

Getting Out, Staying Out

The experiences of prisoners upon release

*Compiled by:
Gearóid Ó Loingsigh*



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Contents

<i>Background</i>	4
<i>Introduction</i>	7
<i>Methodology</i>	8
<i>Findings</i>	10
<i>Homelessness and Accommodation</i>	11
<i>Drug Use</i>	14
<i>Health</i>	16
<i>Money and Keeping Occupied</i>	19
<i>Family</i>	22
<i>Reintegration and Community Restorative Justice</i>	24
<i>Recommendations</i>	30
<i>Summary & Conclusions</i>	37
<i>Appendix</i>	
<i>Bibliography</i>	39
<i>Groups and Individuals contacted as part of the study</i>	39
<i>Questionnaire Survey on Ex Prisoners</i>	40

Background

Throughout the 1980s and the 1990s crime in Ireland rose and became a matter of public concern in a manner which it had not done previously. Though the question of prisoners and rehabilitation and the nature of the prison system itself did not get the same degree of popular attention, they were issues which have increasingly occupied, policymakers, academics, community groups, the Irish Penal Reform Trust and during the 1980s the now defunct Prisoners Rights Organisation. Part of their concern centres on the high recidivist rate in Irish prisons and the way in which the Irish prison system itself contributes to this situation.

Dr Paul O'Mahony stated:

It is clear that, if all those people committing sex offences and the various other types of *invisible* crime, such as fraud, occupational crime and domestic violence, were properly punished, the composition of the prison population would be transformed beyond all recognition. There is little doubt that, in such a situation, the complacency and ambivalence about prison conditions and about the use of prison that currently permeate public attitudes would be substantially diminished.

A prison population that included the fathers, sons of brothers of the middle classes, would, I suggest, be treated in a much more humane and constructive manner.¹

O'Mahony was and is not alone in his criticisms of the Irish prison system. From the mid 1990s onwards a series of reports commissioned in a number of cases by the Irish Government or one or other of its agencies drew attention to the inadequacies in the system.² Alongside these reports concern began to focus on the prisons and what could be done to reduce the rate of reoffending and to rehabilitate.

In 1994 the Department of Justice published *The Management of Offenders: A Five Year Plan* it spoke of the need to prepare those in prison in as much as it is feasible "to resume on release a constructive role in the community"³. It went on to talk of the need to encourage community participation in supporting inmates and also in helping them upon release.

Other positive signs came from the National Economic and Social Forum, a government advisory body on social issues. They looked at the question of reintegrating prisoners into society both in terms of pre-release and post-release strategies as well as looking at the way in which the prisons themselves operate. One submission they received pointed out that "it is unrealistic to expect that people will leave prison and start to lead a socially included, crime-free existence without any supports being put in place for them before they complete their sentence."⁴

The need to put in place supports for prisoners was clearly recognised. This recognition did

not just come from the NESF, nor indeed from academics. The prison service itself also recognised that need in its Strategy Statement 2001-2003 which outlined a series of strategies that would be pursued by the prison authorities in promoting the rehabilitation and reintegration of prisoners.⁵ Amongst those were positive sentence management and the participation of community groups in providing relevant support services to the prisoners.

The situation facing prisoners and ex prisoners has long been one of concern for community groups in Dublin's Inner City. A large percentage of those convicted come from the Inner City and many of the prisoners in Mountjoy come from deprived backgrounds. O'Mahony in his study of prisoners in Mountjoy found that...

Dublin prisoners constituted about 85% of the achieved sample...The greatest concentration by far of current addresses of the prisoners was in two areas of the inner city — the D1 north inner city from Sheriff Street to Summerhill (16) and the D8 south inner city from the Oliver Bond flats complex to the so-called Fatima Mansions complex (17). Four other areas provided residence for more than 4 prisoners. These were: Dublin 7 (8), Clondalkin (7), Coolock (7), and Finglas (6). These six areas alone account for 56% of the population of Mountjoy Prison...⁶

He further remarked that Mountjoy was a remarkable prison in terms of its homogeneity...

...because its composition is so biased towards residents of such a small number of predominantly working class areas characterised by a high proportion of corporation housing and indeed by many other indices of relative deprivation such as high unemployment rates and opiate abuse.⁷

According to O'Mahony almost 79% of participants in his study had left school by the age of 15 and just over 60% were from poor families or families where the father was chronically unemployed and of the prisoners themselves 40% had never held a job lasting more than three months with a slightly higher number having no work or educational qualifications.

The catchment area of the Dublin Inner City Partnership (DICP) includes many of the areas referred to by O'Mahony, areas of high unemployment and social deprivation and it is no accident that most of the prisoner population comes from these areas, rather in many ways a person may find themselves in prison as a result of the area they grew up in.

¹ O' Mahony, P. (2000) *Prison Policy in Ireland: criminal justice versus social justice*, Cork: Cork UP p77

² See for example Carmody, P. & McEvoy M. (1996) *A Study of Irish Female Prisoners*, Dublin: The Stationery Office.

Department of Justice (1999) *Hepatitis B, Hepatitis C and HIV in Irish Prisons: Prevalence and Risk*, Dublin: The Stationery office

³ Department of Justice (1994) *The Management of Offenders: A Five Year Plan*, Dublin: The Stationery Office.

⁴ NESF (2001) *Reintegration of Prisoners: Forum Report No.22*, Dublin: NESF p 69

⁵ IPS (2001) *Strategy Statement 2001-2003*, Dublin: IPS

⁶ O'Mahony (1997) *Mountjoy Prisoners, A Criminological and Sociological Profile*, Dublin: Stationary Office, pp39 and 40.

⁷ Ibid,



Introduction

It is was in the above context that the Dublin Inner City Partnership brought together a number of community organisations at a workshop on the reintegration of prisoners held at the Ormond Hotel in January 2003. Many community groups and indeed the communities themselves had seen young people from the Inner City go in and out of prison repeatedly. They had also seen many people come out of prison who seemed to be making great progress only to fail along the way. The questions arose as to why this was happening and what could be done about it.

Following on from that workshop Community Technical Aid decided to conduct a piece of research that would look at the experiences of prisoners upon release. The research is based on the experiences of prisoners and ex prisoners who are either from or access services in the DICP catchment area. The study was to look at the ways in which prisoners failed to make a new life for themselves after release from prison. What are the obstacles that they face to making a new start? What can be done about them? Who should take responsibility for overcoming each of these obstacles. The challenge facing community groups and the State though quite complex can be simply stated. As one prisoner put it “Whether people on the outside like it or not, the reality is that prisoners are going to come out. So, you have to either encourage them or reject them completely, it’s as simple as that. Its time to change and it has to start in here and in society.”⁸ Again another prisoner put it in similar terms.

*What people have to understand is that every prisoner gets out. Very few are going to die in prison. So what people have to get around is that people make mistakes, yes they do things that they shouldn't. Everyone has a decision to make. When they get outside, don't be hammering them because they loose all incentive to do right and proper things. Well if this c**t is going to call me an animal then I'm going to be an animal.*⁹

The study starts from the premise that prisoners and ex prisoners also have rights and are equal in the eyes of the law. The denial of these rights only compounds the situation and condemns them to repeat their jail experience once again. The aim was to examine the issue from the experience of the ex prisoner and prisoner. What did they identify as the main problems that they faced upon release? And, what do they think could be done to overcome these problems? The aim of the study is to identify those problems and suggest solutions to them.

⁸ Participant focus group.

⁹ Participant focus group.

Methodology

We carried out 20 interviews with ex prisoners (14 males and 6 females). The interviews were qualitative and open ended and the questions were designed to give the participant the opportunity to talk about what they considered to be their main problems. The methodology was a qualitative one and consisted of:

- Twenty face to face in-depth interviews
- Four focus groups of prisoners and ex prisoners
- A focus group of community groups
- Informed interviews of groups
- Documentary Analysis

All interviews were recorded using a digital mini disc recorder.

We also carried out four focus groups. The first group ran over a six week period and consisted mainly of recovering/recovered addicts. It started off with seven participants and the declined slowly to four. The second group was a group of male prisoners from Mountjoy Jail all of whom had served previous sentences. This focus group ran for three weeks and started off with nine inmates and was reduced to just two in the last week, due to lack of interest, not feeling well and transfer of one prisoner. The third group consisted of a group of female inmates at Dochas Women's Prison all of whom were on a second sentence also. This group started off with six and was reduced to four by the last session (3rd) due to lack of interest in one case and one prisoner absconding whilst on Temporary Release. The last focus group which also ran over a three week period was with a group of women who were in a transition home to which they had been released from prison. This group was a small group of just three women who participated in every session. Each focus group session lasted up to two hours but more usually finished after one and a half hours with the exception of the first group whose sessions lasted the full two hours. The interviewees were all from the DICP catchment area and the focus group participants were also mainly from that area. The exceptions to this were people who although not originally from the area had or were accessing services in that catchment area.

The focus groups dealt with a number of issues that the participants themselves considered to be of importance to them. The themes were not set by the facilitator (in all cases the researcher) but by the participants. Nevertheless the four focus groups coincided on what were the main issues and generally gave the issues a similar importance. The main themes identified by all groups were:

- Money
- Accommodation
- Drugs
- Family Problems
- Work/Training
- Health Issues (Doctors, Dentists, Medical Cards etc)
- Information
- Harassment

From out of these themes came wider discussions which took account of the individual circumstances of the participants in each focus group. The focus groups were also recorded using a digital mini disc recorder.

Interviews were held with people and groups that had some expertise in the area, including community groups and statutory agencies and a number of community groups came together for a one day workshop where they were given a presentation on some of the preliminary findings of the research and were asked to come up with recommendations on the issues raised.

A wide range of literature on the different issues that the ex prisoners/prisoners brought up was consulted to help form both the content and recommendations of this report which although it has taken on board the recommendations of our study group some of these coincidentally mirror recommendations already made by the NESF and also made in Justice Kinlen's Prison Inspectorate's report.

An advisory steering committee was set up to oversee the research comprising the DICP, FÁS, Dublin City Council, Tar Isteach and St Andrew's Local Employment Service.

Findings

The findings are presented below in thematic form. The themes are:

- Homelessness and Accommodation
- Drug Use
- Health
- Money and Keeping Occupied
- Family
- Reintegration and Community Restorative Justice
- Recommendations

The interviewees' ages ranged from 21 years old to 56 years old with a mean of 35. Fourteen of them had spent time in more than one institution, however the majority of them had spent their last sentence in Mountjoy (12) and the Women's Prison, Dochas (6). If we exclude three older interviewees who were released a number of years ago, the average interviewee had been released in the last year (range of 6 months to two years). All were from the DICP area and all had a low level of education. None of the interviewees had completed their secondary education. Five had no educational qualifications whatsoever, three had the Group Cert, five had completed the Junior Cert/Inter Cert, although at least one of those had completed it whilst inside. Four had completed NCVA/FETAC courses and four had other qualifications, primarily from Fás. Nine of them were currently living with their parents or a family member, one was in a private flat, five were in Local Authority housing. One person was in a hostel and four others ticked other. Of those three were in B&Bs and one was in a woman's refuge. Only two of the interviewees were working with the remainder relying on social welfare payments (8), FÁS courses (2) or other training schemes (8).

No profiling of participants was carried out on the focus groups, though anecdotally the educational level was low and all those on the outside were dependent on social welfare or training payments.

Homelessness and Accommodation

The boom years of the Celtic Tiger and its accompanying mushrooming in house prices and rents coupled with a lack of investment in social housing has brought the issue of accommodation to the fore in society. However, the discussion centres more around the ability of average families to pay increasingly exorbitant house prices. The homeless do not appear much in the mainstream debate and less still in any proposals around accommodation.

Prisoners are a particular category that is vulnerable and at risk of finding themselves homeless. It stands to reason; if a person is renting a private flat and they go into prison, then they lose that flat. Upon release they, like the rest of the population, have to look again for private accommodation with the added disadvantage that they have just left prison and have no money and will need some time before social welfare payments can be sorted out.

Similarly, those who are in Local Authority accommodation will also find themselves homeless as they may well have lost the flat upon entering prison and will have to reapply, a lengthy process in normal circumstances.¹⁰

There is a direct relationship between homelessness and crime. In 2002 Focus Ireland and Pace carried out a study on the issue and found that “Forty-six per cent of respondents [to the survey] reported that homelessness had directly contributed to their offending behaviour through committing survivalist crimes or the inability to abstain from drug taking when living on the street.”¹¹

This was borne out by participants in this study also. There are a number of factors which contribute to prisoners finding themselves homeless upon release, one of which is the prison system itself. Despite the Irish Prison Service Strategy Statement 2001 commitment to positive sentence management prisoners are given very short notice of their actual release date which gives them very little time to prepare.

I didn't really prepare myself for coming out cause I wasn't expecting it for at least six months. It came on me. They came up to me and says how do you feel about going home. I was looking around and he said 'yeah, you'. So I said 'when?', 'Friday' and this would've been a Wednesday. They gave me nothing going out, one yellow sheet. He didn't care. They said to keep away from certain areas. But I live there, so how can I stay away. If he said 'stay away from Ballyfermot' I'd say 'certainly'.¹²

Further still, prisoners are often released in the late afternoon or early evenings when all services are closed, most hostels are full and B&B's are not an option due to their high cost (as the services are closed it is difficult to get B&B accommodation through them).

Not all prisoners have had this negative experience of prison release. Some women's experiences were more positive. “Last time the Connect Project brought me down to Wellington Quay (Women & Family Homeless Unit) any other time I was just sent out with me bags even though I begged them to let me finish me detox on methadone they never did. This time I got help because I did a big sentence.”¹³

¹⁰ We understand that at time of going to print that there are plans to allow remand prisoners and sentenced prisoners who serve less than three months keep their local authority housing.

¹¹ Hickey, C. (2002) *Crime and Homelessness*, Dublin: Focus Ireland & Pace

¹² Interview participant

¹³ Interview participant

Regardless of whether this prisoner is right as to why she got help last time round, it is the case that experiences regarding release vary widely, some in line with policy statements and others at odds with them.

The participants in this study spoke of being released late and with no services to go to. Invariably they relied on their own survival skills. A number of participants spoke of leaving the prison only to go out on the streets and immediately go back to crime in order to get their B&B organised. An immediate necessity was accommodation which left them with no option but to turn to crime to get the money.

When I get out, I go looking for money for that night to stay in a B&B. I go out robbing to get money for the B&B's. Charles Street won't always give you a B&B, they'd throw you into a hostel...

It was €75 for me for one night...

You'd be waiting ages for a B&B through Wellington Quay. If you'd went private you'd get one. If there is anything going on in town you won't get one or if it's the weekend...

When I was pregnant I was left out sleeping outside the Corporation, they didn't want to know. Money and accommodation is the main problem.¹⁴

Others who had been released early in the day complained of the delays in the bureaucracy and the unwillingness of officials to be helpful. In one case a participant seeking welfare payments was told to get a letter from his parents stating that he was no longer living with them. He explained to the official concerned that his parents had taken out a barring order on him and that he was legally unable to approach them. The official insisted on him breaking his barring order. Eventually he was able, through an intermediary, to obtain such a letter. However, the barring order was more than sufficient and the behaviour of the official here is consistent with comments made by other participants that ex prisoners and drug users are given a rougher time of it by officialdom. To such an extent that one person was informed that she was dead on the list "When you're an addict you don't exist, only in clinics."¹⁵

A further problem with accommodation is the quality of what is on offer. Some prisoners prefer not to go into hostels as they are dangerous places where drug use and prostitution are quite common. One participant had to insist on a number of occasions for a non drug using environment.

When I got out I didn't want to have anything to do with drugs. Basically when they let me out of Mountjoy [Dochas] in the first hostel I was in with four girls who were actively using. So, I went back down to Wellington Quay and in the second hostel I was in with a girl who actively using and the third time I was given a room to myself.¹⁶

This was the attitude of both drug users and non drug users and some preferred to remain on the street due to the nature of the hostels. All those that had used hostels at one time or other said that they were unsafe places to stay and that you often would have to sleep in your clothes in order to prevent them from being stolen.

I wouldn't sleep in a hostel too many people that would provoke me, you know, drunks. A lot of drunks, vomit, fighting, it was like a complete nuthouse and the people running them were as mad as the people in them. They look more dangerous than anyone. So

I took to the street till the winter hit me. I had a nice spot to sleep.¹⁷
So what should be the first rung of a ladder to get people out of a homeless situation is in fact the first rung of a ladder that drives a certain number of people onto the street to sleep rough. In the best of circumstances some will steal to get themselves into a B&B while they try to sort out welfare payments.

A transition home has been set up on the North Circular Road by the De Paul Trust and caters for up to six women who have left prison. Entry to the house is by referral from the Prison Service or Probation and Welfare and it is for women leaving prison with the motivation to work on their offending behaviour and who have a previous history of homelessness. It is a useful project and those participating in it speak highly of it. However, with just room for six people there are obvious limits on its capacity. However, those who enter it have at least the possibility of stabilising their lives and dealing with a whole range of issues, such as child custody, accommodation, welfare, work etc from a safe and stable environment in which they are encouraged to take responsibility though they do have the aid of a Key Worker.

As the Homeless Preventative Strategy states

...a solution to homelessness is not just about the provision of housing or shelter and that there is a need for a comprehensive approach involving health, care and welfare, education, training and support, as well as accommodation, to enable homeless persons to reintegrate into society and to prevent others from becoming homeless.¹⁸

Whilst this is true and transition homes are a step along the road, part of the problem according to the ex prisoners lies with the fact that their releases are generally unplanned and that they are given no information upon release and to compound matters some are released at times of the day when it would make no difference to them what information they were given as most of the services are closed and it is very late in the day to be looking for accommodation. The first 24 hours are crucial. Participants in this study have recounted that the first twenty four hours often saw them homeless, back using drugs, or engaged in crime. "You can sort it out tomorrow" is just not good enough as tomorrow is often too late for those trying to reorganise their lives. It should be pointed out here that we are talking about ex prisoners who have tried and failed due to cracks in the system. We are not suggesting that every prisoner who leaves jail is trying to make a go of it and fails due to the system, just that for those who do try, small silly mistakes along the way by others result in an inevitable failure to stabilise their situation upon release. This applies as much to the issue of accommodation as it does to any other issue.

In terms of housing and accommodation issues also arise around anti-social behaviour and expulsion from Local Authority housing. See Chapter title Reintegration and Community Restorative Justice

¹⁴ Various focus group participants

¹⁵ Focus group participant

¹⁶ Interview participant.

¹⁷ Interview participant.

¹⁸ Department of the Environment (2002) *Homeless Preventative Strategy*, Dublin: Stationery Office, p5

Drug Use

A significant number of the prison population in Mountjoy Jail and the Dochas unit are drug users and their convictions are related to their attempts to feed their habit. It is not unsurprising that many of those drug users sent to such institutions continue to use drugs whilst in them.

The Department of Justice estimates that Mountjoy Jail alone detoxes between 1,200 and 1,500 prisoners a year.¹⁹ Participants in this study also readily acknowledged that they either had or do continue to use drugs whilst inside, though not with anything near the frequency they used to do on the outside, despite the newspaper headlines to the contrary.

A methadone maintenance programme exists inside the prison. However, in order to get on the programme the prisoner must have been on a methadone maintenance programme on the outside. In other words, those prisoners who have a heroin addiction problem are condemned to continue with it in the absence of any maintenance for them. This violates the Irish Prison Service's (IPS) own strategy which states that; "The Prison Service is committed to providing health care to prisoners at a standard at least equivalent to public health care in the wider community."²⁰ It makes no sense to give methadone to some prisoners and deny it to others. Participants in this study have stated that trafficking in methadone takes place inside the prison, where prisoners who are on the maintenance programme would regurgitate some of their methadone for others, an unhygienic situation which would be relieved by all prisoners being allowed to access a methadone maintenance programme if they wished.

Let us now proceed to examine the release of prisoners into society and how they deal with their addiction and how they access services. Again it must be pointed out that we are not saying that all those who leave prison are intent upon seeking help with their addictions as all readily admitted to having obtained drugs within hours of leaving the prison on previous releases. However, when they have tried to seek help or were determined not to go back to drugs a series of circumstances beyond their control militated against them succeeding and very often the obstacles arose within minutes of being released.

Yet again one of the first problems encountered had to do with late release and the fact that there was no referral or link up with their methadone clinic on the outside for those that were on methadone and there was no referral for those who were considering it either. It was left to their own devices to contact the different services and to get back onto their clinic. So prisoners were released late in the afternoon and found themselves unable to get methadone and so they went immediately back to looking for heroin. An added problem in relation to clinics was that some participants said that they had experienced delays in getting back on their clinic, a situation which didn't help much. Nor did it help that some found difficulties in switching clinics from an old address to a new address.

You get money when you're getting out, 'grat' money, so the first thing is you get out in the evening time, more or less, so there's nothing, no clinics. So you buy heroin with the money that you're after getting... Anytime I've been in prison, it's always been like, 'this time I want to do it, I'm going to do it [stay clean]. But then it's getting out and they don't want to take you straight away to get back on to your clinic, or if you weren't on a clinic there's a waiting list. So you're back to square one...so you're back to robbing to feed your habit, or that's the way it was for me.'²¹

Drug users who wish to get on to a clinic have to give in a number of urine samples for



analysis. Whilst this may be necessary, it does cause a crucial delay for the person who wishes to remain clean through a methadone maintenance programme.

Other prisoners felt that the current system of clinics was counter productive for those that were trying to make a go of it. The system brought them into daily contact with numerous addicts and that dealing went on in the vicinity of some clinics, all of which were added pressures on them not to give up heroin. They felt that if they could get the methadone off a GP they wouldn't see other addicts as often and thus break one of the circles of addiction.

Coming into contact with other addicts and dealers is problematic. As one participant put it "When I was on heroin nobody gave me heroin, but when they see me trying to get clean they gave it to me. The dealer doesn't want to lose you."²² Not having anything to do upon release was also a factor to be taken into consideration. "It's boring when you get out and boredom leads you back to your old way of life."²³

This doesn't mean that every time a person was released and had every intention of making a new life for themselves that they failed due to entirely external circumstances. The very nature of addiction also plays a role, with some people tempted to go back to experimenting with drugs. "You've a lot of goals in here but when you get out it all goes blank... You say, ah just for tonight, but then you wake up and you say, I'll do it again and within a few days you are back strung out."²⁴ The same group of prisoners also admitted that drugs were often seen as a way of celebrating their release and that in those cases they tended not to think of the consequences.

¹⁹ Department of Justice cited in Dillon, L. (2001) *Drug Use Among Prisoners: An Exploratory Study*, Dublin: The Health Research Board

²⁰ IPS (2001) op cit, p29

²¹ Interview participant

²² Interview participant

²³ Interview participant

²⁴ Focus group participant

Health

The issue of prisoners' health is unfortunately intimately linked to the question of drug use. Some of the issues that are dealt with here did not come from the prisoners themselves but were noted by the researcher as being important, yet not being dealt with by the participants. We are, of course, talking about Hepatitis C. "HIV infection rates amongst incarcerated people are more than ten times higher than (sic) in the outside population. Rates of hepatitis C infection, another chronic and potentially fatal blood-borne disease, are more than 100 times higher."²⁵

Nearly all the participants who were or had been active drug users were also Hep C positive. They were not asked this directly but they did volunteer this information when asked about their health. They all seemed reasonably unconcerned about it. A typical case in point was one participant who stated that he was fine with his blood tests results as "I didn't have the virus [HIV] I just had the Hep [C]."²⁶ Still others affirmed that their hepatitis was dormant as they were experiencing no symptoms and therefore there was no cause for concern, or that "It's not active 'cause I don't drink". Whilst alcohol consumption increases the risk of developing chronic liver disease, not drinking alcohol does not mean that the virus is dormant.

Not all those people who become infected with Hepatitis C go on to develop liver disease. However, for a number of people symptoms may manifest themselves at a late stage in the development of the infection and a lack of symptoms is not necessarily a sign that the virus is dormant. People infected by Hep C should be tested by their Doctors in order to ascertain to what extent the virus is active or not.

Only one of the participants had been offered treatment for Hepatitis C²⁷ despite the fact that some of them had tested positive whilst in prison. Less still was there any post test counselling offered for people who proved positive either for Hep C or HIV. Pre test counselling is obligatory and post test counselling does exist, though none of the participants had been offered it or sought it.

One of the problems that seems to exist for prisoners is that they have a complete lack of knowledge about the services on offer in the prison. A number of participants even affirmed that certain services such as Narcotics Anonymous did not exist, whereas others had claimed that they had attended such services.

This is in part due to the way information circulates in prison. According to the participants in the study very little information comes from the prison staff and that most information is obtained from other prisoners. Occasionally, one or other of the services will give a particular prisoner information which would then circulate by word of mouth. A good source of information for prisoners was the Chaplaincy. A number of participants stated that unless you specifically ask for something in prison, you will not get it. In order to ask for something, however, you first have to know that it exists. A recent step in that direction has been the production of a booklet which explains what services are available in the prison. This booklet is given to every prisoner upon committal, though low the low literacy levels amongst the prison population may require that the booklet is gone through verbally with them.

The treatment of prisoners for Hepatitis C would seem to be unsatisfactory. According to staff at the Hepatology Clinic at St. James Hospital quite a number of prisoners never get to finish their treatment. This happens for a number of reasons 1) the prisoner gets transferred to another prison and they miss their appointment 2) due to staffing shortages on a given day the

Prison Service is unable to bring the person to the hospital for their appointment.²⁸ So much so, the staff claim that it is sometimes easier to keep track of a patient once they have been released from prison than it is when they are inside, a situation which seems absurd given the captive nature of inmates. Further, there is no liaison officer in the Irish Prison Service for the Hepatology Clinic.

Those who are released half way through their treatment also frequently break their treatment course. According to the staff at the clinic this is partly due to lack of referral and also in some cases an ex prisoner would not have their medical card sorted out in time and would therefore have to pay for the treatment, which is quite costly.

There are health implications in this for wider society. As Rick Lines points out

*... the high degree of mobility between prison and community means that any illness or health conditions developed or exacerbated in prison do not stay there. When individuals are released from jail, prison health issues necessarily become community health issues. For these reasons, the issue of HIV/AIDS and hepatitis C in prisons demands immediate action from community and government alike.*²⁹

It is in society's interest to ensure that there is a continuity of care into the community. The WHO recognised this in a consensus statement on principles "Public health protection in the community depends on the provision of appropriate health services to people in prison."³⁰ This is not happening. None of the participants had been referred to medical practitioners on the outside nor were they given information on the inside. "They never gave me any information on Hep C, they never told me that there are facilities there to help getting over the problem of finding out cause for some people it's a big deal. Some people say "Jaysus man they're after telling me I have the Hep, what am I going to do?"³¹

Most of the participants had been stopped and searched by the Gardaí after release. On some occasions, according to the participants the Gardaí confiscated clean needles that they had obtained at needle exchange programmes. This makes it more likely that they will use dirty needles and thus run greater risks of becoming infected with HIV or Hep C.

Prison Health

Though there is a range of services available within the prison, it would seem from participants comments that the health services are not as proactive as they could be. The required examination upon entry to the prison is cursory in nature with some medical staff unwilling to even touch their *patient* (medical staff should consider and treat prisoners as patients in line with their professional ethics). On release no medical examination, cursory or otherwise is made of the prisoner and so prisoners enter and leave without knowing what illnesses they suffer from and what communicable diseases they are carriers of or not, as the case may be.

There is a valid argument of course, that on the outside patients have to seek out their doctor themselves. However, occasionally the medical services are proactive in dealing with certain

²⁵ Lines, R. (2002) *HIV/AIDS and Hepatitis C in Irish Prisons: A Call for Action*, Dublin, Irish Penal Reform Trust & Merchants Quay Ireland p6.

²⁶ Interview participant.

²⁷ This particular participant was not in prison at the time and had broken his treatment due to drink.

²⁸ It must be pointed out that the IPS has almost 1:1 ratio between prisoners and staff which is amongst the highest in Europe and significantly higher than Britain

²⁹ Lines, R. (2002) op. cit. p6

³⁰ WHO & Pompidou Group (2001) *Prisons, Drugs and Society: A Consensus Statement on Principles, Policies and Practices*, Berne p4.

³¹ Interview participant

situations. It is also perfectly valid to target and provide support to vulnerable or at risk groups with special needs and the prisons are an opportunity lost.

Medical Cards

Quite a number of the participants did not have a valid medical card upon release and were unable to get one. This is particular problem for those of no fixed abode including those living in hostels or in B&B. One participant had applied for a medical card from one address, from where they moved on. The B&B in question did not keep any of the participant's mail and consequently, the person never collected a medical card even though one may have been issued to them.

Those prisoners who had medical necessities but did not have a medical card tended to use emergency facilities and then just not pay the €40 charge. However, for those who had children this was less of an option as the medicines for the child would have to be bought. Again they would turn to crime to get these medicines.

However, some ex prisoners often experienced an even graver problem than not having the money to pay for a particular medicine. Some of them have been refused treatment by doctors and dentists. One person was told by a dentist that he was not equipped to deal with HIV or Hep C positive patients. However all dentists are required to take due care in treating all patients and therefore, one presumes that all dentists take precautionary measures to prevent the spread of infections, including Hep C and HIV. A dentist not equipped to deal with HIV and Hep C would be putting their patients at risk as there may be patients who are seropositive unbeknown to the dentist. It is however, more likely that the dentist simply did not wish to treat the person in question and discriminated against them rather than not being equipped to offer treatment.

A recent study carried out in Britain found that discrimination against Hep C positive people was quite common and that "A large proportion of the problems arose in accessing dental care. Many interviewees had been refused access to their dentist when they revealed their hepatitis C status."³²

The British Dental Association notes that...

It is unethical to refuse dental care to those patients with a potentially infectious disease on the grounds that it could expose the dental clinician to personal risk. It is also illogical as many undiagnosed carriers of infectious diseases pass through practices and clinics everyday. If patients are routinely refused treatment because they are known carriers of infectious disease, they may either not report their conditions honestly or abandon seeking treatment both results are unacceptable.³³

The Irish Dental Association also sees no need not to treat people who are HIV or Hep C positive and they stick to Dental Council guidelines on the matter. The Dental Council sees no reason either to refuse treatment to HIV or Hep C positive patients.³⁴ Nevertheless a number of ex prisoners complained that they had been refused treatment. It would seem that some of them have experienced discrimination at the hands of dentists. Such discriminatory practices are unwarranted on any grounds.

³² Blair and Blair, (2003) *Living with more than Hepatitis C: A study of Hepatitis C and Discrimination*, UK: Mainliners and National Hepatitis C Resource Centre, p10

³³ British Dental Association cited Ibid.

³⁴ Dental Council Spokesperson 07/01/04.

Money and Keeping Occupied

The title of this section could be Work, Training and Social Welfare Payments as these are essentially what are dealt with here. However, for the ex prisoner the issue is often money in the immediate period after release, whether this be through work or social welfare, the issue is surviving the initial period. Likewise it is not always about getting a job (initially) but keeping yourself occupied through what ever means and that for many includes, and often ends up being, crime.

The question of money is one which pervades all other questions. It has a direct bearing on your ability to find accommodation, pay for medicines etc and even on your ability to get a job. Most prisoners leaving prison leave with very little money in their pocket, though some who have carried out work in the prison may have more than others. Having very little money, they are immediately forced to sign on. The procedure is not as simple as one might imagine.

Many of the participants stated that they were often released and then they went down to sign on. Having presented themselves to the Department of Social and Family Affairs, they were referred to the Community Welfare Officer (CWO) and then had to go back to the prison to obtain documentation proving that they had been in prison. For those on Temporary Release (T.R) it was their T.R form and for others a letter confirming their time in prison. Some prisoners were given these forms upon release, however, many had to go back a second time for the forms. Those on Temporary Release had to show a new form each time they presented themselves. These forms often had to be collected on the same day they collected their cheque resulting in participants running between the prison and the relevant payment authority.

The T.R forms are collected in the experience of the participants at 11.00 AM which meant that they would have to get up to the CWO before it shuts at 12.00. Normally ex prisoners try to process their claims as quick as possible which means those that are released early in the day, sign on immediately and are then in a cycle of collecting forms from the prison and making claims on the one day. If they do not have the current T.R form they get no payment. Those living in the immediate vicinity of Mountjoy Jail are in a better position, but the further away you live the more difficult it gets and given that ex prisoners normally have very little money, they are usually anxious to process their payments as quickly as possible.

Ex prisoners may have to wait some time for the Department of Social and Family to process their application and even a couple of days or more for the Community Welfare Officer to process their emergency payments. By the time that has happened even those with the best intentions in the world may have accumulated new charges or reoffended. Again though, not everyone who leaves prison is intent on making a new life for themselves, but for those that try the delays and the bureaucracy can be the undoing of them. It is interesting to note that before Christmas 2003 the Probation and Welfare Service contacted the CWOs in advance of the Christmas releases in order to facilitate a smooth transition into the system and to avoid prisoners missing out on entitlements due to a failing in the machinery.

Even for the more stable participants in this study issues arose around release and money. One participant in particular spoke of how even with a stable environment to go to, after getting out he would want to treat his children and spend time with them, all of which would cost money. Issues also arose around clothing which is a particular problem for the men who are only allowed three complete changes of clothes and consequently require further clothing on release, which for some would be an immediate need that requires money and for which they return to crime. Prisoners tend to put on weight in prison and many would not have clothing that fit them at home.

Obviously, finding employment for an ex prisoner is an ideal way of solving issues around money. However, in the immediate period after release this is not very feasible even for a non drug using prisoner who has certain skills to offer. Nevertheless, the participants in the study were often quite enthusiastic of the different projects that they were engaged in. They recognised the importance of having something to do.

The only good thing was this course when I came out. Trying to keep away from people you'd get into trouble with, people from the area you can't avoid them. You'd be walking past them every day. They'd be out robbing when you're trying to keep away from that. I'd class them as associates now and not as friends. . . It was either get up in the morning, meet all my old friends and go into town robbing. But this gave me something to do. I could get up in the morning and come in here. . . I was very lucky, this was the only thing available. If I hadn't got this I'd probably be locked up again.³⁵

Many of those on such programmes saw them as beneficial not just in helping them with different problems that they may have but in terms of keeping them out of trouble.

I was never told that I could go to the Doctor or anything. Like, I got onto this programme myself. The last time I got out I was fed up and still using. I was just sick of it. I'm too old and I've two kids and I didn't want them to see it. I phoned Sean myself, so I was lucky. I got a couple of [criminal] charges in the first month of the programme but I haven't had any trouble since then.³⁶

Being occupied can give a person some sense of self worth and work, even voluntary work can help with that. In Austria the Fix und Fertig programme which aims to give part time work and training to recovering addicts has a working basic assumption that...

Life on the street drug scene revolves around organising the daily ration of drugs. An occupation for several hours can break this narrow focus and can give –also by experiencing a useful, productive activity – a useful structure to daily life. Very often this is the first step to create a new life perspectives.³⁷

Though this programme pays a wage to clients the purpose of a structured day can be similar in voluntary work. The value of voluntary work was recognised by some ex prisoners who stated that they would consider doing voluntary work with organisations such as Simon.

Paid work was seen as problematic for many as they felt that they would suffer discrimination on account of their prison record. As one participant put it “If you have a record you'd tell them, you'd have to in case they found out. Especially given this area, they'd ask.”³⁸ Though discrimination is an evident problem for older prisoners there is an additional problem around the type of work that they can obtain. “If you go out to work you need a decent job, not washing out toilets for €5 an hour. OK, people say that you have to start somewhere but you have to realise we're grown men and we are not going to do an 18 year old's job...”³⁹ From this arises a series of problems in relation to the nature of training given in prison. Does it have the capacity to make those that want to, job ready? One other participant spent his time on a computer course but claims that he couldn't even switch on a computer now. Another prisoner felt that the course he was offered was of no use to him due to his own circumstances.

They sent me in to do mechanical drawing and I hadn't a clue. What's the use of me doing that if I am not going to get a job at it. 'Cause I've no education, if there'd been a mechanics shop that'd been different. Even if you wanted to make a go of the mechanical drawing you couldn't 'cause all the messers were in there.⁴⁰

Not all participants were negative about the training received in prison. Some were very positive about it. However, some did experience difficulties in continuing their training courses after leaving prison, either through a lack of information about where to go or a lack

of money in cases where they would have to pay. Recently the Educational Trust was set up to facilitate ex prisoners in continuing with their training after leaving prison and will pay fees for certain courses that a person may wish to continue with.

For some prisoners paid work was important as a way of breaking the cycle. One participant believed that it was important for all prisoners he felt that "...straight away you need a job. You need to be looked after when you come out of prison. You need something there cause if not, it's just going to happen all over again. They're going to end up back in prison."⁴¹

However, as a number of ex prisoners are Hep C positive this was seen as an obstacle to gaining employment. Companies would have understandable, though not necessarily justifiable, fears about being sued by other employees in the event of an accident leading to their infection, a possibility given that some of the ex prisoners would be looking for manual work.

Some of the participants brought up the problem of driving licences as an obstacle to getting work. Many prisoners have endorsements on their licences from their teenage years which prevented them from gaining employment in areas where they were required to drive. Further, it actually prevents from applying to use one of the few skills that they actually had. One participant who drove cars for criminal gangs in Dublin was effectively banned for life from driving. He now participates in a programme and is hoping to study to be a mechanic as he is according to himself very good with cars. He has a skill, an ability that he learned as a criminal but which he now wants to turn to his advantage to rehabilitate himself and get his life together. Having his driving ban overturned may prove to be an obstacle to him being successful, though he is hopeful that further down the road any Judge would give him a sympathetic hearing.

Not all ex prisoners have had difficulties in getting jobs. Some, a small number, do manage to get some work and some others with the help of different projects manage to obtain reasonably steady work. However, as many ex prisoners are recovering addicts and are on a methadone maintenance programme they encounter another difficulty and that is that if they are working they are generally not able to get time off to go down and collect the methadone. One ex prisoner told of how he had lost a number of jobs because he continually had to take time off from work to pick up his methadone or inform his boss of his need to go pick up his methadone prescription.

*I'd have to try make it in on time. You'd get a ten o'clock break and I'd have to leg it in on time. I wouldn't get back to one o'clock. It was f**king me up. So I said it to the Doctor and he wanted to put me with a local GP. But the GP shuts at four and I don't finish to five pm. I got to see someone in another place they're open to five until seven. So I go down there and get me prescription and then go down the chemist's. So no one knows I am on phy down there [place of employment].⁴²*

Difficulties with methadone clinics and the lack of flexibility are not uncommon and as in this case can present a structural obstacle to a person managing to break out of the circle of addiction and crime.

³⁵ Interview participant

³⁶ Interview participant

³⁷ Fix un Fertig Programme Information available at <http://eddra.emcdda.eu.int:8008/eddra>

³⁸ Interview participant

³⁹ Focus group participant

⁴⁰ Interview participant

⁴¹ Interview participant.

⁴² Interview participant

Family

A number of participants brought up family issues. These ranged from maintaining relationships whilst in prison to the breakdown of them once released. Other issues also arose around child custody. Some of these issues also had a bearing on reoffending behaviour.

The prison visiting system was seen as not contributing to the maintenance of a family structure. This was the case in the main prison. The visiting conditions in the women's prison were described in much more positive terms and whilst there are prison officers present they were very unobtrusive and the atmosphere seemed relaxed. However, the experience in the main prison for men was in complete contrast to that experienced by the women.

The visits are not very intimate, it is difficult to talk to family members and it is difficult to maintain a relationship with children. Family orientated visits were lacking. What is on offer are what are referred to as "Box Visits". These are visits around a smaller table with a prison officer sitting at the end of the table. Some of the participants found this very intrusive and said that it prevented them from being intimate with their families.

Your problems with your family start in here with the type of visits that you're given with your family. There are no family visits. It's alright to have a chat with a mate that comes up. But when you've got children who want to be around you and hug you and kiss you and a wife... If I ever look for a Box Visit, I'm told no, there's no staff... even if you do, you get a visit with an officer sitting with you.⁴³

Some of the prisoner officers have said that they would have no interest in listening in on the conversation during the visits, nevertheless it is intrusive and can limit what is said between one person and the other.

One prisoner was going through divorce proceedings and spoke of how he felt. Another prisoner found it difficult with his children, though he believes that keeping his family together is key to his readjustment to society upon release.

I personally won't run amok when I get out. But I could. If I were to lose my family and my kids what reason would I have? I wouldn't care. So, If you want someone to come back into society you have to keep them with their families.⁴⁴

Some of the participants had issues around child custody. Whilst this was an issue for a number of participants who had drug use problems, some other participants also had this problem. For those in recovery, access to their children and gaining eventual permanent access was seen as an important goal and as something to stabilise them. One participant complained of lack of access to free legal aid in a custody dispute with her partner after having been released from prison. This participant was not a drug user.

Still others had problems which were not related to the prison regime *per se* but to wider questions that were nevertheless very important. Some of the participants felt that a person doesn't move on in prison, even in their personal relationships. They felt that the personal issues that they were dealing with before they went into prison and some of which may have a bearing on why they were in prison were not dealt with such as problems with other family

⁴³ Focus group participant

⁴⁴ Focus group participant

members. That in prison time stands still, and when you get out you pick up where you left off with these different personal issues.

Some participants also felt that over time, contact was lost with family members due in part to the lack of development in prison. Essentially, they felt that after a number of visits and having completed more than one sentence they ran out of things to say during visits. Participants experiences were again very unequal in this matter. Some had little or no contact with family members due to their personal circumstances (some family members had alcohol or drug problems). Others however, managed to maintain some semblance of a relationship with their family and found that their families and friends could help them reintegrate through social contacts and also through work. However, there was a danger with friends that you might be going back into the same circles that led you into prison in the first place.

A further issue raised by some prisoners was the fact that although Mountjoy was an old and unhygienic prison it was quite close to the communities that they came from. It is relatively easy for most people in Dublin's Inner City to get to Mountjoy Jail and its current location on the North Circular Road facilitates prisoners keeping in contact with their families.

In relation to family orientated visits, the Irish Prison Service has begun a pilot scheme in Mountjoy Jail. The scheme allows lifers to meet four times a year with their families for a two hour visit. The visiting room is a prefab with curtains and is decorated with a children's play area. Two Prison Officers are on duty in the prefab, though there is enough space to give the family some privacy and the officers concerned were hand picked for their good relationship with prisoners.



Reintegration and Community Restorative Justice

Theoretically prison has a dual purpose of punishing and rehabilitating the offender. That prison punishes is beyond question, however, it is less certain that it rehabilitates. Some offenders take advantage of the system and manage to get their lives together, though often having done a number of sentences.

If I went back in to do a sentence I'd do it completely different. I'd use the whole prison system, I'd use the school, the FAs, the counsellors, the whole lot to get an education out of it. There is a lot of people that goes in and doesn't want it and I was one of them. They get up in the morning, get their phy[septone] and sit around drinking tea.⁴⁵

Nevertheless, this particular person did eventually take advantage of the system through the Connect Project after many years of going in and out of prison and doing nothing worthwhile whilst inside.

Other offenders however, do not and the problem does not just lie with the prison system but in many ways it can be with individuals in the communities from which the offenders come.

Participants experience of going back into the community was varied and depended on a number of factors. The type of crime was one factor and equally important was whether it was committed against a member of the community or not. Many of the participants committed their crimes outside their own area and against individuals from outside their area.

However, this did not mean that they were accepted by all within the community. Sometimes the acceptance was really just a tolerance because the crime had no perceived negative consequences. One participant believed that from his experience if you were selling good clothes cheaply to people in a given area they would tolerate you, even though the money obtained was spent on drugs. It depended very much on the crime and who you are. This however, is not about giving someone a new start but simply taking advantage of the situation and actually perpetuates the person's life of crime and addiction. Another experience was of being refused service in local shops or of shops refusing to cash cheques etc when there was a strong sense that the crime committed was a crime against the wider community or a highly regarded member of that community. Still other participants did not want to go back to their areas in order to help them stay off drugs. As one participant explained "I wouldn't want to live in the area [I am originally from]. There is a lot happening, a lot of drugs there and I need to keep away and be careful."⁴⁶

Going back into an area and being accepted into it by the community where the community perceive the crime to have been committed against them is complicated. Communities fought hard to get rid of drug pushers and for obvious reasons want to keep drug pushers out of their areas. However, the anti social behaviour policies of Dublin City Council can sometimes be counter productive when dealing with people who are trying to get their lives together.

Prospective tenants are required, in many areas, to go before a vetting committee made up of other tenants from the area. These committees are ad hoc and have no legislative basis to

them. Dublin City Council does not have to take into account their views but in many cases this is precisely what it does. In terms of prisoners coming back into an area, accommodation is a problem and therefore the decisions made by these committees are of extreme importance as is the manner in which they are arrived at and by whom.

The community are much more forgiving than people like to think... The only hypocrites are the bastards on the Tenant's Association. Ex drug dealers saying 'no you can't get a flat cause you're fella is a dealer or was a dealer. If they are going to be vetting people for houses they should be vetting people on the board [of the Tenant's Association]. So you can't say, 'right, I am living on this block and I'm going to be on the Tenant's Association and nobody checks to see what you have done.'⁴⁷

This same person also believed that if he were given a chance to put his crime (which was non drug related) in its context he wouldn't have a problem with the Tenant's Association but according to him, they are just informed that he has a criminal record and he has no opportunity to explain himself.

This does not mean that these committees shouldn't exist but there is an urgent need to establish clear criteria for these committees. Communities may fear taking back into their fold those who have been engaged in criminal activity and drugs, perhaps because there is a risk that they may cause problems.

To date Dublin City Council has signed one written agreement with a Tenant's Association. This agreement is in effect in St Teresa's Gardens. Though there is no legal basis to such an agreement (it is a policy document), it does represent a code of practice that both the community and the City Council can be measured against and gives some structure and coherence to the way in which housing is allocated and the rules which lead to people being excluded from an area. It should be pointed out that the participants from St Teresa's Gardens were a mixed group in terms of age, circumstances and nature of crime. None had a problem coming back into the area. They may not be representative of the population that had engaged in crime but it is significant that they were allowed back into the area. Other people have been excluded from the area which indicates that a criteria is being applied, rather than an across the board blanket ban.

The agreement signed with the residents of St Teresa's Gardens requires the calling of a secret ballot to elect the members of the Resident's Committee. Thirty per cent of the residents voted in this election. Though it might not sound high, it is more than reasonable if we consider the proportion of tenants who voted in the 1999 local elections and the by election in the Dublin South Central constituency. In the local elections 40.3% of the registered electors in St Teresa's Gardens voted and in the by election a mere 16.7% turned out⁴⁸, just over half the number of people who voted in the Resident's Committee elections. Clear responsibilities were laid out and a commitment was given by DCC to tenants on anti-social behaviour which also allowed for all possibilities to be explored.

The community in St Teresa's Gardens sought the agreement as a way of dealing with anti-social behaviour and protecting their community. One particular example was the burning of a flat by a new tenant who had previously burnt other flats in the Ballymun area. As St Teresa's Gardens was a low points area problematic tenants ended up there. The agreement

⁴⁵ Focus group participant.

⁴⁶ Interview participant

⁴⁷ Focus group participant

⁴⁸ Kavanagh, A.P (2002) *Unequal Participation Unequal Influence: Voter Participation and Voter Education in Dublin's South West Inner City*, Dublin: SWICN

that is now in place requires Dublin City Council to carry out a background check on prospective tenants and forward names to the committee for consideration. The committee can make a recommendation to accept or reject a person. However, they have clear criteria around what type of person is not welcome in the area and they are people who are currently actively involved in drug dealing or joyriding

To date they have never had to deal with non drug related crime. It hasn't arose as an issue. Drug dealing however, is not a straight forward issue. It is not as simple as saying that drug dealers should be banned from the area. What should be done with users who are also selling to feed their own habit? Users are required to give an undertaking to address their problem. They must stop dealing and go to a counsellor or methadone clinic to get a letter of recommendation. The committee takes into account the social impact of the introduction of the person into the community. It could be very damaging to have an ex-dealer and ex-user living in close proximity to each other. Where there is a low impact the person may be admitted subject to them taking out exclusion orders on named individuals to prevent drug dealing associates frequenting and using the complex on "social" visits to the tenant.

Further, DCC have agreed to run a course on tenancy which all new tenants will be required to attend.⁴⁹

Models of Good Practice

There is a clear need for mechanisms to reintroduce ex prisoners into the community to the satisfaction of the ex prisoner, but also to the satisfaction of the community. This is linked to a model of justice known as Community Restorative Justice which although it is often seen as preventative, its principles can also be applied to the reintegration of ex prisoners into the community. Community Restorative Justice is about righting the wrong caused and is not about letting an offender off lightly. What a community may ask of an offender can in some circumstances be quite high. The important point is that the community, the victim and the offender agree on what should happen and how. This also means that a victim may decide not to participate and the process is then stalled.

Under a philosophy of restorative justice, crime is no longer defined as an attack on the state but rather as an offence by one person against another. It is based on a recognition of the humanity of both offender and victim. The goal of the restorative process is to heal the wounds of every person affected by the offence, including the victim and the offender. Options are explored that focus on repairing the damage.

The main process takes place at a community group conference (CGC), chaired by a facilitator, to which victims and offenders and appropriate support people are invited. The three key components of the restorative justice equation are the offender, the victim and the community. Obviously a willingness to cooperate is central to the concept. To be involved in any useful way, the offender must acknowledge responsibility for the crime committed and express honest regret. The full implications of the offence need to be spelt out and confronted. The offender needs also to face the causes of the offending and, where possible, make restitution. Concrete evidence of more appropriate behaviour in the future is also required.

Victims need to examine their feelings and take full advantage of any support network that will facilitate healing. Victims are helped to see that their own victimisation is only intensified by feelings of retributive action against the offender. Where appropriate they become involved in the process of restorative justice with the offender and the community.

The community's role is to create the conditions most favourable to the restoration of both offender and victim. It aids the healing process by providing mediators, judges and the like. Provided there is co-operation, the parties reach agreement about repairing the damage where possible.⁵⁰

As we can see restorative justice is not about letting someone off lightly but about making them take responsibility for their actions. In terms of reintegrating someone into the community, it would mean them acknowledging what they had done and making a commitment not to repeat the behaviour and to make amends where needs be. With restorative justice models in New Zealand the amends demanded by victims have been quite varied and some have even been surprising. In one case a joy rider was made take driving lessons by the person whose car he had damaged (along with other more severe demands by other victims of the same incident).⁵¹

There are two functioning restorative justice schemes in Belfast, one in a loyalist area and the other in a nationalist area. Though they both have a restorative justice philosophy, their methods and work differ in some respects. Nevertheless they both serve as good models that could be copied in Inner City Dublin.

The first of these schemes is Greater Shankill Alternatives (GSA). It is based in working class areas of the Shankill and is community based in its orientation to restorative justice.

...restorative justice can only be practised in the context of the community. This must mean that those who are in social contact with the victim and offender should be involved in the process. This may mean engaging actual neighbours and friends in the search for a solution, or it may mean other concerned people from the community. Social contact, in this context does not mean that one person knows another, but that they walk the same streets, use the same shops, interact in the same social environment.⁵²

GSA concentrate their work on small numbers of offenders or potential offenders. Their referrals come from the Probation and Welfare Service, the courts, self referral and family referral. They work with offenders on a daily basis for up to sixteen months getting them to look at how what they have done impacts on them in terms of jobs, family and develop some short term goals. It is not always necessary for them to meet with victims. When it comes to reparation money is not a high priority for victims. They seek other forms of redress.⁵³

GSA works over a long period with the offender on coming to realise the damage that has been done. Only when the offender is ready do they sign a contract where they recognise what they have done and agree to repair the damage done. This model can also be used to reintegrate people who have just left prison. Given that many ex prisoners go on to reoffend on more than one occasion restorative justice models for reintegrating ex prisoners to the community should be seen as preventative as well, even though they are dealing with crimes that have already been committed. Even if an ex prisoner is excluded from an area there is no guarantee that they will not go back to that area to commit crimes and will almost certainly engage in crime in other areas. Some of the people that GSA has dealt with had suffered paramilitary punishment beatings on more than one occasion but had not changed their

⁴⁹ Interview with Brian McKenna, St Teresa's Gardens' Environmental Project 09/01/04

⁵⁰ Consedine, J. (1999) **Restorative Justice: Healing the effects of crime**, New Zealand: Ploughshares Publications pp 183 and 184.

⁵¹ Consedine J. op cit

⁵² GSA (undated) **Greater Shankill Alternatives The Story**, Belfast: Greater Shankill Alternatives.,

⁵³ Interview Greater Shankill Alternatives 2003.

behaviour. GSA has had more success with some of these people than the repeated beatings and shootings that some had suffered.

The second scheme that is running in Belfast and the older and larger of the two is Community Restorative Justice Ireland (CRJI) which is based on the Andersontown Road. There are a number of differences between the two projects. The CRJI does not deal with the legal system and does not accept referrals from the courts or the Probation and Welfare Service and their brief is wider. They deal with cases as they arise rather than concentrating on a small number of people with whom they do intensive work. They have trained over 700 mediators and in 2002 dealt with 1700 cases. That is 1700 cases where attempts were made to repair the damage done by the offender to their victim and the community.

They have mediated even in grave cases such as murder, channelling the community's understandable anger and showing them that the families of the alleged offender were just as appalled and also as innocent as anyone else. In such circumstances they have even mediated the circumstances for the re-entry of an offender to the community, establishing mutually accepted rules. This is important in tight knit communities where offender and victim may come into frequent contact and the rules would apply also to the victim.

Many of the cases that they would deal with would be disputes between neighbours where mediation is needed. In the same way that mediation can take place to solve a problem before it goes to far or to deal with a crime before it results in a court sentence, ex prisoners could potentially seek ways of reintegrating themselves into the community. However, mechanisms have to be set in place for this. There are good opportunities especially given the nature of Inner City communities where people often know each other.

This does not mean that the schemes in operation in the North should be copied exactly or that they can be transferred wholesale to Inner City Dublin. However, the models are successful and should be considered and that the broad principles of restorative justice should be applied. The Gardai already have a restorative justice programme centred around cautions and conferences for young offenders and the Tallaght Mediation Service is also up and running. Whilst these schemes are worthwhile, in terms of the reintegration of ex prisoners they have a number of failings. They are based around the criminal justice system and referrals come from these. They also deal with crimes before the case comes to court. What is needed alongside these schemes is a system where offenders coming back into the community can engage with the community. It must be community based, after all it is the community that has the problem of accepting certain people back in and it is the community that has to live with the consequences of either rejecting or accepting people back in.

Some would consider restorative justice models to take a soft line with offenders and to pamper them. However, the victim and their needs are just as central to these models as those of the offender. In this case the community's needs would be put on an equal footing to those of the offender. As the situation currently stands the community has no input into dealing with reintegration. They can either accept or reject someone.

Reintegrating into the community is not just a concern of the physical community where the ex offender comes from. Wider society and the judicial system can also have its role to play. A major obstacle to reintegration, in the eyes of the participants was the case of outstanding warrants. Participants claimed that they would often have more than one arrest warrant issued against them, but they would only be prosecuted on one particular charge. Some claimed that they had been released from prison only to find themselves before the courts for a crime that was committed around the same time as the offence for which they were jailed. They could not understand why this happened and actually put it down to badness on the

part of individual Gardai, a possibility in some cases, but highly unlikely given the widespread nature of the problem. It is more likely to be a problem of the Court system and the way in which charges are brought before the courts.

Another aspect, which is related to individual Gardai is the question of harassment. All of the participants said that they had been harassed by the Gardai after release. The harassment was varied in nature. Most of the participants claimed that they had been stopped and searched by the Gardai in their own areas. Some of the participants readily acknowledged that they had returned to crime and that they were stopped when they were on their way to or from shoplifting. However, many were not involved in crime and some were stopped on their way to recovery programmes for ex users or training for ex prisoners.

The most common form of harassment took the form of verbal abuse and taunts about their personal lives or family circumstances, none of which is helpful or even lawful and correct. Some participants were able to shrug it off, "I just ignore them, they're like little children"⁵⁴ was one comment, but for others it caused resentment. The main point to be made of this behaviour, is that it is counterproductive, discriminatory and the Gardai should be giving encouragement to those who are involved in different projects and trying to gain skills and stay off drugs.

⁵⁴ Interview participant

Recommendations

The recommendations are divided into two sections; those made by the participants and those made by community groups. We have done this in order to give a voice to the participants. Their voices are often ignored in the debate. They had had much to say about what was wrong with the prison system and what were the obstacles in their way upon release. However, it was not just a case of complaining about the system. They were quite proactive in coming up with suggestions and made them throughout the interviews or focus group sessions. A number of the suggestions that they make coincide with current practices in other jurisdictions and some even coincide with the recommendations made in the First Annual Report of the Inspector of Prisons and Places of Detention for the Year 2002-2003. The participants were asked to be as practical as possible in their suggestions and not just to come up with a wish list.

Participants Recommendations

ACCOMMODATION

Many felt that there should be an increase in the number of transition homes for prisoners coming out into the community, as the instability of homelessness was seen as being one of the main causes of the other problems experienced by them.

Further, it was felt by many that the procedure for going before vetting committees to obtain local authority housing needed to be changed and that there needed to be clear rules and regulations that gave ex prisoners the possibility of a second chance and avoided discriminatory practices.

Another suggestion was that a pool of landlords who were willing to rent to ex prisoners on a trial basis be formed and that ex prisoners could access this pool.

VISITS

One suggestion from participants was that there should be family orientated visits. The participants concerned acknowledged that there was a security concern for staff in relation to this in terms of what could be smuggled into the prison through such visits. However, in reply to this they suggested that family orientated visits, where you could be alone with your family, should be operated on a privilege basis. So for example, prisoners would have to be drug free to get such visits and that if they were caught smuggling drugs or other items, they would lose these privileges.

This suggestion was made before the introduction of the pilot scheme in Mountjoy Jail for lifers. It could be presumed that other long term prisoners would like to avail of such a service which would have to be resourced.

MONEY

One suggestion that came from distinct focus groups was that prisoners money be kept over for them. In one group it was suggested that a portion of their 'grat' (weekly allowance) be kept over for them and that such money would be waiting for them upon release. In another group it was suggested that the wages for work done be increased and that a large percentage of the money earned be kept for them until their release. It should be noted that Justice Dermot



Kinlen made similar comments in his report. The Inspector of Prisons looked at the situation in Spain and found on a visit to a prison near Aranjuez.

About 20% of the prisoners are employed by outside contractors and do work such as the making of parts for computers. They are paid full wages and their social services dues are also paid for them. This means that they have quite a considerable sum of money when they leave prison as well as having perfected a technical skill.⁵⁵

Other groups within the prison are employed doing various maintenance jobs and receive a lower wage. Nevertheless, the Spanish experience could be applied in Ireland as the participants themselves have pointed out. This would help ease certain problems that some prisoners have immediately upon release, without undermining paid work done on the outside.

It is worth noting that currently discussions are underway on the feasibility of opening up Credit Union accounts for prisoners were they could save money. This idea has received support from Money Advice and Budgeting Service (M.A.B.S) and other concerned agencies.

SOCIAL WELFARE

Many of the participants were not happy with the situation regarding social welfare payments and medical cards. They suggested that the relevant authorities be allowed access to the prison to sort out their paperwork before they leave. This would mean carrying out the IPS strategy of moving towards sentence management for all prisoners with prisoners and therefore other agencies knowing in advance their release date. In such circumstances they would leave to find that their social welfare payments had been sorted out.

They also suggested that for the exclusive purposes of dealing with the Community Welfare Officer (CWO) and the Department of Social Welfare that there be one monthly T.R form to avoid the constant rush to and from the prison, or that the CWO have a number that they can ring to check that a person is still on T.R. T.R forms and letters acknowledging that a person has been in prison should be issued as a matter of course when leaving the prison. A prisoner should not have to go back and request one as has been the experience of quite a number of participants.

⁵⁵ Kinlen, D. (2003) **First Annual Report of the Inspector of Prisons and Places of Detention for the Year 2002-2003**. p46

KEY WORKER AND INFORMATION

In prison a common concern amongst participants was the total lack of knowledge that they had about services available upon release and their entitlements. As one participant put it, most prisoners have little knowledge of the system and rely on survival skills. A key element to this was information. Almost all of the participants complained about the lack of information they were given prior to release. At most they were given, on what seemed to the initiative of individual prison officers, addresses of hostels where they could stay. There was very little in the way of information on entitlements or contact with different agencies.

One suggestion was that prisoners be prepared for release and that they get a pre release course similar to that offered to life sentence prisoners which would include visits from the Department of Social and Family Affairs and other agencies.

Most of the recommendations that participants made relate to the Irish State, however, one suggestion that was made could be equally made both to the State and to the community sector and that is the need for key workers. The key worker did not have to be from an official government department, it could be a person in a community group. The idea was that such a person would work with prisoners prior to release and also after release and that the person would monitor their progress. Some areas of Dublin already have a form of key worker through the prison links workers. However, most of the areas covered by the DICP are not among them.

Some participants felt that a drop in centre that was for ex prisoners would be an important part of their reintegration. There were different views on whether it should be drug free or not.

It is interesting to note that the Bond Project in Blanchardstown operates a system where ex prisoners can drop in and meet with different officials from the Probation and Welfare Service and the Local Employment Schemes. This scheme is drug free though. However, the ex prisoners feel comfortable in the centre which they perceive to be theirs even though it is not.

Some criminal records should be expunged after a certain period especially for driving offences committed by juvenile offenders. This would allow ex prisoners to make use of certain skills that they have.

RECOMMENDATIONS FROM COMMUNITY SECTOR

The community groups that came together at Ozanam House came up with a list of suggestions of their own, some of which mirror those made by the participants in this study. A principle part of the suggestions that runs through all the themes was that of sentence management. There should be an individual sentence plan drawn up on admission for each prisoner and that this would be coupled with a comprehensive physical and mental health check up in order to take into account prisoners medical needs. Prisoners would then be given an orientation meeting to the prison and its functioning and services.

HEALTH

The community groups made a number of further more precise suggestions on health and health related issues. They felt that there should be a Hep C Liaison Nurse to ensure continuity of care for those that begin a treatment plan whilst in prison and that as part of this a person would be entitled to their medical card whilst in prison, thus ensuring that nobody breaks their treatment due to not having their medical card. An important part of

working on Hep C is of course information and there should be awareness building programmes in prison.

One important suggestion is that of needle exchange programmes in prison as a means of preventing the spread of blood borne infections. We are aware that this is controversial and that the Prison Officers Association has opposed the move but there are very cogent arguments for it and these include the safety of prison officers themselves.

Prison officers fears of being attacked with syringes cannot be ignored. The possibility exists, although experience of needle exchange programmes in other jurisdictions would suggest that it is possible but not probable. Currently Prison Officers run the risk of being attacked with dirty needles, not clean ones. Also they run the risk of accidental prickings by dirty needles during drug searches of cells. In Switzerland, the exchange programme requires the needle to be placed in a special holder that is visible upon entry to the cell. The presence of the needle in that holder indicates to the prison officer that it is safe to search the cell and that there are no dirty needles lying around. Prisoners are further required to keep the needle in the cell at all times except when bringing it for exchange and it must be in a protective holder.⁵⁶

Currently there are syringe exchange schemes in 20 prisons in Europe (in Switzerland, Germany, Spain and Moldova), which form part of the comprehensive drug strategies in those establishments. The prisons use a range of models. For example, in Centro Penitenciario de Basauri, men's prison in Spain the syringes can only be exchanged through contact with a specific member of staff, as this provides an opportunity for other matters to be raised. At Hindelbank women's prison in Switzerland, and Vechta women's prison in Germany, drug counselling contact is separated from the process of exchanging syringes, through the use of slot machines in residential areas. At a prison in Moldova, syringes are distributed by volunteer prisoners who are taking part in a peer support scheme. In Switzerland, the Ministry of Justice has responded to the evaluation of these schemes by advising that such programmes are legal and necessary. One canton (Berne) now requires needle exchange schemes in all its prisons.⁵⁷

Also in Germany where some of these projects are being dismantled the prison officers have opposed the abolition of needle exchange schemes, fearing for their future safety if there is a return to widespread use of dirty needles. Further, it is a matter of public health.

Such schemes should go hand in hand with more counselling

ACCOMMODATION

There was some degree of coincidence between the participants and the community groups on this issue. That there was a need to look at the way in which vetting committees operate and that during the vetting process adequate support should be given to the person being vetted.

Some felt that there was a need to revisit the housing acts in relation to anti-social behaviour. When the 1997 Act was introduced the powers to exclude people from housing in certain areas was one of the demands of community groups who had watched how drug pushers had plied their trade from local authority housing and nobody was able to intervene. The power to exclude drug pushers is very important to the communities concerned, however, the Act itself defines anti-social behaviour in broad terms.

The type of agreement reached in St Teresa's Gardens should be negotiated in all areas of the Inner City.

⁵⁶ Lines, R. HIV, *Hepatitis C, and Harm Reduction in Prisons: Evidence Best Practice and Human Rights*, public forum presented by The Irish Penal Reform Trust and Merchants Quay Ireland; Dublin 11/12/03

⁵⁷ WHO & Pompidou Group (2001), op cit p21

In relation to the suggestions made by the participants themselves around reintegration and tenancy vetting committees, a safeguard for the communities could be added in the form of a probationary period for all new lettings. This would mean that ex prisoners who had been given a second chance could be asked to move on in the event of them either abusing the second chance or failing to comply with the commitments made around anti-social behaviour.

There should be an in prison service link with accommodation agencies and prisoners should be able to make an appointment with the homeless agency prior to release. This is not the situation at the moment.

Hostels and B&Bs should be required to meet certain standards and these standards should be enforced.

TRAINING/WORK/REINTEGRATION

Again information was seen as important. It was felt that the average prisoner lacked information on projects in the prison such as Connect and FÁS courses when they leave. There is a high drop out from courses due to high expectations that people have of the courses. It was felt that FÁS staff should identify skills and abilities whilst in prison and match them up accordingly with courses and training on the outside. This in part echoes some of the comments by participants in relation to training for jobs that they will be able to do and have an interest in.

Reintegration into the community is not just a matter of gaining employment or of training but of being accepted back into the community and here the community groups made recommendations to the community sector itself. There is an urgent need for community organisations and community representatives to look at the question of community restorative justice both as a preventative measure and also as a means of reintegrating ex prisoners into the community. There is a need to discuss what model of community restorative justice should be applied, by whom and for what type of offences. There is only a need to apply such models to offences that are deemed to be damaging either to an individual member of the community or to the community as a whole. Some offences though punishable by law may not fall into these categories.

Another possibility is the Circles of Support model which comes from the Mennonite Church. The model is currently being used in the North in relation to sex offenders but could be applied to any type of offender. It consists of a team of four to six volunteers who meet with an offender immediately after release. Each volunteer agrees to take on a particular role dealing with particular aspects of release into the community. One advantage that it has is that it can deal with voluntary clients and not just people who are released under the supervision of the courts or Probation and Welfare. They help the person and do advocacy work on their behalf. Proper training is given to all volunteers. It requires a huge input of personnel per client, however it could be used sparingly, as resources dictate, with specific prisoners who are assessed for suitability prior to release. This could meet the recommendation of participants for a key worker. It should be pointed out that a number of projects functioning in the DICP area already have key workers for those who participate in them.

SOCIAL WELFARE

In relation to social welfare, the community groups were in broad agreement with the participants themselves about the need for CWO and social welfare staff to go into the prison and prepare prisoners for release. This would require increased coordination between different agencies. It would mean that social welfare entitlements, medical cards etc would all be sorted out in advance.

Time spent in prison should be counted against time required for Social Welfare payments in a similar fashion to the way it operates for qualifying for a place on a FÁS training scheme.

It was further felt that the discretionary powers of CWO's be removed for ex prisoners and the payment should be set upon release.

GENERAL RECOMMENDATIONS

The problems faced by ex prisoners are complex and multifaceted and accordingly prisoners and ex prisoners deal with a wide range of service providers and different state agencies. There is a need for one statutory agency to be set up to have responsibility for all aspects of prisoners release and reintegration into the community. This would eliminate duplication of efforts and use of resources but it would also make it easier for ex prisoners and would facilitate through care into the community and make it easier to coordinate all efforts in relation to individual prisoners.

Likewise there is a need for community groups to coordinate their activities on ex prisoners and to meet on a regular basis to exchange information and to lobby for change in this area. A liaison group between the Irish Prison Service and community groups exists, however it deals mainly with practical issues of access for community groups. There is a need for a working group that involves community groups and the Irish Prison Service. Such a group would have to be able to work out structures and methodologies around prisoner release and follow through into the community. The representatives from the Irish Prison Service should be of sufficient rank to make policy decisions.

The Drugs Task Forces in the Inner City should seek the appointment of Prison Links Workers for the area. Such workers have been appointed through the task forces in other areas and it is urgent that they be appointed. Such workers would be key elements of any strategy to ensure that there are links between community groups, agencies and the Irish Prison Service and that prisoners are released and referred to the different services.

Mountjoy's current location allows prisoners to keep in contact with their families and it also allows easier access to the prison when they are required to report back to get their Temporary Release forms stamped etc. Prisons that are out of sight are out of mind and further removed from the concerns of the community and wider society. In the event of Mountjoy Jail being demolished it should be rebuilt on site. Most of its prisoners are from the DICP area and it is well communicated with other parts of Dublin. Rebuilding the prison at its current location will make it easier for prisoners to maintain relationships with friends and family.

Some of the above recommendations are long term and others are short term and require in some cases administrative fixes. However, there is one longer term recommendation which has been voiced on numerous occasions and which can not be avoided. If we look at the prison population and that of the Dochas unit in particular we see that many of the prisoners are in for drug related offences including property crimes to feed their drug habit and many are lone parents. Such prisoners shouldn't be in prison they should be in some form of treatment centre.

A similar case can and has been made by Amnesty International for those prisoners who are mentally ill. The question of mental health was not dealt with in this study. A thorough treatment of the issue appears in Amnesty International's excellent report.⁵⁸ Some of the recommendations made by Amnesty International would have support amongst community groups. Amnesty International also echoes the call for through care into the community and

⁵⁸ Crowley, F (2003) **Mental Illness: The Neglected Quarter**, Dublin: Amnesty International

continuity of care. They also recommend that “Mental health legislation should be introduced in a way that would facilitate diversion of mentally disordered individuals from the criminal justice system to an alternative treatment, supervision and care service.”⁵⁹ Likewise those who suffer other forms of illness such as addiction should be diverted into treatment programmes where appropriate.

The above recommendations will never be implemented unless the community sector take on board the need to lobby for change and the need to make changes itself were feasible to how it operates. Whilst most of the demands are made on the State, some are also the responsibility of the community sector and the community sector needs to lobby and push for change for this vulnerable section of our communities.

⁵⁹ F.Crowley (2003) op. cit. p 102



Summary & Conclusions

The situation facing prisoners in jail and after release has long been of concern to community groups in Dublin's Inner City. Given that a high proportion of prisoners comes from the Inner City, CTA took upon itself to carry out a piece of research looking in to the problems faced by prisoners in their attempts to reintegrate themselves into society.

Es prisoners faced a range of problems upon release. Many of their problems were related to a lack of information about services often compounded by being released late in the evening when such services were closed.

Ex prisoners were at risk of becoming homeless in such situations and many of them turned back to crime within hours of being released in search for money to pay a B&B. Others still, sought out money to pay for drugs as there was a delay in getting back onto their methadone programme once released.

Those that managed to survive the initial crucial period after release were faced with further problems, though financial worries were never far away. Work is important as a means of earning a living but it also important because it keeps people occupied. For many keeping occupied is an important part of keeping out of prison and training can be just as important in that sense as work.

Some prisoners loose contact with their families whilst in prison, particularly long term prisoners. There has been a lack of family orientated visits that would allow them to work at maintaining relationships.

Many prisoners are drug users and this is a major problem for them when it comes to reintegrating themselves into society as their offending behaviour is often related to their drug use. However, there are further problems for those that do try to stop using drugs or have no drug problem in the first place. Often communities are not willing to accept them back and the Local Authority anti social behaviour laws exclude them from Local Authority housing.

Many of the participants in the study who were drug users were also had Hepatitis C and some had been denied access to medical care on this basis. Discrimination of this nature needs to be tackled. Preventative measures along the lines of needle exchange programmes in the prison also need to be introduced.

A significant problem for ex prisoners is their reintegration to the community and also obtaining employment that gives them real possibilities of leading a crime free life.

There is a need to develop a proper system of information for prisoners upon their release and proper referral to the different agencies and supports. This entails positive sentence

management with prisoner working towards a release with follow through into the community.

The community groups need to coordinate efforts around prisoner training, release and treatment and need to engage in advocacy on behalf of this group.

The key conclusion to emerge from this study is the need for fairly simple instrumental and cultural changes within the prisons, in the first instance.

However, institutional change is difficult especially when entrenched staff interests are involved. It will require both skilled facilitation and a willingness to engage in a process of change to bring about the small but very important changes both in the prison regime and in the discharge process set out in this study. The next steps are for the committee overseeing this study to form a steering group to champion these changes in collaboration with the prison service.



APPENDIX

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Groups and individuals contacted as part of the study.

ACRG	Greater Shankill Alternatives
Amnesty International	Hepatology Clinic (St James')
Ana Liffey	Hep Cats
Ballymun YAP	Inner City Enterprise
Bond	Irish Penal Reform Trust
Bridge Project	Irish Dental Association
Cabra Young Offenders After Care Committee	Joe Dowling
Chrysalis	NWICP
CityWide	Probation and Welfare
Community Policing Forum	Sadie Grace
Community Response	St Teresa's Gardens Environmental Project
Community Restorative Justice Ireland	Simon Community
Dr Declan Redmond (UCD)	Tallaght Mediation Service
Department of Health	Tar Isteach
DICP	Uisce
Dublin City Council	VEC
Educational Trust	Women Leaving Prison Project
Extern	

Questionnaire No:

Place:

QUESTIONNAIRE SURVEY ON EX PRISONERS

Q.1 Sex:

Q.2 Age

Q.3 What was the last prison you were in?

Q.4 How long ago were you released?

Q.5 Have you been in other prisons?

Mountjoy Dochas St Patrick's Inst. Wheatfield Cloverhill
Shanganagh Other : _____

Educational profile:

Q.6 Group Cert Junior/Inter Cert Leaving Cert Applied leaving
Apprenticeship NCVA/ FETAC Other

Current Circumstances:

Q.7 Where do you live?

With parents/family member private flat Corpo flat On friends floor
Hostel On Street Other: _____

Q.8 Current economic circumstances:

Social Welfare Job FÁS Other training No income

Open Questions.

Q.9 What was the first problem you had when you came out of prison?

Q.10 Did you get any help from any Government body?

Q.11 Did you get any help from any community organisation/voluntary group?

Q.12 Did you have any health problems and if so how did you solve them?

Q.13 Did you have any hassle from the Gardai?

Q.14 Did you have any other problems?

Q.15 Did you go back to live in the area that you come from? If not, why not?

Q.16 What do you think you need when you come out of prison in terms of help?

Q.17 Did you do anything in Prison that helped you for when you were released?
e.g. training, education, detox etc.