

Abstracts

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1. Oral and Workshop Presentations

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10019

Delivery of Mental Health Care in Federal Corrections:

A Prison Ombudsman's Perspective

Nathalie Neault, Director of Investigations

Office of the Correctional Investigator (OCI)

The Correctional Investigator is mandated by Part III of the *Corrections and Conditional Release Act* as an independent Ombudsman for federal prisoners. The primary function of the OCI is to investigate and bring resolution to individual prisoner complaints. As well, the OCI has a responsibility to review and make recommendations on the Correctional Service's policies and procedures associated with the areas of individual complaints to ensure that systemic areas of concern are identified and appropriately addressed.

The Correctional Service's Mental Health Strategy (2004) acknowledges that the proportion of federal offenders with significant, identified mental health needs has more than doubled over the past decade. The Strategy was released at approximately the same time as the study on health care needs of federal inmates was published in the April 2004 issue of *Canadian Journal of Public Health* (see www.cpha.ca).

This study indicated that inmates have consistently poorer physical and mental health as compared to the general population, regardless of the indicator chosen. That includes such socio-economic measures as level of education and unemployment; health behaviour, such as smoking and substance abuse; chronic conditions, including diabetes and heart conditions; infectious diseases, such as HIV and tuberculosis; mental health disorders, including schizophrenia and mood disorders; and mortality, such as homicide and suicide.

This presentation will provide an overview of the role, responsibilities and legislative mandate of the OCI, and highlight challenges faced by the Correctional Service of Canada (CSC) in the delivery of mental health care to federal offenders. By law, the CSC must provide essential health care services (including Mental Health services) to every inmate in accordance to "professionally accepted standards". This presentation will highlight areas in which the CSC falls short of meeting its obligation. Mental health services offered by the Correctional Service have not kept up with the dramatic increase in numbers of offenders suffering from mental health issues. The level of mental health programming available remains seriously deficient. Issues pertaining to accreditation of CSC health care sites and Regional Treatment Centres; responses to medical emergencies; recruitment and retention of mental health care professionals; and CSC's governance structure will also be discussed.

10031

ProMotion: A Multidisciplinary Approach to the Prevention and Treatment of Overweight and Obesity in a Forensic Psychiatric Hospital

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‡University of British Columbia

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At the Forensic Psychiatric Hospital, a 190-bed inpatient facility in Port Coquitlam, British Columbia, forty-five percent of patients consenting to blood work met the National Cholesterol Education Program Adult Treatment Panel Guidelines III Criteria for metabolic syndrome. ProMotion is a comprehensive quality initiative designed to ‘defuse this metabolic time bomb’ by improving the provision of care to forensic patients through lifestyle changes and medical management. ProMotion was developed after an extensive review of the literature and in consultation with a multidisciplinary team including dietary, medical, nursing, pharmacy, rehabilitation, and research staff. Its objective is to raise awareness about the risks of obesity and metabolic syndrome in a forensic psychiatric patient population and develop evidence-based strategies for the prevention and treatment of obesity and metabolic syndrome.

The ProMotion action plan involves three steps. The first step is to identify high risk patients by measuring metabolic syndrome parameters and weight at regular intervals. Data collection began in September, 2007. The second step is to implement lifestyle changes. This is achieved by dietary changes, physical activity, and educational programs. The third step is to reduce cardiometabolic risk with medical treatment. This includes medications to treat obesity as well as hypertension, cholesterol, and hyperglycemia.

This paper will review the latest literature in the treatment of metabolic syndrome, present the latest outcomes of the ProMotion initiative, and discuss the design of ProMotion and facilitate the implementation of similar long-term, strategic initiatives to enhance quality care and patient safety in forensic psychiatric populations.

10036

Operational and socio-cultural barriers to the pilot implementation of prison needle exchange programs in Canadian incarceration settings.

M. Bath, October 1st, 2008 ; The London School of Hygiene & Tropical Medicine

Background

A substantial body of research attests to the on-going transmission of blood borne viruses in Canadian incarceration settings related to the exchange of injection equipment and injection drug use among prison inmates. I explored operational and socio-cultural barriers to the implementation of prison needle exchange programs, which have long been recommended by respected Canadian institutions, researchers and prison health advocates and have successfully been piloted in numerous international settings in order to control BBV transmission among inmates.

Methods

A literature review was combined with qualitative, semi-structured interviews consisting of study participants who have extensive experience providing front-line services, conducting research or advising policy regarding inmate populations.

Results

Qualitative analysis revealed multiple operational and socio-cultural barriers to the pilot implementation of prison needle exchange programs in Canadian incarceration settings, which include; prison staff safety concerns, conflicting values between correctional and public health officials, strong opposition to harm reduction programming from the Union of Canadian Correctional Officers, private contracting of prison health care services, limited professional contact time between correctional staff and community staff who provide front-line services to inmates and finally the overarching conservative ideology which stalls political commitment and action for this much needed public health measure.

Conclusions

An awareness of these barriers is essential in order for various stakeholders to push the issue of effective harm reduction programming for the control of blood borne viruses within prison settings higher on the political agenda.

10038

Enhanced Screening for Bloodborne and Sexually Transmitted Infections Among New Admissions to Correctional Services Canada: Preliminary Findings 2005-2006.

Jonathan Smith, Mary-Beth Pongrac

Background and Rationale

Incarcerated populations have a higher prevalence of bloodborne and sexually transmitted infections (BBSTI), including HIV and HCV. Medical assessment of new admissions to CSC includes voluntary screening for BBSTI.

Methods

Data from enhanced BBSTI surveillance for 2005-2006 were combined, stratified by gender and Aboriginal status, and cross-tabulated with risk and prevalence information.

Results

There were 5,859 records for new admissions (95% men, 5% women). A higher proportion of new admissions among women were Aboriginal (35%) compared to men (16%). In general, women report a higher prevalence of risk factors (i.e., 25% of men report injection drug use compared to 43% of women) and also have a higher infection prevalence on admission (i.e., for HCV 14% of men compared to 32% of women). Case detection is crucial as 25% of all prevalent HCV infections were newly diagnosed on admission. Among women, Aboriginal women tend to have higher BBSTI prevalence rates.

Discussion and Implications

Screening for BSTI among new admissions is crucial for case detection. Participation in BBSTI screening among new admissions to CSC is high, indicating a high level of professionalism by the CSC nurses. These results indicate a concentration of risk and very high prevalence of infection among inmates at admission. Aboriginals tend to be at increased risk and have higher prevalence of infection at admission, especially among Aboriginal women.

Ways Forward

Supporting the good work already being done in ways that create a trusting, unbiased and non-stigmatizing environment for this population vulnerable to infection is vital to the success of protecting all inmates from infection while incarcerated.

10045

A Public Health and Human Rights Imperative: The Case for Prison Needle and Syringe Programs

Sandra Ka Hon Chu, Richard Elliott, Richard Pearshouse

Background and Rationale

In Canada and many other countries, HIV and hepatitis C (HCV) prevalence in prison populations is much higher than in the general population. Because of the scarcity of needles and syringes in prison, people who inject drugs in prison are more likely to share injecting equipment than people in the community, thereby increasing the risk of contracting HIV and HCV.

Methods

We reviewed evaluations of prison-based needle and syringe programs (PNSPs) worldwide and carried out a legal analysis of PNSPs based on Canadian and international law.

Evaluation Findings

The best available evidence strongly suggests that in countries where PNSPs exist, such programs reduce risk behaviour and disease, do not increase drug consumption or injecting, do not endanger staff or prisoner safety, and have other positive outcomes for prisoners' health prisoners.

Discussion and Implications

Prison authorities' failure to provide prisoners with access to essential HIV and HCV prevention measures violates their human right to the highest attainable of health and the principle of equivalence in prison health care, and is inconsistent with international instruments dealing with prisoners' rights, prison health services and HIV/AIDS in prisons. The Canadian *Charter of Rights and Freedoms* and federal correctional legislation also provide prisoners with a legal basis on which to seek the implementation of PNSPs.

Ways forward

Despite positive evidence of the feasibility and efficacy of PNSPs in preventing HIV and HCV transmission, and the arguable legal obligation to ensure access to PNSPs, no Canadian prison system has established a PNSP. Further advocacy shall be undertaken to compel both the federal and provincial/territorial correctional services in Canada to take steps to implement multi-site pilot PNSPs.

10012

Applying the Social Determinants of Health to Understand Women Offenders' Vulnerability to Infectious Diseases

MB Pongrac, J. Smith, B. Lajeunesse

Background/Rationale

The prevalence of bloodborne and sexually transmitted infections (BBSTIs) is high among federal women offenders (FWOs) in Canada. Applying a social determinants of health model to the life trajectory of FWOs provides an understanding of why the rates are so high.

Methods

Data was collected from inmate intake assessments conducted with 859 FWOs. Correctional Service of Canada (CSC) research reports were analyzed.

Results

79% of FWOs did not have a high school diploma at admission to a CSC penitentiary; 78% reported being unemployed at the time of their arrest. Twenty-one percent of FWOs were identified as having mental health problems at admission and 29% had been previously hospitalized for psychiatric reasons. Seventy-two percent of FWOs have a drug or alcohol problem upon admission. In one study, 56% of FWOs reported sexual abuse and 71% reported physical abuse. Sixty-three percent of FWOs report spousal abuse. While Aboriginal people constitute less than 3% of the Canadian population, Aboriginal women account for 32% of FWOs.

Discussion/Implications

Prison-based infectious disease programming must reference the impact of FWOs' life histories on their vulnerability to infection and their decisions around the use of harm reduction measures; testing for infection; and undergoing treatment. These factors were considered in the development of CSC's *Infectious Disease Strategy for Women Offenders*.

Ways forward

An analysis of the life trajectories of FWOs in the context of the social determinants of health should inform infectious disease policy, program and strategy development for FWOs.

10062

What Drives Women's Participatory Health Research in Prison? A Qualitative Analysis of Paragraphs of Passion

V.R. Ramsden¹, J.J. McMillan², D. Hanson², A. Granger-Brown⁴, N. Espinoza-Magana³, G.T.C. Hislop³, R. Elwood Martin³

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²Women in2 Healing, BC, CANADA

³University of British Columbia, Vancouver, CANADA

⁴Fraser Valley Institute for Women, BC, CANADA

Background

To understand areas of health that women in prison wished to learn more about in order to improve their own health and the health of others.

Methods

Participatory research, qualitative research and thematic analysis in a provincial correctional centre for women in Canada. Incarcerated women who joined the prison participatory health research team created an orientation package for new members, including a 'paragraph of passion' exercise in which they wrote a response to the question, "What area do you want to learn more about in order to improve your health and the health of others?" Personal identifiers were removed from all writing. Thematic analysis was conducted by all authors individually and collectively, using an iterative approach with multiple readings, compiling themes into major categories.

Findings

Two hundred women joined the prison participatory research team Nov/05-Aug/07. Four major themes emerged from analysis: 1) women joined prison participatory health research believing that this was a way to help others; 2) women knew that by helping others they would also be helping themselves; 3) women knew what they needed to do to achieve their health goals, but felt unable to do this inside and outside prison; 4) women were unable to access information for resources needed to achieve their health goals.

Discussion

Women in prison identified health areas about which they were passionate to learn and engaged in participatory research because they wished to help others.

Ways forward

Members of prison, academic and communities will increase awareness of participatory research as a means of promoting health of participants and others.

10068

Maternity Care Needs of Incarcerated, Parturient Women in BC: The Role of Midwifery Care

A. Campbell

Pomegranate Midwives, Vancouver, CANADA

SUMMARY

This presentation explores the maternity care needs of women who are incarcerated. This study examines the themes from existing literature, then applies them to a case study of ten women's experiences of being pregnant while incarcerated in BC's provincial prison system, illustrating commonalities in the themes. I then explore how BC's model of midwifery care might lend itself to addressing some of the maternity care needs expressed by incarcerated women, and discuss some of the challenges and possibilities that arise with the prospect of integrating midwifery into that prison system.

Background and Rationale

Most incarcerated women have health histories which involve complications of poverty, violence, chemical dependency, poor nutrition, and poor physical and mental health. As many are the primary parent for their children prior to their incarceration, there are also deleterious social consequences for their families. For women who are *pregnant* in prison, these challenges are complicated by the institutional imperatives of incarceration: including a restrictive physical and social environment, changing support systems and increased stress. Meanwhile, research suggests that a period of incarceration can actually result in *improved* maternal and neonatal outcomes, as it can offer women an opportunity to access prenatal care, improve their nutrition and live in a more stable environment, compared to in the community. It also suggests that adequate prenatal care provision in prisons could increase incarcerated women's future engagement with health services for themselves and their children.

Methods

First, a literature review revealed five main themes in existing research from both social science and medical disciplines. Second, a small case study, involving interviews with ten women who had the experience of being pregnant while provincially incarcerated in BC, reflected the themes in the literature. Finally, I explore how BC's model of midwifery care might lend itself to addressing some of the maternity care needs expressed by incarcerated women, and discuss some of the challenges and possibilities that arise with the prospect of integrating midwifery into the prison system.

Results

Six maternity care needs were identified, including that prison-based maternity care include: 1) continuity of care, 2) links to the community, 3) prenatal and postpartum education, 4) advocacy within the prison or jail, 5) separation from the prison system and 6) personal autonomy.

Discussion and Implications

Through this research, I identify the maternity care needs expressed by ten women in custody under provincial jurisdiction in British Columbia, in order to: a) establish whether or not those expressed needs support or refute what is stated in existing literature and b) consider whether a midwifery model of care might be able to address some of those needs, within the prison context.

Ways forward

The maternity care needs, as identified in this study, clearly support the conference mission towards enhancing health, education, service and advocacy for incarcerated women. The work will address the conference goals in providing information about a little-researched area of women`s health inside prisons. The presentation is cross-disciplinary enough that it will be of interest to health care providers, community advocates, and prison administrators alike.

10044

Title: Hard Time: Promoting HIV and Hepatitis C Prevention Programming for Prisoners in Canada

Glenn Betteridge, Sandra Ka Hon Chu, Giselle Dias, Anne Marie DiCenso and Richard Elliott

Background and Rationale

In Canada, HIV and hepatitis C (HCV) prevalence is much higher among prisoners than among the general population. While prisoners retain all rights except those limited as a necessary consequence of incarceration, prisoners are not always provided with health care, including HIV prevention services, which are equivalent to those available in the community.

Methods

We visited federal and provincial prisons across Canada, reviewed HIV and HCV prevention policies and programs, and identified “enabling policies” and “best and promising programs” as well as significant gaps in coverage of both policies and programs.

Evaluation Findings

20 “enabling policies” and 30 “best and promising programs” from prison systems across Canada were identified. HIV and HCV prevention efforts are strengthened when public health personnel working in prisons have greater autonomy and collaborate with prison administration and correctional staff. Still, there are frequent gaps between policy and practice, and significant gaps in coverage of both policy and programs.

Discussion and Implications

Enabling policy for HIV and HCV prevention, including harm reduction programs, should be in place in every prison system and made available to all prisoners regardless of gender, ethnicity, culture, gender identity, sentence or province of imprisonment.

Ways forward

6 strategic directions for action to promote best practice in HIV and HCV prevention in prison are: 1) identifying leaders with legal responsibility for prisoners’ well-being; 2) engaging responsible organizations and people with a mandate to protect public health; 3) agreeing on best policy and practice for HIV and HCV prevention in prisons; 4) identifying barriers to HIV and HCV prevention in prison; 5) undertaking reviews to implement new, or enhance existing, policies and programs; and 6) externally monitoring and evaluating these policies and programs on an ongoing basis.

10066

Post-Incarceration Syndrome: A Personal Case Study

M. Korchinski

Women in2 Healing, B.C. , CANADA

Background

Little is known about post-incarceration syndrome (PICS) and its possible association with women's difficulties with community re-integration following their release from prison. The objective of this presentation is 1) to describe my personal difficulty in reintegrating after prolonged incarceration(s) 2) to demonstrate that my symptoms, and those experienced by other women, are consistent with PICS 3) to suggest ways to reduce PICS for other women.

Methods

Narrative presentation based on personal journal entries and experiences, interviews with key informants, and published material about PICS

Results

I will describe my difficulties with (re)integration after seven years in and out of the correctional system by way of personal vignettes of extreme anxiety and panic symptoms that I experienced. I will describe the measures and supports by which I overcame my condition, and how my need to understand my symptoms led me to discover information about PICS. I will present narratives from my interviews from of key informants (M2W2 and Alouette Addiction Services), who supported me through this condition, and narratives of other former inmates, who also experienced symptoms consistent with PICS.

Discussion

I will discuss: the implications of long prison sentences for women without rehabilitation programs or addiction treatment; ways to address PICS; research ideas around PICS; the need for education about PICS for women prior to their release so that they know what to expect when symptoms happen.

Ways forward

This presentation will provide opportunity for brain-storming of ideas from prison, academic and community members regarding ways to reduce the impact of PICS on women as they prepare for prison release.

Prisoner Health: Prisons as Healthy Settings

10018

Using Offender Creativity to Promote Health

A. Rees-Bergen

Correctional Service of Canada, Prairie Region, CANADA

Background

The health of federal offenders is a concern as rates of blood-borne and other sexually acquired infections rise in Institutions across the prairie region. The HIV prevalence among the prison population in 2006 was (1.67%); approximately 7-10 times higher than the Canadian population (0.2%). Correctional Service Canada (CSC) is committed to addressing the poor health of federally incarcerated offenders. CSC's Commissioners Directive 800 indicates that "in order to support the mandate of providing essential health services, emphasis will be placed on health promotion/illness prevention".

Program Description

In 2002, CSC developed the Special Initiatives Program which encourages offenders to submit proposals for projects and activities geared towards prevention of blood-borne and sexually acquired infections. The program provides funds for these projects through the Federal Initiative to Address HIV/AIDS in Canada. More than 20 offender led projects have been approved.

Results

Testing uptake for HIV among inmates has increased from ~30% in 2000 to ~50% in 2006. Offenders are accessing harm reduction supplies as demonstrated by the frequency of replacement within the Institutions. Offenders in the prairie region have submitted three special initiative proposals this fiscal year. These public health advances can be attributed in part to the success of the health promotion focus in CSC.

Discussion

CSC has a progressive health promotion approach. Its comprehensive Infectious Disease Program includes peer education, health promotion, infectious disease prevention education, and a variety of harm reduction measures.

Ways Forward

CSC has begun to understand the benefit of using offender creativity to address the unique learning needs of the incarcerated population. Working together towards a future with improved offender health is beneficial for offenders and their families as they transition into non-correctional communities.

10039

Incarceration and Ill Health: Evidence from Vancouver's Downtown Eastside

M-J Milloy, Will Small, Julio Montaner, Evan Wood, Thomas Kerr and the Vancouver Area Network of Drug Users (VANDU)

For individuals who use illicit drugs, contact with the criminal justice system, especially through arrest and incarceration, is a primary determinant of health status. Numerous epidemiological investigations have documented how imprisonment heightens the risk of drug-related harms, including fatal overdose and infection with blood-borne pathogens such as HIV. In addition, the experience of incarceration is marked in many settings by violence from fellow prisoners and guards, interruption of needed medical care and extreme psychological stress.

In this workshop, researchers from the BC Centre for Excellence in HIV/AIDS and members of the Vancouver Area Network of Drug Users (VANDU) will present evidence on the links between imprisonment and poor health for local drug users. This data will include findings from two prospective cohorts of injection drug users in the Downtown Eastside (DTES). Also, members of VANDU, the largest drug-user organisation in the world with a long history of activism in the DTES, will discuss their experiences of incarceration and how imprisonment reinforces cycles of social exclusion, poverty and ill health.

10067

Promoting the Health of Offenders? Advancing a New Agenda for Prison Health

M. Baybutt

University of Central Lancashire, Lancashire, UK

The healthy settings approach to health promotion has developed over the past 20 years providing major social structures that provide channels and mechanisms of influence for reaching defined populations. The settings-based approach requires professionals to focus on multiple interconnected interventions concerned to improve health whilst the evidence system continues to focus on diseases and single risk factors. It offers a set of underlying principles such as participation, partnership and sustainability and a clear structured process to follow to reach decisions about action planning and target setting.

The effectiveness of health settings initiatives, such as health promoting prisons, must be judged in terms of their focus on organisational structures, policies and practices that redress inequalities. The evidence must also be flexible enough to provide information that reflects progress against local and national health targets. Epidemiological evidence from the UK shows that offenders experience worse health than the general population. The WHO's ten-year Prison Public Health Plan was launched in 2005, aimed at addressing key prison health determinants across custodial settings. The UK government also identified prison health as a key public health objective within *Choosing Health*, but has continued to prioritise development of efficient and effective prison healthcare services. Prisons as a setting for health, offer a unique opportunity to address health inequalities by focusing on the development of joined-up sustainable systems for health outcomes therefore, providing the context for positive health impact in the wider community.

This session will be used to debate the wider health impact of prison public health, proposing that an "upstream" approach would be effective and sustainable for the management of offender health, based on WHO's healthy settings philosophy.

Workshop Plan

The session will provide an extended presentation based on the abstract and will facilitate an open discussion to:

- debate perceptions of prisons and their purpose in respect of promoting health/public health;
- identify key issues relating to professional relationships for developing a whole systems approach to promoting prison health;
- challenges and opportunities in promoting health in the prison setting

Prisoner Health: Prisons as Healthy Settings

10028

“A Wasting Grief”: Institutional and Community Resources for Suicidal Prisoners*

Brian Burtch

Background

Importance - Suicide in jails and prisons has been studied systematically in Canada, the U.S. and the U.K. Bruce L. Danto, Alison Liebling, the John Howard Society, Brian Burtch and Richard V. Ericson, Michael Keane, and Christopher Hensley have produced work on prisoner suicides and various institutional and community stakeholders have explored best practices to address suicidal behaviour.

Overall aim: To create a workshop setting where prison staff, community agency members, prisoners and ex-prisoners, and scholars can discuss this issue.

Objectives

1. A range of participants will be able to voice their own experiences and information concerning attempted and completed suicides in custody
2. Participants will become familiar with the best evidence from research studies and institutional reports
3. Participants will work toward a constructive approach to better address this complex behaviour and suggest “ways forward”.

Description

Dr. Burtch would provide a very short (5-10 minute) introduction to this issue at the start of this workshop and circulate a handout detailing key research and policy developments concerning prisoner suicide. The remainder of the workshop would be devoted to discussion among participants (approximately 70% of the time allotted) with a short period devoted to establishing a consensus, if possible, of opinions on the best way forward. Dr. Burtch co-authored a report on prisoner suicide in Canada (*The Silent System*, 1979, co-authored with R. Ericson) and is a Professor of Criminology at SFU and associate member and visiting professor with the Women’s Studies Department at SFU). He was regional representative of the BC/Yukon branch of The Writers’ Union of Canada from 1999-2001 and has facilitated discussions in such areas as undergraduate education and lifelong learning. (www.sfu.ca/personal/burtch). He also serves on the North Shore Family Court and Youth Justice Committee.

Ways forward

This proposed workshop would address what are literally life-and-death matters, allowing a more holistic approach to understanding mental health issues, research, and the overall well-being of prisoners, staff and families.

* the workshop title is taken from a well-known quotation by the late Clifford Odets:

“If they tell you that she died of sleeping pills you must know that she died of a wasting grief, of a slow bleeding at the soul.”

10050

Death and Dying in a Forensic Hospital: Interdisciplinary Issues, Challenges, and Perspectives

Nader Sharifi, BC Mental Health and Addiction Services, University of British Columbia,
Lianne Lee, BCMHAS,
Cynthia Csepregi, BCMHAS,
Salena Wilson, BCMHAS,
Eugene Wang, BCMHAS, UBC

The Forensic Psychiatric Hospital's unique mandate is to provide consultation within the legal system and patient-centered clinical care. Death and dying in the forensic setting presents unique clinical and forensic challenges related to the respective priorities involved: treatment of medical, mental health, palliative, and other care-based needs in the clinical realm; and risk assessment and legal adjudication in the forensic realm. Using a case-based approach, this workshop discusses interdisciplinary efforts to address these challenges at a forensic psychiatric hospital in British Columbia, Canada.

First, an overview of the psychiatric, social, and legal history of a pretrial defendant who was remanded to the forensic hospital by Court order to complete an assessment of fitness to stand trial on a serious felony offence will be presented. As part of the assessment, the patient was found to have a terminal illness, with symptoms that likely precluded fitness to stand trial. We will discuss the background of the forensic hospital and Canadian law governing individuals on remand assessments for trial fitness, as a means to convey the complex system-based issues related to the death and dying in the forensic hospital.

Second, medical challenges in the care of terminally ill patients at a forensic hospital will be reviewed. Using the above case as a framework, we will discuss how an interdisciplinary approach was employed at the clinical and administrative level of the forensic hospital to provide palliative care; how this affected the shaping of hospital procedure and policy; and how liaison with other government and health agencies needed to be established.

Finally, we will discuss challenges from the front-line nursing and administrative perspectives in providing palliative care in the forensic hospital. Using the above case as a framework, we will discuss the importance of an interdisciplinary approach in adapting a forensic facility to provide palliative care, and how the increasing incidence of chronic illness in the general population suggests adaptations that forensic facilities may wish to consider from the nursing perspective to meet the unique mandate of this environment.

10048

Canada's First Therapeutic Community in Prison: The Guthrie House Experience at Nanaimo Correctional Centre

Dr. Diane A. Rothon, Don Moody, Jim Duddridge

Background

This workshop will deal with the first therapeutic community for addiction treatment in a Canadian prison. The aim of the workshop is to introduce participants to the challenges and successes of this groundbreaking treatment that involves the entire prison community as the change agent through direct interaction with the program planners and TC participants.

Objectives

By the end of this workshop participants will:

- 1) Understand the many challenges of establishing a TC in a prison context and the benefits of partnerships and collaboration between the BC Corrections Branch, the Ministry of Employment and Income Assistance and the Vancouver Island Health Authority.
- 2) Explore the respective roles of the health care providers, correctional officers and prison residents themselves as therapeutic change agents.
- 3) Experience first-hand from TC residents how this treatment program has changed their lives and dramatically reduced drug use and criminal activity.
- 4) Learn how they can implement a therapeutic community in their own prison system.

Description

The workshop will open with a brief history and description of the Guthrie House therapeutic community, how it works and what the outcome data have shown to date. TC residents will be involved and will share their life experiences before, during and after TC. They will speak candidly of their struggles and the stark contrast between TC and regular prison culture. The format will be interactive and the last half of the workshop will be devoted to engaging participants in thinking about the planning and implementation of a TC in their own correctional jurisdictions. Workshop presenters collectively have had extensive experience in conference planning and moderating, teaching at the university level and workshop facilitation in prison, government, hospital and academic settings.

Ways Forward

This workshop and the work of the therapeutic community in BC Corrections epitomize the conference mission. The TC is the result of a partnership and close collaboration between BC Corrections, MEIA and VIHA. Because it is a first in Canadian Corrections, it is also a rigorous research project that is closely monitored and evaluated. Outcome evaluation data are gathered and analyzed on process, cost, recidivism, motivation to change, relapse and recovery, happiness, confidence, health and wellbeing, social connectedness, spirituality, self-esteem and many other parameters and indicators of success. Aggregate data on TC residents is compared with a matched set of non-residents in the general prison population. Community reintegration forms the core of this program. This is highlighted in the vital partnerships with MEIA and VIHA, both of which focus on services after release. TC residents are followed for two years after returning to the community and are provided with continued linkages with their TC family and ongoing

intensive community support. It is the firm wish of the TC planners, researchers, workers and residents that this program will lead by example and help to change prison culture for the better. That a culture of entrenched violence, intimidation, dysfunction and drugs may give way in time to one of understanding, trust and hope for the future.

**The Healing Lodge welcomes Gladue: Expanding the Parameters of the Glad
Correctional and Parole Administration**

D.L. Milward

UBC Faculty of Law, Vancouver, CANADA

The Supreme Court of Canada's decision in *R. v. Gladue* established that the judiciary and the legal system have an obligation to remedy Aboriginal over-incarceration. This obligation includes duties to ascertain the life circumstances of Aboriginal offenders, and information on available non-custodial options for Aboriginal offenders. There are growing concerns that Aboriginal inmates are faced with discrimination when it comes to parole and security classification decisions. There is also inadequate provision of culturally sensitive rehabilitation programs, which in turn has repercussions for parole and security classification decision-making.

This paper will argue that the principles in *Gladue* should also be adapted and extended to the administration of security classification and parole in a number of ways in order to remedy the difficulties faced by Aboriginal inmates in federal penitentiaries. One problem is that the availability of culturally appropriate programming for inmates is inconsistent. This can have repercussions for parole decisions in that a lack of participation in rehabilitative programs can hinder an Aboriginal inmate's chances for parole.

Another problem that plagues Aboriginal inmates is that they are consistently rated as higher risks according to the security classification scheme. The key culprit is that criminal history is deemed a static factor in assessing risk as opposed to a dynamic factor. The paper will argue that the background of colonialism and disadvantaged social backgrounds for Aboriginal offenders means that the system should view Aboriginal criminal history as a dynamic rather than static factor. It should be considered dynamic because of the role of social factors in Aboriginal criminality and the possibilities of Aboriginal approaches to healing for reducing recidivism. If security classification is treated more flexibly and holistically for Aboriginal inmates, it can increase their chances for parole and safe re-integration into society.

Aboriginal Healing and Culture in Prisons

10033

Strategic Plan for Aboriginal Corrections

A. Kube, J. Hayward

Correctional Service Canada, Ottawa, CANADA

The conference theme most applicable to this abstract is theme number one: Aboriginal Healing and Culture in Prisons, focusing on applying traditions and healing interventions to Aboriginal offenders.

The type of presentation we seek to present under is a Paper Presentation, focusing on the Strategic Plan for Aboriginal Corrections (SPAC). The SPAC is an important piece of information to provide, as it is the heart of interventions for Aboriginal offenders in the Federal Correctional system. The information contained in the SPAC will move forward the conference mission through focusing on the Continuum of Care, which is an essential part of the SPAC. The Continuum of Care demonstrates the need for community involvement pre, during and post incarceration for effective integration.

In the presentation, we will be able to identify some of the current best practices CSC is using to engage the community, such as utilizing Section 81 & 84 of the CCRA, and the engagement of Elders in our facilities. The presentation will also serve as a way for the community to ask questions of CSC, and the work we are doing with the SPAC. The presentation will outline the healing initiatives, such as the Pathways Healing Units, Healing Lodges, and Elders that are working with the offenders to achieve reintegration into their home communities. In addition to CSC providing information on what is currently being done, this conference will provide an opportunity to seek feedback from the community, as well as network for opportunities for community involvement.

10020

Community Engagement -Partnership In Healing

T. Hackett¹, W. Charlie², B. Peters²

¹Correctional Service of Canada, Harrison Mills, CANADA; ²Chehalis Indian Band, Chehalis, CANADA

Background

Kwìkwèxwelhp is the only Healing Village in the Pacific Region for federal male minimum security and Day Parole offenders following and respecting Aboriginal teachings. Kwìkwèxwelhp (in the Halq'eme'lem Language, means, "a place where we gather medicines") was officially named in a traditional naming ceremony October 2001. The main focus of the facility is to promote change by providing a safe, secure and respectful community atmosphere based on holistic Aboriginal teachings that meet the specified needs of First Nations, Métis and Inuit inmates. Non-aboriginal residents, who follow the healing path are also welcome. Residents are able to continue their healing journeys, which will lead to a safe reintegration into their respective communities. An essential element of change for offenders is the acceptance and accountability from both Kwìkwèxwelhp and the Chehalis Community.

Residents and Staff of the Healing Village interact with Chehalis on a regular basis in their community through cooperative programming, community events, Traditional Ceremonies and community service opportunities. Members of the Chehalis Community also attend Kwìkwèxwelhp on a regular basis and share their Spirituality, Culture and other talents with the residents of the Healing Village. This sense of community and exposure to culture affords Kwìkwèxwelhp Residents opportunities for growth, empowerment and wholistic healing. Chehalis Community members are also active on the Advisory Senate, Citizen Advisory Committee and are employed at the Healing Village in numerous roles such as Elders, Correctional Officers, Managers, and Maintenance. Community involvement at all levels further contributes to the healing environment. A further testament of the cooperation between the two communities is that the focal point of the Healing Village is the Community House (Long House) that Chehalis gave permission to the Correctional Service of Canada to build on site in 2001.

Objectives

- a) Participants will gain an understanding of the Model of Community Engagement employed by Kwìkwèxwelhp and the Chehalis Community.
- b) Through circle dialogue, participants will share their experiences and best practices in engaging Aboriginal Communities in the Healing Process and explore how they can be utilized in own communities/situations.

Description

The Work Shop will be divided into the following three areas:

- 1) Sharing of Current Collaborative Relationship between Chehalis Indian Band and Kwikwèwelhp- 45 Minutes - The three presenters will share with the participants their experiences in relation to the importance of Community Involvement in creating balance in the Healing Journey of Federal Offenders
- 2) Sharing of Experiences of Workshop Participants- 30 minutes- The workshop participants, in circle format will be encouraged to share their experiences in relation to Community Engagement and Healing. This process will allow for identification of other best practices in this area.
- 3) Commitment to furthering Community Engagement- 20 minutes- In a Circle format, participants will be encouraged to commit to one or more small, achievable acts (ie Volunteer, outreach to local Aboriginal Communities etc) that will encourage the development of further collaborative opportunities for enhancing community engagement as an essential part of the Healing Process. All three presenters have previous experience presenting and facilitating discussions in a circle format on this topic and others both within their own organizations and externally.

Ways Forward

The proposed workshop furthers the Conference's Mission through sharing the success of the ongoing Collaborative Partnership in Healing and Public Safety between the Correctional Service of Canada and the Chehalis Indian Band. The workshop is designed in such a way as to facilitate the sharing of other best practices and further challenge participants to individually identify and commit to action in their own communities/ organizations to further enhance opportunities for Community Engagement in Healing.

Aboriginal Healing and Culture in Prisons

10054

Talking Circle

B. Wyss

NVIT, Burnaby, CANADA

Biography

Barbara Wyss is Squamish First Nation, Coast Salish Region and currently works as an Elder on Nicola Valley Institute of Technology's Elder's Council (Vancouver Campus). She is a mother of three children and grandmother of seven children. Barbara lives in West Vancouver on the Capilano Reserve. She has a background in teaching, writing, community planning and is currently semi-retired. Her education includes university, college and many workshops. Barbara would like to facilitate a talking circle on Aboriginal Healing and Culture in Prisons at the upcoming conference to enhance our "Coming together to share, listen and learn" mandate.

Talking Circle

- A group of no more than 15; needs a feather
- A mixture of people: men, women, youth, different walks of life
- There will be some simple rules
- No interruptions, except as deemed necessary by facilitator;
- Everyone must remain in room until circle completed

Discussion

Aboriginal Healing and Culture in Prisons

Our circle discussion could follow the list below or other items if suggested by the group. If we can establish some common understandings of healing and culture, it would facilitate the group coming up with some recommendations.

- 1) What is common understanding of aboriginal healing and spiritual health?
- 2) What traditional healing and cultural practices are now being conducted in prisons?
- 3) Do these practices take into account the many diverse tribal groups imprisoned together?
- 4) Are cultural practices carried on in federal and provincial prisons, if not why not?
- 5) Samples of cultural practices that are most common by the majority of tribal groups, such as medicine wheel, talking circles, use of elders in discussion groups in prison.

Aboriginal Healing and Culture in Prisons

10057

Can We See?

D Mitchell

Fraser Health, Surrey, CANADA

Group Exercise

- 1) Introduction of group participants – the person not the job.
- 2) The participants then blind-fold each other and draw a self portrait. The facilitator will provide all required materials.
- 3) The self portraits are then discussed with fun investigating how we actually view ourselves and others.
- 4) The discussion then becomes one of reframing - the technique of turning negative actions or statement into positives.

Outcomes

The group participants learn a very easy method of displaying kindness and consideration to those around them – clients, co-workers, even strangers casually encountered.

10037

Cultural and Correctional Interventions Fostering Accountability

Angela George, Manager Correctional Programs, Kwikwèxwelhp Healing Village

Robert Nahanee, Program Elder, Kwikwèxwelhp Healing Village

Rita Leon, Elder, Kwikwèxwelhp Healing Village

Background

Kwikwèxwelhp is the only Healing Village in the Pacific Region for federal male minimum security and Day Parole offenders following and respecting Aboriginal teachings. Kwikwèxwelhp (in the Halq'eme'lem Language, means, "a place where we gather medicines") was officially named by the local First Nation Chehalis Indian Band, in a traditional naming ceremony October 2001. The main focus of the facility is to promote change by providing a safe, secure and respectful community atmosphere based on holistic Aboriginal teachings that meet the specified needs of First Nations, Métis and Inuit inmates.

Non-aboriginal residents who follow a healing path are also welcome. Residents are encouraged and guided to continue their healing journeys, which will lead to a safe reintegration into their respective communities. An essential element of change for offenders is learning how to be accountable through the following aspects of themselves: Mental (thoughts); Emotional (feelings); Physical (actions); and Spiritual (sense of identity/culture). Kwikwèxwelhp Management, Elders and Staff work together to foster fundamental principles such as accountability, respect, integrity, and more, through effective interventions at various levels throughout the operations of the Kwikwèxwelhp Healing Village.

Objectives

- a) Participants will gain an understanding of the Model of Community Accountability demonstrated at Kwikwèxwelhp and the significant role the Coast Salish cultural principals play in the correctional intervention process.
- b) Participants will gain exposure to the dynamic integration of cultural and spiritual customs and beliefs into a correctional environment.
- c) Through circle dialogue, participants will share their experiences and best practices in implementing cultural and correctional interventions that foster accountability and explore how they can be utilized in respective communities/work environments.

Description

The Workshop will be divided into the following three areas:

- 1) Sharing of Innovative Activities at Kwikwèxwelhp - 30 minutes. The three presenters will share with the participants their experiences in relation to the importance of implementing cultural and spiritual activities and philosophies into the daily operations at Kwikwèxwelhp Healing Village. This will include a discussion about several activities that thrive within the Kwikwèxwelhp environment, such as: Healing Plans, Elders Council, and a wide variety of cultural activities.
- 2) Explanation of how Accountability Measures have been implemented into a Correctional Setting – 30 minutes. The presenters will share the significant role that cultural and spiritual teachings play within Kwikwèxwelhp Healing Village and share how traditional concepts work within the

parameters of CSC policies and procedures. Presenters will focus on how the meshing of these two “cultures” fit together to provide a framework for a healing environment that fosters accountability for offenders in preparation for release to the community.

- 3) Sharing of Experiences/Question & Answer Period – 30 minutes. Participants will be given the opportunity to ask questions of the presenters and encouraged to share their own respective best practices in the Implementation of Accountability Measures. All three presenters have previous experience presenting and facilitating discussions in a circle format on this topic and others both within their own organizations and externally.

Ways Forward

The proposed workshop furthers the Conference's Mission through sharing the success of the ongoing implementation of accountability measures through effective interventions including education, holistic healing, meaningful employment, traditional teachings and a sense of belong within a strong community atmosphere.

The Practice of Aboriginal Spirituality in Institutions

Art Leon, Elder

Doreen Sinclair, Elder

Background

This presentation will inform the participants of the importance of Aboriginal Spirituality by the Elder's participation in the Institutions: the historical beginnings, purpose and expected outcomes of the Elder's work with inmates. Introductions to the diversity of Aboriginal Spirituality will be shared as well as the Aboriginal specific healing programs within the Institutions.

Objectives

- The participants will gain an understanding of the value of Aboriginal Spirituality and Culture that helps the inmates to achieve their own healing and to learn about their Aboriginal roots.
- In addition participants will gain an understanding of traditional knowledge and its impact on the health and wellbeing of aboriginal inmates.
- The Aboriginal Cultural Guide, Code of Ethics and Guiding Principles and the definitions of the different types of Circles that are utilized in the Institutions will be shared.

Description

The presentation will cover the following:

- The Elders will share their views of the Aboriginal programs presented in Institutions and how the Spiritual and Cultural teachings are incorporated and practised using the Medicine Wheel teachings.
- An historical background into the effects that Aboriginal people have endured to bring them into the institutions will be explored.
- As Institutional Elders they conduct Spiritual ceremonies, one to one healing sessions, mediation for inmates, as well as Cultural sensitivity for Staff. Program Elders compliment the Aboriginal specific programs conducting ceremonies and sharing teachings and one to one sessions.
- This presentation will highlight Aboriginal approaches to medicine and healing, as well as misconceptions and stereotypes about traditional medicines, and will discuss the importance of ceremony in healing.
- There will be attention paid to the theme of natural law and its relationship to healing.

Ways Forward

Aboriginal Spirituality and Culture gives the inmates a sense of belonging, empowerment, self worth and a strong base to help them as they travel the Good Red Road toward becoming productive members of society while contributing to public safety. We continue to work toward making Aboriginal medicines, treatments, circles and ceremonies accessible to those who wish to access them. There is a need for follow-up in reintegration of the inmates with their families and communities. Aboriginal spirituality and Culture needs to be part of everyday life.

10017

Methamphetamine use and risk of incarceration among street-involved youth in Vancouver, Canada

Milloy M-J^{1,2}, Buxton J^{1,3}, Montaner J^{2,4}, Kerr T^{2,4}, Wood E^{2,4}

1. School of Population and Public Health, University of British Columbia

2. BC Centre for Excellence in HIV/AIDS, St. Paul's Hospital

3. Department of Epidemiology, BC Centre for Disease Control

4. Department of Medicine, University of British Columbia

Background

Given concerns over rising use of methamphetamine, especially among street-involved youth, and the links between exposure to the correctional system and the production of drug-related harm, we sought to assess the relationship between ever using methamphetamine and reporting a history of incarceration in the At-Risk Youth Survey (ARYS) in Vancouver, Canada.

Methods

The relationship between ever being imprisoned and a history of methamphetamine use was estimated using a multivariate logistic regression analysis while also considering potentially confounding secondary demographic, social and behavioural variables.

Results

Of the 478 youth recruited into ARYS between September 2005 and October 2006, 385 (80.5%) reported ever being incarcerated overnight or longer. In the multivariate model, methamphetamine use was independently associated with ever being incarcerated (Adjusted Odds Ratio: 1.79, 95% Confidence Interval [CI]: 1.03 – 3.13).

Conclusions

A history of incarceration was very common in this cohort and strongly linked with ever using methamphetamine. This finding is of concern and, along with the previously identified risks of drug-related harm associated with incarceration, supports the development of novel public policy to address the rising prevalence of methamphetamine use among street youth.

10021

Youth in Custody and Associated Risk Behaviours

C. Chambers^{1,2}, D. Taylor², G. Ogilvie² and J. Buxton^{1,2}

¹ School of Population and Public Health, University of British Columbia, Vancouver, BC

² British Columbia Centre for Disease Control, Vancouver, BC

Background

We sought to identify associations between placement in custody and sexual and drug use risk behaviours reported by street-involved youth (aged 14-24) in Vancouver, British Columbia.

Methods

Data were obtained from Phase 5 of the Enhanced Surveillance of Canadian Street Youth Survey, which collected data from January to November 2006. Logistic regression analysis was performed using SPSS 14.0 for Windows.

Results

Of 193 youth interviewed, over half (n=112; 58.0%) reported ever being in custody. A lower prevalence was found for females (47.8%) in comparison to males (63.1%) [OR=0.53, 95% CI=0.29-0.98]. After adjustment for age, gender, and ethnicity, youth who had been in custody, compared to youth who had not, were significantly more likely to have: had a social worker [AOR=2.15, 95%CI=1.09-4.27]; been in a group home [AOR=2.42, 95%CI=1.25-4.68]; been kicked out of school [AOR=2.72, 95%CI=1.31-5.67]; lived on the streets all of the time [AOR=2.50, 95%CI=1.04-5.97]; used non-injection drugs more than daily [AOR=3.54, 95% CI=1.81-6.92]; used injection drugs [AOR=2.91, 95%CI=1.81-6.92]; traded sex [AOR=3.50, 95%CI=1.47-8.34]; been pregnant or gotten someone pregnant [AOR=3.38, 95%CI=1.70-6.69]; and had a mother who injected drugs [AOR=6.90, 95%CI=2.16-22.08].

Discussion

Youth who have been in custody are at high-risk for poor health outcomes, such as sexually-transmitted infections, HIV and hepatitis C infection, and other adverse events. Time spent in custody may provide an opportunity for interventions aimed at high-risk youth for prevention, harm reduction, and testing.

Ways Forward

We plan to perform qualitative work with at-risk youth to investigate the temporal and causal relationships between placement in custody and risk behaviours.

10042

Looking Inwards: Finding the Children of Prisoners in Youth Custody

S. Bayes

Elizabeth Fry Society of Greater Vancouver, New Westminster, CANADA

There is limited awareness of the challenges that the children of prisoners face. Unlike their counterparts in the United States, the United Kingdom, the European Union, and India, to name a few, the challenges that these children face has received little consideration in Canada. There is little research and most studies are small, and consider the children of men. However, researchers have identified these children as having exorbitant incidences of lower academic achievement, truancy, gang involvement, substance addiction, mental illness, and crime and incarceration. The primary context of their risk is hidden through labels which place them within broader social pathologies. In failing to recognize these children we condemn them to increased risk.

In order to assist the children of prisoners, it is necessary not only to consider who their parents are and the issues these children face but also to understand that within the group itself there is a particular subgroup at even greater risk: the children of imprisoned mothers. While the response that is required must come from both government and voluntary sectors, the latter has a pivotal role to play in ensuring these children have a place within society.

As a means of raising the issue, the Elizabeth Fry Society of Greater Vancouver obtained permission to conduct a one day survey of youth incarcerated in the Province (Burnaby, Prince George, and Victoria) on May 12, 2007. Respondents answered a 35 item questionnaire, or were assisted to, regarding themselves and their families inclusive of items regarding parental and familial arrests, incarceration, and use of drugs, and alcohol. Almost 3/4s of youth self reported a history parental arrest and incarceration. The Study found that when comparing girls to boys (1) Girls were more than twice as likely to be incarcerated, 9 or more times; (2) Girls were 1.5 times as likely to have moved 9 or more times; and (3) Girls were 2 to 3 times more likely have a mother arrested, incarcerated and incarcerated more than once.

Aim: To increase awareness of the challenges that the children of prisoners face, particularly mothers, and to discuss the systemic changes necessary within the community sector to acknowledge and facilitate the support of children whose parents are, or have been, incarcerated.

Objectives

- To identify the challenges that the children of prisoners face as differentiated from other children
- To review the small study undertaken in May 2007 in BC, which found the children of prisoners, disproportionately represented in custody
- To discuss community models of support for children evidenced in other countries.

Description of Presentation

Raising the issues that affect the children of prisoners is not to advance the argument that prisoners are unable to be good parents, but rather to acknowledge both the challenges they face as parents and the needs of their children. The children of prisoners are all too often invisible. No Province in Canada recognizes that it is important to consider them and therefore there is no accurate information on the numbers of children affected in Canada, although it is possible to estimate it. However, we need to support these children before we find them in the youth criminal justice system.

The Presenter

Shawn Bayes, in the completion of her Masters in 2003, considered the research on the children of offenders and the necessary systemic changes required in Canada in order to improve their outcomes. Since then she has written on the subject (peer reviewed) and the Elizabeth Fry Society has continued to speak and address the needs of children for systemic considerations within the educational, medical, criminal justice, and child welfare system, as well for caregivers and children.

Ways Forward

The workshop furthers the conference mission through advocating for the promotion of positive change within custodial systems, communities, and child welfare practices.

10016

Prevalence and correlates of incarceration in a cohort of street-involved youth in Vancouver, Canada

Milloy M-J^{1,2}, Kerr T^{2,3}, Montaner J^{2,3}, Wood E^{2,3}

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2. British Columbia Centre for Excellence in HIV/AIDS, St. Paul's Hospital, Vancouver, BC

3. Department of Medicine, University of British Columbia

Background

Although many studies have described extensive contacts between police and street-involved youth, the level of and risk factors for incarceration in this vulnerable population have not been identified.

Methods

Using data from the At-Risk Youth Survey (ARYS), a prospective cohort of street-involved youth in Vancouver, Canada, we sought to calculate the prevalence of reporting ever being detained overnight or longer and, using multivariate logistic regression, identify socio-demographic, behavioural and drug-using explanatory factors independently associated with incarceration.

Results

Of the 478 participants recruited between September 2005 and October 2006 and included in this analysis, 132 (27.6%) were women, 120 (25.1%) reported aboriginal ethnicity and 385 (80.5%) reported a history of incarceration. Factors independently associated included a history of sexual abuse (Adjusted Odds Ratio [AOR]: 3.01, 95% Confidence Interval [95% CI]: 1.39 – 6.52, $p = 0.005$); ever being assaulted by police (AOR: 3.19, 95% CI: 1.70 – 5.99, $p < 0.001$); a history of unsafe sex (AOR: 2.22, 95% CI: 1.23 – 3.98, $p = 0.008$) and ever dealing drugs (AOR: 2.11, 95% CI: 1.17 – 3.82, $p = 0.013$).

Conclusions

A history of incarceration was very common in this cohort. Individuals with several related vulnerabilities, including a history of sexual abuse, being assaulted by police and unsafe sex, were more likely to report incarceration.

10052

British Columbia's Youth in Custody: Gender Differences in Sexual and Substance Use Risk Behaviours

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Background/Rationale

It has been over 10 years since a comprehensive and analytic investigation of sexual and substance use behaviour patterns in British Columbia (BC) youth in custody has been done. This study was undertaken specifically to:

- a) describe risk taking behaviour among male and female youth in custody
- b) estimate prevalence and determine differences in the sexual and substance use risk behaviours among male and female youth in custody
- c) explore the mechanisms through which gender may impact on sexually transmitted infections (STI) and injection drug use (IDU) outcomes

Methods

From January to August 2006, youth aged 14-19 years residing in, or entering into, BC's three youth custody centers were invited to participate. A confidential interviewer-administered questionnaire collected demographic and risk factor information. Descriptive statistics were utilized to characterize BC's youth in custody and prevalence estimates were calculated for risk behaviours. Odds ratios with 95% confidence intervals measured effect size of gender on sexual and substance use risk taking behaviours. Logistic regression modeled the association between select risk behaviours, gender, age and ethnicity, on selfreport of STI and IDU outcomes.

Results

414 youth with known gender participated. Mean age was 16; 22% were female. 48% reported Aboriginal ethnicity. Most (72%) reported being in custody previously. Non intravenous drug use was common. Females were significantly more likely to report having tried crack, crystal methamphetamine, and heroin. Only 31 youth (7.5%) reported IDU. Females were significantly more likely to report IDU and sex in exchange for goods/money. Complex links between gender and certain select variables on the outcomes of STI and IDU exist.

Conclusion

Sexual and substance use risk behaviours are prevalent among BC youth in custody. Females carry the greater burden of risk taking behaviour. New gender specific approaches for encouraging sexual and drug use risk reduction are greatly needed to inform current public health efforts.

10043

Womens' Imprisonment: More Than a Pound of Flesh!

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Women are the fastest growing prisoner population worldwide. In Canada, once a woman is imprisoned, she can expect to be treated in a manner that assumes her equality means being treated as a male prisoner would be treated. It does not consider the unique circumstances of women's lives. In response to this, the Canadian Association of Elizabeth Fry Societies together with the Native Women's Association of Canada (NWAC), and over 25 other equality seeking groups in Canada requested that the Canadian Human Rights Commission (CHRC) conduct a systemic review of the situation facing women prisoners. The review considered discrimination on the basis of sex, race and disability.

In 2004 the Canadian Human Rights Commission issued its report, *Protecting Their Rights*,¹ in which the Commission found that Correctional Service of Canada discriminates against women prisoners on the basis of sex, race and disability. For example, the CHRC found CSC's risk assessment tools used for security classification and the programming they deemed necessary for the rehabilitation of women prisoners, discriminates against women on various grounds including sex, disability, religion and ethnicity. They recommended that the Correctional Service of Canada, revise their classification and assessment tools, adopt a model of independent adjudication for decisions concerning the use of segregation, development of more minimum security options, more programming and employment training opportunities that recognize the unique needs of women, more release options, the need to work more closely with Aboriginal communities to better facilitate the release of women into their communities, an evaluation of their own work culture to determine if it is working optimally to ensure a climate of respect for human rights and the establishment of an independent external redress body for prisoners. ² According to human rights principles, if a government agency, such as the Correctional Service of Canada, has been found to discriminate in the provision of its public service, it must justify in a clear and cogent manner why it is necessary to provide the public service in a manner that discriminates. Once the government has stated the objective they are to show that, in this case, the prison system meets those objectives. The onus is on the government to show that prisons are designed to achieve the objectives and are rationally connected to it - that prisons actually do deter criminal activity (as defined at that time), protect the public, provide rehabilitation and are a 'last resort.' In addition, the government has to show that prisons impairs as little as possible the right or freedom because there are no other less restricting methods available. Finally, there must be a proportionality between the salutary and deleterious impact of imprisonment. We propose to discuss the futility of attempting to reform prisons for women, and underscore the need to decarcerate women, using a human rights framework.

¹ Canadian Human Rights Commission, *Protecting Their Rights: A Systemic Review of Human Rights on Correctional Services for Federally Sentenced Women* (Ottawa, 2004).

² See also, Debra Parkes & Kim Pate, "Time for Accountability: Effective Oversight for Women's Prison" (April, 2006) *Canadian Journal of Criminology and Criminal Justice*. 251.

10010

Women are the fastest growing prison population, but why should you care?

Kim Pate, B.A., B.Ed. (P.D.P.P.), LL.B., M.Sc. (in progress)

Executive Director of the Canadian Association of Elizabeth Fry Societies

Mother to Michael and Madison, a lawyer and teacher by training, Kim is an advocate, activist and ally of women and girls in prison in Canada. She has worked with and on behalf of marginalized, victimized, criminalized, and imprisoned youth, men, and women for more than two decades.

Abstract: In addition to exploring the current trends toward the increased marginalization, victimization, criminalization and institutionalization of women, especially poor and racialized women, as well as those classified as having disabling mental health and intellectual challenges, Kim will discuss the historical and global tendency to further such oppression in prisons. Kim will chair a panel of women with lived experience who will highlight some of the policy and law reform initiatives that have been advocated by equality-seeking women's groups in Canada, as well as the need for, and benefits of, increased collaboration between feminists locally, nationally and internationally.

10053

“Sky Women: Hear Our Voices”

Exploring Indigenized Prison Education Initiatives in B.C.

Lara-Lisa Condello, M.A. – Criminology Instructor

Marla Pryce, M.Ed. – Department Head

Nicola Valley Institute of Technology – Vancouver Campus

Introduction

The Nicola Valley Institute of Technology (NVIT) is proud to introduce the “Building Bridges: Community Reintegration Through Education” and the “Indigenization Strategy for Aboriginal Adult Literacy” initiatives. The involvement of practitioners, resource people and community members is crucial for these prison education initiatives and NVIT would like to respectfully invite any input, suggestions, thoughts, ideas and participation in these projects.

Background

A concentration of poor, single-parent, and under-educated urban Aboriginal peoples are at the core of systematic social and economic organizational structures that increase the risk of involvement in the criminal justice system. Indigenous educational institutions are challenged with the need to be responsive to various life conditions of Aboriginal learners, and their current health, social and economic realities in order to facilitate education in a culturally appropriate manner so they too can take advantage of a full range of opportunities in a rapidly changing and increasingly complex world. It is now understood that education should be developed, directed and delivered by Aboriginal peoples to ensure a holistic learning experience which reflects cultural values and to ensure that the community is involved in developing and providing this education. NVIT embodies these values and also understands that correctional service providers have been working towards implementing appropriate curriculum and resources. NVIT’s unique partnership with BC Corrections allows for the exploration of the value of culturally appropriate or indigenized education in promoting women’s well being in prison. Our long-term goal is to create a circle of support for incarcerated women to facilitate their continued education upon release, to help improve their well being, employability, and likelihood that they will experience successful reintegration. We also hope to assist correctional service providers by providing resources and tools that will increase the participation and success of Aboriginal learners in BC Corrections.

Initiatives

Since May 2007, over 100 women have participated in NVIT’s Indigenous Studies college readiness program designed to enhance Aboriginal social, economic, cultural and political knowledge and to promote the education, health and overall well-being of First Nations and Métis women. Women have created artistic expressions of their health, addictions, identities, culture, spirituality and healing in innovative cultural learning exercises. Women have reported gains in cultural knowledge and traditions, self-reflection, self-empowerment, group skills and empathy for human diversity. In 2009, NVIT will expand our niche in prison education and pilot the Indigenization strategy of Aboriginal Adult Literacy project in BC Corrections. The literacy curriculum will be delivered in coordination with the centre’s Aboriginal Mental Health Liaison officer, targeting Aboriginal learners with low levels of literacy in the general population and women in need in the Open Living Unit.

Workshop Goals

Participants will:

- 1) explore First Nations, Métis and Inuit Learning Models;
- 2) explore NVIT's prison education initiatives and curriculum (including innovative cultural methods);
- 3) discuss the strengths and challenges of delivering indigenized curriculum in a correctional facility;
- 4) identify other educational needs in correctional facilities in BC.

10023

**Girls in Custody in the Province of BC, Moving Gender Sensitivity Forward.
Programming, Policy, Training and Development Recommendations.**

J. Winchell, S. Bayes

Elizabeth Fry Society of Greater Vancouver, Vancouver, CANADA

Importance of the workshop subject

Despite a well documented body of evidence about the importance of gender sensitivity for young women in the criminal justice system, the Province of BC has only recently begun to consider the application of such an approach. In 2008, the Society was hired as a consultant and authored a report on the current state of programming for girls in the Province of BC. In July, 2008, the report was published on gender sensitivity for young women incarcerated in BC with recommendations for a process of change for movement towards gender specific services.

Overall aim of the workshop

To review recent changes, and the current situation for young women incarcerated in BC, so as to generate knowledge development to encourage attention, study, and ongoing movement towards a gender sensitive response.

1. Objectives

Participants will identify the current barriers to a gender sensitive response for incarcerated young women in BC, develop recommendation for ongoing change management

2. Description

Divided into small groups, participants will generate recommendations for enhancing programming, codifying policy regarding female only living environments inclusive of staffing, and the development of community alternatives.

Detailed outline - include percentage time for each element of the workshop

1. Presentation of the report findings in brief (15%)
2. Presentation of the three themes (programming, systemic policy, and community options) for brainstorming the building a new way forward for incarcerated young women in BC (5%)
3. Small Work groups to generate options and ideas for presentation to the larger group (20%)
4. Presentations (20%)
5. Identification of 3 key initiatives that resonate with the broader group (15%)
6. Mapping initiatives that participants may choose to take to forward the key initiatives (20%)
7. Creating a memory of commitment (commitment postcards) to encourage implementation and reporting of action (5%).

Skill and Prior Experience:

Shawn Bayes is the Executive Director of the Elizabeth Fry Society of Greater Vancouver and was a sessional instructor at the Institute for Indigenous Government (now NVIT); has presented prior workshops and is a trained facilitator and occasional organizational development consultant working with Boards of Directors. Joan Winchell, briefly retired. She was the Executive Director of an Elizabeth Fry Society elsewhere in Canada before relocating to BC; is the Director of Justice and Development for the Elizabeth Fry Society of Greater Vancouver and has over 20 years experience working with groups and facilitating discussions/forums.

Ways forward

The workshop further the conference mission through advocating for the promotion of position change in the BC custodial system for incarcerated young women and engages the expertise and abilities of participants to further advocate for change; and generate increased knowledge of the circumstance of incarcerated girls in the Province of BC.

Continuity of Care and Community Reintegration

10015

Who Better to Care for Them?

Robert J Adamson, Age 65, "Lifer" (19 years incarcerated)

Palliative Caregiver

Palliative Care giving Program was started at Sumas Centre in the mid 90's. Offenders completed 3-6 month training program before becoming involved in the care of dying offenders and invalid offenders. Coarse were offered at Mountain (medium) institution and Ferndale (minimum) Institution from 2000-2005, Chilliwack Halfway house provided a 3 bed wing for palliative care in 2005. I attended a 7 week palliative care program at Chilliwack Halfway house from March 3rd - April 11th 08; five other offenders also attended the coarse. There was one offender (client) as a resident from Dec 2007, who was on Dialysis (Kidney) for the past three years. He required minimal assistance until his health worsened in April 2008. Another client was a quadriplegic confined to a wheelchair. Our final client was a 78 year old suffering from dementia and needed 24 hour supervision.

The purpose of these palliative care programs is to allow offenders to die with dignity and to provide the best possible quality of care (on a 24h basis). Clients (offenders) are referred to the centre in their last 6 months of life. As care givers we are trained to view dying as an inevitable part of living, provide relief from pain or other distressing symptoms, respect personal, cultural, lifestyle, and religious beliefs, keep a daily log stating changes in behaviour or attitudes; also informing nursing assistants if any changes in health issues. As care givers, we are there to listen; not work miracles. We are there to create a safe and sacred place for feelings at be expressed; not to make feelings go away. We are there to help clients identify their option; not to make decisions for them. We are there to discuss steps with clients; not take steps for the client. We are there to help the client (re)discover their own strengths; not rescue them and make them more dependent. We are there to advocate for clients dignity and integrity; not diminish their uniqueness. We are there to create an environment in which the client can help themselves; not to take responsibility for them. We are there to encourage clients to make informed choices; not decide for them what they need/don't need to know. We are there to answer all questions truthfully; not give the client false hopes. We are there on a trusted basis of honesty; not deceive or steal from clients. We are there to keep the nurses, doctors, and family informed of the clients condition; not act as qualified professional, conducting professional changes (tubes, bandages), or to administer medication without permission.

10008

Stories of transformation:

Aboriginal offenders' lives in the community after incarceration

Teresa M. Howell

The goal of this study was to gather information from Aboriginal offenders and develop a categorical map that describes the factors that help and hinder maintaining a crime free life after incarceration. The critical incident technique was utilized to examine 42 Aboriginal offenders' journeys from prison to the community. Three hundred and forty-one incidents collapsed into nine major categories representing themes that were helpful in maintaining a crime free life:

- 1) transformation of self
- 2) cultural and traditional experiences
- 3) healthy relationships
- 4) having routine and structure in daily living
- 5) freedom from prison
- 6) purpose and fulfillment in life
- 7) attempting to live alcohol and drug free
- 8) professional support and programming
- 9) learning to identify and express oneself

Seventy-eight incidents formed four categories representing obstacles that interfere with maintaining a crime free life:

- 1) self
- 2) unhealthy relationships
- 3) substance use
- 4) lack of opportunity and professional support.

The findings were compared and contrasted to two major theories in the literature: desistance and the risk-needs-responsivity principle. Most of the categories were well substantiated in the literature contributing knowledge to theory, policy, practice, and the community. Information obtained from this study provides an increased understanding of the needs of Aboriginal offenders and offers guidance concerning useful strategies to incorporate into their wellness plans when entering the community, most notably respecting Aboriginal culture and traditional practices. The findings also add awareness of those circumstances, issues, and problems that arise during transition that may be harmful or create obstacles to a successful transition.

10011

Participatory research by women in prison exploring housing to improve their health: Where do we go from here?

McMillan, Jennifer; Martin, Ruth Elwood, Hanson, Debra; Ramsden, Vivian R; Buxton, Jane; Granger-Brown, Alison; Magana, Nancy Espinoza-Magana; Janssen, Patti; Corneil, Trevor; Hislop, Greg TC;
Additional authors: See names of all co-investigators of the research team at <http://www.womenin2healing.org>

Objective

To describe ways that women inside and outside of prison engage in participatory research to improve their health, to share their findings related to homelessness and housing, and share their actions and interventions undertaken to improve housing for BC women prison leavers. The design is participatory research, multi-method data collection and analysis. The setting is a provincial correctional centre for women in Canada.

Participants

Women inside and outside of prison who were engaged in participatory health research.

Methods

Inside prison, women designed and conducted a cross-sectional 'market research' survey of housing needs; wrote letters, proposals, PowerPoint presentations, narratives, hosted forums, discussions and debriefing meetings. Meetings and debriefings were taped and transcribed. Survey data was analyzed using descriptive statistics. Thematic analysis was conducted on written data by women prison leavers and academic researchers in a participatory and iterative manner, individually (NVivo software and/or paper and highlighter pens) and subsequently meeting together.

Main Findings

Homelessness and housing emerged as a major health theme. Women in prison wrote about this problem to community organizations, philanthropists and government agencies, designed a proposal for 1st and 2nd stage housing, and designed and conducted a cross-sectional survey for themselves and other inmates (N= 115), with response rate 78% Page 18 (90/115). Respondents reported that homelessness was a problem on previous prison release (60%) contributing to their return to crime (78%). Preferred housing characteristics included exclusively for ex-prisoners (82%), being clean and sober (63%), job skills and education (48%), access to recreation, sports or crafts (49%), job skills and education, accommodating pets (44%) and children, and on-site counselling (35%). Outside prison, women compiled and mapped housing information and created a Web-based housing resource for BC women prison leavers.

Conclusions

Homelessness emerged as a major theme in a women's prison participatory health research project. Women created a Web-based community housing resource database for prison leavers.

10059

Street School and KRCC – Community Literacy Partnerships in Practice

P. Grinberg, E. Dabner

School District 73, Kamloops, CANADA

Background

The Kamloops-Thompson School District’s “Street School” is an adult continuing education program providing an opportunity for students to learn basic literacy skills and acquire accredited high school courses that can be used towards a BC Adult Dogwood Diploma. Street School addresses an identified need for education for adult learners in Kamloops with multiple barriers that prevent them from making significant gains in their educational goals. In addition, Street School provides a seamless integration for offenders housed at the Kamloops Regional Correctional Centre (KRCC) who wish to continue their education upon their release. Now in its third year of operation, the program continues to gain support and expand its focus to include a functional reading skills group for students with very low levels of literacy. Community involvement in Street School now includes such groups as the Aids Society of Kamloops, Volunteer Kamloops, 2010 Legacies Now and Thompson Rivers University. The overall aim of the workshop is to share some of the successes and challenges met in developing and delivering a multi-faceted adult education program involving numerous community stakeholders. The workshop will be of interest to those looking to garner support for developing literacy and alternate adult education programs, or for those who wish to expand their programs and reach a wider variety of local community groups.

Objectives

Participants will share their experiences with alternate adult education in their own communities, and their successes, challenges and growth plans. Participants will explore opportunities to collaborate with educators and community groups in order to expand their region’s literacy and adult education outreach program network.

Workshop Description

Peter Grinberg, MA, is a teacher and coordinator of Continuing Education with the Kamloops-Thompson School District. Peter divides his teaching time between Street School and the Kamloops Regional Correctional Centre. As the driving force behind Street School, Peter regularly liaises with a number of community groups, non-profit organizations and other parties whose support and awareness has been instrumental in the growth of Street School as a program of choice for adult students whose needs for support extend beyond the classroom. Workshop format will consist of approximately 33% Presentation, 33% Discussion, 33% Group work/collaboration/ideas exchange.

Ways Forward

Street School demonstrates how an education program can incorporate the interests and goals of numerous community stakeholders into a diversified and coherent adult education model. Street School represents part of an integrated whole designed to facilitate adult learners' health, independence and functioning as part of their community. Individuals in custody can complete their graduation once released from prison, which increases their employability, and they have opportunity to connect with support groups, which may reduce their chances of recidivism. The Street School workshop would best adhere to the following Conference goals:

- 1) The Street School and KRCC program is an example of best practice for incarcerated adult males who wish to reach their goal of graduation once they are released from prison.
- 2) The "Street School workshop" offers prison educators an opportunity to explore ways in which to diversify their existing programs to meet the needs of post-release inmate students.

10025

Prison Education and Transition to the Community: Arguments for Online and Distance-based Education in Correctional Settings

Brian Burtch and David Hunt

Background

British Columbia is recognized as a pioneer in face-to-face delivery of postsecondary credit courses leading to diplomas or degrees for prisoners as well as evaluation of such programs (Duguid 2000). There are however substantial barriers to offering credit or non-credit postsecondary courses in custodial settings. Prisoners' involvement in online university programs could benefit students, inmates, the prison, the university, and the general public while addressing concerns that contributed to the demise of British Columbia's original prison university program in 1993

Methods

Using available literature on Prison Education as well as the current state of affairs in universities and penitentiaries in British Columbia (Canada), the authors discuss: 1) the value to the prison system, the inmates, and academia of prisoners participation in postsecondary education; 2) barriers to inmate participation, 3) the prospect of using technology, cooperative effort, and mutual gain in working around barriers; and 4) pedagogical frameworks for both inmate-oriented programs (i.e. designed specifically for inmate populations) and inmate-involved programs. Theoretical work from Criminology and the Sociology of Punishment is featured along with operational developments from reports and panel recommendations linked with the Correctional Service of Canada (CSC)

Results

Several objections to implementation of online/distance-education programming are addressed and recommendations made for melding security concerns with wider access to educational resources for prisoners. We consider how the advent of modern communications technology has created new opportunities to overcome existing barriers to offender participation in postsecondary education.

The way forward

The authors close with recommendations for policy initiatives to promote prisoners' health and educational attainment and to strengthen liaisons with postsecondary institutions and the wider community. From this perspective, online university programs could serve as the intersection of mutual interest and gain.

Stephen Duguid (2000) *Can Prisons Work? The Prisoner as Object and Subject in Modern Corrections*. University of Toronto Press.

10040

Finding Community Options Within the YCJA: Developing Gender Responsive Community Alternatives

D. Riddle

Elizabeth Fry Society of Peel-Halton, Brampton, CANADA

Background

The Province of Ontario provides community detention and custody facilities for girls and are the sole province to do so. The Elizabeth Fry Society of Peel-Halton operates a community detention/custody facility for girls between the ages of 12 and 18. The program, Marjory Amos Residence, has provided innovative programming and services for over 20 years – from detention and custody to follow-up and aftercare to Female only Attendance Centre for girls in the community through either our community custody facility or through the secure custody environment. The YCJA has provided opportunities for the agency and the residence that continue to support the mandate of community based alternatives before secure/jail type methods of detainment are implemented. The program has now been designated as the residence that will review all girls, 12 to 18 years of age in South Central Ontario, to complete assessments to determine their “level” of needs and risks for detention. Of the 149 young women that we worked with last year, planning was put in place to enable all to remain in the community and not in a secure custody/jail placement.

Aim

To demonstrate the effectiveness of community detention and custody for young women under the supervision of the YCJA through principles of community safety, accountability and reduction of recidivism, and the delivery of rehabilitative programs based literature and best practices for service delivery.

Objectives

- To provide cognitive behavioural principles and interventions, best practices and consultations that community custody/detention residence can facilitate alternative service to young women that address the issues above.
- To identify the services and programs needed which are youth-centred and delivered in a multi-disciplinary teamwork which promotes reintegration and rehabilitation by an all female staff group
- To identify the success that a 20+ year residential program for young women can and should be replicated in all provinces

Description of Workshop

An interactive information workshop will enable participants to identify and describe the Level of Determination process utilized by the Ontario Government for identification of placement for detention young woman between the ages of 12-18 – recognizing the minimum required for protecting both society and the young woman. The Workshop will:

- Review how the residence has provided residential and re-integrative services for 20+ years for young women (10%)
- Present the Structure Decision Model – a female based case management tool (35%)

- Identify how the agency is now providing additional alternative services to young women with the Attendance Centre's – another avenue for young women to seek services without entering either the residential or the secure custody system (25%)
- Review key resources from the Ontario's Youth Services Manual, Program Design Manual, Residential Services Standards and Guidelines Manual, Youth Justice Open Custody/Detention Services Framework and the Youth Justice Operational Policy and Procedures Manual (10%)
- Review the successes and failures of the program (15%)
- Discuss the future initiatives of the organization to address barriers and challenges in Ontario (5%)

The Presenter

Deborah Riddle has been Executive Director of the Elizabeth Fry Society of Peel-Halton for the past 2 years. She has over 15 plus prior years of experience in the agency as the Manager of Youth Services, and Manager of Marjorie Amos Residence, the discussed facility. Deborah was instrumental in the development of the agency Followup and Reintegration programs and the attainment of the only All Female Attendance Centers in Ontario. Deborah was seconded to the Ministry of Community Safety and Correctional Services – Bell Cairn Training facility and instructed all core programme for youth serving organizations in the province. As well as an instructor with Sheridan College Institute of Technology and Advanced Learning for 10 years in the Social Work and Community and Justice Worker Programme. She sits on both the Minister's Adult Community Advisory Committee and the Minister's Youth Advisory Committee's in Ontario. Deborah and the organization are well represented at most youth serving table and are tireless supports and advocates for female services in the province of Ontario.

Ways Forward

The workshop furthers the conference mission through advocating for the promotion of positive change within custodial systems and communities through demonstrating a community alternative and facilitates advocacy for effective alternatives.

10060

Developing a Proposal For Medical Student Involvement In Prison Health In BC

Malebranche, Danny, UBC Faculty of Medicine Class of 2011

Koehn, John, UBC Faculty of Medicine Class of 2011

Background

i. Importance of the workshop subject

There is a current need in prison system in Canada for physicians and other health professionals. Early medical student exposure and awareness of prisoner health issues will serve to meet this need in the future. We hope to initiate a couple of options for medical students to be involved in prisoner health, including a fourth-year elective and student facilitated health education seminars with inmates. These undergraduate educational options would complement the residency prison health electives currently offered within the Division of Prison Health and Education.

ii. Overall aim of the workshop – one sentence

Awareness, networking, feedback.

Our aim is to inform members of the prison health community of the interest of medical students in prison health, to make connections within this community, and to obtain feedback on our proposals.

Objectives

i. 1st objective

Participants will meet with medical students concerned about prisoner health and learn about current initiatives to involve medical students in prisoner health.

ii. 2nd objective

Participants will network with other health and interdisciplinary workers interested in prisoner health and education and those interested in continual education and training of prison health and education professionals.

iii. 3rd objective

Participants will engage in a two-way exchange on proposals to have medical students involved in prisoner health.

Description

Participants will actively engage in discussion and critique of workshop ideas, namely the training of prison healthcare workers. As medical students, both presenters participate and facilitate regularly in small group learning environments. Also, we both have experience presenting at international academic conferences.

Ways forward

i. In what ways do you see your workshop moving forward with the conference mission: to encourage and facilitate collaborative opportunities of prison, academic and community for enhancing health, education, research, service and advocacy, for the social well-being and (re)integration of individuals in custody, their families and communities

One of our aims is to establish a connection between UBC's medical school and the prison health community. To achieve this we hope to develop a fourth-year elective option for medical students interested in prison health and we are supported in this by the Division of Prison Health and Education. We see this workshop as a preliminary and important step in partnering with prison health community to this end.

ii. In what ways does/will your work address the conference goal(s)?

Our workshop addresses both the 'continuity of care' theme as well as the 'prison as healthy setting' theme by asking the question: how can medical students be involved in prisoner health? One part of our proposal is to have medical students facilitate health education seminars with inmates on the weekends. The second part is to develop a fourth-year elective option for medical students to do a clinical elective within a B.C. prison. The Division of Prison Health and Education would foster and support these undergraduate educational options.

There is a current need in Canada's prison system for physicians and health care professionals. Early medical student exposure and awareness of prisoner health issues will serve to meet this need in the future. We aspire to initiate options for medical students to become involved in prisoner health, including a fourth-year elective and student-run health-education seminars for inmates. Our aim is to inform members of the prison health community of the interest of medical students in prison health, to make connections within this community, and to obtain feedback on our proposals. Our workshop addresses both the 'continuity of care' theme as well as the 'prison as healthy setting' theme by asking the question: how can medical students be involved in prisoner health? One part of our proposal is to have medical students facilitate health education seminars with inmates on weekends. The second part is to develop a fourth-year elective option for medical students to do a clinical elective within a B.C. prison.

10069

“Collaboration between ASO, Public Health, and Correction Service Canada”

G. Simmons

Canadian Treatment Action Council, Toronto, CANADA

Background

In Canada ASO face an uphill battle trying to work with their clients in prison. Documentation that HIV and HCV prevention and harm reduction policies, and programming is strengthened by a collaboration between public health authorities and prisons. For example, CSC has entered into a number of memoranda of understanding with the Public Health Agency of Canada related to infectious disease surveillance and HIV and HCV prevention and harm reduction. Greater collaboration of this kind at both the policy and programmatic levels would help ensure more comprehensive programming for prisoners in Canada. One challenge to scaling up this collaboration is the organizational structure of public health authorities in Canada. In many provinces, decisions about public health resource allocation and programming are made at the level of local public health units, which do not have an administrative counterpart in corrections structures.

This topic is of great importance to PLWHA/HCV accessing treatment, because policies in a given program area vary widely by jurisdiction; also, some jurisdictions have policies and some do not. From the outside, it almost appears as if each jurisdiction has “reinvented the wheel” each time an HIV and HCV prevention or harm reduction policy is enacted in different prisons. The overall aim of this workshop is to open up a dialogue between the different groups and come up with ways they can confront the barriers established by the lack of a sustainable collaboration.

Objectives

The primary objectives of this programme are to provide theoretical and practical tools and an enabling environment to HIV/AIDS leaders in the community, ASO, NGO to open up a dialogue with Corrections Service Canada (CSC) on collaborating together to facilitate equal access to treatment for all PLWHA/HCV. Further objectives are to facilitate knowledge exchange and partnership building through the inclusion of diverse populations and leaders with a range of roles within their organizations. Have a better understanding of the steps they need to take to ensure that PLWHA/HCV have their needs met. Understand that collaboration can be sustainable and effective only if formal structures, processes and mechanisms are in place “to ensure that a collaboration in a consistent and systematic way”. Participants will learn of “The Six Strategic Directions for Action” and how they can affectively contribute to the process.

Description

This presentation is based on the research compiled in “Hard Time: Promoting HIV/AIDS and HCV Prevention Programming for Prisoners in Canada”, and how many of the best and most promising programs described in this report are the result of collaboration among two or more of prisons, public health, Community Based Organizations, and prisoners themselves. Also through my own research, I came to the conclusion, that collaboration and partnership building can be achieved and sustained through the provision of appropriate tools be given, the involvement of all relevant participants, and the creation of an

enabling environment. I have planned different ways to get participants interacting with each other. These plans include issue identification through group participation, small group analysis of the issues, including their definition, the articulation of needs to resolve them, and the analysis of key stakeholders involved in their resolution. A power point presentation with participants contributing in the discussion by sharing stories of successful collaborations, and ways they or their organization can help change the current process of very little interaction between CSC, NGO and ASO in enhancing access to treatment for PLWHA/HCV. The workshop will be broken into two parts. The first part will run for approximately 45 minutes to an hour, and will be the power point presentation of 13 slides. The second half is based on group discussion: brainstorming, analysis of issues, ways of resolving issues with different scenarios.

As the Prisoners/Ex-prisoners Representative for the Canadian Treatment Action Council, Mr. Simmons has done presentations in the Ontario region on Prisoners living with HIV/AIDS/HCV (PLWHA/HCV) and the problems, they encounter accessing treatment, and ways to advocate for changing CSC current policies relating to this issue. As a member of PASAN (Prisoners HIV/AIDS Support Action Network), he has done an enormous amount of public speaking to youth groups about HIV/AIDS Prevention and Education, along with sharing his personal story in hopes of these troubled youth will change the paths they have taken. Mr. Simmons also is involved on different committees and facilitates workshops for ASO or Social Service agencies to help them understand PLWHA/HCV and the unique issues they can face upon their release back into the community.

This workshop will help the participants to have a better understanding of the barriers facing a productive collaboration, and the skill to combat them in a healthy and constructive manner. Understanding the issues and barriers encountered by prisoners, and those organizations trying to help enrich those same lives. Going forward I hope to impart the desire to work together for the betterment of all PLWHA/HCV and their organization. Collaborate with the different organizations no matter the circumstances, and the wisdom to overcome those same circumstances.

10063

Gender Sensitive Case Management for Women on Parole with Residency

M. Ziegler¹, T. Crawford²

¹Elizabeth Fry Society of Greater Vancouver, New Westminster, CANADA;

²Elizabeth Fry Society of Kingston, Kingston, CANADA

Women in Canada are incarcerated in different conditions than men. Virtually all prisons in Canada are multi-level security which limits the ability of women to meaningfully “cascade down” through varying levels of classification and security within prison. Further, sentenced women in comparison to men have higher prevalence of mental illness, addiction, illiteracy, and complex needs. Within the environment of prisons women are released into the community with substantively less opportunity to experience the benefits of a minimum security prison inclusive of community access, increased responsibilities and benefits, and programs. The Elizabeth Fry Societies which operate halfway houses are recognized for their gender expertise and recognized as leaders in community case management.

The workshop aims to present best practices and discuss case management considerations for women within a gender sensitive framework that considers their systemic increased barriers to successful reintegration.

Participants will:

- Identify the systemic barriers to successful reintegration for women being released from federal prisons
- Identify case management considerations and responsive planning
- Identify strategies to facilitate successful reintegration for women.

During the workshop participants will review the demographic profile of federally sentenced women in Canada (15%); the requirements for community supervision of women on parole with residency requirements by the Correctional Services of Canada (25% of time), examine two fictionalized case files to identify barriers and their impact on women (20%); and case management and integration strategies within a community residential setting (25%); and transitional strategies to support women moving as life time parolees or ending parole (15%). Trish Crawford has a background in Education. Marni Ziegler is a trained group facilitator. Both have substantive histories of leading and facilitating meetings and groups.

Ways forward

There is a limited body of research and discourse between community agencies and researchers regarding the successful case management of women leaving prison, their unique challenges because of the penal system in which they are incarcerated, the service and advocacy that community agencies provide to facilitate the successful transition of women into the community. The workshop facilitates the creation of education and professional development opportunities for community workers and advocates to support women in the challenges they face.

BOOTH

10035

Correctional Service of Canada: The Community Mental Health Initiative (Prairie Region: Manitoba/Northwest-Ontario Corridor)

L. Gluck¹, A. Howie¹, J. Mackenzie²

¹Winnipeg Area Parole Office, Winnipeg, CANADA

²Stony Mountain Institution, Winnipeg, CANADA

The Correctional Service of Canada, as part of the criminal justice system and respecting the rule of law, contributes to the protection of society by actively encouraging and assisting offenders to become law-abiding citizens, while exercising reasonable, safe, secure and humane control. The objective of the Community Mental Health Initiative (CMHI) is to "better prepare offenders with serious mental disorder for release into the community by strengthening the continuum of specialized mental health support and providing continuity of support from the institution to the community."³ The objectives of the CMHI include, increasing discharge planning for offenders with mental disorders at men's and women's institutions, allocating mental health specialists (clinical social workers and mental health nurses) to support offenders residing in the community, provide resources and services to respond to the special needs of offenders in the community and the provision of mental health training to staff and community partners.

CMHI evaluation is ongoing at regional and national levels. Current statistics indicate a high need for service at both community and institutional sites in Manitoba. Best practices in the region include community capacity building, communication between staff and offenders, advocacy, accompaniment support, consultations, connection with post-secondary institutions and the facilitation of training.

The CMHI in the Manitoba region is committed to developing collaborative partnerships with our community partners to improve the re-integration of our offenders into communities. The daily requirements of clinical social workers and community mental health nurses are directly related to the promotion of social well-being and advocacy of our offender population and their families.

³ CMHI Newsletter, August 2006.

BOOTH

10051

HIV/AIDS, Hepatitis C Follow up and Support in Fraser Health Communities

A. Rai

Fraser Health Authority, Surrey, CANADA

Individuals being discharged and released into the communities of Fraser Health can access services, such as:

1. Fraser Hepatitis Service: treatment, support and referrals for Hepatitis C positive clients.
2. Positive Health Services: Medical assessment, treatment, testing, support and referrals for those HIV/AIDS and Hepatitis C positive individuals. Staffs include infectious disease specialist, nurse, pharmacist and social worker.
3. Surrey Street Health Outreach Program: primary care clinic for those with addictions concerns, homeless, and those without medical coverage.
4. FH HIV/AIDS nurses: support, education, partner notification, referrals to support services, immunizations for HIV and/or Hepatitis C individuals and their families and partners.

Local Public Health Units: immunizations, communicable disease follow up; TB testing

www.fraserhealth.ca

BOOTH

Women into Healing

Members of Women into Healing

Vision

The vision of *Women into Healing* (WITH) is for women to be empowered in their emotional, spiritual, physical and mental healing in and out of prison through participatory research (PR) processes.

Objectives

Objectives for WITH members are to engage in one, two and/or three of participatory research circles of activity: collaborative research; reciprocal capacity building; action.

WITH goals are to improve:

- access to safe and stable housing
- peer and community support
- one's ability to contribute to society
- relationships with children, family and partners
- job skills, training, relevant education, and employment
- awareness of wellness, and integrating wellness into life
- dentition and oral health
- access to consistent (primary) health care
- education of health and disease

Description

Women developed an orientation package, terms of reference and guidelines for their formalized engagement. They gain mutual support through a closed Facebook group, a Webpage/Blog, WebEx and face-to-face meetings. We acknowledge in-kind and funding support from Vancouver Foundation, Fraser Health Authority, BC Women's Hospital, Womens Health Research Institute, WHRN and W2M2.

Evaluation

Promising practices include reconnecting with children and families, engaging in courses for credit, job skill development, writing, media advocacy, group processing interpersonal skills, computer skills, health promotion and publication/distribution of a newsletter.

Limitations include communication difficulties, due to scattered locations, and the 'iterative' nature of participatory (dis)organization.

Evaluation measures include WHO-BREF survey, narrative enquiry and an economic evaluation.

Ways forward

WITH plans to share with conference academics, community and policy makers ways that participatory research processes facilitate members' (re)integration into society.

BOOTH

Collaborating Centre (Division) for Prison Health and Education

Members of the Collaborating Centre (Division) for Prison Health and Education

Vision and Mission

VISION: enhancing social well-being and community engagement

MISSION: The Division of Prison Health and Education (DPHE) is committed to encouraging and facilitating collaborative opportunities for health, education, research, service and advocacy, to enhance the social well-being and (re)integration of individuals in custody, their families and communities.

Goals

See Webpage: <http://www.familymed.ubc.ca/dph> for a full description of the goals.

- HEALTH AND EDUCATION

For example, to facilitate the creation of opportunities for medical and health care students, residents and students from various faculties to work and learn in prison settings

- RESEARCH AND COMMUNICATION

For example, to facilitate opportunities for research in prison and /or communities

- SERVICE

For example, to encourage and facilitate faculty to engage with prison communities and community care workers

- ADVOCACY

For example, to disseminate knowledge through a variety of media

Description

Membership of the DPHE is designed to be inclusive, invitational and to create opportunities. Members would include: faculty from UBC, SFU, UVIC, UNBC and community colleges; health care professionals, community care workers and prison workers; individuals in custody and/or for those who are (re)integrating into the community

Immediate action items include creating a database inventory of all DPHE members and developing increased opportunities for undergraduate/postgraduate medical education in correctional institutions

Evaluation

Promising practices of DPHE include organizing the prison-academic-community conference and creating linkages with WHO Europe Health in Prisons Project.

Limitations include the lack of operating funding.

Ways forward

We will create a working circle to develop a Collaborating Centre for Health Promotion in Prison

BOOTH

Calibre Health Services Inc.

Joye Morris, Wynne Dobbs, Dalene Paine

Vision Statement

Calibre Health is committed to promoting the health and wellness of persons in custody. We believe in creating an environment that fosters integrity and quality of care.

Objectives

Calibre Health Services Inc. provides multi-disciplinary health services to all of the Provincial Correctional facilities in British Columbia. We have enjoyed over twenty year of excellent working relationships with the British Columbia Corrections Branch.

Health Services are provided by a multi-disciplinary health professional team. Physicians, Dentists, Psychologists, Psychiatrists, Nurses, and clerks are just some of the professionals working for us. Correctional facilities are located in several locations in BC. The various locations include Vancouver Island, the Mainland, Kamloops and Prince George. We operate in a setting that not only utilizes the team of health care individuals but also we work in close co-operation with the Correctional Officers and the Corrections branch.

Working in Corrections provides a non- traditional health care environment. The facilities provide an atmosphere of professional challenge that will test your experience in mental health nursing, addictions, emergency, acute care, community and home care skills.

Calibre Health is committed to providing quality care to persons in custody and to continue to improve on the level of care we provide. We employ skills in patient care that have both immediate and long-term impact on the health and future of our clients. We have the ability to serve as a health advocate for people who may not want help or are unable to care for themselves. Our clients typically have high-risk lifestyles and poor health practices. We are constantly updating our practices with the changes in health care practices, especially around addictions and infectious diseases.

We are committed to providing care that respects fairness and integrity in a consistent unbiased manner. Promoting diversity and recognizing the needs of those we serve.

Calibre is committed to encouraging and facilitating collaborative opportunities of prison, academic and community for enhancing health and education for the social well being of individuals in custody, their families and communities.

We will be bringing our promotional and recruiting posters which are large, professional and free standing. They help to describe what it is that we do and where in the province the facilities are located. We will be bringing some handout and promotional materials to give to conference participants if wanted. Most of our materials describe what we do and our vision statement to provide quality care to persons in custody.

BOOTH



TRIANGLE COMMUNITY RESOURCES INC.

Triangle's **Vision** is to **MOTIVATE** each individual in becoming **INSPIRED** to reach their full potential and progress towards their **SUCCESS**.

Our **Mission Statement** is to Realistically and Practically Improve the Overall Employability of Participants Moving Them On To Independence Through Employment or Further Related Training. Triangle has designed its entire programs with the ultimate success of the participant in mind. The programs take a holistic approach to the participant and group experience; encompassing their personal history and their presenting barriers to finding and keeping employment.

The WRITE Program- Women Reaching Independence Through Employment

The women's 6-week program acknowledges the diversity of women and their experiences, and helps improve their lives. As women gain education, they gain confidence and the hope of a better future. For many women, the idea of re-entering the workforce is intimidating. To create this future, they must take the first steps into the workforce - education and training. The program enhances women's personal and professional lives by offering information, resources and career counselling to encourage women to consider non-traditional careers and occupations.

The RITE Program - Men Reaching Independence Through Employment

Finding your goal or your purpose in life is something that can seem overwhelming when faced with challenges. Sometimes, it's easier NOT to look at what is preventing us from achieving personal success or fulfillment. The R.I.T.E. Program is like a 6-week gift of time – to enable you to take a long, hard look at what you want, what you need, and what's stopping you from getting it.

BOOTH

VANDU

The VANDU Women's Clinic Action Research for Empowerment Project was a qualitative Participatory Action Research (PAR) project that aimed to understand the primary health care experiences of women who use illicit drugs in the DTES. The research partnership and project was created specifically to address concerns raised by the VANDU Women's Group about women's experiences of primary health care in a context of multiple emerging policy and service reforms. The project brought together members of the Vancouver Area Network of Drug Users (VANDU) Women's Group, and academic researchers from British Columbia Centre of Excellence for Women's Health, and the UBC School of Nursing, to form the research team. This booth will describe some of the key findings of this study that focus on the role of stigma, discrimination, and criminalization in impacting the health care needs and experiences of women who use drugs.

POSTER

10005

Doing Time: A Time for Incarcerated Women to Develop an Action Health Strategy

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⁴Women in2 Healing, B.C., CANADA

Background

The current project is based on nine health goals, which emerged from participatory research conducted by women in prison:

1. Improved relationships with children, family and partners
2. Improved peer and community support
3. Safe and stable housing
4. Improved access to individualized primary health care
5. Increased job skills, training, and relevant employment
6. Improved health (physical, emotional, spiritual, and mental)
7. Improved dentition and oral health
8. Improved access to health education and increased health knowledge
9. Increased ability to contribute to society

Project Objectives:

1. To determine the impact of women's ability to meet their health and social goals during the 1-year post-release from prison
2. To identify barriers to community (re)-integration experienced by women
3. To develop a predictive model for recidivism based on health indicators
4. To foster/evaluate community-based peer support of released women.
5. To develop a health action strategy for incarcerated/transitioning women.

Methods

Community-based participatory peer researchers helped to develop survey tools, with open and closed-ended items based on the nine health goals. They invite prison leavers to be interviewed at 0, 3, 6, 9, 12 months post-release. This project received CIHR funding and UBC Research Ethics Board approval.

Results

Findings: interview data (in progress); challenges that we have addressed.

Discussion

This study will identify factors that impact the ability of women to meet their health and social goals during 1-year post-release from prison.

Ways forward

This presentation will increase awareness about participatory research use to further our understanding of factors associated with community (re)integration.

POSTER

10029

The Peer Assisted Living (PAL) Program: Addressing the unique needs of the older adult in a correctional environment

J.V. Farrell, J. Vanderheide

Regional Treatment Centre (Pacific), Correctional Service Canada, Abbotsford, CANADA

Background and Rationale

Population demographics suggest that the number of older adults within the correctional system will rise in coming years (Loeb & Steffenmeier, 2000). The Peer Assisted Living (PAL) program for senior offenders is unique to the Rehabilitation Unit at the Regional Treatment Centre (Pacific). This population experiences concurrent medical concerns, physical barriers, and cognitive & mental health issues. An interdisciplinary team and trained peer caregivers support the program, facilitating a culture of ability.

Program Description

Facilitating a PAL client through the correctional system includes a client-centred process of referral, assessment, health & correctional interventions and community reintegration. Strategies for daily interventions and long-term initiatives are discussed, including environmental modifications, medications, mobility, nutrition, cognitive impairment and caregiver health. Strengths, challenges and future program goals are addressed.

Evaluation Findings

Being early in development, PAL program evaluation is at a preliminary stage. Outcomes to date include increased referrals, collaboration with the community, clients returning to referring or minimum security level institutions and intervention-specific outcomes, including the implementation of a falls prevention program.

Discussion and Implications

By sharing the PAL program, more is learned about the challenges of this population and the collaborative resources required in managing these offenders effectively. The increase in awareness of this population has promoted dialogue regionally and nationally, supporting further program and outcome development.

Ways Forward

Through awareness of the PAL program it is hoped that professionals within institutional, community and educational settings may be better positioned to contribute to research, policy and collaborative program development for older offenders.

Harrison, M.T. (2006). True Grit: an innovative program for elderly inmates. *Corrections Today*, 12:46-49.

Loeb, S. & Steffensmeier, D. (2006). Older male prisoners: health status, self-efficacy beliefs, and health-promoting behaviours. *Journal of Correctional Health Care*, 12(4): 269-278.

POSTER

10030

Practicing Nonviolent Communication:

A Proposal for Enhancing Safety and Reducing Recidivism.

Raj Gill, B.Sc., ART., CPCC & Chris Rowe, Psy.D. Candidate

Continuity of Care and Community (Re)integration

Enhancing safety and reducing recidivism rates are two critical issues faced by Canadian Corrections officials. There are strong needs for safety within the corrections facilities themselves and also outside of prisons in our communities. Ideally, safety can be achieved in a way that recidivism rates are reduced reflecting the successful reintegration of returnees into society. Nonviolent Communication (NVC) is a model that has been shown, through a limited number of education related studies and considerable anecdotal evidence, to be significantly correlated with reductions in conflict. Developed by Marshal Rosenberg PhD, NVC has been applied in a variety of different settings which, in addition to schools, includes police departments, the military, with gangs, in peacekeeping efforts, in the courts, and in prisons, nationally and internationally.

The poster presentation will provide an overview of these NVC based programs, highlight the prison work, and discuss the four main tenets of NVC which include observations, feelings, needs, and requests. The presenters will also discuss the need for further empirical research on NVC and discuss two specific NVC based studies that are currently underway in Seattle, Washington. This research is a collaboration between Antioch University Seattle and Freedom Project USA. Plans are also currently underway to develop Freedom Project Canada, and the presenters will outline the strategies in place to facilitate this. Finally, the presentation will address the ways in which interested individuals and organizations can support this work and help to catalyze the use of NVC in prisons to enhance safety and reduce recidivism.

POSTER

10047

Exploring Health Outcomes of a Participatory Research Project in a Canadian Women's Prison

Gillian, P. Edworthy

Ruth, Elwood-Martin

1. Masters of Public Health, Kings College London, UK
2. Women into Healing: Community-based peer researchers, BC Women's Hospital, Canada
3. Department of Family Practice, University of British Columbia, Canada

Purpose

To explore health outcomes of a prison participatory research project. Imprisoned women formed a research team which investigated and shared knowledge on health and healthy behaviours with their imprisoned peers.

Methods

The participatory research project was conducted in the main short sentence medium security women's prison in Maple Ridge, British Columbia. The project ran in the prison from November 2005 to August 2007, and now in the community as "Women Into Healing" due to prison administration changes. A multi-method approach was used for data collection and analysis. Quantitative data was collected through the "Health Status and Resource Survey" on July 11th 2006 at ACCW. The survey was developed through participatory processes with imprisoned women and academic researchers and analyzed using descriptive statistics. Qualitative data was collected from focus groups held in Vancouver and Abbotsford during July and August, 2008. The focus groups were audio-recorded and transcribed verbatim. Transcripts were analysed using interpretative qualitative methods and organised using NVivo 8 software.

Results

95 of 120 imprisoned women completed the survey (response rate: 79.2%). Results provided evidence for a strong association between membership on the research team and improved health behaviours. Focus group analysis found ten themes describing the overall health benefits of membership. New hypotheses for further research were developed.

Conclusions

The participatory research project inside prison, and now in the community as "Women Into Healing," provides a unique opportunity for engagement of women during and after imprisonment to improve their health knowledge and behaviours.

Key Words: participatory, research, health, imprisonment, women, prison

POSTER

10049

Private Home Placements: Accessing and Managing an Offender Community Reintegration Program

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Background/rationale

Private Home Placement (PHP) exists as a type of correctional community reintegration program for day parolees and draws on the resource of private citizen-based housing and support. While a minority of day parolees experience this program, its potential expansion suggests a need to understand its features, including its prevalence, its successes and challenges, and its social implications. The paucity of literature on PHPs indicates under-examination of the model's associated social processes and everyday practices.

Methods

This project employed qualitative methods including: in-depth interviews with two home providers, one woman offender, and three correctional administrators; one focus group interview; participant observation; and content analysis. Grounded theory analysis of the data utilized NVIVO coding tools.

Results

Our data reveal correctional authorities' stringent consideration of the fit between offender and provider is illustrative of institutional efforts to gauge and monitor risks to the public, and to facilitate offenders' community reintegration. Basic information on contracted providers' range of expertise reveals some providers hold nursing or alcohol/drug counselling credentials. Findings show the concept of responsibility is central to the program's organization and framing of practices.

Discussion/implications

Diverse understanding and negotiating of responsibility provides space for program flexibility. The findings also indicate providers require further correctional-based resources. Of note, offenders, especially women with substance use histories, require increased access to the program.

Ways forward

Our project seeks to raise public awareness of offenders' specific need to reintegrate back into community life through environments where they are possibly the most supported.

POSTER

10065

Health Benefits from Horticulture in a Prison Setting

C. Hemingway, all women with Women in2 Healing

Women in2 Healing, www.womenin2healing.org, CANADA

Background

Many women in prison have poor health and diet. At the initial participatory research forum at a provincial women's prison, one woman suggested starting a community garden so that inmates could learn to grow vegetables, and the prison diet would improve. This presentation describes how women in prison learnt how to grow a vegetable garden and how they improved their health.

Methods

Incarcerated women in a provincial prison engaged in participatory health research. This presentation is based on journal entries and personal recollections of one woman who was a member of the prison research team and also the horticulture team. A five item survey was created and conducted by incarcerated women regarding prison horticulture.

Findings

Horticulture became a prison work placement to which every woman was assigned upon their arrival. The women built 32 boxes for vegetables and several fruit trees. The majority of women's survey responses included: gardening is therapeutic and relaxing (helps with sleep); gives the women responsibility and structure; empowering and sense of ownership; provides a sense of self worth and self esteem; feelings of contribution and accomplishment and working as a team. Women responded that horticulture improved their physical fitness and nutrition, and was educational and therapeutic.

Discussion

Women identified that prison horticulture improved several areas of health. Many women were motivated to work hard by seeing their results in the garden.

Ways forward:

Prison horticulture resulted in women gaining skills that they can use in the community – they empowered themselves, started a new hobby and had fun doing it.

POSTER

10070

Point-of-Care Rapid HIV Testing in Prison: The BC Corrections Experience

Diane A. Rothern, MD

Background Rationale

The availability of a reliable one-minute test for HIV has the potential to change the face of HIV testing in Canada, especially in environments where individuals remain only briefly such as hospital emergency rooms and provincial prisons.

Program Description

Since December 2007, BC Corrections has offered a point-of-care (POC) rapid HIV testing option to all persons detained in five correctional centres in BC. Health care staff at each centre were specially trained in POC testing as well as pre- and post-test counselling and a vigorous advertizing campaign was undertaken to make everyone aware of its availability.

Evaluation Findings

The evaluation of this program is still underway. Early reviews suggest an increased uptake in HIV testing, better post-test follow-up and referral for treatment and high client and staff satisfaction with this testing option.

Discussion and Implications

The short stays and rapid turn-over of persons incarcerated in provincial correctional facilities make point-of care rapid HIV testing an ideal choice for HIV testing in this context. With conventional HIV testing taking up to three weeks to provide test results, patients often experience significant anxiety in addition to the stresses of incarceration while waiting for results to arrive and may be released from prison prior to receiving their test results thus jeopardizing follow-up and referral for treatment. With a high proportion of HIV transmission in the community resulting from persons who do not know they are HIV positive and the effectiveness of available treatment with highly active antiretroviral therapy (HAART), it behoves us to make testing and follow-up as easy and accessible as possible in all settings. We hope that other correctional jurisdictions will follow the example that BC Corrections has set and introduce point-of-care HIV testing in all prison settings.