incidents, similar to the <i>Prison Rape Elimination Act</i> in the United States.
National Issues - Major Cases and Updates: Medical Assistance in Dying (MAiD) – Case Reviews	3. I recommend that the Minister of Public Safety jointly with the Minister of Justice and Attorney General of Canada strike an expert Committee to deliberate on the ethical and practical matters of providing MAiD in all places of detention, with the aim of proposing changes to existing policy and legislation. This deliberation should consider the issues brought to light by my Office, as well as the latest literature emerging from Canadian prison law and ethics. In the meantime, and until the Committee reports, I recommend an absolute moratorium on providing MAiD <i>inside</i> a federal penitentiary, regardless of circumstance.
National Issues - Major Cases and Updates: Replacement of CSC's Prisoner Escort Vehicles	4. I recommend that the replacement fleet of CSC escort vehicles be equipped with appropriate safety equipment for inmate passengers, including hand holds and seatbelts, and that any prototype vehicle be inspected by Transport Canada authorities before being put into production and service.
National Issues - Major Cases and Updates: Bill C-83 Reforms and Implementation	5. I recommend that CSC review <i>independent</i> Patient Advocate models in place in Canada and internationally, develop a framework for federal corrections and report publicly on its intentions in 2020-21 with full implementation of an <i>external</i> Patient Advocate system in 2021-22.
National Issues - Major Cases and Updates: Use of Force Reviews – Egregious Cases	6. I recommend that CSC issue immediate instruction prohibiting the use of stun grenades in closed or confined spaces, including cells.
National Issues - Major Cases and Updates: Dry Cells	7. I recommend that dry cell placements exceeding 72 hours be explicitly prohibited in federal corrections.

Associated Investigation	Recommendations
National Investigations: <i>A Culture of Silence:</i> National Investigation into Sexual Coercion and Violence in Federal Corrections	8. I recommend that the Service develop a separate and specific Commissioner's Directive for incidents of sexual coercion and violence involving federal inmates, that describes in detail how <i>all</i> staff should respond when allegations of a sexual assault are made, or an incident is suspected of having occurred. This policy suite should also detail mechanisms for detecting, tracking, reporting, investigating and preventing such incidents. CSC should look to other jurisdictions who have developed comprehensive approaches to policy and practice (e.g., <i>Prison Rape Elimination Act</i>) as it relates to sexual assaults involving incarcerated persons.
	9. I recommend the Minister of Public Safety directs that CSC designate funds for a national prevalence study of sexual coercion and violence involving inmates in federal corrections. The survey should be developed, conducted, and the results publicly reported on, by external, fully independent experts, with the experience and capacity to conduct research on this topic in a correctional setting.
	10. I recommend that the Service develop an evidence-based strategy for the prevention of sexual coercion and violence involving individuals who are incarcerated, with specific attention to individuals or groups who are known to be at a heightened risk of victimization.
	11. I recommend that, in the interest of staff and inmate safety, CSC develop a specific flag in OMS for perpetrators of institutional SCV and use this to inform population management strategies in order to mitigate potential risks and to keep vulnerable individuals (inmates and staff alike) safe.
	12. I recommend that CSC develop and offer education, awareness, and training programs for <i>all</i> staff and inmates on sexual coercion and violence. Specific training on SCV should be provided to staff by certified experts in the field of prison sexual violence. Awareness programming on sexual violence should be provided to inmates upon admission to federal corrections.
National Investigations: National Systemic Investigation on Therapeutic Ranges	13. I recommend that CSC conduct an external review of its Therapeutic Range resourcing model, and to ensure that bed capacity and staffing reflects the actual needs of Mental Health Services. This review should also consider the following improvements: a) A therapeutic look and feel that incorporates more open spaces and yards with access to fresh air, shelter, and recreation; a dedicated programming space for both individual and group counselling; and easy and private access to health care facilities. Therapeutic Ranges should be placed away from the direct view of other inmates who are not residing on this range.
	13. b) Greater reliance on dynamic security practices. This can be in part accomplished by implementing the <i>Therapeutic Unit Officer Pilot Program</i> at all Therapeutic Range Sites.
	13. c) Dedicated complement of correctional and mental health staff, and access to Elders and Indigenous Services staff, commensurate with demand for these services on the Therapeutic Range.

Associated Investigation	Recommendations
National Investigations: National Systemic Investigation on Therapeutic Ranges	13. d) Elimination of beds that employ the Pinel restraint system, i.e., "Pinel beds" from Therapeutic Ranges.
	13. e) Allows for cascading to lower levels of security within the unit, minimizing transfers where possible and appropriate.
ANNUAL REPORT 2020-21	
Correctional Investigator's Message	1. I recommend that the Minister of Public Safety engage the Public Health Agency of Canada to conduct an independent epidemiological study of the differential rates of COVID-19 infection and spread in Canadian federal prisons and report results and recommendations publicly.
	2. I recommend that the Minister of Public Safety promptly conduct an in-depth review of the community corrections sector with a view to considerably enhancing financial, technical and infrastructure supports. Funding for a reinvigorated community corrections model could be re-profiled from institutional corrections in direct proportion to declining warrants of committal and returning admissions, and the planned and gradual closures of redundant or archaic penitentiaries.
Reporting Burden For Small and Micro Agencies	3. I recommend that the President of Treasury Board recognize the reporting burden of small and micro agencies, and play a leadership role by developing a whole-of-government approach to alleviate this burden. Before full legal and regulatory reforms can be introduced, I recommend that TBS consider legal exemptions for eligible small and micro agencies to start reporting differently.
Investigation into Uses of Force Involving Federally Incarcerated Black, Indigenous, Peoples of Colour (BIPOC) and Other Vulnerable Populations	4. I recommend that CSC conduct an in-depth evaluation of the EIM with a view to implementing changes that will reduce the over-reliance on force options overall, particularly inflammatory sprays, and provide concrete strategies for adopting evidence-based, non-force options for resolving incidents.
	5. I recommend CSC review and revise its policy and practice regarding use of inflammatory sprays when responding to incidents involving individuals who are self-harming or suicidal, with a view to reducing their use when responding to individuals who are experiencing mental health crises.
	6. I recommend that CSC develop a reliable method for administratively tracking individuals with mental health concerns in order to identify how policies and practices, such as use-of-force, impact this particularly vulnerable population.
	7. I recommend that CSC promptly develop an action plan in consultation with stakeholders to address the relationship between use-of-force and systemic racism against Indigenous and Black individuals and publicly report on actionable changes to policy and practice that will effectively reduce the over-representation of these groups among those exposed to uses of force.
A Review of Women's Corrections 30-Years since <i>Creating Choices</i>	8. I recommend that CSC conduct an external review to evaluate all security practices within women's facilities with a view to eliminating or reducing overly secure procedures that move women's corrections further away from the objectives identified in <i>Creating Choices</i> .

Associated Investigation	Recommendations
A Review of Women's Corrections 30-Years since <i>Creating Choices</i>	9. I recommend that CSC conduct an independent in-depth study of its Women Offender Correctional Program (WOCP) and Indigenous Women Offender Correctional Program (IWOCPP) to better understand why the programs have been deficient in producing improved correctional outcomes for participants, particularly for Indigenous women.
	10. I recommend that CSC significantly increase the use of temporary absences and work releases for women, particularly those in minimum security, to ensure they can regularly access the community to provide more options and enhance their opportunities for successful reintegration.
	11. I recommend that CSC return to the basic principles identified in <i>Creating Choices</i> and develop a long-term strategy to ensure that all women are prepared at their earliest date possible to return to the community and that significant resources be reallocated to the community supervision program and community correctional programming to support women back in the community.
	12. I recommend the development of alternative accommodations for women housed in secure units and the eventual closure of all secure units. If secure units remain open, they should only be used for <i>temporary</i> removal and separation of women after a serious incident until a proper alternative placement is found.
Preliminary Observations on Structured Intervention Units	13. I recommend that CSC publish forthwith a quarterly record of SIU placement authorizations under section 34 (2) of the CCRA, including the reasons cited for granting authorization. This record should also include the number of instances where individuals were subjected to Restricted Movement under section 37.91 (1) of the CCRA.
	14. I recommend that CSC finalize and publish a timeline indicating how it plans to meet its legislated reporting requirements under section 37 (2) (Obligations of the Service) and section 32 (3) (Physical Barriers), as well as under section 37.2 (Health care recommendations).
An Investigation of the Use of Medical Isolation in Federal Corrections	15. I recommend that Commissioner's Directive 822: <i>Medical Isolation and Modified Routine for COVID-19</i> , be immediately revised to include: a) Definitions that clearly distinguish between the practice of medical isolation and quarantine, including clinically relevant criteria where appropriate.
	15. b) Service standards (time restrictions, response times) for medical clearance and the institutional head's authorization to discontinue medical isolation and quarantine.
	15. c) Time restrictions for quarantine and medical isolation, with clear guidelines to allow for the extension of restrictions as per the advice of health care.
	15. d) A requirement that any stays in medical isolation beyond 14-days be flagged in the offender management system (OMS), and be subject to the same level of review and oversight as those in place for Structured Intervention Units.

Associated Investigation	Recommendations
An Investigation of the Use of Medical Isolation in Federal Corrections	15. e) Basic expectations for conditions of confinement including out-of-cell, yard, and shower time, access to video visitation, and health care visits.
An Investigation into a Suicide in a Maximum Security Facility	16. I recommend that CSC's team of national investigators within the Incident Investigations Branch (IIB) be comprehensively trained in the principles and practices of <i>Gladue</i> analysis and <i>Gladue</i> report-writing (Indigenous social history). Further, National Boards of Investigation into a person of Indigenous ancestry should be principally led, investigated, and written from an Indigenous social history perspective.
	17. I recommend that a <i>Gladue</i> -informed summary of M's case be prepared and used as a national training and learning tool for all CSC staff. In the interests of transparency and accountability, any documentation prepared to meet my recommendations in this case should be made public.
	18. I recommend that CSC discontinue the practice of labeling non-suicidal self-injurious behaviour in prison settings as "instrumental," "willful," or "deliberate" in nature or intent. A comprehensive mental health assessment of self-injurious and suicidal persons should be completed, and clear guidance provided to front-line staff in how to manage and de-escalate incidents of self-injurious and suicidal behaviour.
	19. I recommend that the Commissioner proactively issue a formal apology to M's family for the systemic failures of Correctional Service Canada.
Canada's Ratification of the <i>Optional Protocol to the Convention against Torture</i> (OPCAT)	20. I recommend that the Prime Minister of Canada fulfill this Government's commitment by signing the <i>Optional Protocol to the Convention against Torture</i> and taking concrete steps within the next four years to ensure that this important human rights instrument is ratified.
ANNUAL REPORT 2021-22	
National Updates and Significant Cases - Dry Cells	1. I repeat my recommendation to prohibit any <i>indefinite</i> dry cell placement beyond 72 hours.
National Updates and Significant Cases - Correctional Service of Canada's Drug Strategy	2. With respect to CSC's drug strategy, I recommend the following set of measures: a) The Prison Needle Exchange Program (PNEP) criteria be significantly revamped to encourage participation consistent with actionable recommendations of this Office and the external interim evaluation, with a view to full national implementation within the next 12 months.
	2. b) The Overdose Prevention Service (OPS) be rolled out nationally, in tandem with PNEP implementation.
	2. c) Commissioner's Directive 585 – <i>National Drug Strategy</i> be immediately updated to incorporate evidence-based harm reduction, treatment and prevention principles and practices.

Associated Investigation	Recommendations
National Updates and Significant Cases - Correctional Service of Canada's Drug Strategy	2. d) CSC's zero tolerance policy to drug use and possession is recalibrated to focus on corrective measures for drug diversion and trafficking, rather than stigmatizing, targeting or disciplining persons struggling with addictions or substance abuse disorders.
National Updates and Significant Cases - Over-representation of Indigenous Women in Secure Units (Maximum Security)	3. I recommend that CSC prioritize the current review of the security classification process, particularly as it applies to Indigenous women. In the interim, I recommend that Indigenous Social History (ISH) be assessed in a meaningful way for each decision rendered and that case management staff are provided with adequate training and support to apply the ISH.
	4. Once again, I recommend that the level system for maximum-security women be immediately rescinded.
	5. I reiterate my recommendation for alternative accommodations for women housed in Secure Units and their eventual closure. Funding and resources currently dedicated to Secure Unit operation should be redirected to better support and address the unique needs of women, particularly Indigenous women.
National Updates and Significant Cases - Mother-Child Program	6. I recommend that CSC: a) Conduct a review of the program requirements and eligibility criteria for the Mother-Child Program, with a view to increasing access and participation in the program and removing barriers, particularly for Indigenous mothers.
	6. b) Collect, track and publicly report on participation in the Mother-Child program to better understand who it is serving and how the program is functioning.
National Updates and Significant Cases - Security Escort Vehicles	7. I recommend that, without any further delay, CSC outfit all of its prisoner escort vehicles, including those currently in service, with seatbelt assemblies, handholds and other safety and restraint features that would meet its obligation to provide safe and humane custody of prisoners under security escort. I further recommend that CSC return to the drawing table to reconsider its planned "modernization" of its security escort fleet that is more responsive to Office concerns and recommendations.
Update on the Experiences of Black Persons in Canadian Federal Penitentiaries	8. I recommend that CSC: a) Develop policy to ensure all Black prisoners have consistent access to appropriate personal care products and that a wider selection of food items that reflect the cultural diversity of the prison population is included on the national canteen list.
	8. b) Develop and immediately distribute a bulletin ensuring all institutions are aware that do-rags are considered a cultural item and can be part of an individual's personal property. This should be incorporated into the next review of CD 767: <i>Ethnocultural Offenders – Services and Interventions</i> .
	8. c) Review its positions with respect to hair extensions from a dignity and diversity perspective rather than solely through a security lens.

Associated Investigation	Recommendations
Update on the Experiences of Black Persons in Canadian Federal Penitentiaries	9. I recommend that CSC conduct a comparative review, in partnership with Black community groups or external experts, to examine cumulative time spent by Black individuals before reclassification and cascading to lower levels of security.
	10. I recommend that CSC conduct a systemic review of its use of the Security Threat Groups classification criteria to ensure that only relevant information corroborated by external law enforcement, court or judicial authorities, and supported by evidence, are used to designate an individual with a Security Threat Group.
	11. I recommend that, within the next year, the Service develop a gang disaffiliation strategy. This strategy should: a) Be responsive to the unique needs of young Black, Indigenous and Peoples of Colour as well as women.
	11. b) Include opportunities (e.g. workshops, seminars, public speakers) where individuals can engage with their culture and/or spirituality.
	11. c) Incorporate best practices and lessons learned from community-based initiatives, correctional jurisdictions, and other public safety domains.
	12. I again recommend that CSC promptly develop an action plan in consultation with stakeholders to address the relationship between use-of-force and systemic racism against Indigenous and Black individuals and publicly report on actionable changes to policy and practice that will effectively reduce the over-representation of these groups among those exposed to uses of force.
	13. I recommend that CSC expand its staff diversity training to include representation from Black community groups and external experts who can provide a more complete and relevant perspective. This training should be mandatory, in-person and oriented to practical and lived experiences of Black people.
	14. I recommend that CSC develop a training program for front-line health professionals. This program should draw on the most recent research on racial bias and its impact on medical decisions and procedures.
	15. I recommend that CSC develop a national strategy that specifically addresses the unique lived experiences and barriers faced by federally sentenced Black individuals. This strategy should include the following elements: a) Targeted and adapted correctional programming.
	15. b) Liaison Officer program dedicated to the needs of Black people.
	15. c) Use of Social History in case management decision-making drawing on what has been learned through the use of IRCA's in Nova Scotia.
	15. d) A targeted research program examining correctional outcomes.
	15. e) Regular involvement of Black Community Groups in prison in-reach that removes the barriers to their participation.

Associated Investigation	Recommendations
Update on the Experiences of Black Persons in Canadian Federal Penitentiaries	15. f) Dedicated and long-term funding.
Restrictive Forms of Confinement in Federal Corrections (Male Maximum-Security Penitentiaries)	16. I recommend that CSC immediately develop national policy for the use of Voluntary Limited Association Ranges (VLARs) and any other sub-population living unit or range that clearly identifies: a) The grounds for placement outside of general population.
	16. b) The legal processes that define the extent to which rights, freedoms and privileges can be restricted, including association, programs and services provided, and out-of-cell time.
	16. c) The rights, privileges and conditions of confinement which they should be afforded.
	16. d) The degree of review (monitoring) required to facilitate the return of the incarcerated persons to a less restrictive correctional environment, including the measures which should be taken to permit release to general population as soon as possible.
Ten Years since <i>Spirit Matters</i> : Indigenous Issues in Federal Corrections (Part I)	17. I recommend that CSC consult with Indigenous community groups on the job description, role, mandate, and hiring process for the Deputy Commissioner for Indigenous Corrections position, and that they report publicly on their plans and short-term timelines to create and staff this position.
	18. I recommend the Minister of Justice and Attorney General of Canada include the Correctional Service of Canada and the Office of the Correctional Investigator in the development and implementation of the <i>Indigenous Justice Strategy (IJS)</i> . Furthermore, the IJS should seek to redistribute a significant portion of the current resources within the federal correctional system to Indigenous communities and groups for the care, custody, and supervision of Indigenous Peoples.
ANNUAL REPORT 2022-23	
Thematic Investigation: The Rising Cost of Living Behind Bars	1. I recommend that the Minister of Public Safety initiate an immediate and comprehensive review of the Offender Program Assignments and Inmate Payments system in federal corrections. This review should ensure enhanced pay levels are indexed to inflation to reflect current and expected cost of living increases. At a minimum, I recommend a proposed increase to \$3.75 per hour, which reflects the hourly equivalent of the current top daily pay rate of \$6.90 (or \$1.15 per hour, based on a six hour workday) indexed to inflation going back to 1981. Proposed changes arising from this review should be consulted with the incarcerated population and community organizations serving those behind bars and on parole.
	2. Until a new payment and allowance model is adopted and put in place, I recommend that CSC immediately implement a series of interim measures that will help to offset costs and increase the purchasing power of federally incarcerated individuals, including: a) Removing all mandatory deductions.

Associated Investigation	Recommendations
Thematic Investigation: The Rising Cost of Living Behind Bars	2. b) Adjusting the pay level criteria to allow for a larger proportion of individuals to receive Level A and Level B payment.
	2. c) Ensuring goods that are essential to self-care and welfare (e.g., hygiene products) are provided free of charge.
	2. d) Reviewing the purchasing catalogue and ensuring goods are more affordable and accessible.
Thematic Inspection: Dry Cells	3. I recommend that the Minister of Public Safety ensure that the new regulations require CSC to report publicly on the frequency, duration and outcomes (whether or if contraband is seized) of all dry cell placements starting in 2023-24, and going forward.
	4. I recommend that the Minister of Public Safety ensure that the new regulations require the decision to extend a dry cell placement beyond 72 hours to rest with the Regional Deputy Commissioner (RDC). The regulations should state that "under exceptional circumstances" where specific requirements are met, the RDC may extend dry cell placements by each 24-hour period, up to a maximum of 48 hours. Dry cell duration should never exceed five consecutive days.
	5. I recommend, consistent with the Minister's Directive, that CSC develop and provide clear, specific, and consistent national guidelines to ensure humane treatment for dry cell placements that includes specific criteria and guidance on items to be provided in terms of bedding and mattresses, food, personal hygiene and toiletries, access to phones, illumination and meaningful human interaction.
National Update - Justifications for Independent Patient Advocacy	6. I recommend that the Minister of Public Safety ensure that CSC take immediate action to develop and implement an <i>external</i> and <i>independent</i> patient advocacy model to provide access to health care advocacy services for all federally incarcerated individuals.
Gender Diversity Policy Review	7. I recommend that CSC take further action to address the needs and protect the rights of gender diverse individuals, including: a) Creating an external advisory role to inform decision-making regarding gender diverse individuals.
	7. b) Clarifying the practice of "overriding health or safety concerns" by establishing parameters, further guidelines, and clear examples.
	7. c) Establishing new institutional mechanisms for gender diverse individuals to safely report abuse.
Minimal Options for Federally Incarcerated Women in Minimum Security Units	8. I recommend that CSC conduct a review of MSUs with the goal of reallocating resources to ensure that minimum-security women benefit from community programs, services, and activities so that they are prepared at the earliest date possible to return to the community.
	9. I recommend that the Minister of Public Safety direct CSC to significantly increase the use of temporary absences and work releases for women in minimum security, to ensure they can regularly access the community to provide more options and enhance their opportunities for successful reintegration.

Associated Investigation	Recommendations
Fifth Independent Review Committee on Non-Natural Deaths in Custody	10. I recommend that the Minister of Public Safety convene independent investigations under the <i>Inquiries Act</i> into prison riots resulting in death, suicides in Structured Intervention Units, use of force interventions involving death and murder committed by a federal parolee in the community.
<i>Unfulfilled Promises:</i> Investigation of Healing Lodges in Canada's Federal Correctional System	11. I recommend that the Minister of Public Safety direct CSC to fund an external, Indigenous-led national engagement initiative to create capacity, interest, and innovation among Indigenous communities and organizations (urban and rural) to enter into Section 81 and 84 agreements for the care, custody, and supervision of Indigenous Peoples under federal sentence.
	12. I recommend that the Minister of Public Safety direct CSC to develop and publicly report on clear <i>actions, timelines, measurable targets and deliverables</i> to: a) more effectively engage Indigenous communities and organizations to establish more Section 81 agreements, particularly in areas where there are noted gaps (e.g., Ontario and Atlantic region, for Indigenous women, and individuals from northern locations; urban settings).
	12. b) establish section 81 agreements in urban and rural areas.
	12. c) transfer control and ownership of existing CSC-run Healing Lodges to the local community, or an Indigenous group or organization, under Section 81 of the CCRA within three years.
	13. I recommend that the Minister of Public Safety direct CSC to work with the Section 81 Healing Lodges to identify the main causes of vacancy rates and identify actions that will be taken to increase and maintain higher occupancy rates, with specific attention to: a) Developing new and rigorously validated security classification tools for Indigenous peoples, from the ground up, that reduce their over-representation in medium and maximum security, consistent with the Supreme Court of Canada decision in <i>R. v. Ewert</i> , 2018.
	13. b) Reviewing and modifying the policies and practices for Security Threat Group (gangs) flags with a view to facilitating the removal of these flags, where appropriate.
	13. c) Developing and implementing a gang-disaffiliation and exit strategy that is run by Indigenous community-based individuals and/or organizations.
	13. d) Increasing the availability of trauma-informed care at women's and men's facilities and the ability for incarcerated Indigenous persons to receive proper mental health diagnoses and treatment.
	13. e) Increasing the number of Indigenous persons who cascade to lower security levels (e.g., accepting medium security populations) and expediting transfers to Healing Lodges, particularly Section 81s.

Associated Investigation	Recommendations
<i>Unfulfilled Promises:</i> Investigation of Healing Lodges in Canada's Federal Correctional System	14. I recommend that the Minister of Public Safety direct CSC to co-develop, with communities and organizations, a new funding model for Section 81 agreements and significantly increase funding to Section 81 Healing Lodges to better support their specific needs and to address the existing disparities with state-run lodges, in order to achieve resourcing parity.
<i>A Straight and Narrow Road:</i> An Investigation into CSC's Pathways Initiatives	15. I recommend that CSC enhance the impact and reach of institutional Indigenous initiatives by: a) Conducting a review of current Pathways participants to identify and recommend individuals for Healing Lodge placements and other non-custodial alternatives (e.g., section 84 agreements).
	15. b) Developing an overarching culturally responsive approach that comprises of institutional initiatives for Indigenous people who do not benefit from the current Pathways model. This would include expanding the benefits offered by the Pathways Initiative (e.g., access to Elders, ILOs, Healing Plans, one-to-one counselling) to a larger number of individuals.
	15. c) Developing clear and concrete Correctional Plan objectives that guide sentence planning for offenders serving sentences of 10 years to life, and providing more meaningful incentives to Indigenous <i>Lifers</i> (e.g., ETAs, lower-security transfers, and Healing Lodge placements).
	15. d) Collaborating with Indigenous Initiatives at the regional and institutional levels to develop yearly national action plans that increase in-reach by First Nations, Métis, and Inuit communities, community based organizations, non-profits, post-secondary institutions, and other stakeholders to establish ties and support systems with incarcerated individuals that begin at intake and continue post-Warrant Expiry.
An Investigation of the Role and Impact of Elders in Federal Corrections	16. I recommend that CSC create job security and additional financial supports for Elders: a) Elders should be compensated comparably to CSC staff, as well as those in similar roles, such as federal government employees working as chaplains.
	16. b) Elders should be offered and have access to a benefit scheme that will foster their long-term wellness, including access to mental health and trauma supports and resources, sick days, vacation, retirement contributions and savings and self-care, equivalent to federal government employees.
	16. c) CSC should do away with onerous Statements of Work that place an undue administrative burden on Elders.
	16. d) CSC should rethink how and to whom Elders report.
	16. e) CSC should ensure Elder insights are properly reflected and integrated into case management records and decisions.
	17. I recommend that CSC integrate Elders within CSC's leadership and governance structures respectful of Elder autonomy and independence with the same reverence, recognition, and status accorded Elders in Indigenous communities.

Associated Investigation	Recommendations
An Investigation of the Role and Impact of Elders in Federal Corrections	18. I recommend that CSC develop a standardized onboarding training for Elders that outlines the expectations, rules, and reporting practices of CSC. CSC should work to reduce the gaps and differences between institutions and their practices towards Elders. This could include the development of national guidelines or policies when working with Elders, as well as peer support.
	19. I recommend that CSC provide Elders with appropriate, prioritized and dedicated indoor and outdoor spaces to conduct ceremonies and programs and for confidential counseling as part of their conditions of work. Elders should maintain control over all items used for cultural and spiritual ceremony, including sacred medicines. For greater clarity, CSC should not interfere with Indigenous peoples' right to ownership, control, access, and possession (OCAP) of Indigenous intellectual property, including curriculum, ceremony and knowledge shared by Elders as a part of their work with CSC.
Concluding Message	20. I recommend that CSC ensure that all staff undergo mandatory and annual Indigenous cultural safety and awareness training, provided by an external agency. Training should recognize the diversity among First Nations, Métis and Inuit to avoid perpetuating pan-Indigenous assumptions.
	21. I recommend that CSC report yearly and publicly on measurable performance indicators, results and outcomes to reduce Indigenous over-representation in federal corrections. These indicators and outcomes should be co-developed with Indigenous stakeholders, including Elders and community leaders, and reflect Indigenous concepts of healing and progress.
	22. I recommend that the Minister of Public Safety work jointly with the Ministers of Crown-Indigenous Relations and Northern Affairs Canada and Indigenous Services Canada, as well as the Minister of Justice and Attorney General of Canada, to develop and implement a national Indigenous <i>decarceration</i> strategy.
ANNUAL REPORT 2023-24	
Risk Assessment and Classification with Indigenous Peoples since <i>Ewert v. Canada</i> (2018)	1. I recommend that the Service report publicly, in the next fiscal year, on concrete actions, deliverables, and timelines on how and when it will: a) acquire external, independent expertise to conduct empirical, primary research to assess the validity and reliability of <i>all</i> existing assessment and classification tools and methods used by CSC to inform decision-making with Indigenous offenders.
	1. b) Develop new assessment and classification tools, Indigenous-led and from the ground up, for federally sentenced Indigenous peoples, that include culturally responsive and informed indicators of risk and need (i.e., Indigenous social history factors).

Associated Investigation	Recommendations
Offender Complaint and Grievance Process	2. With respect to CSC's internal Complaints and Grievances process, I make three summary recommendations, to be phased and completed within the next fiscal year: a) First, CSC should conduct a principle-based review of the complaints and grievance process informed by the pillars of procedural justice – voice, respect, neutrality, trustworthiness. The views and experiences of incarcerated people should be taken into consideration throughout this review.
	2. b) Simultaneously, CSC should undertake a reallocation exercise to ensure proper and sustained focus, effort, and priority will be placed on resolving complaints and grievances informally, and at the lowest level possible. This could include reallocation of resources from national level redress to penitentiary-based resolution.
	2. c) Finally, CSC should make significant investments in mediation and alternative dispute resolution training and skills building for all staff with the goal of implementing these practices at all maximum-security and multi-level penitentiaries across Canada, including the five Regional Women and Treatment Centre facilities. ADR and mediation would be central and permanent features of a significantly updated and revised Commissioner's Directive 081.
An Investigation of Quality of Care Reviews for Natural Cause Deaths in Federal Custody	3. I recommend that the Quality of Care Review process be subject to an independent audit chaired by an outside medical examiner.
	4. I recommend that for determining the cause of death for the Quality of Care Review, CSC's Health Services Sector obtain independent and external verification or, when this is not possible, that all efforts to obtain independent and external verification be reported.
	5. I recommend that CSC consult with the Parole Board of Canada and establish a data sharing and reporting framework to publish information on section 121 <i>Parole by Exception</i> applications as well as applications of any kind of release based on compassionate grounds. This data should be disaggregated by the criteria listed under section 121 (1), regardless of whether the parole application is presented before or after an individual's eligibility dates.
	6. I recommend that assessments of release considerations in Quality of Care Reviews be conducted by CSC's Incident Investigations Branch, in collaboration with CSC's Health Service Sector. Such assessments should address the elements raised in the Office's 2014 public interest report and lead to the adoption of qualitative standards.
Population Pressures in Women's Institutions: Overreliance and Impacts of Interregional Transfers	7. I recommend that CSC develop a National Population Management Strategy for Women, which includes: a) Expanded use of <i>Exchange of Service Agreements</i> , so women can serve their sentences closer to their home communities and social supports.
	7. b) Increased use of community-run Section 81 Healing Lodges and Section 84 agreements and releases.
	7. c) A comprehensive community release strategy for women and the reallocation of resources into the community.

Associated Investigation	Recommendations
Population Pressures in Women's Institutions: Overreliance and Impacts of Interregional Transfers	7. d) Increased allocation of resources dedicated to managing complex cases.
Six Years After the Engagement and Intervention Model: Mixed Results for Use of Force at Standalone Male Maximum-Security Institutions and with Vulnerable Prisoners	8. I recommend that CSC evaluate all the strategies put in place in response to its recommendations from the June 2021 EIM evaluation and publicize the measures it has taken in order to reduce the use of force; increase capacity to respond to incidents involving mental health and physical distress; and, ensure that violations of the law and/or policies do not go unchecked.
CASE STUDY: Death at the Regional Treatment Centre – Millhaven	9. I recommend that CSC should immediately release the Independent Observer's evaluation of the impartiality, thoroughness, and professionalism of this National Board of Investigation.
	10. I recommend that CSC prepare and release a Case Summary of the facts and findings of this NBOI including recommendations, learnings and corrective measures that have been implemented at RTC Millhaven to date.
	11. I recommend that an independent and external mental health expert conduct a full compliance review of patient safety at RTC Millhaven.
	12. I recommend that CSC evaluate the suitability and feasibility of installing in-cell vital sign remote monitoring technologies in all high(er)-risk placement areas of federal prisons, including Structured Intervention Units, Enhanced Observation (suicide watch) cells, Regional Treatment Centres and health care cells in mainstream penitentiaries.
	13. I recommend that CSC ensure security staff working in a Regional Treatment Centre be carefully recruited, suitably selected, properly trained and fully competent to carry out their duties in a secure psychiatric hospital environment.
An Investigation of the Standalone Male Maximum-Security Penitentiaries in Federal Corrections	14. I recommend expansion of alternatives to incarceration options and increased bed space to facilitate the transfer and placement of federally sentenced individuals who are suicidal, chronically self-injurious or severely mentally ill in external community psychiatric facilities.
	15. I recommend that CSC devise and implement a national subpopulation management strategy by the end of the fiscal year, with the goal of safely and considerably reducing the number of subpopulations within maximum-security institutions.

Associated Investigation	Recommendations
An Investigation of the Standalone Male Maximum-Security Penitentiaries in Federal Corrections	16. I recommend that CSC ensure: a) Institutional routines are established to allow all incarcerated persons, excluding those in SIU's, to have access to primary "large" yard spaces daily.
	16. b) All living units at standalone maximum-security institutions are equipped with basic amenities and seating.
	16. c) Policies related to institutional movement, including Standing Orders, be reviewed to ensure that they no longer limit individuals from engaging in their Correctional Plan.
	17. I recommend that CSC develop a national policy surrounding complex SIU cases, which should include oversight and direction from the national level, to make SIU transfer processes more efficient and equitable.
	18. I recommend that CSC increase availability of meaningful employment and apprenticeship opportunities at standalone maximum-security institutions, while mandating basic oversight of these jobs, to ensure that prisoners can occupy their time constructively.
	19. I recommend that CSC provide consistent access to Indigenous services, programs and supports, including establishing and maintaining Pathways programs, at each of these institutions without delay.
	20. I recommend that CSC assign dedicated Release Coordinators at each standalone maximum-security institution and bolster related policy to establishing clear responsibilities surrounding discharge planning.
	21. I recommend that CSC develop policy establishing a minimum frequency of in-person contacts between Institutional Parole Officers and incarcerated persons on their caseloads. This policy should clearly outline expectations regarding what is to be addressed during these interactions and include additional language clarifying CX-02 involvement in a maximum-security setting.
	22. I recommend that CSC establish a clear purpose statement for maximum-security institutions, against which its aims can be assessed to ensure that optimal outcomes are achieved and that prisoners' essential human rights and dignity are upheld.
<i>Hope Behind Bars:</i> Managing Life Sentences in Federal Custody	23. I recommend that CSC review and revise security reclassification processes to: a) provide additional support to staff in preparing risk assessments and recommendations.
	23. b) ensure a thorough and mandated review of decisions that would reclassify Lifers from minimum to medium security. These decisions should require an exhaustive consideration and actioning of risk mitigation strategies.
	24. I recommend that CSC review its policies around Correctional Plan Updates with the aim to: a) reduce delays in completing updates for Lifers.
	24. b) discontinue the imposition of unreasonable behavioural expectations.
	25. I recommend that CSC review its Sentence Planning process and provide support to staff in developing individualized sentence plans for Lifers.

Associated Investigation	Recommendations
<i>Hope Behind Bars:</i> Managing Life Sentences in Federal Custody	26. I recommend that CSC draw on the experience and expertise of national voluntary organizations, such as the St. Leonard's Society of Canada and the PeerLife Collaborative, to provide support to federal Lifers from intake to community release. Further, these organizations should be supported by: a) providing a significant increase in funding and access commensurate with their identified needs
	26. b) involving them in ongoing discussions, planning, projects, and strategies pertaining to the life-sentenced population.
	26. c) supporting their efforts to provide peer support and opportunities for gang disaffiliation within federal prisons.
	27. I recommend that CSC review the requirement for Psychological Risk Assessments for individuals seeking transfers to minimum security, with the aim to reduce delays that impede timely decision-making.
	28. I recommend that CSC's <i>National Lifer Strategy</i>: a) explicitly acknowledge and integrate the findings of this investigation.
	28. b) be national in scope and responsive to the experiences of Lifers at all security levels.
	28. c) draw from consultations with incarcerated Lifers, the staff directly involved in Lifer case management, and external stakeholders.
	28. d) be made public with specific timelines for how CSC plans to address the concerns raised in this investigation, along with other concerns identified through consultations.

