

Correctional Services During and Beyond COVID-19

January 2021



An RSC Policy Briefing

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Cover Art

Lawrence Da Silva, Koi Fish (2015)

Coloured pencils, pens, manila envelope

While imprisoned at the Quebec Special Handling Unit of the Correctional Service of Canada, Lawrence Da Silva used coloured pencils, pens, and a manila envelope, the only art supplies available to him, to create the Koi Fish. It is inspired by the legend of transformation that the koi fish swims to the waterfall and becomes a dragon.

Land Acknowledgement

The headquarters of the Royal Society of Canada is located in Ottawa, the traditional and unceded territory of the Algonquin Nation.

The opinions expressed in this report are those of the authors and do not necessarily represent those of the Royal Society of Canada.

Background on the Policy Briefing Report Process

Established by the President of the Royal Society of Canada in April 2020, the RSC Task Force on COVID-19 was mandated to provide evidence-informed perspectives on major societal challenges in response to and recovery from COVID-19.

The Task Force established a series of Working Groups to rapidly develop Policy Briefings, with the objective of supporting policy makers with evidence to inform their decisions.

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Note from the Authors

In the current policy briefing, we use the terms “imprisoned people” and “incarcerated persons” because this terminology is less stigmatizing than terms such as “inmates” or “prisoners”. We are restricting the current policy brief to recommendations concerning prison living and post-prison living in an era of “decarceration”, which refers to reducing the size of the incarcerated population. We recognize that decarceration includes alternatives to imprisonment such as pre-trial diversion practices or alternatives introduced at the back and front-end of sentencing, which are largely beyond the scope of the current brief.

We also recognize that there are many marginalized and vulnerable populations in prison, including: women, people with mental health disorders or needs and substance use challenges, persons with brain injuries, persons with Fetal Alcohol Syndrome Disorder and other health-related conditions, transgender and non-binary self-identifying persons, and other equity-seeking groups. It is beyond the scope of the current brief to attend to the complexity of each groups’ needs and unique positioning in detail. For instance, while the needs of incarcerated Black Canadians and people of colour are important and worthy of attention, we chose to focus on the inequities of incarcerated Indigenous peoples, due to 1) this group having the highest rates of incarceration for any sub-population in Canada (see pp. 24-27); and 2) the robust empirical data on Indigenous peoples in Canada and existing policy-oriented documents detailing their unique needs, such as the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the Truth and Reconciliation Commission’s “Calls to Action”. We intend to address some of the unique needs of diverse populations in future policy briefings. The present brief is a starting point to highlight recommendations for various pressing issues, as evidenced during the trials and tribulations

imposed by the COVID-19 pandemic. As researchers, we are committed to provide evidence-informed recommendations.

The Royal Society of Canada is grateful for the support of the John Howard Society of Canada and the *Arts Inside and Out* program in procuring the artwork displayed in this report.

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Executive Summary

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.

Correctional Services During and Beyond COVID-19

Introduction

In the days following March 12, 2020, when the World Health Organization declared Coronavirus 2019 (COVID-19) a pandemic, the Canadian provinces and territories began imposing strict lockdown measures. These governments recognized closed-custody correctional facilities, including prisons, correctional centres, and jails, as potentially high-risk for the transmission of COVID-19, despite confusion about how best to manage the virus in prisons (and other confined spaces). On 12 March 2020, the Union of Canadian Correctional Officers (UCCO-SACC-CSN), representing federal correctional officers employed by Correctional Service Canada (CSC), requested support from CSC to help ensure the health and safety of their members during the pandemic (UCCO-SACC-CSN, 2020, March 12). Of course, it is not only the physical health risk posed by the novel virus that creates distress; researchers are finding that the mental health effects of COVID-19 are dire, as isolation and quarantine are having undeniable effects on people's social and mental health (del Rio & Malani, 2020; Rajkumar, 2020; Torales, O'Higgins, Castaldelli-Maia, & Ventriglio, 2020; Xiong et al., 2020). The World Health Organization defines "health" as a having three facets—social, physical, and mental health—and urges us to recognize each as non-hierarchical components of health and as having a significant effect on people's overall health (World Health Organization, 2020).

In the spring of 2020, CSC reported several in-prison outbreaks of COVID-19 that affected both those housed and working in prison. Provincial and territorial institutions took urgent measures in response to the pandemic, such as decreasing the prison population by releasing those that were eligible (Statistics Canada, 2020a, 2020b). Federal prisons also took steps to manage the virus by suspending visits and programming, imposing lockdowns, distributing personal protective equipment (PPE), and introducing additional measures for containing, testing, and detecting COVID-19. Altogether, COVID-19 and the institutional responses have affected the social, physical, and mental health of those housed in and employed by prisons.

By early November 2020, the Public Health Agency of Canada (PHAC) updated COVID-19 guidelines to account for the risk posed by aerosol transmission of the virus (Miller, 2020, November 4). Such a change is particularly important given public health measures informing that physical distancing alone, which is already near impossible in prison, does not adequately protect incarcerated persons from aerosol transmission, which requires well-ventilated spaces when indoors. Incarcerated persons sleep, eat, shower, use the washroom, and exercise, among other activities, in close proximity to other incarcerated persons, officers, and staff in often poorly ventilated prison spaces (Ricciardelli, 2014b)—making aerosol transmission particularly concerning.

Officers and staff bear the status of essential service providers and now "face an unprecedented, ongoing challenge" if they are to limit (and manage) the spread of COVID-19 in prisons (Ricciardelli & Bucerius, 2020). Staff and officers must balance staying safe and healthy while maintaining the care, custody, and control of incarcerated persons as well as striving not to infect their family members and friends, or bringing COVID-19 into the institution. In some cases, despite an outbreak of COVID-19 in the correctional institution, correctional officers working in some provincial systems are asked to continue coming into work when COVID-19 outbreaks happen and to otherwise isolate when not working (Herring, 2020). To this end, in Canada and abroad,

COVID-19 “represents a serious threat to the health and welfare of people who live and work in these facilities” (Pyrooz et al., 2020, np, see also Kinner et al., 2020; Stephenson, 2020).

Infectious disease is not a new concern in prison. About one-quarter of new correctional officer recruits, some with and some without prior correctional work experience, indicated (without being asked) that infectious disease was their biggest fear of working in a correctional institution (Ricciardelli, unpublished data). These findings predate the novel coronavirus and the possibility of airborne transmission, with interviewees reporting fears of hepatitis, HIV, and tuberculosis. The COVID-19 pandemic imposes additional stress on a subpopulation already concerned about contagion, likely impacting officers’ well-being and mental health.

There are several factors that influence how easily COVID-19 can be introduced and spread in correctional institutions, including: the daily intake of incarcerated people in provincial and territorial systems; the movement of staff in and out of institutions, the physical layout and size of the respective prisons; shorter sentences (leading to potentially higher turn-over rates), the use of holding cells for newly admitted people; and the demographic makeup and health conditions of the incarcerated population. However, empirical evidence in support of one of more of these explanations for COVID-19 infections in correctional settings is lacking. It is possible that the correlates of COVID-19 infection in non-institutionalized settings do not translate to institutionalized settings like jails and prisons.

As of January 7, 2021, in the federal correctional system, 1201 incarcerated persons had tested positive for COVID-19 in penitentiaries across the country, of which three incarcerated people had died (Correctional Service Canada, 2020). At least in part, the more recent escalation in numbers can be attributed to the introduction of rapid testing in federal prisons. The Union of Canadian Corrections Officers (UCCO-SACC-CSN) confirmed that, as of November 4, 2020, 123 federal correctional officers had tested positive (Robertson, 2020). The provincial systems too have been impacted by multiple outbreaks. For instance, as of October 31, 2020, 104 of the 161 incarcerated people in the Calgary Correctional Centre had tested positive, comprising 65 percent of the population housed in prison, as well as 20 staff and officers (Bruch, 2020, October 31). In Manitoba, at Headingley Correction Centre, 86 incarcerated persons and 24 staff and correctional officers had tested positive as of November 3, 2020 (Unger, 2020, November 3). Administrators, advocates, and journalists continue to report outbreaks across the country, including at institutions such as the Saskatoon Correctional Centre and Grand Valley Institution (CBC News, November 29, 2020; Ghonaim, December 4, 2020). In Canadian federal penitentiaries, some facilities reported outbreaks in the early months after the virus first spread to Canada (i.e., Mission Institution in British Columbia and the Multi-level Federal Training Centre in Quebec, or more recently in Stoney Mountain Institution), with additional outbreaks following during wave two of the pandemic.

As we step out in these new and unprecedented times, we put forth considerations and associated recommendations that look to the present and future of correctional services in Canada. In doing so, we will focus on a) recommendations that directly pertain to the current pandemic and how to best address COVID-19 related concerns in correctional systems, yet b) also make recommendations for people working and housed in prison now and *beyond* the pandemic. In the current policy brief, we provide evidence-informed recommendations for correctional services across systems in four key areas:

- Decarceration;

- The needs for those remaining in our institutions, albeit working, living, visiting or volunteering;
- Indigenous persons in prison; and
- The needs of community corrections to support current parole/probation as well as future decarceration efforts.

Context and Histories of Criminalized Persons in Canada

Canada houses individuals charged or convicted of crimes in one of fourteen unique but interconnected correctional systems: (1) the federal system known as the Correctional Services Canada (CSC) or (2) one of 13 different provincial and territorial systems, each governed by their own provincial or territorial Ministry or Department overseeing correctional services (e.g., Justice, Public Safety). The main difference between the federal and provincial/territorial systems is sentence duration and remand status (e.g., persons housed in prison awaiting trial or sentencing). CSC houses individuals convicted of a crime and sentenced to two or more years in prison, in institutions of diverse security classification that range from minimum (e.g., no secure perimeter) to maximum (e.g., very secure perimeter) (Ricciardelli, 2014b). In 2015-2016, correctional institutions in Canada housed an average of approximately 40,000 adults per day, representing a national incarceration rate of 139 per 100,000 individuals (Reitano, 2017). People housed in federal institutions account for a smaller number of incarcerated persons in comparison to the provincial and territorial systems, for instance in 2017-2018 “on a typical day” 14,015 individuals were housed in one of over fifty federal penitentiaries (Correctional Service Canada, 2019). Generally, after serving one-third of a federal sentence, federally incarcerated person may be eligible for parole, or for statutory release after serving two thirds of their sentence.

The provincial and territorial correctional systems house the majority of incarcerated persons in Canada. Collectively, they oversee appropriately 177 closed-custody institutions (e.g., prisons, correctional centres, jails) that confine individuals who are either sentenced to a prison term of two years less one day or remanded into custody. Since 2004-2005, remanded people constituted the majority of the provincial and territorial custodial population (Manitoba Government and General Employees’ Union, February 9, 2012; Porter & Calverley, 2011; Statistics Canada, 2017b). For example, on an “average day” in 2014/2015, more adults were housed in prison awaiting trial than convicted individuals serving a sentence in custody. Specifically, in the provincial and territorial systems, of the 24,014 adults per day on average in sentenced custody and pre-trial detention, 13,650 (57%) were incarcerated pre-trial (Statistics Canada, 2017b). Remand facilities housing incarcerated persons (i.e., jails, detention centres, correctional centres) operate as maximum-security institutions. Although individuals remanded into custody are legally presumed innocent, they are held awaiting trial in custody, rather than the community, because they are unable to secure bail either for being considered a flight risk, a threat to the public in terms of posing a substantial likelihood to offend, or otherwise unable to satisfy basic bail requirements (e.g., lacking a surety) (Deshman & Myers, 2014). After serving a portion of their sentence in custody, provincially and territorially sentenced individuals are eligible for probation.

The overwhelming majority of people enter prison with some degree of vulnerability. Incarcerated persons are likely to lack employment experience and educational attainment and often suffer from compromised mental health or challenges with substance misuse or addiction. Many incarcerated people have experienced periods of homelessness in their lives and the vast majority

have experienced childhood trauma in the form of physical and sexual abuse (Bucerius, Haggerty, & Dunford, 2020) and changing caregiver situations (Bucerius, 2020). At the provincial level, Bucerius, Jones, Kohl, and Haggerty (2020) found that 88% percent of male participants and 84% of female participants identified having experienced violent victimization (e.g., hitting, getting beaten up, had weapons used against them, etc.) at some point in their lives, with a mean age of the first violent victimization that male participants could recall being 14 years, and female participants 17 years of age. In total, 34 percent of their male participants had experienced some form of sexual victimization (e.g., unwanted touching and sexual assault) during their lives, with a mean age of first sexual victimization for men being 7.4 years old. In total, 75% of the female sample had experienced sexual victimization, with the first victimization occurring at an average age of 9.9 years old. At the federal level, these numbers are even higher, with the great majority having experienced physical and/or sexual abuse long before being first charged with a crime (95% of all federally sentenced women and 87% of all federally sentenced men) (Bucerius, 2020). These data reflect that people housed in prison experience victimization at much higher rates than the general population in Canada. Data from the General Social Survey (GSS) (N = 33,089) reported that 32.8% of Canadian men and 22.9% of Canadian women had experienced violent victimization before the age of 15. In terms of sexual victimization, 4.6% of Canadian men and 13.2% of Canadian women have been sexually victimized prior to the age of 15 (Statistics Canada, 2016).

People housed in prison are also at a disadvantage when it comes to educational attainment. At the federal level, CSC reports that between 1995 and 2005, eight in every 10 persons admitted to federal custody did not have a high school diploma. Moreover, upwards of 20 percent of new federal admissions had less than a grade eight education (Boe, 2005). The statistics are in dramatic contrast to 14 percent of the Canadian population aged 25 or older who, in 2016, reported less than a high school diploma as their highest educational level (Uppal, 2017). Beyond entering prison under-educated, periods of incarceration severely limit a person's ability to develop a history of employment or to develop marketable skills that would support later reintegration (Atkin & Armstrong, 2013; Graffam, Shinkfield, Lavelle, & McPherson, 2004). Disadvantages become more pronounced for persons whose first experience of incarceration was during their youth or young adulthood—the period in which invaluable apprenticeship, educational, and training opportunities are highly consequential (Nagin & Waldfogel, 1995). Incarcerated persons are more likely to have lower than average levels of literacy and numeracy and to lack job skills, interpersonal skills, social competencies, technological literacy, and prior work experience in comparison to the general population (Decker, Spohn, Ortiz, & Hedberg, 2014; Fletcher, 2001; Nally, Lockwood, & Ho, 2011; Waldfogel, 1994; Young, 2017).

Internationally, rates of infectious disease, chronic diseases, and mental health disorders are higher among incarcerated persons than in the general population (Fazel & Baillargeon, 2011; Harris, Hek, & Condon, 2007; Lynn Ann Stewart, Sapers, Nolan, & Power, 2014; Wilper et al., 2009). Simply said, persons enter prison with poor baseline health. In Canada, Beaudette, Power, and Stewart (2015) reported that the lifetime prevalence of any mental disorder among men newly-admitted to CSC ranged from 78% to 88% across regions and the prevalence of a current mental health disorder among these same men ranged from 68% to 82% (See also Stewart & Wilton, 2017). Yet, in the general Canadian population, diagnosed mental disorder prevalence rates remain around 10% (Statistics Canada, 2018). Looking at the prevalence of mental disorders among 154 women incarcerated in six CSC facilities, Brown et al. (2018) found that almost 80% of

federally sentenced women in custody “meet the criteria for a current mental disorder, including high rates of alcohol and substance use, antisocial personality disorder and borderline personality disorder” (p. iii). In addition, almost two-thirds of their sample reported a major mental disorder over their lifetime and 17% a current major mental disorder.¹ Formerly incarcerated persons, in comparison to the general population, are more likely to have mental health needs, ranging from substance dependence to neurological or psychiatric needs to broader health issues (e.g., poor diet, smoking) (Graffam et al., 2004). Drawing from a sample of 2,273 newly-admitted adult male federally incarcerated persons in Canada, Stewart, Sapers, Nolan, and Power (2014) determined that these men most commonly report the health conditions of head injury (34.1%), asthma (14.7%), and back pain (19.3%). Nolan and Stewart (2014) found that the most common cited health concerns among 280 newly-admitted adult women incarcerated persons included back pain (26%), head injury (23%), hepatitis C virus (19%), and asthma (16%). Overall, incarcerated people tend to enter prison in already poor health and are met with in-prison healthcare and nutrition that requires careful evaluation to ensure that health conditions improve, or at least do not worsen.

Decarceration

Many provincial and territorial prisons are currently housing fewer people in an effort to reduce prison populations during the COVID-19 pandemic (CBC News, April 9 2020; Cousins, 2020; Statistics Canada, 2020a). Organizational responses also include early release and reducing arrests, jail bookings, and admissions (also tied to temporary court closures or delays). We define decarceration as alternatives to incarceration, such as serving sentences in the community rather than in prison, as well as the premature conclusion of a criminal sentence, and the aggregate reduction in the prison population. Decarceration efforts have been rarer at the federal level (see, for example, Quan, August 5, 2020), where incarcerated persons are serving longer sentences and have more distant eligibility dates for statutory release (i.e., incarcerated persons are eligible after serving two thirds of a federal sentence) or parole (i.e., eligibility commences after servicing one third of a federal sentence).

Decarceration is increasingly necessary, especially during the current pandemic. Imprisonment is an expensive and often ineffective means of dealing with crime and public safety, and generally damages the well-being and life chances of those who are subjected to it, such as by severing ties to family members and employment opportunities. Imprisonment also has well-documented collateral consequences, such as how incarceration affects the children of people who are incarcerated (Murray & Farrington, 2008; Turney & Wildeman, 2013; Wakefield & Wildeman, 2013). The link between crime and imprisonment is highly complex, meaning that changes in imprisonment rates are generally thought to have relatively little impact on rates of crime (see, for example, Carter, 2003; DeFina & Arvanites, 2002). In countries—such as Finland—where deliberate efforts have been made to reduce their prison populations, the evidence does not suggest an associated increase in crime rates (Lappi-Seppälä, 2009).

The nature, scope, and structure of decarceration must take into account the circumstances, positioning, and needs of the incarcerated people—particularly in relation to their own safety and well-being, while balancing this with public safety. Decarceration efforts must be geared toward meeting the needs of incarcerated people (i.e., does the person who transgressed the law, even if 10, 15 or even 20 years ago, present the same threat to public safety today? What about months

or weeks later post-offense?), the seriousness of the offense and potentiality for recidivism or desistance from crime, and their security classifications within the system. Providing individuals with the community supports and services that would allow them to be released and re-enter the community in a safe and humane way (e.g., ensuring that individuals have access to safe housing options; crisis counselling; etc.) seems like the ‘better’ option than continued imprisonment.

To this end, any release planning must be informed by an individual’s history and their own views of their life, past and present, and future plans; in other words, release planning must be desistance-focused. In addition, the process of releasing a person from prison must realistically assess the threat posed by the person to society and the threat society poses to the person who is being released. Considering personal safety measures and processes of rehabilitation or recovery at play in prison, care and safe housing must be assured before releasing a person during COVID-19, as should the continuation of any rehabilitative interventions from which individuals feel they are deriving benefit. The resting assumption that everyone housed in prison prefers release may ignore the individual’s perspective as researchers have demonstrated that prison can—tragically—serve as a space of temporary refuge for some incarcerated people (Bucerius, Haggerty, et al., 2020; Pyrooz et al., 2020). Improving the quality of various forms of welfare provision within society (e.g. housing, mental health services, refuges for victims of abuse, drug detoxification) would reduce the likelihood of citizens regarding prisons as more positive environments than the free community. To this end, effort should be made to provide individuals with the community supports and services that would allow them to be released and re-enter the community in a safe and humane way, so that people are not put in a position where the prison seems like the ‘better’ option.

To facilitate decarceration at all levels of the prison system, stakeholders and administrators must assess and critically examine the decarceration of halfway houses and other temporary housing spaces. Governments must closely examine the cases of those living in such facilities, recognizing who may be psychologically, socially, and physically ready for complete and successful reintegration into the community (i.e., to leave the halfway house). The release of incarcerated persons from halfway houses frees up existing space in halfway houses for persons leaving prison.

Decarceration, however, “is a process, not a one-time action” (Wang, Western, Backes, & Schuck, 2020, pp. S-3). To this end, our recommendations include immediate actions geared toward decarceration and, given the uncertain nature of the pandemic and its duration, longer-term actions for implementation. We also advocate for equity in decarceration efforts, referring specifically to ensuring all people inside prisons are considered for early release. Equity is particularly important in relation to incarcerated Indigenous peoples, who are disadvantaged at every stage of the criminal justice system, including when it comes to parole decisions and re-entry (Cardoso, November 29 2020).

Recommendations for Decarceration Across Systems

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. We recommend that stakeholders apply a culturally informed lens, that includes but is not limited to histories of racial inequalities, to understand individual actions within the context of a person’s actual potential for successful release. When re-evaluating the release status, the guiding question

should be whether the person can safely be reintegrated and will likely not pose harm to the broader community.

- a. In a fair and equitable way, re-evaluate the release status of persons close to or already eligible for parole or probation, particularly during COVID-19 as each comes closer to their eligibility date for statutory release to potentially expedite their release.
 - b. Review opportunities to release people for compassionate reasons (e.g., age, cognitive impairment, family circumstances) or based on healthcare needs (e.g., chronic health conditions like autoimmune disease, pregnancy, obesity, respiratory challenges, terminal illness, cancer) particularly during the COVID-19 pandemic but also beyond.
2. Prior to release, create and feasibly put in place (in collaboration with outside agencies) realistic and comprehensive reintegration plans that account for the requirements associated with COVID-19 (e.g., quarantine, physical distancing), customized to address the unique needs of the individual.
 3. Incarcerated persons must have 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 (such as returning to an abusive household or homelessness). Thus, we strongly recommend prioritizing the provision of safe and humane alternatives to imprisonment in the community.
 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.

Decarceration in Provincial and Territorial Systems specifically

Prior to COVID-19, more individuals were held in pre-trial detention than released on bail (Malakieh, 2018; Manitoba Government and General Employees' Union, February 9, 2012); these remanded persons include those accused of serious and violent crimes, as well as persons arrested for comparatively minor offences (e.g., property crime, impaired driving). Researchers criticize the extent to which remand is used; particularly in light of the evidence that remand custody has little benefit for public safety (Webster, Doob, & Myers, 2009).

Remand centres are often used as holding cells for those charged with transgressing the law, for instance, breaching conditions (e.g., being late for curfew, failing to call from a landline) or being unable to pay outstanding fines. Creating alternative punishments for minor offenses provides additional opportunities for decarceration. Decreasing the number of people going in and out of remand facilities will also decrease the possibility of contracting and spreading COVID-19 (Reinhart & Chen, 2020). Moreover, is it necessary to confine people prior to their first court appearance or can safe alternatives prevail? The use of facilities as holding cells contributes to the high turnover among incarcerated people in institutions, increasing the threat of infection and opportunities for COVID-19 to be introduced into the institution. We caveat, however, that some incarcerated persons may require holding for a variety of reasons, including being a threat to self or others, and to maintain public confidence in the administration of justice, among other factors (see s515(10) of the Criminal Code of Canada). These factors require careful consideration but also present opportunities for change in the overarching systems of justice.

Intermittently sentenced persons are those who serve their sentence on weekends, often maintaining employment and community living during the week. Intermittent sentencing increases opportunities for individuals to introduce COVID-19 into correctional facilities. Most provinces and territories suspended intermittent sentences with the onset of COVID-19, but, we ask, is there a need to continue the practice of intermittent sentencing post-COVID-19? If intermittently sentenced persons are safe to live in the community during the week, could there be alternatives that do not require incarceration?

Opportunities for decarceration are seemingly more widespread and versatile in the provincial and territorial systems in comparison to in the federal system. Now is the time to consider if prison should house all persons remanded into custody and ponder if most remanded persons can be safely released into the community (again, using the guiding question whether the person would pose a threat to community safety), and review the circumstances that resulted in each individual's remand status.

Recommendations at the Provincial and Territorial Level

6. When possible, safely reduce the use of prisons as holding cells for persons charged or arrested awaiting their first court appearance.
7. When dealing with people accused of non-violent crimes, reconsider custodial sentencing, as incarceration is likely unnecessary for public safety in those situations.
8. Eliminating the practice of intermittent sentencing. Intermittently sentenced individuals can safely live in and contribute to society during the week. Consider alternatives (e.g., house arrest) to weekend sentencing.

Needs for those remaining in Institutional Correctional Services

Prior to the pandemic, correctional institutions across jurisdictions suffered from overcrowding, leaving incarcerated people confined in close proximity. Double- and even triple-bunking has been a longstanding practice in Canada, particularly at the provincial-territorial level (Piché, 2014). Before COVID-19, administrators often used lockdowns to punish misconduct and regain control of prison units. In the context of COVID-19, lockdowns are a strategy to prevent the spread of the virus by limiting the movement of prisoners. Incarcerated people are held in their cells for upwards of 22 to 23.5 hours each day, a situation that profoundly limits their privacy and has significant impacts on their mental health (Arrigo & Bullock, 2008; Grassian, 2006; Haney, 2018a, 2018b). The suspension of in-person visitations further alienates and isolates incarcerated persons. Many institutions have also suspended programming for incarcerated people (e.g., schooling, recreational activities) to prevent program staff and volunteers from entering the facilities and potentially spreading the virus.

Decarceration reduces the challenges associated with lockdowns and overcrowding. Decreasing prison populations reduces overcrowding and the need for double-bunking. It also allows for greater physical distancing among incarcerated persons and, for individuals who remain in prison, greater access to services, resources, and programming, including educational and vocational programs. There is good reason, therefore, for believing that prisons are more effective when there are fewer people in them, as well as when their overall 'moral quality' is high (Auty & Liebling, 2020). Those who remain in prison will have more opportunities to focus on their health

and well-being, and develop life skills, as long as programming resumes or continues amidst the pandemic, potentially through alternative means of program delivery. Research demonstrates that imprisoned people desire programming they find beneficial for self-betterment, recovery, and re-entry success (Ricciardelli, 2014b; Ricciardelli & Mooney, 2017).

Additionally, maintaining social networks is extremely difficult for people housed in prison (Austin & Hardyman, 2004). Social networks serve as support systems for successful re-entry (including social and employment re-entry supports), and losing one's social network can have detrimental effects on imprisoned persons' well-being and their re-entry success (Berg & Huebner, 2011; Lin, 2001; Wright & Cesar, 2013) (as also discussed in our section on decarceration). Reducing the prison population through decarcerating means that there is more space to move people around the prison system (including locating incarcerated persons closer to their families and social networks), and we anticipate a reduced need for lockdowns as fewer numbers of people interacting may reduce conflict between the prison and staff populations. Fewer lockdowns will also allow those remaining in prison to be in contact with their social networks outside of prison and have social interactions inside of prison.

As correctional services cannot safely release all incarcerated people into the community, we make several recommendations specific to those individuals and the staff that continues to care for them.

Recommendations for persons living in prison

1. Introduce COVID-19 rapid testing for newly admitted imprisoned people and use quarantine measures until they produce a negative test result. Reducing prison populations also creates more space for self-isolation when quarantine is necessary.
2. Introduce daily regular screening that includes 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. Similar to the preventative measures in the community, testing anyone showing signs of illness and anyone close to those who have shown signs of illness (staff and incarcerated persons) is necessary as well as the practice of quarantine until the production of a negative test result.
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 of individuals living in congregate settings to be vaccinated in Canada.

Mental health issues also affect staff and officers, with correctional workers screening positive for mental disorders at rates nearly 4x those in the general population (those employed in ALL systems of corrections and at all levels of occupations) (Carleton, Afifi, Turner, Taillieu, Duranceau, et al., 2018; Carleton, Afifi, Turner, Taillieu, LeBouthillier, et al., 2018; Carleton et al., 2020; Ricciardelli et al., 2019). We anticipate that correctional worker mental health needs will only be exacerbated

by the pandemic, especially when incarcerated persons or co-workers experience death or illness due to COVID-19. Moreover, concerns remain about the potential for staff and officers to bring COVID-19 home to their families or into the institution, which only further compromises well-being.

Recommendations for persons working in prison

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 further 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.

As decarceration opens up the possibility to make additional, crucial changes to correctional services, we want to draw particular attention to mental health services that are currently lacking in most institutions. Recent research (Bucerius, Haggerty, et al., 2020) reveals nearly all incarcerated persons have adverse childhood experiences (ACEs) with victimization, family dysfunction, witnessing domestic violence, growing up with family members who have substance abuse disorders, childhood neglect, foster care and residential school experiences, and physical and sexual abuse. Scholars who have examined the consequences of ACEs find individuals with ACEs have a higher likelihood than the general population of drug use and addiction (Dube et al., 2003) as well as infections and mental health disorders, and of engaging in high-risk sexual behaviour (Felitti & Anda, 2010). Further, those who experience four or more ACEs are at greater risk of heart disease, cancer, alcohol abuse, drug addiction, and are more likely to become involved in crime and be incarcerated later in life (Danese & McEwen, 2012; Felitti & Anda, 2010; Felitti et al., 1998; Schilling, Aseltine, & Gore, 2008).

While internationally well-documented, recent Canadian researchers show the majority of people housed in prison have experienced physical and/or sexual abuse long before being first charged with a crime. 95% of all federally sentenced women and 87% of all federally sentenced men have experienced either physical or sexual victimization, or both (Bucerius, 2020). When looking at physical and sexual victimization separately 84% of federally sentenced women were sexually victimized throughout their life-course, while 90% were physically victimized. In the male population, 48% were sexually victimized and 79% physically victimized, with significantly higher numbers in the Indigenous population (71% of Indigenous men housed in prison had experienced sexual victimization, and 86% had experienced physical victimization). The great majority experience both childhood abuse and abuse throughout their life course. Simultaneously, the great majority of the Canadian prison population struggles with substance abuse issues (Kouyoumdjian, Schuler, Matheson, & Hwang, 2016). These experiences have significant influence on the mental, social, and physical health of incarcerated people.

Recommendations with respect to mental health

10. Provide trauma counselling and trauma-informed programming for imprisoned persons to address the root causes for their struggles—see our recommendations in the section

on Indigenous people housed in prison (pp. 24-27)—particularly given the potential exacerbating effects of COVID-19.

11. Provide sustained addiction counselling.
 - a. Allow psychiatrists and psychologists from the community to assist in diagnostics. Incarcerated persons who receive diagnosis and appropriate counselling and medication have a better chance to work towards success in release, which may be accelerated during COVID-19.
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.
 - a. We recommend looking at the compassion series the Edmonton Police Service have developed. However, we caveat that this training tool has yet to be evaluated.
13. Mental health support is necessary for correctional workers during and beyond the pandemic.

Apart from decarceration efforts, correctional services must clearly inform staff, incarcerated persons, and their loved ones of protocols for managing COVID-19, including policies around properly isolating exposed correctional workers and incarcerated persons, as well as preventing exposure to COVID-19 in prisons. Sharing information with families of incarcerated persons and staff is particularly valuable given the current pandemic. However, when coupled with, although necessary, restrictive policies and practices inside prisons and around visitations, information sharing has resulted in loved ones experiencing increased stress and anxiety about the health and well-being of their incarcerated kin. For example, loved ones of incarcerated people often do not know whether their incarcerated family members are safe and healthy when a lockdown occurs.

Recommendations with respect to communication

14. Prison administrations must clearly inform staff of any policy developments and changes in directives before implementation. Implementation science research shows that any policy changes can only be successfully carried out when having support from the population who will be responsible for putting them into practice (Dramschröder & Hagedorn, 2011).
15. Transparent communication between staff and loved ones during (and beyond) the pandemic.
 - a. Allow incarcerated people to inform their loved ones of their well-being in a timely manner.
 - b. Keep incarcerated persons informed about infections and deaths in the prison, their communities, and the province/territory in which staff live.
 - c. Inform incarcerated individuals about changes in procedures and about when restrictions may be reduced or increased.
16. Provide people housed in prison with free phone calls; first enforcing a moratorium on phone charges during COVID-19 and second reviewing phone fees toward a long-term solution that makes phone calls more affordable.
 - a. Consider COVID-19 related free phone calls as a way forward for prison practices more generally, given many families of incarcerated people live far from institutions, which makes regular visits difficult, and researchers show that regular contact with loved ones is vital, even instrumental, for successful reintegration. The same holds true for recommendation number 3.

- b. Provide people housed in prison with continuous access to virtual visits during and beyond the pandemic.
17. Introduce rapid testing for visitors to facilitate the continuance of visits during the pandemic.

Indigenous persons in prison

The United Nations (2020) Department of Economic and Social Affairs has urged member states to take pre-emptive steps in addressing the unique needs and priorities of Indigenous peoples while managing the COVID-19 outbreak. Canada's colonial legacy has led to Indigenous peoples disproportionately suffering from poorer health and living conditions, making them particularly susceptible during the pandemic (C. Bourassa, Blind, Dietrich, & Oleson, 2015; C. A. Bourassa, 2008; Gould, MacQuarrie, O'Connell, & Bourassa, 2020; Noakes, August 23 2018; Reading & Wien, 2009; Sarangi, 2020; Statistics Canada, 2017a; Yellowhead Institute, 2020). While most Indigenous communities have minimized the spread of COVID-19 by issuing states of emergency, rates of infection for Indigenous peoples are increasing in places such as Manitoba (Yellowhead Institute, 2020). According to the First Nations Health and Social Secretariat of Manitoba (2020), Indigenous peoples make up approximately nine per cent of Manitoba's population, yet account for 18% of the province's COVID-19 cases, 24% of hospitalizations, 35% of patients in ICU beds, and 12% of deaths (Pauls, November 13 2020).

The preceding risks are exacerbated in Canada's prison system, where the Office of the Correctional Investigator in Canada (2019), the UN Committee against Torture (2018), and the UN Special Rapporteur on violence against women (Šimonović, 2018) recognize the crisis of overrepresentation of Indigenous persons in prison.

Within criminalized populations, racial disparities have steadily increased over the past 15 years. A 2013 report from the Office of the Correctional Investigator found that from 2003 to 2013, the incarceration rates for people of colour rose by 75%. Incarceration rates for Indigenous peoples also increased during this period, where they continue to be grossly overrepresented in all federal and territorial/provincial prisons across Canada (Owusu-Bempah & Wortley, 2014). A 2020 report found that, over the past decade, the incarceration of non-Indigenous individuals decreased by 14%, while the Indigenous population in prison increased by 43% (Zinger, 2020). Indigenous adults account for 28% of admissions to provincial and territorial prisons and 28% of federal admissions, despite representing only 5% of the Canadian adult population.² The overrepresentation of Indigenous people is most pronounced in the prairie region—both in the provincial and the federal correctional systems. For example, while making up only 6.5% of Alberta's population, Indigenous peoples represent over 45% of those housed in Alberta's provincial and federal prisons (on average). Indigenous peoples are also more likely to be incarcerated at a younger age than non-Indigenous Canadians (Bucerius, 2020).

Overrepresentation is even more pronounced for Indigenous women, who make up four percent of the general population, but account for 43% of female admissions nationally (versus 26% for Indigenous men) and over 41% of incarcerated women in federal prisons (Maleakieh, 2018; Zinger, 2019). Furthermore, the *Edmonton Institution for Women* (a federal prison for all women sentenced in the prairie region) houses, on average, 65% Indigenous women (Short, January 22, 2020).

² No official statistics specifically identify incarcerated persons' race in provincial prisons.

Threading the experiences of incarceration is Canada's legacy of colonialism, which continues to impact Indigenous people's health (C. A. Bourassa, 2008, p. 24). Researchers have pointed to intergenerational trauma, also referred to as transgenerational trauma or historical trauma, as leading to increased substance abuse and violence (Bombay, Matheson, & Anisman, 2009). Intergenerational trauma describes how trauma can be transmitted across generations, as evidenced by how the Sixties Scoops and residential schools have traumatized survivors and continues to affect families. Intergenerational trauma can shape the well-being and lived experiences of Indigenous people, including those housed in prison. The Correctional Investigator, Ivan Zinger (2019), showed that 92% of federally incarcerated Indigenous women suffer from moderate to high substance abuse needs and 97% had a diagnosed mental health disorder. Research in provincial prisons in Alberta demonstrates that incarcerated Indigenous individuals are more likely to have been victims of sexual and violent crime than non-Indigenous incarcerated persons, and are more likely to have been victimized at a younger age when these crimes occurred against them. The disparity is even more pronounced for incarcerated Indigenous women (Bucerius, Oriola, & Jones, under review). As the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) suggests, we take a "trauma-informed approach" by incorporating evidence-based knowledge of incarcerated persons' victimization history into our recommendations (173).

Canada's legacy of colonialism underpins higher rates of poverty among Indigenous communities, constituting and perpetuating structural inequalities that impact health and access to healthcare. For instance, among Indigenous Peoples, status First Nation children on reserve and off-reserve experience poverty rates of 53% and 41%, respectively. Moreover, 32% of non-status First Nations children, 25% of Inuit children, and 22% of Metis children live in poverty (Sarangi, 2020). Research strongly suggests that impoverished living conditions can lead to health risks and affect life expectancy (Noakes, August 23 2018). Life expectancy estimates illuminate pronounced differences between Indigenous and non-Indigenous populations in Canada (Statistics Canada, 2017a). The life expectancy among non-Indigenous Canadian women is 84 years, contrasting 73 years for Inuit women, 80 years for Metis women, and 78 years for First Nations women (Statistics Canada, 2017a). The life expectancy of non-Indigenous Canadian men averages 79 years, contrasting 73 years for First Nations men, and 64 years for Inuit men (Statistics Canada, 2017a). Chronic health conditions are also more common among the Indigenous population than non-Indigenous Canadians (Reading & Wien, 2009). C. A. Bourassa (2008) explain that Indigenous persons are more likely to experience co-morbid health conditions at younger ages (e.g., respiratory illness, diabetes), thus affecting morbidity, which in the context of COVID-19 increases vulnerability to complications from infections.

Nevertheless, for some incarcerated Indigenous individuals, prison is their only or main source of "help" (Bucerius, Haggerty, et al., 2020), citing access to healthcare, educational and cultural programming, food, and shelter that they otherwise would not have on the outside. Our recommendations account for this understanding of prison by encouraging prison programming and release efforts that involve collaboration with community institutions concerning health, transportation, employment, and culture. Our recommendations also incorporate the Truth and Reconciliation Commission of Canada's "calls to action" and the National Inquiry into Missing and Murdered Indigenous Women and Girls' "calls for justice". We have listed the most relevant "calls" in the appendix.

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, such as how relevant programs and healing lodges ought to be constructed and implemented and can serve as an alternative to prison during COVID-19 and beyond. Currently, reserves and other Indigenous communities are practicing emergency measures that can affect released persons (Yellowhead Institute 2020).
 - a. If possible, make more Elders and community leaders available to incarcerated persons and have them visit more frequently. During the pandemic, technology such as video visitation can help facilitate interactions.
2. Maximize the Gladue factors in all decision making concerning Indigenous peoples in the criminal justice system, which involves minimizing incarceration of Indigenous peoples during and beyond COVID-19.
 - a. Encourage and maximize use of the Corrections and Conditional Release Act, particularly sections 81 and 84.
 - b. Ensure adequate transportation is available to Indigenous peoples released from prison, such as for those who live in remote communities and reserves.
3. Foster a trauma-informed environment. While this recommendation extends to all persons who are incarcerated, it is particularly important for Indigenous peoples. Trauma-informed initiatives are also foundational to the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019, p. 173). Trauma-informed approaches create awareness of the psychological and sociological effects of being victims of sexual and/or violent crimes that disproportionately and more severely affect Indigenous populations. These approaches incorporate Indigenous teachings around mental and physical healing to create support for those suffering from all forms of unresolved trauma.
 - a. Include more opportunities for person-centred trauma-informed programs, such as group sessions that address post-traumatic stress, personal and group healing.
 - b. Ensure that general cultural programming for incarcerated Indigenous individuals is trauma-informed to better aid healing and avoid re-traumatization, which may involve training program coordinators and designers.
 - c. Train staff to be person-centred and trauma-informed, drawing attention to how incarcerated Indigenous peoples are disproportionately and more severely affected by victimization. If possible, involve Indigenous staff members in training processes and explain to staff why cultural and trauma-informed programming for Indigenous persons is necessary.
 - d. Train or encourage staff to allow for more frequent smudging (led by incarcerated people) and ensure that Indigenous ceremonial materials are always available, such as drums, sweet grass, pipes, and lighters or matches.
 - e. Create or designate a space a “healing range”, where Indigenous religious and healing practices (such as sweats, smudging, and Elder interaction) can occur.

The following recommendations apply to Indigenous people remaining in prison during the COVID-19 pandemic and beyond

4. Continue to evaluate, update, and develop security classification scales and tools that are sensitive to the nuances of Indigenous backgrounds and realities. For instance, the maximum-security classification disproportionately limits federally sentenced Indigenous women classified at that level from accessing services, supports, and programs required to facilitate their safe and timely reintegration into society.
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.

Needs of Community Correctional Services to support Decarceration

In Canada, the majority of persons under the supervision of correctional services, at the federal or provincial and territorial levels, are living in the community on conditional release (<https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/ccrso-2018/index-en.aspx>). All formerly incarcerated persons, those undergoing early release or those released on schedule, require a plausible, customized, and fitting reintegration plan. The plan must include considerations tied to needs for housing and daily living, social and employment support, a continuity in healthcare, and assistance to understand the restrictions tied to conditions of release. When considering the future of community correctional services, we recommend rigorous re-envisioning of the caseloads of community correctional employees, as well as supporting their mental health both preventatively and reactively.

Housing and Supports. After prison, individuals require a safe place to live, in terms of the potential spread of COVID-19 as well as for their own personal safety and successful community re-entry. The lack of housing for released persons is an undeniable problem in Canada (Gaetz & O'Grady, 2009; Novac, Hermer, Paradis, & Kellen, 2009). Formerly incarcerated persons may experience additional practical challenges, beyond a lack of housing, such as access to childcare, an inability to pay for public transit, or issues associated with the revocation of their driver's license (Hoskins, 2014; Luther et al., 2011; Solomon, Johnson, Travis, & McBride, 2004; Thompson & Cummings, 2010). Prior to their incarceration, formerly incarcerated persons are more likely to have had difficulty fulfilling their basic needs (food, shelter, clothing), thus, following release they will need assistance (Luther et al., 2011) which may be more difficult because they simultaneously have to meet stipulations tied to their conditions of release (Ricciardelli & Mooney, 2017).

Parole conditions, such as landline check-ins, curfews, geographic boundaries, random drug screening, internet use limitations, and case management meetings (to name a few), vary in substance and quantity and can be very difficult to uphold. Formerly incarcerated persons require time to adjust to life outside of prison and, potentially, reconnect with their loved ones (McKendy & Ricciardelli, 2019; Ricciardelli, 2014a). Released persons might also experience other pressures, such as prematurely entering the labour force to meet their conditions of release (Ricciardelli & Mooney, 2017; Richards & Jones, 2004). Released persons may have to meet competing

appointments, work demands, and school or family obligations, each further hampering re-entry efforts (Kerley & Copes, 2004; Ricciardelli & Mooney, 2017). In addition, potential breaches of parole conditions create stress and can result in a return to custody (Graffam et al., 2004).

Once released, individuals require effective and legitimate social support, particularly given that periods of incarceration result in an individual's potential social networks depleting remarkably (Austin & Hardyman, 2004). While people on parole or probation can benefit from the social networks that community correctional or halfway house workers can help facilitate, these arrangements end when they complete their conditional release. Typically, formerly incarcerated persons are also not allowed to associate with other people who have a criminal history, which further limits their sources of social support and hinders opportunities to learn from other formerly incarcerated persons how to navigate community re-entry and the systems of community correctional services.

Recommendations for housing and supports for released persons

1. Review and invest in safe and sustainable housing for formerly incarcerated persons.
2. Develop the knowledge and skills necessary for formerly incarcerated persons to meet their basic needs as law-abiding citizens once released from prison—including hands-on applied skill training about how to manage finances, balance budgets that include funds for healthy eating, and managing other tasks of daily living.
3. Consider reliance on community volunteers for the purposes of support, especially for incarcerated persons who may not have a support system on the outside. A formerly incarcerated person as a peer supporter, who has successfully navigated re-entry in the past, is perhaps best equipped to recognize potential barriers to and frustrations with community re-entry and how to overcome them.
 - a. 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 (e.g., landline check-ins).

Employment. Employment constitutes a foundational component of how any individual self-identifies (Harding, 2003), thus having employment allows formerly incarcerated persons to disengage with the identity imposed by the label of their criminal record or history of imprisonment (Maruna, 2001; Uggen, Wakefield, & Western, 2005). Securing and maintaining employment is integral to the transition from prison to community living and securing sustained employment is a key feature of re-entry success (Brazzell & La Vigne, 2009; Laub, Nagin, & Sampson, 1998; Sampson & Laub, 1993; Uggen, 2000). Securing sustained employment can be a struggle for formerly incarcerated persons, and employment opportunities to which formerly incarcerated people can avail tend to be low wage, entry level, without benefits, temporary or seasonal positions, and have limited if any opportunity for future growth, promotion, or skill development (Holzer, Raphael, & Stoll, 2003; Ricciardelli, 2014a; Sheppard & Ricciardelli, 2020; Western, 2002).³ In the COVID-19 context, obtaining or maintaining employment is largely unfeasible for many formerly incarcerated and the processes tied to employment (e.g., interviewing, job searches, resume distribution) may pose a higher risk of infection of COVID-19 in areas with outbreaks.

Recommendations regarding employment after incarceration

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.

Continuity in Healthcare. For decarceration efforts to be effective (including the successful community re-entry of released persons), incarcerated persons require a continuation of care as they transition to community living. All released persons must leave prison with a health card, which is currently not the case in Newfoundland and Labrador, Prince Edward Island, and British Columbia. In these provinces, those released from prison are without a health card until they are physically in their jurisdiction to apply, thus continuation in care is nearly impossible. In other provinces, such as Manitoba, an incarcerated person can apply for a health card while in prison but will not receive the card until their release. In Alberta, Saskatchewan, and Quebec incarcerated persons can apply and receive the card in anticipation of release. Thus, pockets of great practices exist across the country to facilitate patient-centred and timely discharge planning that allows for a continuation of care but there are also pockets of practice entwined in policy barriers that make continuity in care administratively difficult. For people who are already distrustful of authorities, extremely vulnerable, have trauma experiences, addiction issues, mental health disorders, and brain injuries, a lack of continuity in healthcare is detrimental. The most “fixable” barrier to care is providing health cards for incarcerated persons prior to release and the provision of health cards is key for addressing structural inequalities in healthcare. Health card access would also remove the barriers for those requiring disability support (and related planning) upon release.

Additional challenges to the continuity in healthcare include that, once released, persons housed in Community Correctional Centres are often living in the community under supervision. Incarcerated persons in Canada are excluded from the Canada Health Act and are not issued a health card. The Canada Health Act does not exclude those living in the community. Despite this rule, individuals in community correctional centres in Nova Scotia, for example, are not issued provincial health cards or drug benefit cards.

Another barrier stems from the fact that proof of identity is necessary to apply for a health care card. However, Alberta, Nova Scotia and Quebec do not accept prison identification (or a letter and picture from, for instance, Correctional Services Canada) as an attestation to a person’s identity and thus formerly incarcerated persons cannot use said identification to acquire a health card in Canada.

Recommendations for continuity in health care after prison

7. Make it possible for incarcerated persons to apply, prior to release, for a health card in order for correctional services organizations to assist with effective discharge planning (e.g., securing specialist appointments).
8. Make health cards available to individuals housed in community correctional centres—such individuals 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. Failing to accept prison identification as a valid form of identification for obtaining a health card forces persons to spend more

money to get other identification and, consequently, resulting in longer delays and a greater disruption in the continuity of care.

Invest in Community Correctional Workers. For decarceration efforts to be fruitful (including providing the required supports and services for released persons), Canada needs to invest in community correctional employees—essential service providers who never stopped fulfilling their occupational responsibilities during the COVID-19 pandemic. Recent research on probation and parole officers working in the Ontario provincial correctional system reveals prevalence rates of 25.5% for posttraumatic stress disorder and 37.4% for major depressive disorder, with 27.5% of probation and parole officers screening positive for three or more mental health disorders (Carleton et al., 2020). Further, qualitative research reveals that parole and probation officers in Ontario are affected by exposure to potentially psychologically traumatic events at work, including secondary or vicarious trauma. Parole and probation officers report that three central organizational stressors strain their ability to perform their occupational responsibilities: paperwork and administrative tasks, insufficient human resources, and workplace relationships and tensions (Norman & Ricciardelli, in review). In the federal system, parole officers report exposure to potentially psychologically traumatic events, secondary trauma, and extensive caseloads, at times intensified during COVID-19 as parole officers face challenges when working to fulfill their obligations toward their clients (Ricciardelli, unpublished data).

Recommendations for Community Correctional Workers

10. Community correctional services employees need to have resources available to support their mental health needs; particularly in the context of being an essential service provider during COVID-19.
11. Employees will benefit from preventative, intervening, and reactive measures to support their mental health and well-being, and ultimately help them to fulfill their occupational responsibilities.

Summary

Our suggestions for responding to the current COVID-19 crisis also create space for rethinking some aspects of incarceration more broadly, both in Canada and abroad. We suggest policy makers, stakeholders, and others reconsider whether sentences are appropriate, if all persons in prison need to be there and if some incarcerated individuals can be safely reintegrated. Particularly, we recommend officials consider releasing incarcerated persons who pose minimal risk to re-offend. Officials need to contemplate how else we can reduce overcrowding—without building larger prisons, which are antithetical to the aims of decarceration. Additional pressing questions that need to be addressed include how to promote family unification beyond free phone and video calls, and how to assist incarcerated people to maintain positive and healthy connections in the community. We urge governments and policy makers to consider these questions and evaluate possibilities for informed and structured decarceration and alternatives to imprisonment for those incarcerated persons who can safely live in the community. The COVID-19 crisis is an opportunity to re-think old practices and reform on a broad scale.

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