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Re: CAEFS Regional Advocacy Visit, December 2024 and January 2025

This letter details the items at Nova that were reported to the Canadian Association of Elizabeth Fry Societies (CAEFS) Atlantic Regional Advocacy Team during our visits to NIFW in December 2024 and January 2025. This letter also includes a summary of the discussion that took place during the meeting on January 30, 2024, relevant laws and policies, and CAEFS' positions.

Thank you, and we look forward to your response.

Access to Family

Description: CAEFS received reports that family visits scheduled for the Private Family Visit Unit (PFV) were cancelled with short notice leading up to and during the December holidays. People expressed feeling upset about these last-minute changes and that it was especially difficult for people at that time of the year when plans were made in advance to have family visits. People reported being told by members of staff that cancellations occurred due to the PFV being used as a COVID-19 isolation unit.

Discussion: Management confirmed that the PFV sometimes needs to be used for population management, especially when the institution is at population capacity. Management stated that due to the increase in the number of people imprisoned at NIFW, the PFV was used as an isolation unit. Management stated that the goal is to keep everyone healthy and if the PFV is not intermittently used as an isolation unit wherein individuals can be moved to remove infection transmission to the rest of population. CAEFS asked if the PFV is currently (as of January 28, 2025) being used for isolation purposes and management confirmed that there is one person on medical isolation.

Law & Policy:

CCRA S.71(1) In order to promote relationships between [incarcerated people] and the community, an [incarcerated person] is entitled to have reasonable contact, including visits and correspondence, with family, friends and other persons from outside the penitentiary, subject to such reasonable limits as are prescribed for protecting the security of the penitentiary or the safety of persons.

CAEFS' Recommendations: CAEFS encourages NIFW to seek alternatives for isolation measures that do not include using the sole PFV unit for this purpose. Further, the guiding criteria in the regionalization of the Canadian penitentiaries designated from women was to promote close community and familial contact for federally sentenced women and gender-diverse people. Accordingly, all decisions should be made in the spirit of facilitation of the most broad and accessible access to community and family as possible.

Reports of Tuberculosis in NIFW

Description: CAEFS received several reports from individuals at NIFW that there are active cases of Tuberculosis within the institution. CAEFS asked management to disclose if these reports are accurate and asked about the protocol at NIFW when there is an outbreak of Tuberculosis, or other types of infectious illnesses within the institution.

Discussion: Management stated that there are currently no active cases of TB in the institution but also confirmed that currently there is one person in isolation who had one positive Tuberculosis skin test, but the test conducted yesterday (January 27, 2025) was negative; this person is being isolated as an extra precautionary measure. Management stated that all people who arrive at NIFW are offered a Tuberculosis skin test, everyone who has a positive skin test are isolated until further testing. CAEFS asked if this information is being communicated to the incarcerated people at NIFW and management stated that due to confidentiality rules, personal medical information cannot be shared. Management also stated that if information needs to be shared regarding general information about the requirement for isolation measures, this information will be communicated through the Inmate Committee Chair, and that person will provide information to the population.

Law & Policy:

CCRA S.3 (b) the Service enhances its effectiveness and openness through the timely exchange of relevant information with victims, [incarcerated persons] and other components of the criminal justice system and through communication about its correctional policies and programs to victims, offenders and the public;

CD 26 106 Communications products, activities and initiatives for [incarcerated persons] should be developed to provide information on issues that may impact them or may be of interest/value to them, such as the implementation of new legislation, the launch of new initiatives and programs, and operational changes.

CAEFS' Recommendations: CAEFS encourages NIFW management to provide clear communications directly to incarcerated people, especially regarding instances of communicable infections and/or diseases occurring within the institution. Providing information only to the Chair of the Inmate Committee does not ensure that this type of important information that might affect people's health and wellbeing is shared accurately throughout the population at NIFW.

Double Bunking

Description: CAEFS received reports about double bunking in multiple living units at NIFW. Individuals expressed that there is an adverse mental health impact of not just being double bunked but anticipating the possibility of being double bunked. People reported feeling stressed about being double bunked for both decreased accessibility in living units and because of concerns about overcrowding.



Discussion: Management acknowledged that while double bunking is not preferable, sometimes the only option is to install double bunks in living units, including the PFV. CAEFS advocates asked for the current population at NIFW and management stated that the institution is beyond capacity (capacity signifying a one person per bedroom placement). Management noted that NIFW has a rated capacity of 102, but can accommodate up to 117 individuals. Management stressed that they strive to end double bunking as soon as possible and added that prior to double bunking individuals, steps are taken to ask individuals living together in living units whether or not people would voluntarily agree to temporarily double bunk.

Law & Policy:

CCRA S.70 (Living conditions, etc.) The Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated persons] and the working conditions of staff members are safe, healthful

CCCRA S.70 (7): Population management strategies must include single occupancy when feasible and ensure that double bunking remains a temporary accommodation measure.

CCRA Purpose and Principles

(g) correctional policies, programs and practices respect gender, ethnic, cultural, religious and linguistic differences, sexual orientation and gender identity and expression, and are responsive to the special needs of women, Indigenous persons, visible minorities, persons requiring mental health care and other groups;

CAEFS' Recommendations: CAEFS encourages the CSC broadly to be responsive to the emotional and psychological impacts produced by physical conditions of confinement, especially double bunking women and gender-diverse people. People in prison maintain their constitutional right to dignity and have the right to live in a safe physical environment. Double bunking women and gender diverse people is widely experienced as a violation of a person's sense of safety and wellness which creates lasting adverse mental, physical and emotional impacts. CAEFS recommends that the CSC turn to decision making with a view towards alternatives to custody to lower the amount of federally incarcerated women and gender diverse people.

Lack of Access to Indigenous Ceremony, Spiritual and Cultural Activities

Description: People shared with us that they feel they are not receiving adequate access to cultural programs and supports at NIFW including:

- A lack of Sweat ceremonies at NIFW (the last one being in October 2024 and none since).
- No drumming circles or ribbon-skirt workshops.
- No big drum.

People described feeling disconnected from their culture and traditions, and have many times raised that the lack of Indigenous programming is very different than what they've experienced in other federal institutions.

Discussion: Management stated that they are fully running Indigenous programming at NIFW, but acknowledged that there has been changes in availability of programs because currently there is only one Indigenous Elder on site.



Management confirmed that sweat ceremonies are not being offered currently, but that they are attempting to recruit new Indigenous Elders and resources. Management reiterated that the Indigenous Wabenaki living unit is full, and people living therein are fully engaged in the Indigenous supports and programming. CAEFS asked if drumming circles are being provided and management stated that the Indigenous Liaison Officer (ILO) lead these activities, and that there is an individual who runs drumming circles at the Springhill Institution who attends at NIFW to facilitate these activities.

Law & Policy:

CCRA S. 79.1 (1) In making decisions under this Act affecting an Indigenous [person in prison] sic, the Service shall take the following into consideration:

- (a) systemic and background factors affecting Indigenous peoples of Canada;
- (b) systemic and background factors that have contributed to the overrepresentation of Indigenous persons in the criminal justice system and that may have contributed to the [person in prison] sic involvement in the criminal justice system; and
- (c) the Indigenous culture and identity of the [person in prison] sic, including his or her family and adoption history.

CCRR S.80 Without limiting the generality of section 76, the Service shall provide programs designed particularly to address the needs of Indigenous [incarcerated persons].

CD 702 – Indigenous [Incarcerated People]: 6(g) The Institutional Head will: promote and facilitate regular traditional ceremonies, including smudging with ceremonial medicines.

CD 702 Annex B: Indigenous Corrections Continuum of Care

Integrating Indigenous culture and spirituality within CSC operations, the Continuum of Care:

- starts at intake, to identify Indigenous [persons in prison] sic and to encourage them to bridge the disconnect with their culture and communities
- leads to paths of healing in institutions to better prepare Indigenous [persons in prison] sic for transfer to lower security and for conditional release
- engages Indigenous communities to receive [persons in prison] sic back into their community and support their reintegration

UNDRIP, Article 24(1): Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

CAEFS' Recommendations: CAEFS encourages NIFW to provide access to all forms of Indigenous ceremonies and practices, and more broadly to CSC to ensure that access is prioritized throughout all federal penitentiaries. CSC must increase its responsive to the needs of incarcerated Indigenous persons, including spiritual needs. Given that over 50% of people incarcerated in federal prisons designated for women are Indigenous, meeting the needs of Indigenous people in custody must be a priority – alongside continuing to work towards the decarceration of Indigenous people in Canada.



Concerns Regarding Preparation for Release - Delays in Accessing Escorted Temporary Absences and Community Assessments

Description: CAEFS received several reports of delays in accessing Escorted Temporary Absences (ETAs), and of ETAs being cancelled with short notice. The concerns raised are often related to applications for ETAs that are not being processed within the timeframes outlined in law and policy, resulting in a delay in accessing these forms of release at their earliest possible date. Individuals also reported being told by staff that ETAs are being cancelled due to a lack of staff or volunteers to accompany them. People also report that Community Assessments (CAs) are delayed or not being completed in time to provide options for community release locations. In one particular case, this has resulted in delayed day parole dates wherein the individual was eligible for day parole in December 2024, (thus imprisoned at NIFW for three months longer than law and policy stipulate), and will be released to a location that was not their preferred option and that has fewer community supports available.

Discussion: Management stated that individuals with these types of concerns should talk to their Parole Officer and stressed that there are a lot of individual factors that impact both of these issues. Management shared that there are staffing issues that have resulted in ETA cancellations and that when an ETA is cancelled, staff keep track and consider them when making future decisions about access to ETAs. Management reiterated from previous discussions with CAEFS that ETAs are not a necessary component for parole. Management stated that NIFW “prides itself on getting people into programs at the earliest opportunity” and that staff sometimes accompany people on ETAs on weekends and evenings. CAEFS asked about the numbers of trained community volunteers to assist with ETAs, and staff stated that NIFW does not have many volunteers who are willing to take people on ETAs.

Law & Policy:

CCRA S.3

- (a) assisting the rehabilitation of [people in prison] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

CCRA S.4

- (c) the Service uses the least restrictive measures consistent with the protection of society, staff members and [persons in prison) sic;
- (c.2) the Service ensures the effective delivery of programs..., including correctional, educational, vocational training and volunteer programs, with a view to improving access to alternatives to custody in a penitentiary and to promoting rehabilitation;

Nelson Mandela Rules - Rule 88 1

The treatment of [incarcerated people] should emphasize not their exclusion from the community but their continuing part in it. Community agencies should therefore be enlisted wherever possible to assist the prison staff in the task of social rehabilitation of the [incarcerated persons].

The Office of the Correctional Investigator 2020-2021 Annual Report:

“Despite CSC research demonstrating that [incarcerated people] granted temporary absences (TAs) experience lower unemployment and have fewer returns to custody, the use of TAs and work releases is limited. This prevents [incarcerated people] from pursuing services and interventions outside prison that would offer opportunities better suited to their needs and interests.”



CAEFS Recommendation: Gradual release, in the form of conditional release, provides individuals with the strongest opportunities to be successful in their reintegration. Statistics from the 2021 Corrections and Conditional Release Statistical Overview show that 90% of day paroles are completed successfully. The success rates are much lower for those held until statutory release.¹ CAEFS encourages NIFW to work to prioritize gradual release, including temporary absences, at the earliest possible dates to mitigate the harmful impacts of incarceration and to promote timely reintegration back into community.²

Access to Health Care

Description: CAEFS has received several reports that people are experiencing barriers in accessing adequate healthcare, especially early interventions. People report feeling that health care staff do not take their concerns seriously and that healthcare interventions are sometimes only accessible if urgent situations are presented and they are experiencing serious pain, inability to urinate, extreme bodily swelling etc.

CAEFS has received reports that limited access to early interventions has resulted in more serious health conditions and avoidable, long-term, health impacts. People came forward with a range of healthcare issues, including not receiving healthcare after exhibiting severe and significant symptoms, and that prescriptions from hospital physicians are being denied by NIFW health services when people return to NIFW after hospital stay.

Discussion: Management stated that people at NIFW have excellent access to healthcare, receive medical treatment far more quickly than the general public, and that the NIFW healthcare team advocates strongly for the health of the people at the institution. They referenced that the provincial healthcare system is in a “dire situation” and that it can take months to get a routine test, and that management have no control over the scheduling of tests etc. at community-based hospitals. Management asserted that sometimes when released, individuals do not follow through on their healthcare needs and that when they return to NIFW, that is when delays can occur.

Management stated that when an outside physician prescribes a medication, it must be reviewed by the institutional physician or nurse practitioner (NP) and must meet the clinical criteria before it is approved. An institutional physician or nurse practitioner can then prescribe a different medication for the condition; they must adhere to the medications contained in the CSC national formulary when approving medications.

CAEFS shared that when incarcerated people go to the hospital, get a prescription and it is denied by the healthcare team, they report feeling that the community medical opinion is disregarded. People do not understand this CSC prescription approval process. Management responded that the institutional NP does an excellent job and discusses medications with individuals on a case-by-case basis. Management suggested that in some cases incarcerated people do not want to hear or listen to the explanation about prescriptions. It was also stated that NIFW will not follow through on this type of prescription because it is not good clinical practice.

Law & Policy:

CCRA S.86

(1) The Service shall provide every [incarcerated person] with

¹ Public Safety Canada. (2022). Corrections and Conditional Release Statistical Overview 2020.

² Canadian Association of Elizabeth Fry Societies & Parole Board of Canada. (2023). Understanding Parole: with CAEFS and the Parole Board of Canada.



- (a) essential health care; and
- (b) reasonable access to non-essential health care.

(2) The provision of health care under subsection (1) shall conform to professionally accepted standards.

CCRA S.87

The Service shall take into consideration an [incarcerated person's] state of health and health care needs in all decisions affecting the [incarcerated person's], including decisions relating to placement, transfer, confinement in a structured intervention unit and disciplinary matters.

S 86.1

- (a) support the professional autonomy and the clinical independence of registered health care professionals and their freedom to exercise, without undue influence, their professional judgment in the care and treatment of [incarcerated persons];
- (b) support those registered health care professionals in their promotion, in accordance with their respective professional code of ethics, of patient-centred care and patient advocacy; and
- (c) promote decision-making that is based on the appropriate medical care, dental care and mental health care criteria.

CD 800 S.2

- (a) the provision of health services to [incarcerated people] in Correctional Service of Canada (CSC) institutions and in the community, in accordance with relevant legislation, professionally accepted standards, CSC policies and practice directives

CAEFS' Recommendations: Institutional practices should employ a wholistic approach to providing health/dental care to individuals who are incarcerated. This includes understanding the “complex relationships between physical and mental health, and between health and disability – both within penitentiaries and in community corrections” as highlighted in the 2019 Human Rights of Federally- Sentenced Persons report³. CSC must provide the safe and humane custody and supervision of incarcerated people, wherein individuals within federal institutions are reliant on penitentiary staff and contractors to provide health services, referrals, emergency care, timeframes etc. Further, and improved communication about health processes in penitentiary settings could assist people in understanding their experiences better and feeling less anxiety related to them.

Gender Identity and Expression

Description: An individual reported the use of their deadname⁴ on CSC paperwork, including their identification card. The individual expressed that because of the deadname issue, she feels that she is “one step away from being outed” which is especially significant because she does not disclose to people that she is a transgender woman. She reports feeling vulnerable and unsafe as a result of this situation.

Discussion: Management acknowledged this issue and stated that they met with the individual and that the family liaison officer has been directed to work with her. Management stated that several measures have been taken to correct this situation: an ETA has been scheduled so that she can change her name on official identification, staff

³ Human Rights of Federally-Sentenced Persons, Standing Senate Committee on Human Rights

⁴ A deadname signifies a former name that is usually a person's birth name, from before their transition.



whited out the deadname on her CSC ID, the individual's OMS forms still contain the deadname, but all efforts are being made to use her real name in correspondence.

Law & Policy:

CD 100 S.62

In all written documentation (including name tags and other CSC-issued identification) and oral communications, whenever an offender's name is mentioned, staff will use the offender's chosen first or middle name(s) and chosen pronoun(s), in accordance with the individualized protocol. The full legal name, as recognized by Sentence Management, will only be used exclusively when legally required (e.g., suspension warrant) or as produced in CSC's header information.

CAEFS' Recommendations: CAEFS is encouraged that NIFW has responded in a positive way to the individual's needs as directed under the Canadian Human Rights Act, the CCRA and CD100 and encourages Nova and the CSC broadly to continue to proactively enhance systemic approaches to resolving the reports of the misuse of pronouns and deadnames in penitentiary environments.

Modified Movement/Routine

Discussion: CAEFS received reports that NIFW is increasingly relying on a modified movement schedule (restricting people's access to free movement and to one another). It was reported recently that management has instituted a modified routine schedule which specifies which living units are allowed to have recreation time together. Further, people are allowed to leave their living units only after hearing instructions over the institution-wide PA system. People shared that their mental health suffers as a result of the imposed movement restrictions, and also that people feel it is unfair that the entire NIFW population is being "punished" because of the actions of specific individuals. People report feeling anxiety that management has not provided clear communications on when these restrictions will be lifted.

Discussion: Management stated that this situation is being assessed and classified this change as "modified recreation" and that this "is not a true modified movement." Management stated that the rationale for this change is to separate "problematic individuals" without limiting movement for others as much as possible. Management also stated that NIFW will be structuring movements that align with practices at other institutions and that a better pass system is being developed to account for peoples' whereabouts. Management assured CAEFS representatives that they be briefed when this system is in place.

Law & Policy:

CCRA S.4

(c) the Service uses the least restrictive measures consistent with the protection of society, staff members and [incarcerated people].

CCRA S.70

The Service shall take all reasonable steps to ensure that penitentiaries, the penitentiary environment, the living and working conditions of [incarcerated people] and the working conditions of staff members are safe, healthful and free of practices that undermine a person's sense of personal dignity.



CD 566-3 S.4(d)

all movement procedures allow [incarcerated people] to engage in their Correctional Plan, including participation in case management, reintegration programs, interventions, and approved religious and cultural events, while taking into consideration institutional security requirements, both during work and leisure hours

CAEFS' Recommendations: When individuals do not have access to the broadest movement within the institution possible there are real mental, emotional, and physical health consequences. CAEFS encourages the CSC to revisit the use of all movement restrictions within penitentiaries designated for women, and to develop alternative responses that align with Creating Choices and the evidence-based needs of women and gender diverse people in prison.

In closing and on behalf of CAEFS Atlantic Regional Advocacy team, I would like to thank the management team at NIFW for continuing to have open dialogue, investigating the reports we raise, and engaging in solutions orientated discussion wherever possible.

Respectfully,

Fiona Traynor
Lead Advocate, Atlantic Regional Advocacy Team, CAEFS

