

**Strategies to Improve Conditions at the Innes Road Jail**

**Second Submission to the  
Ottawa-Carleton Regional Detention Centre Task Force  
by the Criminalization and Punishment Education Project**

**May 16, 2016**

## **Context**

In our first submission to the Ottawa-Carleton Detention Centre (OCDC) Task Force, we outlined a number of strategies to significantly reduce the number of prisoners held at the Innes Road Jail. We also noted that implementing such measures would likely pay dividends with respect to conditions for those who live and work at the facility. However, there are other major issues regarding conditions at OCDC that, while exacerbated by crowding, require other targeted interventions to rectify them. These are addressed in the following 10-point plan.

CPEP has been gathering information about ongoing issues at OCDC over a period of several years, through a large number of interviews, and through three public forums and six smaller public meetings. We have spoken to well over 100 current and former prisoners, plus numerous family members. We also draw on input from staff, volunteers, community agencies, lawyers, and the report of OCDC's Community Advisory Board.

### ***1) Implement a New Food-service Model***

In accordance with Section 20(1) of *United Nations Standard Minimum Rules for the Treatment of Prisoners*, meals for prisoners should include food “of wholesome quality and well prepared and served”. The current cook-chill food system used at OCDC is resulting in food that is “often soggy, spoiled or unpalatable” (Porter *et al.*, 2015). In the 2015 Annual Report of the jail's Community Advisory Board it is also noted that “Kitchen staff regularly receive shipments of food from the Cook-Chill facility in Milton that are spoiled, requiring staff to spend time documenting failures on the part of the contractor to meet its obligations to provide fresh food” (Porter *et al.*, 2015). The CAB report's finding is very consistent with what we are hearing from prisoners and their families. For more information on the individual, institutional, and economic benefits of an on-site kitchen, please watch a short video CPEP has produced and is distributing on this topic:

<https://www.youtube.com/watch?v=kE1bS51JOBM>

Recommendation 1.1: In light of on-going concerns with the quality of food at OCDC, it is recommended that the current contract with Compass Group Canada *not* be renewed upon expiry in April 2017.

Recommendation 1.2: It is also recommended that the Ontario Ministry of Community Safety and Correctional Services re-establish an on-site food production system at OCDC. An onsite kitchen can allow for greater quality control, resulting in healthier meals and the reduction of nutrition-related illnesses and deficiencies. Better diets and the opportunity for work can also have a positive effect on the institutional climate. An on-site kitchen offers potential for training for prisoners. An on-site kitchen would also allow better accommodation for those with food allergies and restrictions. In addition, an onsite kitchen may be more economically efficient than private food contracts (see Saskatchewan Government and General Employees' Union, 2014).

Recommendation 1.3: It is recommended that the canteen offer multivitamins and healthier food choices.

### ***2) Increase the Availability of Yard Time and Opportunities for Physical Activity***

Currently, many days and sometimes weeks can pass for prisoners without yard time. This was noted in the 2015 Annual Report of the Community Advisory Board and is confirmed by our own discussions with numerous prisoners, former prisoners, and family members. When yard time is offered, a lack of equipment means there are few options for physical activity, and, during the winter months, prisoners are not given adequate clothing. Section 21(1) of the *United Nations Standard Minimum Rules for the*

*Treatment of Prisoners* recommends “one hour of suitable exercise in the open air daily if the weather permits”. Section 21(2) further recommends that healthy prisoners “receive physical and recreational training during the period of exercise. To this end space, installations and equipment should be provided”. Years ago, the institution employed a recreation co-ordinator, but this was cut.

Recommendation 2.1: To observe international standards and promote the health of prisoners, it is recommended that the Ontario Ministry of Community Safety and Correctional Services should ensure that outdoor yard time (with proper clothing as needed) is provided on a daily basis and additional sports equipment is ordered.

Recommendation 2.2: To ensure that additional exercise opportunities are being provided on a regular basis, it is recommended that the Ontario Ministry of Community Safety and Correctional Services re-hire a recreational coordinator at OCDC to organize indoor and outdoor physical activities.

### **3) Implement A New Phone System**

The current phone system at OCDC is expensive and out-dated; prisoners can only make collect calls to landlines, local calls are \$1 for 20 minutes, and long-distance calls are \$1 per minute. Furthermore, many families do not have landlines and many agencies do not accept collect calls. Such an arrangement does not promote the safe re-entry of prisoners, which is enhanced when regular contact with loved ones is maintained (John Howard Society of Ontario, 2014), and is also aided by contact with community agencies.

Recommendation 3: To promote contact of prisoners with supportive persons and resources outside OCDC, the Ontario Ministry of Community Safety and Correctional Services should implement the phone system used in other provinces, including Quebec, which allows prisoners to use calling cards, which are available for purchase in the canteen. This system allows for more reasonably priced calls and allows calls to cellphones.

### **4) Improve Mental Health and Medical Services**

Incarcerated individuals are more likely to have serious health problems, addictions issues and mental health struggles (see John Howard Society of Ontario, 2016). While the primary goal should be that such individuals be diverted to more appropriate settings for treatment, service provision for those remain must be improved. Last year, issues with healthcare were the most common complaint from OCDC prisoners, according to the Ombudsman’s Office (Seymour, 2016). Those with medical and mental health issues are frequently missing their medications and treatment upon entry into the institution. This appears to be due in part be the result of the time lag between the time they enter and the time they are able to see the institution’s doctor. In general, access to healthcare is extremely limited; prisoners report that it is very difficult to get adequate medical care. Dental care is also scarce and prisoners report extractions are often the sole service provided. It is also not uncommon for prisoners to report missing their methadone treatments and/or having them administered on an inconsistent basis.

According to Minister Naqvi, at least 25 percent of provincial prisoners report having mental health or addictions issues. The level of care currently available at OCDC is extremely limited, and the institution is “ill-equipped” to deal with those mental health problems (Porter *et al.*, 2015). Problems identified by the CAB include: limited access to psychologists and psychiatrists, little to no access to voluntary programs (such as substance abuse programs or support groups), inconsistent methadone treatment, lack of adequate mental health training for staff, as well as the frequent use of solitary confinement to house those experiencing mental health crises due to a lack of humane alternatives.

Recommendation 4.1: Currently, the provision of healthcare is the responsibility of superintendents in every provincial institution. As recommended in the recent John Howard Society of Ontario (2016) report *Fractured Care*, responsibility for the healthcare of provincially incarcerated individuals should be given to the Ontario Ministry of Health and Long Term Care. This has been done in other provinces and countries with positive results, including expanded programs, better care and continuity of care into the community, improved health, economic savings and lower re-offence rates (John Howard Society of Ontario, 2016).

Recommendation 4.2: As per the *United Nations Standard Minimum Rules for the Treatment*, “the services of a qualified dental officer shall be available to every prisoner”. The availability of dental care should be increased and the range of services should be expanded.

Recommendation 4.3: As per obligations stemming from the Christina Jahn settlement, the Ontario Ministry of Community Safety and Correctional Services should ensure that individuals who are identified as having mental health issues upon admission are granted an appropriate treatment plan, including access to a team of mental health professionals. As recommended by the Community Advisory Board in their 2015 report, the Ministry should develop a more humane strategy to deal with those with mental health problems (Porter *et al.*, 2015). This could include the diversion of those with mental health problems from jails, greater access to psychiatric care and support in OCDC, and a better system for organizing release plans in consultation with community agencies.

### **5) Improve Sanitation**

Unsanitary conditions are a frequent source of complaint by prisoners, family members and others who enter OCDC. Prisoners and their families report that the lack of sanitary conditions at OCDC fuel the spread of illness and infections such as Methicillin-Resistant Staphylococcus Aureus (MRSA). The Community Advisory Board of the facility reports mould in showers and air vents. Given the age of some parts of the facility, the prevalence of infectious diseases, and the numbers of people housed in the jail, as well as continuous movement of people in and out of different cells, the present system of only having cleaning done by prisoners throughout the jail (with the exception of outside cleaners used for the health unit) is inadequate.

Recommendation 5: The institution should conduct a thorough inspection to develop an action plan to improve cleanliness at the institution, including an increased schedule of cleaning all surfaces, and improved methods for monitoring and reporting. To give specific examples, nail clippers, tweezers, and other hygiene products should be sanitized after each use, and blankets should be washed at least on a weekly basis.

### **6) Work Towards the Abolition of Segregation and Curtail Its Use in the Short-term**

The use of solitary confinement to warehouse prisoners is very frequent at OCDC, with the Ottawa Citizen reporting that it was used 555 times between April and September of 2015 (Cox, 2016).

As part of the Christina Jahn human rights complaint settlement, the Ontario Ministry of Community Safety and Correctional Services made a commitment to limit the use of solitary confinement for persons with mental health issues to extreme circumstances. Such a commitment, however, does not go far enough, as the United Nations Mandela Rules (36-46) call for the abolition of solitary confinement in certain circumstances, including for youth, people with disabilities and persons experiencing mental health crises (United Nations Economic and Social Council, 2015, pp. 16-19). Moreover, the Mandela

Rules prohibit the use of solitary confinement for any prisoner more than 15 days consecutively (United Nations Economic and Social Council, 2015, p. 18).

Recommendation 6.1: Acknowledging the many consequences of solitary confinement, the Ontario Ministry of Community Safety and Correctional Services should set a deadline to abolish solitary confinement in its jails and prisons, along with concrete steps to work towards abolition in the short-, medium- and long-term.

Recommendation 6.2: In the immediate term, the Ontario Ministry of Community Safety and Correctional Services should restrict the use of solitary confinement in all of its facilities, including OCDC, to a duration of no more than 15 days consecutively and 60 days in a calendar year.

Recommendation 6.3: A mental health provider must check on all prisoners in solitary confinement every 24 hours and be given the power to order their removal from segregation to ensure their well-being and/or to access medical care.

### **7) Improve Access for Community Volunteers and Service Providers**

*The United Nations Standard Minimum Rules for the Treatment of Prisoners* recommends the availability of programs to prisoners for educational, job training and other purposes. However, there are currently few programs offered at OCDC, and those programs that are offered, including Alcoholics Anonymous and Narcotics Anonymous that prisoners wish to access on a voluntary basis, are frequently cancelled due to lockdowns and capacity concerns. Furthermore, potential volunteer groups, such as Sisters Achieving Excellence, a female literacy organization, have been turned down despite offering a valuable service at no cost to the institution. Likewise, the institution declined the offer from University of Ottawa professors of a free post-secondary educational opportunity for prisoners through the Walls-to-Bridges program. Volunteer organizations report that the space available in the institution to offer programs has been reduced. Given that space was found to house management onsite in the event of a strike, it seems possible that institutional space could be similarly reconfigured to provide additional space for community volunteers and service providers to offer programming to prisoners.

Recommendation 7.1: The institution should foster more involvement from community groups and outside volunteers who can provide voluntary educational and other programs at no cost to prisoners and at little to no cost to the institution. If resources were provided so more institutional staffing could be devoted to volunteer co-ordination and liaising with community agencies, opportunities for free support from the community could be better leveraged to provide cost-effective reintegration supports.

Recommendation 7.2: Review institutional spatial arrangements and reconfigure them to create more space for programming.

### **8) Improve Prisoners' Access to Information**

Despite the Ministry's commitment under the Christina Jahn human rights settlement to provide all prisoners with access to the province's information handbook, called "Inmate Information Guide for Adult Institutions", this handbook is still not regularly being made accessible at OCDC. Reasons cited for denying this handbook include: 1) it constitutes a potential fire hazard and 2) common-access copies might be hoarded.

Recommendation 8.1: Make the province's "Inmate Information Guide" available to all prisoners, as per the terms of the Jahn settlement.

Recommendation 8.2: Upon entry into the institution, all prisoners should receive an institution-specific information brochure detailing their rights and grievance procedures. The handbook should provide an overview of the institution, outline prisoners' rights, specify the programs and services that are available in the institution, and outline how prisoners can access medical, psychiatric and dental care. It should also include information regarding release programs and aftercare treatment provided by community agencies. CPEP has produced a draft of such a document in the form of a brochure, as discussed with Ontario Minister of Community Safety and Correctional Services Yasir Naqvi, acting OCDC Superintendent Mike Wood and acting Deputy Regional Director Brian Patterson.

**9) Enhance the Accessibility of the Community Advisory Board (CAB)**

The Community Advisory Board provides an avenue for prisoners to raise concerns about their living conditions. However, it is currently difficult for prisoners and their family members to communicate with CAB members, and many prisoners remain unaware of the CAB's existence and/or mandate.

Recommendation 9: Information about the CAB should be made available to all prisoners (e.g. through signs posted throughout the institution). CAB members should be easier to contact, for example, through the availability of forms that prisoners can request and submit. Greater privacy should be offered to prisoners who wish to talk to a CAB member.

**10) Enhance Public Accountability**

Relations between OCDC, the Ontario Ministry of Community Safety and Correctional Services and the public have reached a crisis point in recent months. The OCDC Task Force represents an important opportunity to address long-running issues at the Innes Road jail. Given the broad public concern about the situation at OCDC, in the interest of rebuilding and maintaining public trust, the following steps are strongly recommended.

Recommendation 10.1: Release the OCDC Task Force report, its recommendations and a plan for action within two weeks of its submission.

Recommendation 10.2: Set public goals flowing from the OCDC Task Force process to address crowding and conditions at OCDC, and establish a transparent process to ensure public accountability for achieving those goals.

**Moving Forward**

Various community groups, including CPEP, have raised the profile of the atrocious living and working conditions at OCDC. We remain committed to effecting change at the Innes Road jail, which includes leaving the door open to consult OCDC, along with relevant ministerial officials and government bodies, to work collaboratively to ensure that fewer prisoners are warehoused at the facility, and that those prisoners who are housed there are treated in a manner that better respects their inherent dignity. In closing, we promise to keep track of the progress of this pressing human rights issue and to hold the Government of Ontario to account for delivering meaningful results.

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### **About CPEP and the Authors**

The *Criminalization and Punishment Education Project* (CPEP) is a collective that brings researchers and students at Carleton University and the University of Ottawa together with those affected by criminalization and punishment to develop collaborative research projects and to carry out related public education initiatives. Since its founding in 2012, the group has led a campaign to reduce crowding and improve conditions at the Ottawa-Carleton Detention Centre, which has included documenting problems at the jail, writing op-eds and commenting on news stories, organizing public forums, and producing short documentaries.

*Aaron Doyle, PhD* is an Associate Professor in the Department of Sociology and Anthropology at Carleton University and has been documenting issues at the Ottawa-Carleton Detention Centre for over a decade.

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