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ET LE RESPECT  
POUR TOUS

*File #394-2-88*

# Evaluation Report: Intensive Intervention Strategy for Women Offenders

**Evaluation Branch  
Policy Sector  
March 2011**

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**Correctional Service Canada's  
Intensive Intervention Strategy for Women Offenders**

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# EXECUTIVE SUMMARY

## Introduction

The present evaluation was conducted by Correctional Service of Canada's (CSC) Evaluation Branch to provide senior management with necessary information to make strategic policy and investment decisions in the area of interventions for women offenders. The evaluation assessed the continued relevance and performance (including effectiveness, efficiency and economy) of CSC's Intensive Intervention Strategy (IIS) for Women Offenders as per the Treasury Board Secretariat's *Policy on Evaluation* (TBS, 2009).

## Program Profile

The IIS was announced in 1999 in order to better respond to the needs of women offenders identified as higher risk or as having significant mental health concerns. Through the implementation of the intervention strategy, existing regional facilities were modified and expanded in order to safely accommodate women offenders who were classified at the maximum security level and/or who had mental health needs that required more intensive support than what was available in the community living model of the regional facilities. As part of the strategy, Structured Living Environments (SLE) were established in the women's institutions to provide the necessary structure to support, manage, and empower women offenders classified at minimum and medium security levels with mental health disorders or low cognitive functioning. In addition, Secure Units (SU) were opened to address the needs of women offenders classified at the maximum security level. The intervention and accommodation approaches implemented as part of IIS were intended to contribute to the safety and security of the institution and to decrease maladaptive behaviours and emotional distress among women offenders. Ultimately, the strategy is expected to contribute to the successful reintegration of women offenders and to reduce recidivism.

## Evaluation Strategy

The evaluation applied a multi-method approach that incorporated quantitative and qualitative methodology to address the outlined evaluation objectives. This approach included focus group sessions with staff members, interviews with offenders and other key stakeholders, an online staff questionnaire, a review of relevant data/documentation and academic literature, as well as a comparison of practices with other correctional jurisdictions. In addition, automated data were extracted from CSC's Offender Management System (OMS) and Reports of Automated Data Applied to Reintegration (RADAR).

The evaluation was structured along three key themes related to IIS: (1) offender placement in the intervention strategy; (2) IIS operations; and, (3) offender discharge/integration from the IIS units into general population and/or the community. The following general results were noted for each theme:

**Offender Placement:** IIS effectively ensures that women offenders classified at the maximum security level and women offenders classified at the minimum and medium security levels with significant cognitive limitations or mental health concerns are appropriately assessed and

accommodated in designated units in order to receive interventions designed to address their identified needs;

***IIS Operations:*** The intervention and accommodation approaches implemented as part of IIS should ensure safety and security within the institution, enhance institutional adjustment, and decrease maladaptive behaviours and emotional distress among women offenders; and,

***Offender Discharge/Integration into General Population:*** IIS contributes to, and facilitates the return/integration of, women offenders accommodated in the SLEs to general population and, among women offenders in the SUs, reductions in security level, as well as the eventual safe release of both groups of women offenders into the community.

## **Overview of Findings and Recommendations**

The evaluation found that gender-responsive interventions that target high risk/high need women are relevant for CSC and should be continued. However, statistical analyses based on the available data did not reveal that IIS contributed to changes in correctional outcomes, however, there were considerable data limitations (e.g., the absence of a comparison group) that prevented certain analyses. Qualitative data from key stakeholders suggested that the intervention strategy may have had a positive impact on women offenders in terms of improving offenders' attitudes and behaviours and, thereby, enhancing institutional adjustment. A list of key findings and corresponding recommendations are presented below.

**FINDING 1: Reliable and consistent data tracking of various key components of IIS, such as bed assignment and waiting lists, was not readily available for measurement and planning purposes.**

**FINDING 2: Given the current women offender population, there is a demonstrable need for gender-responsive interventions that target high risk/high need women, including those classified at the maximum security level and/or those with significant mental health concerns. Interventions such as IIS are consistent with CSC's correctional priorities and reintegration practices**

**FINDING 3: Qualitative data revealed that the referral and admission processes were adequate, and offenders' placement in the SLE allowed them to self-develop, acquire essential coping and communication skills, and to effectively manage their behaviour and emotions. However, there were population management pressures. Additional qualitative data suggests that SLE beds were, in some cases, used for offenders who were unable to reside in the general population but did not meet the criteria of the SLE. This resulted in fewer beds being available for offenders who met the criteria for the SLE and may have prevented their timely exposure to the intervention**

**FINDING 4: Notwithstanding the variability among the five institutions, qualitative data indicated that there is adequate information sharing between case management, security operations staff members, and clinical staff members in the SU.**

**FINDING 5: Staff respondents expressed concerns with the bed capacity in the SLEs and the SUs wherein there may be the possibility that double-bunking will occur as a result of population management pressures.**

**FINDING 6: Human resource management, including staffing, retention, and adequacy of training and high staff turn-over were identified as primary challenges to the day-to-day operations of the SLE and the SU.**

**FINDING 7: Dynamic security was assessed as instrumental to the operations and management of the SLE and the SU. Overall, staff members and offenders agreed that the level of engagement in the SLE was adequate in fostering and sustaining a therapeutic**

environment. While the ‘therapeutic quiet room’ was considered a necessary component of the SLE, the structure of the facilities minimised the extent of its use in all the institutions.

**FINDING 8:** Staff questionnaire respondents and offender interviewees perceived DBT as an effective tool in assisting women offenders to appropriately manage their behaviour and emotions. Some staff members highlighted the need to utilize PSR with women with low cognitive functioning, and suggested that PSR should be re-introduced as part of the IIS.

**FINDING 9:** Qualitative data indicated that the management protocol for women offenders involved in serious incidents in the institutions presented difficulties, resulting in a gap in service for these women. It was suggested that, to address this gap, offenders who cause serious harm or who seriously jeopardize the safety of others may benefit from a separate and specialized unit to address their unique needs.

**FINDING 10:** Qualitative data demonstrated that the SLE is meeting its objectives of improving offenders’ attitudes and behaviours and enhancing institutional adjustment while contributing to women offenders’ successful reintegration into general population and/or lower security classifications. However, quantitative analyses revealed no significant differences in dynamic factor domains, risk and need levels, motivation levels, reintegration potential, institutional charges, or periods of segregation pre- and post- SLE participation.

**FINDING 11:** Qualitative responses were mixed regarding improvements in offenders’ attitudes and behaviours as a result of living in the SU. In addition, quantitative analyses revealed no significant differences in dynamic factor domains, risk and need levels, motivation levels, and reintegration potential six months after SU accommodation.

**FINDING 12:** Qualitative data revealed that the SU may not provide adequate accommodation or treatment for offenders with mental health disorders, wherein women who are difficult to treat are often placed in segregation when all other treatment options have been exhausted with limited or no success.

**FINDING 13:** Without a comparison group with which to compare correctional results, correctional outcome results are absent and this precluded the ability to perform an economic analysis. However, it was found that a cost savings was achieved through the use of SLEs as compared to providing services to women offenders with significant mental health concerns at Regional Treatment Centres.

**RECOMMENDATION 1:** A more streamlined, systematic data management approach should be implemented. At present, there is no reliable method in place to track offender placement and discharge from the SLEs, including the duration of time between placement in the unit and initiation of program participation (e.g., DBT, PSR).

**RECOMMENDATION 2:** CSC should ensure that the SLE is used only for those offenders who meet the admission criteria. There may be a need to explore other population management alternatives to ensure that SLE spaces are reserved for those who meet the criteria.

**RECOMMENDATION 3: CSC should continue to provide support to employees with respect to the challenges associated with this unique work environment.**

**RECOMMENDATION 4: CSC should consider implementing alternative intervention in the SLE and SU to address the apparent gap identified in meeting the needs of low functioning offenders.**

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## LIST OF ACRONYMS

CCRA	Corrections and Conditional Release Act
CD	Commissioner's Directive
CPPR	Correctional Plan Progress Report
CSC	Correctional Service Canada
DBT	Dialectical Behaviour Therapy
DFIA	Dynamic Factors Identification and Analysis
IFMMS	Integrated Financial and Material Management System
IDT	Interdisciplinary Team Meeting
IIS	Intensive Intervention Strategy
OCI	Office of the Correctional Investigator
OIA	Offender Intake Assessment
OMS	Offender Management System
PSR	Psychosocial Rehabilitation
RADAR	Reports of Automated Data Applied to Reintegration
RPP	Report on Plans and Priorities
SU	Secure Unit
SLE	Structured Living Environment
TBS	Treasury Board Secretariat
WOS	Women Offender Sector

# 1. INTRODUCTION

## 1.1. Background

In 1989, a Task Force on Federally Sentenced Women was established in order to examine the correctional management of federally sentenced women and to provide direction for a more gender-responsive strategy that was in place at that time. This resulted in the 1990 report, *Creating Choices* (Correctional Service Canada [CSC], 1990), which made recommendations for a number of correctional approaches to managing women offenders and responding to their unique needs. The findings of this report led to the closing of Correctional Service Canada's (CSC) Prison for Women and the creation of four regional women's facilities and a healing lodge for Aboriginal women offenders between 1995 and 1997 (i.e., Edmonton Institution for Women, Grand Valley Institution for Women, Nova Institution, Joliette Institution, and the Okimaw Ohci Healing Lodge).<sup>1</sup> The establishment of the regional facilities was guided by the five principles of *Creating Choices*:

- **Empowerment**: the process through which women gain insight into their situations, identify their strengths, and are supported and challenged to take positive action to gain control of their lives;
- **Meaningful and responsible choices**: providing women with options that allow them to make responsible choices;
- **Respect and dignity**: the need for mutual respect among offenders, among staff members and between the two;
- **Supportive environment**: the importance of the quality of the environment (both physical and emotional) in promoting physical and psychological health and personal development; and
- **Shared responsibility**: the roles of all levels of government, corrections, volunteer organisations, businesses, private sector services, and the community in developing support systems and providing continuity of service for women offenders.

Research has suggested that the types and incidence of mental health problems are different for men and women (Blanchette & Brown, 2006; Blanchette & Motiuk, 1996; McDonagh, Noël, & Wichmann, 2002; Motiuk & Porporino, 1992), and the research, therefore,

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<sup>1</sup> A sixth facility (Fraser Valley Institution) opened in 2004.

supports the need to provide appropriate mental health services directed towards the specific needs of women offenders.

The *Mental Health Strategy for Women Offenders* was originally published in 1997 and was updated in 2002 in order to provide a framework for the development of mental health services for all women offenders within CSC (Laishes, 2002). The goal of the strategy was “*to develop and maintain a coordinated continuum of care that addresses the varied mental health needs of women offenders in order to maximize well-being and to promote effective reintegration* [italics added]” (p. 10). The key principles underlying the delivery of mental health programs and services for women offenders are: **wellness** (recognising the importance of all aspects of women’s health and experience and their relationships); **access** (providing women with reasonable access to appropriate essential and non-essential mental health standards); **women-centered** (programs and services must be designed to meet the specific needs of women and be delivered by personnel sensitive to women and women’s issues); **client participation** (women must play an active role in their treatment); and, **least restrictive measures** (treatment must be based on the least restrictive/intensive form of intervention possible with the lowest level of security required to ensure safety).

Several studies were also initiated that focused on the mental health needs of women offenders, including the Whitehall Report (Whitehall, 1995), the Rivera Report (Rivera, 1995), and the Warner Report (Warner, 1998). The purpose of these reports was to address the concerns of women offenders whose special needs could not, at the time, be met by the new regional facilities established in response to the *Creating Choices* report (CSC, 2002).

Following an incident at the Prison for Women in April 1994 which led to the *Commission of Inquiry into Certain Events at Prison for Women* (Arbour, 1996), it became clear that the community-living approach at the new regional facilities would not meet the needs nor address the risk of a small minority of women classified at the maximum security level. Furthermore, a series of incidents at Edmonton Institution for Women in 1996 resulted in the decision to open maximum security units that were co-located in men’s institutions in each region (except in Ontario where the Prison for Women remained open) while CSC developed a long-term strategy to meet the needs of this small group of women (CSC, 2002). In the meantime, a series of studies took place that investigated the needs of women classified at that maximum security level (Blanchette, 1997; Blanchette & Motiuk, 1997; McDonagh, 1999;

Morin, 1999). Based on research and operational experience, it became clear that there was a need for a separate model for women who are classified at this level.

## **1.2. Context**

The opening of the regional facilities was a major achievement for CSC in establishing a more equitable correctional approach for women offenders. However, while the new model was found to be appropriate for most women offenders, it became apparent that it did not meet the needs of the small group of women offenders who are high risk/high need or those with significant mental health problems (CSC, 2003).

In order to better respond to the needs of this small group of women, the Intensive Intervention Strategy (IIS) was announced in 1999 by then Solicitor General, Lawrence MacAulay. Through the implementation of the IIS, the existing regional facilities were modified and expanded in order to safely accommodate women offenders who were classified at the maximum security level (who had been co-located in the men's institutions) and/or who had mental health needs that required more intensive support than that available in the community living model of the regional facilities. As part of the strategy, Structured Living Environments (SLE) were established in the four regional facilities in 2001<sup>2</sup> to provide structure and intervention necessary to support, manage, and empower women offenders classified at the minimum and medium security levels with mental health disorders or low cognitive functioning. In addition, beginning in 2003, Secure Units (SU) were opened to address the needs of women offenders classified at the maximum security level.<sup>3</sup> This intensive intervention strategy was CSC's response to develop a national strategy for high risk/high need women offenders (CSC, 2003).

## **1.3. Intervention Strategy Program Profile**

### **1.3.1. Objectives**

The intervention and accommodation approaches implemented as part of IIS are intended to contribute to the safety and security of the institution and to decrease maladaptive behaviours

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<sup>2</sup> As previously noted, Fraser Valley Institution did not open until 2004. Further, a SLE was not opened at the Okimaw Ohci Healing Lodge.

<sup>3</sup> Secure Units at Nova Institution, Edmonton Institution for Women, and Joliette Institution were opened in 2003; a SU was opened at Grand Valley Institution for Women in 2004; and a SU was opened at Fraser Valley Institution in 2006.

and emotional distress among women offenders. Ultimately, the strategy is expected to contribute to the successful reintegration of women offenders and to reduce recidivism.

### **1.3.2. Description**

The strategy is comprised of two components: the Structured Living Environment and Intensive Intervention in a Secure Unit. Both units are intended to provide safe and secure accommodation for women offenders at different levels of security and with different risk and need factors, while emphasizing individually-based intensive intervention, programming and treatment. Offenders accommodated under IIS reside in houses or units with enhanced staff presence compared to the houses in the general population of women offenders. IIS utilises a multi-disciplinary model in which staff members (e.g., Behavioural Counsellors, Psychologists, Primary Workers, and Parole Officers) with varying specialities work together in an integrated model to provide services and support to women offenders. It is expected that the intensive intervention and increased dynamic security will foster meaningful interactive conditions between staff members and women offenders, thereby contributing to enhanced rehabilitation and reintegration (CSC, 2002; CSC, 2003).

#### Structured Living Environment

The SLE provides accommodation and treatment options for women offenders classified at the medium and minimum security levels who have significant cognitive limitations or mental health concerns. At the foundation of the SLE units is the establishment of a therapeutic environment that stresses a strong staff presence and is conducive to helping the offenders develop and/or enhance their emotional, interpersonal, and practical skills to assist them in their daily living (CSC, 2002).

Commencing in 2001, SLE units were constructed at each of the women offender institutions (except the Okimaw Ohci Healing Lodge). The units are one-story duplexes with an occupancy capacity of eight women. SLE duplexes have four bedrooms on each side. However, the kitchen, living/drinking area and den are shared. There is also a multi-purpose program room, a therapeutic quiet room,<sup>4</sup> and staff offices that are shared and accessible from each side of the

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<sup>4</sup> A continuum of quiet options is considered a key element of behaviour management in working with individual women to improve their coping and problem-solving skills with respect to specific stresses. The therapeutic quiet

duplex. The physical configuration of the SLEs was designed to maximize staff interaction and observation of activities in the common areas. Although the SLEs have their own program areas, the offenders still have access to, and are encouraged to use, the rest of the main facility for activities and programs (e.g., chapel, sweat lodge, gym, programs and work sites).

### Secure Units

Women offenders classified at the maximum security level are accommodated in an area of the institution with greater static security and increased staff presence than their counterparts in the general population who are classified at the minimum and medium security levels. Enhanced units at each of the five regional women's institutions were replaced with SUs which provided additional cell accommodation as well as program and staff space and a secure yard. Each SU has a number of trained staff to facilitate intensive intervention and dynamic security using a multi-disciplinary team approach that combines elements of correctional intervention, dynamic security, programming, and mental health intervention (CSC, 2003). With consistent management presence, enhanced structure, role modelling, positive reinforcement, and timely, consistent interventions, the SUs are intended to: ensure the safe and humane custody of women offenders, respecting their rights and entitlements; promote change in the women's behaviours and coping skills that will allow them to safely cascade to lower security levels; and integrate within the general population within the institution, where possible (CSC, 2003).<sup>5</sup>

In addition, a Management Protocol was developed to guide the management, control and intervention used with offenders who are involved in serious incidents that caused harm to, or jeopardized, the safety of others (CSC, 2003). The protocol was intended to foster consistency of intervention, and accountability for behaviour, and to address risks and needs in order to foster safe reintegration into the general population of offenders. The protocol contains three critical elements and steps: (1) segregation (the woman is segregated and regular reviews are conducted as per *CD 709: Administrative Segregation*); (2) partial reintegration (the woman continues to reside in segregation but is accorded a structured daily routine that allows participation in programs and activities appropriate to the security requirements in the regular part of the SU);

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room is, therefore, a secluded space within the staff office area where the women can be removed from overstimulation or conflict. The goal of this activity is to assist the women in managing difficult emotions and/or acting-out behaviours (CSC, 2002b).

<sup>5</sup> For example, facilitate attendance at programs in the main institution when the woman's individual risk assessment determines the risk of such integration is assumable.

and, (3) transition (the woman is moved from a segregation cell to a regular cell in SU and integrated within the SU population).

#### **1.4. Intervention Approaches**

A multi-disciplinary team approach serves as the model for implementation within the SLEs and SUs, taking into account the philosophical underpinnings and principles of the treatment initiatives of Dialectical Behaviour Therapy (DBT; Linehan, 1993) and, initially, Psychosocial Rehabilitation (PSR; CSC, 2002).<sup>6</sup>

##### Dialectical Behaviour Therapy

DBT is a systematic and comprehensive psychotherapeutic intervention approach that involves learning and developing strategies to help regulate problematic emotions and behaviours (Linehan, 1993). Initially developed to treat individuals with Borderline Personality Disorder, the therapy currently has a wide range of applications and was adapted by CSC and first introduced with women offenders in 1997 (CSC, 2010a).

There are two primary components of CSC's DBT treatment model (CSC, 2010a): *individual psychotherapy*, in which participants participate in regular individual psychotherapy sessions with a psychologist; and *skills training*, which provides women offenders with training sessions to address five skills areas (i.e., orientation, core mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance skills). These sessions are provided individually and in groups several times weekly depending on offenders' needs. The sessions are intended to assist individual women offenders understand and adapt their behavioural, emotional, and thinking patterns, particularly those associated with problems that cause distress in their daily lives and within the institution.

##### Psychosocial Rehabilitation

PSR is a comprehensive strategy for women offenders with basic skill needs and cognitive challenges, particularly persons with severe and persistent mental illness. PSR is intended to assist offenders to regain control of their lives so they can formulate goals and plans

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<sup>6</sup> As noted in a memorandum dated 2010-03-31 from the Director General, Women Offender Sector, PSR is not offered consistently in the SLE or at all in the Secure Units.

that improve their quality of life (CSC, 2003). Interventions using this strategy have proven effective at increasing adaptive behaviours such as self-care and interpersonal, vocational, and living skills and at reducing problem behaviours such as psychotic behaviours and aggression (CSC, 2003).

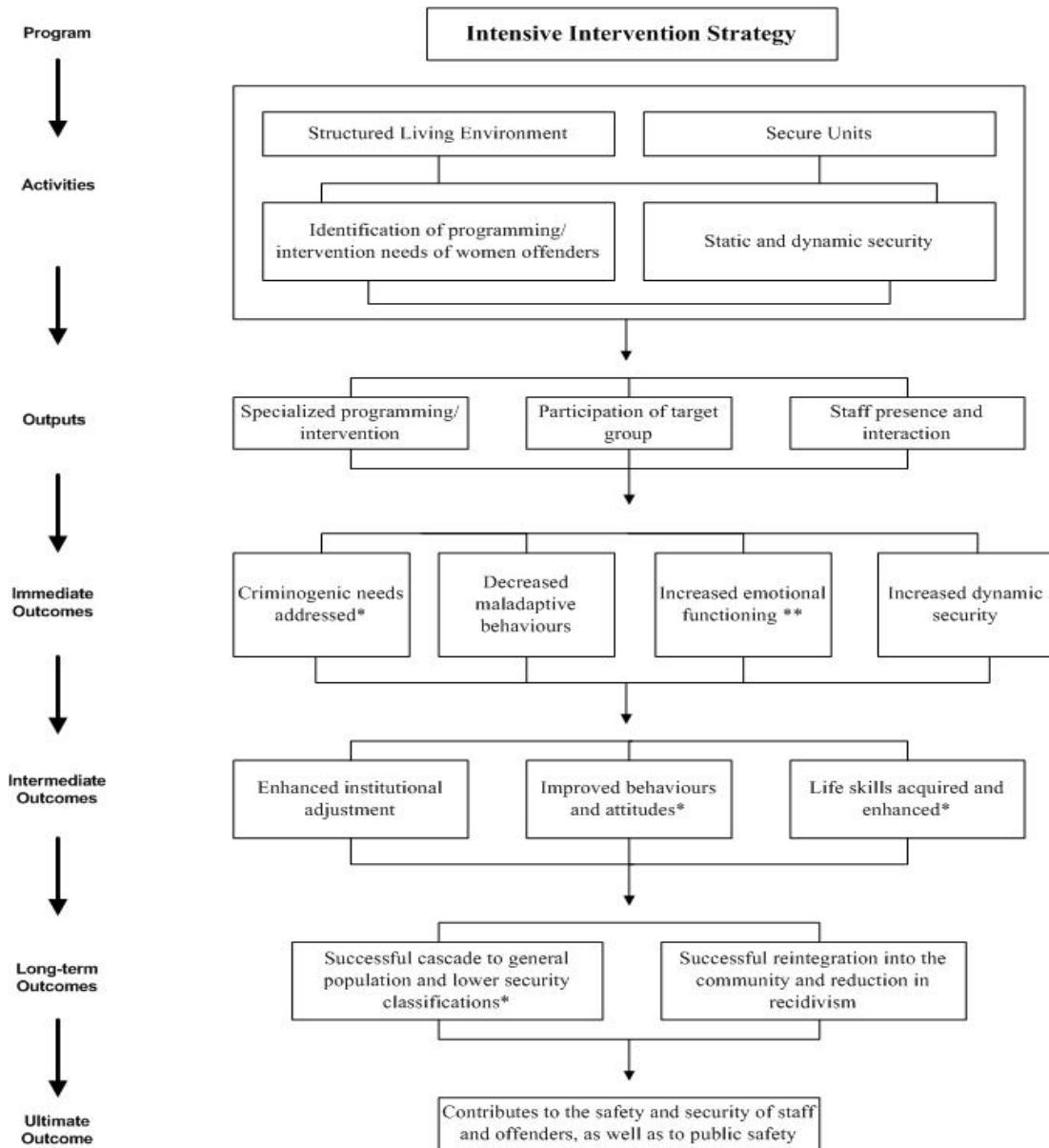
PSR also incorporates a variety of techniques based on fundamental learning principles, as well as a variety of skills training, cognitive remediation, positive reinforcement, vocational training, and psycho-educational component, including socialization, recreation, and leisure activities to promote skills practice and the development of new skills (CSC, 2003).

### **1.5. Logic Model**

The logic model identifies linkages between the activities of a policy, program, or initiative and the achievement of its outcomes. As demonstrated in Figure 1, the IIS logic model delineates the philosophy and relevant issues that underlie the basic principles of IIS and identifies the inter-linkages between the initiative's activities and intended outcomes.

Program performance is linked directly or indirectly to activities that are established to enhance, achieve or contribute to the achievement of program outcomes. For example, the SLE and SU are fundamental activities of IIS, intended to generate outputs that foster the likelihood of achieving correctional results for high risk and high needs women offenders, while contributing to the protection of society. The application of specialized interventions/programs, the participation of the target group of women offenders, and staff presence and interaction is expected to address criminogenic needs and foster an environment that reduces maladaptive behaviour and increases emotional functioning through effective dynamic security. These immediate outcomes are expected to create the foundation and supportive environment in which women offenders can adjust to institutional daily living, be accountable for and improve their behaviour, while enhancing their life skills. These integrated correctional results are in keeping with the principles of *Creating Choices* and are intended to foster the reintegration of women offenders into the general population of offenders and/or to the community as law-abiding citizens, ultimately contributing to the achievement of CSC's public safety mandate.

**Figure 1: IIS Logic Model**



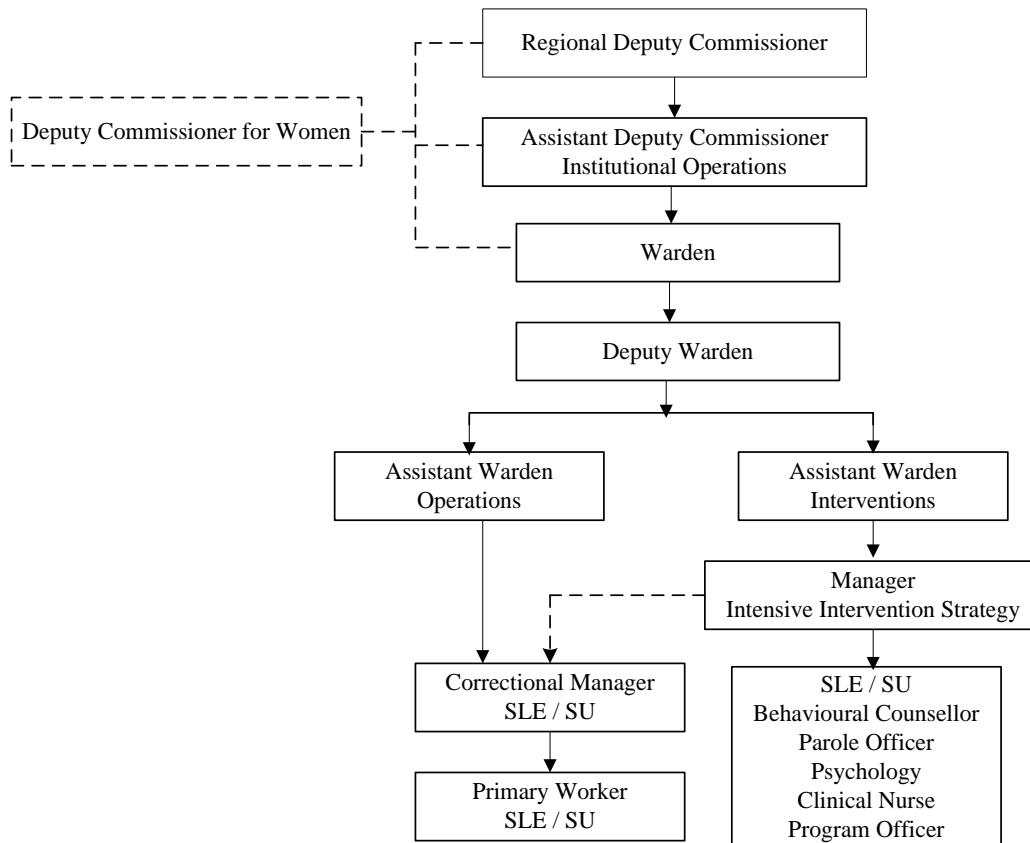
\* Although all outcomes can apply to both the SLE and SU, depending on the women's identified needs, these outcomes are *primarily* referring to women offenders in the SLE.  
 \*\* See above comment. These particular outcomes apply *primarily* to women in the SU.

### 1.6. Governance Structure

The Deputy Commissioner for Women is ultimately accountable for IIS. At the regional and institutional levels, under the direction of the Regional Deputy Commissioner and the Assistant Regional Deputy Commissioner of Institutional Operations, the Warden provides

leadership to the Assistant Warden of Intervention, the Manager, Intensive Intervention Strategy, and the Correctional Manager, Intensive Intervention Strategy, in managing the day-to day operations of both the Structured Living Environment and Secure Unit. Primary workers, as members of the multi-disciplinary team (which includes Behavioural Counsellors, Psychologists, Parole Officers, Elders, Teachers, and Program Officers) facilitate a supportive and therapeutic environment to assist women offenders to address their risks and needs with the ultimate goal of a gradual return to general population and/or society. A pictorial representation of the IIS governance structure can be seen in Figure 2.

**Figure 2: IIS Governance Structure**



## 1.7. Financial Expenditures

The IIS resource allocations for the period of 2005-2006 to 2010-2011 are presented in Table 1. The ISS spending represented approximately 0.65% of Program Activity Architecture spending and 0.72% of Direct Program spending for the year 2008-2009.<sup>7</sup>

**Table 1: Total Resource Allocations (Salaries and O&M) for IIS since 2005/06**

		2005/06	2006/07	2007/08	2008/09	2009/10*	2010/11*
Nova	SLE	964,400	964,400	1,018,988	1,039,817	421,013	554,357
	SU	1,654,932	1,654,932	1,749,798	1,788,777	684,505	867,741
Joliette	SLE	973,000	973,000	1,054,957	1,078,467	439,635	566,387
	SU	1,665,157	1,665,157	1,832,490	1,878,956	689,491	853,513
GVI	SLE	973,800	973,800	1,020,213	1,173,064	401,314	530,682
	SU	1,657,320	1,657,320	1,775,622	1,826,002	702,311	851,902
EIFW	SLE	970,000	970,000	1,025,208	1,220,881	438,763	567,377
	SU	1,728,346	1,728,346	1,621,079	1,670,019	716,410	866,129
FVI	SLE	680,314	706,845	724,741	1,175,813	580,536	631,064
	SU	1,263,713	1,437,617	1,496,036	1,532,437	652,589	714,368
Total SLE		4,561,514	4,588,045	4,844,106	5,688,041	2,281,261	2,849,867
Total SU		7,969,468	8,143,371	8,475,024	8,696,190	3,445,306	4,153,653
TOTAL		12,530,982	12,731,416	13,319,130	14,384,231	5,726,567	7,003,520

Notes.

Information was received from Financial Planning and Budgeting, August 2010.

\* The allocations for 2009-2010 and 2010-2011 exclude CX positions. Since 2009-2010, CX positions are part of deployment.

\*\* The O&M resource allocations for 2009-2010 and 2010-2011 are different, when they should be the same, as part of the information is missing in the 2009-2010 resource allocation. According to Planning and Budgeting, WOS did a budget transfer to the region during the fiscal year to cover the difference in O&M. However, the evaluation team was unable to confirm this transfer and to include this figure in the table or the calculation of economy.

<sup>7</sup> Figures for 2009-2010 were used as an estimate of costs for 2008-2009 due to Internal Services costs having been reallocated to the Custody, Correctional Intervention and Community Supervision program activities during 2008-2009 (Source: CSC, 2010f)

## 2. EVALUATION STRATEGY

The evaluation was conducted by CSC's Evaluation Branch to provide senior management with necessary information to make strategic policy and investment decisions in the area of interventions for women offenders. The evaluation assessed the continued relevance and performance of IIS in light of the unique needs and risk management requirements for women identified as higher risk or as having significant mental health concerns.

### 2.1. Evaluation Objectives

The evaluation strategy examined the issues of relevance and performance (including effectiveness, efficiency and economy) as per the Treasury Board Secretariat's (TBS) policy on evaluation. The evaluation was also structured along three key themes related to IIS: (1) offender placement; (2) IIS operations; and, (3) offender discharge/integration into general population. These three key activities are intended to contribute to the achievement of the following:

***Offender Placement:*** IIS effectively ensures that women offenders classified at the maximum security level and women offenders classified at the minimum and medium security levels with significant cognitive limitations or mental health concerns are appropriately assessed and accommodated in designated units in order to receive interventions designed to address their identified needs.

Offender placement is intended to ensure that:

- Appropriate referrals, placements, and assessments have been conducted for women offenders meeting the admission criteria to the SLE; and,
- Appropriate treatment plans have been developed to address offender risk and needs in the SLE and the SU.

***IIS Operations:*** The intervention and accommodation approaches implemented as part of IIS should ensure safety and security within the institution, enhance institutional adjustment, and decrease maladaptive behaviours and emotional distress among women offenders.

The IIS operations are intended to ensure that:

- Programs/services have been implemented and delivered to meet the unique needs of the women offenders in the SLE and SU;
- Staff have received the appropriate training;
- There is an increase in dynamic security (compared to the general population);
- Criminogenic needs are being addressed;
- IIS contributes to decreased maladaptive behaviours;
- IIS contributes to increased emotional functioning;
- IIS enhances offenders' institutional adjustment;
- IIS contributes to improved attitudes and behaviours; and
- IIS contributes to the acquiring and enhancement of life skills.

***Offender Discharge/Integration into General Population:*** IIS contributes to, and facilitates the return/integration of, women offenders accommodated in the SLEs to general population and, among women offenders in the SUs, reductions in security level, as well as the eventual safe release of both groups of women offenders into the community.

The discharge process is expected to ensure that:

- IIS contributes to the successful return/integration to general population (for women offenders in the SLE);
- IIS contributes to the successful cascade to a lower security classification (for women offenders in the SU); and
- IIS contributes to the successful reintegration into the community and a reduction in recidivism.

A detailed evaluation matrix outlining key results, expected outcomes, performance indicators, and information sources is provided in the Appendix.

## **2.2. Evaluation Methodology**

The current evaluation applied a multi-method approach that incorporated quantitative and qualitative methodology to address the outlined evaluation objectives. This approach included focus group sessions with staff members, interviews with offenders and other key stakeholders, an online staff questionnaire, a review of relevant data/documentation and

academic literature, as well as a comparison of practices with other correctional jurisdictions. In addition, automated data were extracted from CSC's Offender Management System (OMS) and Reports of Automated Data Applied to Reintegration (RADAR).

### **2.3. Participants, Measures, and Procedures**

#### Focus Groups

Focus group discussions were conducted with staff members during the site visits to the women's institutions in early September 2010. Separate SLE and SU focus group sessions were held at each institution, with approximately 8-12 participants in each group. The sessions were audio-recorded in order to ensure accuracy of the notes, which were then verified with the recordings, and summarized into key results that are described throughout this report.

With the aid of the managers of IIS, institutional staff members working in the SLE and/or SU were invited to participate in the focus group sessions. A total of 62 staff members participated; 23% ( $n = 14$ ) at Edmonton Institution for Women, 24% ( $n = 15$ ) at Grand Valley Institution, 19% ( $n = 12$ ) at Fraser Valley Institution, 18% ( $n = 11$ ) at Nova Institution, and 16% ( $n = 10$ ) at Joliette Institution. Although separate focus group sessions were conducted for the SLE and the SU at each institution, the same staff members could have participated in both sessions if they were involved with the two units. Thirty-one percent of participants were primary workers, while 13% were parole officers and 11% were behavioural counsellors. Other participants included IIS managers, program officers, correctional managers, psychologists, social workers, nurses, teachers, occupational therapists, chaplains, and unit assistants.

#### Interviews with Offenders

All offenders who were accommodated in the SUs and the SLEs at the time of the site visits were invited to participate in an interview. In addition, offenders who resided in general population at the time of the interviews but who had previously been accommodated in the SLE and/or SU were randomly selected to participate in an interview. Only those women offenders who agreed to participate took part in the interviews.

The interview protocol included a combination of closed- and open- ended questions. Closed-ended questions were primarily in the form of Likert scales and dichotomous (yes/no)

questions. Open-ended questions allowed participants to expand upon their closed ended responses.

A total of 66 offenders were interviewed. These offenders were either involved in or had been involved in IIS via the SLE and/or the SU. Twenty-seven percent of the offenders interviewed were incarcerated at Edmonton Institution for Women, 26% were at Fraser Valley Institution, 21% were at Grand Valley Institution, 14% were at Joliette Institution, and 12% were at Nova Institution. Eighty percent ( $n = 53$ ) of the offender interviewees responded to questions concerning their past or present accommodation in the SLE, while 41% ( $n = 27$ ) responded to questions concerning their past or present accommodation in the SU. See Table 2 for a breakdown of the accommodation of the interviewees at the time of the interviews.

**Table 2: Accommodation of Offender Interviewees**

	SLE		SU	
	<i>n</i>	%	<i>n</i>	%
Current Accommodation	24	36%	13	19%
Previous Accommodation*	29	44%	14	21%
Total	53	80%	27	41%

\*Note. Several of the offenders were residing in the general population at the time of the interviews, and therefore could have previously resided in either the SLE or the SU or both.

The average age at the time of admission of the offenders who were interviewed was 36.10 years ( $SD = 9.6$ ). Thirty-six percent of those interviewed were serving life sentences. The average sentence length for those who were not serving a life sentence was 3.3 years ( $SD = 2.1$ ). Sixty-seven percent were Caucasian, 27% were Aboriginal, and 6% were of “other” ethnicity. With regard to marital status, 48% were single, 19% were common law, 13% were divorced, 9% were married, 6% were separated, and 3% were widowed. At the time of the interviews, almost half (42%) of the offenders interviewed were assessed at the medium risk level, while 44% were rated as high risk and 14% were rated as low risk. A slight majority (63%) was rated as high need, followed by medium need (30%) and low (8%) need. In addition, half (49%) were assessed as having a medium motivation level, 45% were assessed as having a high motivation level, and 6% were assessed as having a low motivation level. Almost half (45%) were rated as having a medium reintegration potential, 33% were rated as having a low reintegration potential, and 22% were rated as having a high reintegration potential.

### Staff Member Questionnaire

The questionnaire developed for staff respondents included a combination of open- and closed-ended questions. Closed-ended questions were primarily in the form of Likert scales and dichotomous (yes/no) questions. The questionnaire was sent to all employees at the institutions involved with IIS (i.e., Edmonton Institution for Women, Fraser Valley Institution, Grand Valley Institution, Joliette Institution, Nova Institution, and the Churchill Treatment Unit at the Regional Psychiatric Centre). Once data collection was completed, quantitative responses were analysed using statistical software, and qualitative data were organised into relevant themes.

The questionnaire included questions specific to the operations of the SLE and the SU, depending on a respondent's familiarity with each of these units. More general questions concerning CSC's management of women offenders were also included, and staff members unfamiliar with the specific operations of the SLE and the SU were invited to complete these questions in order to assess their views of CSC's women offender management practices. A total of 109 staff members responded to the online questionnaire. Eighty-four percent ( $n = 92$ ) of respondents indicated moderate familiarity with the operations of the SLE, and were therefore directed to respond to the questions that specifically focused on the SLE. Eighty-seven percent ( $n = 95$ ) of the respondents indicated moderate familiarity with the operations of the SU, and were therefore directed to respond to the questions that specifically focused on the SU. Eighty-one percent ( $n = 88$ ) of respondents answered both the SLE and the SU questions, while just four percent ( $n = 4$ ) answered only the SLE-targeted questions and six percent ( $n = 7$ ) answered only the SU-targeted questions. Nine percent ( $n = 10$ ) of the questionnaire respondents reported that they were not familiar with the operations of the SLE or the SU, and therefore responded solely to the general questions regarding the management of women offenders in CSC. All other respondents were also given the opportunity to respond to these general questions.

Twenty-one percent ( $n = 23$ ) of the questionnaire respondents reported working at Joliette Institution, 21% ( $n = 23$ ) at Edmonton Institution for Women, 20% ( $n = 22$ ) at Fraser Valley Institution, 18% ( $n = 20$ ) at Grand Valley Institution, 11% ( $n = 12$ ) at Nova Institution, and 8% ( $n = 9$ ) at the Regional Psychiatric Centre. The position/titles most frequently reported by the respondents were primary worker ( $n = 46$ ), behavioural counsellor ( $n = 11$ ), nurse ( $n = 9$ ), correctional program officer ( $n = 7$ ), and psychologist/psychiatrist ( $n = 6$ ). Other positions

reported by the staff members included: assistant warden, correctional officer, correctional manager, elder, parole officer, manager of IIS, program manager, social programs officer, and warden.

### Interviews with Key Stakeholders

Semi-structured interviews were conducted with each of the managers of IIS via telephone and/or email correspondence. The purpose of these interviews was to gather information regarding the operations of IIS at each of the respective institutions. Managers also articulated challenges encountered with the implementation of IIS, along with best practices utilized in the SLEs and the SUs.

Evaluation Branch team members participated in a roundtable discussion with members of the Office of the Correctional Investigator (OCI). This consultation meeting served to provide valuable information and insight regarding concerns and challenges associated with the treatment of women offenders in federal corrections, in particular those at the maximum security level and those with mental health concerns.

### Document Review

Documents reviewed for various components of the evaluation included: CSC departmental reports (e.g., Reports on Plans and Priorities, working group and task force reports) and policy documents (e.g., Commissioner's Directives [CD]) and other government departmental reports (e.g., Annual Reports of the Office of the Correctional Investigator; 2009, 2010), IIS program documentation (e.g., operational plans, Women Offender Sector [WOS] reports), academic literature regarding the management and treatment of women offenders, and documentation obtained regarding strategies used with women offenders in other correctional jurisdictions.

### Automated Data

The OMS, an automated database maintained by CSC, was used to extract information concerning IIS participants in order to determine the rates of various institutional outcomes,

including Offender Intake Assessment (OIA)<sup>8</sup> and dynamic factor domains,<sup>9</sup> recidivism information, and data pertaining to the use of voluntary and involuntary segregation and institutional incidents.

Participation in IIS was determined through an offender's unit and corresponding bed assignment in either a SU and/or a SLE unit. The start date for inclusion in the sample was the first month after the opening of each unit.<sup>10</sup> The groups of SLE and SU participants were not mutually exclusive, as there were offenders who had bed assignments in both the SU and the SLE (those offenders who were in both units were represented in each group, resulting from their first bed assignment to either unit). In addition, there were occurrences of multiple admissions into the same unit (i.e., the SLE or SU). In such cases, the first bed assignment date in each unit was used as the start date and the last bed assignment date in each unit was used as the end date. This approach assessed multiple entries into a unit as simply one overall assignment that potentially covered multiple entries and exists.

Once the IIS sample was defined, individuals were identified as having participated in DBT and/or PSR or neither. DBT and PSR participation was identified through the use of program assignment within the OMS programs module. More specifically, participation was identified by using any participation in DBT or PSR that took place prior to the last date an offender occupied a bed in either the SLE and/or the SU.

Pre- and post-test comparisons of 180 days (6 months) were conducted on the various measures (i.e., dynamic need domains, levels of risk, need, motivation, and reintegration potential, institutional incidents, and periods of voluntary and involuntary segregation) for SLE participants. In addition, a pre- post-test comparison was conducted on several measures (i.e., dynamic need domains and levels of risk, need, motivation, and reintegration potential) for SU participants, where base rate information obtained at intake assessment was used as the pre-time

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<sup>8</sup> The OIA is a process commencing at admission whereby an offender is evaluated based on a number of data sources (e.g., Static Factor Assessment, Dynamic Factor Identification) to determine their security and programming needs (*CD 705-1: Preliminary Assessments and Post-Sentence Community Assessments*; *CD 705-6: Correctional Planning and Profile*).

<sup>9</sup> The protocol used to conduct the dynamic factors assessment is the Dynamic Factors Identification and Analysis (DFIA), and is comprised of seven dynamic factors. The primary objective of the DFIA is to provide a systematic means for identifying dynamic factors that inform an offender's correctional plan (Brown & Motiuk, 2005).

<sup>10</sup> The SLE dates used were: Nova Institution – 2001-08-01; Joliette Institution – 2001-11-11; Grand Valley Institution – 2001-10-01; Edmonton Institution for Women – 2001-12-01; and Fraser Valley Institution – 2004-03-01. The SU dates used were: Nova Institution – 2003-03-01; Joliette Institution – 2003-07-01; Grand Valley Institution – 2003-12-01; Edmonton Institution for Women – 2003-03-01; and Fraser Valley Institution – 2006-05-01.

period. Data were analyzed using the Wilcoxon Signed Rank Test.<sup>11</sup> Additionally, survival analysis<sup>12</sup> was conducted to examine revocation/recidivism for those IIS participants who were released into the community.

## 2.4. Limitations

### **FINDING 1: Reliable and consistent data tracking of various key components of IIS, such as bed assignment and waiting lists, was not readily available for measurement and planning purposes.**

The current evaluation has a number of limitations that should be considered. For instance, discussions with managers and staff members revealed several variations across the institutions with regard to operations and consistency with respect to operational plans. Reliable and consistent data tracking of various key components of IIS was of particular concern. For instance, a full list of past and present SLE participants and the interventions they received while accommodated in the units, was not readily available. As such, bed assignments were used to identify the sample, which presented a number of methodological concerns. For instance, as previously noted, situations in which an offender had multiple bed assignment start and end dates in the same unit were encountered during data collection. As such, multiple time periods in the units were treated as one period of time. In addition, there were instances in which offenders had multiple records with either identical start dates but different end dates, or identical end dates with different start dates. In such situations, the first start date was taken (when there were multiple start dates), and the last end date was used (when multiple end dates were used).

In addition, it was revealed that the systematic recording of certain operations was not being completed, or was not completed consistently at all institutions (e.g., recording and accessibility of SLE waitlists, 30-day SLE intake assessment, use of the therapeutic quiet room,

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<sup>11</sup> The Wilcoxon Signed-Rank Test is the distribution-free analogue of the t-test for related samples (Howell, 1997). The advantage of nonparametric tests is that they do not rely on parameter estimation and/or distribution assumptions and, therefore, the validity of the test is not affected by whether or not the distribution of the variable in the population is normal (Howell, 1997).

<sup>12</sup> Built around time intervals, survival analysis provides the ability to follow individuals over time in order to observe a specific result (in the present case, parole revocation or recidivism), describing the proportion of cases surviving/failing (no parole revocation/parole revocation) over time. Survival analysis has the advantage of controlling for variable follow-up times for each individual included in the analysis (Tabachnick & Fidell, 2001).

recording of SLE discharge reports, use of SU behaviour management and targets daily checklists).

Another limitation of the current evaluation was the inability to use comparison groups. For instance, we were unable to use a comparison group for SU participants because, by default, all women offenders classified at the maximum security level are accommodated in the SU. As such, it was impossible to obtain a comparable group of women *not* accommodated in the SU who were classified at the same security level. Similarly, we were unable to use a comparison group for SLE participants because of the nature of the participant group (i.e., with mental health concerns or low cognitive functioning). There were no reliable means to determine individuals in the general population of offenders who had similar characteristics. A possible option was to utilize a group of offenders “diagnosed as disordered currently”<sup>13</sup> who had never been accommodated in the SLE; however, this would not have been an adequate comparison group as offenders in the SLE do not necessarily have to have been diagnosed with a mental health disorder upon intake. Another possible option would have been to compare the group of SLE participants with offenders who were referred to the SLE and waitlisted but who were not actually accommodated in the unit. However, this number would have been too low for comparison purposes, and the waitlist information was not easily attainable from all institutions.

**RECOMMENDATION 1: A more streamlined, systematic data management approach should be implemented. At present, there is no reliable method in place to track offender placement and discharge from the SLEs, including the duration of time between placement in the unit and initiation of program participation (e.g., DBT, PSR).**

## **KEY FINDINGS**

### **2.5. Relevance**

**FINDING 2: Given the current women offender population, there is a demonstrable need for gender-responsive interventions that target high risk/high need women, including those classified at the maximum security level and/or those with significant mental health concerns. Interventions such as IIS are consistent with CSC’s correctional priorities and reintegration practices**

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<sup>13</sup> “Diagnosed as disordered currently” is an indicator of the personal/emotional need domain of the DFIA that is assessed at intake.

## Consistency with Correctional Priorities and Reintegration Strategies

The management and operations of IIS are guided by the *Corrections and Conditional Release Act* (CCRA), the mission of CSC, the principles of *Creating Choices* (CSC, 1990), and the *Mental Health Strategy for Women Offenders* (Laishes, 2002).

Section 77 of the CCRA (1992) states:

Without limiting the generality of section 76,<sup>14</sup> the Service shall:

- (a) provide programs designed particularly to address the needs of female offenders; and
- (b) consult regularly about programs for female offenders with:
  - (i) appropriate women's groups, and
  - (ii) other appropriate persons and groups with expertise on, and experience in working with, female offenders.

The mission of CSC mandates that the Service “as part of the criminal justice system and respecting the rule of law, contributes to public safety by actively encouraging and assisting offenders to become law-abiding citizens while exercising reasonable, safe, secure and humane control” (CSC, 2007b). IIS is also consistent with CSC’s corporate priorities, particularly: the safe transition to, and management of, eligible offenders in the community; safety and security of staff and offenders in our institutions and in the community; enhanced capacities to provide effective interventions for First Nations, Métis and Inuit offenders; and, improved capacities to address mental health needs of offenders (CSC, 2011).

In addition, staff members surveyed for the purpose of this evaluation indicated that CSC’s approach to the management of women offenders supports the principles outlined in *Creating Choices* (CSC, 1990). A large proportion of staff responded that this approach provides women offenders with respect and dignity (61%;  $n = 67$ ); a supportive environment, both physical and emotional (52%;  $n = 57$ ); options to make meaningful and responsible choices (41%;  $n = 45$ ), as well as support systems and continuity of services (40%;  $n = 44$ ).

CSC’s Report on Plans and Priorities (RPP; 2009a) outlines the organization’s priorities for 2010-2011. CSC has a single strategic outcome: “to ensure that the custody, correctional interventions, and supervision of offenders, in communities and institutions, contribute to public

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<sup>14</sup> s.76. The Service shall provide a range of programs designed to address the needs of offenders and contribute to their successful reintegration into the community (CCRA, 1992).

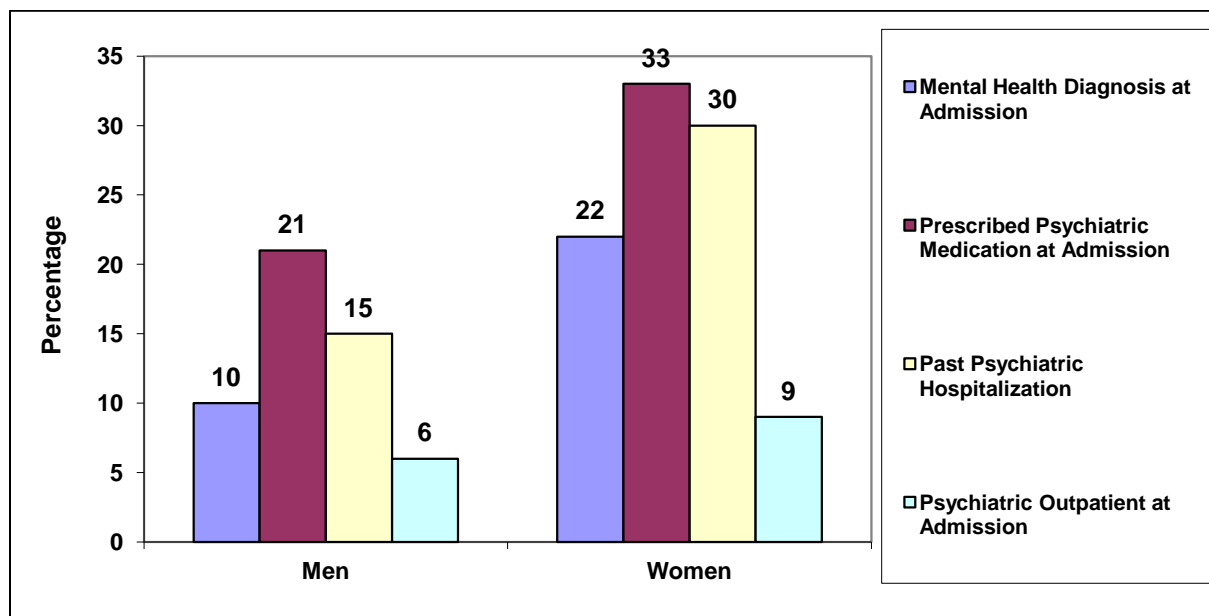
safety” (CSC, 2009a). In order to achieve this strategic outcome, there are four program activities – custody, correctional interventions, community supervision, and internal services. IIS is consistent with several of CSC’s plans that have been developed to contribute to these activities. For instance, under the program activity *custody*, plans have been developed to implement initiatives focused on managing the needs of women offenders, including specific accommodation strategies and interventions to address security classification issues. Enhancements to gender-specific and/or culturally appropriate services are also expected to be implemented. In addition, the need to develop a profile outlining the mental health needs of women offenders was proposed as a means to identify areas of special needs. Under the activity *correctional interventions*, there are plans to develop and implement a new framework for correctional interventions (targeted at maximum security institutions) and offenders classified at the maximum security level at multi-level institutions, as well as strategies and programs that are gender informed for women offenders.

#### Need for Services for High Risk and High Need Women Offenders

There has been an increase in the number of women offenders assessed as high risk and/or high needs (i.e., those with a high number of self-injurious behaviours and/or violent behaviours, those requiring significant staff intervention, those who have multiple need areas, and those with significant mental health issues) (CSC, 2010b).

Approximately 10-11% of federal offenders are diagnosed with a mental health problem at the time of admission. In addition, the percentage of federally incarcerated offenders prescribed medication for psychiatric concerns at admission has almost doubled from 11% in 1998-1999 to 21.3% in 2007-2008 (Public Safety Canada, 2009). Furthermore, research indicates that women offenders are twice as likely as men offenders to have a mental health diagnosis at time of admission. In 2007-2008, 11% of federal offenders had a mental health diagnosis at time of admission; 22% were women and 10% were men (see Figure 3). In addition, in 2007-2008, 30.1% of women offenders compared to 14.5% of men offenders had previously been hospitalized for psychiatric reasons (Public Safety Canada, 2009). A more recent examination of the changing mental health needs of offenders indicates that as of August, 2009, 29% of women offenders had a mental health problem at the time of admission, compared with 13% of men offenders (CSC, 2009c).

**Figure 3: Percentage of Federal Offenders with a Mental Health Indicator at Time of Admission 2007-2008**



Note. Data are from CSC’s Offender Intake Assessment process. The percentage is taken from yes/no answers to a mental health indicator at the time of admission.

Source: Corrections and Conditional Release Statistical Overview Annual Report 2009 (Public Safety Canada, 2009)

Canadian research also indicates that the incidence and type of mental disorders among women offenders are distinctly different from men offenders. According to Blanchette and Brown (2006), incarcerated women not only suffer more frequent mental health problems than incarcerated men, but they also demonstrate higher rates of mental illness than women and men in general. Moreover, when compared to their male counterparts, women offenders present elevated rates of major mental disorder (e.g., schizophrenia or manic episodes) and depression (Blanchette & Motiuk, 1996; Motiuk & Porporino, 1992).

Furthermore, the management and treatment of offenders who engage in self-injurious behaviours continues to be a challenge for CSC. A recent report examined self-injury incidents over a thirty-month period, between April 1<sup>st</sup>, 2006 and September 30, 2008 (Gordon, 2010). Results indicated that women offenders were proportionately more likely than men offenders to engage in self-injurious behaviours, and were also more likely than men to self-injure more than once. In addition, 25.3% of the offenders who self-injured were Aboriginal. It was also found that men and women offenders differed in terms of the methods of self-injury – while men used

slashing and overdosing, women were more likely to employ ligatures and banging (typically head-banging).

Thus, women offenders who present elevated levels of risk and need require more intensive intervention approaches than their counterparts who demonstrate low levels of risk and need. Consistent with this, 42% ( $n = 46$ ) of staff members surveyed for the purpose of this evaluation disagreed that CSC's women offender programming met the needs of offenders with mental health needs, and 37% ( $n = 40$ ) disagreed that it met the needs of offenders with cognitive limitations. The treatment and interventions used within the IIS, specifically DBT and PSR, are intended to monitor and regulate the impulsive behaviours and complex needs presented by these women. Therefore, the above supports the need to continue to provide appropriate mental health services and interventions that account for the specific needs of high risk women offenders.

#### Intervention Strategies for Women Offenders: International Perspective

Challenges surrounding the management of women offenders with mental health diagnoses are not exclusive to CSC. Many correctional jurisdictions have adopted gender-specific strategies and initiatives to address the distinct needs of women offenders, emphasizing accommodation and programming necessary to effectively manage women with mental health concerns.<sup>15</sup>

Within the United States, several jurisdictions have designated support units for women offenders with mental health diagnoses. For instance, The Mount Pleasant Correctional Facility in Iowa has a separate unit within the women's prison which houses offenders with mental illness, behavioural challenges, and/or significant developmental disabilities. Interventions provided within the unit include both psychological and psychiatric treatment and services (Iowa Department of Corrections, 2006). The Oklahoma Department of Corrections also offers comprehensive mental health services to women inmates, including a separate unit which provides intensive treatment to women offenders with severe mental health concerns. Treatment includes suicide prevention, crisis intervention, individual and group therapy, illness/medication management training as well as psycho-educational programs (Oklahoma Department of Corrections, 2009). Moreover, The Maryland Mental Health Administration in

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<sup>15</sup> Some notable limitations were identified while conducting this international review. At the time of writing, many jurisdictions were in the process of developing and/or implementing these strategies and, therefore, performance reports had not yet been completed.

partnership with the Maryland Correctional Administrators Association and other local agencies, offer the Trauma, Addictions, Mental Health and Recovery Project. The project provides clinical services to women inmates who have co-existing trauma, substance abuse and mental illness (Anonymous, 2002; Maryland Department of Health and Mental Hygiene, 2008).

There are several correctional jurisdictions outside of North America that also offer comprehensive interventions and programming designed to address the needs of women offenders. For example, as part of the 2005-2009 strategy *Better Pathways: An Integrated Response to Women's Offending and Re-offending*, the Victorian government in Australia modified an existing women's prison to build the Marmak Integrated Mental Health Unit - an intensive support unit that provides specialized treatment to women inmates suffering from a vast array of mental conditions (Victoria Department of Justice, 2005). Western Australia developed a strategy to strengthen the provision of services targeting women offenders' physical and mental well-being (Western Australia Department of Corrective Services, 2009). Similarly, the United Kingdom established the Primrose Programme which provides specialized treatment and interventions for women offenders considered as dangerous and who concurrently suffer from a severe personality disorder (HM Prison Service Department of Health, 2006). Northern Ireland is working to enhance the therapeutic environment within their women's institutions. The strategy intends to foster partnerships with other agencies to effectively provide appropriate interventions to address women's mental health issues (Northern Ireland Department of Justice, 2010).

Similar to the CSC's secure units for women, several jurisdictions house women with elevated security classifications in designated units that are separate from the general population of women, and where they have the opportunity to receive specialized treatment. For instance, the Auckland Region Women's Corrections Facility in New Zealand has separate high/medium security accommodation blocks for women offenders classified as high risk where they receive targeted intervention (New Zealand Department of Corrections, n.d.). In England, Low Newton is considered a "closed" facility which houses women offenders who are deemed dangerous and who also present severe personality disorders (HM Prison Service, 2008). Similarly, women classified at the maximum security level in Oklahoma are housed at the Mabel Basset Correctional Center (Oklahoma Department of Corrections, 2009). Therefore, comparable to

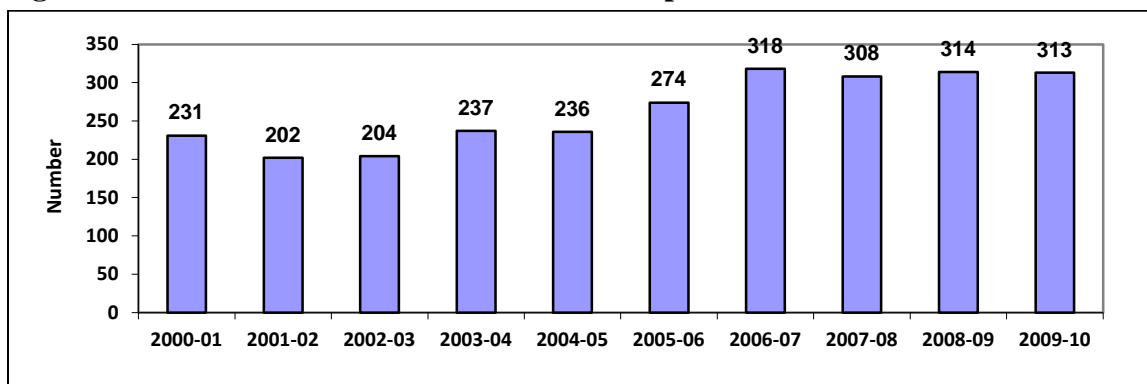
CSC, other international jurisdictions have been working to develop and implement strategies to manage and address the mental health concerns of women offenders.

### CSC's Current Environment

Between 1996-1997 and 2004-2005, there were a number of changes to the federal offender population that had profound implications and challenges for CSC. These challenges included an increase in the proportion of offenders with shorter sentences, those with higher levels of risk, and those with mental health problems (CSC, 2009a). There have also been several changes to the women offender population that continue to have an impact on CSC's population management, including an increase in the population of women offenders, as well as the proportion of Aboriginal women, women with mental health issues, women affiliated with gangs, and women who are serving shorter sentences (CSC, Women Offender Sector, 2010).

As can be seen in Figure 4, the rate of newly admitted women to federal jurisdiction has increased 35.5% during the past decade - from 231 in 2000-2001 to 313 in 2009-2010. During the same time period, there was an increase of 21.9% in the number of men admitted to federal jurisdiction (Public Safety Canada, 2010). As of January 20, 2011, there were 504 incarcerated women and 588 women under community supervision who were under CSC jurisdiction.<sup>16</sup>

**Figure 4: New Admissions of Women Offenders per Year**



Source: Corrections and Conditional Release Statistical Overview Annual Report 2010 (Public Safety Canada, 2010)

In addition, the majority of incarcerated women in federal custody were Caucasian, followed by Aboriginal, Black, Asiatic, and other (see Table 3 for the distribution since 2005-2006). The number of incarcerated Aboriginal women under federal jurisdiction has

<sup>16</sup> Extracted from Corporate Reporting System, 2011-01-20.

increased steadily - from 88 in 2000-2001 to 164 in 2009-2010, an increase of 86.4% in the last ten years (Public Safety Canada, 2010).

**Table 3: Distribution of Incarcerated Federal Women Offender Population by Ethnicity**

Race	March 31, 2006		March 31, 2007		March 31, 2008		March 31, 2009		March 31, 2010	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Caucasian	232	57%	259	54%	249	50%	269	54%	274	54%
Aboriginal	128	31%	148	31%	164	33%	157	31%	164	33%
Black	22	5%	31	7%	27	5%	26	5%	28	6%
Asiatic	11	3%	9	2%	15	3%	14	3%	13	3%
Other	15	4%	29	6%	40	8%	34	7%	24	5%
Total	408	100%	476	100%	495	100%	500	100%	503	100%

Source: Performance Measurement and Management Report using OMS, as of year-end snapshot (CSC, 2010e)

Data indicate that the proportion of offense type has remained relatively constant across the last five years within the woman offender population (see Table 4 for the offence profile since 2005-2006).<sup>17</sup>

**Table 4: Distribution of Incarcerated Federal Women Offender Population by Offence Type**

Offence	2005-2006		2006-2007		2007-2008		2008-2009		2009-2010	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Schedule I	200	49%	244	51%	236	48%	237	47%	237	47%
Schedule II	81	20%	94	20%	116	23%	104	21%	100	20%
Non Schedule	57	14%	62	13%	62	13%	78	16%	73	15%
Second degree murder	50	12%	53	11%	58	12%	60	12%	70	14%
First degree murder	20	5%	23	5%	23	5%	21	4%	23	5%
Total	408	100%	476	100%	495	100%	500	100%	503	100%

Source: Performance Measurement and Management Report using OMS, as of year-end snapshot (CSC, 2010e)

A snapshot of the women offender population taken at the time of this evaluation revealed that 70 women were classified at the maximum security level. When compared with women in the general population (those who are classified at minimum and medium security

<sup>17</sup> Violent offences include first degree murder, second degree murder, and offences listed under Schedule I as per the Corrections and Conditional Release Act. Schedule I is comprised of sexual offences and other violent crimes excluding first and second degree murder, while Schedule II is comprised of serious drug offences or conspiracy to commit serious drug offences (Public Safety Canada, 2010).

levels), offenders classified at the maximum security level tended to be younger (aged 21-30 years), to be serving a great proportion of their sentences for crimes against persons (Schedule I) and crimes considered as serious harm, and to have a higher proportion of low reintegration potential and motivation levels (see Table 5).

**Table 5: Demographic Comparison of Women Classified as Maximum Security to Women Classified as Minimum/Medium Security**

	Minimum/Medium Security N = 381		Maximum Security N = 70	
	n	%	n	%
Incarcerated population				
Age – 21-30	107	28%	33	47%
Schedule I	191	50%	39	56%
Schedule II	70	18%	5	7%
Serious harm	149	39%	48	69%
Indeterminate sentence	66	17%	30	43%
Reintegration potential – low	84	22%	45	64%
Motivation – low	28	7%	11	16%

Note. Data do not include women who were not yet been classified.

Source: Extracted from RADAR, 2011-01-26

These changes in the women offender population have resulted in challenges pertaining to CSC’s institutional capacity to meet the needs of women, especially those classified at the maximum security level and those who exhibit mental health issues (CSC, 2010b). Moreover, several legislative changes including the *Truth in Sentencing Act*, (2009; which limits credit for time spent in pre-sentencing custody) the *Tackling Violent Crime Act* (2008) are expected to significantly increase CSC’s offender population and consequently impact its population management strategy. In order to effectively plan for this challenge, CSC has implemented a significant infrastructure renewal which includes the construction of new facilities and the enhancement of some current facilities to ensure that offenders are provided with appropriate accommodation (CSC, 2010b).

## 2.6. Performance (Effectiveness)

### 2.6.1. Theme 1: Offender Placement

#### IIS Participants

Data extraction from OMS identified 609 women who were accommodated in the SLE and 1,070 women who were accommodated in the SU since the opening of the units. The distribution of participants across the five women's institutions is presented in Table 6. Edmonton Institution for Women had the largest number of offenders who were accommodated in the SLE (35%;  $n = 216$ ), followed by Nova Institution (20%;  $n = 120$ ), Grand Valley Institution (19%;  $n = 115$ ), Fraser Valley Institution (14%;  $n = 84$ ), and Joliette Institution (12%;  $n = 73$ ). Edmonton Institution for Women also had the largest proportion of offenders who were accommodated in the SU (27%;  $n = 291$ ), followed by Grand Valley Institution (23%;  $n = 249$ ), Joliette Institution (21%;  $n = 229$ ), Nova Institution (21%;  $n = 222$ ), and Fraser Valley Institution (7%;  $n = 79$ ).

**Table 6: IIS Participation Type by Facility**

Facility	SLE		SU	
	<i>n</i>	%	<i>n</i>	%
Nova Institution	120	20%	222	21%
Joliette Institution	73	12%	229	21%
Grand Valley Institution	115	19%	249	23%
Edmonton Institution for Women	216	35%	291	27%
Fraser Valley Institution	84	14%	79	7%
Total	609	100%	1,070	100%

Note. Frequencies of participant are based on the total number of offenders who have been accommodated in the SLEs and SUs since the opening of these units, up until the data were extracted from OMS on 2011-02-14.

Source: OMS

As can be seen in Table 7, the largest proportion of both SLE and SU participants were Caucasian (63% and 58%, respectively). Aboriginal women accounted for 31% of SLE participants and 33% of SU participants. With regard to marital status, the largest proportion of both SLE and SU participants were single (53% and 57%, respectively).

**Table 7: IIS Participation by Race and Marital Status**

	SLE		SU	
	<i>n</i>	%	<i>n</i>	%
<b>Race</b>				
Caucasian	382	63%	610	58%
Aboriginal	185	31%	344	33%
Other	37	6%	102	9%
<b>Total</b>	<b>604</b>	<b>100%</b>	<b>1,050</b>	<b>100%</b>
<b>Marital Status</b>				
Single	317	53%	605	57%
Married/Common Law	187	31%	323	30%
Separated	54	9%	62	6%
Divorced	39	6%	51	5%
Widowed	6	1%	21	2%
<b>Total</b>	<b>603</b>	<b>100%</b>	<b>1,059</b>	<b>100%</b>

Note. Frequencies are based on the total number of offenders who have been accommodated in the SLEs and SUs since the opening of these units, up until the data were extracted from OMS on 2011-02-14.

Source: OMS

When excluding those participants with life sentences (8%;  $n = 43$ ), the average sentence length of women offenders who were accommodated in the SLEs was 3.6 years. In addition, 60% ( $n = 366$ ) were serving sentences for Schedule I offences, while 18% ( $n = 112$ ) were serving a sentence for a Schedule II offence.

The average sentence length of women offenders who were accommodated in the SUs (excluding those with life sentences) was 3.5 years. Ten percent ( $n = 105$ ) of these women were serving life sentences. In addition, 61% ( $n = 648$ ) were serving sentences for a Schedule I offence, while 19% ( $n = 207$ ) were serving sentences for a Schedule II offence. The sentence characteristics of the IIS participants are presented in Table 8.

**Table 8: Sentence Characteristics of IIS Participants**

	SLE		SU	
	<i>n</i>	Mean	<i>n</i>	Mean
Time in IIS unit	588	0.51 years	1,061	0.72 years
Aggregate sentence	493	3.6 years	956	3.5 years
	<i>n</i>	%	<i>n</i>	%
Schedule I offence	366	60%	648	61%
Schedule II offence	112	18%	207	19%
Life sentence	43	8%	105	10%

Note. Frequencies are based on the total number of offenders who have been accommodated in the SLEs and SUs since the opening of these units, up until the data were extracted from OMS on 2011-02-14.

Source: OMS

Thirty-five percent ( $n = 181$ ) of the women who were accommodated in the SLE were “diagnosed as disordered currently” at intake assessment, while 28% ( $n = 258$ ) of the women who were accommodated in the SU were “diagnosed as disordered currently” at intake assessment.

#### Placement in the SLE

**FINDING 3: Qualitative data revealed that the referral and admission processes were adequate, and offenders’ placement in the SLE allowed them to self-develop, acquire essential coping and communication skills, and to effectively manage their behaviour and emotions. However, there were population management pressures. Additional qualitative data suggests that SLE beds were, in some cases, used for offenders who were unable to reside in the general population but did not meet the criteria of the SLE. This resulted in fewer beds being available for offenders who met the criteria for the SLE and may have prevented their timely exposure to the intervention**

The Coordinated Care Committee<sup>18</sup> is ultimately responsible for the placement of offenders in the SLE (CSC, 2002). Any staff member or a woman herself can make a referral for admission to the SLE by informing the woman’s primary worker or parole officer, who then completes an intake referral form that is presented to the Coordinated Care Committee for decision. Although decisions are made by consensus among the group, the IIS manager is the final decision maker for the committee. The committee is responsible for case conferences, review of new admissions, and review and prioritization of waiting lists.

<sup>18</sup> The Coordinated Care Committee consists of members of the inter-disciplinary team (e.g., Manager, IIS; Behavioural Counsellor; Primary Worker, Parole Officer; Clinical Nurse; Psychologist/Psychiatrist).

As specified in the SLE operational plan, once a woman is admitted to the SLE, a comprehensive 30-day assessment is to be completed in order to determine the most appropriate program model to address the needs of the woman. Formulation of a correctional progress plan and discharge planning is also to be completed. During the present evaluation, multiple sources of information (i.e., interviews with managers of IIS, staff focus group sessions, staff member questionnaire) confirmed that these standard assessments are no longer completed or are done so differently than originally identified in the operational plan, depending on the facility (for instance, a psychologist determines the need for the assessment period).

The objective of the referral and admission process is to ensure that the most appropriate offenders are placed in the SLE, ascertaining compatibility with the unit in order to maximize treatment gains. With regard to this process, staff focus group and questionnaire respondents generally agreed that there is an adequate referral and admission process in place for entry into the SLE. Nonetheless, approximately half (52%;  $n = 48$ ) of the questionnaire respondents reported encountering challenges with the placement of offenders on the unit, with the primary challenge identified being that offenders were placed in the SLE who did not meet the SLE criteria and that this was the result of population management pressures ( $n = 23$ ).

Qualitative analyses revealed that there were cases in which the SLE criteria were not met by offenders accommodated in the SLE who were unable to reside in the general population (for example, because of the nature of an offence). It was also found that there have been cases in which the SLEs were used as transition houses for offenders who cascaded from the SU, either because of population management requirements or because the SLEs were able to provide more structure than the non-staffed living units in the general population. This finding is of particular concern, as staff members reported that using the SLEs for population management requirements had negative impacts on the environment of the SLEs, including disrupting the desired therapeutic environment.

In spite of these findings, however, many of the offenders interviewed indicated that they had referred themselves to the SLE (30%;  $n = 16$ ) or that a primary worker had referred them (30%;  $n = 16$ ). Other referrals were from a psychologist, parole officer, program officer, behavioural counsellor, warden, and Aboriginal liaison officer. In addition, interviewees considered their placement in the SLE to be appropriate, as it allowed for self-development and the acquisition of essential skills (96%;  $n = 51$ ). Analysis of qualitative responses indicated that

the offenders reported that being in the SLE helped them to work on themselves and to learn skills associated with coping, communication, and managing emotions and behaviour ( $n = 23$ ).

As noted in the SLE operational plan (CSC, 2002), there may be occasions where waiting lists are necessary because of lack of bed space or other circumstances. Lists are to be reviewed at the Coordinated Care Committee meetings. Discussions with managers of IIS did not generate any significant concerns with the SLE waiting lists, and there was indication that offenders on the list were able to access services related to the SLE. Consistent with this, the majority of staff members familiar with the operations of the SLE waiting lists agreed that it was prioritized appropriately (78%;  $n = 43$ ). Moreover, thirteen of the offenders interviewed reported being on a waiting list for the SLE prior to admission, and eight indicated that they received services related to the SLE while on the list, such as psychological counselling and sessions with a behavioural counsellor. However, through the course of the evaluation, it was found that waiting list information was not readily available, not uniformly collected, and that not all institutions maintained a formal record (e.g., information was kept in team meeting minutes). If waitlist information was available for each site, this would provide additional information for several key parties. Firstly, an up-to-date waitlist would inform internal planning as to what the population management pressures were at each site. Secondly, if the accommodation pressures persist, this information would inform the strategic planning process to provide further long-term solutions. In addition, if there were formal waitlists for each site, performance measurement and evaluation would be facilitated. For example, in the present evaluation, a list of offenders who met the SLE criteria but were not placed there could have served as a comparison group for analysis in order to demonstrate correctional results.

**RECOMMENDATION 2: CSC should ensure that the SLE is used only for those offenders who meet the admission criteria. There may be a need to explore other population management alternatives to ensure that SLE spaces are reserved for those who meet the criteria.**

## Secure Unit Placement

**FINDING 4: Notwithstanding the variability among the five institutions, qualitative data indicated that there is adequate information sharing between case management, security operations staff members, and clinical staff members in the SU.**

As per *CD 705-7: Security Classification and Penitentiary Placement* (CSC, 2010g), the security classification of each offender is determined at the time of initial placement and is based on the results of the Custody Rating Scale, clinical judgment of specialized staff, and psychological assessment, where required. In this sense, offenders are not “placed” in the SU based on admission criteria, but rather all women who are classified at the maximum security level are accommodated in the SU until their security level is reclassified to the medium or minimum level.

An inter-disciplinary team approach serves as the management model for the SU. The team works together to plan and coordinate interventions, program implementation, services and assessment (CSC, 2003). According to the SU operational plan, regular meetings must occur and should be scheduled for a specific time each week. Communication and information sharing within the team meetings are vital in order to ensure that all staff members respond to the offenders in a consistent manner. Furthermore, the team is responsible for implementing intervention techniques based on offenders’ risk and need, and updating correctional plans where necessary.

Approximately one-half of staff questionnaire respondents agreed that there is adequate information sharing between case management, security, and clinical staff in the SU (46%;  $n = 44$ ). Qualitative comments provided by those staff who disagreed that there is adequate information sharing suggested a need for better overall communication among staff, and in particular, better communication with the security/frontline staff. In addition, a slight majority of respondents indicated that team meetings/case conferences support the team approach in the SU.

### **2.6.2. Theme 2: IIS Operations**

#### **2.6.2.1. *Physical Environment and Operations***

**FINDING 5: Staff respondents expressed concerns with the bed capacity in the SLEs and the SUs wherein there may be the possibility that double-bunking will occur as a result of population management pressures.**

Through discussions with multiple key stakeholders (i.e., program managers, focus group sessions, staff questionnaire respondents, offender interviewees), several challenges with the physical environment and operations of the IIS units were identified. The primary concern noted for both the SLE and the SU was the lack of space, including bed space, programming space, and office space. For instance, almost half of the SLE staff questionnaire respondents disagreed that there is adequate bed space in the SLE (46%;  $n = 42$ ). Follow-up responses indicated that the SLEs at the larger institutions are often at maximum capacity and have waiting lists. However, in February, 2011 CSC announced that there will be 12 additional SLE beds built in the next two years.<sup>19</sup>

Despite the noted lack of space in the SLE by staff members, the majority of questionnaire respondents agreed that there is sufficient static security in the SLE (59%;  $n = 54$ ) and that the layout is conducive to fostering dynamic security (53%;  $n = 49$ ). Nonetheless, some suggestions for improvements to the physical structure and layout of the unit were made, including that staff office space should be improved and additional programming space should be added.

Similar to responses regarding the SLE, the large majority of SU staff questionnaire respondents reported that there was not adequate bed space in the SU (74%;  $n = 70$ ). Qualitative responses provided by staff members suggested that there were space limitations as a result of more women offenders with life sentences coming into the units, and these women being required to spend two years at the maximum security level.<sup>20</sup> Correspondence with the managers of IIS revealed that, due to the high number of women classified at the maximum security level, some institutions have responded to the bed shortage by either placing these women in segregation cells or double bunking. Some staff have expressed concerns over the possibility of double bunking in order to manage bed space, referring to potential issues surrounding small cell

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<sup>19</sup> As noted in correspondence from the Team Leader, Infrastructure Renewal and the Assistant Commissioner, Public Affairs and Parliamentary Relations dated 2011- 02-17, there will be 4 SLE beds added to each of the following facilities: Grand Valley Institution (to be completed 2012-2013), Joliette Institution (to be completed 2012-2013), and Edmonton Institution for Women (to be completed 2011-2012).

<sup>20</sup> As per *CD 710-6: Review of Offender Security Classification* (CSC, 2010h), the security classification of men and women offenders serving life sentences for first or second degree murder or who had been convicted of a terrorism offence punishable by life who are classified at the maximum or medium security will occur two years from the date of the initial security classification, and every two years thereafter. For all other women offenders assessed as maximum security, a review of the security classification is completed every six months.

size, privacy, and appropriately matching offenders, particularly among women who have mental health concerns. According to the CSC Population Management Strategy, bed capacity concerns within the women's institutions, particularly for high risk and/or need women, have been identified, where actions have been proposed to enhance capacity for these women offenders (CSC, 2010b).

Discussions with key stakeholders also revealed concerns with the use of the SLEs as an overflow for segregation. It is, therefore, interesting that 50% ( $n = 46$ ) of staff respondents indicated that they observed the SLE to be used as an overflow for segregation at their respective institution. Qualitative responses demonstrated that this had a detrimental impact on the SLE in that it disrupted the therapeutic environment (e.g., interrupted daily routines, created distress among the offenders;  $n = 28$ ).

Many staff members also reported issues with the actual layout of the SU. For example, some staff members reported that the secure interview room and programming rooms lacked privacy. Some also noted that the location of segregation is problematic as it can disrupt activity on the unit when movement is required. Some staff members, therefore, suggested that the segregation unit should be separate from the SU. The primary suggestion that staff questionnaire respondents had for improving the SU was to enhance its physical structure ( $n = 52$ ). Staff members also reported difficulties with the operations of the SU, primarily with regard to the movement of offenders on the unit (49%;  $n = 47$ ) and off the unit (43%;  $n = 41$ ). Follow-up responses provided indicated that the primary challenges with movement were the result of potentially "mixing" incompatible offenders with each other, not having enough space, and not having an adequate number of staff members.

#### ***2.6.2.2 Staffing and Staff Training***

**FINDING 6: Human resource management, including staffing, retention, and adequacy of training and high staff turn-over were identified as primary challenges to the day-to-day operations of the SLE and the SU.**

## Staffing

According to the SLE and SU operational plans (CSC 2002; 2003), the staff who work in these units make up the Inter-Disciplinary Teams (IDTs), which includes the following positions: Team Leader and Assistant Team Leader; Psychologist; Primary Workers; Behavioural Counsellor(s); Clinical Nurse; Program Officer(s). As per discussions with the managers of IIS, some institutions use separate staff rosters for the SLE and the SU, while other institutions rotate staff members between these units.

Key stakeholders noted challenges in maintaining a full and consistent staff roster in the SUs and SLEs. SLE staff questionnaire respondents had differing opinions regarding the adequacy of the number of staff assigned to work in the SLE; approximately half agreed that this number *was* sufficient (41%;  $n = 38$ ) and half agreed that it was *not* sufficient (43%;  $n = 40$ ). Similarly, half of SU staff questionnaire respondents (49%;  $n = 47$ ) agreed that there was a sufficient number of staff assigned to work in the SU, while over a quarter (28%;  $n = 27$ ) disagreed. Discussions with IIS managers highlighted vacancies in various positions, which supported staff responses that identified high levels of turnover. Specifically, staff qualitative responses revealed challenges acquiring and maintaining a full roster of Behavioural Counsellors. In addition, focus group session participants reported that the intensity of working in the SLE and/or the SU could be stressful, requiring further wellness resources for staff to assist them in managing this stress. Consistent with this, approximately half of staff questionnaire respondents disagreed that there were adequate resources available for staff members who work in the SLE (42%;  $n = 39$ ). Correspondingly, the primary suggestion to improve staffing in the SLE and the SU was to ensure a full complement of staff.

**RECOMMENDATION 3: CSC should continue to provide support to employees with respect to the challenges associated with this unique work environment.**

## Staff Training

Discussions with IIS managers identified training programs for IIS staff members in DBT, DBT Specialized, and DBT Refresher, as well as Suicide Intervention, and Women Centred Training.

Nearly two-thirds of staff questionnaire respondents (62%;  $n = 61$ ) indicated having received some type of DBT training. Of those staff members who reported having received

training, the large majority (85%;  $n = 52$ ) took the Orientation Training, over half (56%;  $n = 34$ ) received the Specialized Training, almost half (48%;  $n = 29$ ) received the Refresher Training, and a smaller number (15%;  $n = 9$ ) received the Manager's Awareness Training. Overall, it appears that staff members considered DBT training to have met their needs. In addition, the majority of staff members who indicated having received DBT training reported at least an adequate understanding of DBT. Only seventeen staff questionnaire respondents reported having received PSR training (15 received the training more than five years ago, and 2 received the training between three and five years ago).

Twenty-two questionnaire respondents indicated having received other training in the context of IIS, including: mental health training and Pinel restraint training. Several staff members also suggested further training for IIS staff, including: mental health training (those who did not receive the training already), PSR training, and security training.

Staff focus group participants and staff questionnaire respondents reported several challenges with IIS staff training. For instance, there were several staff members who indicated that there was insufficient availability of DBT training, especially with regard to DBT refresher training. Qualitative responses provided by staff members also indicated room for improvement to the DBT training. Specifically, responses noted a need for revised materials that were more recent. Responses also indicated a need for more practical training and less reliance on theory. Staff members also noted that PSR training was no longer being offered, although many staff members reported that there was still a need for this intervention with some of the offenders.

### *2.6.2.3 Program Model*

#### Therapeutic/Quality Care Environment

**FINDING 7: Dynamic security was assessed as instrumental to the operations and management of the SLE and the SU. Overall, staff members and offenders agreed that the level of engagement in the SLE was adequate in fostering and sustaining a therapeutic environment. While the 'therapeutic quiet room' was considered a necessary component of the SLE, the structure of the facilities minimised the extent of its use in all the institutions.**

The interaction between staff members and offenders is considered an essential factor in positive living and working environments in both the SLE and the SU. Maintaining a therapeutic environment in the SLE has been identified as an essential element of the program philosophy of

IIS (CSC, 2002), which is achieved primarily through dynamic security and engagement between staff and offenders. Similarly, the living environment in the SU is based on a “quality care environment”, which serves as the foundation for all programming and interventions (CSC, 2003). This involves the creation of a safe and supportive environment for staff and offenders that is maintained through 24-hour staff presence and supervision with intensive and consistent intervention by the inter-disciplinary team.

Staff focus group participants and questionnaire respondents, as well as offender interviewees, all highlighted the importance of dynamic security in the SU and the SLE. Overall, responses indicated that an adequate level of engagement was maintained between the staff and offenders in these units, although responses also identified potential development areas.

Just over half of SLE staff questionnaire respondents (52%;  $n = 48$ ) indicated that a therapeutic environment was consistently maintained in the SLE, and almost two-thirds (61%;  $n = 56$ ) agreed that the level of engagement between staff and offenders was adequate within the SLE. Similarly, focus group participants reported that dynamic security in the SLE was at least adequate, and the majority of offender interviewees (90%;  $n = 47$ ) agreed that SLE staff engaged in supportive relationships with the women. Qualitative responses provided by these stakeholders supported the importance of having an invested team to motivate and engage the women. Relationship building was noted as an extremely important factor in the SLE, and staff members indicated that they were generally able to build a good rapport with the women. However, it was noted that there needed to be consistency among the staff when working with the women. Follow-up responses revealed several suggestions to improve the therapeutic environment of the SLE. These included a need for enhanced screening for offenders to ensure that the most appropriate women are placed in the SLE, as well as maintaining a complete, well-trained, and dedicated team of staff, and holding regular meetings among all staff members to help ensure stability and consistency.

Responses regarding staff and offender dynamics within the SU were similar to those found for the SLE. Approximately one-half of staff questionnaire respondents (45%;  $n = 43$ ) agreed that there was an adequate level of engagement between staff and offenders in the SU. Similarly, the majority of offender interviewees (85%;  $n = 17$ ) agreed that SU staff engaged in supportive relationships with the offenders. As with the SLE, staff members highlighted the importance of relationship building with the women in the SU, especially given that there were

some women in the unit who were unwilling to interact with the staff. A need for consistent application of the policies and rules was identified by staff members and offenders interviewed. Specifically, less than half of staff questionnaire respondents (42%;  $n = 40$ ) agreed that staff members in the SU were consistent in this area. Similarly, just over half of the offenders interviewed (57%;  $n = 12$ ) agreed that SU staff members were clear and consistent in their application of rules. Follow-up responses provided by staff and offenders identified several areas of potential improvement within the SU, such as an increase in contact between staff and offenders for the purpose of dynamic security, and, as previously indicated in the physical environment and operations section, changes to the physical layout of the SU to better facilitate this contact. Responses also indicated a need for a full team of staff in the SU to ensure adequate engagement with offenders, as well as a need for more activities for the women in the SU to increase the opportunities for interaction between staff members and offenders.

As previously noted in the program profile, a key element of the therapeutic environment in the SLE is to provide “quiet options” for the offenders. As such, each SLE is equipped with a therapeutic quiet room, where the offenders can remove themselves from over-stimulation and conflict in order to focus on managing their behaviours and emotions. The majority of staff questionnaire respondents (67%;  $n = 62$ ) indicated that the therapeutic quiet room is a necessary component of the SLE. However, many staff members (40%;  $n = 37$ ) indicated that it was not adequately used by the offenders, and almost half of the women interviewed (49%;  $n = 26$ ) indicated that they *never* used the SLE therapeutic quiet room. Offender interviewees who reported using the room indicated that they did so when they felt overwhelmed or stressed, or when they wanted to relax or be alone. These offenders reported that the therapeutic quiet room had a calming effect and helped them to resolve their feelings through relaxation and self-reflection. Among areas of improvement identified for the therapeutic quiet room were a need for increased familiarity among the residents regarding the features and availability of the room, as well as more encouragement for offenders to make use of the room. Specific and detailed information regarding the use of the therapeutic quiet rooms was not readily available, as discussions with the managers of IIS indicated that usage tracking was not conducted consistently across institutions. For example, although several IIS managers indicated that the Therapeutic Quiet Accountability forms (CSC, 2002) are completed when a woman uses the space, the formats in which these records were kept varied between institutions.

## Intervention Approaches: DBT and PSR

**FINDING 8: Staff questionnaire respondents and offender interviewees perceived DBT as an effective tool in assisting women offenders to appropriately manage their behaviour and emotions. Some staff members highlighted the need to utilize PSR with women with low cognitive functioning, and suggested that PSR should be re-introduced as part of the IIS.**

As previously noted, the program philosophy for IIS is based on a therapeutic environment that emphasizes interactions with offenders and incorporates the principles and practices of DBT and PSR. Through discussions with WOS and the managers of IIS, it was determined that DBT is the primary approach used in both the SLE and the SU. In fact, PSR is not offered consistently in the SLE or the SU, with the exception of Nova Institution. Qualitative responses provided by staff questionnaire respondents revealed that the primary reason the program was terminated was due to the lack of trained staff to deliver the intervention (staff respondents in the SLE,  $n = 14$ , 41%; staff respondents in the SU,  $n = 11$ , 42%).<sup>21</sup>

Data extracted from OMS indicated that only 5% of SLE participants received PSR as a treatment approach and only 3% of offenders who were accommodated in the SU received PSR as a treatment approach. Meanwhile, 76% of SLE participants were recorded as having taken DBT, while only 40% percent of offenders in the SU were recorded as having taken DBT. See Table 9 for frequencies of DBT and PSR participation.

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<sup>21</sup> A 2005 preliminary evaluation of PSR in the SLEs (Sly & Taylor, 2005) revealed a number of issues with its delivery. Results from staff and participant interviews indicated that they were generally satisfied with PSR; however, issues were raised surrounding program “readiness”, particularly with regards to assessing this, as well as the limited number of women offenders who actually meet the criteria for the intervention. In addition, staff expressed numerous problems with the PSR training, where most reported that it was too complex in comparison to DBT training.

**Table 9: Offender Participation in DBT and PSR**

Participation	SLE		SU	
	<i>n</i>	%	<i>n</i>	%
DBT				
Yes	465	76%	425	40%
No	144	24%	645	61%
Total	609	100%	1,070	100%
PSR				
Yes	33	5%	29	3%
No	576	95%	1,041	97%
Total	609	100%	1,070	100%

Source: OMS

Based on the data presented above, it was revealed that there was a proportion of offenders who were accommodated in the SLE or SU who did not receive either DBT or PSR as a treatment approach (18% and 58%, respectively). This is consistent with previous information presented that indicated that the SLEs have been used for population management, transitional,<sup>22</sup> or other purposes.

As the primary approach used in the SLE, the specific goal of DBT is to help offenders develop the skills required to better regulate problematic emotions and behaviours. With regard to the SU, it was anticipated that a form of treatment such as DBT would offer the women skills required to address identified needs and decrease the maladaptive behaviours that contributed to their maximum security classification (CSC, 2003). Overall, the delivery of DBT in both the SLE and the SU was received positively by staff members and offenders. Over three-quarters of SLE staff questionnaire respondents (77%; *n* = 71) agreed that DBT was an appropriate intervention for use in the SLE, while over two-thirds of SU staff questionnaire respondents (65%; *n* = 62) agreed that DBT was an appropriate intervention for use in the SU. Follow-up responses indicated that DBT was appropriate for use in these units, as it was a tool to help the offenders regulate their behaviours and emotions, take responsibility for their actions, and develop valuable life skills.

Similarly, the offenders interviewed reported that the individual counselling component of DBT and the DBT skills training sessions (i.e., *Orientation, Core Mindfulness, Interpersonal*

<sup>22</sup> It should be noted that, according to the SLE operational plan (CSC, 2002), a woman's placement in the unit was based on the most appropriate environment for her to live in. Therefore, placement in the house does not necessarily mean participation in treatment and transitional placement should be focused on the woman's attempts to engage in treatment or increase motivation for treatment.

*Effectiveness, Emotional Regulation, and Distress Tolerance Skills*) were helpful to them while they resided in either the SU and/or the SLE. More specifically, the majority of SLE resident interviewees (84%;  $n = 42$ ) found the counselling sessions to be helpful, while nearly all (94%;  $n = 47$ ) found the skills training sessions to be helpful.<sup>23</sup> Similarly, three-quarters of SU resident interviewees (75%;  $n = 15$ ) found the counselling sessions were helpful, while slightly fewer (70%;  $n = 14$ ) found the skills training sessions to be helpful.<sup>24</sup>

Staff members and offenders generally agreed that DBT helped the women in the SLE with its intended objectives, particularly to deal more effectively with emotions and difficult situations. More specifically, staff questionnaire respondents agreed that DBT in the SLE helped the women to:

- deal more effectively with their emotions;
- deal more effectively with difficult situations;
- increase their motivation to participate in their correctional plans and programs; and,
- transfer the skills they learned to other environments.

The results of the present evaluation are generally consistent with previous research that examined the impacts of the implementation of DBT within the SLEs (Blanchette, Flight, Verbrugge, Gobeil & Taylor, 2010; Sly & Taylor, 2003). Results of this research report found that DBT was generally viewed as an effective intervention approach for women offenders. Staff members and offender interviewees agreed that the goals of DBT were being met. In addition, participants agreed that the availability of staff and one-on-one therapy was a valuable resource for offenders. Moreover, participants indicated that the DBT approach was useful, as it taught them new skills that contributed to positive behaviour.

Offender interviewees who had participated in DBT in the SU also noted DBT's assistance in the above areas. However, staff member responses varied regarding whether the delivery of DBT in the SU met these objectives. These mixed responses may have been a

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<sup>23</sup> Not all of the women interviewed had completed all five DBT modules while they were in the SLE. 96% (48/50) had received the Orientation, while 94% (47/50) participated in Core Mindfulness, 86% (43/50) participated in Interpersonal Effectiveness, 78% (39/50) participated in Emotional Regulation, and 68% (34/50) participated in Distress Tolerance Skills.

<sup>24</sup> Not all of the women had completed all five DBT modules while they were in the SU. 75% (15/20) reported that they had participated in the Orientation, while 80% (16/20) participated in Core Mindfulness, 70% (14/20) participated in Interpersonal Effectiveness, 70% (14/20) participated in Emotional Regulation, and 45% (9/20) participated in Distress Tolerance Skills.

reflection of challenges that were encountered in the delivery of DBT in the SU, which are described in further detail below.

While benefits of DBT were identified in the SU and the SLE by both staff members and offenders, many staff members also reported challenges with the delivery of the intervention in these units. More specifically, over one-third of SLE staff questionnaire respondents (38%;  $n = 35$ ) reported encountering challenges with the delivery of DBT in the SLE, and just over one-third of SU staff questionnaire respondents (40%;  $n = 38$ ) reported experiencing challenges with the delivery of DBT in the SU. Follow-up responses provided by staff members indicated high staff turnover rates (particularly for Behavioural Counsellors), which impacted the coverage on the units. Specific to the SU, staff members also indicated that there were considerable space limitations in the SUs that created challenges in the delivery of DBT on the unit (i.e., not enough programming space, leading to scheduling difficulties). In addition, many staff members noted that the offenders had varied education levels, which created a challenge for facilitators of DBT group sessions, as some offenders had difficulties understanding some of the complexities of this intervention.

Staff members made several suggestions for overcoming these challenges with DBT in both the SLE and the SU. For example, it was recommended that all staff members who work in these units be trained in DBT, and in a timely manner. Staff members also emphasized the importance of having a full team of staff in order to ensure effective and comprehensive delivery. In addition, many staff members indicated that the DBT materials should be modified to reflect the specific needs of the offenders, particularly those with lower cognitive functioning. Finally, specific to the SU, staff members reported that there was a need for more space for the delivery of DBT, and suggested that the accessibility to DBT should be increased (e.g., by offering sessions more often, and ensuring the staff positions are filled).

Although PSR has not been consistently used as an intervention approach in either the SLE or the SU, it became apparent that several staff members considered it necessary and recommended that it be re-introduced. For instance, almost half of the SLE staff questionnaire respondents (42%;  $n = 39$ ) indicated that PSR was a necessary approach for use in the SLE, and over one-third (37%;  $n = 35$ ) of the SU staff questionnaire respondents indicated that PSR was a

necessary approach for use in the SU.<sup>25</sup> Follow-up responses identified the value of using PSR for offenders with low cognitive functioning or for whom DBT was not appropriate ( $n = 21$ ). Additionally, all four offenders interviewed who received PSR as an intervention approach while in the SLE indicated that PSR helped them to develop goals and plans in order to gain better control of their lives. The offenders also indicated that PSR helped to improve their own self-care, interpersonal skills, vocational skills, and living skills. However, it must also be noted that several staff members highlighted a gap between the treatment approaches of DBT and PSR, in that DBT was too advanced for some of the women, while PSR was too basic. These individuals, therefore, proposed a moderate intervention that would be more appropriate for these offenders.

**RECOMMENDATION 4: CSC should consider implementing alternative intervention in the SLE and SU to address the apparent gap identified in meeting the needs of low functioning offenders.**

#### Management Protocol

**FINDING 9: Qualitative data indicated that the management protocol for women offenders involved in serious incidents in the institutions presented difficulties, resulting in a gap in service for these women. It was suggested that, to address this gap, offenders who cause serious harm or who seriously jeopardize the safety of others may benefit from a separate and specialized unit to address their unique needs.**

As previously noted, any woman offender who commits an act causing serious harm or who seriously jeopardizes the safety of others can be placed on management protocol, a framework designed to provide staff members with an appropriate way to manage these offenders (CSC, 2003).

Staff members in the focus group sessions expressed concern with the operations of Management Protocol. Primary issues included that it was too restrictive, that it required too much time to advance through each step, that it resulted in difficulty reintegrating offenders, and that there was an over-representation of Aboriginal women under the protocol. In addition, many staff members indicated that being placed in segregation for such a long period of time is

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<sup>25</sup> Please note that a large proportion of SU questionnaire respondents indicated that they “did not know” whether PSR was a necessary approach to be used in the SU (57%; 54/95).

unacceptable. Several staff members suggested having a separate facility or unit for women offenders who need to be placed on management protocol. As well, PSR was suggested as a potential avenue of consideration for some low functioning women placed within MP, should the program be re-introduced. Interestingly, the majority of staff questionnaire respondents agreed that the Management Protocol is a necessary intervention for offenders who are involved in serious incidents (74%;  $n = 70$ ). However, many staff members also provided suggestions on a more appropriate alternative to the Management Protocol, such as a specialized and separate unit specifically for women offenders ( $n = 21$ ).

#### Intervention Effects: Structured Living Environment

**FINDING 10: Qualitative data demonstrated that the SLE is meeting its objectives of improving offenders' attitudes and behaviours and enhancing institutional adjustment while contributing to women offenders' successful reintegration into general population and/or lower security classifications. However, quantitative analyses revealed no significant differences in dynamic factor domains, risk and need levels, motivation levels, reintegration potential, institutional charges, or periods of segregation pre- and post- SLE participation.**

The accommodation and treatment approaches implemented as part of IIS are expected to contribute to the enhanced institutional adjustment and decreased maladaptive behaviours and emotional distress among women offenders. Statistical analysis conducted revealed no significant differences at 6-months pre-start and 6-month post-accommodation on risk level, need level, motivation level, or reintegration potential level (see Table 10).

**Table 10: Frequencies of Risk, Need, Motivation, and Reintegration Potential Levels for SLE Participants**

Measure	Time	N	Low		Medium		High		<i>p</i>
			<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Risk	Pre	384	86	22%	179	47%	119	31%	NS
	Post	384	84	22%	183	48%	117	30%	
Need	Pre	384	24	6%	123	32%	237	62%	NS
	Post	384	27	7%	119	31%	238	62%	
Motivation	Pre	384	32	8%	195	51%	157	41%	NS
	Post	384	27	7%	204	53%	153	40%	
Reintegration potential	Pre	384	114	30%	166	43%	104	27%	NS
	Post	384	99	26%	196	51%	89	23%	

Note. NS=Not significant.  
Source: OMS

In addition, statistical analyses conducted revealed no significant differences 6-months pre-start and 6-month post-accommodation on dynamic factor domains for the SLE participant group. Frequencies of ratings are presented in Table 11.

**Table 11: Frequencies of Ratings Pre- and Post- on Dynamic Factor Domains for SLE Participants**

Need Domain	Time	N	Low		High		<i>p</i>
			<i>n</i>	%	<i>n</i>	%	
Personal/Emotional	Pre	431	35	8%	396	92%	NS
	Post	431	32	7%	399	93%	
Substance Abuse	Pre	431	78	18%	353	82%	NS
	Post	431	76	18%	355	82%	
Employment	Pre	431	118	27%	313	73%	NS
	Post	431	115	27%	316	73%	
Associates	Pre	431	134	31%	297	69%	NS
	Post	431	138	32%	293	68%	
Marital/Family	Pre	431	171	40%	260	60%	NS
	Post	431	167	39%	264	61%	
Attitude	Pre	431	270	63%	161	37%	NS
	Post	431	272	63%	159	37%	
Community Functioning	Pre	431	278	65%	153	35%	NS
	Post	431	278	65%	153	35%	

Notes. \*NS=Not significant.

\*\*The Personal/Emotional and Substance Abuse Need domains are the only two domains with a three rather than four point scale. Rather than being grouped as 1,2 representing low need and 3,4 representing high need, these domains have been grouped as 2 representing low need and 3,4 representing high need.

Source: OMS

As can be seen in Table 12, just over half of SLE participants had no institutional misconduct charges six months pre- accommodation in the SLE, and this did not change post- accommodation in the SLE.

**Table 12: Frequencies of Institutional Misconduct Charges for SLE Participants**

Measure	Time	Number											
		None		1		2		3		4		5+	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Institutional charges	Pre	327	55%	93	16%	58	10%	30	5%	26	4%	63	11%
	Post	330	55%	87	15%	46	8%	31	5%	23	4%	80	13%

Source: OMS

Similarly, the majority of SLE participants did not have any periods of voluntary or involuntary segregation pre- or post- accommodation in the SLE (see Table 13 for frequencies).

**Table 13: Frequencies of Periods of Voluntary and Involuntary Segregation for SLE Participants**

Measure	Time	Number					
		None		1		2+	
		<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Voluntary segregation	Pre	574	96%	22	4%	1	0%
	Post	585	98%	9	2%	3	1%
Involuntary segregation	Pre	465	78%	89	15%	43	7%
	Post	484	81%	69	12%	44	7%

Source: OMS

Despite not having found significant differences pre- and post- SLE accommodation on dynamic factor domains or levels of risk, need, motivation, and reintegration potential, qualitative analyses based on focus group sessions, the staff questionnaire, and offender interviews suggested that the SLEs had a positive impact on participants.

In fact, staff members and women offenders agreed that the SLE was meeting its intended objectives. For instance, the women interviewed agreed that treatment options were delivered to meet their needs (84%; *n* = 42), that their needs were addressed (88%; *n* = 46), and

that they noticed an overall improvement in their behaviour after entry to the SLE (94%;  $n = 48$ ). In addition, many of these women indicated that living in the SLE helped to reduce their involvement in institutional incidents (86%;  $n = 25$ ), and some women reported that it helped to reduce the time they spent in segregation (76%;  $n = 13$ ).

Women were also asked to indicate the issues/areas on which they needed to work prior into entry to the SLE, and whether these areas improved as a result of living in the SLE. The most common issues identified by the women were coping skills, interpersonal relationships, self-esteem, problem solving, and communication skills. For these particular issues, as well as all other issues identified, the majority of the women reported that improvements occurred as a result of living in the SLE. Correspondingly, staff questionnaire respondents also agreed that the SLE was meeting its objectives of decreasing maladaptive behaviours and enhancing offenders' institutional adjustment.

#### Intervention Effects: Secure Unit

**FINDING 11: Qualitative responses were mixed regarding improvements in offenders' attitudes and behaviours as a result of living in the SU. In addition, quantitative analyses revealed no significant differences in dynamic factor domains, risk and need levels, motivation levels, and reintegration potential six months after SU accommodation.**

Contrary to findings pertaining to the SLE, staff questionnaire responses were mixed with regard to improvements in offenders' attitudes and behaviours as a result of living in the SU. In fact, many respondents disagreed that the SU helped to improve the women's overall attitudes and behaviours, enhance their living skills, or reduce their involvement in incidents and time spent in segregation.

Mixed responses may have been a result of many staff members' reports that the environment in the SU was *not* conducive to the effective management of women at the maximum security level (35%;  $n = 33$ ). According to many staff members, because there is a strong focus on static security in the SU, little emphasis is placed on correctional plan progress. As a result, women are unmotivated to participate in their correctional plans and can become uninterested. Staff members noted that this was particularly common among women serving life sentences. Several respondents noted that opportunities for the women should be enhanced in

order to prevent boredom and to promote engagement in their efforts to change. Qualitative responses from the women interviewed also emphasized the need for there to be more programming available while they are accommodated in the SU ( $n = 15$ ).

These findings are consistent with a research report (Gobeil, Taylor, & Flight, 2008), which found that women offenders classified at the maximum security level who were transferred from the men's institutions demonstrated no increase in their involvement in pro-social activities, which translated into an increase in boredom and stress experienced by these women. In addition, women reported a lack of programming, education and employment opportunities within the SU.

Offender interviewees appear to have perceived the impacts of the SU more positively than staff members. For instance, the majority of the women interviewed indicated that living in the SU helped to improve their overall attitudes and behaviours (78%;  $n = 14$ ) and enhanced their living skills (57%;  $n = 8$ ). They also reported that it helped reduce their involvement in institutional incidents (75%;  $n = 9$ ). Similarly, 60% ( $n = 12$ ) agreed that, overall, their needs were being addressed within the SU, and 65% ( $n = 11$ ) agreed that they noticed an overall improvement in their behaviours while being accommodated in the SU.

Women were also asked to indicate the issues/areas on which they needed to work prior to entry to the SU, and whether these areas improved as a result of living in the SU. The most common issues identified by the women were coping skills, communication skills, self-esteem, and problem-solving. For these particular issues, as well as all other issues identified, the majority of the women reported that improvements occurred as a result of living in the SU.

Despite positive qualitative responses from the women interviewed, statistical analyses that were conducted revealed no significant differences were revealed for levels of risk, need, motivation, or reintegration potential (see Table 14). Similarly, no significant differences six months post- accommodation in the SU on dynamic factor domains were found (see Table 15).

**Table 14: Frequencies of Risk, Need, Motivation, and Reintegration Potential Levels for SU Participants**

Measure	Time	N	Low		Medium		High		<i>p</i>
			<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	
Risk	Pre	578	102	18%	301	52%	175	30%	NS
	Post	578	103	18%	295	51%	180	31%	
Need	Pre	577	19	3%	203	35%	355	62%	NS
	Post	577	26	5%	191	33%	360	62%	
Motivation	Pre	578	65	11%	310	54%	203	35%	NS
	Post	578	64	11%	321	56%	193	33%	
Reintegration potential	Pre	577	148	26%	297	51%	132	23%	NS
	Post	577	146	25%	315	55%	116	20%	

Source: OMS

**Table 15: Frequencies of Ratings Pre- and Post- on Dynamic Factor Domains for SU Participants**

Need Domain	Time	N	Low		High		<i>p</i>
			<i>n</i>	%	<i>n</i>	%	
Personal/Emotional	Pre	705	90	13%	615	87%	NS
	Post	705	88	12%	617	88%	
Substance Abuse	Pre	705	123	17%	582	83%	NS
	Post	705	121	17%	584	83%	
Employment	Pre	705	190	27%	515	73%	NS
	Post	705	186	26%	519	74%	
Associates	Pre	705	244	35%	461	65%	NS
	Post	705	245	35%	460	65%	
Marital/Family	Pre	705	312	44%	393	56%	NS
	Post	705	306	43%	399	57%	
Attitude	Pre	705	392	56%	313	44%	NS
	Post	705	390	55%	315	45%	
Community Functioning	Pre	705	459	65%	246	35%	NS
	Post	705	464	66%	241	34%	

Note. NS=Not significant.

Source: OMS

### Mental Health

**FINDING 12: Qualitative data revealed that the SU may not provide adequate accommodation or treatment for offenders with mental health disorders, wherein women who are difficult to treat are often placed in segregation when all other treatment options have been exhausted with limited or no success.**

As previously noted, the issue of mental health among women offenders has been a longstanding concern for CSC. Mental health was highlighted as a major issue by staff members. Staff members reported a need for more mental health resources, such as additional psychologists, nurses, and other mental health professionals, and they also stated a need for more training with regard to mental health issues. They indicated that not all staff members had received the training in mental health required to effectively manage these women. Staff members reported that women with serious mental illness were sometimes placed in segregation for their own safety, resulting in difficulty to integrate them back into the general population. In addition, staff members reported that managing self-harming behaviours was challenging, especially for primary workers. Staff members also indicated that the SUs were not an environment conducive to the treatment of women offenders with serious mental health concerns.

As with the SU, if there is no bed space at one of the psychiatric facilities, or if a woman does not wish to be admitted, staff members suggested that this leaves few options to effectively manage her needs.

### **2.6.3 Theme 3: Offender Discharge/Integration**

#### **Discharge from IIS Units**

As noted in the SLE operational plan (CSC, 2002), there is a formal discharge process for women who have been accommodated in the SLE. Upon discharge, a formal discharge report is to be completed for each offender.

Despite reported problems with discharge planning, the majority of SLE staff questionnaire respondents indicated that there were adequate outreach/post-care services available for the women once they are discharged from the SLE (43%;  $n = 40$ ). Overall, it appeared that there is flexibility with access to services, although this varied according to the specific institution. Services provided involve access to behavioural counsellors, drop-in services, participation in activities, and access to the quiet room for those who participated in DBT. Correspondingly, for those women interviewed who were in the general population at the time of the evaluation, the majority (60%;  $n = 15$ ) indicated that they received SLE services following their discharge from the unit, while some (40%;  $n = 10$ ) indicated that they received no

such services. Services received included meeting with a psychologist and Behavioural Counsellors.

Discharge from the SU is different from the SLE in that women are cascaded from the SU to either the SLE or the general population of offenders once they have been reclassified to a lower security level. Security reclassification reviews are conducted every six months in order to facilitate the safe reintegration of the women from the SU to the main institution (CSC, 2010h). For women serving a life sentence for first or second degree murder, the security review need only be conducted two years from the date of the initial security classification (CSC, 2010h).

By contrast, staff responses were somewhat mixed regarding offenders' transition from the SU to the general population. The majority of questionnaire respondents agreed that there is a smooth transition when women are reclassified from maximum security and are integrated into the general population or the SLE (48%;  $n = 46$ ); however, approximately one-quarter of respondents disagreed with this statement (28%;  $n = 27$ ). Qualitative responses revealed the primary challenges to be differences between the SU and the general population in terms of structure (e.g., routines, staff presence) present challenges to a smooth transition. Correspondingly, staff members in the focus group sessions revealed that many of the women in the SU experienced difficulty adjusting to the comparative lack of structure in the general population. As a result, some women returned to the SU because they experienced difficulty integrating into the general population.

Overall, the majority of the women interviewed indicated that the SU helped them to prepare for a successful reintegration to lower security and that the treatment and programs they received while in the SU helped in preparation for a successful reintegration to a lower security classification (80%; 16/20). For those women interviewed who were, at the time of the evaluation, residing in the general population, but had previously been in the SU, many agreed that the skills acquired through living in the SU helped them to deal more effectively with life skills (63%;  $n = 5$ ). Several also agreed that it helped them to more effectively manage conflict (63%;  $n = 5$ ).

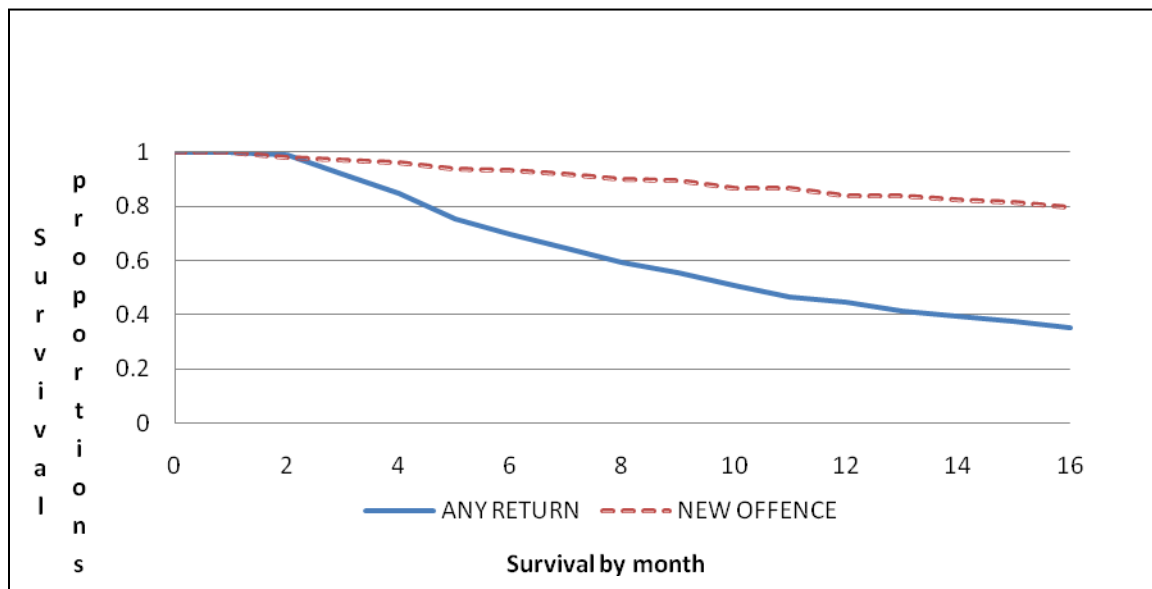
### Community Release

A total of 500 women who were involved with the SLE had been released into the community. At the time of the evaluation, fifty percent ( $n = 252$ ) were released on statutory

release, 42% ( $n = 209$ ) on day parole, 5% ( $n = 23$ ) on full parole, and 2% ( $n = 9$ ) had reached warrant expiry. The average amount of time that these women spent in the community was 326 days.

Of the 471 SLE participants who were followed up for a maximum of two years, 229 had been returned to custody (49%), with another 41 (9%) being returned to custody with a new offence. As illustrated in the survival curves in Figure 5, the largest proportion of readmissions to custody for those individuals who could be followed occurred within the first 10 months after release (50%).<sup>26</sup> Furthermore, of those individuals who could be followed up for the two-year follow-up period for any return to custody with a new offence (recidivism), the largest proportion of failures occurred within the first 11 months after release into the community with readmission to custody with a new offence quickly slowing after 11 months.<sup>27</sup>

**Figure 5: Survival Analysis for SLE Participants**



A total of 868 women who had been accommodated in the SU had been released into the community. At the time of the evaluation, sixty-two percent ( $n = 540$ ) were released on statutory release, 30% ( $n = 259$ ) on day parole, 4% ( $n = 35$ ) on full parole, and 2% ( $n = 14$ ) had reached warrant expiry. The average amount of time that these women spent in the community was 277 days.

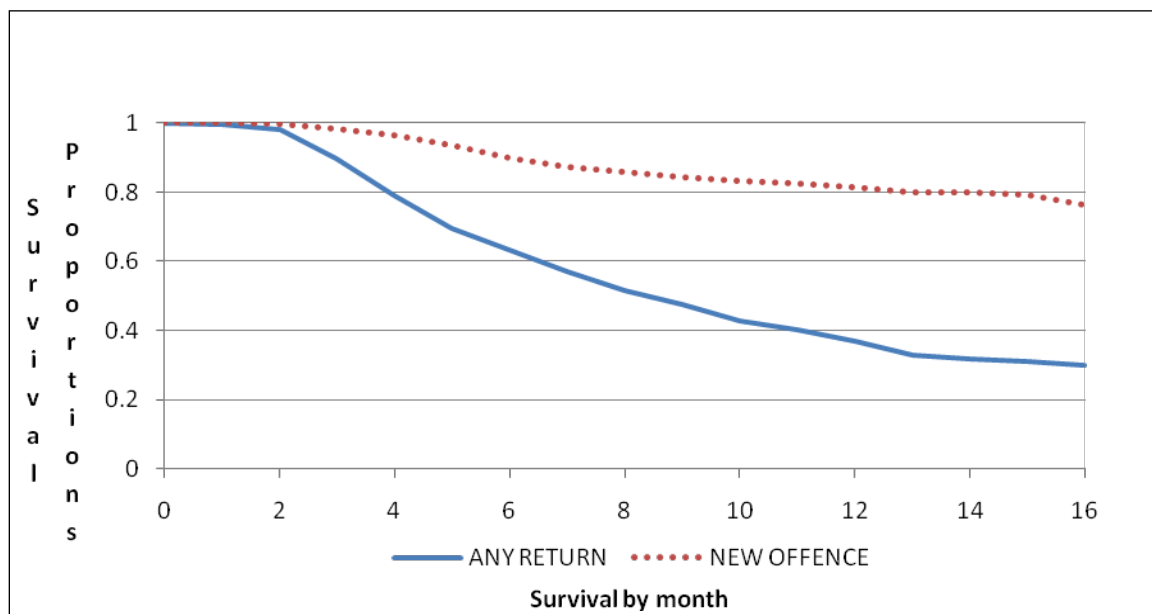
<sup>26</sup> Note that approximately 51% ( $n = 242$ ) of observations were censored by the end of the analysis.

<sup>27</sup> Note that approximately 91% ( $n = 430$ ) of observations were censored by the end of the analysis.

A two-year follow-up period was used in order to examine rates of parole revocation and recidivism using survival analysis. Of the 820 SU participants who were followed up for a maximum of two years, 427 had been returned to custody (52%) with another 86 (11%) being returned to custody with a new offence. As illustrated in the survival curves in Figure 6, the largest proportion of readmissions to custody for those individuals who could be followed occurred within the first 8 months after release (50%).<sup>28</sup> Furthermore, of those individuals who could be followed up for the two-year follow up period for any return to custody with a new offence (recidivism), the largest proportion of failures occurred within the first 12 months after release into the community (81%).<sup>29</sup>

While comparing outcomes between SLE and SU participants would have been beneficial, this was not possible due to a considerable number of participants who were in both data-sets (308 participants were in both the SU and SLE data sets, or 22% of the total combined sample) which made the two groups non-mutually exclusive and prevented further analysis.

**Figure 6: Survival Analysis for SU Participants**



<sup>28</sup> Note that approximately 48% ( $n = 393$ ) of observations were censored by the end of the analysis.

<sup>29</sup> Note that approximately 90% ( $n = 734$ ) of observations were censored by the end of the analysis.

## 2.7 Performance (Efficiency and Economy)

*Evaluation Objective: Cost-effectiveness determines the relationship between the amount spent and the results achieved relative to alternative design and delivery approaches.*

**FINDING 13: Without a comparison group with which to compare correctional results, correctional outcome results are absent and this precluded the ability to perform an economic analysis. However, it was found that a cost savings was achieved through the use of SLEs as compared to providing services to women offenders with significant mental health concerns at Regional Treatment Centres.**

The TBS requires that departmental evaluations provide an evidence-based value for money analysis in order to “support accountability to Parliament and Canadians by helping the government to credibly report on the results achieved with resources invested in programs” (TBS, 2009, Section 3.2.a.). A cost benefit analysis, one way to demonstrate economy or value for money, is the calculation of the cost of a program relative to its benefits.

The TBS recognizes two forms of economic analysis: cost-benefit analysis and cost-effectiveness analysis. In cost-benefit analysis, program benefits are transformed into monetary terms and compared to program costs (TBS, 1998). In cost effectiveness analysis, program results in some non-monetary unit, such as enhanced feelings of safety, are compared with program costs in dollars. Value for money is also an indicator of success but is defined as “the extent to which a program demonstrates relevance and performance” (TBS, 2009; see APPENDIX). Given that relevance and performance have been established in previous sections of the report, the focus of this section will be cost-benefit analysis and cost-effectiveness analysis.

The underlying premise for both types of analyses is that the program has demonstrated results in relation to a comparison group. Given that the major methodological limitation of this study was the absence of having a comparison group, as described in the methodology section, there are no quantitative data to indicate that the IIS achieved correctional outcomes either in the institutions (i.e., reduced institutional incidents, increased rate of discretionary release), or in the community (i.e., a reduction in recidivism). Because IIS did not have a comparison group against which to measure results, no economic analysis could be performed.

However, as discussed in the Context section, the target group of the SLE is women offenders who have significant cognitive limitations or mental health concerns. According to the CCRA, CSC has an obligation to provide reasonable access to essential and non-essential mental health care that will contribute to the inmate’s rehabilitation and successful reintegration into the community (1992). As such, CSC is required to provide mental health care to women offenders. If the SLE did not operate with its current mandate, some or all of the women who are presently accommodated in the SLE would require more extensive treatment than what they would receive in general population. As a result, some of the women offenders would need to be transferred to a treatment centre for more intensive intervention. The average yearly cost of maintaining an offender in a treatment centre is \$198,893. The cost of maintaining an offender in a SLE unit was \$142,201 (see Table 16).

**Table 16: Cost of Maintaining Inmates in a Treatment Centre Compared to a SLE Unit FY 2008-2009<sup>30</sup>**

Cost of Maintaining an Offender – Treatment Centre <sup>a</sup>	Cost of Maintaining an Offender – SLE Unit <sup>b</sup>	Difference by Year	Difference by Day
\$198,893	\$142,201	\$56,692	\$155

Note. <sup>a</sup> The 2008-09 COMO result was provided by the Finance Sector and was the average of all treatment centres. This number includes men’s and women’s facility costs.

<sup>b</sup> This figure is calculated by dividing the total yearly resource allocation for the SLE by the maximum bed capacity of 40

This translates into a cost savings to CSC of \$56,692 per year for each offenders maintained in the SLE for a period of one-year, or \$155 for every day a women offender is maintained in the SLE instead of the comparison (a treatment centre). The SLE provides a cost-effective approach to managing the mental health care of women offenders.

<sup>30</sup> The 2008-2009 COMO results were used because the allocations for subsequent years exclude the cost of CX positions.

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## APPENDIX

### Appendix: IIS Evaluation Matrix

<b>Evaluation Core Issue: Relevance</b>			
<b>Key Results</b>	<b>Expected Outcomes</b>	<b>Performance Indicators</b>	<b>Information Sources</b>
<b>Issue 1:</b> Continued need for IIS	The issues that IIS was designed to address persist within CSC, and IIS continues to address those issues and is the appropriate venue	<ul style="list-style-type: none"> <li>Continued need for IIS (proportion of women offenders with needs targeted by IIS; strategy responsive to needs)</li> </ul>	<ul style="list-style-type: none"> <li>CSC document review (mandate, Transformation Agenda, RPP)</li> <li>CSC research reports</li> <li>Literature review (strategies for women offenders)</li> <li>Environmental scan (other correctional jurisdictions)</li> <li>Automated data (CRS/RADAR/OMS)</li> <li>Staff focus groups / questionnaire</li> <li>Offender interviews</li> </ul>
<b>Issue 2:</b> Alignment with government priorities	IIS supports CSC and government-wide priorities	<ul style="list-style-type: none"> <li>IIS activities are consistent with policy and legislation</li> <li>IIS activities reflect the potential increase in the women offender population as a result of legislative changes</li> <li>IIS planned outcomes are aligned with CSC's strategic outcome and priorities</li> </ul>	<ul style="list-style-type: none"> <li>CSC document review (legislation, policy, RPP, DPR, PAA)</li> <li>Staff focus groups / questionnaire</li> <li>Correctional results data</li> </ul>
<b>Issue 3:</b> Alignment with federal roles and responsibilities	IIS does not duplicate/overlap with other programs/initiatives delivered by other stakeholders	<ul style="list-style-type: none"> <li>IIS falls under the jurisdiction of the federal government</li> <li>Availability of alternative services by other stakeholders/partners</li> <li>CSC is most appropriate department to provide IIS services</li> <li>Relationship with community stakeholders/partners</li> </ul>	<ul style="list-style-type: none"> <li>CSC document review (legislation, policy, RPP, DPR, PAA)</li> <li>Environmental scan (other departments/agencies)</li> <li>Community stakeholder/partner interviews</li> </ul>

<b>Evaluation Core Issue: Performance</b>			
<b>Key Results</b>	<b>Expected Outcomes</b>	<b>Performance Indicators</b>	<b>Information Sources</b>
<b>Issue 4:</b> Achievement of expected outcomes	<b>Theme 1: Placement</b>		
	Appropriate referrals, placements, and assessments have been conducted for	<ul style="list-style-type: none"> <li>Completed in accordance with operational plans</li> </ul>	<ul style="list-style-type: none"> <li>Document review</li> <li>Staff focus group / questionnaire</li> </ul>

women offenders meeting the admission criteria to the SLE		<ul style="list-style-type: none"> <li>• Offender Interviews</li> <li>• Correctional results data</li> </ul>
Appropriate treatment plans developed to address offender risk and needs in the SLE and SU	<ul style="list-style-type: none"> <li>• Completed in accordance with operational plans</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> <li>• Correctional results data</li> </ul>
<b>Theme 2: Operations</b>		
Programs/services have been implemented and delivered to meet the unique needs of the women offenders in the SLE and SU	<ul style="list-style-type: none"> <li>• Completed in accordance with operational plans</li> <li>• Delivery of intervention approaches (DBT &amp; PSR)</li> <li>• Use of Management Protocol</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> <li>• Correctional results data</li> </ul>
Staff have been trained appropriately	<ul style="list-style-type: none"> <li>• Trained staff</li> <li>• Inter-disciplinary staffing</li> </ul>	<ul style="list-style-type: none"> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> <li>• HRMS</li> </ul>
Within the context of IIS, there is an increase in dynamic security (compared to the general population)	<ul style="list-style-type: none"> <li>• Increased staff presence and supportive interactions between staff and women</li> </ul>	<ul style="list-style-type: none"> <li>• Document review</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> </ul>
Within the context of IIS, criminogenic needs are being addressed*	<ul style="list-style-type: none"> <li>• Improved ratings on Correctional Plan Progress Report (CPPR) measures</li> </ul>	<ul style="list-style-type: none"> <li>• Automated data (OMS)</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> </ul>
IIS contributes to decreased maladaptive behaviours	<ul style="list-style-type: none"> <li>• Decrease in self-harming behaviours</li> </ul>	<ul style="list-style-type: none"> <li>• Automated data (OMS)</li> <li>• Staff focus group / questionnaire</li> <li>• Offender interviews</li> <li>• File review</li> <li>• PRIME</li> </ul>
IIS contributes to increased emotional functioning**	<ul style="list-style-type: none"> <li>• Increase in emotional functioning (e.g., self-esteem)</li> </ul>	<ul style="list-style-type: none"> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> </ul>
IIS enhances offenders' institutional adjustment	<ul style="list-style-type: none"> <li>• Decrease in institutional incidents and charges</li> <li>• Reduction in aggressive and assaultive behaviours</li> <li>• Reduction in use and length of time spent in segregation</li> <li>• Use of therapeutic quiet</li> </ul>	<ul style="list-style-type: none"> <li>• Automated data (OMS)</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> <li>• File review</li> </ul>
IIS contributes to improved attitudes and behaviours*	<ul style="list-style-type: none"> <li>• Increased motivation levels</li> <li>• Increased levels of reintegration potential</li> <li>• Increased participation in pro-social activities</li> <li>• Successful program</li> </ul>	<ul style="list-style-type: none"> <li>• Automated data (OMS)</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> </ul>

		participation and completion	
	IIS contributes to the acquiring and enhancement of life skills*	<ul style="list-style-type: none"> <li>• Development and enhancement of life skills (e.g., daily living, problem solving, communication)</li> <li>• Improved interpersonal relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> </ul>
<b>Theme 3: Discharge / Integration</b>			
	IIS contributes to the successful return/integration to general population (for women offenders in the SLE)	<ul style="list-style-type: none"> <li>• Transition to regular houses</li> </ul>	<ul style="list-style-type: none"> <li>• Automated data (OMS)</li> <li>• Staff focus group / questionnaire</li> <li>• File review</li> <li>• Offender Interviews</li> </ul>
	IIS contributes to the successful cascade to a lower security classifications (for women offenders in the SU)	<ul style="list-style-type: none"> <li>• Security re-classifications (completed every 6 months, when applicable)</li> </ul>	<ul style="list-style-type: none"> <li>• Automated data (OMS)</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> </ul>
	IIS contributes to the successful reintegration into the community and a reduction in recidivism	<ul style="list-style-type: none"> <li>• Timely releases to community</li> <li>• Reduced suspension, revocation, and new offence rates</li> </ul>	<ul style="list-style-type: none"> <li>• Automated data (OMS)</li> <li>• Staff focus group / questionnaire</li> <li>• Offender Interviews</li> </ul>

<b>Evaluation Core Issue: Performance</b>			
<b>Key Results</b>	<b>Expected Outcomes</b>	<b>Performance Indicators</b>	<b>Information Sources</b>
<b>Issue 5:</b> Demonstration of Efficiency and Economy	IIS demonstrates value-for-money	<ul style="list-style-type: none"> <li>• Outputs/outcomes effectively achieved within available resources</li> </ul>	<ul style="list-style-type: none"> <li>• IFMMS / IRMS data</li> </ul>

\*Although all outcomes can apply to both the SLE and SU, depending on the women's identified needs, these outcomes are *primarily* referring to women offenders in the SLE.

\*\* See above comment. These particular outcomes apply *primarily* to women in the SU.