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THE HEALING LODGE

FINAL

OPERATIONAL PLAN

FEBRUARY 1993

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**HEALING LODGE OPERATIONAL PLAN
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GLOSSARY OF TERMS

ESKWEWUK

Federally Sentenced Aboriginal Women

KIKAWINAW

Warden

KIKAWISINOW

Assistant Warden

KIMISINOW

Case Management Officer

KE-KUN-WEM-KON-A-WUK

Healing Lodge Circle

INTRODUCTION

The Task Force on Federally Sentenced Women identified the need for a different Correctional Model to respond to the needs of incarcerated Aboriginal women. This need will be met through the establishment of a Healing Lodge.

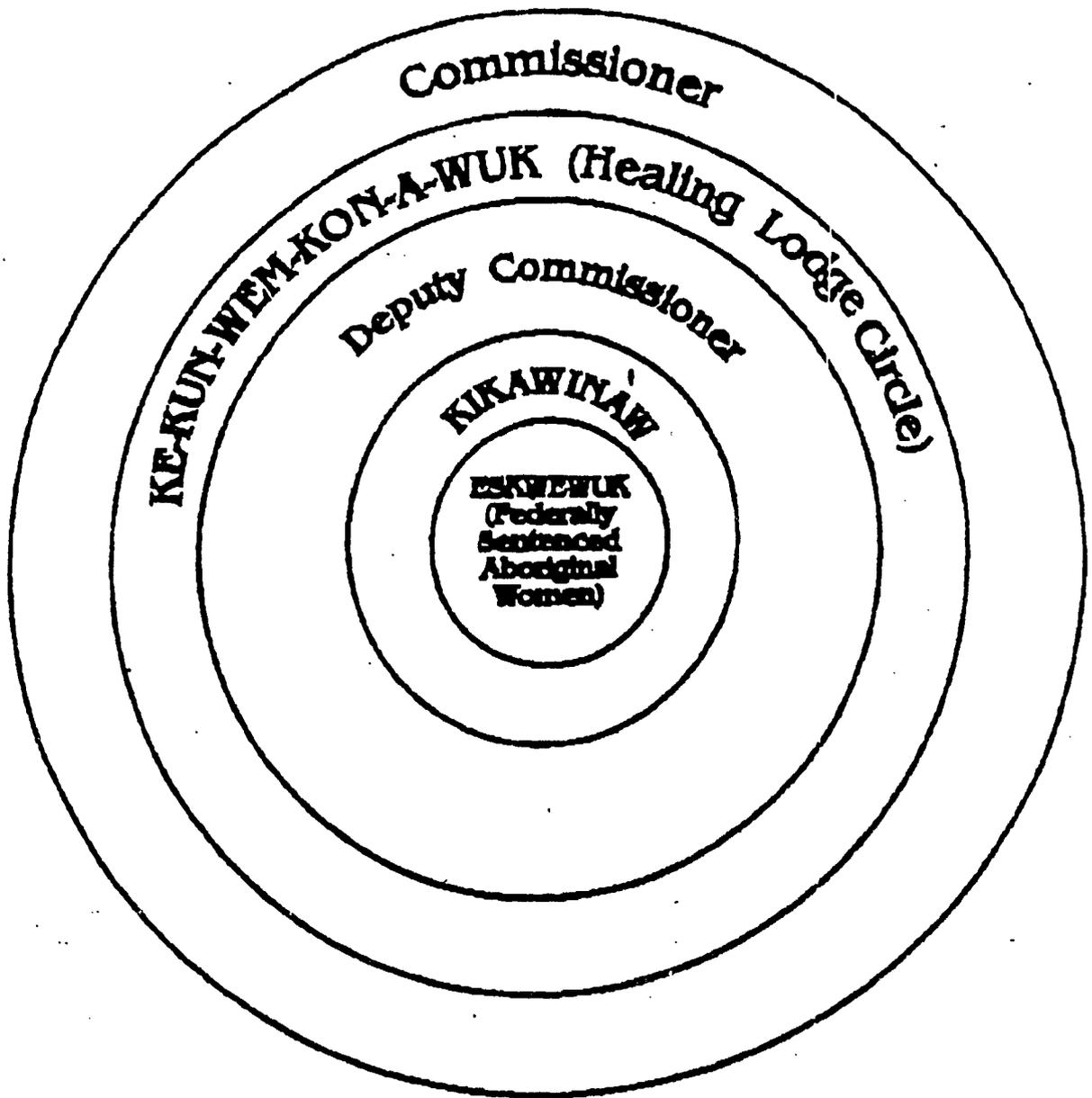
In order for the women to heal, the Healing Lodge and the activities that take place there must be responsive to those who will use them - the Aboriginal women.

The Aboriginal women's roles as parents, their histories of abuse, their involvement with crime, their low skill and educational levels and poor work histories all need to be addressed. The Healing Lodge will provide supportive programs and encourage self-sufficiency, improved relationships, and responsible behaviour. The physical environment can and does influence behaviour by having its own set of expectations. A well designed Healing Lodge will have a set of expectations that support healing, wellness and programming.

Approximately 75 percent of Aboriginal women have children; and concern for the children's well-being is the woman's most important concern. Studies have also shown that incarcerated women, in general, receive fewer visitors than incarcerated males. Visiting for mothers and children, and ensuring that children have a positive experience, are crucial to the well-being of both parties. The design of the Healing Lodge will have multi-purpose or flexible spaces ensuring that a variety of activities can be accomplished.

MANAGEMENT MODEL

The Healing Lodge will be administered through a non-hierarchical model. There will be an Kikawinaw who will report and be accountable to a Governing Council comprised of three national Healing Lodge Elders, Aboriginal people, and the Deputy Commissioner as outlined on page 4. Kikawinaw will be a member of the Regional Management Committee, and will report to the Regional Deputy Commissioner. Kikawinaw will also have responsibility to liaise and work cooperatively with the Elders' Council, the Aboriginal community and the Federally Sentenced Women in the Healing Lodge. The focus of all these relationships will be based on a sharing of expertise, and an exchange of learning.



ORGANIZATIONAL STRUCTURE

The original structure is represented by the Circle which represents life in Aboriginal cultures, as life is a never ending spiral of growth.

Beginning with the Inner Circle are the centre, Eskwewuk represents the Aboriginal Federally Sentenced Women. They are the centre of the Healing Lodge and the healing process. It is at this centre that the women make the decision to begin her healing path.

The Second Circle from the centre, Kikawinaw supports, assists and guides the decisions made by the Eskwewuk (Aboriginal Women). She is responsible for the overall direction of the programs operational services and activities of the Healing Lodge. The Kikawinaw empowers Eskwewuk to make meaningful and responsible choices. Kikawinaw is a member of the Regional Management Committee. Kikawinaw will report and be accountable to the Third circle. In addition, she is accountable to the Fourth circle, the Ke-kun-wem-kon-a-wuk.

The Third Circle from the centre represents the Deputy Commissioner of the Region, who is responsible for all Federal Correctional Facilities in his/her region and reports directly to the Commissioner.

The Fourth Circle from the centre represents the Ke-kun-wem-kon-a-wuk, meaning to take care of us. They are the Keepers of the Healing Lodge Vision and provide guidance, support and assistance to the two inner circles, Kikawinaw and Eskwewuk. Ke-kun-wem-kon-a-wuk is comprised of the three National Healing Lodge Elders, local Elders from Nekaneet and the National, Regional and local Aboriginal and Non-Aboriginal Steering Committee Members. (Previously the original Healing Lodge Planning Committee.)

The Outer Circle represents the Commissioner who is responsible and accountable to the Solicitor General of Canada.

THE HEALING LODGE DESIGN

As stated in *Creating Choices* "a circular design will define the Healing Lodge's structure, and will compliment the surrounding natural environment. The Healing Lodge will contain a central round room to act as a focal point for ceremonies, teachings, workshops with Elders etc. The self-contained Lodge will also be available on a rotational basis to the Elders, teachers and healers involved in key aspects of the Lodge's activities. A daycare centre will provide on-site opportunities for the women, staff and the community."

Interior Design. The following will be included in the interior design of the lodges:

- o Carpeting
- o Soft, ample natural light and plants
- o A combination of built-in closets in individual rooms with some furniture such as desks and chairs
- o Upholstered furniture for the livingroom
- o Allow for flexibility in arrangement of furnishings and customizing of personal and communal spaces.
- o Use of materials and finishes which contribute to noise reduction.
- o Allow women control of heat and lighting in their bedrooms and other areas of the lodges.
- o Colours and finishes will be used which represent holistic healing.

Design/Environmental Concerns. Space should be flexible to accommodate changing and expanding programs; the ability to expand being particularly important. Attention should be paid to the provision of wiring and electrical voltage that will accommodate a variety of opportunities to allow for flexibility and change. Noise levels can be reduced through acoustical treatment on walls and ceilings; space should also be subdivided with materials that absorb sound.

The delivery and pick-up area for materials and goods should be easily accessible by vehicle. Adequate spaces should be provided for receiving inventory, and bookkeeping functions which are equipped for computerization.

Each lodge will have adequate food preparation facilities to accommodate the number of women who will live in that lodge, including normal amenities and one-week food supply (well equipped kitchen, dining-room, cupboards, food storage facilities, refrigerator, freezer, stove, microwave oven, dishwasher, cooking utensils, etc.)

The design of the Healing Lodge will be holistic and influenced by many factors: site, size, vision and population; therefore, the design of the other Regional Facilities will not be used as the prototype in designing the Healing Lodge. Some issues involved in designing a correctional facility are still valid for the Healing Lodge, but the way decisions are made, the priorities that are set must be influenced by the concerns and needs of Federally Sentenced Aboriginal Women. For example, Aboriginal women have a strong connection to nature, oneness with Mother Earth, kinship with animals, and the need to walk in closeness and balance with Creation as outlined in the Healing Lodge Vision. Walking and fitness trails and outdoor activity areas large enough to accommodate family gatherings and provide for seating areas placed in various outdoor locations are essential. The Healing Lodge will be circular in design, will have a natural source of water on the grounds, for ceremonial purposes and walking paths. The interior must focus on a holistic, natural environment to include a Cedar Tipi room. The public reception and visiting areas will reflect a welcoming atmosphere.

The Healing Lodge will provide a boardroom for NPB hearings, staff meetings, training, and general meetings. The Boardroom will be used for regular case conferences which will be held to ensure appropriate and adequate communication among all staff and the Healing Lodge women.

FAMILY AND SINGLE LODGES

The lodges will be home-like reflecting traditional and contemporary living. Traditional concepts of decorating, colours and art will be the women's choice. Each lodge will have bedrooms, bathrooms, kitchenette and eating area, living room, laundry room, a playroom for the children (in those lodges that accommodate children). Each lodge will have a small yard with a patio.

Each lodge will have a den which can be used for meetings with the women, and confidential discussions. The den will be large enough to accommodate two or three people and will contain comfortable furniture.

A storage area will provide for the women's personal effects.

The lodges will have bedrooms large enough to accommodate a crib or trundle bed and contain built in closets, dressers, shelf space, etc. Fifteen rooms will require an adjoining bedroom to accommodate up to 3 - 4 children. The remaining 15 bedrooms will be designed for single occupancy.

The lodges and bedrooms will be furnished; however a woman serving a lengthy sentence may be eligible to have some personal furniture. The Healing Lodge will ensure that a woman serving a long term sentence will be accommodated.

Each lodge will have sufficient bathroom facilities to include a toilet, sink, tub and full bathroom/shower facilities to accommodate both single and family lodges. As well, the bathrooms must have vanities large enough to accommodate two people.

Each bedroom will be equipped with an outside lock so the women will be able to lock the door when they are not there. The women should be able to enter their rooms at all times. Privacy locks that can be controlled by the women from the inside with a staff override should be provided.

PERSONAL LIFE PLAN

To be meaningful and effective, the Personal Life Plan has to be done in a manner which focuses on the individual needs of the women, be oriented towards release at the earliest opportunity, and must remain focused on the individual rather than paper. All programs will be based on a team approach. The Personal Life Plan will include the need to address the emotional, physical, mental and spiritual well being in order to achieve balance in one's life.

The focus will emphasize the healing process through her cultural teachings and ceremonies and holistic living to achieve a balance. This will ensure meaningful involvement with elders, staff, Kinisinaw, community and the community worker (a key link between the woman and her home community) in assisting her in developing her own Personal Life Plan.

INDEPENDENT LIVING

The Healing Lodge will be composed of small lodges accommodating two women with or without children. Independent living will consist of parenting, house cleaning, shopping, food preparation, and doing laundry. It will be based on personal interactions and inter-relationships between the woman and staff.

Food Preparation

The women will prepare breakfast, light lunches and snacks in their lodges, main meals will be prepared in the communal kitchen. Where possible, they will do their own grocery shopping from the community or on site.

Laundry

The women will be responsible for their own laundry and each private lodge will have laundry facilities which include apartment size washing machine, dryer, iron, ironing board, sewing machine, etc.) In addition, there will be commercial sized washers and dryers in the maintenance/stores area. (One of the turtles feet).

The women at the Healing Lodge will do institutional laundry such as central kitchen laundry, health care centre laundry, and the clothes of women who are not able to do their own.

Clothing

The women will be allowed to wear their personal clothes; however, the Healing Lodge will provide appropriate and fashionable clothes and material to the women who cannot buy their own. Dresses and nightgowns should be available for sweats and other ceremonial purposes, as well as bolts of cloth for offering purposes.

House Cleaning

Each woman will be responsible for cleaning her own room. Common areas will be cleaned communally by the women of each lodge.

The Healing Lodge will provide the cleaning products required, along with a central storage area for cleaning supplies.

Outdoor maintenance and cleaning of administration buildings could be employment positions for the women or done through contract.

ADMISSION/TRANSFER/RELEASE

The Healing Lodge will accommodate Federally Sentenced Aboriginal women for all or part of their sentence, regardless of their designated security classification, therefore women may be admitted directly upon sentencing, revocation, or transfers from other facilities, including Burnaby Correctional Center. Federally Sentenced Women who have been released and subsequently revoked may also be admitted directly to the Healing Lodge rather than being held in Provincial facilities, remand centres or other detention cells while awaiting a parole decision.

Non-Aboriginal women may be accepted at the Healing Lodge provided they can demonstrate that the programs and services offered would be conducive to their healing process.

The Healing Lodge will have an orientation program during which a complete initial assessment will take place.

INITIAL ASSESSMENTS

The admission and assessment process for the Healing Lodge will be consistent with the recommendations of "Creating Choices". Only assessment instruments which have been validated by specialists in their fields will be utilized to ensure that they are gender and culturally sensitive for use with Aboriginal women. The Elders will play a key role in this assessment.

DEVELOPMENT PROGRAMS

A significant proportion of women become involved in the criminal justice system because of crimes they committed as accessories to crimes committed by men with whom they were involved. In addition, women often exhibit distorted perceptions of their roles and their relationships with men. The fact that physical, sexual, and mental abuse have characterized these relationships does little to change a woman's ability to break the self-destructive cycle. It is widely acknowledged that women suffer from low self-esteem. One of the keys to this problem lies in the woman's view of herself in this context. Aboriginal programs provide a strong vehicle for teaching women new values pertinent to their roles and responsibilities as women.

PROGRAMS

Programs will provide women with opportunities to gain skills and begin the process of healing. Well developed programs are the key to empowering women to make the necessary changes in their lives and provide for holistic living. Programs will be based on individual or group participation.

Aboriginal-specific programs will be available and will include such things as Aboriginal language studies, teachings on the traditional roles and responsibilities of Aboriginal men and women, various customs and their importance/significance, teachings about the various traditional medicines and the identification of plants, roots, herbs, etc., Sweat Lodge ceremonies, Sacred Circle ceremonies and teaching, traditional dancing and other cultural activities will be available, as well as the opportunity to learn the traditional skills of tanning and curing of hides.

To support the wide range of programs and services, the design of the Healing Lodge should provide individual and small group spaces. These spaces must be designed using materials, furniture, and colours that are culturally sensitive to enhance the healing process of Federally Sentenced Aboriginal women.

To continue the bonding between the woman, her family, outside support systems and significant others is essential in support of the healing process. Visiting areas need to be designed to take into account the concept of "All My Relations" which includes the extended family.

Outdoor programs that encourage walking, group conversation, and areas for private reflection are essential for the healing process of an Aboriginal woman so she may begin connecting with Mother Earth (the land and nature) and the universe.

Services will be provided to the greatest extent possible in the community in accordance with the recommendations of Creating Choices. Programs must be holistic, women-centred, culturally sensitive and must support the development of self-esteem, and independence of the women. Programs must be oriented towards release and all programs must work together to include and respond to the spiritual, physical, emotional and mental well being of the women.

Consistent with this program model, the Healing Lodge will have a Kikawinaw who will be responsible for the administrative management of all the programs including the availability of specific programs, management of contracts, and the identification of human and financial resources.

All programs will be based on a team approach.

Formal programs will not normally occur in the lodges, however the women retain the right to have informal programs or groups in this setting.

Some programs will require dedicated and specially equipped spaces. These areas will be academic and vocational classrooms, health areas and spiritual healing areas etc.

VOCATIONAL TRAINING AND EDUCATION PROGRAMS

Educational programs

Education at all levels, including acquisition of basic vocational skills or certification, Aboriginal languages and Native Studies with University accreditation, etc. will be delivered in such a manner as to ensure conformity to community and/or provincial standards and thereby ensuring that women have obtained education levels that are useful in the community to which they will return. Primary, secondary and post-secondary education aimed at employment will be considered as institutional employment and compensated.

To the greatest extent possible, education will be provided off-site, with on-site services as an alternative for those who cannot attend. Situations that would warrant on-site services include: cases where there is a lengthy period of time prior to the woman receiving Unescorted Temporary Absences, Work Release Absences or Day Parole.

Long distance learning opportunities, including correspondence courses, teleconferencing and computer programs will be provided. If women are eligible to participate in community programs, evening courses and others should be considered.

The planning and design of academic space must accommodate the variety of academic interests, and that environment must be conducive to learning. It is important to develop a learning environment that is not intimidating. Smaller learning areas will accommodate four to six women, or larger classrooms can be subdivided and accommodate community participation.

Computer-assisted learning has also proven to be effective for adults. Some classroom space will be appropriately sized and designed to accommodate learning cubicles equipped with computers. These cubicles should be acoustically treated to buffer sound and promote a sense of intimacy and privacy. A classroom is needed containing appropriate space and wiring for audio-visual equipment.

Special attention will be given to basic literacy training, including space for one-on-one tutoring. Tutoring—including other women, volunteers, and staff—has proven to be especially effective in basic literacy instruction.

A library/resource centre will be designed to facilitate the functions that will take place, to provide for reading, listening to tapes, viewing tapes, studying and access to distance learning, computer-assisted learning, study or assignments requiring computer work, etc.

An alcove equipped with cubicles, computers and typewriters that is separate from the rest of the library/resource centre is required. Glazing and the use of acoustical materials in this area will buffer sound from the rest of the library area. The librarian's work area will be large enough to receive and catalogue books. This work area will be equipped with a small sink.

Vocational Training

Vocational training programs offered must be responsive to the changing demand for marketable skills in the community and move away from traditionally female occupations. The planning of vocational space must be flexible to meet the ongoing vocational changes required and responsive to the individual woman's needs.

Vocational space should be not be designed around a specific program, but designed as a large open space that can be easily subdivided and can accommodate a variety of equipment. Small vocational labs located adjacent to the vocational training area are recommended to provide a more appropriate environment for related classroom instruction. Adequate secure storage for tools, raw materials, and combustible materials must be planned and included into the design. Construction materials should be of the type typically used for light industrial shops.

Life Skills Coach Training

More intensive Life Skills Coach training will focus on behaviour modification from negative to positive through group peer pressure. Intensive Life Skills coach training will enable participants to release their past, work within the present and plan for the future. It will also enable the participants to become certified as Life Skills Coaches. Provisions should be made for a life skills area. This area should accommodate 10-15 people and should contain work tables. The area should also contain adequate open space for role-playing exercises and group activities. Video recording and play back capability is a valuable feed back tool for role-plays.

Job Readiness. This is a particularly important aspect of life skills training, but does not require certification. Job Readiness activities should include interactive role-play, practice sessions on filling out job applications, and bringing speakers in to talk about career options.

EMPLOYMENT/INDUSTRY/SMALL BUSINESS/JOINT VENTURE

It is anticipated that no more than approximately 25% of the women will be employed and compensated in what is traditionally considered institutional services, such as cleaning, maintenance, administrative jobs, formal child care, etc. These positions will reflect the characteristics of the same type of position in the community. However, a woman could spend one-half day in school/one-half day work, one-half day personal development/one-half day work, etc.

If a woman chooses, she may be employed in outdoor maintenance, which would include such things as groundskeeper, lawn maintenance, planting flowers, etc. A variety of small business ventures require special equipment and dedicated space for the following: macrame and weaving; pottery and ceramics; beadwork and jewelry making; the leathercraft and tanning hides; and basket making. A smokehouse will be required to prepare hides for tanning. As well, frames for fleshing hides outdoors will be required. Employment will also be provided through the operation of an industry or small business with the following characteristics:

- support and involvement of local business in the community, including the potential of post-release employment;
- labour-intensive and not requiring large capital or machinery investment;
- women lacking the basic skills required for employment would be provided with the opportunity to acquire the necessary skills and certification through education and/or training e.g. child care workers, certification in Early Childhood Education;
- partnership with the community, with some workers coming from the community into the Healing Lodge;
- women, especially those serving long sentences, depending on skills and experience, will be involved in a variety of work assignments at various businesses, to promote interest and progressive skill development;
- Community standards for minimum wage, compensation, business practice, safety and benefits will apply.

For the purposes of pay policy, employment will include participation in education, spiritual and personal development activities aimed at meeting the needs of the women related to healing and preparation for conditional release. In addition, full-time care of a woman's own child will be acknowledged as employment and compensated accordingly.

FAMILY PROGRAMS

The majority of Aboriginal women are mothers, and are very anxious about the effect their incarceration will have on their children. In addition, distance and custody problems may complicate visiting. Family programs (particularly parent-child) are essential to helping women deal with their anxiety, maintain strong relationships with their children, and become more effective parents.

The provision of family programs has a significant impact on the Healing Lodge design. The Healing Lodge should not be an intimidating place for children, and the women should feel comfortable bringing their children to it.

Other programs will be available to foster better relationships between parents and children, eg: letter-writing, phone calls, and using craft classes to make gifts for children to assist mothers in feeling closer to their children and to improve communication with their children.

Parenting Classes. If the mother decides not to have her children live on-site with her, parenting classes should be available which provide a specific focus on assisting the mother in dealing with separation from her children, eg. Nobody's perfect program. Parenting classes do not necessarily require a specialized environment.

ON-SITE MOTHER'S AND CHILDREN'S PROGRAM

During the Task Force consultations, Aboriginal women under federal sentence identified the pain of separation from their children as a major concern and put a high priority on increased contact. A 1989 survey conducted by Margaret Shaw found that 77 percent of Aboriginal women under federal sentence were mothers, with four to five children each.

In line with current government policy regarding on-site day care, this service will also be available to staff. It is expected that an equal number of resident and non-resident children will take part in the day care program.

The Task Force specifically recommended the development of resources to address the needs of mothers. This recommendation was based on the belief that the period of incarceration should be used productively to maintain and further enhance parent-child relationships which will aid the family, women and children and promote a successful return to their community.

The guiding principle of the Children's Program will be to respect the best interests of the child and facilitate the woman's choice to assume an active parenting role. The Task Force on Federally Sentenced Women recognized that traditional correctional responses to maternal incarceration are increasingly problematic. The Children's Initiative will facilitate a multidimensional approach to address individual needs through the development of a range of options for mother-child interaction. Possible approaches will include a supported foster home network in close proximity to the Healing Lodge, enhanced family visiting, after-school visiting, and an on-site day care program for preschool children residing in the Healing Lodge with their mothers. This supports the Task Force principles of meaningful choices, shared responsibilities, empowerment and the holistic approach in meeting the needs of Aboriginal women.

As children are considered gifts of the Great Spirit and are not owned but raised to adulthood for the Creators purpose, an important aspect of the Children's Program will be to reinforce and validate the value of children in traditional Aboriginal culture.

The Children's Program will be administered with as much flexibility as possible in order to meet the needs of the individual woman and child.

Program Description

The goal of this program is to foster bonding between mothers and children. The following statements are intended to lend some parameters to the program while allowing sufficient flexibility to accommodate a variety of needs. The following must be seen as one holistic approach to promoting more direct mother/child bonding. Various residency and visiting options will be available to children and their

mothers. Regular reviews will occur to assure that program participation continues to be in the child's best interests. The components of the program are intended to be integrated and to assist a child and mother's transitions from one stage to another.

ON SITE DAY CARE

An on-site day care will be located near the Family Living Lodges and be coordinated/managed by professional/certified staff for use by staff, the women, and community. The day care would provide care to infants and children during the day while mothers attend work or programs. The daycare will make up the core of the children's center of the Healing Lodge. It is suggested that the hours of operation of the daycare would include opening approximately 1/2 hour prior to the day shift commencing, and closing at 6 p.m. These hours could be extended given sufficient demand and resources. The day care would have food preparation facilities for the children's lunch and snacks. The environment of the children's centre shall be stimulating, safe, pleasing, colourful and pleasant.

The children's centre will serve a variety of functions including day care, training and support group meeting area and private counselling sessions.

The children's centre would provide a day care centre during the weekdays and could function as a program area in the evenings and on weekends for associated programs such as:

- Parenting courses
- Parent support groups
- Grief/separation counselling
- Family counselling
- First Aid courses
- Babysitting certification course
- Childcare worker training
- Children of Abused & Violent Families
- Communicable Disease Control

Babysitting services would be required during the evenings and on weekends, when the day care is closed, in order for mothers to attend programs, and/or have some private/quiet time.

There will be a coordinator with appropriate qualifications for the Children's Program, who would be responsible for management of all components of the program, including the day care, as well as liaising with child welfare authorities, staff and the mother. Where kindergarten attendance is mandatory or desired, arrangements would be made to bus the child to the local community kindergarten.

Full-time residence

Children and mothers involved in a shared custody arrangement would be considered full-time residents, although the children may only be in the Healing Lodge as much as two weeks per month.

The mother and child will live in a family lodge with other mothers and children.

Women without children would not be excluded from residing in a lodge accommodating children based solely on the fact that they do not have children in the residence program; however, requests to be in lodges without children would be accommodated.

Mothers and children shall have private, full bathing facilities. Play areas, indoor and outdoor, are required for each lodge that accommodates children. The play areas must be clearly visible from the lodges.

Part-time (Every Weekend and Holidays) Residence

This program is for those children who had been in full-time residence and are now transferring either to a "My Mother's House" type model (specialized foster homes in accommodating children during summer months or school holidays), or alternative outside caregiver. School age children and their mothers would be given an opportunity to share a common residence on weekends and other nights that would not interfere with school. After school visits would also be part of this program.

Mothers and children participating in this program would be accommodated in a lodge which would provide them with access to a choice of rooms if this is convenient and practical for the mother. Wherever possible mothers and children would be given a choice between sharing the same room such as pull out bed or cot, or adjoining accommodation such as a separate child's room in the mother's lodge. This program would have access to the same support, facilities and equipment as those participating in the full-time live-in program.

Occasional residence (overnight, usually up to two or three nights a month)

This program would accommodate the family and child in times of crises and emergencies or where the child is older when the mother's incarceration and/or her participation in the program begins. The child/mother may be experiencing a trauma such as death/separation from a loved one which could be addressed through temporary placement with the mother. This would also apply to occasional custody visiting arrangements.

Accommodation arrangements for this program would be flexible and where possible allow the mother/child the choice of rooming-in together or separate/independent accommodation within the same lodge. Flexibility would also be exercised in allowing the mother to move to a lodge which accommodates children for the duration of the visit and then return to her own lodge upon completion of the visit. If the private family visiting lodge were available it too could be used for these types of visits but, the visit should not be dependent on the availability of the private family visiting lodge.

Foster Care or Alternative Outside Placements:

Arrangements for both full-time and emergency placements inside and outside the facility are required should the mother be unable to care for her child due to personal circumstances (physical or emotional illness).

**ELIGIBILITY CRITERIA
FOR PARTICIPATING IN THE CHILDREN'S PROGRAM**

Eligibility criteria should be based on the needs of both the individual Woman and the individual Child. The Children's Program is intended to operate holistically by providing a wide range of opportunities for women and children to develop and maintain relationships. The various parts of the program are aimed at difference age groups of children to allow for sufficient flexibility for transitions, where children were born while the Mother was incarcerated and for children of women who have recently been sentenced and for emergencies where the usual, external caregiving is disrupted or where the child has suffered some trauma.

The age of children participating in the program will not be determined solely by chronological age but, rather by a triggering event, such as the entry of the child into grade one.

Participation in the program is intended to mirror real life child care as much as possible. The mother will be responsible for making all necessary alternate arrangements, such as placing the child in the facility day care during work/school hours and arranging for babysitting when necessary. Babysitting would be by certified persons, other residents, or an outside service, arranged by the mother. Not all women participants must be the child's biological mother, but it is intended that eligible women have responsibility for the children involved, such as legal custody or permission of the legal guardian. Because of this responsibility, participation of women and children in the program is intended to be voluntary.

Eligibility for Full-time Residency of the Child

Mother's eligibility:

The eligibility based on the best interests of the child will be guided by an understanding that an interested mother will be eligible as a program participant. In cases where legal custody is disputed, this determination should be made by the Family Courts, First Nations Chief & Council and/or Metis Nations. However, in cases where legal custody is not at issue, a determination of the best interests of the child will be made by the Kikawinaw and the mother. This determination will consider:

- *the existence of current, positive, ongoing relationship between mother and child;*
- *an evaluation of the mother's health/mental health, excluding disabilities.*
- *the consent of the First Nations Chief & Council and Metis Nations or court/child welfare authorities, where applicable;*
- *the mother's arrangements for an emergency caregiver, either in the community or within the Healing Lodge (family, friend, foster home, etc.). Other arrangements could include any other person holding legal custody in joint custody arrangements, child welfare authority when foster homes are used, or where the child could go should the mother be unable to continue with the program either temporarily or permanently for any reason;*

- *the mother's cooperation in facilitating visits between the child and other significant family (father, grandparents, siblings) when directed by First Nations and Metis Nations, or the courts.*
- *a request for re-entry into the program following a voluntary/involuntary withdrawal will be considered if it is in the best interests of the child to re-enter the program.*
- *a Mother convicted of child abuse and/or neglect will not be eligible for the residence program until her custody rights are reinstated by the First Nations Chief & Council, Metis Nations, or the courts; she has received treatment; and has participated in a series of supervised interaction with her child or children.*

Child eligibility:

To live with the mother in the Healing Lodge is considered to be in the best interest of the child by assessing such factors as:

- *evaluation of the child's health;*
- *consent of First Nations Chief & Council, Metis Nations or court/child welfare authorities where applicable;*
- *disruption shall be limited wherever possible and consideration shall be given to the child's need for stability, as confirmed by appropriate professionals, the mother and other family members;*
- *consent of the child wherever possible.*

Eligibility for Part-time and occasional residency of the child:

This program is intended to be in addition to the regular Private Family Visiting to include overnight visits, weekends and holidays, etc. It is to be treated as a part of the residence program in order to ensure its continued regularity.

Mother's eligibility:

- *the basic eligibility criteria of the full-time program will be tailored to suit part-time and occasional residency;*

Children's Eligibility:

- *First Nations Chief & Council, Metis Nations or courts, child welfare authorities and/or person holding legal custody shall provide consent where necessary;*
- *the transition between part-time residency and occasional residency is intended to provide flexibility in easing a child's transition between full-time or part-time residency and regular visits. Therefore, the age of a child under this option is to the start of grade four/five for part-time residency and to the end of grade six for occasional residency. Occasional residency is also intended to cover situations where a child needs extra contact temporarily.*

Eligibility for Regular Visits of the Child:

Regular visits are in addition to the regular visiting program and will provide an opportunity for regular extended hours for mother-child visits, i.e. after school.

Mother's eligibility:

- *all women except those who may have been denied visiting rights by First Nations, Metis Nations or the courts or child welfare authorities, would be eligible.*

Child's Eligibility

- *All Children the woman lists on her visiting list, either her natural children by birth or other children for whom she has responsibility for are eligible for regular visits so long as the appropriate consent forms have been completed where applicable.*

Children's Programs

- *Staff for day care must be certified.*
- *Instructor for day care to provide certification training.*
- *Instructor to provide for babysitting certification training. Community members eligible to participate in certification program.*
- *Coordinator for children's programs will coordinate the following:*
 - *parenting courses*
 - *certification training for the women (babysitting and day care)*
 - *day care centre*
 - *foster care network*
 - *grief/separation counselling*
 - *occasional/emergency residency*
 - *child visiting, including temporary residence*

- *toys and play areas*
- *parent support groups*
- *general support for participating mothers*
- *family violence and sexual abuse awareness*
- *play therapy*
- *Aboriginal teachings and languages*
- *Mother Earth concepts*
- *Liaison with First Nations, Metis Nations and/or child welfare authorities.*

DAY IN LIFE SCENARIO

ESKWEW'S PI-MAT-SO-WIN (Day in the Life of Eskwew)

Eskwew awakens at dawn, upon hearing the birds chirping. Should she get up to greet the new day, or stay in her lodge to pray and meditate? It is always so beautiful to behold the sun coming over the horizon. She feels such a closeness with the Creator to see Creation awaken. 'Out of bed', she decides, and gets dressed.

Down the walking trails to a clearing in the woods, she walks. She thinks of the other sisters, each preparing themselves for the new day, each in their own way. One may be kneeling in prayer by her bedside praying to God, another deep in yoga meditation, and still another not even acknowledging the new day in rebellious denial.

There, the sun is already over the horizon. Eskwew says her morning prayer to the Great Spirit, then sings her Morning Song. She can feel the kindness and love of the Creator as she stands before his Creation. She then sits in quiet meditation basking in the glow of the Creator's love, feeling the warmth of Mother Earth.

With this serenity of the new day, Eskwew heads back to her room to get together with her other sisters in the main dining area for breakfast. There would be a formal count at 7:30 a.m.

While eating, she looks about her surroundings, her home of two years. Eskwew feels so different today, than the first day she arrived. She didn't know what to expect. This place was to be different, but was it really? She didn't believe it!

Eskwew had felt so alone, separated from family and friends. A longing and loneliness in her heart for her four year old daughter, Tanis, whom she loved more than anything in the world. Sometimes she would feel a panic in her heart from fear of not being able to make it through the days of numbered time until parole.

She's learned to live one day at a time though, with the help of an Elder. She had to relearn that life, in harmony with the Creation and the Great Spirit is one day at a time. Nothing is taken for granted, especially life...

It had been quite a drive up to this isolated little reserve. They all joke about it, now. Everyone expected to come to an institution in an urban centre with lots of noise and activity. Then, they arrive in Maple Creek, it is so quiet. But, then, they don't stop there, they keep driving down this gravel road with right and left angle turns. Then, there's bush and trees in the middle of nowhere. This is the reserve? It felt familiar, though, with all the natural grass and trees.

As they drove up to the building that they called the Healing Lodge, she had been surprised. 'Didn't look much like a jail', she thought, 'from the outside, anyway'. She went inside where a woman greeted her: 'Was this a guard?', there's no uniform. Where were the other women, those that were locked up?

After admission, Eskwew was shown where she would stay, then she was given a tour of the compound and informed about the rules for living here. It had been quite the experience, that first day! Actually, every day since, has been quite an experience, learning to get along with 29 other sentenced women, the staff, the Elders, and the community people.

Eskwew felt she had grown much with the help of her Kimisinow, her counsellor, the community worker and the Elders, who helped identify her needs and provided guidance on what to do. They helped her set out a personal life plan for what Eskwew refers to as 'Pi-mat-so-win' living her life in a good way. From this, she was learned to take responsibility for her behaviour and to work towards living an independent lifestyle. She has grown much spirituality and now understands more that her old lifestyle needed changing to a new way of living.

When Eskwew was first incarcerated, Tanis lived with her Aunt, but she was unhappy and acting out. The counsellors had felt that Tanis would feel more secure if she lived with her mother. So, a decision was made by Eskwew, her counsellor, and Kimisinow, for Tanis to live with her mother as part of the Healing Lodge's residency program.

Because of Eskwew's work and classroom schedule, Tanis would attend daycare; however, they would have time together after work and classes. It was so good to have her baby with her. Eskwew believes she was able to continue bonding with her daughter during her very critical baby/toddler years.

Next year, Tanis would be five years old and ready for pre-school. Eskwew wondered if she should let her go back to the community to live with her Aunt, or keep Tanis with her until her release in six months. Living in the community meant more programs in which Tanis would be able to participate. Eskwew would be able to see Tanis on weekends, and would really need that time to maintain their bonding as mother and daughter.

It's 7:30 a.m., the Healing Lodge attendant has arrived to take a formal count. The attendant chats with Eskwew and her room-mate, and their children. Eskwew is in a morning work program and an afternoon computer training program. Today, she needs to take her lunch, as it is the weekly assembly of the Sisterhood. She gets Tanis dressed and ready to go to the daycare. By 8:15, they are off to the daycare.

Eskwew's room-mate, known to Tanis as her Auntie, has chosen to stay home with her baby to provide for his immediate needs, for at least a few months.

Eskwew remembers the demands and responsibility of being a mother with a small baby, and knows the struggles of her room-mate. Tanis was two years old when she was sent here, to the Healing Lodge. In the last two years, in addition to raising her daughter, she has completed her grade 12 equivalency. She has also completed the course in business administration offered at the local community college, and the Life Skills Coaches Training offered in-house. Now, she is taking the computer training course to update and complement her business administration course. With all these education credentials, she should be able to get a job once she is released.

Some of the women are working in town and at the band office, but Eskwew has chosen to work in the Healing Lodge to be near her daughter. During her health break at her work program, Eskwew calls her Kimisinow to verify the time for her counselling session appointment, tomorrow. She looks forward to these

sessions, but sometimes it is difficult to deal with some of her past experiences.

At 11:30 a.m., there is another more formal count to account for everyone's attendance and participation. Eskwew used to resent these counts. It made her feel dishonest and irresponsible. Now, she realizes that CSC needs to have accountability for the women and tries to think of it in terms of protection of self and community.

At lunch time, Eskwew and the other Sisterhood members, gather for the weekly assembly to prepare for their annual pow-wow and report on their activities on various volunteer tasks. Eskwew is in charge of the posters to distribute to all the people that will be invited. She has done the posters on the computer, so she is ready to give her report. All she needs, now, is the mailing list, and a few more women to stuff the envelopes to be mailed. They hope to have their pow-wow outdoors, this year; so, everyone was hoping for good weather.

After the Sisterhood Assembly, Eskwew heads for her pre-release program. She is quite excited about release, yet a sadness touches her heart as she thinks of the Sisters she will be leaving.

The Pre-release program involves guidance on what's available in the community when she gets out. Assistance was provided in sending out job applications, and preparing for possible job interviews. It provided information on counselling services in the community, and a profile of the community and its resources. The Job Readiness portion of the program involves role playing on job interviews, various job related issues, budgeting and time management. Designed to build confidence, this program has been good preparation for Eskwew to enter the work field. Along with her business and computer training, she felt confident that she would get a job upon being released. At the end of the session, the instructor does a count.

On her way back to her living unit, Eskwew stops at her mailbox. Nothing in the mail today, but she was expecting a letter in the next couple days. She heads toward the daycare to pick up Tanis who is all dressed and playing outside on the playground with all the other children waiting for their mothers. They head home stopping to talk to other parents who have come to pick up their children.

Eskwew's room-mate has invited Kimisinow to have tea with them. They ask about one of the sisters who has been in the safe lodge for the past two days. Kimisinow indicates that she is doing well and should be out in no time. The Elders have been most helpful in providing guidance, as well as the other team members involved in her well-being. It is now supper time, so they head to the main dining room.

After supper, they will be going to the recreation centre for film night which happens once a month. The Women and their invited guests get a chance to watch a film and keep each other company. Tonight Eskwew's sister is coming. It'll give Eskwew a chance to discuss Tanis's preschool with her.

By 9:30 p.m. all the women are back in their living units. Eskwew and her room-mate play cards and talk about their respective visits at the film night. They've got to get better movies, they laughed, knowing the importance of the evening was to socialize with family and friends.

It's 10:00 p.m. and there's a knock on their door. It's the Healing Lodge Attendant making the last count of the day.

Prepared by:

Sky Blue Morin

HEALTH CARE

Creating Choices reported that health care is of major concern to almost all women incarcerated. The central issues identified by the women are the lack of access to medical treatment, the availability of that treatment, and the attitudes of staff in dealing with their requests. Creating Choices recommended that medical services be provided off-site whenever possible in order to better address the health care needs of women, to broaden their choices for service in a manner that mirrors health care in the community.

In addition to the health-related recommendations in Creating Choices, it is essential that services be provided in a manner consistent with the objectives in the CSC Mission Statement and Core Values. The Mission and Creating Choices both support a proactive approach to the provision of integrated and holistic health care services. As well, several years ago, the CSC adopted standards for health care, including a set of 12 principles governing the delivery of health services. These principles (reproduced in Annex A) with the exception of two (principles number 7 and 10 which are discussed later), are consistent with the Creating Choices report.

CSC now has an excellent opportunity to incorporate an innovative approach to health care services for women. The principles underlying the provision of health care in the Healing Lodge are to include empowerment by creating choices and reducing inequities; shared responsibility by encouraging appropriate self-help and support systems; and above all, by creating a supportive environment. The active participation of federally sentenced Aboriginal women as fully informed consumers in determining their health goals and strategies is key to implementing the principles. At the same time, CSC must recognize the need for non traditional and specialized professional health care services to effectively address the identified needs of Aboriginal women.

Health care services for children who live on site would be provided through the provincial health plan. It would be regressive for the CSC to arrange to take over this responsibility and then try to emulate services in the community, services to which the children were already entitled. On a practical level, however, there would be no difficulty in the event that a medical practitioner seeing women on-site would also be willing to see the children on the same basis as he/she would in private practice; coverage would be by means of the provincial health insurance. Arrangements for off-site routine visits need to be further developed. Any procedures that require special intervention such as minor surgery, assistance from staff, special monitoring post intervention, etc. would need to be arranged in the community. Medical files on the children would be retained by the medical practitioner.

Federally Sentenced Aboriginal women will be assured access to health care services in keeping with generally accepted practices in Canadian society. A holistic approach emphasizing the connection between physical, mental, spiritual and emotional health and well-being, and fitness and wellness. Health care professionals, Aboriginal Healers and Elders, non-health care professionals (case management staff, social workers, substance abuse counsellors, etc.) and the federally sentenced Aboriginal women must work together to realize the specific objectives based on the needs of each woman.

Off-site access to services and programs in the community will be accomplished to the extent possible through volunteer citizen escorts and when necessary through staff escorts.

Health care staff, counsellors and community agency resources will carry out the role of educators in health promotion, dental hygiene, wellness, nutrition, infant and child care, physical fitness, etc. Health care staff will interact on a regular basis with the women not only in the health care area but throughout the Healing Lodge. Counselling and educational activities could take place in a woman's living quarters by mutual agreement. The adoption of a health promotion philosophy and approach would also contribute to a supportive environment by identifying problem areas within the Healing Lodge and proposing remedial options to the women and to institutional staff.

Service will be made available through arrangements with providers in the community such as:

- *Traditional Aboriginal Elders and Medicine People.*
- *multi-disciplinary community health/mental health centres (physicians, psychologists, nurses, social workers, occupational therapists, physiotherapists, non-traditional medicine, etc.)*
- *group practices with one physician in charge to hire practitioners and responsible to meet the needs, including hospitalization, as contracted by CSC,*
- *women's and other support groups in the community,*
- *community hospitals, preferably teaching hospitals associated with a university and provincial mental health facility.*

The above list is not intended to be exhaustive but rather to provide a sense of the desired linkage with the community. Community health centres and other similar facilities would provide clinical, diagnostic, therapeutic, and preventive services and participatory health promotion to the residents of the Healing Lodge through a combination of on-site and off-site care delivery. Such an arrangement would offer the woman the same choice of practitioners and services available to the general public in that community.

The woman would obtain a referral to see a specialist on the same basis as people in the local community. Where a second opinion is recommended either by the medical practitioner, or on the basis of a request by the woman herself, the associated cost would be assumed by the CSC. The self-referral provision would be monitored to avoid abuse. This represents a departure from CSC principle of (Annex A) which states that second opinions initiated by the offender may be permitted at the offenders own expense.

Creating Choices notes that "Women in prison feel they have lost control over their own bodies and the kinds of advice and medication which would normally be available to them. They express a strong need for better access to physical and mental health services, for the choice to seek second opinions, for the chance to select a doctor or alternate health practitioner. The women said too many medical staff treated them like offenders, not like patients. Thirty out of the thirty-eight Aboriginal women who spoke to this issue said that Aboriginal health care and related staff were needed. Federally sentenced women want greater emphasis on preventive health care, better nutrition and more opportunities for physical exercise."

Self injurious behaviour and suicidal thoughts often coexist, therefore all staff must receive training and suicide prevention techniques that will allow more prevention and earlier intervention, CPR and first aid. Similar training should be provided to the federally sentenced Aboriginal women.

In the area specific to mental health, aside from delivering a continuum of assessment, treatment and relapse prevention services targeted at mental disorder, the mental health plan must also focus on health promotion and prevention. Ideally, the woman will have a choice of male or female counsellors/therapists. The aim, as with physical health, is to create an environment that empowers women to make meaningful and responsible choices. The service delivery approach must, therefore, aim to reduce the dependence on the health care system and foster self-reliance. As with physical care, services will be provided on an ambulatory basis, using community resources wherever possible. When acute treatment is required and cannot be provided in the community, this will be provided in the community. In the best interest of the women, all services should be culturally sensitive.

Due to the diverse nature of the mental health needs and small numbers of patients, the mental health plan must be flexible, depending on the aggregate need of the population. A full range of services must be provided, be it in-house or off-site, to included the following:

- . psychiatric assessment and treatment,*
- . psychological assessment, services and programs,*
- . substance abuse programs,*
- . suicide prevention and reduction in self-injurious behaviour*
- . anger control, and*
- . crisis intervention.*

Psychiatric and psychological services would ideally be obtained through a local teaching hospital. Most likely, the CSC would have to obtain the services under contract. Links would be fostered with local specialized resources such as women's support groups, sexual assault counsellors, Alcoholics Anonymous, Aboriginal counsellors, etc.

A woman who does not feel well will have the option, without any medical consultation/authorization, to stay in her room without penalty. If she still does not want to go back to her normal activities because she does not feel well, she will be invited to visit health care. This provision would be monitored to prevent abuse.

To fulfil medication requirements, there are two options. The Healing Lodge can purchase the services of an outside pharmacy; the service and cost would be identical to that experienced by the public at large. The other option is to hire a pharmacist for a given number of hours per week; the pharmacist would provide unit dose (blister packs) dispensing of medication. Women would be encouraged to assume responsibility for their own medications, and health care staff would use every opportunity to ensure that women understand the nature of the medication, the reason for the prescription, and its side effects. Defined amounts of low abuse drugs could be kept by the woman for self administration. High abuse drugs will be administered on a dose by dose basis by a nurse.

The design of the Health Care area should support the quality of life through such features as plenty of natural light and indoor and outdoor areas conducive to relaxation. The health care area should be located in an area that allows easy access to ambulances and health care providers. The concept of a health care area would be to encourage wellness by promoting activities, counselling, education etc. rather than emphasizing illness.

Services would be provided in the local community in accordance with the recommendations of Creating Choices. However, some capacity must be ensured to allow on-site delivery.

Space and equipment would be required for the full range of services guaranteed as being accessible off-site on an ongoing basis. The minimum would include:

- *an examination room for physician*
- *shared office space for:*
 - an office for the health care supervisor*
 - an office for a psychologist(s)*
 - a mental health counsellor's office(s)*
 - an office for health care/psychology clerk*
- *a room for proper storage of medication (sink, refrigerator, etc)*
- *a storage room for medical supplies, equipment, etc.*
- *a room for short term observation*
- *one large group meeting room with moveable privacy dividers*
 - appropriate storage facility for medical/psychological files*
- *patient waiting room*
- *bathroom facilities*

It is important to keep in mind that space may be required for a dentist's office and an optometrist's office and non-traditional medicine. These features will depend on the ability to obtain services with these professionals.

SERVICES AND PROGRAMS

The need to have Healing Lodge staff members with a background in a professional health care discipline is crucial to the viability of the community based approach to delivering Health care. That person must possess knowledge of trends in health care delivery systems, legal and ethical issues in health care, as well as administrative skills. The individual would ensure the coordination of services and the appropriate sharing of information among those with the need to know. The individual would liaise with the community to ensure effective and efficient service delivery. Health professionals within the Healing Lodge must have knowledge of what an outside provider has prescribed. There is need to maintain clinical records and to foster the team approach by ensuring that the contract with the community provider/Healing Lodge provides for the nurse, doctor, counsellor, Traditional Healers and Elders, to attend case conferences at the Healing Lodge regularly.

To ensure availability of appropriate, expert, high quality treatment and services, the health professional who requests outside referrals must be linked to various specialists such as gynaecology, Traditional Healers and Elders, psychology, endocrinology, family practice, nursing, counselling and physiotherapy.

Education should be a vital component of the health care unit. Through health promotion and disease prevention strategies, the federally sentenced aboriginal women would be encouraged to further understand women's health issues, and their own health issues in particular.

The following list, while not intended to be exhaustive, provides a sense of the types of services seen to be of particular importance for women to be able to access.

- . **Healing Circles and Talking Circles**
- . **Group Therapist (Clinical Psychologist) for individual and group counselling.**
- . **Psychiatric services specializing in longer-term therapy, e.g., sexual and physical abuse survivors; depression; anxiety; eating disorders; phobias; domestic violence; and relationship problems.**

Counselling

Counselling is different from mental health treatment—it is usually not as formalized, it does not involve physicians, and it can take a variety of forms. Three particular types of counselling—Elder, situational, and support groups — include:

Elder Counselling. Elder counselling will be available to accommodate women in all areas of physical, mental, emotional and spiritual well-being. The Healing Lodge will have a dedicated area for spiritual services/ceremonies and dedicated offices.

Situational Counselling. Women need help dealing with day-to-day concerns, and issues involving their families, legal status, etc. Situational counselling will be provided either through regularly scheduled sessions and as needed. Newcomers to the Healing Lodge, for example, may require more frequent counsellor contacts, as will women with special needs.

Support Groups. One of the most effective ways in which people can receive counselling is through support groups. These groups allow people to discuss topics of mutual concern in a non-threatening, open atmosphere.

Support group programming should include groups dedicated to specific women's issues, particularly the issue of abuse. The majority of women have experienced some level of physical, sexual, or psychological abuse. The support group format has been proven very effective in addressing these issues.

Cognitive Behaviour Therapy which has been especially designed for women and which is culturally appropriate and specializing in areas of:

- *Sexual abuse (adult survivors)*
- *Anger control*
- *Stress management*
- *Parenting and child development*
- *Marital and family therapy*
- *Communication and intimacy*
- *Separation and divorce*
- *Substance Abuse*
- *Premenstrual syndrome*
- *Aging*
- *Sex Education*
- *Pre-Natal Care.*
- *menopause*
- *communicable disease control*

Treatment

- . *Psychotherapy (particular reference to depression, anxiety disorder, developmental issues and sexual abuse)*
- . *Counselling (stress management, life-style issues, nutrition)*
- . *Marital/Relationship therapy*
- . *Family Therapy*
- . *Grief counselling*
- . *Alcohol and substance abuse*
- . *Individual and group therapy*

All tools for testing must be validated to ensure they are gender and culturally appropriate.

Dental Health

Oral hygiene and promotion of dental health are areas that federally sentenced women have often neglected. Special emphasis should be placed on appropriate education, together with dental assessment, prophylaxis and treatment, including restoration. Functioning dentition is a basic necessity which should be enhanced to a degree that ensures an aesthetic appearance.

Staff coverage: Annex C

REQUIRED AMENDMENTS TO CURRENT GOVERNING PRINCIPLES.

Federally sentenced women will be permitted to choose a service provider within a range of reasonable options.

Aboriginal Healers will be recognized as important service providers in Health Care. This is not consistent with CSC principle 10. (See Annex A) which stipulates that health services are to be provided by registered/licensed professionals and practitioners. Another departure from this principle would be the cases where social workers are used in the capacity of trained therapists.

An on-site clinical psychologist will be present, to coordinate ambulatory mental health services, provide in-house services, facilitate self-help initiatives, and provide crisis intervention services. This individual will work as part of an integrated mental health team with other health care staff, Aboriginal Healers, the patient, Kimisinaw and community based providers.

There will need to be appropriate obstetrical experience among the nursing staff. Psychologists, psychiatrists and counsellors must have experience and/or knowledge specific to women's mental health.

MENTAL HEALTH

The findings of the Mental Health Survey commissioned by the Correctional Service of Canada indicated that the types and incidence of mental health disorders are different for men and women and that a number of mental health problems experienced by federally sentenced women can be linked directly to past experiences of early and/or continued sexual abuse, physical abuse and sexual assault. The research underscores that there is an urgent need to provide appropriate mental health services oriented to the specific needs of federally sentenced Aboriginal women.

Aside from delivering a continuum of assessment, treatment and relapse prevention services targeted at mental disorder, the mental health plan must also focus on health promotion and prevention. The woman will have a choice of male or female healers/counsellors/therapists. The aim is to create an environment that empowers women to make meaningful and responsible choices. The service delivery approach must, therefore, aim to reduce the dependence on the health care system and foster self-reliance. As with physical care, mental health services will be provided on an ambulatory basis, using community resources wherever possible. When a woman requires treatment at an acute level, this will be provided in the community in a culturally sensitive and appropriate manner in consultation with the team, Council of Elders and other FSW prior to treatment.

A 1990 CSC Task Force on Mental Health Care examined the prevalence, recency and severity of mental disorder among federally sentenced women. Results indicated that female offenders present a unique set of mental health needs. For virtually every major disorder, women showed a substantially greater level of disturbance than male offenders. In the case of schizophrenia, the rate was nearly three times as great, while for depression it was twice that for men. Higher incidence rates were found of psycho-sexual dysfunction. Post traumatic stress was also very high, due in most cases to early childhood sexual and physical abuse. This data, coupled with the current and alarming incidence of self-injurious and suicidal

behaviour, indicate the need for a comprehensive mental health strategy, one which is women-centred, community based culturally appropriate and which emphasizes contacts with families.

Due to the diverse nature of the mental health needs and small numbers of patients, the mental health plan must be flexible and readily accessible. A full range of services must be provided, be it in-house or off-site, including the following:

- *Medicine Men and Women*
- *Aboriginal Elder counselling*
- *Family counselling*
- *Suicide prevention and reduction in self-injurious behaviour*
- *Spiritual teachings on the Sacredness of life*
- *Anger control*
- *Crisis Intervention*

Links will be fostered with local specialized resources such as Aboriginal women's support groups, sexual assault counsellors, groups such as Alcoholics Anonymous, Aboriginal teachers/counsellors, etc.

Mental Health Care. A continuum of Mental Health service delivery should be developed to identify and support women according to her level of need. This includes the provision of transition and linkage services to prepare her for return to the community upon release.

A diagnostic process will be established to insure that women in need of Health/Mental Health Care services are identified. The assessment process will include a mental health screening and, even though she may not be in need of services at that time, a system for periodic checking and referral for evaluation will be in place throughout her sentence.

SUBSTANCE/ALCOHOL ABUSE

As with mental health care, the type of substance/alcohol abuse treatment programming that will be provided must be planned so that space in which to provide it can be included in the design. The range of services for substance abuse treatment will include a continuum of services ranging from education programs to support groups such as Alcohol and Narcotics Anonymous, Adult Children of Dysfunction, to counselling programs to inpatient treatment programs in the community that are Aboriginal specific.

A comprehensive substance abuse program should include an addiction severity assessment at intake, substance abuse education, substance abuse counselling, treatment and linkage services for follow-up in the community to which the women will return.

There are spatial implications to providing Aboriginal teachings and substance abuse programming regardless of the degree of intensity. AA and NA meetings require an appropriately sized room; education and counselling services require space; a dedicated area for group therapy and one-to-one counselling.

RECREATION

The Healing Lodge will emphasize the importance of exercise and will provide programs operated by trained and well-motivated people who will actively encourage, facilitate and participate in recreational activities with both the women and the community.

Recreational activities form an important part of the environment; they provide needed release of tension and allow opportunities for physical exercise. Women often have different preferences and needs in recreation programming and team sports are not as high of a priority. These preferences will impact on the overall design.

A centralized gymnasium is required for an effective recreation program. Since the Healing Lodge will most likely house a wide range of ages and lengths of sentence, recreation programming needs to be sensitive to these requirements.

The gymnasium might also be used for drumming and singing, therefore, it must either be sound-proof or in a place that will not affect the activities or private auditory space of others.

Type of Program and Facilities. The types of programs that will be offered are: Physical exercise alternatives which include aerobics classes, exercise rooms with stationary bicycles, treadmills, and weight equipment.

Recreational facilities will include both open air and indoor exercise areas where team, group and individual activities can take place.

Recreational activities should serve to promote health, be an extension or part of learning, facilitate skill development, creative use of leisure time, and stress management. Whenever possible, FSW should be encouraged to have their families and other visitors take part in these recreational activities.

Organized activities will be arranged to suit the women's schedule.

Easy access to recreational areas by the community should be available.

Basic T.V. via satellite reception will be available in each FSAW room, as well as the common areas in each lodge. As well, each lodge should have a home-entertainment centre including TV, VCR and radio.

Some activities that involve major facilities, (e.g. swimming pool) could make use of community facilities. However, it will be possible for the residents to embark on fund-raising programs to develop such facilities inside the Healing Lodge.

SPIRITUALITY

Spiritual programs and ceremonies need to accommodate the federally sentenced Aboriginal women plus volunteers and/or family and friends, as well as being able to accommodate small groups comfortably. There may be occasion that staff will attend a function. It may be assumed that each woman would invite 2 or 3 guests to each function. It is planned that community people be invited to attend many of the functions, such as celebrations, ceremonies etc.

Healing, in a traditional Aboriginal sense, occurs in a circular setting, as do women's functions/celebrations/rituals. Therefore, there is a need for a circular space that would accommodate these types of gatherings. There should be plenty of natural lighting in this area.

The Cedar Tipi Room should be built in the shape of a Tipi and be large enough to accommodate approx. 30 people. It would have a fire pit in the center, a storage space for wood, piped in spring water to a fountain, cedar walls, benches around the fire pit, patio doors and windows that open, storage space for items not in use, and a ventilated pantry and a herb drying room. Buffalo and Bear hides will be available for use during ceremonies.

There should also be a quiet, symbolically safe room next to the Cedar Tipi Room accessible to the women 24 hours a day, where they can go to meditate or simply to be alone. This room will ensure privacy for the woman who is using.

There will have to be dedicated outdoor space for the Sweat Lodges and accommodation moving it from time to time. There will also have to be a space to store and protect wood from the elements. A portable change room at this site is necessary. The Sweat Lodges needs to be located in an area that ensures privacy, and is located away from other buildings. The land base has to be large enough to accommodate fasting in a private area away from the Sweat Lodges and other buildings.

VISITING

Visiting plays an important role in helping maintain contact with family and friends, and will be considered an important program. Dedicated visiting space is considered a priority and must be adequate to accommodate the family and extended family as in "all my relations".

Recognizing that maintaining ties with significant people in the community is crucial. Visiting and correspondence programs will be flexible in order to meet the needs of the women.

The Visiting area should be located near the Day Care Center and both the Day Care and the visiting area should be located near the front entrance of the Healing Lodge to provide easy access by visitors.

The Healing Lodge will provide an intimate and home-like visiting area large enough to accommodate 40 - 50 percent of the population with 3 - 4 visitors each.

The Healing Lodge will provide an indoor children's activity centre with books, tables, toys, games, etc., suitable for children of different age groups, plus an outdoor play/visiting area for use by visitors of all ages. These areas, in addition to bathroom facilities should be visible and easily accessible by parents.

Private Visiting Cottage

The Healing Lodge will provide a Private Visiting side by side Duplex comprised of self-contained apartments that accommodate various numbers of visitors, in a private location of the grounds.

The duplex will have an outdoor activity area for children, a picnic area and barbecue area.

Correspondence

The Healing Lodge will have a central post office with locked "Mail slots" for mail with each woman having her own key. The post office will have two larger locked boxes for parcels. The key to open the parcel boxes will be placed in the recipient's "mail slot" and the woman is then responsible for returning the key through a mail slot provided for that purpose.

Telephone

One telephone line for every five residents will be located in each cottage in a location affording the women privacy. Each woman will be entitled to a minimum of two phone calls per month. A pay phone for outgoing calls will be installed and will accept monetary coins.

FOOD/NUTRITIONAL/DIETARY SERVICES

Vegetables and herb gardens will provide fresh vegetables and herbs in addition to the conventional methods of food purchasing. Wild meats, berries and other uncultivated foods will be available for feasts and other occasions. These traditional foods may form a regular diet.

A Cold Room will be available to provide storage space for vegetables.

There will be a coordinator responsible for all the components of the food program. In particular, that person will be responsible for the food supply of the Healing Lodge, for the menu, for the central food storage and for ensuring that all kitchens meet sanitation and safety standards. Ordering of food and menu planning should be done in cooperation with the women living in each lodge.

Each lodge will receive food supply for a period of a week, or they can purchase this. The weekly food supply will be based on the suggested menu established by the FSAW.

There will be a central food storage space with the capacity to hold a two week supply of food. This central storage space must be located near the large kitchen.

Nutrition and food courses/information will be available in the Healing Lodge.

COMMUNAL KITCHEN

In all Aboriginal social gatherings, the sharing of food is symbolic for expression of respect, gratitude and socialization. In order to maintain this tradition the Healing Lodge will have a communal kitchen and dining area.

The communal kitchen will include a wood burning stove to be used to provide meals for feasts and ceremonies. In addition, a conventional stove will be used for the women who are not able to do their own preparation or who may want cooking lessons. Next to this kitchen will be a large dining room which will be in constant use for traditional feasts and gatherings that will require feeding large numbers of people.

VOLUNTEERS

The Healing Lodge will encourage the involvement of community members as volunteers. The volunteer program will be managed by the Healing Lodge:

- *assess its specific volunteer needs;*
- *seek qualified and caring individuals from the surrounding communities;*
- *provide information and/or training to volunteers about the general and specific needs of the women they will work with;*
- *monitor and review the program;*
- *recognize the contributions of individual volunteers and of the group.*

The Healing Lodge will provide, as much as possible, a contribution to volunteer needs in the community through potential volunteer contributions by the women, or by sharing its space with the community when it is not required for activities or programs. This approach allows the women to use the volunteer support of the community and to return similar support to the community. Volunteer activities by the women will assist in community reintegration, and will help women serving longer sentence find variety and meaning in their lives.

SAFETY MODEL

The safety model represents what is commonly known as the security model. The goal for the safety model is based on ensuring the safety of the public, the women and the staff by promoting an environment design to promote healing, wellness, and a successful return to the community at the earliest opportunity.

The safety requirements for the management of women are not the same as those for the management of men. In general, women should be regarded as high need rather than high risk. Approximately 3 - 5% of the women present risks to themselves through self-injurious behaviour.

The creation of an environment which will afford the women and the staff a high level of safety and comfort is imperative and will be accomplished through intensive human interaction. Intensive human intervention and interaction, not isolation, will be the preferred measure to deal with an inappropriate behaviour.

OPERATING PRINCIPLES

The Healing Lodge will create a peaceful, trusting atmosphere where stress is reduced, where the women are assisted with their needs, are given choices in managing their daily living and future planning, and are encouraged to accept responsibility and accountability for themselves. All of these activities will take place in physical surroundings of adequate space and privacy, and one that promotes healing and wellness.

The Healing Lodge principles will promote:

- *a safe place for Aboriginal women,*
- *a caring attitude towards self, family and community,*
- *a belief in individual plans for women that they themselves help develop,*
- *an understanding of the healing role of children who are closer to the spirit world,*
- *pride in surviving difficult backgrounds and personal experiences.*

The operating principles of the Healing Lodge will not:

- *involve security measures presently used by CSC such as; walls, barbed wire fencing, guard towers, guard dogs, weapons,*
- *have bars or barriers,*
- *have a segregation unit.*

Some electronic device would be required along the road leading onto the property to detect approaching vehicles on off hours. Detection capabilities must not be seen as containment, but as a detection of movement on and off the property.

The entrance of the Healing Lodge will be friendly and inviting and complement its natural surroundings through the use of shrubs and trees. Detection devices will be required to monitor movement in this area as well.

The exterior of all buildings will be equipped with electronic detectors which can be controlled manually. The control room will be located near the entrance of the administration building. The electronic detectors will be on the exterior doors and windows of all lodges and buildings.

DYNAMIC SAFETY & SUPPORTIVE INTERVENTION

Safety is based upon active and meaningful staff/women interaction. By maintaining intensive human interaction with the women, staff are better able to understand and respond to any potential problems before these develop into crises. The responsibility of each staff member is to take any steps they can to diffuse a problem through supportive intervention and counselling and also to share information with others.

A human interaction environment allows supportive intervention to occur. An atmosphere conducive to helping the woman understand her behaviour, promote healing, encourage responsibility, provide opportunities for growth, and planning for the future.

Human interaction must involve all those who deal with the women. The approach must be holistic, with universal responsibility for behaviour and needs in addition to any other specific individual help that the woman may need. There will be a strong emphasis on personal accountability for behaviour, taking into account each woman's individual circumstances.

SAFETY CAPABILITIES OF THE HEALING LODGE

The Healing Lodge will be built in a circular manner and in harmony with the land, utilizing all environmental factors known to promote wellness, such as light, fresh air, colour, water, space, and privacy. The safety capabilities of the Healing Lodge will reflect an open and healing environment as proposed in the Task Force report. Movement throughout the Healing Lodge will be as open and fluid. Movement to and from, as well as within, will encourage interaction not only amongst those individuals working and residing in the Healing Lodge but also with a variety of external participants. Safety operations will support such movement and would not detract or hinder it.

SPECIAL SAFETY INTERVENTIONS/CAPABILITIES

There will be a need for a safe lodge to accommodate a small percentage of women who require some controlled access for a period of time within the Healing Lodge. The safe lodge should be situated to enable expedient access and increased monitoring by staff but should not be located in a manner that disadvantages the women with respect to their participation in programming. The safe lodge will provide access to outside grounds.

The safe lodge will be the same as the other lodges in appearance to accommodate the bedrooms that are lockable. The windows will be made of shatterproof glass with electronic detectors.

T.V. monitoring devices will be required throughout the different rooms of the safe lodge. The entire safe house will be lockable with a non-obtrusive system. The Healing Lodge will require an area for alarm monitoring panels, first aid equipment, operational procedures manual and contingency plans.

The woman living in the safe lodge will continue her program under some restricted conditions. Her program should not automatically be interrupted because her safety requirements have increased. These restricted conditions could include the woman being accompanied by:

- *an Elder,*
- *a staff member,*
- *or another woman,*
- *use of electronic bracelets.*

These conditions also apply to the women being able to participate in her traditional cultural way e.g. fasting in the wood, sweatlodges, and meditation with nature.

The preferred response to a woman in crisis will be to have the woman remain in her own lodge with access to the support and surroundings she is most comfortable, along with providing the necessary resources. The prime intervention techniques shall be through counselling, ceremonies and other assistance.

ANNEX A

Principles Governing the Delivery of Health Services by the Correctional Service of Canada

In order to ensure an integrated, comprehensive service from the admission of an offender until his or her release, the following principles are essential to the organization and delivery of health services:

1. *A multi-disciplinary approach to the provision of care to the offender throughout his sentence shall be implemented;*
2. *The offenders retains the primary responsibility for maintaining and improving his/her health status, notwithstanding the constraints inherent to the correctional environment;*
3. *The offender is entitled to reasonable access to the full range of health services, including prevention, treatment and rehabilitation, in accordance with generally accepted community standards;*
4. *Health service delivery shall be appropriate to the offender's age, sex and condition and shall respect the individual's religious or cultural values;*
5. *The offender, who is of sound mind, has the right to refuse health treatment or advice except where otherwise provided by law. The health professional is obligated to provide the necessary information to enable the offender to make an informed decision;*
6. *The offender has the right to have medical information dealt with in a confidential manner. Standards of confidentiality shall be consistent with professional standards, Commissioner's Directives, the Privacy Act and other federal legislation;*
7. *Current professional standards promote the obtaining of a second opinion where there is a margin of doubt. CSC shall provide this service upon the request of the physician. However, second opinions initiated by the offender may be permitted at the offender's own expense;*
8. *The health delivery system within CSC must meet the requirements of existing federal laws and applicable provincial legislation;*
9. *The health delivery system shall be based on the community health model, with a focus on the health of the prison community as a whole, by intervention at the individual and group level. The curative and preventive services offered shall be coordinated to encourage continuity of care for the duration of the sentence;*
10. *The health services shall be provided by health professionals/practitioners currently registered/licensed (or eligible for registration/licensing) in Canada and preferably in the province of practice;*

ANNEX A
(continued...)

11. *The range and level of health services available to offenders shall be established in policy and audited on a regular basis; and*
12. *All research undertaken shall be approved by a research review committee charged with the responsibility to ensure that ethical standards, proper design and supervision are met, and that the full voluntary and informed written consent of the participant is obtained.*

ANNEX B

Health related data collected at the Prison for Women for the month of March, 1991 provides a sense of the high frequency with which contact with health care occurs. For 111 federally sentenced women at the institution there were over 100 physician consultations done on-site. There were close to 1,000 counselling contacts by nursing staff, which means an average of nine contacts per woman per month. Medication administration occurred over 3,000 times, an average of 30 times monthly per woman. Six women underwent outside hospitalization. There were two off-site visits and 129 on-site contacts for specialty area services, the most frequent of which were psychiatric (47), physiotherapy (48), and dental (20); the remaining on-site visits included optometric (16), minor surgery (6) orthopaedic (3) and dermatology (3).

Health and Welfare Canada statistics on women and health care services during child-bearing years suggest that the above data for the Prison for Women are not unrealistic. As well, physicians working in outpost settings indicate that the isolation factor results in more frequent contacts by individuals than would otherwise be the case. It may be that the fact of incarceration (isolation) now affects the frequency with which offenders at the institution approach health services, and that because of this environmental factor (imprisonment) a significant decrease in level of need/demand is unlikely to occur at the planned Healing Lodge. This view underlines the importance of creating as supportive an environment as possible through careful selection of all staff, and this may be an area where research could be conducted to shed light on the various effects of a carceral setting which is physically designed and staff to provide a supportive environment.

ANNEX C

Estimated Resource Requirements

Health/Mental Health Care Administrator:

The administrator is required to oversee and coordinate all Health and Mental Health Services, and have sensitivity to the cultural needs of aboriginal women.

- * maintains open and effective communication between all members of the multi-disciplinary team and outside agencies*
- * is responsible for the uninterrupted efficient day-to-day delivery of physical/mental health care services with the Healing Lodge*
- * assists the other physical/mental health care professionals in their assessment and therapeutic treatment of federally sentenced aboriginal women.*
- * establishes an environment to encourage health promotion for federally sentenced women and staff alike*
- * ensures the provision of adequate nursing staff coverage (regular staffing and relief) for the Health Care Centre on a 12-hour basis, 7 days a week*
- * ensures that professional health practices conform to both CSC and Provincial Standards.*
- * negotiates, organizes and co-ordinates the service delivery of the physical/mental health care contracted services both with the Healing Lodge and in the community*
- * recruitment of volunteers for health care purposes.*

Status: employee

Capacity (80 residents): 1

Capacity (15-30 residents): 1

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