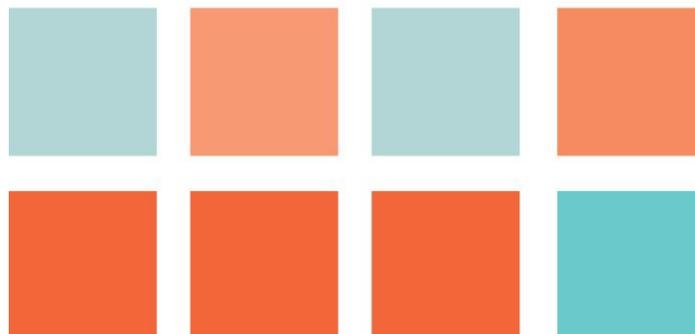


**RNAO speaking notes on Bill 6:  
*Correctional Services Transformation Act,*  
2018**

Presented to Standing Committee on Justice  
Policy

April 19, 2018



Good morning. My name is Lynn Anne Mulrooney. I am a registered nurse and Senior Policy Analyst at the Registered Nurses' Association of Ontario (RNAO). With me today is Shirley Kennedy, the President of the Ontario Correctional Nurses' Interest Group (OCNIG). OCNIG is an interest group of RNAO comprised of registered nurses working in the federal and provincial correctional systems as well as nursing students interested in correctional nursing. We thank you for the opportunity to present on Bill 6 to the Standing Committee on Justice Policy.

Despite the hard work and dedication of many correctional staff members, the evidence is clear that Ontario's correctional system is in crisis. RNAO deeply appreciates the work of the Independent Review of Ontario Corrections (IROC), lead by Howard Sapers, in both documenting failures of the current system and providing a clear roadmap to guide essential transformation.

**To start to make the critical progress needed, RNAO's first recommendation is that the 41st Parliament of Ontario pass the *Correctional Services Transformation Act, 2018*.**

In order to implement the *Correctional Services Transformation Act, 2018*, act on all of IROC's recommendations, and facilitate the tremendous cultural shift that will be required, the provincial government must devote sufficient financial and human resources to initiate and sustain change. This is an investment that will benefit the most marginalized Ontarians, those who work within the correctional system, and the broader community as "prison health is public health

**RNAO's second recommendation is that the government of Ontario implement the transformation of the correctional services system, by the end of 2022, enabled and sustained by financial and human resources equal to the task of transformation.**

It is past time for the province of Ontario to stop accepting immigration detainees into provincial correctional facilities. The Canadian Border Service Agency (CBSA) routinely transfers people with "mental health issues" or who exhibit "disruptive behaviour" to provincial facilities. The indefinite nature of immigration detention, as well as the damaging physical and psychological effects of detention itself are particularly harmful for vulnerable migrants. As the provincial correctional system is already failing to meet its human rights obligations to provide a community standard of health care, it is unconscionable to accept even more vulnerable people from CBSA into already overcrowded and under-resourced facilities.

**For these reasons, RNAO's third recommendation is that in part II, administration, the following clause be added under section 4 (3) regarding exceptions: "Despite subsections (1) and (2), the Minister and employees of the Ministry shall not enter into a contract or agreement with the Crown in right of Canada to detain individuals on administrative immigration grounds."**

## **Shirley:**

The preamble of the *Correctional Services Transformation Act, 2018* includes, among other principles, that the people of Ontario and their Government "affirm our obligation to provide safe and humane custody and care, including through the provision of adequate conditions of confinement and appropriate, patient-centred, equitable health care services that respect clinical independence and provide continuity of care with services provided in the community." To fulfill this human rights obligation, Ontario must learn from the experience of correctional reform in other international and provincial jurisdictions such as England, Wales, Scotland, France, Norway, British Columbia, Alberta, and Nova Scotia. From his research, Mr. Sapers identified a "broad consensus that the responsibility for health care in correctional facilities must rest with the government authority in charge of health."

As an experienced correctional nurse, I would like to make special mention of the importance of clinical independence. People who need my nursing services often have complex health needs. There are often challenges in responding to these needs when my professional responsibilities as a nurse conflict with a military-like command and control hierarchy. It can be impossible to provide optimal clinical care when health care is subordinated within the correctional structure and culture. This is often called the problem of "dual loyalty." It can result in poor outcomes for patients and moral distress for nurses when they are unable to fulfill the ethical duties consistent with the nursing profession.

What are some of the lessons that we can learn about improvements to health services from other jurisdictions who have changed their governance from correctional ministries to health ministries? With this change, better quality health services have been attributed to: a decreased ad-hoc approach; decreased professional isolation; improved recruitment, retention, and expertise of health human resources; and increased transparency.

Enabling health professionals to fulfill their ethical and professional responsibilities to those in their care will not only improve health outcomes but also will decrease conflict between health personnel and correctional authorities.

**That's why RNAO's fourth recommendation is to continue the process of the transfer of responsibility for health care services from the Ministry of Community Safety and Correctional Services to the Ministry of Health and Long-Term Care, with full implementation by the end of 2019.**

Our written submission includes more detail about our rationale for these recommendations as well as references.

Thank you to the Standing Committee on Justice Policy for considering these recommendations.

We would be pleased to answer any questions that you might have for us.