CAEFS
Canadian Association of Elizabeth Fry Societies

To: Angela Beecher, Warden
Grand Valley Institution for Women
1575 Homer Watson Blvd, Kitchener, ON, N2P 2C5

October 21st, 2025

CAEFS' September 2025 Advocacy Letter

Dear Angela,

We want to thank members of the institutional management team (IMT) at GVI for taking the time to meet with our advocacy team on September 24th via Teams.

This letter summarizes reports we received and conditions we observed during our visit to the Grand Valley Institution on September 16th-18th as well as summaries of the discussion between the Canadian Association of Elizabeth Fry Societies (CAEFS) and members of the institutional management team following the visit, the relevant laws and policies, and CAEFS' recommendations.

We look forward to your response.

Respectfully,

Tise Ogunleye
Lead Advocate

Access to Hygiene Items

Description: The Canadian Association of Elizabeth Fry Societies (CAEFS) received reports of an increase in the cost of hygiene items, however the hygiene allowance was not increased. People shared that there are limited hygiene items available through canteen, and items previously accessible have now been fully removed. People shared that dental floss has been removed, impacting dental health and overall limiting their access to basic hygiene items. People also shared that the process of ordering hygiene items through the national catalogue is difficult and long, and they often experience many barriers when they order. People shared that experiencing such barriers to basic hygiene items is incredibly frustrating and demoralizing.

Discussion: The Institutional Management Team (IMT) shared that all items available on the catalogue are set on a national level, and they allow people to request items yearly through a survey. They shared that they are not responsible for rising costs, but it is their suppliers who have increased prices on items. The IMT also shared that the hygiene allowance is also set on a national level, but they are aware of the rise and have given such feedback at the national level.

Law and Policy:

> 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
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> CCRR s. 83 (2): The Service shall take all reasonable steps to ensure the safety of every [incarcerated person] and that every [incarcerated person] is: […] (c) provided with toilet articles and all other articles necessary for personal health and cleanliness
>
> CCRA s. 86: The Service shall provide every [incarcerated person] with (a) essential health care.

CAEFS' Recommendations: Incarcerated individuals are consistently unable to afford and access essential hygiene items necessary for their health and well-being. The high cost of products such as soap and toothpaste raises serious concerns about long-term health outcomes, and it has been found that longterm incarceration in Canada reduces an individual's lifespan by 20 years from the general population (Iftene, 2020). This is unacceptable and every effort should be made to resolve this by emphasizing the Correctional Service of Canada's (CSC) commitment to treating incarcerated people with dignity. The principle that individuals in prison retain all rights except those necessarily restricted by incarceration is enshrined in the law, and ensuring that all federally incarcerated people have reliable and affordable access to essential hygiene products is foundational for their dignity, health, and cleanliness— in both the short and long term.

Access to Health Care

Description: CAEFS received reports of denied requests for care on health issues related to eye care, cyst care, and orthopedic care. People also shared that they felt dismissed or treated unkindly by health services staff when they voiced their concerns on their health issues. There were also reports of a long waitlist to see the dentist. People shared that long waitlists and denied requests left them in pain and discomfort for longer periods of time and has significantly impacted their well-being.

Discussion: The IMT stated that people are encouraged to request their care plan from their primary coordinator to improve communication between patients and the health services staff.

The IMT shared that they are aware of the waitlist to see the dentist, and it is a common occurrence at every site. The IMT shared that the dentist sees everyone quickly for an initial consultation to determine the severity of the issue. If people are considered low risk of infection or pain, they may have a longer wait.

Law & Policy:

> CCRA s. 86 (1): The Service shall provide every [incarcerated person] with (a) essential health care; and (b) reasonable access to non-essential health care.
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> CCRA s. 3: The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by (b) assisting the rehabilitation of offenders and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community

CAEFS' Recommendations: CAEFS encourages CSC to ensure that the health care available to incarcerated people is aligned with community standards and to reiterate, it has been found that longterm incarceration in Canada reduces an individual's lifespan by 20 years from the general population (Iftene, 2020). This is unacceptable and every effort should be made to resolve this human rights travesty. CAEFS encourages Grand Valley Institution (GVI) to facilitate a respectful relationship between health care professionals and people in prison.

Restricted movement: Level system in maximum security

Description: CAEFS received reports that individuals in the maximum-security unit have limited access to events, barriers to accessing programming, and long programming waiting lists. Individuals also reported limited exercise and shared that these restrictions are negatively impacting them and make it increasingly difficult to manage emotionally and mentally.

Discussion: The Institutional Management Team (IMT) shared that they have events in the maximum-security unit and limit attendance to one pod per week. They shared that individuals who have a level 3 status are allowed to attend all events that happen at the prison, and that all other levels cannot attend due to security concerns. In regard to programming, the IMT shared that they prioritize people with shorter sentences before those with longer sentences.

Law & Policy:

> CCRA s.4(c): The Service uses the least restrictive measures consistent with the protection of society, staff members and [people in prison].
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> CCRA s. 76: The Service shall provide a range of programs designed to address the needs of [federally sentenced people] and contribute to their successful reintegration into the community.
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> CCRA s. 3: The purpose of the federal correctional system is to contribute to the maintenance of a just, peaceful and safe society by (a) carrying out sentences imposed by courts through the safe and humane custody and supervision of [federally sentenced people]; and (b) assisting the rehabilitation of [incarcerated people] and their reintegration into the community as law-abiding citizens through the provision of programs in penitentiaries and in the community.

CAEFS' Recommendations: The Correctional Service of Canada (CSC) is legislated to support the rehabilitation and reintegration of incarcerated individuals into the community. From this perspective, those held in maximum-security units should have the greatest access to supports, not the least. Yet, limited access to programming, health care, spiritual care, and

physical exercise remains a consistently reported concern that has only worsened over time. The structure and conditions of maximum-security units stand in direct contradiction to the principles set out in Creating Choices. While these units continue to operate, CAEFS urges GVI to limit their use wherever possible.

Access to Education:

Description: CAEFS continued to receive reports of budget cuts in the education department and a significant reduction in the availability of bursaries. People have also shared that there is a waiting list for high school, which they require to advance their education and as a part of their correctional plans. People shared that these cuts and delays have impacted their ability to continue their education and work towards their goals, People also shared that the inability to move forward with their career goals negatively impacts on their well-being and leaves them feeling frustrated.

Discussion: The Institutional Management Team (IMT) shared that the Ministry of Education is responsible for the availability of bursaries and the reduction of micro credentials. They shared that virtual classes are now what are primarily offered by the ministry and they have no control over that. The IMT shared that the chief of education states that their records currently show two people on the high school waiting list, and that they will be put into the next session. They acknowledge that there was a reduction in intakes, but the principal has returned, and intakes will resume shortly.

Law & Policy:

> CCRA s. 4 (c.2) the Service ensures the effective delivery of programs to [incarcerated people], 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
>
> CCRA s. 4 (c) the Service uses the least restrictive measures consistent with the protection of society, staff members and people in prison

CAEFS' Recommendations: CAEFS recommends that GVI advocate for an increase in opportunities for individuals to enrol in education programs and access bursaries. GVI is continually praised for its strong focus on post-secondary education, and this focus leads to excellent outcomes for individuals who participate in post secondary education while incarcerated.