

Editorial

In its policy document, *The Irish Prison System: Vision, Values, Reality*, published in March 2012, the Jesuit Centre for Faith and Justice states that since imprisonment is the most severe penalty available to the courts in Ireland – and given the far-reaching implications of imprisonment – society must give serious consideration to two fundamental questions: the extent to which it uses the penalty of imprisonment, and the conditions which it permits to exist within its prisons. The Centre’s policy document suggests that, in practice, in Ireland today these two questions are intertwined: an increased resort to imprisonment over the past two decades has led to a doubling of the prison population and this has resulted in overcrowding becoming a defining characteristic of most prisons in Ireland. The detrimental consequences are evident in terms of physical conditions, regimes, access to services and facilities, and working conditions for those employed in our prisons.

The serious deficiencies in conditions and regimes in Irish prisons are explored in some detail in the opening article of this issue of *Working Notes* – and form part of the backdrop to the subjects examined in the other three articles.

Kevin Warner draws attention to the ‘basic living conditions’ which the Committee of Inquiry into Penal System (the Whitaker Committee) said should be provided for all people in prison and says that in several key respects the prison system has not only failed to meet these standards but is now further away from doing so than when the Committee reported in 1985. In particular, he points to the sharp increase the problem of ‘doubling up’ in prison in recent decades, and the reality that the authorities responsible for making prison policy seem to have abandoned even the aspiration to provide single cell accommodation as the norm. He suggests that the report of the Whitaker Committee merits revisiting: ‘It offers far wiser guidance than is found in official thinking in recent times’.

Roughan MacNamara of Focus Ireland, the voluntary organisation concerned with homelessness, writes about its Prison In-Reach Service, which seeks to break a frequently

occurring cycle involving homelessness, addiction and/or mental health problems, criminal behaviour, imprisonment – and, on release, the likely repeat of the sequence. The In-Reach Service works with people in prison before release, with the aim of ensuring that necessary services are in place when they are freed, and it continues to offer support as they make the adjustment to life after prison.

The challenges of providing healthcare in a prison setting are the theme of the third article. Catherine Darker notes that health problems are more common among people in prison than is the case for the population as a whole. The concept of ‘equivalence of care’ requires that people in prison should have access to the same kind of health service as is available in the public health system for the general population, but there are significant obstacles to implementing this in overcrowded and often out-of-date prison buildings. She points to some key issues: the rise in the number of older prisoners – who are likely to have a higher incidence of health problems; the fact that custody reduces prisoners’ scope for self-care and independent action in relation to health, and the reality that reduced public resources limit the possibilities for making necessary improvements in prison health care.

In the final article of this issue, Eoin Carroll explores the policy process relating to the building of the Dóchas Centre for women in Mountjoy Prison. He shows that there was a prolonged period in which attention was repeatedly drawn to the extremely poor conditions in the ‘old’ prison for women but during which the only response was the introduction of minor improvements. Ultimately, it was the firm commitment of two successive female Ministers for Justice, from different political parties, and the input of committed individuals, from both within and outside the prison system, which ensured the building of a modern – and model – prison facility for women. Eoin Carroll notes recent commitments to halt the upward trend in the number of women in prison and argues that the policy elements that ensured the Dóchas Centre was built will need to be present if these commitments are to be realised in practice.

Redefining Standards Downwards: The Deterioration in Basic Living Conditions in Irish Prisons and the Failure of Policy

Kevin Warner

Introduction

The phrase ‘redefining standards’ might be assumed to imply a commitment to higher, more rigorous, standards, along with the more effective enforcement of such standards. In the case of the Irish prison system, however, we have seen over the past two decades alarming examples of where standards have been re-defined *downwards*, so that, for a majority of those detained in our prisons, basic living conditions have significantly deteriorated and the experience of being in prison has become even more burdensome and damaging.

The Whitaker Standards for ‘Basic Living Conditions’

Only once in the history of the Irish State has the Government commissioned a comprehensive investigation into the penal system as a whole. This resulted in the *Report of the Committee of Inquiry into the Penal System*, which was published in 1985 and is commonly known as the ‘Whitaker Report’, after the Committee’s chairman, T. K. Whitaker.¹

The Whitaker Committee was scathing in its criticism of the Irish penal system, and of its management by the Department of Justice. It proposed radical changes in thinking and policy – reflected in its advocacy of three key underlying principles: ‘minimum use of custody, minimum use of security and normalisation of prison life’.²

The Committee set out in some detail what it called the ‘basic living conditions’ which should be provided for those held in prison.³ These included: a balanced diet, normal clothing, a clean and hygienic environment, physical and mental healthcare comparable to that available in society as a whole, care of children born in prison, and freedom to practice religion. In the view of the Committee, ‘basic living conditions in prisons should correspond broadly to those available to persons with an average disposable income’.⁴

In this article, I highlight five particular ‘basic living conditions’ listed by the Whitaker Committee which seem to me to be of critical

importance. These five conditions are defined in quite tangible ways by Whitaker, and so are amenable to monitoring and assessment.

The Committee’s report stipulated that prisoners should have:

‘Normally (and always where a prisoner so desires) private sleeping accommodation in a single cell.’

‘Ready access to toilet facilities at all times.’

‘Much more out-of-cell time (at least 12 hours).’

‘Flexible access to participation in ordered activity, such as education and work, to recreation facilities and to welfare services.’

‘Liberal visiting arrangements with minimum of supervision (especially of family visits) and maximum allowance of personal contact.’⁵

Such key prescriptions for our prison system, and the philosophy underpinning them, were very much in tune with mainstream European thinking on penal matters, as can be seen by examining the European Prison Rules, which were agreed by the countries of the Council of Europe in 1987.⁶ (These Rules were revised in 2006.⁷)

What’s the Story Now?

If ‘normalisation’ is a cornerstone of penal policy, and living conditions in prison are to be related to those ‘on the outside’, then one would expect basic conditions in prisons to improve over time, in line with improvements in living conditions in society as a whole. In some ways this *has* happened: for example, food in prisons is much better now than it was thirty years ago. However, in many instances, living conditions in Irish prisons are now far worse than those so severely criticised by the Whitaker Committee in 1985. We can see this by examining the situation regarding the five key conditions listed above.

Single Cells

When Whitaker reported, nearly all those held in prison were in single cells, although the report noted that a limited degree of ‘doubling up’ had

begun in Arbour Hill Prison and in Cork Prison. However, the Whitaker Committee was insistent that people in prison were entitled to single cells. In the years since the Committee reported, Irish prison authorities have abandoned this basic condition in both policy and practice. Today, *60 per cent of prisoners must share cells*,⁸ and this sub-standard arrangement is aggravated by excessive lock-up times and inappropriate sanitation.

Toilet Facilities

The Whitaker Committee saw it as elementary that those in prison should have ‘ready access to toilet facilities at all times’. From the general tenor of its report, it is reasonable to assume that the Committee envisaged *proper toilets* that could be *used in private*. This is not how things are today. Some 20 per cent of all those in prison in Ireland (about 850 men) are required to ‘slop out’, i.e., urinate and defecate in buckets or other containers that must then be emptied elsewhere at unlock time.

The Irish Prison Service, in its *Three Year Strategic Plan 2012–2015*, has committed itself to the provision of in-cell sanitation in all locked cells, and thus to the ending of slopping out.⁹ This is obviously a very welcome development. However, while the situation regarding slopping out is well-known, and has been widely condemned, there is much less public awareness of the humiliating and degrading arrangements that are the lot of a much greater number of people in prison. In the words of the Minister for Justice and Equality, 1,885 prisoners are ‘required to use normal toilet facilities in the presence of others’.¹⁰ This amounts to about 44 per cent of the prison population. This situation arises, of course, from the prevalence of shared cells, very few of which have separated toilets. Something of this reality is conveyed by the Inspector of Prisons, who describes the implications for women in Limerick Prison of having to share a cell that is less than nine square metres:

*The toilets, while screened from the door, are not otherwise screened. The toilets are not covered. I have observed food trays and towels being used as toilet covers. When there is more than one prisoner in a cell a prisoner attending to her sanitary or washing requirements does so within feet and in full view of her fellow prisoner. The situation is far worse when there are three prisoners in a cell.*¹¹

We can say, therefore, that elementary standards of dignity and decency (and often hygiene) are affronted by the sanitary arrangements currently in

place for a majority of people in prison in Ireland today: *two out of three are required to either ‘slop out’, or attend to sanitary requirements right in front of others, or both.*

Out-of-Cell Time

The effects of both cell-sharing and undignified sanitary arrangements are greatly worsened by the extremely lengthy lock-up times imposed on the vast majority of those in prison in Ireland. At the time the Whitaker Committee reported, most prisoners were locked up for sixteen hours a day. The Committee saw this as ‘excessive’, and said that people in prison should be out of their cells for ‘at least 12 hours’ each day.¹²

However, for the great majority of prisoners this 12-hour minimum out-of-cell time was not to be and matters have, in fact, worsened rather than improved. The eight hours out-of-cell time, which had been the norm, has been eroded: now, out-of-cell time is only six or seven hours, in practice. Moreover, a significant number of people in prison experience an especially severe degree of confinement, being locked up in cells for over 18 hours, and in some cases for up to 23 hours, a day. The majority of these are ‘protection prisoners’, who are considered to be under threat or at risk were they to remain among the general population of the prison.¹³ On 21 November 2011, 364 prisoners were locked up in excess of 18 hours a day, 178 of whom were locked up for 23 hours or more.¹⁴

Access to Structured Activities

The Whitaker Committee wanted all people detained in prison to have access to a full day’s structured activity (such as education, work, training, welfare and psychology services), so as to constructively use their time and as part of ‘personal development’ programmes. While staffing and facilities for some of these services have expanded since 1985, the increases have not, in general, matched the enormous surge in the prison population. In addition, lengthier lock-up times, an inordinate emphasis on ‘security’ and, in particular, severe segregation in most prisons have seriously hampered access to these services for great numbers of people in prison.¹⁵

Contact with Family and Friends

The Whitaker Committee saw no reason why most men and women in prison should not have reasonable means of keeping in contact with those close to them on the outside. This included

‘freedom to write and receive letters without censorship’ and to make telephone calls.¹⁶ (Were the Committee reporting today, it would presumably include access to email contact in its list.) The reality is, however, that the level of contact with the outside world envisaged by the Committee does not happen in Irish prisons.

Whitaker also envisaged ‘liberal visiting arrangements’ with ‘maximum allowance of personal contact’, especially for family visits. Again, the reality today is very different.

The inadequacy of the visiting arrangements in many Irish prisons is conveyed by the Report of the Committee for the Prevention of Torture (CPT) following its visit to Ireland in 2010. The Report said in reference to Cork Prison:

The visiting arrangements in Cork Prison are totally unsuitable. Up to 12 prisoners were placed shoulder to shoulder on one side of a wide table running the length of the room communicating with two or three visitors each on the other side of the table. The table was fitted with glass partition (some 15cm high) and conversations were conducted with raised voices as visitors and prisoners competed to be heard; the resulting cacophony of sound can easily be imagined. Prisoners were forbidden to have any physical contact with their visitors, including with children. Those who defied the ban were subject to a disciplinary punishment. Such a systematic ban on physical contact between prisoners and their families, in particular their children, is unreasonable, given the search procedures in place.¹⁷

In their response to this criticism, the Irish authorities stated baldly: ‘the Irish Prison Service does not intend to amend the policy with regard to screened visits’.¹⁸

The Principle of Single Cell Accommodation

John Lonergan, former Governor of Mountjoy Prison, makes the case for the importance of single cell accommodation when speaking about the detention of women in the Dóchas Centre:

Doubling up in single rooms seriously erodes the values promoted in the centre – women having privacy, their own space and above all personal safety. If you are in prison and you have to share accommodation with another prisoner, you are

never on your own, not for a minute. People crack up when they don’t have their own space.¹⁹

The need to have one’s own safe space applies equally to male prisoners, as I’m sure John Lonergan would agree. Requiring people in prison to share cells degrades individuals and fosters stress, violence and drug abuse. Peter McVerry speaks of personally knowing over forty young men who acquired a drug habit in prison, directly as a result of being forced to share cells with drug-users.²⁰

Problematic prison conditions tend to reinforce each other. It is for reasons such as these, as well as regard for people’s dignity and health, that Whitaker and the Council of Europe insist on single cells. The Department of Justice also previously aspired to having single cells for all – at least up until the mid-1990s. By that time, about 28 per cent of those in prison were obliged to share cells.²¹ The Department’s 1994 policy document, *The Management of Offenders*, spoke of the need to provide about 300 additional places to eliminate the ‘doubling up’ that was then occurring, and it envisaged a 50 per cent reduction in this doubling up as a ‘defensible five year target’.²² Clearly, at that point the Department still subscribed to the principle of single cell accommodation.

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However, the aspiration to this basic standard was abandoned by prison authorities with the construction in the late 1990s of Cloverhill Prison. In its Report for 1999 and 2000, the Irish Prison Service refers to the opening of this, ‘the State’s first-ever dedicated facility for remand prisoners’, and states that: ‘The Prison has accommodation for approx. 400 prisoners *in a combination of single, double and triple cells* (emphasis added).²³ Since then, the assumption that doubling-up is acceptable has been a feature of most prison planning, as is evident in new facilities in Castlerea, Wheatfield, Midlands and Limerick prisons, and Ministers for Justice and the Irish Prison Service now routinely speak of prison ‘spaces’ rather than cells.

In the official announcement at the end of February 2012 of a new unit to be built on a site adjacent to the existing Cork Prison, the Minister for Justice and Equality referred to the provision of ‘a new, modern 250 space prison’ which would ‘eliminate the practice of prisoners having to slop out [and] provide adequate and suitable accommodation for all prisoners in accordance with our national and international obligations ...’.²⁴

The official announcement gave no indication that the new prison would have as the norm single-cell accommodation – as would be required to meet international standards. On the contrary, the announcement stated that the decision regarding Cork Prison was based on a report on options for replacing or redeveloping the prison, prepared for the Minister by the Irish Prison Service, which suggested that the most feasible option would be the construction of a 150 cell prison near the existing building.²⁵ In other words, the proposed ‘new, modern’ Cork Prison will, it seems, provide single-cell accommodation for, at most, 50 of the 250 people to be detained there. Thus have sub-standard arrangements become endemic in the Irish prison system.

Reports of the Inspector of Prisons

The current Inspector of Prisons, Judge Michael Reilly, has made some trenchant and incisive criticisms of the prison system. He has been especially critical of, for example, overcrowding, slopping out, and the inadequacy of complaint and investigation procedures.

However, in outlining the specific standards which the Irish prison system should be expected to meet, the Inspector of Prison has in some instances compromised on the clear and basic standards set out by the Council of Europe (which were reflected in the Whitaker Committee Report). This is of all the more concern because both the Irish Prison Service and the Minister for Justice have been citing these lower standards to justify their policies, while ignoring the higher standards of the Council of Europe (in, for example, the European Prison Rules). It must be remembered that these Council of Europe standards are *minimum* requirements, intended to have application in a large number of countries, with varying levels of economic development.

In particular, reports of the Inspector of Prisons have set significantly lower standards for prisons in relation to the first three of the five Whitaker ‘basic

living conditions’ – that is, single cell occupancy, sanitation arrangements, and the time those in prison should have out of their cells.

In addition, the standards set out have little to say about another Whitaker condition, detailed above, pertaining to visiting arrangements and the need to maintain family contact.



Cell, Mountjoy Prison

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Furthermore, while reports by the Inspector of Prisons have been critical of a tendency to increase the number of spaces provided in prisons without a corresponding increase in services and activity, they have not given sufficient attention to the fundamental problem that the pattern of prison development in Ireland in recent years has resulted in a prison system now dominated by large prisons, including several accommodating over 600 people. There are serious negative implications arising from such a pattern of development, including an inevitable tendency to a ‘one-size-fits-all’ approach to security, and a need to provide for the segregation of different groups, the consequences of which include the likelihood of curtailed access to structured activity such as education and work training.²⁶

Some specific instances of where the proposals of the Inspector of Prisons appear to go below the standards agreed by the Council of Europe will now be explored, drawing mainly on the substantial document, *The Irish Prison Population – An Examination of Duties and Obligations Owed to Prisoners*, issued by the Office of the Inspector in 2010.²⁷

Shared Cells

Perhaps it is understandable that the Inspector of

Prisons, facing the appalling conditions in many Irish prisons, would feel compelled to lower standards and set more reachable targets for the authorities on some aspects of imprisonment – understandable, but hardly acceptable, especially in relation to the critical issue of single cell accommodation.

The *Duties and Obligations* document presents a sharp analysis of overcrowding, and correctly defines this phenomenon in a way that includes threats to safety, and the absence of appropriate services and regime. In relation to cell accommodation, however, it states that:

As a general principle I have concluded that best practice in Ireland should be that cell sizes should conform to the following sizes:-

(a) For single occupancy – 7m² with a minimum of 2m between walls. Such cells should have in-cell sanitation. It would be preferable to have the sanitary facilities screened.

(b) For each additional prisoner – an additional 4m² (Example: 2 prisoners – 11m², 3 prisoners – 15m², 4 prisoners 19m²).²⁸

An illustration of just how severely cramped are such spaces is provided in an article by Patrick Hume, in which he contrasts the standards proposed above with the minimum floor-space requirements for children in pre-schools. He notes that the recommended extra space for an additional adult confined to a cell for most of his or her waking hours is *less* than what regulations require for an additional child present in a pre-school for a few hours.²⁹

The *Duties and Obligations* document states that, in reaching conclusions regarding minimum cell size, account has been taken of, *inter alia*, the Irish Constitution and domestic law, international instruments and the European Prison Rules.³⁰ Reference is made to 18.1 of the European Prison Rules, which sets out a principle that prison accommodation ‘shall respect human dignity and, as far as possible, privacy, and meet the requirements of health and hygiene’. However, no reference is made to 18.5, 18.6 and 18.7 of the European Prison Rules, which are much more specific and tangible:

18.5 Prisoners shall normally be accommodated during the night in individual cells except

where it is preferable for them to share sleeping accommodation.

18.6 Accommodation shall only be shared if it is suitable for this purpose and shall be occupied by prisoners suitable to associate with each other.

18.7 As far as possible, prisoners shall be given a choice before being required to share sleeping accommodation.³¹

Thus, the European Prison Rules, like the report of the Whitaker Committee, envisage single cells being the norm, with departure from this standard only allowable in what would be exceptional circumstances beneficial to the person in prison. The Rules then add three other qualifications which would further limit such exceptions. The omission of reference to Rules 18.5, 18.6 and 18.7 in the *Duties and Obligations* document seems very strange indeed.

Even stranger is that the same omission occurs in the report of the Thornton Hall Project Review Group (2011), because that report purports to present a very full exposition of the European Prison Rules. Like the Inspector of Prisons, the Review Group quotes 18.1 of the Rules – the general principle relating to accommodation – but then neglects to quote further and makes no mention of the single cell requirement that is clearly set out in 18.5.³² Neither does the Review Group make any reference whatsoever to the Whitaker Report. It is not surprising, then, that the Group came up with proposals that would result in 80 per cent cell-sharing in the main part of Thornton Hall, and 86 per cent cell-sharing in the main part of Kilworth, Co. Cork, if the building of these prisons were to proceed in line with its recommendations.³³

Shared Sanitary Arrangements

In Brian Keenan’s extraordinary book, *An Evil Cradling*, in which he tells how he was kidnapped in Beirut and held captive with John McCarthy, he vividly describes the severe unpleasantness and embarrassment they both endured when their guards failed to turn up *on one occasion* to allow them out of their cell to use a toilet.³⁴ Yet this, in one form or another, is the situation facing *most* prisoners in Ireland *every day*.

The Inspector of Prisons does recognise – and condemn – the inappropriateness of people ‘... attending to ... sanitary ... requirements ... within feet and in full view’ of each other, as can be seen

in his comment on Limerick Prison, quoted earlier. However, in general, while his reports vividly and vehemently criticise slopping out, they essentially ignore the more widespread problem of people in prison being ‘required to use normal toilet facilities in the presence of others’.³⁵

Given the architecture of most Irish prisons, an acceptance of cell-sharing means having to accept inadequate sanitary arrangements. Those who sleep in the same cells, and sit about together in the same confined space for the greater part of the day, have no choice but to use the toilet in front of each other. The ‘screens’ around toilets in a few locations, to which reference is made in some of the reports of the Inspector of Prisons, are of little benefit.

People do not live in toilets. We do not eat our meals there, or study or watch TV there. Even where there is only one person in a cell or room, the toilet facility should be separate. Only 40 per cent of all who are in prison in Ireland are fortunate enough to have single cell accommodation and of those very few have their toilet facility separated. These few are in locations such as the Dóchas Centre (and only a minority there now have single rooms) or in the new accommodation sections of Loughan House or Shelton Abbey.

‘The greater part of the day’

In stating that men and women in prison should be out of their cells for ‘at least 12 hours’ each day, the Whitaker Committee set a very clear-cut standard, although one well in advance of conditions at the time – and, as already noted, even further in advance of arrangements today. This standard, however, is eminently achievable – for example, 12 to 14 hours out-of-cell time is currently the norm for sentenced prisoners in Nordic countries.³⁶

With such unlock time, it is then possible, even in high-security prisons in countries such as Denmark, Finland and Norway, to enable those in prison to engage in a normal, full day of work or education, or both. This is generally not possible in Irish prisons today.³⁷ Such unlock periods also support ‘normalisation’ in that they can facilitate those in prison carrying out their own daily tasks such as cooking and cleaning. However, given the sub-standard arrangements in cells in Ireland, with most of those held in prison sharing accommodation and sanitation being very inappropriate, the most obvious benefit of more out-of-cell time would be to enable those in prison to get away from these conditions for longer periods.

In discussing regimes in general, the *Duties and Obligations* document cites the stipulation of the European Prison Rules that all prisoners should be offered ‘a balanced programme of activities’, and sufficient time out of cells for ‘an adequate level of human and social interaction’.³⁸ Reference is made to the concept, expressed in the European Prison Rules, that ‘imprisonment is by the deprivation of liberty a punishment in itself’ so that regimes should not ‘aggravate the suffering inherent in imprisonment’.³⁹

Furthermore, the document cites a *General Report* by the Committee for the Prevention of Torture (CPT) which argues that remand prisoners should have ‘the greater part of the day (8 hours or more) outside their cells, engaged in purposeful activity of a varied nature’, with regimes for those sentenced being ‘even more favourable’.⁴⁰ Clearly, Ireland falls short of these standards in relation to the great majority of remand and sentenced prisoners.

In the *Duties and Obligations* document, a chapter is devoted to describing in detail the conditions in each of the prisons in Ireland, and in these chapters there are several references to people in prison needing to be ‘out of the cells for most of the day’, or out of their cells ‘during the greater part of the day’ (see, for example, par. 8.15 and par. 15.6). At first sight, these references might be taken as indicating support for the Whitaker standard of 12 hours-plus out-of-cell time.

However, it becomes clear from the context, and the reality of the kind of regime which operates in most of the prisons being described, that the concept of ‘the greater part’ or ‘most of’ the day envisaged here is not that envisaged in the Whitaker Report, but something much weaker and more nebulous, probably not even the major part of the waking day or of day-light hours. It appears that the current norm of about seven hours unlock time might even satisfy the criteria of the *Duties and Obligations* document. This is a far cry from what Whitaker proposed, and another disturbing example of redefining standards downwards.

Conclusion: Reversing the Punitive Turn

The deterioration in prison conditions in Ireland in the past two decades, and the corresponding decline in accepted standards, should be seen in a wider context. There has been a severe hardening of attitude and policy in political and administrative fields in relation to penal matters. This has been a trend in most English-speaking countries, and is

variously described as part of a ‘culture of control’ or as a ‘new punitiveness’.⁴¹

A ‘punitive turn’ is obvious in Ireland since the mid-1990s, evident by a more than doubling of the number of people held in prison, by the worsened conditions described in this article, and by more excluding and demonising attitudes towards those who fall foul of the law and are sent to prison.⁴²

The overcrowding, the poor conditions and the negative attitudes to the men and women who are in prison are all interlinked, and tend to reinforce each other. Likewise, improved conditions are most likely to be achieved by reversing the incarceration binge of recent times (through more enlightened legislation and sentencing, and the development of alternatives to custody) *and* through a change in public and political attitudes, so that those in prison are recognised as citizens, as members of the community, as ‘whole persons’.

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When it set out ‘basic living conditions’ for those held in prison, the Whitaker Committee did so in a context where it also proposed serious efforts to reduce the numbers held in prison, and where it recognised the humanity, the rights and the social situations of people in prison. The policies and attitudes in relation to prisons and prisoners which are prevalent in Ireland today go very much against the grain of what was proposed in the Whitaker Report.

It is not surprising then that various Ministers for Justice and the Department of Justice have ignored this official government inquiry. It is more surprising, however, that bodies having a role in shaping and overseeing prison policy and practice, such as the Inspector of Prisons and the Thornton Hall Review Group, have so neglected the report.

The Whitaker Report, its core philosophy, and the clear standards it set out for operating prisons, merits revisiting. It offers far wiser guidance than is found in official thinking in recent times.

At the time of its publication, the Report had only

a very small print run and was soon unavailable; it has never been reprinted. These are very good reasons we should seek it out in obscure corners of libraries, and pay close attention to the policies and standards it outlined. In particular, the ‘basic living conditions’ it proposed are essential to underpin for citizens who are imprisoned elementary levels of dignity, privacy, safety, health, purposeful activity and contact with the outside world.

Notes

1. Committee of Inquiry into the Penal System, *Report of the Committee of Inquiry into the Penal System* (Whitaker Report), Dublin: Stationery Office, 1985.
2. *Ibid.*, p. 90.
3. *Ibid.* See pp. 13–14 and p. 61 for discussion of ‘basic living conditions’.
4. *Ibid.*, p. 13.
5. *Ibid.*, pp. 13–14. Alison Liebling, while recognising the importance of such material standards, is rightly more concerned ‘with less easily quantifiable features of the prison experience, and in particular, with perceptions of justice, fairness, safety, order, humanity, trust, and opportunities for personal development’, which she calls the ‘moral performance’ of the prison (Alison Liebling, *Prisons and their Moral Performance: A Study of Values, Quality and Prison Life*, Oxford: Oxford University Press, 2004, p. 50). However, I would contend that the material standards and the less tangible ‘moral performance’ are often closely inter-related, and have deteriorated in tandem in Irish prisons since the mid-1990s.
6. Council of Europe, Committee of Ministers, *Recommendation No. R (87) 3 of the Committee of Ministers to Member States on the European Prison Rules*, Adopted by the Committee of Ministers on 12 February 1987. (Available at: www.coe.int)
7. Council of Europe, Committee of Ministers, *Recommendation Rec (2006) of the Committee of Ministers to Member States on the European Prison Rules*, Adopted by the Committee of Ministers on 11 January 2006. (Available at: www.coe.int)
8. This information was provided in letter on 20 December 2011 by the Minister for Justice and Equality, Alan Shatter TD, in response to a Dáil Question tabled by Ciarán Lynch TD, on 24 November 2011 (Dáil Debates, Vol. 747, No. 5, 24 November 2011, p. 1034, PQ 163, 36793/11). The Minister’s reply provided data relating to 1 December 2011, and stated that 2,567 out of a prison population of 4,313 were not accommodated in a cell on their own.
9. Irish Prison Service, *Three Year Strategic Plan 2012–2015*, Longford: Irish Prison Service, 2012, p. 35. (Available: www.irishprisons.ie)
10. Information about toilet arrangements in prisons is given in a letter on 20 December 2011 by the Minister for Justice and Equality, Alan Shatter TD, in response to a Dáil Question tabled by Ciarán Lynch TD on 24 November 2011 (Dáil Debates, Vol. 747, No. 5, 24 November 2011, p. 1034, PQ 164, 36793/11). On 21 November 2011, out of a total of 4,269 persons in prison, 845 had to ‘slop out’; 1,885 others were required to use normal toilet facilities in the presence of others, and the remaining 1,539 were sole occupants of a cell with a normal flush toilet or had 24 hour access to toilet facilities.
11. Inspector of Prisons, *Report on an Inspection of Limerick Prison 25 November 2011 by the Inspector of Prisons, Judge Michael Reilly*, Nenagh: Office of the Inspector of Prisons, November 2011.

12. The Whitaker Report, *op. cit.*, p. 14.
13. The Jesuit Centre for Faith and Justice, *The Irish Prison System: Vision, Values, Reality*, Dublin, 2012, p. 31. (Available at: www.jcfc.ie)
14. See written answer to Dáil Question tabled by Ciarán Lynch TD on 24 November 2011 (*Dáil Debates*, Vol. 747, No. 5, 24 November 2011, pp. 1034–5, PQ 165, 36794/11).
15. The Jesuit Centre for Faith and Justice policy paper on the Irish prison system, published in March 2012, analyses such shortcomings in considerable detail. See: Jesuit Centre for Faith and Justice, *op. cit.*, in particular, chapters 4 and 5.
16. The Whitaker Report, *op. cit.*, p. 14.
17. *Report to the Government of Ireland on the Visit to Ireland Carried out by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) from 25 January to 5 February 2010*, Strasbourg: Council of Europe, 10 February 2011, par. 99, p. 48. (Available at: www.cpt.coe.int)
18. *Response of the Government of Ireland to the Report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its Visit to Ireland from 25 January to 5 February 2010*, Strasbourg: Council of Europe, February 2011, CPT/Inf (2011) 4, p. 61. (Available at: www.cpt.coe.int)
19. John Loneragan, *The Governor: The Life and Times of the Man who Ran Mountjoy*, Dublin: Penguin Ireland, 2010, p. 153.
20. Peter McVerry SJ made this point at the launch of the Jesuit Centre's policy paper, *The Irish Prison System: Vision, Values, Reality*, *op. cit.*, on 14 March 2012. He made the same point on RTE's 'Morning Ireland' earlier the same day. See also: Peter McVerry SJ, 'Drug Policy: Need for Radical Change', *Working Notes*, Issue 67, September 2011, p. 7.
21. The Department of Justice 1994 policy document, *The Management of Offenders*, gives the average daily prison population as approximately 2,175 (p. 27), and states that about 300 additional places would be needed to eliminate doubling up (p. 31). It is reasonable, therefore, to estimate that some 600 prisoners – just under 28 per cent – were at that time sharing cells (Department of Justice, *The Management of Offenders: A Five Year Plan*, Dublin: Stationery Office, 1994).
22. *Ibid.*, p. 31.
23. *Irish Prison Service Report 1999 and 2000*, Dublin: Irish Prison Service, 2002, p. 5 and p. 28. For a description of Cloverhill's origins and present conditions, see Jesuit Centre for Faith and Justice, *op. cit.*, pp. 50–51.
24. Department of Justice, 'Minister Shatter announces consideration being given to the construction of a replacement prison in Cork as part of an overall strategy to reduce overcrowding', Press Release, 29 February 2012. (Available: www.justice.ie)
25. Irish Prison Service, *Unlocking Community Alternatives: A Cork Approach*, Longford: Irish Prison Service, 2012, p. 7. (Available: www.irishprisons.ie)
26. The Whitaker Report suggested that prison size should not exceed 100. The case for smaller prisons is also set out by the Jesuit Centre for Faith and Justice in: *The Irish Prison System: Vision, Values, Reality*, *op. cit.*, pp. 37–38.
27. Judge Michael Reilly, Inspector of Prisons, *The Irish Prison Population – An Examination of Duties and Obligations Owed to Prisoners*, Nenagh: Office of the Inspector of Prisons, July 2010. (Available at: www.inspectorofprisons.gov.ie)
28. *Ibid.*, par. 2.3, p. 10. The majority of cells in Arbour Hill do not meet the Inspector's minimum size for one, yet many of these have two people detained in them. Cells in E block, Portlaoise, also fail to meet this low minimum requirement for single cells. In many prisons, including Cork, Limerick, Midlands, Mountjoy, St Patrick's Institution and the Training Unit at Mountjoy Prison, large numbers of prisoners are doubled up in cells well below the minimum size for two people suggested by the Inspector of Prisons.
29. Patrick Hume SJ, 'Overcrowding and Cell Capacity in Irish Prisons', *Working Notes*, Issue 67, September 2011, pp. 16–22. (Available at: www.jcfc.ie)
30. Inspector of Prisons, *op. cit.*, par. 2.4, p. 10.
31. Council of Europe, *European Prison Rules 2006*, *op. cit.*
32. A major flaw of the report of Thornton Hall Review Group is the serious disconnect between the lofty principles outlined in the beginning of the report and the Group's concluding proposals. See *Report of the Thornton Hall Project Review Group*, Dublin: Department of Justice, July 2011 (available: www.justice.ie). For a fuller critique of this report, see Kevin Warner, 'An open policy for prisons would serve us all better', *The Irish Times*, 11 August 2011.
33. The *Report of the Thornton Hall Project Review Group* recommended there should be '300 cells capable of accommodating 500 prisoners' in the main part of the proposed Thornton Hall prison (p. 68). This would mean there would be 400 (80 per cent) sharing in 200 cells and just 100 in single cells. For the main part of the proposed prison at Kilworth, Co. Cork, the Group recommended 200 cells accommodating 350 prisoners (p. 70). This would result in 300 (86 per cent) sharing in 150 cells and only 50 in single cells.
34. Brian Keenan, *An Evil Cradling*, London: Hutchinson, 1992, pp.113–14.
35. This is how the Minister for Justice and Equality, Alan Shatter TD, describes the situation. See written reply to Dáil Question tabled by Ciarán Lynch TD, 20 December 2011, *op. cit.* (endnote 10).
36. See Kevin Warner, *Resisting the New Punitiveness? Penal Policy in Denmark, Finland and Norway*, PhD thesis, UCD, 2009 (unpublished; available at: www.epea.org). See especially prison descriptions in chapters 5, 6 and 7.
37. See, for example, Jesuit Centre for Faith and Justice, *The Irish Prison System: Vision, Values, Reality*, *op. cit.*, especially the sub-section, 'Work and Work-Training', pp. 66–67.
38. *European Prison Rules 2006*, *op. cit.*, n. 25.1 and 25.2.
39. *European Prison Rules 2006*, *op. cit.*, n. 102.2.
40. Council of Europe, The European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT), *CPT Standards*, Strasbourg: Council of Europe, CPT/Inf/E (2002), n. 47, p. 17.
41. See David Garland, *The Culture of Control: Crime and Social Order in Contemporary Society*, Oxford: Oxford University Press, 2001; John Pratt *et al* (eds.), *The New Punitiveness: Trends, Theories, Perspectives*, Cullompton: Willan Publishing, 2005.
42. See Kevin Warner, "'Valued Members of Society'? Social Inclusiveness in the Characterisation of Prisoners in Ireland, Denmark, Finland and Norway", *Administration*, Vol. 59, No. 1, May 2011, pp. 87–109.

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Focus Ireland Prison In-Reach Service

Roughan MacNamara

Introduction

On any given day in Ireland, prison doors open and men and women step out into the daylight. But what happens to them when those heavy doors close behind them? The bleak truth for a great number is that they have no home to go to and nobody to welcome them upon their release. Many will be back inside prison within a year.

The stigma of having been in prison, compounded by the lack of long-term and co-ordinated support and care, can mean that many of those newly released return to their lives on the margins of society, and they may succumb to alcohol and/or drug abuse. This, in turn, has a negative impact on society in terms of crime and anti-social behaviour, and gives rise to significant financial costs to the State.

In Ireland, the incidence of these problems is exacerbated by the large number of people sentenced to short prison terms for relatively minor offences (sentences which are, however, just long enough to disrupt their living arrangements) and the practice of early, ‘unplanned’, release which does not permit people to prepare for life outside prison.

Focus Ireland’s Response

Since it was founded in 1985, Focus Ireland has been conscious of the link between people’s experience of homelessness, the criminal justice system and imprisonment. The organisation has consistently built upon its experience of providing housing and homeless services in order to contribute to the goal of ending long-term homelessness. Its services are targeted at preventing homelessness for those at risk of losing their home, and providing support for those who are homeless and helping them to secure, and settle into, long-term housing.

A study in 2002 by Focus Ireland and PACE (the voluntary organisation which provides services for offenders and former offenders) explored the link between crime and homelessness. It found that 45 per cent of the people interviewed highlighted homelessness as one of the key contributory factors leading to their re-offending following release.¹

Ireland has a high rate of criminal recidivism: research by the UCD Institute of Criminology published in 2008 showed that 25 per cent of people who had been released were back in prison within a year and that almost 50 per cent had returned within four years of release.²

A study of reintegration services in Ireland, carried out by the Irish Penal Reform Trust in 2009/2010, noted the multiple and complex issues that arise in relation to reintegration following imprisonment. The study drew attention to the reality that the provision of services to facilitate re-integration varies across the prison system so that, in practice, access depends on which institution a person happens to be detained in during the period leading up to release. Likewise, there is wide variation in the provision of the type of support services in the community which someone who has been released from prison might need to access.³

Focus Ireland’s ‘Prison In-Reach Service’, provided in Dublin, Cork and Limerick, and run in partnership with the Irish Prison Service, the Probation Service, and the Homeless Persons Unit (of the Health Service Executive), tries to reverse this alarming situation by ensuring that people who have been in prison have basic accommodation and support as they try to adapt to their new-found freedom. The weeks and months just after release are crucial if former prisoners are to find – and be enabled to follow – an alternative to falling back into drug abuse and crime.

If prison is meant to help rehabilitate, then people in prison need to be prepared for life afterwards. There needs to be a resourced and structured programme in place to ensure that people are given full support and a real chance to get back on their feet again following release.

Establishment of the In-Reach Service

Through the experience of its youth services, Focus Ireland recognised the need for a collaborative approach between a range of agencies to address the accommodation and support needs of those who were homeless, or at risk of being homeless, on release from prison. It noted that, in 2006, one-third

of the 600 people who accessed its youth services had been in prison at some point. The vast majority were young men aged between 18 and 25 years who had been held on remand or had served short sentences.

In 2006, Focus Ireland approached the Probation Service with a proposal to pilot a Prison In-Reach Service for young men at risk of homelessness in Dublin. Focus Ireland was prepared to commit funding from its own resources for this pilot project. It proposed a 'case management model' to support the provision of a seamless service response between prison, homeless services and accommodation, to plan a pathway out of homelessness. The Probation Service had already recognised that there was no structured link between these different sectors, and that a 'prisoner care and case management model' could provide a new form of support service for prisoners.

Underlying the thinking of the organisations involved in setting up the In-Reach Service (i.e., Focus Ireland, the Probation Service, the Irish Prison Service, and the Homeless Persons Unit) was a recognition that recidivism, addiction, mental health issues and homelessness can create huge obstacles to a person accessing and sustaining accommodation and needed specialist services.

In 2007, these four organisations set up the Dublin Prison In-Reach pilot project to provide a streamlined service between the remand prison in Cloverhill and homeless services and accommodation, supporting each referred service-user to access appropriate services and accommodation and a pathway to independent living. This partnership approach was vital to getting the service up and running effectively.

The service is preventative, aiming to break the cycle of homelessness, rough sleeping, dependence on emergency accommodation, offending and custody – and then, on release, a return to homelessness. In 2008, Focus Ireland established the Prison In-Reach Service in Cork Prison and in Limerick Prison, with funding secured by the Irish Prison Service from the Dormant Accounts Fund and Pobal.

How Does the In-Reach Service Work?

The In-Reach Service actively supports men and women who have been caught in a cycle of homelessness, offending behaviour and imprisonment. The service is able to adapt quickly

so as to meet the changing needs of service-users, both pre- and post-release. The aim is to deliver a face-to-face service to those with high needs and a history of leading 'chaotic' lives, and to build up a supportive and strong relationship with service-users.

The ability of the In-Reach Service to adapt to meet the changing needs, circumstances, expectations, and goals of service-users allows for a continuity of support, even in cases where service-users temporarily disengage from the service or return to prison. The model of service delivery aims to be fully adaptable, responsive, intensive and inclusive.

... recidivism, addiction and mental health issues can create huge obstacles to a person accessing and sustaining accommodation ...

The In-Reach staff generally link in with those referred to the service and arrange to meet them in prison (i.e., pre-release). For example, of the 53 people who engaged with the In-Reach Service in Limerick between July 2009 and July 2011, 51 were met in prison pre-release. On average, four meetings were held with each service-user in Limerick prior to release. There were variations in the intensity of the pre-release work – for instance, one service-user attended 19 pre-release sessions. This reflects the nature of intensive case management, where more intensive interventions are provided to those with greater and more complex needs.

The support needs of people who engage with the service (such as accommodation, addiction, mental health, education and employment) are assessed by the project worker. Based on this holistic needs assessment, a case management plan is prepared in agreement with the service-user and implemented by the project worker. Where the ex-prisoner has multiple needs, the project worker endeavours to liaise with pre- and post-release services (for example, addiction services, education providers) to put in place the supports required.

The In-Reach Service staff work directly with the Homeless Persons Unit to secure accommodation options for service-users, and also liaise directly

with other accommodation providers. Without this crucial intervention, the service-users would struggle to ensure that accommodation was in place upon their release. Post-release, service-users are supported by the In-Reach Service to settle into long-term accommodation, engage with their local community, address particular problems in their lives, and reduce their vulnerability to returning to offending behaviour.

During its two-year pilot period, the Dublin In-Reach project successfully supported 57 men to move from prison to community living. A total of 39 of these service-users, who had previously experienced homelessness or were at risk of homelessness upon release from Cloverhill Prison, were supported into long-term housing. In the Dublin area, between 40 and 50 people who have been in prison benefit from this programme annually.

Preventing Homelessness

The prevention of homelessness has not always been a key priority in the delivery of mainstream public social service provision. However, this is changing and the importance of effective, quality housing information, and advice in relation to preventing homelessness, is increasingly being acknowledged, as is evident in policy statements such as the national homeless strategy, *The Way Home – A Strategy to Address Adult Homelessness 2008–2013*, and *A Key To The Door*, the Homeless Agency's action plan for implementing the national homeless strategy and tackling homelessness in Dublin.⁴

Under the current approaches to tackling homelessness, the prevention of homelessness is identified as a key responsibility for all mainstream public social service provision, including frontline services (for example, An Garda Síochána, the Irish Prison Service, the Probation Service, social work services, hospital emergency services and acute hospital services); wider healthcare services; education and educational welfare services; social welfare services, and training and employment services.

This strategy proposes to deliver quality services against a range of actions in order to prevent episodic and repeat homelessness. This requires a combination of services and strategic working by statutory and voluntary service providers which is effective, accountable and is not duplicative.

There have been numerous studies that have provided clear evidence of the cost of homelessness and there are many examples demonstrating that homelessness is more expensive to society than the cost of solving the problem.

For instance, in its Pre Budget Submission 2012, Focus Ireland outlined how taking action to end long-term homelessness and the need to sleep rough would not only help improve the lives of thousands of the most marginalised in society, but would also actually save the State money. The submission pointed out that providing emergency homeless accommodation can cost up to €30,000 a year for a bed, while providing a home with support for those who need it in order to move on from homelessness, can cost, even in Dublin, less than €14,500.⁵

However, the benefits to society of having service-users engage with the Prison In-Reach project are currently difficult to quantify, particularly in the absence of empirical research into the effectiveness of the service in reducing repeat offending and providing other positive outcomes for former offenders. Evaluations recently undertaken into the operation of the In-Reach Service in its three locations (Dublin, Limerick and Cork)⁶ recommend that the project partners gather evidence on the long-term outcomes for service-users, so as to be able to substantiate the view that the In-Reach Service, as well as benefiting individuals, is cost-effective.

... there are many examples demonstrating that homelessness is more expensive to society than the cost of solving the problem.

In the absence of cost-benefit research, case histories can illustrate how the service has had positive outcomes for people who have been released from prison or have been in trouble with the law, and has resulted in significant benefits and cost savings to society.

For example, one man who engaged with the In-Reach Service had previously lived on the streets (i.e., roofless) for many years. He is now living in Focus Ireland housing in Dublin. The man stressed that he would have returned to sleeping rough after

Case History

This is the story of 'Mark' (29) who was supported by the In-Reach Service.

Mark first started getting into trouble as a boy of twelve, after his father left home: 'I just went off the rails and started drinking. By the time I was sixteen, I was taking tabs of E and [was] wild. I moved to Dublin and it ended up getting worse and I was on the gear', he says.

Mark committed petty crime to feed his habit and was in and out of prison over the next eight years. 'I managed to stay off the gear in prison', he explains. 'I did a lot of gym work but every time I got out I had nowhere to go. I ended up in hostels with a load of drug addicts shooting up. Every time I was back on the gear right away and back robbing, morning till night.'

Mark said that the lack of support and not having a home kept him trapped in this vicious circle of prison, crime and homelessness: 'You'd be kicked out of the hostel at 9 a.m. every day, even in the snow. I'd be taking drugs just to escape it all. I felt lost and hopeless.'

Mark's relationships with his family, ex-partner and young child fell apart because of his chaotic life: 'I was living like an animal. Robbing, taking drugs. I hated it but couldn't find a way out.'

Mark then heard about Focus Ireland's Prison In-Reach Service, where staff link in with prisoners before release to secure accommodation for them upon release, and support them to access services to deal with issues such as addiction. 'I didn't believe anyone would want to help me get me own room somewhere but then I met [the project worker] from Focus Ireland and they sorted it', he says.

'The last time I got out of prison they got me my own room. Focus supports me any time

I need help. It has been hard and my accommodation has broken down once or twice but Focus made sure I didn't end up back on the streets.'

A year on, Mark is still off drugs, not committing any crime and stable on his methadone programme. He has also re-established relationships with his family: 'When my mam used to call around when I was on the gear she'd be crying and hide her handbag as she'd be afraid I'd rob it. But she doesn't hide it anymore and that means a lot. She may not notice, but I do.'

Mark says that he now has hope for the future for the first time: 'It's been tough and it still is but I'm getting things together. Hopefully, I can build trust again with my ex-partner so she can see I have changed and I can see my kid grow up.'

He adds: 'I love going to the gym and I would love to do some type of course and maybe become a fitness instructor. I would love that.'

However, Mark does see risks ahead: 'If I could just get my own place I could do it ... I need to have things sorted and not be worrying about where I will be next month or year. Focus [Ireland] is trying their best for me but I know the Government is not doing enough. I'd like to see them sleep in a dorm with people off their head on drugs and then see what they have to say about things.'

But Mark is still positive: 'Listen, I didn't think I would make it this far but I am staying out this time. I am staying clean and I am going to do my best in life from now on. I'll tell you now that I wouldn't be here today without my support worker from Focus Ireland and the charity's support.'

release from Cloverhill Prison – and most likely would have returned to offending behaviour – had he not been referred to the project.

Some Key Issues

The evaluations of the In-Reach services in Dublin, Cork and Limerick highlight a number of issues which are impacting on their effectiveness.

One key finding is the value of having dedicated, short-stay supported accommodation units for people newly-released from prison. Where Focus Ireland has been able to make such units available in Dublin and, to a lesser extent in Limerick, it is clear they have real value in assisting individuals to re-acustom themselves to life outside prison. The provision of such accommodation in Cork is a key recommendation of the evaluation.



Welcome to Focus!

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An issue which impacts significantly on the effectiveness of the service is the practice of ‘unplanned’ early release of prisoners. In some cases, prisoners can be released prior to completing their sentence with less than twelve hours’ notice. This practice is usually driven by problems regarding overcrowding in the prisons. As a result, prisoners who are engaging with the In-Reach Service, and for whom staff members are sourcing suitable accommodation in preparation for their release, can suddenly find themselves on the outside. Meanwhile, their project worker may not even be aware of their release.

It is recommended that a ‘dual notification’ policy should be put in place to ensure that notification of an unplanned release is provided to the prisoner and to the staff of the In-Reach Service at the same time. This would prevent the repeat of a number

of instances where service-users have had to sleep rough on their first night out of prison, as the In-Reach team was not aware of their release.

It is evident that among the users of the Focus In-Reach Service there is always a small number of people who have multiple and severe problems, which may include addiction, mental health issues and/or homelessness. Some of the men in this situation may not previously have engaged with any services.

People with such severe problems need a very high level of support. The case management approach provided by the In-Reach Service can help them gain access to a range of specialist supports but this entails multiple meetings pre-release and ongoing and intense support post-release. The role which the In-Reach Service plays in supporting these men is clearly of vital importance, if they are to avoid becoming trapped in a cycle of crime, homelessness and imprisonment. Focus Ireland believes that for men such as these – with high-level needs and a history of chaotic behaviour – the Service will be required on an on-going basis.

The supports provided by the Community Welfare Service (i.e., supplementary welfare allowance, rent allowance and exceptional needs payments), are obviously critically important for people leaving prison who have no source of income and/or who are facing homelessness.

In recent years, Community Welfare Officers, who administer these schemes, have been providing an in-reach service to prisons across the State, which means that, for people who are due for release, arrangements can be put in place to facilitate the payment of income support and rent supplement after they leave prison. This is a significant and very welcome development. Nonetheless, there remains the problem that, where early and unplanned release occurs, people who have been in prison may experience delays and difficulties in obtaining these vital services, thus increasing their risk of becoming homeless and/or falling back into criminal behaviour.

The group of people, already referred to, who have particularly severe and complex needs, may have great difficulty in successfully applying for, and continuing to fulfil the conditions for receiving, the services – such as income support and rent supplement – provided by the Community Welfare Service. Their chaotic lifestyle (often due to

addiction and/or mental health problems) may mean that even when they have succeeded in obtaining such services they may lose them again (due to a breakdown in their accommodation arrangements, for instance.)

This situation presents significant challenges for both the Community Welfare Service and the In-Reach Service. However, these challenges can be overcome once the more intensive support provided by In-Reach is in place for people in this group. The case management approach of In-Reach helps to bring an essential stability into what were previously chaotic lives. The Service can also ensure that even where people experience relapses or set-backs there are supports in place to prevent them falling into back a pattern of crime and homelessness.

Conclusion

The partnership approach adopted by Focus Ireland, the Irish Prison Service, the Probation Service and the Homeless Persons Unit in providing the In-Reach Service has proven to be effective. Focus Ireland believes the learning gained from running the In-Reach Service in partnership in Dublin, Cork and Limerick will help the service to develop so as to address the specific needs of its client group even more effectively in the future.

Finally, it is important to note that the proposed roll-out of Integrated Sentence Management (ISM) in prisons aims to lead to a more systematic approach to identifying the needs of prisoners and aspires to adopting a more targeted, planned and intensive response to these needs. This may present an opportunity for the In-Reach services to further integrate into the pre-release system.

Notes

1. Claire Hickey, *Crime and Homelessness*, Dublin: Focus Ireland and PACE, 2004.
2. Ian O'Donnell, Eric P. Baumer, and Nicola Hughes, 'Recidivism in the Republic of Ireland', *Criminology and Criminal Justice*, Vol. 8, No. 2, May 2008.
3. See also written reply by Alan Shatter TD, Minister for Justice and Equality, to Dáil Question tabled by Tommy Broughan TD, 21 July 2011 (*Dáil Debates*, Vol. 737, No. 12, Thursday, 21 July 2011).
4. Irish Penal Reform Trust, *"It's like stepping on a landmine ...": Reintegration of Prisoners in Ireland*, Dublin: IPRT, 2010, p. 3. (Available: www.iprt.ie)
5. Department of the Environment, Heritage and Local Government, *A Way Home: A Strategy to Address Adult Homelessness in Ireland 2008–2013*, Dublin, August 2008 (www.environ.ie) and *A Key to the Door: The Homeless Agency Partnership Action Plan on Homelessness in*

Dublin 2007–2010, Dublin: Homeless Agency, 2007 (www.homelessagency.ie).

6. Focus Ireland, *Ending Homelessness – Focus Ireland Pre-Budget Submission 2012*, Dublin, 2011.
7. Reports on the findings of these evaluations are currently being prepared and will be published in the coming months.
8. The Community Welfare Service was transferred from the HSE to the Department of Social Protection during 2011, with all Community Welfare Officers officially becoming staff of this Department.

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Transforming Healthcare in Irish Prisons

Catherine Darker

Introduction

There are fourteen prisons across the Republic of Ireland, catering mainly for men but also women (who represent around 3.5 per cent of the prison population) and young offenders. Most of these prisons are high security facilities – there are only two open prisons in the State, which cater for just over 5 per cent of prisoners. The most recent annual report of the Irish Prison Service shows that 17,318 people were committed to prison in 2011, an increase of 0.8 per cent on the 2010 total of 17,179.¹

Healthcare in the prisons is provided and regulated internally by the Irish Prison Service whose strategy statements outline a number of core standards that the Service aims to achieve, including the provision of a range of healthcare and rehabilitation services.²

There have been an increasing number of documents in recent years in Ireland on the issue of prison healthcare but there is little that is truly in the public domain or in which the general public seems to take an active interest. It is to be hoped that this is not as a result of apathy regarding the healthcare of prisoners, or a perception that prisoners are less deserving of good healthcare.

Review of Prison Primary Medical Care

My own interest in prison healthcare was sparked when my colleagues and I were commissioned to carry out a review of the structural and support services in primary care in Irish prisons.³ Until that point, I had given the subject little thought. I could easily imagine the angry prisoner or the despondent prisoner, or the prisoner who had an addiction to drugs, but I had given little thought to the prisoner with diabetes, cancer, hypertension or other common illnesses. I had not realised that health problems in prisoners tend to be more severe than similar problems within the general population, and, moreover, that certain health problems are much more common within the prison population – for example, tuberculosis or hepatitis C.

As a part of the review process, we visited eleven of the fourteen prisons within the Republic. An independent expert medical evaluator inspected

the medical facilities, equipment and relevant custodial areas. Interviews took place with prison personnel with operational responsibility for the delivery of medical care. Doctors working in the service completed a questionnaire on issues such as allocation of clinicians' time, nurse and administrative support, and resources available. In compiling the review, we used as our main reference point for comparative purposes the World Health Organization's guide to the essentials in prison health.⁴

We found wide variation in the standard of medical facilities and infrastructure across the Irish prison system. In older establishments, infrastructure dates from Victorian or pre-Victorian times and is inadequate for the provision of good quality modern medical care. The range of medical equipment available was generally below that of the equivalent general practice surgery in the community. There was inequality within the system with regard to the ratio of doctor-contracted time relative to the size of the prison population, indicating a need for a clear benchmark regarding the ratio of doctors to prisoners within the Irish prison context. There was limited administrative support, with the majority of prisons not having a medical secretary. In most of the prisons studied, there were 'few available psychiatric sessions, and limited numbers of counsellors'.⁵

Health Problems in Prisons

Health problems in prisons are diverse and complex. Prisoners' mental and physical health is significantly worse than that of the general population.⁶ In addition, prisoners are more likely than the population as a whole to adopt risky health behaviours, including smoking,⁷ hazardous drinking,⁸ and substance misuse.⁹

The prison population is also likely to include people who may, when not in custody, engage in risky sexual behaviours (such as sex with sex workers or injecting drug users) with the attendant risk of contracting highly infectious diseases.¹⁰

Infectious illnesses remain a hazard within prisons due in part to the close confinement of a large

number of people. In Irish prisons, hepatitis C has been shown to be endemic,¹¹ and substance misuse is an underlying problem for a large proportion of prisoners.¹² In the UK, the National Institute of Clinical Excellence (NICE) has recently advocated that there should be tuberculosis screening within prisons as part of a more active approach to detecting and treating the disease in hard-to-reach populations.¹³

‘Equivalence of Care’

The concept of ‘equivalence of care’ within prisons requires that persons detained must have the benefit of care equivalent to that available to the general public in the same country.¹⁴ Equivalence of care is also cited by the World Health Organization in the context of its ‘Health in Prisons Project’,¹⁵ the objective of which is to ensure that all prison health services, including health promotion services, reach standards equivalent to those in the wider community. The Irish Prison Service echoes this in a 2007 document on health care standards:

The aim of Health care within the Irish Prison Service is to provide prisoners with access to the same quality and range of health services as that available to those entitled to GMS [medical card] services in the community.¹⁶

Despite national imperatives to involve patients in the development of services, and numerous policy initiatives, there has been no systematic evaluation of changes in the delivery of health care from the perspective of prisoners and little published evidence of consultation with prisoners within the Irish prison system.

Changing Demographics

The prison population mirrors the changing demographics of the general population. In the US, it is estimated that older prisoners cost approximately three times as much as younger prisoners, largely because of healthcare costs.¹⁷ There is limited knowledge about the physical health, functional and cognitive status of older prisoners. Chronic diseases have received insufficient attention, but that may change as a result of two developing trends: the emergence of chronic conditions, such as diabetes, among younger people, partly stemming from the obesity epidemic, and the ageing of the imprisoned population.

The current Irish Government in its ambitious

Programme for Government has acknowledged the need to move towards a comprehensive programme of chronic disease management to tackle the burden of such disease within the general population.¹⁸ In its *Three Year Strategic Plan 2012–2015*, published in April 2012, the Irish Prison Service recognises that ‘in line with the increase in prisoner numbers over the last three years, a greater number of older people with complex health and social needs are in prison than ever before’.¹⁹ In order, therefore, to facilitate the concept of ‘equivalence of care’ the Irish Prison Service will likewise have to move towards a model of chronic disease management if it is to address the health issues arising from having greater numbers of older people in prison.

Specific Issues in the Provision of Prison Healthcare

The prison system is designed with punishment, correction and rehabilitation in mind and these objectives may conflict with the aims of healthcare.²⁰ Doctors working in prisons face problems that are different from those experienced by doctors working in the general community. Dual loyalty is an ethical dilemma commonly encountered by healthcare professionals caring for imprisoned people.²¹ There is a clinical role conflict between professional duties to a patient and obligations – expressed or implied – to the interests of a third party such as ‘the prison service’.

The prison population mirrors the changing demographics of the general population.

Custody reduces the prisoner’s opportunity for self-care and independent action, as prisoners have to consult nursing or medical staff for even the simplest remedies, totalling negating the concept of equivalence of care and to a large extent making personal autonomy impossible. This presents a major challenge in any prison system, especially where healthcare remains the responsibility of the prison authorities. The World Health Organization in a 2010 briefing paper presented strong arguments in favour of prison healthcare being provided by the ministry which is responsible for public health services.²²

There is a need for a culture change within the Irish prison system to ensure the provision of a quality,

consistent, fair and accessible health service. The current reform within the general public health service may present an ideal opportunity to also transform healthcare within the prison system.

Over the last decade or so, the UK has been moving towards the NHS adopting responsibility for the commissioning of healthcare and health promotion in prisons, to bring prison healthcare to the same standard as services provided by the public health service. With the transfer of prison healthcare services to the NHS they become the responsibility of the local Primary Care Trusts.²³ Under these arrangements, Primary Care Trusts are expected to develop prison healthcare delivery plans based on assessment and analyses of healthcare needs. Early, though limited, evidence indicated that, in a number of respects, standards of care and patient outcomes had improved following the change.²⁴

Custody reduces the prisoner's opportunity for self-care and independent action ...

For a similar transformation to occur within the Irish context would involve far-reaching changes in the management of healthcare within the prison system. Such a change would allow for the reorientation of systems, services and policies towards a public health framework in prisons. At the moment, the HSE and the Irish Prison Service have strategic alliances relating to initiatives such as the annual supply of all flu vaccines to prisons and the supply of methadone, but for the most part healthcare in prisons is still under the control of the Department of Justice and Equality.

To improve healthcare, policies inside prison need to be consistent with those outside. People in prison have a range of medical care needs and there is evidence to suggest that these needs are being met inconsistently in Ireland. Health issues relating to the prison population do not remain confined to prisons: the high level of mobility between prison and the community means that the health of prisoners should be a fundamental issue of public health concern. Prison can provide a unique opportunity for a group with complex health and social needs to access healthcare services.

Recent Improvements

Since 2010, when my colleagues and I carried

out the review of structural and support services in primary care in prison, there have been some improvements in prison healthcare in Ireland.

In 2010, the Irish Prison Service entered into an agreement with the Hepatology Department of St James's Hospital for a consultant-led hepatitis C Service at Wheatfield and Mountjoy prisons delivered by a Clinical Nurse Specialist on site. This represents a significant improvement within these two prisons for prisoners accessing treatment. It remains to be seen whether this service will be made available across all prisons.

In 2010, also, the 'Prisoner Healthcare Management System' was launched. This system supports electronic maintenance of each prisoner's electronic medical record, which is then accessible across all prison sites, as necessary. Furthermore, there has been capital investment which should yield improvements in conditions for delivering healthcare services in prison. For example, in its *Annual Report 2010*, the Irish Prison Service indicated that newly-opened blocks in Portlaoise and Wheatfield have enhanced primary care facilities.²⁵ The surgeries in Limerick and Mountjoy have also been extensively refurbished.

However, as is the case with other sectors, the prison service has been affected by the downturn in the economy and the consequent severe deterioration in the public finances. Economic constraints mean, for example, that there is little prospect in the short to medium term that out-of-date and/or overcrowded prison buildings will be replaced by centres that would meet best standards in terms of accommodation and facilities.

Overall, despite the improvements in services and infrastructure which have been implemented over the last decade, greater investment of resources and improvements in policy are required in prison healthcare in Ireland.

Specifically, such developments are needed to ensure the implementation of the recommendations regarding prison health services made by the Council of Europe's Committee for the Prevention of Torture (CPT), following its 2010 visit to Ireland,²⁶ and to provide for the realisation of the healthcare standards outlined by the Inspector of Prisons, Judge Michael Reilly.²⁷ These, therefore, remain matters for resolution by the Healthcare Directorate within the Irish Prison Service.

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Exploring the Policy Process: The Genesis of the Dóchas Centre

Eoin Carroll

Introduction

What might good prison policy look like in practice? In an article in *The Guardian* in May 2012, Halden Prison in Norway, which opened in 2010, was described as ‘the most humane prison in the world’.¹ Yet the prison is, in fact, a high-security jail accommodating about 250 prisoners found guilty of the most serious offences, including murder, manslaughter, and sex offences.

The environment and regime of Halden are designed to be as ‘normal’ as possible – to be, in effect, as ‘unprison-like’ as is possible. People detained in Halden have rooms with cupboards and desks but without bars on the windows; they have access to their own toilet and shower.

The prison’s normalisation agenda is expressed not only in its physical environment but in its regime. Lock-up times are much shorter than those experienced by the great majority of people in prison in Ireland – eleven hours, as compared to around seventeen hours. The daily routine involves cells being unlocked in the morning and not locked again until the evening. Prisoners are provided with opportunities for work and education and are encouraged to avail of these. Meals are taken in communal areas and there are also facilities for prisoners to cook their own meals. In the *Guardian* article, the Governor of Halden is quoted as saying: ‘The life behind the walls should be as much like life outside the walls as possible.’²

Irish Prison Policy

Within the Irish context, the Mission and Values of the Irish Prison Service express a commitment to ‘apply appropriately the principles of normalisation’. However, the caveat implicit in the phrase ‘apply appropriately’ ought to be unnecessary: normalisation should refer to what is considered the norm in society and so, with a rise in living standards and expectations in the general community, there should be a corresponding improvement within the prison system. This, however, has not been the case in Ireland.

Writing in *The Irish Times* in June 2012, Ian O’Donnell, Professor of Criminology, UCD

Institute of Criminology, suggests there is a ‘deep reservoir of public and political apathy’ regarding what happens in our prisons.³ He highlighted the fact that a commission set up in May 2007 to investigate the violent death in prison of Gary Douch had yet to report on its findings.

He noted too that the Prisons Hygiene Policy Group, established in 1993 and charged with evaluating hygiene standards in prisons, had in its final report in 1997 recommended that an existing commitment to provide in-cell sanitation in all prisons by 1999 should be revised so as to bring forward the deadline, and that in the meantime 24-hour access to toilet areas should be provided. In the event, however, even the 1999 deadline was not met. The most recent commitment, contained in the Irish Prison Service’s *Three Year Strategic Plan 2012–2015*, is that in-cell sanitation will be provided in all prisons by 2016 – *seventeen* years after the 1999 deadline.⁴

The years of economic boom and Exchequer surpluses provided an opportunity to make radical improvements across the Irish prison system. However, while there was significant provision of new prison places, the overall approach could be described as one which assumed that ‘bigger is better’. A number of smaller prisons were closed and there was a move towards creating *prisons of scale*. Prison building plans tended to take it as given that *new* provision would mean *more* provision. The Department of Justice policy document, *The Management of Offenders: A Five Year Plan* (1994), and several Department of Justice strategy documents throughout the 1990s and 2000s, envisaged improved conditions being accompanied by additional prison places.

The justification for penal expansion of this kind was the perceived need to ‘future-proof’ prison provision for the next fifty years. The proposed Thornton Hall project, in north Co. Dublin, was put forward as a response to the serious problems existing in Mountjoy Prison: poor physical conditions, overcrowding, violence, and lack of sufficient access to constructive activities. But, tellingly, the design capacity for Thornton Hall was

for 2,200 people – more than double the number of people detained in the Mountjoy complex.

Several advocates and interest groups repeatedly voiced concerns about the proposed development⁵ but it was the crisis in the public finances which prevented the project going ahead – at least in the short to medium term.

That is some of the bad news, but, where have been the success stories in prison building programmes in Ireland? Has there been a ‘Halden moment’ in Irish penal policy? And if so, how did it become a reality?

The Dóchas Centre for women prisoners, which is located in the Mountjoy Prison complex, was widely acknowledged in the years immediately following its opening as being a model facility. It replaced the seriously inadequate women’s prison that had existed at Mountjoy up to then. However, Dóchas was opened only after more than twenty years of repeated calls for improved conditions for women in prison. How did it come into being? A study by the author of the decision-making process that led to the establishment of the Centre provides some interesting insights.⁶ This study was carried out in 2011, and involved interviews with key actors in the lengthy, and far from straightforward, process that eventually led to the opening of the Dóchas Centre in 1999.

The Dóchas Centre for women prisoners was widely acknowledged as being a model facility.

Understanding the Policy Process

Many commentators have highlighted that there is a dearth in research into, and understanding of, the policy process.⁷ For example, Trevor Jones and Tim Newburn have noted that studies tend to focus on the *substance and outcome* of policy decisions, rather than how policy is made.⁸ And Paul Rock has suggested that a policy decision can often be presented as if coming out of thin air, when, in reality, it is more likely that it has emerged from a prolonged process.⁹

In an attempt to ‘put order’ on the policy process, James Anderson uses a linear representation, with

policy creation following a neat and specific course. He views the development of policy as occurring in the following stages: (i) problem identification; (ii) formulation of policy options; (iii) adoption; (iv) implementation; (v) evaluation.¹⁰ Others commentators, however, see this as an over-simplification and not a true reflection of what they argue is an inherently messy process.

Jones and Newburn suggest that rather than attempting to present the process along artificial linear stages, it is helpful to use the idea of ‘streams’ within the process – an idea proposed by John Kingdon – as a way of examining criminal justice policy.¹¹

In one stream, *the problem* is identified and defined, possibly even ‘generated’, and seen as requiring attention by policy-makers. Kingdon suggests that problems are likely to be identified by policy-makers or government officials as a result of:

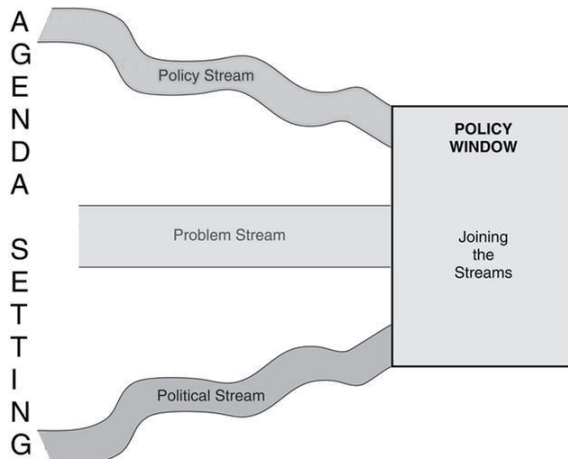
- a) **indicators** – assessment tools, data collection (for instance, in the case of public health, the number of people dying as a result of smoking);
- b) **crises** or disasters, such as train crashes; and
- c) **feedback** – for example, reviews of current programmes.¹²

In the second stream – *the policy solutions stream* – a diversity of ideas often float around in what Kingdon describes as ‘the policy primeval soup’. These ideas are generated between actors within policy communities or by individuals who share a common concern in a single policy area. Ideas bounce off one another, alternatives are generated, and combinations formed. Ideas are more likely to be translated into policy if based on technical feasibility and value acceptance.

The third stream is where an opportunity for action presents itself. This is *the political stream* and it refers to changes in national mood, administrative or legislative turnover, or a successful interest group campaign. In such circumstances, potential agenda items that are in harmony with the national mood and enjoy interest group support are more likely to receive attention.

When the three streams join, an opportunity arises to push an agenda through what Kingdon refers to as a ‘policy window’. Such windows are opened either by the appearance of a compelling

problem (or problems) or by an event (or events) in the political stream. Crucial to the process are policy entrepreneurs who act as a glue and who are ‘willing to invest their resources in pushing their pet proposals or problems’.¹³ Policy entrepreneurs are skilled individuals who await the opening of a policy window so that they can couple their solutions to problems. The image below depicts the relationship between the streams.



Improving Conditions for Women in Prison in Ireland

The Problem Stream

Kingdon’s model is a useful tool in understanding how the Dóchas Centre came into being. The problems relating to the conditions and regime existing in the ‘old’ women’s prison in Mountjoy were documented in several reports in the 1980s: *The Report of the Commission of Enquiry into the Irish Penal System*, published in 1980;¹⁴ *The Irish Prison System*, a report by the Council for Social Welfare (A Committee of the Catholic Bishops’ Conference), published in 1983, and *the Report of the Committee of Inquiry into the Irish Prison System* (The Whitaker Report) published in 1985. The unacceptability of conditions for women in prison was also referred to in the *Report of the Second Commission on the Status of Women*, issued in 1993.

Ethnographic studies by Barbara Mason and Christina Quinlan highlight the appalling conditions for women in Mountjoy pre-1999.¹⁵ In his book, *The Governor*, John Lonergan describes the women’s prison, which was located in the basement and lower floors of St Patrick’s Institution (the detention centre for young men), as follows: ‘[there was] no integral sanitation, and no washing facilities in the cells. Worse still was the fact that

the women were often four to five to a cell’.¹⁶ In addition, the only outdoor space available for women in Mountjoy was in an area overlooked by the section of St Patrick’s occupied by young men, who continually shouted verbal abuse at the women and prison staff. The grossly overcrowded conditions, and the multiple occupancy of cells, meant that women were vulnerable to being coerced into using drugs, or becoming involved in unwanted sexual relationships.¹⁷

The attention paid to the conditions in the women’s prison throughout the 1980s resulted in only limited, incremental, steps towards improvement. One factor in this was that women constituted such a small minority within the prison population that the conditions in which they were detained did not rate highly among concerns about the system.¹⁸

However, in 1990, the death by suicide of Sharon Gregg, the first woman in living memory to die in an Irish prison by suicide, was what might be seen in Kingdon’s terms as a ‘focusing event’ or crisis, which pushed the issue of the conditions in which women were detained higher on the agenda of policy-makers, including politicians.

The Policy Stream

As already noted, Kingdon’s multiple stream framework assumes that policy solutions float around in what he calls ‘the policy primeval soup’. Within what might be termed ‘the prison policy solution soup’, numerous ideas concerning improving conditions for women detained in the Mountjoy complex bounced off each other.

As Kingdon points out, crucial to the success of a policy solution are its technical feasibility and value acceptance.¹⁹ Various locations for a new women’s prison were proposed but then fell off the agenda: there were proposals to build a ‘miniature Mountjoy’ in Kilbarrack;²⁰ a unit in the grounds of the Central Mental Hospital; an open prison at Beladd House in Portlaoise;²¹ and a 150-cell prison in Wheatfield.

In Kilbarrack, however, there was very strong local resistance, resulting in political representations to the Minister for Justice of the time.²² The Department of Health resisted the proposal to build a prison at the Central Mental Hospital. The site at Wheatfield was eventually deemed to be required for the male prison population.²³ In the case of the proposal for an open prison at Beladd House, there were concerns regarding the architecture of

the building and the perceived risk that women detained there might abscond. Overall, then, these proposed solutions had critical shortcomings regarding location and lack of technical feasibility. By the early 1990s, it was being proposed that the most feasible option was to simply refurbish the old prison. However, this was a ‘solution’ that was strongly criticised by prisoner advocates²⁴ and by many of those working in the prison.

The Political Stream

As already noted, the ‘political stream’ within the model proposed by Kingdon refers to changes in national mood, turnover in the administrative or legislative spheres, and the impact of interest group campaigns. Immediately after the tragic death of Sharon Gregg in 1990, and in the context of the ensuing public concern and media attention, the Minister for Justice, Ray Burke TD, reiterated his commitment to the refurbishment of the women’s prison, but indicated that this was a short-term solution, thus leaving open the possibility that a new prison for women might be built at some stage.



The Dóchas Centre, Mountjoy Prison © Derek Speirs

Ms Gregg’s death also generated increasingly vocal concern on the part of opposition politicians. For example, in the Dáil on 7 March 1990 Nuala Fennell TD declared that: ‘I certainly intend to make the Minister’s political life intolerable until the position of women in prison is dramatically improved.’²⁵ Newspapers continued to highlight the plight of women in prison – for instance, an article in *The Irish Times* by Pdraig O’Morain carried the headline: ‘Woman’s death renews demand for prison reform’.²⁶

However, in June 1990, the Minister for Justice, speaking at the Prison Officers’ Association Annual Conference, indicated that the building of a new

prison for women was not feasible and that the best solution was refurbishment of the existing unit for 30 to 50 inmates.²⁷ In September 1991, the women were moved into a wing of St Patrick’s Institution which had been refurbished with the intention of being used for juvenile detainees. In mid-1993, the women were again moved, this time into the refurbished B Wing, a location which had previously been used as part of the women’s prison.

Change in the Political Stream

The appointment of Máire Geoghegan-Quinn TD as Minister for Justice in January 1993 was to prove critical to the decision to build a new prison for women at Mountjoy.

Like the previous Minister, Ray Burke, Máire Geoghegan-Quinn TD was a member of Fianna Fáil, which had entered a coalition government with the Labour Party, following the General Election of November 1992. However, she was prepared to take a course which was radically different from that proposed by her predecessor.

She was described by people who were involved at the time as being ‘appalled’ by the conditions in the women’s prison²⁸ which she had ‘inherited’.²⁹ She was also described as having ‘the guts to stand up and say, yes, it can be done’,³⁰ and as being ‘... very clear ... she wanted a proper modern women’s prison built.’³¹ Her relationship with senior civil servants and prison management was also considered to be very positive. There was, therefore, at this stage a clear political commitment to a new prison. Of considerable importance was the fact that there was support for the project by senior civil servants, a number of whom had been appointed at the same time as the new Minister.

Another important feature of the *political stream* at that time was the involvement of ‘outsiders’ in the planning process for the new prison, with the inclusion of public affairs activists as members of a newly-formed Ministerial Steering Committee/ Advisory Group. These members were viewed as being ready to come down on the side of progress,³² as well as giving the civil servants involved a ‘bit of a safeguard’, when it came to controversial issues.

The involvement of ‘civilians’³³ was unusual at the time, particularly in the Department of Justice – and was considered by some to be unnecessary.³⁴ Paul Rock, however, suggests that ‘outsiders’ can have an important role in enhancing the legitimacy of the process of policy change and in creating ‘buy-in’.³⁵

Change in the Policy Stream

New to the policy stream was a prison staff in-house discussion group, many of whose members had been working on possible solutions to the accommodation needs of women in prison. The group met formally in January, February and March 1993, and from its meetings a blueprint document emerged in April 1993 entitled, *Women's Prison in Mountjoy: An assessment of needs and recommended regime strategy for positive sentence management*. This document provided a vision and practical guide for a new prison and in the view of one respondent, 'the philosophy of the document was a keystone to the realisation of the Dóchas Centre'.³⁶

This in-house group, comprising key personnel within the prison service, might be understood as constituting what Paul Rock refers to as 'sub-government', where policies emerge from the bottom up, 'advancing from officials to ministers', and 'begin by acquiring their identity in the aspirations, imaginations, relations, and activities of perhaps three or four individuals'.³⁷ The ideas and plans of such a group are, however, unlikely to have any impact in the absence of a policy entrepreneur (or entrepreneurs) or change in the political stream.

In the case of the proposals regarding a new women's prison, a 'policy entrepreneur', possibly two, emerged from the beginning of 1993 within the prison management. The importance of key individuals – for example, in the establishment of the in-house discussion group – is clear from the interviews conducted. In fact, the group's meetings began several months prior to the Minister for Justice convening the publicly announced Ministerial Steering Committee/Advisory Group.

Policy Window and Coupling

As noted earlier, policy windows are opened by events in either 'the problem stream' or 'the political stream'. The implementation of an initial policy solution (that is, the refurbishment of the women's prison) temporarily pulled the blinds on the window, as it were. However, in reality, 'the problem' – the severely inadequate conditions in the prison for women – still existed. Changes in the streams – mainly, as noted, in the political stream – allowed for the issue to re-emerge onto the policy agenda, and this eventually led to the building of the Dóchas Centre.

While the claim cannot be definitively made, it would seem that the entrepreneur(s) and the in-

house discussion group – sub-government – were crucial in the 'coupling' (attaching) of their blueprint document (the solution) to the problem of the conditions for women in prison. What *is* clear is that chance also played some part in the process.

'Serendipity' and 'Chance'

Kendall and Anheier³⁸ highlight the role of 'serendipity' in the policy process and Kingdon refers to the role of 'chance'. Clearly, it would be wrong to suggest that the Dóchas Centre came about by accident, but it is not unfair to say that there were elements of chance in the process – elements which fortunately served to bring about the building of the Centre.

Anthony Downs notes that problems often fade away after a short period of public attention, especially when there is a realisation of the financial cost of taking action.³⁹ In December 1994, the Labour Party withdrew from coalition government with Fianna Fáil, and in January 1995, without a General Election having been held, a new coalition, comprising Fine Gael, the Labour Party and Democratic Left was formed. Nora Owen TD (Fine Gael) was appointed Minister for Justice. To the extreme annoyance of the new Minister, the provision of funding for the planned new prison for women was deferred by the Minister for Finance, Ruairi Quinn TD (Labour).⁴⁰ Nora Owen threatened to resign over this and other budgetary cuts.

... problems often fade away after a short period of public attention, especially when there is a realisation of the financial cost of taking action.

At that point, the view might easily have been formed within Government that the refurbished wing for female prisoners in Mountjoy would be 'good enough for now'. However, eight months later, in January 1996, the Government announced a 'new crime package', which promised a 10 per cent increase in prison capacity and re-instated the aim of providing a new prison for women.⁴¹

The need for more places for young men in St Patrick's Institution may have been a factor in the decision at that time. In the announcement of the 'crime package', there was reference to the fact

that 30 more spaces for young men would be made available in St Patrick's Institution, with a further 55 additional spaces within eighteen months.⁴² While not explicitly stated, it is likely that it was being assumed that providing these 55 additional spaces would necessitate the complete removal of the women's prison from St Patrick's.

In the months prior to the final signing of contracts, other events served to keep the issue of a new prison for women to the fore. A second death by suicide in the women's prison in May 1996 again focused public and media attention on the conditions existing in the prison.⁴³ Following the death of the journalist, Veronica Guerin, the Government responded with a Press Release on 2 July 1996 which, alongside a series of 'tough-on-crime' measures, confirmed Cabinet approval for the capital funding for the new women's prison.⁴⁴

Conclusion

Kingdon's multiple streams framework for understanding the policy process separates out (i) the defining of the 'problem', (ii) the 'policy' solutions being presented and (iii) the 'politics', the political 'buy-in' for proposed solutions. Central to the process is the person or persons who can couple a solution to a problem and find a 'policy window' – an opportunity through which the policy can be advanced.

It is difficult to identify the 'definitive moment' in the genesis of the Dóchas Centre. However, it is clear that there was a prolonged phase during which 'the problem' was identified and possible solutions presented and tested. The significant change in the 'political stream' which occurred with the appointment of Máire Geoghegan-Quinn as Minister for Justice, and administrative changes which occurred around the same time, meant that ideas for a more radical response could fall on 'fertile ground'. Crucially, the emergence of a 'sub-government' element and of policy entrepreneurs bound the solution to the problem. The involvement of 'outsiders' gave breathing space to the 'insiders'.

The refurbishment of the women's prison in the 1990s was seen as an exercise in using 'gallons of paint' to disguise the old system, albeit at a cost £2.5 million.⁴⁵

Today, the Dóchas Centre is severely overcrowded, with 130 women in a facility designed for 81 to 85. In April 2010, the former Governor of Dóchas, Kathleen McMahon, expressed her concern that,

due to the deterioration in conditions in the Centre, some of the problems which existed in the old women's prison, such as coercive relationships and self-harm, were re-emerging.

The initial response to increased numbers in the Dóchas Centre was to develop 'dormitory style' accommodation. This option was, however, rejected by the new Director General of the Irish Prison Service in late 2011/early 2012.

The Irish Prison Service's *Three Year Strategic Plan 2012–2015* states that during 2012 and early 2013 the focus of the Service will be on reducing overcrowding in a number of named prisons, including the Dóchas Centre.⁴⁶ In addition, the Strategic Plan gives a commitment that the Prison Service, 'working in partnership with the Probation Service and other stakeholders in the statutory, community and voluntary sectors will seek to develop a strategy for dealing with women offenders'.⁴⁷ Crucial to the realisation of these commitments will be factors outlined earlier – clear articulation of 'the problem', value acceptance and technical feasibility of the possible solutions, key individuals who promote a reform agenda and, finally, the political opportunity (window) through which reform can be pushed.

Notes

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3. Ian O'Donnell, 'We need a safer, more humane prison system', *The Irish Times*, Friday, 29 June 2012.
4. The Irish Prison Service, *Three Year Strategic Plan 2012–2015*, Longford: The Irish Prison Service, April 2012.
5. For example, The Jesuit Centre for Faith and Justice and John Lonergan, former Governor of Mountjoy Prison.
6. Eoin Carroll, *Pulling a Rabbit Out of a Hat, Where do Policies Come From? An Examination of the Criminal Justice Policy Processes behind the Building of the Dóchas Centre (Ireland's Largest Women's Prison)*, MA in Criminology Dissertation, Dublin Institute of Technology, 2011. (<http://arrow.dit.ie/cgi/viewcontent.cgi?article=1027&context=aaschssldis>)
7. Trevor Jones and Tim Newburn, 'Comparative Criminal Justice Policy-Making in the United States and the United Kingdom: The Case of Private Prisons', *British Journal of Criminology*, Vol. 45, No. 1, January 2005, pp. 58–80; Trevor Jones and Tim Newburn, *Policy Transfer and Criminal Justice: Exploring US Influence over British Crime Control Policy*, Maidenhead, Berkshire: Open University Press, 2007; Shane Kilcommins, Ian O'Donnell, Eoin O'Sullivan and Barry Vaughan, *Crime, Punishment and the Search for Order in Ireland*, Dublin: Institute of Public Administration, 2004.
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9. Paul Rock, 'The Open Stages of Criminal Justice Policy Making', *The British Journal of Criminology*, Vol. 35, No. 1, Winter 1995, pp. 1–16.
10. James E. Anderson, *Public Policymaking*, Scarborough, ON: Nelson Education Ltd, 2005.

11. Trevor Jones and Tim Newburn, 2005 and 2007, *op. cit.*
12. John W. Kingdon, *Agendas, Alternatives, and Public Policy* (2nd updated edition), London: Longman, 2010.
13. *ibid.*
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16. John Loneragan, *The Governor: The Life and Times of the Man Who Ran Mountjoy*, Dublin: Penquin Ireland, 2010, p.142.
17. *Ibid.*
18. Eoin Carroll, *op. cit.*, p. 18 (Respondent 4).
19. John Kingdon, *op. cit.*
20. Eoin Carroll, *op. cit.*, p. 24 (Respondent 9).
21. *Ibid.*, p. 24 (Respondent 1).
22. *Ibid.*, p. 24 (Respondent 10 and Respondent 7).
23. *Ibid.*, p. 24 (Respondent 7 and Respondent 9).
24. Mary Cummins, 'Women's prison should be closed', *The Irish Times*, 9 March 1990.
25. *Dáil Éireann Debate*, Vol. 396, No.7, 7 March 1990.
26. Pádraig O'Morain, 'Woman's death renews demand for prison reform', *The Irish Times*, 8 March 1990.
27. Jim Cusack, 'Burke rejects visitors' report on force in women's unit', *The Irish Times*, 4 May 1990.
28. Eoin Carroll, *op. cit.*, p. 21 (Respondent 4).
29. *Ibid.*, p. 21 (Respondent 9).
30. *Ibid.*, p. 21 (Respondent 7).
31. *Ibid.*, p. 21 (Respondent 2).
32. *Ibid.*, p. 21 (Respondent 8 and Respondent 9).
33. *Ibid.*, p. 21 (Respondent 5).
34. *Ibid.*, p. 23 (Respondent 2).
35. Paul Rock, *op.cit.*
36. Eoin Carroll, *op. cit.*, p. 23 (Respondent 9).
37. Paul Rock, *op.cit.*
38. John Kendall and Helmut K. Anheier, 'The Third Sector and the European Union Process: An Initial Evaluation', *Journal of European Social Policy*, Vol. 6, No. 2, June 1999, pp. 283–307.
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47. *Ibid.*, p. 44.

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