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BRIDGES NOT BARRIERS

Care After Prison
Study On Care Plans for people who have left prison.

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Bridges not barriers – Care After Prison Study on care plans and pathways for people who have left Prison

Introduction

CAP is a national criminal justice peer led charity. We provide five services: Community Support Scheme, Peer Mentoring, Prison In-Reach, Post Release Community Support and, Family Support. Our service users reflect the general prison population, i.e., 80% are affected by addiction, whilst 50% have mental health issues and 40% experience homelessness. Those leaving prison and trying to resettle and reintegrate back into society face considerable physical, emotional, and social challenges including addiction, physical and/or mental health, and homelessness. There were 8, 939 committals across Ireland's 12 prisons in 2019 [1]. While there is no absolute data provided for those released year to year, the majority of people committed to prison will eventually be released. Roughly 54% of those being released from prison are re committed within 3 years (O'Donnell, 2020).

The Study

This study on care plans and pathways for people who have left prison was done through desktop research, interviews, and consultations. It was carried out by Aisling Meyler as a central component of her master's dissertation in Applied Social Research which she undertook in Trinity College Dublin in 2020. Aisling has worked in CAP for the past eight years in a range of roles including direct work with service users, she manages the Community Support Scheme and is a member of the Senior Management Team. Her exposure to the challenges of reintegration for both the person leaving prison and their communities and families inspired her to choose this research topic. She has witnessed first-hand the positive impact of effective sentence planning and believes there is strong evidence and scope for it to be developed exponentially.

The participants

Participants in the study had experience of leaving prison from 2011 up to 2020 and had served a diverse length of prison sentences ranging from 5 months to 12 years. Some perceived the prison as offering 'no help' and felt that the system 'did not care' about them or their peers. Conversely, those in the sample that did experience a high level of multi-disciplinary, pre-release planning,

[1] Irish Prison Service Annual Report 2019

which followed them post release, were progressing very well in terms of their recovery from addiction, their housing status, and their reintegration in general at the time of interview. The latter were satisfied with the support they were given. Encouragement and supportive interaction with individual service staff appeared to play a significant role in participants' motivation to accessing services, e.g., Gerard's belief that he was capable of doing a degree course was positively influenced by a teacher in the prison:

> *"This wasn't really ever an option for me, never a thought I had. But he kept on calling me. He kept at me in the class, calling me up and saying, 'come on, come on, apply' and all that stuff. So, I did". (Gerard).*

Integrated Sentence Management (ISM)- Effective Sentence Planning

The Integrated Sentence Management (ISM) initiative was implemented in 2008 to ensure that those assessed to participate in the programme had a structured release plan [2]. Effective sentence planning sees the person leading in their own plan, it starts before a person is committed to prison, includes inter-agency involvement, continues throughout a person's sentence, it is a holistic approach that involves family, and follows that person after they are released. The ISM staff are tasked with creating goal-orientated plans for all sentenced prisoners at the beginning of their sentence, and those plans follow them post release [3].

However, the ISM initiative has not had a smooth journey, e.g., the number of ISM posts are limited, the ISM role may be usurped when prison staffing is under pressure. Furthermore, access to the ISM is limited for remand prisoners and those serving short sentences and there has been a call to expand ISM and other service provision for these cohorts[4]. Significantly, those serving under 12-month sentences make up the majority (76%) of those in prison[5] and 45% of committed prisoners are on remand [6]. This study's findings confirmed that access to services in a remand prison were limited; nevertheless, 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

[2] Irish Prison Service, Integrated Sentence Management, 2020

[3] Fennessy, M. Ahern, J. Conroy, P. Gough, J. and McGee, P. (2020) Mountjoy Visiting Committee Annual Report 2018.

[4] Clarke et al 2016.

[5] Irish Prison Service Annual Report, 2019.

[6] Irish Prison Service Annual Report 2018

preparation. 60% of participants in this study had no history of reintegration planning, while 50% did not engage with services in prison.

Key Message 1

The Integrated Sentence Management (ISM) plays a crucial role in the development of care planning and the positive impact this has on effective post release integration.

Recommendations

- It is recommended that the Irish Prison Service build on the excellent ISM programme, expand and resource it adequately and, protect the ISM roles[7].
- Care plans should be developed with all prisoners, regardless of offence type, prison location, length of sentence, and whether a person is on remand or sentenced.

Prison and Public healthcare – access, equity, and equality

The Health Service Executive (HSE) has a statutory obligation to provide healthcare, including addiction and mental healthcare to all citizens in Ireland, however, it is the IPS[8] who has the main responsibility for healthcare in Irish prisons [9]. This is a significant anomaly and is at odds with other European countries, e.g., in Norway, France, UK, Italy and Finland, where prison healthcare is legally the responsibility of the department of health. A range of reports[10] [11] have recommended that responsibility for prison healthcare moves to the HSE including the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). The 2020 Programme for Government has a commitment to establish a high-level cross-departmental and cross-agency taskforce to consider the mental health and addiction challenges of those imprisoned and primary care support on release, these are crucial areas that need to be improved. The taskforce has been, however, slow to get established [12].

[7] The Mountjoy Visiting Committee Annual Report 2018 raised concerns regarding the inadequate resourcing of the ISM post, with each staff member having a caseload of 200 prisoners. Prisoners complained to the visiting committee that they had no involvement with ISM (Fennessy et al., 2020).

[8] Clarke, A. and Eustace, A. (2016) 'Review of drug and alcohol treatment services for adult offenders in prison and in the community'. Dublin: Probation Service and Irish Prison Service.

[9] the exception is in reach mental health psychiatric services which are provided by the Central Mental Hospital funded by the HSE

[10] Healthcare in Irish Prisons – Report by Judge Michael Kelly, Inspector of Prisons November 2016

[11] Irish Prison Reform Trust 2019

[12] PQ 42350/20 response by Minister for Justice (Deputy Helen McEntee) to Deputy Catherine Connolly.

Addiction Services in Prison

Access to therapeutic addiction support in prison was inconsistent for this sample. A setting such as prison, as supported by the research findings, where drug use and feelings of isolation, were a common narrative for participants does not appear to be an environment conducive to behaviour change under Stages of Change model [13]. It is vital therefore that access to services is timely and equitable as outlined in the HSE National Drugs Rehabilitation Framework Report[14]

ISM staff reported to the Mountjoy visiting committee that prisoners' attempts to work on their recovery from addiction are impeded by long waiting lists for counselling and a shortage of treatment options [14]. Whilst the experience of this study's participants were diverse, it is noteworthy that this sample's situations, especially in relation to the extent of self-reported chaotic drug use, poor mental health, long term homelessness, the length of prison time served, and the challenges of reintegration were notably bleak. Of note also, is that the high support needs of the sample were found to influence their capacity to seek help and access services within the prison, and, upon release. In fact, those with extreme marginality were less likely to seek help for the issues they encountered.

Assertive engagement has been 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. Assertive engagement aims to link individuals with agencies through persistence, even when an individual initially appears reluctant [15].

Key Message 2

The most effective way to address addiction issues in prison is to focus and resource the healthcare approach in partnership with addiction and primary care services.

[13] (Prochaska et al., 1992).
[14] Clarke et al., 2016
[14] Fennessy et al 2020
[15] (Parsell et al., 2019).

Recommendations

- The IPS and HSE to pilot the introduction of a therapeutic community in a prison setting. The effectiveness of therapeutic-communities in addressing both addiction issues and recidivism rates has been evidenced in the UK [16].
- Pilot assertive engagement in the prison setting. CAP urges the addiction sector to consider extending assertive engagement to a prison setting, in a bid to improve health outcomes for those who encounter the (CJS) who may have a poor history of service engagement, or who encounter barriers to accessing therapeutic support in prison.

Homelessness and overcrowding

Homelessness and precarious living arrangements were an issue for 80% (N: 8) of the sample. Those with such complex needs, are often the most visible in prison and within services, as they require the highest level of support. Nevertheless, this high level of visible marginality runs the risk of pathologising those accessing agencies, thus overlooking the structural gaps driving inequity[17]. Housing shortages are seen to affect those with and without high support, complex needs. The findings highlighted how the extent of uncertainty in the private rented sector and the lack of social housing impacts on a diverse range of the prison population.

Overcrowding has been a consistent problem in Irish prisons for over a quarter of a century[18]. To alleviate overcrowding, prisoners can be moved around the prison estate to prisons with more space or individuals can be released in an unstructured way in an attempt to quickly reduce the numbers of those in custody[19]. Overcrowding is often cited as a justification for inadequate healthcare access in prison, given the stretched capacity of healthcare staff to deliver interventions[20].

Key Message 3

Ireland's homeless crisis negatively impacts on prisoners, regardless of their level of support needs.

[16] Rawlings & Hage 2017
[17] O'Sullivan (2020)
[18] (IPRT, 2019; NESF, 2002).
[19] (Martynowicz, 2010)
[20] (Hummert, 2011)

Recommendations

- Expand step-down facilities for those leaving prison who have housing needs. Delivered under a multi-agency approach, these facilities have the potential to alleviate overcrowding issues while ensuring the individual's care plan is protected under a continuum of care model.
- Evaluate the efficacy of the Housing First pilot with the view to expanding it across the Irish prison estate[21] for those with a housing need and comorbid issues.

Postscript Covid 19

All ten participants in the sample spoke about the impact Covid 19 had on both access to services and the type of engagement they were having with organisations. For some participants, there were weekly phone links with their service providers. Other participants were attending programmes for their substance issues in a reduced capacity to ensure social distancing. The impact of Covid 19 was a source of frustration for many participants, some describing the experience as 'feeling stuck', particularly in relation to the stalling of their care plans with addiction services in the community. Conversely, there have been opportunities arising from Covid and the changes it has imposed onto workplace practices within the prisons. As noted by Dr Des Crowley, there are numerous ways in which the virus has increased health risks for prison populations, there are also opportunities to change the way in which prison healthcare is delivered, with the use of telemedicine and video consultations [22]. The positive opportunities also have the potential to extend beyond primary health care in prisons to include addiction and mental health care, to improve health outcomes for this cohort[23].

[21] Anecdotal evidence to suggest that the pilot initiative consisting of Housing First for prisoners is underway which aims to house 25 'hard to house' prisoners per year across the Irish prison estate. This is a welcome step in engaging those with a housing need due for release.

[22] GP Addiction Specialist, and Assistant Director of the Managing Addiction in Primary Care Programme of the Irish College of General Practitioners

[23] Crowley. D, Cullen. W, O'Donnell, P. and Van Hout, M., (2020)
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