



EXECUTIVE SUMMARY

Correctional Services During and Beyond COVID-19

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An RSC Policy Briefing

Correctional services, both institutional and within the community, are significantly impacted by COVID-19. The COVID-19 pandemic has shown those living and working in correctional facilities are particularly susceptible to exposure to potential contagions. Canadian correctional institutions, like prisons in many other countries, are affected by high population turnover, “overcrowding and restricted movement, inaccessible or poor health care, [...] high prevalence of chronic disease and comorbidity, and an aging custodial population [which] exacerbate [...] risks” and fears of contagion among staff, officers, and incarcerated persons (Pyrooz, Labrecque, Tostlebe, & Useem, 2020np; see also Akiyama, Spaulding, & Rich, 2020; Maruschak, Berzofsky, & Unangst, 2015; Novisky, 2018). The pandemic also poses acute challenges and agonizing decisions for correctional administrators whose responsibilities now include challenges imposed by the COVID-19 pandemic, as well for those working in community correctional service as they work to support the re-entry experiences of formerly incarcerated individuals.

In this policy brief, we focus on the current situation and examine the tensions around how COVID-19 has introduced new challenges while also exacerbating strains on the correctional system. We recognize COVID-19 also provides opportunities to re-think various aspects of criminal justice practice as such the current policy brief has two goals, including making recommendations that:

- a) are directly aimed at how correctional systems manage COVID-19, and
- b) address the nature and structure of correctional systems that should be continued after the pandemic.

As the COVID-19 pandemic has sparked public discourse about the fact that our correctional systems are in crisis and need to be reformed, we believe this is a particularly opportune time to consider drastically reducing the incarcerated population (decarcerating) and to reconsider who could be safely housed in the community. As many of our recommendations with respect to addressing the pandemic in correctional systems speak to efforts and considerations toward reducing the incarcerated population in the federal and provincial/territorial correctional systems, we see the current brief as an opportunity to *also* suggest improvements for those who will remain in prison (during COVID-19 and beyond).

In that respect, we highlight and make recommendations for the needs of those who remain incarcerated in general, and for Indigenous people in particular, as well as for those who are serving their sentences in the community. Further, we make recommendations for those working in closed-custody institutions and employed to support the re-entry experiences of formerly incarcerated persons. We are at a critical juncture—where reflection and change are possible—and we put forth recommendations toward supporting those working and living in correctional services as a way forward during the pandemic and beyond.

Summary of Recommendations

Recommendations for Decarceration

1. Review the release status of **all** persons housed in prison, remanded or sentenced, both provincially/territorially and federally, in a fair and equitable manner that accounts for personal and criminal histories, for the purpose of releasing prisoners.
2. Prior to release, create and feasibly put in place realistic and comprehensive reintegration plans that account for the requirements associated with COVID-19, customized to address the unique needs of the individual.
3. Give incarcerated persons agency in their early release, including in their ability to remain incarcerated if they do not feel they have a safe alternative to continued incarceration.
4. Pursue efforts to decarcerate half-way houses (e.g., open custody facilities), particularly the movement of persons who are ready for the transition into full community living.
5. Prior to the release of any person, the individual should be tested and offered the opportunity for a COVID-19 vaccination and, if necessary, they should be provided with a safe space to quarantine in the community for 14 days to prevent the spread of infection and preserve the coordinated housing's retention.
6. When possible, safely reduce the use of prisons as holding cells for persons charged or arrested awaiting their first court appearance.
7. When sentencing people accused of non-violent crimes, reconsider sentencing during COVID-19, as incarceration is likely unnecessary for public safety in those situations.
8. Eliminate the practice of intermittent sentencing.

Recommendations for persons remaining in Institutional Correctional Services

1. Introduce COVID-19 rapid testing for newly admitted imprisoned people and use quarantine measures until they produce a negative test result.
2. Introduce daily regular screening that include self-reports symptoms and temperature checks for all incarcerated persons.
3. Ensure rapid testing and contact tracing measures are implemented to track the spread of COVID-19 among prisoners and staff, including daily or routine screening of persons working in prison to mitigate the spread of COVID-19
4. Create prison and staff cohorts to minimize the spread of COVID-19 across units, wings, and facilities.
5. Assess optimal population and staff/officer counts for each institution to ensure physical distancing and the safe adherence to public health guidelines during the pandemic without resorting to lockdowns.
6. Ensure incarcerated individuals and staff/officers are among the first groups to be vaccinated in Canada alongside others living and working in congregate settings.
7. Encourage the use of sick days and paid leave for staff and officers who screen or test positive for COVID-19.
8. Clearly enforce the rules around COVID safeguards among all staff, contractors, and management, as well as anyone entering institutions to limit the spread of COVID-19.

9. Support the well-being of institutional correctional staff, essential service providers during COVID-19, who require resources to support their mental, physical, and social health both preventatively and reactively.
10. Provide trauma counselling and trauma-informed programming for imprisoned persons to address the root causes for their struggles, recognizing the imposed strain caused by COVID-19. Trauma counselling, however, should continue beyond the pandemic, recognizing that the great majority of people housed in prison have been victimized and had traumatic life experiences throughout their life-course.
11. Provide sustained addiction counselling during and beyond the pandemic.
12. For correctional workers, provide sustained trauma informed training that provides insights into the background of the incarcerated persons they are dealing with on a daily basis.
13. Clearly inform staff of any policy developments and changes in directives before implementation, particularly during COVID-19 as regulations change.
14. Provide transparent communication between staff and loved ones during (and beyond) the pandemic.
15. Provide people housed in prison with free phone calls and with continuous access to virtual visits during and beyond the pandemic.
16. Introduce rapid testing for visitors to facilitate the continuation of visits during the pandemic.

Recommendations regarding Indigenous Individuals in the Correctional Systems

1. Enhance the role and participation of community leaders and Elders in all decision-making regarding Indigenous peoples in prison during and beyond COVID-19.
2. Include the Gladue factors in all decision making concerning Indigenous peoples in prison during and beyond COVID-19, which involves maximizing release efforts for Indigenous peoples for decarceration purposes.
3. Foster a trauma-informed environment during and beyond COVID-19.

Particularly important beyond COVID-19

4. Continue to evaluate, update, and develop security classification scales and tools that are sensitive to the nuances of Indigenous backgrounds and realities.
5. Ensure incarcerated Indigenous peoples have access to legal services to support and assert their human rights and Indigenous rights.
6. Ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to: the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples; anti-bias and anti-racism; local language and culture; and local health and healing practices.

Recommendations for Community Correctional Services

1. Review and invest in safe and sustainable housing for formerly incarcerated persons.
2. Provide support to develop the knowledge and skills necessary for formerly incarcerated persons to meet their basic needs as law-abiding citizens once released from prison.

3. Consider reliance on community volunteers for the purposes of support, especially for incarcerated persons who may not have an existing support system on the outside. Support and strengthen partnerships with community-based organizations and other community actors to ensure that incarcerated persons have access to support systems on the outside. The partnerships should already be built prior to release.
4. Review conditions of release on an individual basis to determine if each makes sense or imposes unnecessary restrictions in the time of COVID-19 on formerly incarcerated persons.
5. To prevent the spread of COVID-19, temporarily suspend the condition of seeking and maintaining employment as a condition of release until COVID-19 is under control.
6. Redirect resources into employment re-entry programming and consider transitional programming that assists with employment re-entry starting in prison and extending into the community at and after release.
7. Make it possible for incarcerated persons to be able to apply, at least six months prior to release, for a health card in order for correctional services organizations to assist with effective discharge planning.
8. Make health cards available to individuals housed in community correctional centres—they are not incarcerated and thus are not excluded from the Canada Health Act.
9. Make identification from prison and/or a letter/photo attesting to the person's identity sufficient to acquire a health card post incarceration.
10. Make resources available to support the mental health needs of community correctional services employees, particularly in the context of being an essential service provider during COVID-19.
11. Provide preventative, intervening, and reactive measures to support the mental health and well-being of community correctional services employees, and ultimately help them to fulfill their occupational responsibilities.