Building Bridges to Successful Reintegration

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Summary: This paper draws on qualitative research carried out by a staff member based in 'Care After Prison' (CAP), a national, peer-led criminal justice charity supporting people affected by imprisonment, current and former offenders and their families. The research, conducted in 2020, during the COVID-19 pandemic, explores the experiences of a group of people who have a history of imprisonment and of accessing community organisations and health services on release. This transition was mapped against their level of interagency engagement, the continuity of care received, and related policies and frameworks for release planning. One of the key aims of the research was to identify, through the voices of participants, any gaps in the provision of care in the journey through prison and back to the community, and to explore how these gaps could be addressed. In delineating the narratives of the research participants, the focus was on the structural and individual barriers they encountered in accessing services in prison, and their experiences of pre-release care, as they were released back into the community. The article sets out the domestic and international literature, within the context outlined above, to examine the process of reintegration experienced by prisoners' pre-release and following their release into the community. It subsequently details the research methodology and method of data analysis, before outlining the research findings. The paper concludes by making a number of recommendations for improving the experiences and outcomes for people pre and post release from custody.
Keywords: Interagency healthcare provision, prison, sentence management, access to services, pre-release planning, reintegration, health outcomes.

Introduction

Upon leaving prison, those trying to resettle and reintegrate into society may face considerable challenges, including addiction, physical and/or mental health issues, unemployment, and housing issues. National and international literature consistently highlights the prevalence of addiction — approximately 80 per cent; mental health issues — typically 50 per cent; and dual diagnoses, which affect roughly 50 per cent of the prison population (Dillon *et al.*, 2020). Health disparities within this cohort are compounded by family breakdown,

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low levels of education and employment attainment, social stigma and isolation, poverty, and housing shortages (Binswanger *et al.*, 2011). When present prior to committal, these multifaceted issues can be exacerbated by imprisonment and often continue upon release. In 2019, there were 8,939 committals across Ireland's twelve prisons (IPS, 2019). While there is no absolute data on year-to-year releases, the majority of those committed to prison will eventually be released. The need for greater and more integrated support for those being released has been consistently called for in literature, policy, and strategy documents (IOG, 2019; IPRT, 2019).

Individual and structural barriers to service access and pre-release planning exist in a complex, interlinked relationship. Individual barriers include the capacity to address substance misuse, mental wellbeing, and distrust of services. Structural barriers include failure to implement policy pertaining to healthcare access in prisons and reintegration practices, prison overcrowding, resource issues, and inconsistency in service provision across the prison estate.

In Ireland, some progress has been made by government and voluntary agencies to assist the transition from prison into the community. One example of this progress includes the multi-departmental commitment to implement a 'Housing First' justice model in Irish prisons. 'Housing First' is a model which aims to accommodate those with a history of rough sleeping, coming into contact with the criminal justice system, and co-morbid issues such as mental health and addiction needs (Department of Health, 2018). Nevertheless, gaps and inconsistencies in resettlement policy persist. Given the complexity of the transition from custody to the community, it is vital that such strategies and policies are shaped by the lived experience of those they seek to assist. There is a national dearth of research on how the bridge from prison to the community is experienced by those who have been directly impacted by imprisonment and subsequent release. Furthermore, the Interagency Group for a Fairer and Safer Ireland[1] 'believes there is a need to increase the amount of information and research about the experiences of offenders following release from custody so that policies can be evaluated and adjusted accordingly' (Department of Justice, 2018, p. 3). Additionally, prison data are not compiled centrally and there has been little by way of empirical data published in Ireland, thus creating challenges for academics and programme developers to design, implement, and evaluate comprehensive interventions tailored for a heterogeneous prison population (Scott-Hayward and Williamson, 2016).

[1] A group formed to implement key recommendations of the 2014 report, *Strategic Review of Penal Policy*.

Structural barriers to post-release care plans

Nicholson and Mann (2020) posit that the prisoner's individual rehabilitation journey begins within the prison walls and ends with resettlement and reintegration post-release. In Ireland, the Integrated Sentence Management (ISM) prison service staff are tasked with creating goal-oriented plans for sentenced prisoners at the start of their sentence, and these plans should continue post-release (Fennessy *et al.*, 2020). In 2018, the *Mountjoy Visiting Committee Annual Report* raised concerns regarding the inadequate resourcing of the ISM, with each staff member having a caseload of 200 prisoners, who in turn complained to the visiting committee that they had no involvement with ISM at all (Fennessy *et al.*, 2020). The ISM post was introduced by the Irish Prison Service (IPS) over a decade ago, and various supported, structured Temporary Release (TR) schemes were implemented shortly after (IPS and PS, 2020). Previous research indicates that these initiatives are not being consistently utilised across the Irish prison estate (Clarke and Eustace, 2016), which is corroborated by the findings of the current study.

Several studies in the field have highlighted the positive impact of pre-release planning, which incorporates community referral pathways and positive staff/client relationships into a prisoner's engagement with health treatments in the community (O'Neill, 2011; Marlow *et al,* 2010). However, in 2016, the healthcare staff to prisoner ratio was 42 per 1,000. This ratio is low in comparison to Ireland's European prison counterparts: 46.3 per 1,000 in Belgium; 49.9 per 1,000 in France; 61 per 1,000 in Finland; and 89.1 per 1,000 in Switzerland (Department of Justice, 2018). Psychologist to prisoner ratio across Ireland's twelve prisons is 1: 251. There were 614 prisoners on the waiting list to see a psychologist in 2019 (IPRT, 2019). Furthermore, while 70–80 per cent of prisoners have addiction issues (Dillon *et al.*, 2020), there was an average three-month waiting list to access an addiction counsellor (Clarke and Eustace, 2016). This raises a question regarding whether adequate referral pathways into the community could ever be made for those experiencing mental distress when healthcare provision in prison is so insufficient.

Similarly, overcrowding has been a consistent problem in Irish prisons for over a quarter of a century (IPRT, 2019; NESF, 2002). National and international research emphasises the damaging impact of prison overcrowding on the capacity of staff in prison, probation and community-based organisations to formulate, resource and deliver effective reintegration care plans. This is particularly problematic when there is little information-sharing across agencies

working within prisons (Eshareturi and Serrant, 2018). In its 2015 report, the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) highlighted concerns relating to the chronic overcrowding issue in certain Irish prisons. The CPT was informed by prison authorities that many prisoners could not participate in structured TR schemes because they did not fulfil the criterion of having a stable address to return to upon temporary release (Council of Europe, 2015). This impasse not only exacerbates overcrowding in Irish prisons, but also accentuates the impact of Ireland's current housing and homelessness crisis on prison overcrowding and opportunities to access structured early-release programmes for those prisoners affected by the crisis (Department of Justice, 2018).

Overcrowding is often cited as a justification for inadequate healthcare access in prison, given the lack of capacity of healthcare staff to deliver interventions (Hummert, 2011). To alleviate overcrowding, prisoners are moved to different locations within the prison estate or released in an unstructured way, in an attempt to reduce quickly the numbers of those in custody (Martynowicz and Quigley, 2010). Staff in the CAP project have experience of working with people who were released not only in an unplanned way, but also without any referral for social welfare benefits. Contrary to guidelines, unstructured and late releases on Fridays can occur, without access to any emergency welfare payment. Consequently, the risk of offending is increased, with implications for the individual, their family, and their local community.

Individual barriers to post-release care plans

While structural barriers have a far-reaching impact and often require a multi-agency response to ensure that practices such as effective pre-release planning are fulfilled, individual barriers affecting help-seeking behaviour can compound the structural barriers to pre-release care planning. Howerton *et al*. (2007) identify a chaotic upbringing and distrust of authority and service-providers as factors that negatively impact the capacity of prisoners with mental health issues to seek help. Feeling respected by a healthcare professional and having positive peer and family support increases the likelihood of individuals within the criminal justice system (CJS) seeking help (Howerton *et al.*, 2007).

In New Zealand, a model of assertive engagement has been applied with prisoners experiencing severe mental illness, a significant proportion also

having substance misuse issues. This method has been evaluated as effective in engaging a traditionally hard-to-reach prison population (McKenna *et al*., 2015), and was developed with the understanding that vulnerable populations such as those in the homeless and/or criminal justice sector experience high levels of distrust which affects their motivation to access services (Parsell *et al*., 2019). Assertive engagement is an intentional and proactive form of contact that aims to connect individuals with agencies through persistence and encouragement even when an individual initially appears reluctant.

Methodology

This research study was carried out as a central component of a Master's dissertation. Ethical approval was granted by the School of Social Work and Social Policy, Trinity College Dublin. In this study, desktop research, semi-structured interviews, and consultations with experts in the fields of criminal justice, homelessness, and addiction were employed. Qualitative semi-structured interviews allow enough flexibility for rapport to develop between the interviewer and respondent, thus enabling the interviewer to ask probing questions if necessary (Turner, 2010). This framework facilitated the elicitation of previous complex and multidimensional experiences of respondents — a crucial addition to the breadth of policy documents and recommendations regarding prison-to-community transition.

As a result of the societal stigma to which ex-prisoners are often subjected, they may be unwilling to identify themselves as such and/or to disclose socially and criminally deviant behaviour (Ellard-Gray *et al*, 2015). It was therefore decided to utilise a range of services and agencies within the community to recruit research participants. Information sheets detailing the steps of the research and consent forms written in accessible language were sent to 22 service-providers, consisting of addiction, homeless, Traveller specific, health-based, and criminal justice sector services carefully selected with the aim of recruiting a diverse sample. Written informed consent was obtained for all the interviews.

The final recruitment sample consisted of two women and eight men; one person was a member of the Traveller community. Participants had the experience of release from prison over a nine-year period up to 2020. The sample served various lengths of prison sentences, ranging from five months to twelve years. Of the participants, 20 per cent (n=2) had served only one sentence of imprisonment, and the remaining eight had repeated experience

of imprisonment. Broad findings showed that 60 per cent (n=6) of participants in this study had no history of reintegration planning, while 50 per cent (n=5) did not engage with services in prison. Of the sample, 80 per cent (n=8) were affected by addiction, while 80 per cent (n=8) had experienced homelessness. Data analysis led to the identification of the following themes: demographic profile affecting access to services; the level of interagency and multidisciplinary continuums of care; motivation to access support; the impact of COVID-19 on service access and its disruption of care planning; reintegration from prison into the community; and perceived and experienced enablers to successful integration into the community and access of services.

My dual position as researcher and part of the management team in CAP was an ethical consideration in this study. To reduce both researcher bias and participant influence during the interview, it was ensured that participants were not also service-users within CAP. Furthermore, the limitations of the research — a small number of sample participants referred from a small number of services — indicate that the findings of this research are not generalisable.

Findings and discussion

Help-seeking behaviour and access to services

While individual experiences were diverse, it is noteworthy that participant situations, especially in relation to the extent of self-reported chaotic drug use and poor mental health, long-term homelessness, the length of prison time served, and challenges of reintegration, were notably bleak. Entitlement to reintegration planning and prison case management is viewed in the literature as diminished for those on remand and doing shorter sentences when compared to those on longer sentences (Crowley *et al.*, 2018). This study's findings confirm that access to services in a remand prison is limited. Sentence length appeared to have little bearing on this cohort's experience of pre-release preparation for the eight participants (sample n=8) who served multiple short sentences.

The high-support needs of the sample were perceived as exerting influence over their capacity to seek help and access services within the prison. Participants with extreme marginality were less likely to seek help for the issues they encountered. This diminished capacity to ask for support is reflected in the literature (Binswanger *et al.*, 2011). Moreover, several participants perceived the prison as being deficient in resources, or as

offering 'no help', and felt that the system 'doesn't care' about them or their peers. The perception of receiving 'no help' derives from a lack of trust, often resulting from prior poor experiences with agencies (Howerton *et al.*, 2007).

Conversely, those in the sample (n=2) who did experience a high level of multidisciplinary, pre-release planning, which followed them post-release, showed significant progress in terms of their reintegration at the time of interview. Both participants had positive histories of service provision prior to committal. Common among this sample was the expectation that the individual should, rather than waiting for the service, actively seek support. Louise, who appeared proactive in her pursuit of accessing services in prison, detailed an almost constant request to prison staff to see a psychologist, signalling that this requirement had been ordered by the court.

> Like, there is a lot of support in the prison, if you actually go and ask for it. Like, they won't come to you, you actually have to go and ask them for it. (Louise)

Those in the sample who were in recovery from substance use at the time of interview noted that their lack of capacity to seek help should have alerted the prison and agencies operating within it, and that the hard-to-reach prisoner should be approached with offers of support.

> Well, I know I was stoned all the time and I didn't [….], nothing really made sense to me but what I do know is no staff never pulled me [....] and asked me what do I want to do. (Philip)

While an assertive engagement model, like the aforementioned example in New Zealand, has not yet been applied in Irish prisons, experiences of ad-hoc assertive engagement from low-threshold drug and homeless services were found to have a positive effect on marginalised research participants' access to services. Participants signalled that drugs and mental health issues affect motivation to access services, but that agencies and programmes should be made accessible so that people leaving prison have the option to engage if and when they are ready. Robert, for example, who actively used drugs for two decades, had no experience of accessing services before, during or upon leaving prison:

> I never linked in with anyone. See, I never cared about anything like that. When I was getting out, I'd just say 'yeah yeah yeah' to whatever they were saying to me. Then I'd get out and wouldn't do anything, I'd be gone. (Robert)

Robert engaged with an addiction service for the first time a few months prior to the interview and described the realisation that he, rather than his family, is accountable for his actions and behaviour:

> I just want to talk nice to me ex-girlfriend cos I was giving her abuse over nothing. I was on drugs. I was on heroin, I was on tablets at the same time. I was blaming her, I was blaming me ma at the same time. I was blaming everyone but meself. Now I realise it's [….] me. (Robert)

A further complication in accessing services was posed by the impact of COVID-19, with some participants describing 'feeling stuck', particularly in relation to the stalling of their care plans with addiction services in the community. This frustration is also echoed by those accessing CAP for support during the pandemic. Nonetheless, opportunities have arisen as a direct result of the pandemic and the changes it has imposed on workplace practices. Although it is paramount to recognise the numerous ways in which the virus has increased health risks for prison populations, there are also opportunities due to the changes in how prison healthcare is delivered, such as telemedicine and video consultations (Crowley *et al.*, 2020). Further research is required to investigate the extent to which assertive engagement improves health outcomes for those within the CJS who may have a poor history of service engagement, or who encounter barriers to accessing therapeutic support in prison. This initiative could provide effective progression along a continuum of care for those hoping to access addiction services and residential treatment upon release, as supported by the National Drugs Strategy (Department of Health, 2017). The Housing First pilot initiative for those leaving prison, which aims to accommodate 25 'hard to house' prisoners per year, is a welcome step in engaging those due for release who have a housing need. One of the key principles of Housing First is assertive engagement, which simultaneously presents an opportunity for addiction services to collaborate on this initiative while assertively engaging a 'hard to reach' cohort of prisoners with addiction issues.

Preparation for release

Access to therapeutic addiction support in prison was inconsistent for participants. Prochaska *et al*. (1992) suggest that a setting such as prison, in which drug use and feelings of isolation are a common narrative, does not appear to be an environment conducive to behaviour change under the States of Change model; and the findings of the current study corroborate this. The States of Change model posits that the process of individual motivation to change signifies a temporal shift in behaviour, attitudes, and intentions of a person in relation to their problem, such as substance use (Prochaska *et al*., 1992). While methadone was easily accessed in prison, participants receiving this medication rarely accessed supplementary therapies, such as counselling. Peter described the difficulty of detoxing off methadone without therapeutic interventions. The prison he was in does offer these additional supports, but appeared to have been insufficiently resourced:

> I know the medical unit is there but sure that's always full and you have to wait to go onto that. Like, if you have it in your mind that you want to come off whatever you are addicted to, then you should get help straight away to do that [….] It's hard like, to be honest with you. (Peter)

Stages of change are underpinned by the following: pre-contemplation; contemplation; action; maintenance; and recovery. Effective progression through the stages of this model requires individual change, comprising self-awareness and self-regulatory processes, and situational change, which includes environmental development, building on positive peer groups and family support (Prochaska *et al*., 1992). Placing someone who is at the contemplation stage in a treatment programme designed for those in the action stage could lead to the participant dropping out and potentially relapsing. It is vital that the received treatment matches the stage the individual is at (Prochaska *et al*., 1992).

Another participant in the research sample, Terence, requested to go to residential treatment from prison. He received a pre-treatment assessment during a sentence but no addiction interventions while in custody. Terence entered the residential treatment but was soon discharged and subsequently relapsed. Further research is required to assess alternative approaches which could serve to prepare those being released into an addiction treatment centre, such as the provision of addiction therapeutic communities in Irish

prisons. The effectiveness of therapeutic communities in addressing both addiction issues and recidivism rates has been evidenced in the UK, where these communities exist in prison (Rawlings and Haige, 2017).

Homelessness and overcrowding

Homelessness and precarious living arrangements were an issue for 80 per cent (n=8) of the sample. Terence, who served numerous short sentences and was often released with nowhere to go and with no preparation prior to release, described how this created a sense of fatalism for him and his peers:

> Like you need all these little things sorted cos when I got out and I'd nearly freak out. The first thing I'd think was 'I'm getting stoned'. That was my attitude and I know that's the attitude of a lot of guys in jail. And like, I know you have to do a lot of this ourselves but a lot of us don't know how to do it. (Terence)

Those with such complex needs are often the most visible in prison and within services, as they require the highest level of crisis management. Nevertheless, this high level of visible marginality runs the risk of pathologising those accessing agencies, thus overlooking the structural gaps driving inequity (O'Sullivan, 2020). Housing shortages, however, are seen to affect those with and without complex needs. The findings of this study highlight how the extent of uncertainty in the private rented sector and the lack of social housing impact on a diverse range of the prison population.

During the interview, Louise, who has a history of employment and no disclosed addiction or mental health issues, recounted a short period of homelessness with her child in recent years. Without new social housing developments or measures to ensure an exit from homelessness, Louise and her young child were approved for a private rented tenancy supplemented by the Homeless Housing Assistance Payment. These tenancies are subject to private landlord ownership rules and impose on tenants the same precarities as the private rented sector (O'Sullivan, 2020). Louise and her daughter lost this property when Louise went to prison.

Another participant, Charlie, also commented on the impact overcrowding has on prisoners being inappropriately transferred to sections of the prison that are designed for reintegrating those who have engaged well with their care plans, in a bid to free up space in other parts of the prison:

> But because main Mountjoy is so full [....] they move them over to the Progression Unit — they're all over there and there are people there that genuinely — they could have 3 months left or 6 months left — they should be allowed to start getting out, but they're not allowed out anymore because there is a risk of them bringing drugs back. (Charlie)

In attempting to address the need for structured and supported pre-release and post-release plans, in 2018, the IPS, in partnership with the Probation Service, opened a 'step-down facility' from the Dóchas Centre, Women's Prison, which has a capacity of nine beds (Houses of the Oireachtas, 2020). Further research is required to evaluate the scope of expanding step-down facilities for those leaving prison who have housing needs. Delivered through a multi-agency approach, these facilities have the potential to alleviate overcrowding issues, while ensuring that the individual's care plan is protected under a continuum of care model (Clarke and Eustace, 2016).

Conclusion

This article provided an overview of the literature which situates the study in the context of evidence-based research on service provision access in prison and pre-release planning. The research conducted identified gaps in the provision of prison-to-community care and explored how these gaps could be filled, from the perspective of those with a history of imprisonment and those working within the field. It is widely acknowledged that vulnerable people are being released from prison without support, with those hardest to reach being the most marginalised. This practice not only puts the individual at risk, but has consequences for the prisoner's family, and their community. If prisoners are not supported in their journey towards release and through transition, the opportunity is lost to address effectively issues that contributed to their imprisonment, as well as the possibility of interrupting and breaking the cycle of the 'revolving door'.

Those serving under 12-month sentences make up the majority (76 per cent) of those in prison (IPS, 2019). This study's findings illustrated that for eight participants in this study, who had served multiple short sentences, sentence length appeared to have little bearing on their experience of pre-release preparation. Furthermore, the multiple short sentences these eight participants experienced, devoid of service engagement within the confines of the prison, appeared to compound their extreme marginality by disrupting

attempts at recovery and stability in the community. Given that the (ISM) initiative was implemented by the Irish Prison Service in 2008 and is intended for all sentenced prisoners, the expectation is that all of those in the sample would have had some experience of sentence and pre-release planning. While acknowledging that this research was conducted during the COVID-19 pandemic, thus limiting access to post-release services, the pandemic did not appear to have had an impact on access to, or availability of, pre-release services for participants.

This paper has suggested that structural barriers to the development and implementation of reintegration planning are multifaceted and require a cross-sectoral approach. Furthermore, this research acknowledged the individual barriers that negatively impacted on the capacity of those with high-support needs to seek help and access services within the prison and into the community. In recognition of these barriers, pilot initiatives have been designed and delivered by both state and voluntary bodies, utilising an assertive engagement approach, which aims to connect individuals with agencies through persistence, even when an individual initially appears reluctant. There are several low-threshold addiction and homeless services in Ireland currently providing assertive engagement initiatives in the community. Multi-agency initiatives — such as the Outlook Programme, which offers a step-down facility for women exiting the Dóchas Centre, or the recently launched 'Housing First' pilot project for 25 'harder to reach' prisoners — are models that employ a cross-departmental, cross-sectoral approach to address the high-support and often complex needs of those leaving prison. These programmes have the potential to increase service access to a cohort typically resistant to service involvement, and support a continuum-of-care model between the prison and community-based services, thus improving health and recidivism outcomes for this population. Moreover, to improve outcomes for cohorts similar to those in the study, prison staff, service-providers and, above all, policymakers should assess the learning from adaptations to primary healthcare practice during COVID-19, such as telemedicine and video conferencing, and consider how they could be used in the realm of addiction, mental healthcare, and pre- and-post-release care planning. Finally, the voices and feedback of service-users, their families and communities are a critical component in continuing to build those bridges to successful reintegration.

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