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Correctional services during and beyond COVID-19

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Abstract

Correctional services, both institutional and within the community, are impacted by COVID-19. In the current paper, we focus on the current situation and examine the tensions around how COVID-19 has introduced new challenges while also exacerbating strains on the correctional system. Here, we make recommendations that are directly aimed at how correctional systems manage COVID-19 and address the nature and structure of correctional systems that should be continued after the pandemic. In addition, we highlight and make recommendations for the needs of those who remain incarcerated in general, and for Indigenous people in particular, as well as for those who are serving their sentences in the community. Further, we make recommendations for those working in closed-custody institutions and employed to support the re-entry experiences of formerly incarcerated persons. We are at a critical juncture—where reflection and change are possible—and we put forth recommendations toward supporting those working and living in correctional services as a way forward during the pandemic and beyond.

Key words: correctional services, COVID-19, decarceration, prison, community correctional services, staff, correctional officers, parole and probation officers, prisoners

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Note from the authors

In the current policy briefing, we use the terms "imprisoned people" and "incarcerated persons" because this terminology is less stigmatizing than terms such as "inmates" or "prisoners". We are restricting the current policy brief to recommendations concerning prison living and post-prison living in an era of "decarceration", which refers to reducing the size of the incarcerated population. We recognize that decarceration includes alternatives to imprisonment such as pretrial diversion practices or alternatives introduced at the back and front-end of sentencing, which are largely beyond the scope of the current brief.

We also recognize that there are many marginalized and vulnerable populations in prison, including: women, people with mental health disorders or needs and substance use challenges, persons with brain injuries, persons with Fetal Alcohol Syndrome Disorder and other health-related conditions, transgender and non-binary self-identifying persons, and other equity-seeking groups. It is beyond the scope of the current brief to attend to the complexity of each groups' needs and unique positioning in detail. For instance, while the needs of incarcerated Black Canadians and people of colour are important and worthy of attention, we chose to focus on the inequities of incarcerated Indigenous Peoples, because (*i*) this group has the highest rates of incarceration for any sub-population in Canada

(see "Indigenous persons in prison" section) and (*ii*) the robust empirical data on Indigenous Peoples in Canada and existing policy-oriented documents details their unique needs, such as the National Inquiry into Missing and Murdered Indigenous Women and Girls, and the Truth and Reconciliation Commission's "Calls to Action". We intend to address some of the unique needs of diverse populations in future policy briefings. The present brief is a starting point to highlight recommendations for various pressing issues, as evidenced during the trials and tribulations imposed by the COVID-19 pandemic. As researchers, we are committed to provide evidence-informed recommendations.

Introduction

In the days following 12 March 2020, when the World Health Organization declared Coronavirus 2019 (COVID-19) a pandemic, the Canadian provinces and territories began imposing strict lockdown measures. These governments recognized closed-custody correctional facilities, including prisons, correctional centres, and jails, as potentially high-risk for the transmission of COVID-19, despite confusion about how best to manage the virus in prisons (and other confined spaces). On 12 March 2020, the Union of Canadian Correctional Officers (UCCO-SACC-CSN), representing federal correctional officers employed by Correctional Service Canada (CSC), requested support from CSC to help ensure the health and safety of their members during the pandemic (UCCO-SACC-CSN 2020). Of course, it is not only the physical health risk posed by the novel virus that creates distress; researchers are finding that the mental health effects of COVID-19 are dire, as isolation and quarantine are having undeniable effects on people's social and mental health (del Rio and Malani 2020; Rajkumar 2020; Torales et al. 2020; Xiong et al. 2020). The World Health Organization defines "health" as a having three facets—social, physical, and mental health—and urges us to recognize each as nonhierarchical components of health and as having a significant effect on people's overall health (World Health Organization 2020).

In the spring of 2020, CSC reported several in-prison outbreaks of COVID-19 that affected both those housed and working in prison. Provincial and territorial institutions took urgent measures in response to the pandemic, such as decreasing the prison population by releasing those that were eligible (Statistics Canada 2020a, 2020b). Federal prisons also took steps to manage the virus by suspending visits and programming, imposing lockdowns, distributing personal protective equipment (PPE), and introducing additional measures for containing, testing, and detecting COVID-19. Altogether, COVID-19 and the institutional responses have affected the social, physical, and mental health of those housed in and employed by prisons.

By early November 2020, the Public Health Agency of Canada (PHAC) updated COVID-19 guidelines to account for the risk posed by aerosol transmission of the virus (Miller 2020). Such a change is particularly important given public health measures informing that physical distancing alone, which is already near impossible in prison, does not adequately protect incarcerated persons from aerosol transmission, which requires well-ventilated spaces when indoors. Incarcerated persons sleep, eat, shower, use the washroom, and exercise, among other activities, in close proximity to other incarcerated persons, officers, and staff in often poorly ventilated prison spaces (Ricciardelli 2014b)—making aerosol transmission particularly concerning.

Officers and staff bear the status of essential service providers and now "face an unprecedented, ongoing challenge" if they are to limit (and manage) the spread of COVID-19 in prisons (Ricciardelli and Bucerius 2020). Staff and officers must balance staying safe and healthy while maintaining the care, custody, and control of incarcerated persons as well as striving not to infect their family members and friends or bringing COVID-19 into the institution. In some cases, despite an outbreak of COVID-19 in the correctional institution, correctional officers working in some provincial systems are asked to continue coming into work when COVID-19 outbreaks happen

and to otherwise isolate when not working (Herring 2020). To this end, in Canada and abroad, COVID-19 "represents a serious threat to the health and welfare of people who live and work in these facilities" (Pyrooz et al. 2020, np, see also Kinner et al. 2020; Stephenson 2020).

Infectious disease is not a new concern in prison. About one-quarter of new correctional officer recruits, some with and some without prior correctional work experience, indicated (without being asked) that infectious disease was their biggest fear of working in a correctional institution (R. Ricciardelli, unpublished data). These findings predate the novel coronavirus and the possibility of airborne transmission, with interviewees reporting fears of hepatitis, HIV, and tuberculous. The COVID-19 pandemic imposes additional stress on a subpopulation already concerned about contagion, likely impacting officers' well-being and mental health.

There are several factors that influence how easily COVID-19 can be introduced and spread in correctional institutions, including: the daily intake of incarcerated people in provincial and territorial systems, the movement of staff in and out of institutions, the physical layout and size of the respective prisons, shorter sentences (leading to potentially higher turnover rates), the use of holding cells for newly admitted people, and the demographic makeup and health conditions of the incarcerated population. However, empirical evidence in support of one of more of these explanations for COVID-19 infections in correctional settings is lacking. It is possible that the correlates of COVID-19 infection in noninstitutionalized settings to not translate to institutionalized settings like jails and prisons.

As of 7 January 2021, in the federal correctional system, 1201 incarcerated persons had tested positive for COVID-19 in penitentiaries across the country, of which three incarcerated people had died (Correctional Service Canada 2020). At least in part, the more recent escalation in numbers can be attributed to the introduction of rapid testing in federal prisons. UCCO-SACC-CSN confirmed that, as of 4 November 2020, 123 federal correctional officers had tested positive (Robertson 2020). The provincial systems too have been impacted by multiple outbreaks. For instance, as of 31 October 2020, 104 of the 161 incarcerated people in the Calgary Correctional Centre had tested positive, comprising 65% of the population housed in prison, as well as 20 staff and officers (Bruch 2020). In Manitoba, at Headingley Correction Centre, 86 incarcerated persons and 24 staff and correctional officers had tested positive as of 3 November 2020 (Unger 2020). Administrators, advocates, and journalists continue to report outbreaks across the country, including at institutions such as the Saskatoon Correctional Centre and Grand Valley Institution (CBC News 2020; Ghonaim 2020). In Canadian federal penitentiaries, some facilities reported outbreaks in the early months after the virus first spread to Canada (i.e., Mission Institution in British Columbia and the Multi-level Federal Training Centre in Quebec, or more recently in Stoney Mountain Institution), with additional outbreaks following during wave two of the pandemic.

As we step out in these new and unprecedented times, we put forth considerations and associated recommendations that look to the present and future of correctional services in Canada. In doing so, we will focus on (*i*) recommendations that directly pertain to the current pandemic and how to best address COVID-19 related concerns in correctional systems, yet (*ii*) also make recommendations for people working and housed in prison now and beyond the pandemic. In the current policy brief, we provide evidence-informed recommendations for correctional services across systems in four key areas:

- decarceration;
- the needs for those remaining in our institutions, albeit working, living, visiting or volunteering;
- Indigenous persons in prison; and
- the needs of community corrections to support current parole/probation as well as future decarceration efforts.

Context and histories of criminalized persons in Canada

Canada houses individuals charged or convicted of crimes in one of fourteen unique but interconnected correctional systems: (*i*) the federal system known as the CSC or (*ii*) one of 13 different provincial and territorial systems, each governed by their own provincial or territorial Ministry or Department overseeing correctional services (e.g., Justice, Public Safety). The main difference between the federal and provincial–territorial systems is sentence duration and remand status (e.g., persons housed in prison awaiting trial or sentencing). CSC houses individuals convicted of a crime and sentenced to two or more years in prison, in institutions of diverse security classification that range from minimum (e.g., no secure perimeter) to maximum (e.g., very secure parameter) (Ricciardelli 2014b). In 2015–2016, correctional institutions in Canada housed an average of approximately 40 000 adults per day, representing a national incarceration rate of 139 per 100 000 individuals (Reitano 2017). People housed in federal institutions account for a smaller number of incarcerated persons in comparison to the provincial and territorial systems, for instance in 2017–2018 "on a typical day" 14 015 individuals were housed in one of over 50 federal penitentiaries (Correctional Service Canada 2019). Generally, after serving one-third of a federal sentence, a federally incarcerated person may be eligible for parole or for statuary release after serving two-thirds of their sentence.

The provincial and territorial correctional systems house the majority of incarcerated persons in Canada. Collectively, they oversee appropriately 177 closed-custody institutions (e.g., prisons, correctional centres, and jails) that confine individuals who are either sentenced to a prison term of two years less one day or remanded into custody. Since 2004–2005, remanded people constituted the majority of the provincial and territorial custodial population (Manitoba Government and General Employees' Union February 9, 2012; Porter and Calverley 2011; Statistics Canada 2017b). For example, on an "average day" in 2014–2015, more adults were housed in prison awaiting trial than convicted individuals serving a sentence in custody. Specifically, in the provincial and territorial systems, of the 24 014 adults per day on average in sentenced custody and pretrial detention, 13 650 (57%) were incarcerated pretrial (Statistics Canada 2017b). Remand facilities housing incarcerated persons (i.e., jails, detention centres, and correctional centres) operate as maximum-security institutions. Although individuals remanded into custody are legally presumed innocent, they are held awaiting trial in custody, rather than the community, because they are unable to secure bail either for being considered a flight risk, a threat to the public in terms of posing a substantial likelihood to offend, or otherwise unable to satisfy basic bail requirements (e.g., lacking a surety) (Deshman and Myers 2014). After serving a portion of their sentence in custody, provincially and territorially sentenced individuals are eligible for probation.

The overwhelming majority of people enter prison with some degree of vulnerability. Incarcerated persons are likely to lack employment experience and educational attainment and often suffer from compromised mental health or challenges with substance misuse or addiction. Many incarcerated people have experienced periods of homelessness in their lives and the vast majority have experienced childhood trauma in the form of physical and sexual abuse (Bucerius et al. 2020a) and changing caregiver situations (Bucerius 2020). At the provincial level, Bucerius et al. (2020b) found that 88% of male participants and 84% of female participants identified having experienced violent victimization (e.g., hitting, getting beaten up, had weapons used against them, etc.) at some point in their lives, with a mean age of the first violent victimization that male participants could recall being 14 years, and female participants 17 years of age. In total, 34% of their male participants had experienced some form of sexual victimization (e.g., unwanted touching and sexual assault) during their lives, with a mean age of first sexual victimization for men being 7.4 years old. In total, 75% of the female sample had experienced sexual victimization, with the first victimization occurring at an average age of 9.9 years old. At the federal level, these numbers are even higher, with the great majority having experienced physical and (or) sexual abuse long before being first charged with a crime

(95% of all federally sentenced women and 87% of all federally sentenced men) (Bucerius 2020). These data reflect that people housed in prison experience victimization at much higher rates than the general population in Canada. Data from the General Social Survey (GSS) ($N = 33\ 089$) reported that 32.8% of Canadian men and 22.9% of Canadian women had experienced violent victimization before the age of 15. In terms of sexual victimization, 4.6% of Canadian men and 13.2% of Canadian women have been sexually victimized prior to the age of 15 (Statistics Canada 2016).

People housed in prison are also at a disadvantage when it comes to educational attainment. At the federal level, CSC reports that between 1995 and 2005, eight in every 10 persons admitted to federal custody did not have a high school diploma. Moreover, upwards of 20% of new federal admissions had less than a grade eight education (Boe 2005). The statistics are in dramatic contrast to 14% of the Canadian population aged 25 or older who, in 2016, reported less than a high school diploma as their highest educational level (Uppal 2017). Beyond entering prison under-educated, periods of incarceration severely limit a person's ability to develop a history of employment or to develop marketable skills that would support later reintegration (Graffam et al. 2004; Atkin and Armstrong 2013). Disadvantages become more pronounced for persons whose first experience of incarceration was during their youth or young adulthood—the period in which invaluable apprenticeship, educational, and training opportunities are highly consequential (Nagin and Waldfogel 1995). Incarcerated persons are more likely to have lower than average levels of literacy and numeracy and to lack job skills, interpersonal skills, social competencies, technological literacy, and prior work experience in comparison to the general population (Waldfogel 1994; Fletcher 2001; Nally et al. 2011; Decker et al. 2014; Young 2017).

Internationally, rates of infectious disease, chronic diseases, and mental health disorders are higher among incarcerated persons than in the general population (Harris et al. 2007; Wilper et al. 2009; Fazel and Baillargeon 2011; Stewart et al. 2014). Simply said, persons enter prison with poor baseline health. In Canada, Beaudette et al. (2015) reported that the lifetime prevalence of any mental disorder among men newly admitted to CSC ranged from 78% to 88% across regions and the prevalence of a current mental health disorder among these same men ranged from 68% to 82% (see also Stewart et al. 2017). Yet, in the general Canadian population, diagnosed mental disorder prevalence rates remain around 10% (Statistics Canada 2018). Looking at the prevalence of mental disorders among 154 women incarcerated in six CSC facilities, Brown et al. (2018) found that almost 80% of federally sentenced women in custody "meet the criteria for a current mental disorder, including high rates of alcohol and substance use, antisocial personality disorder and borderline personality disorder" (p. iii). In addition, almost two-thirds of their sample reported a major mental disorder over their lifetime and 17% a current major mental disorder.[1] Formerly incarcerated persons, in comparison to the general population, are more likely to have mental health needs, ranging from substance dependence to neurological or psychiatric needs to broader health issues (e.g., poor diet and smoking) (Graffam et al. 2004). Drawing from a sample of 2273 newly admitted adult male federally incarcerated persons in Canada, Stewart et al. (2014) determined that these men most commonly report the health conditions of head injury (34.1%), asthma (14.7%), and back pain (19.3%). Nolan and Stewart (2014) found that the most common cited health concerns among 280 newly admitted adult women incarcerated persons included back pain (26%), head injury (23%), hepatitis C virus (19%), and asthma (16%). Overall, incarcerated people tend to enter prison in already poor health and are met with in-prison health care and nutrition that requires careful evaluation to ensure that health conditions improve or, at least, do not worsen.

[1]In referring to mental health, we use the term "mental disorder" (or "mental health disorder") as defined by the glossary of terms provided by the Canadian Institute for Public Safety Research and Treatment (2019).

Decarceration

Many provincial and territorial prisons are currently housing fewer people in an effort to reduce prison populations during the COVID-19 pandemic (CBC News 2020; Cousins 2020; Statistics Canada 2020a). Organizational responses also include early release and reducing arrests, jail bookings, and admissions (also tied to temporary court closures or delays). We define decarceration as alternatives to incarceration, such as serving sentences in the community rather than in prison, as well as the premature conclusion of a criminal sentence, and the aggregate reduction in the prison population. Decarceration efforts have been rarer at the federal level (see, for example, Quan 2020), where incarcerated persons are serving longer sentences and have more distant eligibility dates for statuary release (i.e., incarcerated persons are eligible after serving two-thirds of a federal sentence) or parole (i.e., eligibility commences after servicing one third of a federal sentence).

Decarceration is increasingly necessary, especially during the current pandemic. Imprisonment is an expensive and often ineffective means of dealing with crime and public safety, and generally damages the well-being and life chances of those who are subjected to it, such as by severing ties to family members and employment opportunities. Imprisonment also has well-documented collateral consequences, such as how incarceration affects the children of people who are incarcerated (Murray and Farrington 2008; Turney and Wildeman 2013; Wakefield and Wildeman 2013). The link between crime and imprisonment is highly complex, meaning that changes in imprisonment rates are generally thought to have relatively little impact on rates of crime (see, for example, DeFina and Arvanites 2002; Carter 2003). In countries—such as Finland—where deliberate efforts have been made to reduce their prison populations, the evidence does not suggest an associated increase in crime rates (Lappi-Seppälä 2009).

The nature, scope, and structure of decarceration must take into account the circumstances, positioning, and needs of the incarcerated people—particularly in relation to their own safety and well-being, while balancing this with public safety. Decarceration efforts must be geared toward meeting the needs of incarcerated people (i.e., does the person who transgressed the law, even if 10, 15, or even 20 years ago, present the same threat to public safety today? What about months or weeks later post-offense?), the seriousness of the offense and potentiality for recidivism or desistance from crime, and their security classifications within the system. Providing individuals with the community supports and services that would allow them to be released and re-enter the community in a safe and humane way (e.g., ensuring that individuals have access to safe housing options, crisis counselling, etc.) seems like the "better" option than continued imprisonment.

To this end, any release planning must be informed by an individual's history and their own views of their life, past and present, and future plans; in other words, release planning must be desistance focused. In addition, the process of releasing a person from prison must realistically assess the threat posed by the person to society and the threat society poses to the person who is being released. Considering personal safety measures and processes of rehabilitation or recovery at play in prison, care and safe housing must be assured before releasing a person during COVID-19, as should the continuation of any rehabilitative interventions from which individuals feel they are deriving benefit. The resting assumption that everyone housed in prison prefers release may ignore the individual's perspective as researchers have demonstrated that prison can—tragically—serve as a space of temporary refuge for some incarcerated people (Bucerius et al. 2020a; Pyrooz et al. 2020). Improving the quality of various forms of welfare provision within society (e.g., housing, mental health services, refuges for victims of abuse, and drug detoxification) would reduce the likelihood of citizens regarding prisons as more positive environments than the free community. To this end, effort should be made to provide individuals with the community supports and services that would allow them to be released

and re-enter the community in a safe and humane way, so that people are not put in a position where the prison seems like the "better" option.

To facilitate decarceration at all levels of the prison system, stakeholders and administrators must assess and critically examine the decarceration of halfway houses and other temporary housing spaces. Governments must closely examine the cases of those living in such facilities, recognizing who may be psychologically, socially, and physically ready for complete and successful reintegration into the community (i.e., to leave the halfway house). The release of incarcerated persons from halfway houses frees up existing space in halfway houses for persons leaving prison.

Decarceration, however, "is a process, not a one-time action" (Wang et al. 2020, pp. S-3). To this end, our recommendations include immediate actions geared toward decarceration and, given the uncertain nature of the pandemic and its duration, longer-term actions for implementation. We also advocate for equity in decarceration efforts, referring specifically to ensuring all people inside prisons are considered for early release. Equity is particularly important in relation to incarcerated Indigenous Peoples, who are disadvantaged at every stage of the criminal justice system, including when it comes to parole decisions and re-entry (Cardoso November 29 2020).

Recommendations for decarceration across systems

1. Review the release status of **all** persons housed in prison, remanded or sentenced, both provincially–territorially and federally, in a fair and equitable manner that accounts for personal and criminal histories, for the purpose of releasing prisoners. We recommend that stakeholders apply a culturally informed lens, that includes but is not limited to histories of racial inequalities, to understand individual actions within the context of a person's actual potential for successful release. When re-evaluating the release status, the guiding question should be whether the person can safely be reintegrated and will likely not pose harm to the broader community.

    a. In a fair and equitable way, re-evaluate the release status of persons close to or already eligible for parole or probation, particularly during COVID-19 as each comes closer to their eligibility date for statutory release to potentially expedite their release.

    b. Review opportunities to release people for compassionate reasons (e.g., age, cognitive impairment, and family circumstances) or based on health care needs (e.g., chronic health conditions like autoimmune disease, pregnancy, obesity, respiratory challenges, terminal illness, cancer) particularly during the COVID-19 pandemic but also beyond.

2. Prior to release, create and feasibly put in place (in collaboration with outside agencies) realistic and comprehensive reintegration plans that account for the requirements associated with COVID-19 (e.g., quarantine, physical distancing), customized to address the unique needs of the individual.

3. Incarcerated persons must have agency in their early release, including in their ability to remain incarcerated if they do not feel they have a safe alternative to continued incarceration (such as returning to an abusive household or homelessness). Thus, we strongly recommend prioritizing the provision of safe and humane alternatives to imprisonment in the community.

4. Pursue efforts to decarcerate half-way houses (e.g., open custody facilities), particularly, the movement of persons who are ready for the transition into full community living.

5. Prior to the release of any person, the individual should be tested and offered the opportunity for a COVID-19 vaccination and, if necessary, they should be provided with a safe space to quarantine in the community for 14 d to prevent the spread of infection and preserve the coordinated housing's retention.

Decarceration in provincial and territorial systems specifically

Prior to COVID-19, more individuals were held in pretrial detention than released on bail (Malakieh 2018; Manitoba Government and General Employees' Union 2012); these remanded persons include those accused of serious and violent crimes, as well as persons arrested for comparatively minor offences (e.g., property crime, impaired driving). Researchers criticize the extent to which remand is used; particularly in light of the evidence that remand custody has little benefit for public safety (Webster et al. 2009).

Remand centres are often used as holding cells for those charged with transgressing the law, for instance, breaching conditions (e.g., being late for curfew, failing to call from a landline) or being unable to pay outstanding fines. Creating alternative punishments for minor offenses provides additional opportunities for decarceration. Decreasing the number of people going in and out of remand facilities will also decrease the possibility of contracting and spreading COVID-19 (Reinhart and Chen 2020). Moreover, is it necessary to confine people prior to their first court appearance or can safe alternatives prevail? The use of facilities as holding cells contributes to the high turnover among incarcerated people in institutions, increasing the threat of infection and opportunities for COVID-19 to be introduced into the institution. We caveat, however, that some incarcerated persons may require holding for a variety of reasons, including being a threat to self or others and to maintain public confidence in the administration of justice, among other factors (see s515(10) of the Criminal Code of Canada). These factors require careful consideration but also present opportunities for change in the overarching systems of justice.

Intermittently sentenced persons are those who serve their sentence on weekends, often maintaining employment and community living during the week. Intermittent sentencing increases opportunities for individuals to introduce COVID-19 into correctional facilities. Most provinces and territories suspended intermittent sentences with the onset of COVID-19, but, we ask, is there a need to continue the practice of intermittent sentencing post-COVID-19? If intermittently sentenced persons are safe to live in the community during the week, could there be alternatives that do not require incarceration?

Opportunities for decarceration are seemingly more widespread and versatile in the provincial and territorial systems in comparison to the federal system. Now is the time to consider if prison should house all persons remanded into custody and ponder if most remanded persons can be safely released into the community (again, using the guiding question whether the person would pose a threat to community safety), and review the circumstances that resulted in each individual's remand status.

Recommendations at the provincial and territorial level

6. When possible, safely reduce the use of prisons as holding cells for persons charged or arrested awaiting their first court appearance.

7. When dealing with people accused of nonviolent crimes, reconsider custodial sentencing, as incarceration is likely unnecessary for public safety in those situations.

8. Eliminate the practice of intermittent sentencing. Intermittently sentenced individuals can safely live in and contribute to society during the week. Consider alternatives (e.g., house arrest) to weekend sentencing.

Needs for those remaining in institutional correctional services

Prior to the pandemic, correctional institutions across jurisdictions suffered from overcrowding, leaving incarcerated people confined in close proximity. Double- and even triple-bunking has been a longstanding practice in Canada, particularly at the provincial–territorial level (Piché 2014). Before COVID-19, administrators often used lockdowns to punish misconduct and regain control of prison units. In the context of COVID-19, lockdowns are a strategy to prevent the spread of the virus by limiting the movement of prisoners. Incarcerated people are held in their cells for upwards of 22–23.5 h each day, a situation that profoundly limits their privacy and has significant impacts on their mental health (Grassian 2006; Arrigo and Bullock 2008; Haney 2018a, 2018b). The suspension of in-person visitations further alienates and isolates incarcerated persons. Many institutions have also suspended programming for incarcerated people (e.g., schooling, recreational activities) to prevent program staff and volunteers from entering the facilities and potentially spreading the virus.

Decarceration reduces the challenges associated with lockdowns and overcrowding. Decreasing prison populations reduces overcrowding and the need for double-bunking. It also allows for greater physical distancing among incarcerated persons and, for individuals who remain in prison, greater access to services, resources, and programming, including educational and vocational programs. There is good reason, therefore, for believing that prisons are more effective when there are fewer people in them, as well as when their overall "moral quality" is high (Auty and Liebling 2020). Those who remain in prison will have more opportunities to focus on their health and well-being, and develop life skills, as long as programming resumes or continues amidst the pandemic, potentially through alternative means of program delivery. Research demonstrates that imprisoned people desire programming they find beneficial for self-betterment, recovery, and re-entry success (Ricciardelli 2014b; Ricciardelli and Mooney 2017).

Additionally, maintaining social networks is extremely difficult for people housed in prison (Austin and Hardyman 2004). Social networks serve as support systems for successful re-entry (including social and employment re-entry supports), and losing one's social network can have detrimental effects on imprisoned persons' well-being and their re-entry success (Lin 2001; Berg and Huebner 2011; Wright and Cesar 2013) (as also discussed in our section on decarceration). Reducing the prison population through decarcerating means that there is more space to move people around the prison system (including locating incarcerated persons closer to their families and social networks), and we anticipate a reduced need for lockdowns as fewer numbers of people interacting may reduce conflict between the prison and staff populations. Fewer lockdowns will also allow those remaining in prison to be in contact with their social networks outside of prison and have social interactions inside of prison.

As correctional services cannot safety release all incarcerated people into the community, we make several recommendations specific to those individuals and the staff that continues to care for them.

Recommendations for persons living in prison

1. Introduce COVID-19 rapid testing for newly admitted imprisoned people and use quarantine measures until they produce a negative test result. Reducing prison populations also creates more space for self-isolation when quarantine is necessary.

2. Introduce daily regular screening that includes self-reports symptoms and temperature checks for all incarcerated persons.

3. Ensure rapid testing and contact tracing measures are implemented to track the spread of COVID-19 among prisoners and staff, including daily or routine screening of persons working in prison to mitigate the spread of COVID-19

4. Create prison and staff cohorts to minimize the spread of COVID-19 across units, wings, and facilities. Similar to the preventative measures in the community, testing anyone showing signs of illness and anyone close to those who have shown signs of illness (staff and incarcerated persons) is necessary as well as the practice of quarantine until the production of a negative test result.

5. Assess optimal population and staff–officer counts for each institution to ensure physical distancing and the safe adherence to public health guidelines during the pandemic without resorting to lockdowns.

6. Ensure incarcerated individuals and staff–officers are among the first groups of individuals living in congregate settings to be vaccinated in Canada.

Mental health issues also affect staff and officers, with correctional workers screening positive for mental disorders at rates nearly four times those in the general population (those employed in ALL systems of corrections and at all levels of occupations) (Carleton et al. 2018a; 2018b; Carleton et al. 2020; Ricciardelli et al. 2019). We anticipate that correctional worker mental health needs will only be exacerbated by the pandemic, especially when incarcerated persons or co-workers experience death or illness due to COVID-19. Moreover, concerns remain about the potential for staff and officers to bring COVID-19 home to their families or into the institution, which only further compromises well-being.

Recommendations for persons working in prison

7. Encourage the use of sick days and paid leave for staff and officers who screen or test positive for COVID-19.

8. Clearly enforce the rules around COVID safeguards among all staff, contractors, and management, as well as anyone entering institutions to further limit the spread of COVID-19.

9. Support the well-being of institutional correctional staff, essential service providers during COVID-19, who require resources to support their mental, physical, and social health both preventatively and reactively.

Recommendations with respect to mental health

As decarceration opens up the possibility to make additional, crucial changes to correctional services, we want to draw particular attention to mental health services that are currently lacking in most institutions. Recent research (Bucerius et al. 2020a) reveals nearly all incarcerated persons have adverse childhood experiences (ACEs) with victimization, family dysfunction, witnessing domestic violence, growing up with family members who have substance abuse disorders, childhood neglect, foster care and residential school experiences, and physical and sexual abuse. Scholars who have examined the consequences of ACEs find individuals with ACEs have a higher likelihood than the general population of drug use and addiction (Dube et al. 2003) as well as infections and mental health disorders and of engaging in high-risk sexual behaviour (Felitti and Anda 2010). Further, those who experience four or more ACEs are at greater risk of heart disease, cancer, alcohol abuse, drug addiction, and are more likely to become involved in crime and be incarcerated later in life (Felitti et al. 1998; Felitti and Anda 2010; Schilling et al. 2008; Danese and McEwen 2012).

While internationally well-documented, recent Canadian researchers show the majority of people housed in prison have experienced physical and (or) sexual abuse long before being first charged with

a crime; 95% of all federally sentenced women and 87% of all federally sentenced men have experienced either physical or sexual victimization, or both (Bucerius 2020). When looking at physical and sexual victimization separately, 84% of federally sentenced women were sexually victimized throughout their life-course, while 90% were physically victimized. In the male population, 48% were sexually victimized and 79% physically victimized, with significantly higher numbers in the Indigenous population (71% of Indigenous men housed in prison had experienced sexual victimization, and 86% had experienced physical victimization). The great majority experience both childhood abuse and abuse throughout their life course. Simultaneously, the great majority of the Canadian prison population struggles with substance abuse issues (Kouyoumdjian et al. 2016). These experiences have significant influence on the mental, social, and physical health of incarcerated people.

Recommendation for those living in prison

10. Provide trauma counselling and trauma-informed programming for imprisoned persons to address the root causes for their struggles—see our recommendations in the section on Indigenous people housed in prison—particularly given the potential exacerbating effects of COVID-19.

11. Provide sustained addiction counselling.

    a. Allow psychiatrists and psychologists from the community to assist in diagnostics. Incarcerated persons who receive diagnosis and appropriate counselling and medication have a better chance to work towards success in release, which may be accelerated during COVID-19.

12. For correctional workers, provide sustained trauma informed training that provides insights into the background of the incarcerated persons they are dealing with on a daily basis.

    a. We recommend looking at the compassion series the Edmonton Police Service have developed. However, we caveat that this training tool has yet to be evaluated.

13. Mental health support is necessary for correctional workers during and beyond the pandemic.

Apart from decarceration efforts, correctional services must clearly inform staff, incarcerated persons, and their loved ones of protocols for managing COVID-19, including policies around properly isolating exposed correctional workers and incarcerated persons, as well as preventing exposure to COVID-19 in prisons. Sharing information with families of incarcerated persons and staff is particularly valuable given the current pandemic. However, when coupled with, although necessary, restrictive policies and practices inside prisons and around visitations, information sharing has resulted in loved ones experiencing increased stress and anxiety about the health and well-being of their incarcerated kin. For example, loved ones of incarcerated people often do not know whether their incarcerated family members are safe and healthy when a lockdown occurs.

Recommendations with respect to communication

14. Prison administrations must clearly inform staff of any policy developments and changes in directives before implementation. Implementation science research shows that any policy changes can only be successfully carried out when having support from the population who will be responsible for putting them into practice (Dramschroder and Hagedorn 2011).

15. Transparent communication between staff and loved ones during (and beyond) the pandemic.

    a. Allow incarcerated people to inform their loved ones of their well-being in a timely manner.

b. Keep incarcerated persons informed about infections and deaths in the prison, their communities, and the province–territory in which staff live.

c. Inform incarcerated individuals about changes in procedures and about when restrictions may be reduced or increased.

16. Provide people housed in prison with free phone calls; first enforcing a moratorium on phone charges during COVID-19 and second reviewing phone fees toward a long-term solution that makes phone calls more affordable.

    a. Consider COVID-19 related free phone calls as a way forward for prison practices more generally, given many families of incarcerated people live far from institutions, which makes regular visits difficult, and researchers show that regular contact with loved ones is vital, even instrumental, for successful reintegration. The same holds true for recommendation number 3.

    b. Provide people housed in prison with continuous access to virtual visits during and beyond the pandemic.

17. Introduce rapid testing for visitors to facilitate the continuance of visits during the pandemic.

Indigenous persons in prison

The United Nations (2020) Department of Economic and Social Affairs has urged member states to take pre-emptive steps in addressing the unique needs and priorities of Indigenous Peoples while managing the COVID-19 outbreak. Canada's colonial legacy has led to Indigenous Peoples disproportionately suffering from poorer health and living conditions, making them particularly susceptible during the pandemic (Bourassa 2008; Reading and Wien 2009; Bourassa et al. 2015; Noakes 2018; Gould et al. 2020; Sarangi 2020; Statistics Canada 2017a; Yellowhead Institute 2020). While most Indigenous communities have minimized the spread of COVID-19 by issuing states of emergency, rates of infection for Indigenous Peoples are increasing in places such as Manitoba (Yellowhead Institute 2020). According to the First Nations Health and Social Secretariat of Manitoba (2020), Indigenous Peoples make up approximately 9% of Manitoba's population, yet account for 18% of the province's COVID-19 cases, 24% of hospitalizations, 35% of patients in intensive care unit beds, and 12% of deaths (Pauls 2020).

The preceding risks are exacerbated in Canada's prison system, where the Office of the Correctional Service Canada (2019), the United National (2018), and the United Nations Special Rapporteur on violence against women (Šimonović 2018) recognize the crisis of overrepresentation of Indigenous persons in prison.

Within criminalized populations, racial disparities have steadily increased over the past 15 years. A 2013 report from the Office of the Correctional Investigator found that from 2003 to 2013, the incarceration rates for people of colour rose by 75%. Incarceration rates for Indigenous Peoples also increased during this period, where they continue to be grossly overrepresented in all federal and territorial–provincial prisons across Canada (Owusu-Bempah and Wortley 2014). A 2020 report found that, over the past decade, the incarceration of non-Indigenous individuals decreased by 14%, while the Indigenous population in prison increased by 43% (Zinger 2020). Indigenous adults account for 28% of admissions to provincial and territorial prisons and 28% of federal admissions, despite representing only 5% of the Canadian adult population.[2] The overrepresentation of Indigenous people is most pronounced in the prairie region—both in the provincial and the federal correctional systems. For example, while making up only 6.5% of Alberta's population, Indigenous Peoples represent over 45% of those housed in Alberta's provincial and federal prisons (on average).

[2]No official statistics specifically identify incarcerated persons' race in provincial prisons.

Indigenous Peoples are also more likely to be incarcerated at a younger age than non-Indigenous Canadians (Bucerius 2020).

Overrepresentation is even more pronounced for Indigenous women, who make up 4% of the general population, but account for 43% of female admissions nationally (versus 26% for Indigenous men) and over 41% of incarcerated women in federal prisons (Maleakieh 2018; Zinger 2019). Furthermore, the Edmonton Institution for Women (a federal prison for all women sentenced in the prairie region) houses, on average, 65% Indigenous women (Short 2020).

Threading the experiences of incarceration is Canada's legacy of colonialism, which continues to impact Indigenous people's health (Bourassa 2008, p. 24). Researchers have pointed to intergenerational trauma, also referred to as transgenerational trauma or historical trauma, as leading to increased substance abuse and violence (Bombay et al. 2009). Intergenerational trauma describes how trauma can be transmitted across generations, as evidenced by how the Sixties Scoops and residential schools have traumatized survivors and continues to affect families. Intergenerational trauma can shape the well-being and lived experiences of Indigenous people, including those housed in prison. The Correctional Investigator, Ivan Zinger (2019) showed that 92% of federally incarcerated Indigenous women suffer from moderate to high substance abuse needs and 97% had a diagnosed mental health disorder. Research in provincial prisons in Alberta demonstrates that incarcerated Indigenous individuals are more likely to have been victims of sexual and violent crime than non-Indigenous incarcerated persons, and are more likely to have been victimized at a younger age when these crimes occurred against them. The disparity is even more pronounced for incarcerated Indigenous women (Bucerius et al. unpublished data). As the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) suggests, we take a "trauma-informed approach" by incorporating evidence-based knowledge of incarcerated persons' victimization history into our recommendations (p. 173).

Canada's legacy of colonialism underpins higher rates of poverty among Indigenous communities, constituting and perpetuating structural inequalities that impact health and access to health care. For instance, among Indigenous Peoples, status First Nation children on reserve and off-reserve experience poverty rates of 53% and 41%, respectively. Moreover, 32% of nonstatus First Nations, 25% of Inuit children, and 22% of Métis children live in poverty (Sarangi 2020). Research strongly suggests that impoverished living conditions can lead to health risks and affect life expectancy (Noakes August 23 2018). Life expectancy estimates illuminate pronounced differences between Indigenous and non-Indigenous populations in Canada (Statistics Canada 2017a). The life expectancy among non-Indigenous Canadian women is 84 years, contrasting 73 years for Inuit women, 80 years for Métis women, and 78 years for First Nations women (Statistics Canada 2017a). The life expectancy of non-Indigenous Canadian men averages 79 years, contrasting 73 years for First Nations men, and 64 years for Inuit men (Statistics Canada 2017a). Chronic health conditions are also more common among the Indigenous population than non-Indigenous Canadians (Reading and Wien 2009). Bourassa (2008) explained that Indigenous persons are more likely to experience co-morbid health conditions at younger ages (e.g., respiratory illness, diabetes), thus affecting morbidity, which in the context of COVID-19 increases vulnerability to complications from infections.

Nevertheless, for some incarcerated Indigenous individuals, prison is their only or main source of "help" (Bucerius et al. 2020a), citing access to health care, educational and cultural programming, food, and shelter that they otherwise would not have on the outside. Our recommendations account for this understanding of prison by encouraging prison programming and release efforts that involve collaboration with community institutions concerning health, transportation, employment, and culture. Our recommendations also incorporate the Truth and Reconciliation Commission of Canada's "calls to action" and the National Inquiry into Missing and Murdered Indigenous Women and Girls' "calls for justice".

Recommendations regarding Indigenous individuals in the correctional systems

1. Enhance the role and participation of community leaders and Elders in all decision-making regarding Indigenous Peoples in prison, such as how relevant programs and healing lodges ought to be constructed and implemented and can serve as an alternative to prison during COVID-19 and beyond. Currently, reserves and other Indigenous communities are practicing emergency measures that can affect released persons (Yellowhead Institute 2020).

    a. If possible, make more Elders and community leaders available to incarcerated persons and have them visit more frequently. During the pandemic, technology such as video visitation can help facilitate interactions.

2. Maximize the Gladue factors in all decision making concerning Indigenous Peoples in the criminal justice system, which involves minimizing incarceration of Indigenous Peoples during and beyond COVID-19.

    a. Encourage and maximize use of the *Corrections and Conditional Release Act*, particularly sections 81 and 84.

    b. Ensure adequate transportation is available to Indigenous Peoples released from prison, such as for those who live in remote communities and reserves.

3. Foster a trauma-informed environment. While this recommendation extends to all persons who are incarcerated, it is particularly important for Indigenous Peoples. Trauma-informed initiatives are also foundational to the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019, p. 173). Trauma-informed approaches create awareness of the psychological and sociological effects of being victims of sexual and (or) violent crimes that disproportionately and more severely affect Indigenous populations. These approaches incorporate Indigenous teachings around mental and physical healing to create support for those suffering from all forms of unresolved trauma.

    a. Include more opportunities for person-centred trauma-informed programs, such as group sessions that address post-traumatic stress, personal and group healing.

    b. Ensure that general cultural programming for incarcerated Indigenous individuals is trauma informed to better aid healing and avoid retraumatization, which may involve training program coordinators and designers.

    c. Train staff to be person-centred and trauma-informed, drawing attention to how incarcerated Indigenous Peoples are disproportionately and more severely affected by victimization. If possible, involve Indigenous staff members in training processes and explain to staff why cultural and trauma-informed programming for Indigenous persons is necessary.

    d. Train or encourage staff to allow for more frequent smudging (led by incarcerated people) and ensure that Indigenous ceremonial materials are always available, such as drums, sweet grass, pipes, and lighters or matches.

    e. Create or designate a space a "healing range", where Indigenous religious and healing practices (such as sweats, smudging, and Elder interaction) can occur.

The following recommendations apply to Indigenous people remaining in prison during the COVID-19 pandemic and beyond:

4. Continue to evaluate, update, and develop security classification scales and tools that are sensitive to the nuances of Indigenous backgrounds and realities. For instance, the maximum-security classification disproportionately limits federally sentenced Indigenous women classified at that level from accessing services, supports, and programs required to facilitate their safe and timely re-integration into society.

5. Ensure incarcerated Indigenous Peoples have access to legal services to support and assert their human rights and Indigenous rights.

6. Ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to: the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples; anti-bias and anti-racism; local language and culture; and local health and healing practices.

Needs of community correctional services to support decarceration

In Canada, the majority of persons under the supervision of correctional services, at the federal or provincial and territorial levels, are living in the community on conditional release (publicsafety.gc.ca/cnt/rsrcs/pblctns/ccrso-2018/index-en.aspx). All formerly incarcerated persons, those undergoing early release or those released on schedule, require a plausible, customized, and fitting reintegration plan. The plan must include considerations tied to needs for housing and daily living, social and employment support, a continuity in health care, and assistance to understand the restrictions tied to conditions of release. When considering the future of community correctional services, we recommend rigorous re-envisioning of the caseloads of community correctional employees, as well as supporting their mental health both preventatively and reactively.

Housing and supports

After prison, individuals require a safe place to live, in terms of the potential spread of COVID-19 as well as for their own personal safety and successful community re-entry. The lack of housing for released persons is an undeniable problem in Canada (Gaetz and O'Grady 2009; Novac et al. 2009). Formerly incarcerated persons may experience additional practical challenges, beyond a lack of housing, such as access to childcare, an inability to pay for public transit, or issues associated with the revocation of their driver's license (Solomon et al. 2004; Thompson and Cummings 2010; Luther et al. 2011; Hoskins 2014). Prior to their incarceration, formerly incarcerated persons are more likely to have had difficulty fulfilling their basic needs (food, shelter, clothing), thus, following release they will need assistance (Luther et al. 2011), which may be more difficult because they simultaneously have to meet stipulations tied to their conditions of release (Ricciardelli and Mooney 2017).

Parole conditions, such as landline check-ins, curfews, geographic boundaries, random drug screening, internet use limitations, and case management meetings (to name a few), vary in substance and quantity and can be very difficult to uphold. Formerly incarcerated persons require time to adjust to life outside of prison and, potentially, reconnect with their loved ones (Ricciardelli 2014a; McKendy and Ricciardelli 2019). Released persons might also experience other pressures, such as prematurely entering the labour force to meet their conditions of release (Richards and Jones 2004; Ricciardelli and Mooney 2017). Released persons may have to meet competing appointments, work demands, and school or family obligations, each further hampering re-entry efforts (Kerley and Copes 2004; Ricciardelli and Mooney 2017). In addition, potential breaches of parole conditions create stress and can result in a return to custody (Graffam et al. 2004).

Once released, individuals require effective and legitimate social support, particularly given that periods of incarceration result in an individual's potential social networks depleting remarkably (Austin and Hardyman 2004). While people on parole or probation can benefit from the social networks that community correctional or halfway house workers can help facilitate, these arrangements end when they complete their conditional release. Typically, formerly incarcerated persons are also not allowed to associate with other people who have a criminal history, which further limits

their sources of social support and hinders opportunities to learn from other formerly incarcerated persons how to navigate community re-entry and the systems of community correctional services.

Recommendations for housing and supports for released persons

1. Review and invest in safe and sustainable housing for formerly incarcerated persons.
2. Develop the knowledge and skills necessary for formerly incarcerated persons to meet their basic needs as law-abiding citizens once released from prison—including hands-on applied skill training about how to manage finances, balance budgets that include funds for healthy eating, and managing other tasks of daily living.
3. Consider reliance on community volunteers for the purposes of support, especially for incarcerated persons who may not have a support system on the outside. A formerly incarcerated person as a peer supporter, who has successfully navigated re-entry in the past, is perhaps best equipped to recognize potential barriers to and frustrations with community re-entry and how to overcome them.
    a. Support and strengthen partnerships with community-based organizations and other community actors to ensure that incarcerated persons have access to support systems on the outside. The partnerships should already be built prior to release.
4. Review conditions of release on an individual basis to determine if each makes sense or imposes unnecessary restrictions in the time of COVID-19 on formerly incarcerated persons (e.g., landline check-ins).

Employment

Employment constitutes a foundational component of how any individual self-identifies (Harding 2003), thus having employment allows formerly incarcerated persons to disengage with the identity imposed by the label of their criminal record or history of imprisonment (Maruna 2001; Uggen et al. 2005). Securing and maintaining employment is integral to the transition from prison to community living, and securing sustained employment is a key feature of re-entry success (Sampson and Laub 1993; Laub et al. 1998; Uggen 2000; Brazzell and La Vigne 2009). Securing sustained employment can be a struggle for formerly incarcerated persons, and employment opportunities to which formerly incarcerated people can avail tend to be low wage, entry level, without benefits, temporary or seasonal positions, and have limited if any opportunity for future growth, promotion, or skill development (Western 2002; Holzer et al. 2003; Ricciardelli 2014a; Sheppard and Ricciardelli 2020).[3] In the COVID-19 context, obtaining or maintaining employment is largely unfeasible for many formerly incarcerated and the processes tied to employment (e.g., interviewing, job searches, resume distribution) may pose a higher risk of infection of COVID-19 in areas with outbreaks.

Recommendations regarding employment after incarceration

5. To prevent the spread of COVID-19, temporarily suspend the condition of seeking and maintaining employment as a condition of release until COVID-19 is under control.
6. Redirect resources into employment re-entry programming and consider transitional programming that assists with employment re-entry starting in prison and extending into the community at and after release.

[3]Researchers show that more job instability can lead to higher arrest rates (Sampson and Laub 1993) and that increases in wages (or legitimate means of earning money) correlates to decreases in crime (Western and Pettit 2000; Uggen and Thompson 2003).

Continuity in health care

For decarceration efforts to be effective (including the successful community re-entry of released persons), incarcerated persons require a continuation of care as they transition to community living. All released persons must leave prison with a health card, which is currently not the case in Newfoundland and Labrador, Prince Edward Island, and British Columbia. In these provinces, those released from prison are without a health card until they are physically in their jurisdiction to apply, thus continuation in care is nearly impossible. In other provinces, such as Manitoba, an incarcerated person can apply for a health card while in prison but will not receive the card until their release. In Alberta, Saskatchewan, and Quebec incarcerated persons can apply and receive the card in anticipation of release. Thus, pockets of great practices exist across the country to facilitate patient-centred and timely discharge planning that allows for a continuation of care but there are also pockets of practice entwined in policy barriers that make continuity in care administratively difficult. For people who are already distrustful of authorities, extremely vulnerable, have trauma experiences, addiction issues, mental health disorders, and brain injuries, a lack of continuity in health care is detrimental. The most "fixable" barrier to care is providing health cards for incarcerated persons prior to release and the provision of health cards is key for addressing structural inequalities in health care. Health card access would also remove the barriers for those requiring disability support (and related planning) upon release.

Additional challenges to the continuity in health care include that, once released, persons housed in Community Correctional Centres are often living in the community under supervision. Incarcerated person in Canada are excluded from the *Canada Health Act* and not issued a health card. The *Canada Heath Act* does not exclude those living in the community. Despite this rule, individuals in community correctional centres in Nova Scotia, for example, are not issued provincial health cards or drug benefit cards.

Another barrier stems from the fact that proof of identity is necessary to apply for a health care card. However, Alberta, Nova Scotia and Quebec do not accept prison identification (or a letter and picture from, for instance, Correctional Services Canada) as an attestation to a person's identity and thus formerly incarcerated persons cannot use said identification to acquire a health card in Canada.

Recommendations for continuity in health care after prison

7. Make it possible for incarcerated persons to apply, prior to release, for a health card in order for correctional services organizations to assist with effective discharge planning (e.g., securing specialist appointments).

8. Make health cards available to individuals housed in community correctional centres—such individuals are not incarcerated and thus are not excluded from the *Canada Health Act*.

9. Make identification from prison and (or) a letter/photo attesting to the person's identity sufficient to acquire a health card post-incarceration. Failing to accept prison identification as a valid form of identification for obtaining a health card forces persons to spend more money to get other identification and, consequently, resulting in longer delays and a greater disruption in the continuity of care.

Invest in community correctional workers

For decarceration efforts to be fruitful (including providing the required supports and services for released persons), Canada needs to invest in community correctional employees—essential service providers who never stopped fulfilling their occupational responsibilities during the COVID-19 pandemic. Recent research on probation and parole officers working in the Ontario provincial

correctional system reveals prevalence rates of 25.5% for post-traumatic stress disorder and 37.4% for major depressive disorder, with 27.5% of probation and parole officers screening positive for three or more mental health disorders (Carleton et al. 2020). Further, qualitative research reveals that parole and probation officers in Ontario are affected by exposure to potentially psychologically traumatic events at work, including secondary or vicarious trauma. Parole and probation officers report that three central organizational stressors strain their ability to perform their occupational responsibilities: paperwork and administrative tasks, insufficient human resources, and workplace relationships and tensions (Norman and Ricciardelli unpublished data). In the federal system, parole officers report exposure to potentially psychologically traumatic events, secondary trauma, and extensive caseloads, at times intensified during COVID-19 as parole officers face challenges when working to fulfill their obligations toward their clients (Norman and Ricciardelli 2021).

Recommendations for community correctional workers

10. Community correctional services employees need to have resources available to support their mental health needs; particularly in the context of being an essential service provider during COVID-19.

11. Employees will benefit from preventative, intervening, and reactive measures to support their mental health and well-being and ultimately help them to fulfill their occupational responsibilities.

Summary

Our suggestions for responding to the current COVID-19 crisis also create space for rethinking some aspects of incarceration more broadly, both in Canada and abroad. We suggest policymakers, stakeholders, and others reconsider whether sentences are appropriate, if all persons in prison need to be there, and if some incarcerated individuals can be safely reintegrated. Particularly, we recommend officials consider releasing incarcerated persons who pose minimal risk to re-offend. Officials need to contemplate how else we can reduce overcrowding—without building larger prisons, which are antithetical to the aims of decarceration. Additional pressing questions that need to be addressed include how to promote family unification beyond free phone and video calls and how to assist incarcerated people to maintain positive and healthy connections in the community. We urge governments and policymakers to consider these questions and evaluate possibilities for informed and structured decarceration and alternatives to imprisonment for those incarcerated persons who can safely live in the community. The COVID-19 crisis is an opportunity to rethink old practices and reform on a broad scale.

Author contributions

RR, SB, JT, BC, and DP conceived and designed the study. RR, SB, JT, BC, and DP performed the experiments/collected the data. RR, SB, JT, BC, and DP analyzed and interpreted the data. RR, SB, JT, BC, and DP contributed resources. RR, SB, JT, BC, and DP drafted or revised the manuscript.

Competing interests

The authors have declared that no competing interests exist.

Data availability statement

All relevant data are within the paper.

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