

**SERVICE PROVISION IN CASTLEREA PRISON -
ADEQUACY AND SHORTFALL FROM THE
PERSPECTIVE OF PRISONERS**

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ABSTRACT

SERVICE PROVISION IN CASTLEREA PRISON- ADEQUACY AND SHORTFALL FROM THE PERSPECTIVE OF PRISONERS BY EMMETT TUITE

This study is an examination of the needs of Castlerea prisoners and the adequacy of service provision in the prison. The Irish prison population presents as a severely disadvantaged and marginalised group (O'Mahony 1996; Mc Cullagh, 1996). Castlerea is no exception. Castlerea is quite unique as a prison in the Irish context. The prison houses a broader range of offenders than many other Irish prisons; holding political prisoners, drug offenders and sexual offenders. These prisoners are integrated with each other without undue difficulty.

A sample of 88 prisoners was used. The current study found the prisoners exhibited difficulties in relation to medical health, psychological health, educational and employment history, addiction and re-offending. Respondents were vocal about areas of need and had considerable insight into the issues they needed to address in order to progress towards a crime-free lifestyle. The prison's lack of comprehensive addiction treatment facilities and psychology services hinders the rehabilitation of prisoners. Insufficient preparation and planning for release also poses a serious difficulty for the prisoners. A specific problem highlighted by the study was the issue of releasing sex offenders without having undergone any treatment or intervention.

The study found that there is little formal assessment of need in Castlerea and prisoner support services are quite limited. Assessment is generally carried out on an ad hoc basis without the support of a structured service response. Drug abuse and assault, although present, are not as serious an issue in Castlerea as in other Irish prisons. Castlerea has the potential to be a very progressive prison with the ability to have a very positive impact on the lives of prisoners through reducing rates of re-offending, addressing problems such as addiction, mental and physical health problems and improving education levels and literacy rates. This potential is not currently being realised.

Introduction

Title: Service provision in Castlerea Prison – adequacy and shortfall from the perspective of prisoners.

This study seeks to examine the range and level of services provided to prisoners in Castlerea Prison to meet their daily needs and address issues related to support and rehabilitation. The study aims to place service provision in Castlerea in an Irish context with some reference to prison services in other jurisdictions. The study is qualitative in nature and utilised semi-structured interviews with 88 prisoners convicted of a broad range of offences. The initial part of the study examines a range of Irish and international literature relating to incarceration. The literature review seeks to trace the development of the Irish prison system from its origins to its present state, making reference to elements of good practice in Ireland and internationally, weaknesses in current service provision are also highlighted. A range of relevant current issues are discussed. Included is a brief description of Castlerea Prison and a statement of its purpose and function. The methodology adopted in the current study is described, as are the reasons for choosing such an approach. The data generated by the interviews conducted is presented and analysed using statistical measures to highlight significant relationships. Quotations from respondents are used to illustrate significant issues in respondents' own words. Issues arising from the literature review and interview results are examined in the discussion. Conclusions are drawn from the material presented and recommendations are made concerning improvements, which could be made in Castlerea Prison, areas, which would benefit from further research are highlighted.

CHAPTER ONE:

LITERATURE REVIEW

1.1 Introduction

The purpose of this literature review is to 1) describe the development of the prison system in Ireland, 2) report best practice in prison management, 3) document published material on the Irish prison system and 4) draw together a number of recommendations from a range of authors that could be implemented in order to bring about significant improvements in the service.

Until the mid 1980s there was relatively little research into the Irish Prison Service. A small number of authors have now contributed to the area, the most significant being O'Mahony (1993, 1996, 1997, 2002). The last decade has seen a significant increase in the amount of research carried out by a combination of individuals (O'Mahony 1993, 1996, 1997, 2002; McCullagh 1996; Dillon 2002), voluntary bodies such as the Irish Penal Reform Trust (2001, 2002, 2003) and significant government funded research producing strategic plans (Irish Prison Service, 2001-2003) and annual reports (Irish Prison Service, 1999 & 2000, 2001, 2002). The focus of the research has been on the major population centres of Dublin and to a lesser extent Cork, while peripheral prisons have been neglected.

Many of our prisons were designed and built at a time when prisoner welfare and rehabilitation were of less concern than security (Gazis, 1998). This is often reflected in prison design, and location. Frequently funding has been channelled to meet security needs while education, health and welfare services have often been neglected (Whittaker, 1985). As a result our prisons are often judged successful in terms of detaining people but less so in relation to rehabilitation. This finding is borne out by research by O'Mahony (1997), who found an 89% rate of recidivism among Mountjoy prisoners.

At present the system attempts to find a balance between punishment, work and education (Vaughan, 2001).

The Irish prison system has been influenced to different extents by a number of different factors, including strong religious influences and the impact of British rule in Ireland. Equally society's response to the issue of crime has diversified throughout time. Early responses included capital punishment, transportation and hard labour. Latterly detention has been the principal response. As modes of punishment changed over time so too has the nature of detention. In comparison to 100 years ago those experiencing prison today have the benefit of more humane conditions, a broader range of services and a generally less harsh regime. However, services in prison still lag behind those available in the community. Drug addiction treatment services are a clear example (Moran, O'Brien, Dillon & Farrell, 2001). Significant numbers of prisoners still do not have 24-hour access to a toilet (Irish Prison Service Annual Report, 2002). In some of today's prisons AIDS and hepatitis are endemic (Allwright, Barry, Bradley, Long & Thornton, 1999; Hannon, Kelleher & Friel, 2000) in the same way as disease was rampant in prisons of 100 years ago. As was the case throughout history the vast majority of those who are being imprisoned come from socially deprived and disadvantaged areas (McCullagh, 1996; Bacik & O'Connell, 1998).

1.2 Transportation

Transportation to penal colonies was favoured in Ireland and Britain as an early response to crime by the ruling classes due to the absence of significant long-term costs associated with imprisonment. It had the added benefit of not requiring those in power to take any major interest in the lives of those convicted of crime. It is difficult to pin point when exactly transportation was brought into use but it is generally accepted to be in the early 1600s (McDonough & McEvoy, 1996). It was used to various extents up until the 1860s. According to Aylward (2002, 570) "In the period 1791 to 1853, 39,000 Irish convicts were transported to Australia".

Transportation was used for a variety of offences from theft and property damage to offences committed in rebellion against the occupying British forces. Transportation was also regularly used in cases of murder, except the most gruesome cases where the perpetrator was put to death. In Ireland the oppression of Catholics by the Protestant ruling classes in Cromwellian times (1649/1650) led to one of the first examples of transportation as a number of Catholics were banished to the West Indies for advocating greater equality with the Protestant ruling classes (McDonough & McEvoy, 1996). Transportation grew in popularity as a simple and relatively cheap means by which to punish people convicted of serious crimes. However, in the mid to late 1800s those in authority were forced to develop alternatives to the policy of transportation, due to the American war of Independence and the closing of the option of transportation to Australia.

Australian authorities had been unhappy with the operation of the system in the preceding years due to large numbers of deaths on transportation ships and the ill health of prisoners arriving (McDonough & McEvoy, 1996). Prior to the abolition of transportation a modified system for British prisoners was developed, it involved prisoners serving a sentence in British prisons before being transported to Australia on a 'ticket of leave', a type of probation, which left them free to start a new life in Australia. This system only operated for a short time as Australian Authorities accused British Authorities of abusing it through sending prisoners with little time served (McDonough & McEvoy, 1996).

As the option of transportation closed, detention became the primary method of punishing those who were convicted of crime. In order to examine the development of Irish prisons it is necessary to look at the variety of prison systems in use throughout Europe and the different theories underpinning prison management.

1.3 Early Models of Imprisonment

Institutions, which could be said to carry out some of the functions of today's prisons, had been in existence in Britain since the mid 1500s. These institutions were large walled structures with little internal division or separation. They were commonly known as Bridewells. The name was taken from St. Bride's well in London where the first of these institutions had been established in 1557 (Gazis, 1998). These Bridewells housed poverty-stricken beggars and vagrants serving short sentences as transportation to Australia was in place for any crimes considered serious.

In the 1600s institutions operating as workhouses to hold beggars, vagrants and the poverty stricken were being established across Europe. Workhouses were large open plan buildings with little internal division. The earliest examples of prison architecture resembling the modern prison system can be traced back to Rome in the early 1730s (Gazis, 1998). These institutions were built by Pope Clement XI, and influenced modern prisons in their structural design. In the late 1700s Belgium was to the fore in developing workhouses into buildings with some of the features of more modern prisons. These featured individual cells and hard labour aiming towards reform.

In the late 1700s, in his work as an advocate of penal reform John Howard, set about identifying deficiencies in the British prison system and looking at practices across Europe with a view to identifying models of best practice. Howard had already decided that the mass incarceration model adopted in Britain about this time was not the way forward. In criticising the placement of young people in prison directly alongside more experienced criminals he wrote

“Multitudes of young creatures, committed for some trifling offence, are totally ruined there. I make no scruple to affirm, that if it were the wish and aim of magistrates to effect the destruction present and future of young delinquents, they could not devise a more effectual method, than to confine them so long in our prisons, those seats and seminaries of idleness and every vice” (Muncie & Sparks, 1991, 13).

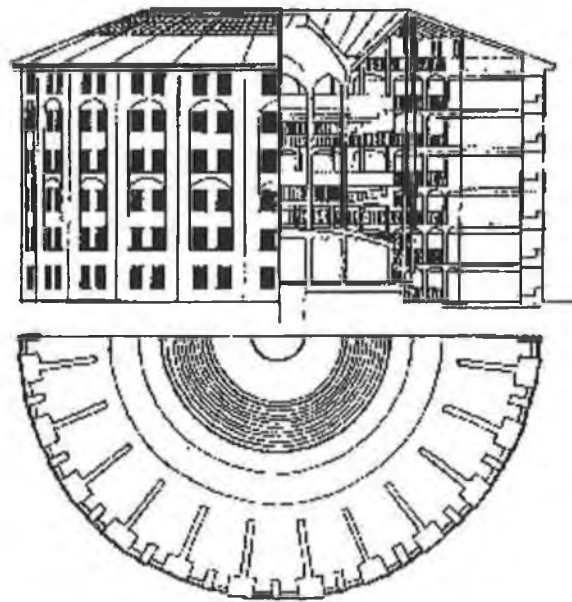
It is significant that Howard (Muncie & Sparks, 1991) identified large scale incarceration and the position of prison as a finishing school for young criminals as two key areas in need of attention in the 1700s and that over 200 years later we are still focusing on addressing the same issues. The unregulated nature of the prisons system confining the poverty stricken, beggars, vagabonds, and more hardened criminals together was the subject of much criticism. The young and old, male and female, sane and insane were all placed in close confinement with little or no segregation and hunger, disease and death were rampant.

Having spent time travelling throughout Europe looking at different prison systems, Howard was particularly complimentary about the system in Holland, and commented on the cleanliness, separation of prisoners and the inclusion of productive labour in the prison regime as a general policy. He noted that the prisons were operated under the maxim 'make them diligent, and they will be honest'. He also visited German prisons and was, in general, impressed by the level of cleanliness, the quality of food, single cells and the involvement of prisoners in the provision of public services (for example road-building). Howard, it appears, took much heart from what he saw in parts of Europe and came to the conclusion that a properly funded and structured prison system could produce many positive outcomes.

In Britain, the movement from the open workhouse style design to the cellular principal took place around 1860. As far back as the late 1700s, theorists were putting forward alternative models of imprisonment. Beccaria (1738-1797) (a prominent theorist on penal reform) influenced both Howard (1726-1790) and Bentham (1748-1832) in Britain. In the early 1800s Bentham designed the "Panoptican", a prison based on the cellular system, which allowed for the observation of a large number of inmates from a single central position. The ideas of both Howard and Bentham influenced British legislators and an Act was passed to establish prisons based on the cellular system.

One of the most significant benefits Bentham's system was seen to provide was the low officer to prisoner ratio; a single warder in the centre of the cellular structure could observe hundreds of prisoners. Financial concerns were a central consideration in prison design and management, as prisoners were seen as being deserving of nothing but the most basic provisions.

Figure 1.1: Bentham's Panopticon (Barton & Barton, 1993).



There is a debate as to where the origins of more modern penal institutions lie and at what point the concepts of humane treatment of petty offenders; rehabilitation and reformatory treatment became more widely accepted. John Howard in Britain had been calling for prison reform since the late 1700s, other individuals such as; Sir William Blackstone and Sir William Eden (1860s) were also calling for reform of the prison system. However, the reform movement gained little or no momentum due to a lack of public and political support. The Quaker movement in North America had begun to advocate for changes to the penal system and was vocal in calling for capital punishment to be abolished. The establishment of the Howard Association (1866) influenced by the humanity in the approach of the Quaker movement, saw similar calls for penal reform in Britain.

Some theorists suggest the origins of the more humane prison systems lie in the Amsterdam Houses of Correction, whilst others put forward British Bridewell as the first examples of a rehabilitative model. Initially the Bridewell was developed as a separate system to facilitate petty and young offenders and there was a strong focus on work and discipline as a reformatory force. These institutions were quite successful in that the public supported a system whereby prisoners contributed to the costs of their imprisonment through productive labour. The judiciary became more inclined toward sending criminals to such institutions. Muncie & Sparks (1991, 41) identify the mechanism by which such institutions were absorbed into the general prisons service

“Gradually the variety and number of offences which made one liable to commitment to a bridewell increased and the house of correction had merged with the gaol in all except the name”.

The absorption of these institutions into the general prisons system resulted in the dilution of the principles on which they had originally been based and as such their popularity was their downfall.

The advent of the industrial revolution had significant implications for the prison system as some labour intensive enterprises, which had been sustained by prison labour, were carried out by newly developed machinery, abolishing the need for much prison labour. There was a body of opinion that saw merit in work as a reforming force, resulting in the creation of unproductive labour such as the use of treadmills or grinding wheels, which simply kept prisoners active without being productive. These devices simply wore prisoners out and were the cause of much ill-health; however they were commended as being successful in making prison unappealing to the poor, who were said to be attracted by the provision of a bed and food (O’Mahony, 2002).

The unproductive nature of the work and the detrimental effect on prisoner’s mental and physical well-being eventually saw such practices being abolished. At this point consideration was given to the silent and solitary model (O’Mahony, 2002) implemented by the Quaker movement in America and it was adopted by some European states.

The silent and solitary model focused on physically and socially isolating the prisoner so that he could think of his crime with a view to inducing repentance. However, in many cases there remained a preference among the public and policy makers for prisoners to be involved in hard labour as an element of punishment. A compromise of sorts was found where prisoners were put to work alone in their cells, often working at sewing or a similar activity. Common to nearly all systems in place at this time was a strong religious influence which focussed on rehabilitation through redemption.

1.4 Religious Influences

“On my very first day in Sligo Prison I had realised how little time really matters. At three o'clock on that glorious April afternoon my clothes were taken from me. I was given only a shirt to wear. There was nothing to do but to get into bed. As I lay there I wondered if the busy hurrying world was all wrong and if these prison institutions were on the right track with their yogi contempt for time” (Prisoner D83222, 1946, 57).

In most early models of prison religious influences resulted in time for contemplation as a central feature. It was thought that long periods of reflection brought about through near total isolation could transform the prisoner as s/he was left alone with thoughts of their crime. The possibility of rehabilitation was linked to religious redemption - achieved through self-deprivation, reflection and prayer. Whilst the religious influence on our prison system has waned, long lock up times still leave plenty of time for reflection, contemplation and boredom.

Institutions across Europe in the early 1700s contained rows of cells in a rectangular building with a workshop located in the centre of the building. A central element of this design was the allocation of individual cells, driven by the concept of inducing reflection, solitude and isolation. This system was perceived to have the added benefit of preventing prisoners from corrupting each other

“It also seems certain, from the massive walls and barred cells within which early prison establishments secluded their inmates, that the fear lest even one prisoner escape played a large role in early prison construction” (Gazis, 1998).

Constructing such foreboding buildings had the added benefit of creating a horror of the prison system designed to deter people from committing crime in the first place. Prison design was driven by a belief that if punishment was made severe enough and if prison was a harsh enough environment then people would fear it to the extent that they would lead a crime free lifestyle.

“In every cell there is one small window well secured by double iron grating, so that, provided an effort to get to it is successful, the person could perceive neither heaven nor earth, on account of the thickness of the wall ... That the criminal may be prevented from seeing any person as much as possible, his provisions are only brought to him once a day, and that in the morning” (Gazis, 1998).

The system was known as the “silent and solitary” and is described as

“A system where prisoners were fed through a hatch in their cell doors, worked alone in their cells at cobbling or some similar activity and were allowed nothing other than religious reading material to break the endless monotony. They left the cell only for an hour’s silent outdoor exercise each day or to attend church” (O’Mahony, 2002, 545).

Developments in prisons systems in Europe and more particularly Britain influenced Ireland strongly and the origins of the Irish system are linked to forces which influenced the British system at this time. One of the first prisons built in Ireland was Mountjoy Prison in Dublin

“Origins of the penal system are to be found in the establishment of Mountjoy Prison in 1850, 1 of 16 prisons built at that time in Great Britain and Ireland on the so-called penitentiary model of pentonville prison in London - partly inspired by Bentham’s panopticon, in which a single unobserved warden in a central circle building could oversee hundreds of prisoners in their cells in the surrounding prison” (O’Mahony, 2002, 545).

1.5 Historical Development of The Irish Prison System

The Irish prison system has its origins in the early 1800s (Carey, 2000). In order to examine the historical origins of the Irish prison system it is necessary to make some reference to political contexts within which it developed. Ireland was under British rule up until the war of independence in the early 1920s. As a consequence Irish law has been strongly influenced by the impact of British rule. There are strong similarities between Irish and British law and even today the Irish judiciary can be influenced by British legal precedent.

The religious ideology of the Catholic Church was extremely dominant in Ireland throughout the 19th and 20th century and this, combined with the occupation of Ireland by British forces, created a strictly monitored society. Crime rates were relatively low and moral indiscretions often presented a more serious problem than criminal activities. Similar to the procedure in Britain, those convicted of serious crime (up till the mid 1800s) were transported to the colonies of North America and/or Australia. With the abolition of transportation, the general population were forced to take a greater interest in the lives of those convicted of serious crime as the problem was moved closer to home. In the mid 1850s a policy of long-term detention was introduced and shortly afterwards there were calls for a review of the prison system due to horrific conditions, serious overcrowding and a failure to make any effort towards the reform of the prisoner.

“If men had deliberately set themselves the task of designing an institution that would systematically maladjust men, they would have invented the large, walled, maximum security prison” Mattick (1974, 22).

In Ireland Mountjoy Prison was constructed in the 1850s and was loosely based on the “panoptican” principle. Spike Island Prison had been established in the early 1790s, and according to Nicholson (1998), the prison had an element of hard labour (digging out rocks), lighter work (mat making and knitting) and education.

Five other prisons were built in Ireland at the same time as Mountjoy Prison to house the expanding prison population which resulted from the famine of 1847 and rural unrest as a result of the ill treatment of peasants by the authorities. British occupation of Ireland, the impact of ‘poor law’ and the abuse of poverty stricken tenants by British landlords created conflict which invariably led to the peasantry feeling the rigours of the law. At this time prisons in Ireland consisted mainly of county prisons and bridewells which were relatively small. These institutions housed vagrants and social misfits whilst four convict prisons (Kilmainham jail and Newgate jail in Dublin and Spike Island jail and Cork city jail in Cork) held those awaiting transportation (McDonough & McEvoy, 1996).

Prisoners were usually held in one of the four convict prisons until there was a shipload ready for transportation. In 1877, in Ireland there were 38 local county prisons, 96 bridewells and 4 convict prisons (Lohan, 1996).

In Ireland in the early 1800s, the capacity of transportation to facilitate the spread of disease and the inability of the prison system to work towards rehabilitating the individual resulted in broad acceptance of the need for reform (MacBride, 1982). According to Aylward (2002) reform of the prison system started back as far as 1822 with the appointment of two inspectors general for all prisons. A significant concern, which influenced the appointments, was the financial cost of prison rather than the welfare of prisoners. Aylward (2002) states that the cost of keeping prisoners in detention was perceived to be spiralling out of control. The appointment of Sir Walter Crofton as the director of Irish Prisons in 1854 saw the development and implementation of a new system. Crofton was quite ahead of his time in aiming beyond simply punishing individuals and looking toward rehabilitation. Crofton's system was broken down into three phases. The first phase was spent in Mountjoy Prison in total isolation; this phase lasted approximately nine months.

The second phase was spent on Spike Island Prison engaged in hard labour but without the isolation of Mountjoy Prison - separation at night was the 'norm' whilst being allowed to work in common during the day. During this phase prisoners were divided according to 4 classes of convict each with an allocation of marks - indiscipline cost a prisoner marks meaning he could be reclassified to a new group. The final phase was spent in an "intermediate" prison preparing for release. The prisoner was given conditional release usually from Lusk Prison, Co. Dublin where a low security regime gave prisoners an increased level of responsibility. Upon release prisoners received some monitoring in the community. Public disquiet about rates of recidivism brought the system to an end approximately 30 years after it was initially established.

In 1877 the creation of the General Prisons Board sought to draw together a number of bodies responsible for prison administration, usurping the functions of the Convict Prisons Board, The Inspectorate of Local Prisons and the prison related functions of Local Authorities. As part of this reform visiting committees were set up. To this day visiting committees are a (somewhat ineffective) monitoring body for the prison service. The failure of visiting committees to fulfil their potential has been noted by various commentators (Mc Bride, 1982; Vaughan, 2001; Kinlen, 2003). Most criticism of the visiting committee system focuses on the political nature of their appointment and the vague nature of their reports. Individuals are appointed to the committees directly by the Minister for Justice. Reports relating to Castlereagh Prison (2000-2003) are two to three pages long and considering the broad nature of visiting committee powers and responsibilities are extremely brief.

1.6 Development of the Modern Irish Penal System

In Ireland the rising in 1916 and the civil unrest of the 1920s brought about a sharp rise in the prisoner population; however the advent of independence did not have any significant impact on either prison structures or conditions. In 1928 the Department of Justice took responsibility for the running of the prison system from the General Prisons Board. This was not as a result of a movement in a new theoretical direction but simply a means by which to reduce costs through the abolition of the General Prisons Board (MacBride, 1982).

From the early 1900s through to the 1970s, crime rates remained relatively low (Brewer, Lockhart & Rodgers, 1997) (apart from a short period around the time of the civil war) and in many cases prisons were closed due to the combination of economic reasons and low crime rates. Historically Ireland had relatively low crime rates due to the moral influence of the Catholic Church, a significant rural population and close knit families and communities.

It is also generally accepted that large-scale emigration acted as a safety valve, particularly in the 1930-1970 period, with many young men (particularly those from socially deprived backgrounds) leaving the country. From the 1930s through to the mid 1960s there were very significant reductions in the prisoner population. In the late 1970s a significant rise in the number of people being committed to prison caused serious problems for the prison system and resulted in massive overcrowding. From 1980-1985 the prison population increased from 1,200-1,900 (O'Mahony, 2002, 575). This significant rise caused serious problems for the prison population and resulted in massive overcrowding. This overcrowding got so extensive as to require prisoners to be released prior to the end of their sentences (on temporary release). Applying the illogical idea of releasing one prisoner simply to accommodate another is an accurate reflection of the disarray which the prison system was in at this time. The prison service attempted to accommodate larger numbers of prisoners through doubling up numbers in cells and extending prisons which were already in use rather than constructing entirely new buildings.

Some of the country's largest prisons date from the mid 1800s. The panopticon prison design reflected the very limited type of service prison management sought to provide in the 1800s. The extent to which such a design is inappropriate in the context of present day services may be illustrated by the fact that the apparent economic benefits of this design have been completely lost in the Irish system - with one of the highest ratio of officers to prisoners in the world. According to the Irish prison service website (retrieved April 2004) in January 2002 there were 3,160 prisoners in custody. The Annual Report for the same period states that there were 3,308 non-administrative prison staff employed (Annual Report, 2002, 37). The panoptican design was envisaged as a very economic system requiring only a small number of officers to monitor large numbers of prisoners. The Irish Prison Service Staffing and Operational Review Team (2001, 21) examining staffing levels stated "there is no doubt that manning levels within the establishments are far more generous than is common elsewhere".

The concept of one officer observing hundreds of prisoners is now dated to the point of being ridiculous, yet a physical structure designed to facilitate this remains.

Public pressure on those in political power, resulting from crimes committed by those on temporary release, has prompted a significant prisons building programme. This brings us to our present position where we accommodate 3,494 (December 2003 – Irish Prison Service website) people in Irish prisons.

According to Vaughan

“It seems indisputable that Ireland relies upon imprisonment to a far greater degree than most other Western European Countries” (2001, 12).

1.7 European Models of Imprisonment

Throughout the 20th Century European models of imprisonment (particularly the Dutch) were highlighted as being examples of best practice with a focus on rehabilitation and continuity throughout the system. The adoption of a range of cost effective alternatives to imprisonment meant that systems such as those developed by the Netherlands gained significant public support. In general, it is still the case that we have to look outside Ireland for models of best practice in relation to penal services.

Vaughan (2001) draws together many elements of best practice across Europe in putting forward a model penal system for Ireland. Vaughan (2001, 62) highlights amongst others, the example of Denmark, which has a comprehensive system of open prisons where “conditions for clients in prisons and on probation must be arranged so that they correspond as far as possible to conditions on the outside”. In Denmark open prisons receive approximately 90% of convicted prisoners and operate for one-third the cost of closed prisons. Both Norway and Finland put aside approximately one third of their places for open prisons. Vaughan (2001) contrasts this with Ireland (in 1999) with three open prisons, holding less than 5% of the total prison population. Since 2002 Shanganagh Castle (an open prison) has been closed – a decision criticised by the Inspector of prisons.

Kinlen's (2003) report described Shanganagh Castle as the "jewel in the crown" of the prison service. Whilst many other European countries adopt alternatives to high/medium security prisons, Ireland appears to be moving in the opposite direction.

In looking at a model of best practice the Inspector of Irish prisons visited Spain and reported on some favourable aspects of the Spanish system. In Spain 'Prison Judges' are involved in inspection of prisons. The "Public Prosecutor also has jurisdiction to visit, report on and correct problems in prisons" (Kinlen, 2003, 42). Allied to these individuals there is a comprehensive Inspectorate. Kinlen (2003) gives examples of some practices (in Spanish jails), which might be considered progressive such as giving the opportunity to married couples to co-habit, offering them the chance to have a child. There is also a family unit in some prisons and facilities such as pre-schools. The provision of a broad range of hospital services also ensures that only a very small proportion of those placed in prisons are mentally ill. There are no padded or strip cells, there are exclusion cells which are not unlike ordinary cells. However, a prisoner (in an exclusion cell) is not involved in activity or work and an individual cannot be placed in an exclusion cell by an officer without three letters of approval - from the Governor, the prison judge and a doctor.

"A prison medical unit takes in prisoners who are mentally disturbed or could be described as a social nuisance and cannot settle in prison" (Kinlen, 2003, 47).

The medical unit is protected by prison officers but staffed by medical personnel. Nobody under 18 years of age is kept in prison; every cell in every prison has internal sanitation including a toilet and shower, (Kinlen, 2003). In one of the more modern prisons Kinlen reports facilities such as a swimming pool, gymnasium, soccer and basketball pitches and plenty of wide-open spaces. Vaughan (2001) sets out particular structures, which Ireland needs to put in place to establish best practice. Vaughan makes specific recommendations in response to difficulties he observed with the Irish system. Implementation of many of the recommendations would see Ireland follow a more 'European' model.

Some of the key recommendations include: comprehensive assessment and individual sentence plans, sexual offender treatment programmes in all prisons, a significant reduction in the number of female prisoners, increase in psychology service personnel, 50% drug-free capacity in prisons, guidelines relating to prison labour for the external market with a portion of the money generated going into a victims fund, re-settlement plans and increased use of open prisons. Vaughan highlights the French system in relation to penal labour

“In France, convicted prisoners do not have to work inside penal establishments. French correctional industries have become an open job market where private contractors provide 9000 prisoners with employment; often with attractive wages ... The prisons provide contractors with free workspace inside the prisons and negotiate the prisoner’s labour charge on a local basis which is related to the French national minimum wage. Ten per cent of prisoner’s monthly income is used to cover their personal maintenance costs, twenty per cent is reserved for victim reparations and the remainder is held available to prisoners on release” (2000, 35).

Vaughan also cites the involvement of the private sector in internal services within French prisons - cleaning, catering, and maintenance offers 6900 placements to remand and convicted prisoners. Vaughan accepts the difficulties involved in prison labour namely, discouraging prisoners from participating in education or offending behaviour programmes, control of monies generated and which prisoners should be involved in labour - ‘Is it the most able prisoner who is given the opportunity to work or the most needy prisoner?’ However, the overall benefit of prison labour and the possibilities highlighted by the French system suggest that prison labour should be far more widely implemented in the Irish penal system.

In identifying other areas in which best practice has been developed, Vaughan refers to a resettlement programme (named ‘inside out’) in place in Holland focusing on 18-24 year olds involving comprehensive assessment followed by a ‘routing plan’ which offers financial advice, education, career advice and work experience. The programme has a high level of positive outcomes in that over a three year time scale 50% found a job, 20% went into vocational training, 10% were looking for work and the rest were untraceable.

Vaughan uses the example of Denmark's 'graduated progression' system whereby compliant prisoners are given increasing freedoms throughout the course of their sentence. At specific thresholds, home leave and school/work leave are granted. The concept behind granting such freedom is known as "constructive or dynamic security, whereby good order is maintained primarily by the quality of relationships between staff and prisoners". Vaughan also refers to regimes in Germany where prisoners in employment are granted daily leave in order to maintain their employment.

Vaughan also highlights the highly developed assessment procedures in place in some parts of Europe and in Canada and Australia - risk assessments based on criminal history, offence committed, and the age of the offender are combined with needs assessments based on employment status, marital/family status, emotional status and dependency on drugs/alcohol. An Individual Development Plan is developed based on the information compiled. The Irish CONNECT programme is based on a similar model.

Scandinavian systems are generally highlighted as being to the fore in developing the most modern approaches to prison management. Such systems utilise open prisons, productive labour and developed models of assessment and intervention. The Irish system is in general a number of steps behind 'model' systems.

1.8 Irish Prison Conditions

As a result of the ad hoc development of the Irish Prison System, there is significant variety in quality of accommodation and availability of services in the prison system. Some prisons (such as Dochas, women's prison in Dublin) are quite new, purpose built and offer a very high standard of accommodation, providing bathroom and cooking facilities in a domestic type environment allied with developed education opportunities. In contrast, in Cork prison, prisoners are forced to share cells and slop out. There is only limited work available to prisoners, no purpose built gym and no drug free area due to space and design restrictions.

Throughout the prison system much of the accommodation on offer remains from the early nineteenth century. Recent studies (O'Mahony 1997; Dillon 2001; Vaughan 2001) have shown that drugs are widely available; violence, racism, suicide and depression are commonplace. Despite the Department of Justices' admirable mention of services to parallel those available in the community (Irish Prison Service Strategy Statement 2001-3), medical, psychiatric, educational and training facilities remain poor and in some case non-existent.

The hardships imposed by isolation, boredom, poor sanitation and the absence of the most basic living apparatus - mattresses, lighting and any form of heating were originally considered a necessary part of both punishment and redemption. More recent thinking, as stated by the Department of Justice (1994) dictates that prisoners should suffer no hardship greater than that which is inherent in the deprivation of liberty. Unfortunately any critical examination of the prison system proves that prisoners are punished far beyond having their freedom taken away. A number of Irish studies (O'Mahony 1997; Vaughan 2001) and the report of the Inspector of Prisons (2003) have been very critical of the conditions in which Irish prisoners are forced to live. An example is that of a prisoner in Mountjoy Prison who, apart from being detained, is obliged to engage in the practice of 'slopping out' as further punishment.

The groundbreaking and highly critical Whittaker report of 1985 found that in all the closed prisons, prisoners were held in regimes designed primarily for containment. This resulted in "unnecessarily secure and restrictive conditions, which inhibited work, recreation, education and healthcare" (Whitaker, 1985). The Irish Prison Service Annual report for 1999 and 2000 provides some indication of the focus, which has driven service development

"Substantial investment in prison infrastructure has been made in recent years with the provision of new state of the art facilities at ... Castlerea Prison (1998). Total expenditure on the prisons building programme over the past 5 years amounted to 153.5 million" (2001, 72).

O'Mahony presents quite a contradictory view

“some of the newer prisons have been built to an unacceptably low standard. The remand prison, Cloverhill, which holds legally innocent people, has been designed to be over-crowded with small three man cells and a paucity of facilities. One Irish prison architect has argued that even in recently built accommodation the design of the cells and other spaces within the compound tends to be depressingly grim and it's hardly surprising that drug abuse and suicides are common” (2002, 550).

The level of service which the prison authorities aim to provide may be measured by a further quote from the 1999 & 2000 annual report

“At present over 70% have 24hr access to sanitary facilities, all new prison places are equipped with in-cell sanitation and these facilities are provided as standard in all prison renovations carried out as part of the prison building programme” (2000, 14).

The manner in which this report states that over 70% of prisoners have 24-hour access to sanitary facilities may simply be a reflection of how poor service provision is at present or an indication of a lack of ambition in relation to developing the prison accommodation to an acceptable standard. However, if our hospitals (currently criticised as being part of a chronically poor health service) stated that 70% of patients would have access to sanitary facilities, public outrage would follow. The fact that our prisoner population is not seen as deserving of 24hr access to a toilet is an indicator of their standing in the eyes of policy makers. McDermott also addresses the issue

“There can be few more degrading or unhygienic practices than that of slopping out. In their first report into Irish prisons, the committee for the prevention of torture recommended that the eradication of the practice of slopping out should be regarded as a matter of the highest priority” (2000, 266).

The generally poor health of the Irish prisoner population (Hannon et al., 2000) cannot be helped by such unhygienic practices particularly in an environment where infection is widespread (Allwright et al., 1999; Hannon et al., 1999; Dillon, 2001). The duty of care owed to prisoners seems to be largely disregarded. In direct contrast to this the Irish Prison Service Strategy Statement 2001-2003 lists a range of values central to the operation of the Prison Service. The values cover a number of areas relating to - full respect for human dignity and rights, helping offenders live as a law abiding people, minimising the detrimental effects of imprisonment and helping prisoners maintain relationships with their families.

Whilst policy documents cite the admirable sentiments set out above, the daily reality for many prisoners is often far detached from such ideals, According to O'Mahony, the large older Irish prisons continue to be overcrowded and drug-ridden and afford a very low standard of accommodation and facilities.

“Conditions are unsanitary, lock up times unconscionably long and there is a chronic shortage of medical and psychiatric and general rehabilitative services, purposeful work, education and training activity and recreational facilities” (2002, 550).

Recognising the opportunities, which exist within a closed environment

Vaughan, in a critical appraisal of the Irish prison system, states that

“prison does not necessarily have to exert a negative influence; for example, it might represent an opportunity for offenders to wean themselves off a drug habit or build up basic literacy, but whether this occurs, depends on the provision of key services” (2001, 12).

On this point Mc Dermott states that

“Custody denies the inmate the opportunity to offend; it also gives him an opportunity to improve himself and acquire the skills and habits that will help him to participate in an open society after his release. Within the prison community ... he has a protected right to pursue his limited rehabilitative goals” (2000, 2).

It must be asked how far does the prison system go in attempting to facilitate this and to what extent is this right compromised in favour of the easy running of the system? The rules and legalisation, which regulate the system, provide some indication of the attitude of prison management at the time of their formation.

1.9 Irish Prison Legislation

The range of legislation relevant to the prisons service is in some way a mirror of the way in which the service has developed. A variety of relatively new and extremely dated Acts are in use allied with significant pieces of secondary legislation including; Prison Acts, Visiting Committee Act, 1925, Criminal Justice Act, 1960, Criminal Justice (miscellaneous provisions) Act, 1997 and the transfer of Sentenced Persons Act, 1995 and 1997. There is also a body of secondary legislation comprising of statutory rules and regulations.

If we are to accept that the members of any community have a right to know what rules regulate their lives then we accept that prisoners are entitled to be fully informed of the prison rules. The prison rules currently in place date from 1947. They are at present being re-drafted as it is broadly accepted that they are entirely outdated.

The government has replied to queries by the European committee for the Prevention of Torture and Inhuman or Degrading Treatment and on different occasions suggested that new prison rules would be in force by “the latter half of 1995, ... early in 1999, ... and in the first quarter of 2000” (Response of the Irish Government to Report by the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Ireland, 1999). The new prison rules are not yet in force, almost ten years after the government gave commitments in this regard.

Once an individual has been convicted and sentenced to time in prison it must be accepted that his detention is his punishment - he is entitled to be treated with justice, respect and fairness whilst being detained. He has a right to fair procedures. The 1947 prison rules are largely ignored because in many cases their application would breach human rights legislation. They are however the rules which currently govern the lives of our prison population.

In a criticism of the current prison rules Mc Dermott gives some examples of the broad and out dated nature of the rules.

“A prisoner shall be guilty of a breach of prison discipline if he does any of the following ... (9) Sings, whistles or makes any unnecessary noise or gives any unnecessary trouble. (13) Commits any nuisance” (2000, 176).

Under the current prison rules it is also open to a Governor to punish a troublesome prisoner by restricting his diet (deprivation of food), Mc Dermott is of the opinion that this provision may breach a prisoners constitutional rights

“It must be open to some question as to whether at the end of the 20th century, a Governor in an Irish prison could lawfully punish a prisoner by restricting his diet” (2000, 182).

It is an indication of how far behind the times the Irish prison system is that prisoners had to wait for the criminal law act of 1997 for corporal punishment to be legally abolished. Mc Dermott gives an example of the difficult ethical position a medical officer is placed in under the rules

“The rules provide that before a prisoner is placed in close confinement, or is subjected to dietary punishment, the medical officer shall examine him, and certify whether or not he is fit for the punishment” (2000, 293).

The Inspector of Prisons in his first annual report (2003) referred to the fact that a revision of the prison rules has been promised for so long yet not delivered as “a very sick ‘joke’” (Kinlen, 2003, 36). In light of the critically poor state of the prison rules, it must be asked what redress is available to a prisoner who has a reasonable grievance with some quite irrational rules. We may also ask who or what is available to monitor the prison system and see that the values of fairness, justice and respect are upheld.

1.10 Monitoring

1.10.1 Visiting Committee

The need for an independent body to monitor conditions and services within prisons has been recognised as far back as 1877 when the General Prisons (Ireland) Act established visiting committees consisting of Justices of the Peace. Visiting committees consisting of individuals drawn from the broader community were established in 1925. Vaughan (2001, 18) lists the functions of the visiting committee as follows: to report to the minister any abuses observed or found by them in prisons, to report to the minister any repairs which may appear necessary and to report to the minister any matter which the committee may think is expedient. The failure of visiting committees to fulfil their potential was identified as far back as the Mac Bride report of 1982.

According to Mac Bride

“The committees have, however, not tended to disagree openly with existing departmental policy, and since they first appeared have processed only 29 complaints from prisoners” (1982, 37).

The number of complaints from prisoners to visiting committees has increased. However they still come in for much criticism for being ineffectual. Positions on visiting committees are sought after as they bring generous allowances (total allowances for 2002, over €650,000, Kinlen, 2003, 60) and media commentators have suggested that there is significant political value in having visiting committees (as a form of appeasement to those not offered cabinet/frontbench positions).

The Inspector of Prisons first Annual Report (Kinlen, 2003, 63) refers to the fact that there is an individual from Donegal on the visiting committee for Cork prison and only three of the people on the Mountjoy Prison visiting committee are from Dublin. The fact that members are appointed to these valued positions by the Minister for Justice, Equality and Law Reform, the Minister with political responsibility for the prisons service, is also open to criticism. Members may be reluctant to be overly critical of the Department of Justice, Equality and Law Reform as they depend on the will of the minister to re-appoint them. In reviewing the monitoring of the prison service the Prisons Service Annual Report of 1999 and 2000 states

“the prisons service is (already) subject to the scrutiny of visiting committees - one per institution - which carry out regular visits and report their findings” (2001, 74).

A reading of visiting committee reports for any of the country’s prisons illustrates the extent to which they are prepared to exercise their powers - the language could be accurately described as soft. Severe criticism, even in light of appalling circumstances, is conspicuously absent. The reports (covering a period of one year and summarising twelve meetings and the same amount of prison visits) are extremely brief. The 2001 report for Castlerea Prison, concerning conditions and services for nearly 200 prisoners every day, is a three-page document; the 2000 document is even shorter. The only vaguely negative points made are very broad and relate to aftercare, overcrowding and psychological services. In relation to the latter the report says

“The psychiatric services provided are excellent however the need to improve the psychological service needs to be improved urgently as we believe it is critical for the good management and offender’s general well being” (2000, 2).

This excerpt illustrates the lack of effort put into the compilation of the report, considering this; it may well be asked how seriously are such reports taken? Vaughan (2001, 56) states that “Visiting committees are potentially the most promising means of ensuring that prisons are managed in a fair and humane manner”. Mc Dermott (2000, 155) reminds us that “not only do prison walls serve to keep prisoners in but also to keep the public and media out”. In this regard visiting committees could potentially be a very effective tool for keeping the public in touch with what goes on behind our prison walls. Vaughan further suggests that visiting committees

“Should be appointed by the Oireachtas Committee on Justice, Equality, Defence and Women’s rights ... they should receive training in the monitoring of prisons and the handling of prisoner’s grievances. National guidelines should be drawn up to which all visiting committees adhere” (2001, 61).

The failure of visiting committees to significantly improve prison conditions, as outlined in the previous paragraphs, pointed to a need for the establishment of a prisons ombudsman and inspector of prisons.

1.10.2 Prisons Inspectorate

The appointment of an individual charged with inspection of the prison system was initially recommended by the MacBride report of 1982. The same recommendation was made by the Whitaker report of 1985. However, on both occasions the recommendation was ignored by the then government. The Department of Justice Management of Offenders report (1994) initially stated that an inspector was not necessary. Shortly afterwards this decision was reversed and the government committed itself to an appointment within the five year period of the plan.

“There is no prisons inspectorate in Ireland, although the need for such was accepted by the state in 1994, and there is no prisons ombudsman to whom prisoners can make complaints about conditions and treatment: The ombudsman in Ireland is precluded from considering prisoners complaints” (1994, 46).

According to the 1999 & 2000 Irish Prison Service Annual report

“the appointment of an Inspector of Prisons will (however) involve substantial environmental change if experience in other areas is repeated here. This will arise from the inspector’s role in regular inspection of all prisons and the considerable public profile likely to be accorded to reports spanning the entire prisons system” (2000, 20).

An Inspector of Prisons was appointed early in 2002 (for 5 years) and produced his first report early in 2003. This report was highly critical of the present system. Amongst the key points was a recommendation that Mountjoy Prison be knocked and rebuilt, as conditions there are so poor as to be irreparable (Kinlen, 2003). Mountjoy Prison was home to approximately 500 prisoners a day throughout 2002. They endured conditions which were not considered to be fit for human habitation as they awaited a government decision on the prison's future (In February 2002 Michael McDowell, the Minister for Justice, Equality and Law Reform announced that Mountjoy was to be knocked and re-built elsewhere. A site has yet to be announced, Irish Times, 05/02/2004).

The Inspector described the mindset of the Department of Justice as one of 'Power and Control' and believed that since the introduction of the Freedom of Information Act the Department has gone "deeper into a bunker" (Kinlen, 2003, 21). Further criticism centred on the fact that the Department failed to provide the Inspector with a furnished office until 12 months after his appointment. The inspector states that his work was severely hindered and restricted by the failure of the Department to provide him the minimum requirements in carrying out his functions (Kinlen 2003). The Inspector 'urgently requested' that his office be established as a statutory and independent unit in order to avoid being further hindered by the Department in his work (Kinlen, 2003). In describing the Prisons Service Justice Kinlen (2003, 76) refers to the "rising pyramid" where "work expands so as to fill the time available for it's completion", the Inspector notes the 50% increase in staff after the service moved to its new site in Clondalkin. The Inspector states that upon speaking to prison staff and management both groups were of the opinion that the extra staffing at headquarters had duplicated work and caused further confusion.

1.11 Prison Life

Whilst policies and strategies, which direct prison management, are developed at a macro level they have a micro level impact on individual prisoners. O'Mahony's (1997) study of Mountjoy prisoners found that the main complaints of prisoners he sampled related to, in order of frequency, hygiene conditions, attitudes and behaviour of prison staff, the dominant role of drugs in prison life, standard of food, experience of confinement and amount of time spent confined to cells, lack of privacy, visiting arrangements and lack of educational and recreational facilities. O'Mahony's study found complaints

“overwhelmingly centred on social and psychological aspects of treatment, this finding was re affirmed across the prison population in 1999, when prisoners ranked the most upsetting/irritating aspect of prison life was the attitude of prison officers, particularly verbal abuse from them. A significant proportion (27%) worried about being physically harmed by prison officers” (1997, 53).

The European Committee for the prevention of Torture and Inhuman or Degrading Treatment or Punishment report of 1999 highlighted a number of issues. In response the government stated that it was “seriously concerned that there are individual prison officers [at Mountjoy Prison] whose attitude towards prisoners is the subject of suspicion by prison management and acknowledged “probable wrongdoing by some staff at Limerick Prison” (European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment, 1999). Such language indicates some acceptance of malpractice by a small number of prison officers in the Irish prison system. This creates an atmosphere in which prisoners have little confidence in procedures in place to address complaints about a prison officers' behaviour.

On some level it is heartening to see prisoners complain of the dominant role of drugs and the lack of educational facilities. It is obvious that a significant amount of prisoners would wish for a drug free environment and increased educational facilities in order to encourage them to use their time in prison productively.

The failure of the prison system is that this desire is not being harnessed and directed towards rehabilitation. Prison officers are potentially the most valuable resource within the prison service. However, according to O'Mahony's (1997) study some prisoners hold fears of physical harm from officers and endure verbal abuse from officers; this is an indication of a very unhealthy culture in some of our prisons. Considering the references made by respondents (in O'Mahony's, 1997 study) to the need to address the dominant role of drugs in prison life and for greater educational facilities there appears to be desire on the part of many prisoners to address the reasons for their offending behaviour and make an effort towards a crime free life-style. A critical aspect of the prison service is the range and level of services available to a prisoner who wants to stop offending.

1.12 Prison Services

1.12.1 Introduction

This study examines the level of service provision in Castlerea Prison. It also examines how satisfied prisoners are with these services. In order to do this the following section examines the level of service available to all Irish prisons. It also explores deficiencies in areas of provision and areas where development is occurring are highlighted. Particular areas of need are identified and reference is made to Department of Justice, Equality and Law reform policy as put forward in various reports. In many cases it is apparent that the knowledge required to improve service provision has been garnered yet it has not been acted upon. The early part of this section looks at services for a number of vulnerable prisoner groups before looking specifically at the issue of sexual offenders who represent a particular subgroup in the total offender population (Murphy, 2002, 710). The issue of sexual offenders is particularly relevant to Castlerea Prison as it holds relatively high numbers of sexual offenders (Murphy, 2002, 712). The last part of the prison services section looks at provision of education and training in Irish prisons and the CONNECT programme (see p.43) is examined as a model of good practice within the Irish system.

1.12.2 Addiction Services

According to an exploratory, qualitative study by Dillon looking at the issue of drug use in Mountjoy Prison

“Respondents perceived Mountjoy Prison to be characterised by a drugs culture, manifest in the attitudes and behaviour of prisoners. Irrespective of the drug using history of prisoners, or their current drug-using status, there was an overall consensus that drug use was an issue they faced on a daily basis” (2001, 3).

O’Mahony’s (1997) study found that 66% of his sample of the Mountjoy Prison population had a history of opiate use. In conjunction with facing the many difficulties which are attached to serving time in prison, for example the reality of confinement, poor education and training facilities, poor hygiene conditions, isolation and boredom, a prisoner also has to face the reality of daily drug abuse in his immediate environment (O’Mahony, 1997). There is the possibility that an individual entering the prison service drug free may be tempted to turn to drugs in an effort to cope with the realities set out above.

According to Dillon

“Drug use offered respondents a way of coping with the problems presented by a prison environment, which was seen to be characterised by unsanitary living conditions, monotony, boredom, depression, stress and tensions” (2001, 123).

It is an indictment of our prisons service that an individual has such a choice open to him/her. Not only does prison fail to encourage those entering the prison with an addiction to address it, it may also serve to facilitate those who were originally drug free in developing an addiction. In relation to those entering prison who are drug free Dillon states

“While these prisoners may have been able to remove themselves from various activities involved in using drugs, they felt it was assumed that they would give ‘silent accommodation’ (O’Mahony, 1997, 42) to the activities going on around them” (2001, 124).

Prisoners also reported feeling threatened and intimidated by the dominant drugs culture within the prison environment. It has been anecdotally known for some time that drugs played a central role in the prison environment; a number of significant studies have officially confirmed this fact (O’Mahony, 1997; Allwright et al. 1999; Dillon 2001).

It might well be asked what the policy response has been in terms of offering treatment and rehabilitation to those addicted to illicit substances. A Department of Justice (1994) policy put forward the 'equivalence of care' concept, meaning that services available to those in the prison environment should be at least equal to those available in the community (The Management of Offenders: A five year plan, 1994). The broad range of services available to drug users in the community means that services are quite close to meeting demand for places on treatment programmes (Moran et al., 2000). Even the briefest look at current service provision in prison indicates the extent to which the 'equivalence of care' policy is being realised (Vaughan, 2001). Most prisons offer some limited access to treatment programmes. However, they are not close to paralleling those services available in the community.

According to Dillon

"The respondents in the current study came from communities in which a wide range of services were available to drug users. These services included methadone maintenance, counselling, therapeutic communities and needle exchanges. Once imprisoned, the services available to them were limited. The findings of this study highlight the 'in equivalence' of care which, respondents argued, continued to exist in the Irish prison system when they were imprisoned" (2001, 130).

Until the end of 2001, those who were on methadone maintenance programmes in the community were not able to continue on methadone maintenance when detained in prison. A new strategy adopted in 2001 saw methadone detoxification/maintenance being extended to a number of prisons under limited conditions. Prisoners coming from specific community based maintenance programmes and being placed in some Dublin prisons were able to continue on maintenance. However, it is still the case that some prisoners face the choice between detoxification (without support) whilst in prison or continuing with drug use. According to the Irish Prison Service Annual Report (1999 & 2000, 16) the following recommendations concerning drug treatment in prisons were ratified by the Irish Prison Service in 2000: appointment of a drug treatment co-ordinator for the Dublin prisons, recruitment of drug treatment specialists in counselling, psychological and medical fields, training programme led by an assistant Governor to enhance and further professionalize prison officers involved in interpersonal work with prisoners under going drug treatment.

With the exception of having appointed an assistant Governor to lead a training programme, the 2002 Annual Report does not provide any update on developments in relation to the above initiatives.

1.12.3 Psychological services

According to the Irish Prison Service annual report of 1999 & 2000 the role and work of the psychological services is as follows:

“Maintaining a commitment to the provision of a generic clinical psychological service for individual prisoners, the service has increasingly had to focus its limited resources on the following areas.

- development of therapeutic programmes for particular offender groups.
- a variety of training initiatives with prison officers.
- contributing to strategic and operational initiatives for the prison system” (2001, 21).

The same report states

“At the beginning of 1999, the service consisted of seven staff: one head of service, four permanent staff and two temporary staff, by end 2000 this had increased to eleven” (2001, 21).

The report acknowledges a variety of difficulties with psychological service provision. According to this report, work across the three areas outlined above is divided between 11 staff and is spread across 17 different institutions and 3,200 prisoners (July 2001, Irish Prison Service website). These figures alone give an indication of the level of service an individual experiencing psychological difficulty can expect. The high proportion of sexual offenders among Irish prisoners (approximately one in seven prisoners, approximately 14%) means that Ireland should ideally have a very high ratio of psychological staff to support prisoners. Figures for the United Kingdom for the year 2000 show a ratio of approximately one in ten prisoners is a sex offender (Lundstrom, 2002, 66). Lundstrom also uses the example of Vermont State - in a relatively small prisoner population (approximately 1500) approximately 9% of offenders are sex offenders. Both of these jurisdictions have a smaller proportion of sexual offenders yet have a far more comprehensive streamlined approach to sex offender treatment and utilise a multi-disciplinary model in sex offender treatment. Programmes varying in both length and intensity are used.

A wide range of staff including caseworkers, programme deliverers, programme managers and community corrections officers are involved in working with offenders both in prison and in the community (Lundstrom, 2002).

The 1999 Report of the Group established to review Psychological Service of the Department of Justice, Equality and Law reform in assessing the present role of the service states:

“The service, given the various demands on its resources, has been constrained in its ability to provide a psychological service to each institution. There have been difficulties in providing adequate psychological services to offenders in such institutions as Castlerea, the Curragh, Fort Mitchell, Limerick, Portlaoise, Loughan House and Shelton Abbey” (1999b, 20).

This report clearly identifies deficiencies in service provision and sets targets for improvement, stating

“We consider that an increase of ten posts, the majority of whom would be clinical psychologists, is justified without the need for much further analysis” (1999b, 39).

However, Castlerea Prison is still without a sexual offender treatment programme and (permanent) psychologist and posts throughout the service have gone unfilled for long periods. The Report of the Group established to review Psychological Service of the Department of Justice, Equality and Law reform (1999a) recommended an increase of 10 posts in the psychology service yet by 2001 just four additional staff had been recruited (Irish Prison Service annual report of 1999 & 2000). The Irish Prison Service Annual report (1999) also identifies the need for proper assessment of individuals entering the prison system and calls for increased service provision across a range of areas, in particular, provision of group therapy, multi-disciplinary teams, cognitive behavioural therapies and aftercare involving links with community based organisations. Vaughan (2001, 42) gives an example of the system in operation - a prisoner presents with a psychiatric problem and is referred to the Central Mental Hospital in Dundrum instead of being treated in ‘own’ prison. However, because places are limited it is not uncommon for someone to have to wait two weeks in a padded cell.

Hannon's (2000, 59) healthcare survey of the Irish prisoner population found 37% of male prisoners and 64% of female prisoners reported themselves as moderately or extremely depressed. In light of such high levels of depression, it is not surprising that we have a significant problem with prisoner suicide.

1.12.4 Suicide in Prison

The Department of Justice Report of the National Steering Group on Prison Deaths (1991) found that 44% of all deaths which occur in prison, could be classified as suicides. Between 1990 and 1997, 34 prisoners committed suicide within Irish prisons - on average five suicides per year (Department of Justice Report of the National Steering Group on Prison Deaths, 1991, 42). The average number of prisoners in custody at this time was 2,200 (Alyward, 2002, 576). The Scottish Prison Service held on average 5,500 prisoners per year between 1992 and 1997 and averaged 11 suicides per year (Department of Justice Report of the National Steering Group on Prison Deaths 1991, 44). The United Kingdom Prison Service had a similar rate of prison suicides with approximately 360 suicides per year (1991-1995) out of a total prisoner population of approximately 60,000 (Department of Justice Report of the National Steering Group on Prison Deaths 1991, 44).

Prior to this report the Department of Justice Report of the Advisory Group on Prison Deaths (1991) made a number of recommendations.

These included:

- A need for a more caring approach to prisoners.
- Establishment of a suicide prevention group in each prison.
- Work, education and recreational facilities be made available for all prisoners to occupy their out-of-cell time.
- The number of offenders in any prison to be limited to ensure one prisoner per single cell, but allowing for doubling up where this is done for acceptable reasons.
- The establishment of a committal assessment centre in Dublin in which all newly committed offenders be placed and assessed.

A number of these recommendations have been implemented, some to a greater extent than others. On the first point, it is debatable as to whether or not there is currently a more caring approach to prisoners. O'Mahony's (1997, 43) study of Mountjoy Prison found the second most frequent complaint by prisoners related to attitudes and behaviour of prison staff.

In relation to the second point, all prisons have established a suicide prevention group. On the third point, work and educational facilities are broadly available (however, the Prison Service Annual reports for 1999 & 2000, 2001 and 2002 all cite difficulties with provision of work and educational facilities in Cork Prison, Limerick Prison, Mountjoy Prison (except the training unit) and to specific sectors of prisoner in Portlaoise Prison). On the final points, the difficulty of overcrowding has to some extent been addressed, (however a small number of prisons still have a chronic problem in this area) and the state still lacks facilities for assessment of newly committed prisoners.

According to Vaughan (2001, 47)

“a normal prison is a healthy prison - one that maintains the well being of its inmates. If prisoners are engaging in self destructive behaviour, this is a sign of a sick prison, i.e. one that is not functioning adequately”.

If we are to accept this approach then an environment in which people are engaging in drug abuse on a substantial scale, or frequently engaging in self-harm then the environment is dysfunctional and needs to be changed.

McDermott cites the ‘deliberate indifference standard’, which in his opinion applies in relation to prisoner’s psychiatric or mental health needs. The courts will only intervene where the standard of treatment falls below what is regarded as a constitutionally acceptable standard, McDermott quotes the words of Justice Fay

“unfortunately, as with all medical care provided to prisoners, it is not constitutionally required that mental health care be perfect, the best obtainable, or even very good” (2000, 318).

In relation to this point Vaughan (2001, 47) is of the opinion that the ‘deliberate indifference standard’ again applies to the issue of prison suicide, “Too often there are negative attitudes that if someone wants to commit suicide in prison, there is very little that can be done about it”. Vaughan (2001, 47) gives the example of the New York City Department of Corrections reducing the average number of suicides per year from 31 in 1985 to 4 in the late 1990s through introducing a number of initiatives including;

- The introduction of minimal standards for mental health of those to be imprisoned.
- Prison management liaising with the health services.
- Training in mental health for every prison officer.
- Suicide prevention being considered as important as security by all staff.

The final point is particularly striking. It might be presumed that suicide prevention would have always been considered more important than security, however, the final initiative outlined above - indicates that this was not the case. It was considered necessary to highlight to staff the concept of suicide prevention being as important as security and implement this approach as a stated policy. It appears that prior to such a change it is considered preferable for a prisoner to take his own life rather than breach the security of the prison.

Vaughan (2001, 48) outlines some critical factors in bringing about a reduction in prison suicides. These include:

- Adequate training instructing staff on predisposing factors, high-risk periods and prevention programmes.
- Screening of prisoners within 3 hours of arrival in prison.
- Close interaction with all new arrivals into custody.
- Locating new arrivals to maximise interaction with other people.

Vaughan also recommends consideration be given to rewarding other prisoners for monitoring new arrivals and that every prison be evaluated on the measures it has taken to prevent suicide.

It appears that the measures outlined above could be introduced for a relatively minor cost whilst bringing about huge benefits in terms of saving lives.

In criticising a one-dimensional approach Vaughan states

“suicide prevention policy is more than just monitoring those thought to be at risk. It is also about creating a climate in which suicide becomes less likely” (2001, 48).

The physical, social and psychological environments of many of our prisons may well contribute to self-destructive behaviour such as suicide and drugs abuse among the prisoner population.

1.12.5 Observation Cells

The issue of the use of padded cells in Irish prisons has been a source of significant criticism from groups such as the Irish Penal Reform Trust. They are of the opinion that such cells are unsuitable for mentally ill prisoners and have no place within the prison system. The European Commission on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment was also critical of the use of such cells. In response to both groups towards the end of 2002 the Minister for Justice gave an undertaking that the use of padded cells would be abolished in favour of observation cells (Irish Penal Reform Trust, 2003). The use of padded cells was developed in response to a number of linked problems such as the shortage of beds in the Central Mental Hospital, the very strict admittance criteria operated by the hospital and the lack of appropriate prison based psychological intervention and support services.

According to Bresnihan

“mentally ill patients (within prisons) should be entitled to the same rights as the physically ill. If a man or woman breaks his/her leg in Mountjoy, s/he needs to be taken to the Mater hospital for immediate treatment. If a prisoner’s mind breaks, s/he needs to be taken to an appropriate environment where s/he can be treated” (2003, 8).

At present treatment is not taking place in an appropriate environment and the padded cell appears to be the option most frequently used. Prisoners are regularly forced to wait for long periods in padded cells until a bed becomes available in the Central Mental Hospital.

The Irish Penal Reform Trust highlights the concepts of both an observation room and observation cell and differentiates between the two

“a room situated within a prison or community hospital. It is only one aspect of an overall therapeutic strategy and is always underpinned by a therapeutic ethos and medical/paramedical staff ... an observation cell is a cell like room and situated within a prison and generally speaking is used for disciplinary purposes only” (2003, 1).

The Irish Penal Reform Trust (2003) has expressed concern that observation cells as envisaged by the Minister may simply be a newer cleaner version of the padded cell if they are not underpinned by a therapeutic ethos which is not presently in place in prisons.

1.12.6 Sexual offenders

As a result of a new awareness of sexual abuse offences which took place in the preceding decades and the prosecutions which followed, the proportion of sexual offenders in the Irish prison system has risen dramatically (Murphy, 2002; Leon, 2000). The vast majority of sexual offenders are held between Arbour Hill Prison, the Curragh Prison and Castlerea Prison with smaller numbers in Cork and Limerick Prisons.

The Irish Prison Service Annual Report of 1999 and 2000 states

“In view of the relatively long sentences imposed for sexual offences these offenders will continue to form a significant proportion of the prison population for some time to come” (2000, 10).

The Report of the Group established to Review Psychological Services of the Department of Justice, Equality and Law Reform (1999) recommended that treatment programmes (such as the sex offender programme in Arbour Hill Prison) be extended to Castlerea Prison and Cork Prison. At present there is no designated treatment programme in Castlerea Prison or Cork Prison. The only interventions available are minimal, on a one to one basis through the psychological services (which are severely over stretched). The probation and welfare service also do some work around offending behaviour (including sexual offences); however, this service is also chronically over-stretched.

There is the possibility open to prisoners of transferring to Arbour Hill Prison to participate in treatment. However, there is obviously reluctance on the part of prisoners to avail of this as it would involve a move away from the environment they know, in some cases a move away from family and some stigma which comes with being in Arbour Hill Prison. At present, participation on treatment programmes is voluntary and according to the Irish Prison System Strategy Statement 2001-2003 “It is the view of the Irish Prison Service that compulsion is not a realistic or even legal option” (2001, 37). However, there is a significant body of literature which would oppose this view. Tanner cites the case of Colorado where compulsory treatment is legal and is often a condition of qualification for any early release programme. Tanner also highlights benefits which can be gained even from reluctant participation in a treatment programme (Tanner, 1999; Colorado Sex Offender Management Board, 1998). A study by Antonowicz & Ross (1994, 102) found

“Only 8% of all successful programs actually were conducted with well-motivated clients, 92% of successful programmes were actually conducted with clients who were mandated into the programme”.

If it is left up to offenders to put themselves forward for treatment then it may be that a more committed group presents for treatment. However, according to Murphy (2002, 719) only a small minority of offenders are motivated to seek treatment

“Our experience over the last six years shows that only 15-25% of sex offenders will apply for a place on the programme”.

If treatment is voluntary, then when dropouts from the programme and those for whom treatment is unsuccessful are counted, in only a very small proportion of the sexual offender population is being successfully treated (Murphy, 2002). If the present situation (whereby offenders are not to be mandated into programmes is maintained) then it should be made as easy as possible for individuals to volunteer for treatment. All barriers to participation should be removed and any individual showing the most minor inclination towards treatment should be encouraged and facilitated.

In January of 2002 a study commissioned by the Irish Prison Service was published which examined the possibility of developing a multi-disciplinary sexual offender treatment programme. This study compiled by Lundstrom (2002) is a comprehensive document looking at best practice models elsewhere (particularly Canada).

It outlines a framework for the implementation of a multi-disciplinary sexual offender treatment programme and identifies pitfalls and opportunities relevant to the Irish context. In compiling her recommendations Lundstrom notes Department of Justice recommendations made in 1993 highlighting a

“Need for a prison-based structured treatment programme for sex offenders ... the programme needs to be carefully planned, well resourced and supported and fully evaluated. The effectiveness of the programme will demand the development of community-based facilities for both the treatment of sex offenders and for monitoring them following their release from prison” (1993, 31).

Lundstrom cites many of her own recommendations as simply being an elaboration of the Department of Justice recommendations, made nearly ten years earlier without any subsequent meaningful action.

Lundstrom’s report highlighted some developments as being critical. These include;

- The provision of programmes on a regional basis.
- Rigorous evaluation of treatment programmes.
- Integration of the sexual offender population in prisons where they are in the majority.
- Specific training for all staff who are to work with sexual offenders.
- Comprehensive assessment of sexual offenders.
- Probation and welfare supervision of sexual offenders.
- Establishment of halfway houses for sexual offenders.
- Development of an offending behaviour unit.
- Encouragement to be given to the judiciary to recommend sentence management plans.

These recommendations are central to the development of a treatment programme and serve to identify how far we have to go in terms of developing a model which is in-line with current best practice in the area. Current services for sexual offenders fall far below what is acceptable. According to Lundstrom

“In Ireland sex offenders are released on the last day of their sentence, often without the benefit of treatment, with no accommodation, no employment and no formal plans for their community reintegration” (2002, 136).

The lack of rehabilitative services is obviously detrimental to the offender, increasing the likelihood of re-offending and putting a strain on relationships upon returning to the community. Release of untreated sexual offenders makes an already challenging situation more difficult for victims. Such releases are an issue for the communities, which offenders are returning to and as such it should be possible to gain more widespread support for expanding treatment programmes. There is a responsibility on prison management and policy makers to commit to expanding such programmes.

1.12.7 Education and Training

“It’s my belief that they bought the books for the prison by weight. I once got a chums annual for 1917 and a Selfridges furniture catalogue for my non-fiction or education book” (Behan, 1956, 113).

The above quote from Brendan Behan, whilst humorous, is indicative of a pervasive dismissive attitude towards prison education. The ‘nothing works’ philosophy which has guided penal reform in the USA dismisses efforts at prisoner education as a waste of public monies (Martinson, 1974). As far back as the MacBride report of 1982 neglect of the prison education system (in Ireland) was recognised

“In 1978, out of a total expenditure of £9,489,948 on our prison system, only £35,819 was spent on prison educational services. Does this represent an acceptable level of educational endeavour necessary for the re-integration into society of the most educationally deprived segment of our population?” (1982, 9).

The Annual Report of 2001 shows allocations of the same year – Total prison expenditure amounted to €235,305,000, education allocation amounted to €1,079,000.

Over the 23 years since MacBride identified the importance given to education, as measured by the percentage of the total prison budget, we can see very little change. In both cases the allocation is slightly less than 0.5% of the total prison budget. If we are to look at the central role which education has taken in most people's lives over the last 20 years then we might well ask how far has the prison service come in terms of moving education to a central position in the prison system? Prison authorities in Ireland have placed far more importance on security and staffing/management considerations than on education and for this reason prisoners who had often been failed by the education system once were failed again by the prison education system. In Ireland, a related difficulty which has been identified by many commentators, including O'Mahony (2002, 550) is the extremely long lock-up times in the Irish prison system; the knock on effect is inadequate access to both education and training.

There are a number of options open to prison authorities in seeking to facilitate prisoners in spending their time positively. Prison based employment; training and/or education all have a positive impact on a prisoner's ability to get work upon release. According to Vaughan (2001) Article 71 of the Standard Minimum Rules for the Treatment of Prisoners states that

“sufficient work shall be provided to keep prisoners actively employed for a normal working day and that such work should maintain or increase prisoner's ability to earn an honest living upon release” (2001, 51).

Vaughan further states, “Employment has been identified as having the greatest effect upon offending behaviour” (2001, 53). The provision of sufficient education and training to enable an individual to bring about a serious life change upon release would seem to be of enormous benefit to both the individual and society. If an individual is to be placed in a contained environment then it would seem to be the perfect opportunity for that individual to avail of education and training. From the point of view of both the individual and the institution it seems extensive education programmes could relieve boredom, build relationships between prison staff and prisoners and contribute massively to the rehabilitation of the prisoner.

There are a significant proportion of Irish prisoners involved in education programmes (on average 54% of the total prisoner population receive some educational input, Irish Prison Service Report, 2002, 29) varying from basic literacy to Open University degrees. However, this figure includes prisoners attending educational classes for as little as one hour per week. There remain limited opportunities and quite limited resources considering the large number of prisoners in custody.

Those who have a learning disability and are placed in prison encounter further difficulties. A survey of the level of learning disability among the prison population in Ireland (Murphy, Harold, Carey & Mulrooney, 2000) found almost 29% of prisoners classified as learning disabled/mentally handicapped. The study was comprehensive in that it sampled populations from all of the prisons in the State and assessed 10% of the prison population. The study found that in comparison to the general prison population, those classified as having a learning disability were less likely to: ever have had a job, trade or profession; have been working prior to entering prison; have ever attended secondary school; have sat any formal exam; be involved in a current education programme and, in contrast, were more likely to be on lower incomes.

It is obvious from the above points that those who enter prison with a learning disability are doubly disadvantaged by both their time in prison and their learning disability. The fact that there is little or no assessment of prisoners beyond a medical examination allows this situation to continue. Some corrective measures recommended in the report relate to: early identification and support (in early school years); development of diversion services; specialised prison programmes and post-release support services. As a result of the huge task of tackling the problems associated with learning disability the report identifies a number of priorities needing immediate attention.

These include:

- Screening system for all offenders when they first come into contact with the criminal justice system to identify those who potentially have learning disability.
- Comprehensive psychological assessment for all offenders identified as potentially having a learning disability.
- Training for Gardai, Probation officers and Wardens regarding the needs and appropriate supports for people with learning disability.
- Development of prison education programmes designed specifically for the needs of individuals with learning disability.

If the above measures were implemented then individuals who need to be diverted into specialist services could be removed from the mainstream prison system, improving their chances of addressing some of the underlying factors in their criminal behaviour.

1.12.8 Connect Programme

An example of the positive outcomes which may be achieved through proper assessment and individually tailored programmes may be seen in the CONNECT programme. The CONNECT project commenced in February 1998 and was funded through collaboration between Irish Prisons Service, National Training and Development Institute and the EU Employment INTEGRA initiative. The programme was initially established in Mountjoy, the Training Unit and Dochas (women's prison) in Mountjoy Prison. CONNECT has been designed as "an individualised, person centred, employment and social inclusion initiative" (Lawlor & Mc Donald, 2001, 7).

The programme begins with the 'Options' module – providing training in personal development and job seeking skills. The next phase is Vocational Needs Assessment and Individual Programme Planning Process - a comprehensive evaluation of the individual's educational and training requirements and a responsive training plan.

The final phase in the development of CONNECT was the introduction of standardised record keeping systems for training programmes and the introduction of training programmes certified by external bodies. An external evaluation of CONNECT carried out by Lawlor and Mc Donald (2001) produced very positive results and commended the high standard set by the programme.

In 2001 the Prison Services committed to expanding the CONNECT programme to all other prisons in the state by 2006 as a result of its success (Annual Report, 2001). This process was put on hold in 2002 to allow for consultation with the key stakeholders - including teachers, training officers and prisoners (Annual Report, 2002). Castlerea Prison does not currently run the CONNECT programme. Prisoners in Castlerea Prison do not have the opportunity to experience such an initiative and in turn are released with less preparation for seeking employment.

1.13 CASTLEREA PRISON

1.13.1 Purpose & Function

Castlerea Prison opened in December 1996. It was formerly a psychiatric hospital.

According to the Irish Prison Service Annual report (2001)

“Castlerea Prison is a committal prison for male adults aged 17 years and over. It is closed, medium security in the Main Block. A separate area within the perimeter wall, the Grove, functions as a low-security, semi-open prison” (2001, 35).

1.13.2 Life in Castlerea Prison

The 1999 & 2000 Irish Prison Service Annual report states the design capacity of the prison to be 183, the bed capacity to be 182. The daily average number of prisoners in custody in 1999 was 195. As with most of the states prisons in the 1990s, Castlerea Prison was forced to accommodate prisoner numbers beyond its design capacity resulting in prisoners being forced to share cells.

The practice of overcrowding at Castlerea Prison and other prisons nationwide continues despite a prisons building programme, although the problem in Castlerea Prison is not as serious as in many other prisons. According to the Irish Prison Service Annual Report 2002, Castlerea Prison operates above full capacity the vast majority of the time (the daily average population in 2002 was 193 prisoners). The Remand Unit in Castlerea Prison can accommodate approximately 20 prisoners (approximately 10% of the prison's bed capacity). However, in 2002, 381 remand prisoners (33% of all committals) were committed to Castlerea Prison for varying periods of time. This practice results in remand prisoners (legally innocent) sharing accommodation and facilities with convicted prisoners.

The IPS Annual report of 1999 & 2000 states that

“most cells are single occupancy except those in the Remand Unit and some designated cells on the landings. All cells have sinks and toilets installed with the exception of the segregation cells” (2001, 27).

The quality of accommodation on offer in Castlerea Prison is of a higher standard than many other Irish prisons. Castlerea Prison has a relatively high proportion of sexual offenders and is quite unique in following a policy of integration. Murphy (2000, 712) cites a figure of 42 sexual offenders in Castlerea Prison out of a total national convicted sexual offender population of 342. This figure dates from 2000 and in this case only the Curragh Prison, Wheatfield Prison and Arbour Hill Prison hold more sexual offenders. Castlerea Prison has no structured treatment programme for sexual offenders. Castlerea Prison also attempts to pursue a drug-free environment; random searches are conducted in an attempt to prevent drugs getting into the prison. There have been some minor drug seizures (mostly of 'soft' drugs such as cannabis). The only detoxification available to prisoners entering Castlerea Prison who are addicted to drugs or alcohol is a 5-day Librium detoxification. According to the Irish Prison Service report of 2001 “most prisoners who undergo the programme remain drug-free while in prison” (2001, 35). Urine testing is carried out to monitor drug use or abstinence by prisoners.

A number of organisations are involved in providing limited support services to prisoners in Castlerea Prison including - the Samaritans, Narcotics Anonymous, Alcoholics Anonymous, Western Health Board and the Chaplaincy service.

In 2001, on average, 40% of prisoners were involved in educational courses including Fás, National Council for Vocational Awards, Junior and Leaving Certificate and Open University. Courses covered include psychology, environmental science, sociology and computing. Of these, ten percent participated in State exams.

Castlerea Prison is the only prison in the state to combine facilities such as the medium security Main Block and the low security section known as the Grove. A secure perimeter wall surrounds the Grove. Prisoners live within a village type environment of 5 houses and have significant freedom within the confines of the compound. The Grove has housed a number of political prisoners since 1999 as part of 'confidence building' measures in the Northern Ireland peace process. A modern courthouse and visiting area has recently been built in very close proximity to the prison in an effort to save on transportation costs associated with taking prisoners to court and improve facilities for visitors.

Castlerea Prison runs a pre-release course covering relationships & sexuality, cookery, C.V. compilation, accommodation and preparation for release. Some prisoners in Castlerea Prison do work involving rubber/plastics moulding and metalwork for external contractors.

This study aims to look at service provision in Castlerea Prison, examining adequacy and shortfall from the perspective of prisoners.

CHAPTER TWO: **METHODOLOGY**

2.1 Qualitative Methodology

A qualitative approach, using semi-structured interviews, was adopted in the present study. It was chosen in order to get as true a representation as possible of the needs of prisoners. Through its open and responsive nature a qualitative methodology contributes to a high and accurate response rate to personal questions (Sarantakos, 1998). The study was not concerned with testing a specific pre-existing hypothesis but instead aimed to explore emerging themes relating to prisoners needs and service provision. The author carried out all interviews to ensure consistency.

In the early stages of the research process the Governor of Castlereagh Prison was contacted in order to discuss the possibility of carrying out research in the prison. The Governor directed the researcher towards the Irish Prison Service Research Ethics Committee. The research proposal was put to the committee and following the presentation of some further data and liaison with the committee the proposal was approved. The ethics committee provided the researcher with a standard application form developed for researchers seeking to carry out prison based research (see Appendix 3). The committee sought information relating to aims/objectives, methodology, possible risks to the prison population, funding and dissemination. The committee provided specific guidelines relating to exemptions to confidentiality and informed consent which informed the research process. The researcher met with the Governor, Assistant Governor, a number of prison officers, prisoners and other support staff in the prison. At this point a questionnaire was drawn up based on the aims and objectives of the research. A number of issues arose during this consultation process including: accessing different prisoner groups, the safety of the researcher and possible settings for interviews within the prison.

The opinions of those consulted (prisoners, prison management, prison staff and professionals within the system) were taken into consideration in compiling the questionnaire. The Governor assured the researcher the full co-operation of the prison staff and the independence of the researcher from the prison system was emphasized.

2.2 Pilot Study

A pilot study (using approximately 10% of the sample population) was conducted using a draft questionnaire. A number of issues arose, mostly relating to the phrasing of particular questions and the language or concepts used. Observations from the pilot study identified questions where response categories were too narrow and it was necessary to broaden them. Although the prisoner population in Castlerea Prison is generally more literate than other Irish prison populations (Morgan & Kett, 2003), initial phrasing of some questions confused respondents. Re-phrasing some questions using expressions in daily use in the prison improved respondents' understanding of questions. The use of interviews guided by a semi-structured questionnaire overcame the problem of low literacy levels among the prison population.

A small number of those interviewed during the pilot study expressed a willingness to have their interview tape-recorded. Despite assurances given about confidentiality and the researcher's ethical position, respondents were generally far more at ease speaking without the presence of a tape recorder. The vast majority did not want to be tape recorded due to fears about possible negative repercussions from the media and fears in relation to bail, sentencing and temporary release. It was decided that interviews would not be tape-recorded.

2.3 Study Location

The study was carried out in Castlerea Prison, Harristown, Co. Roscommon. The prison is located within walking distance of the village of Castlerea on a large green area site.

The building is a former psychiatric hospital, which opened as a prison in December 1996. It comprises of two distinct areas; the Main Block housing medium security prisoners, and a separate low security section made up of independent houses known as the Grove.

2.4 Sample Selection

A sample was selected from a combination of a list of the total prison population (at the time of the research) supplied by prison management and lists for prisoners in different locations, for example - attending the school, in the low security section, on remand or elsewhere. Lists were updated regularly as there was some turnover in the prison population during the course of the fieldwork. Turnover in Castlerea Prison is relatively low and therefore did not pose significant difficulties. Participants were randomly selected from these lists on the basis of a required number from each section. Participants were selected approximately on the basis of the proportion of prisoners in each section of the prison ensuring a representative sample of the whole prison population. The research was again explained to each participant and any questions they had were answered. If they were willing to participate an interview time was arranged. Consent forms were explained orally and in writing prior to the interview beginning. Long-term and 'senior' prisoners who participated in the study were helpful in terms of giving assurances to others about participating.

2.5 Sample Location

For the purpose of selecting a representative sample, prisoners were drawn from four groupings - (1) prisoners from the Main Block, accessed through the education unit, (2) prisoners from the Main Block accessed through the workshops and yard, (3) prisoners in the Remand Unit and (4) prisoners in the Grove/low security section. The Irish Prison Service Annual Report, 2002 states Castlerea prison's design capacity to be 182, (146 beds, 79%, are in the medium security section ('Main Block') and 36 beds, 21%, are in the low security section (the Grove).

The report does not give a breakdown of numbers attending the workshops or placed in the Remand Unit. The 2002 report states that on average 43% of prisoners were involved in education. At the time of the present study, data from the school indicated that 65% of prisoners were involved in education.

In the current study 56 respondents (55%) were accessed through the education unit and were housed in the Main Block, 19 respondents (20%) were from the Grove (low security), seven respondents (8%)* were from the Remand Unit and six respondents (7%) were from the Main Block, accessed through the yard and workshops.

The sample was representative of age groups in the prison and the range of offences, the sample included offenders from all the main offence categories - drug offenders, political prisoners, sexual offenders, and both violent and non-violent offenders.

2.6 Ethical Issues

The input of the Irish Prison Service Ethics Board was invaluable to the present study in highlighting issues of concern. Two weeks before interviews began a flyer (see Appendix No.2) detailing the research in non-technical language was distributed to all cells and to various locations around the prison. This helped create interest in the research. Many of those with poor literacy skills were given details of the research through 'word of mouth'.

The researcher attended the prison prior to beginning interviews and spent time speaking to prisoners in classes in the education block, in their houses in the low security section and in the Remand Unit and workshops. Details of the purpose of the study, the length of time required of participants and assurances of confidentiality were given.

* A number of the prisoners accessed through the education unit were remand prisoners who were being accommodated in the Main Block due to overcrowding in the Remand Unit.

Prior to beginning interviews consent forms (see Appendix 1) were read to selected participants to counter-act problems posed by low literacy levels. The right to withdraw from the research process at any time without any negative consequences was emphasized to participants. Participants were also informed that they would be in no way identifiable in the work, transcripts would be coded and names would not be used to ensure confidentiality and anonymity. It was important to gain participants trust in relation to confidentiality as a number of questions related to illegal activity in prison such as drug use and assault. Some respondents also expressed concerns that being critical of services/groups or individuals in the prison could impact negatively on them. The researcher again emphasized the independent and confidential nature of the process.

Participants were informed that dissemination of the research was through IT Sligo library and the provision of copies of the report to the Irish Prison Service and the management of Castlerea Prison. Participants were informed that all interview transcripts and related data would be destroyed as soon as possible after the completion of the research. Details of exemptions to confidentiality (in the case of revealing a specific intention to engage in deliberate self harm or a intention to commit a specific serious offence in the future) were highlighted with participants prior to beginning an interview. With the co-operation of prison management all interviews were conducted in a confidential environment. In each section of the prison where interviews were conducted a private room was available. It was emphasized that the researcher was completely independent of the prison system and there was no conflict of interest. This assurance was important in gaining the co-operation of respondents. Participants cited the fact that the researcher was not employed by the Department of Justice and that the study was independently funded as important.

The provisions of the most recent code of ethics for social care research were closely adhered to (Butler, 2002).

The code places responsibility on the researcher to “maintain an active, personal and disciplinary ethical awareness and to take practical and moral responsibility for their work” (Butler, 2002, 32). All confidential information generated by the study was stored in a locked filing cabinet in the Institute of Technology, Sligo. All information stored on computer was protected by a password known only to the researcher. Data was not transmitted by in-secure means such as e-mail or fax. The researcher received training in the Freedom of Information Act 1998. This informed the research process.

2.7 Data Collection

Fieldwork was carried out on a daily basis over a seven-week period in January and February of 2004. The prison routine lent itself to conducting interviews between 9 a.m. and 5 p.m. on weekdays only. Access to prisoners was confined to out-of-cell time, limiting the number of interviews, which could be carried out in a given day. Interviews took between 25 and 45 minutes depending on the extent of participant’s responses to open-ended questions and what themes emerged in the course of the interview.

2.8 Data Analysis

For the reasons set out in the methodology (see p.47) it was decided that a semi-structured interview technique would be used. Extensive notes were taken in the course of conducting interviews; relevant material, which did not correspond directly to specific questions, was coded and categorized. Consistently emerging themes were noted, as were individual departures from a common line of thought. Direct quotations from respondents were noted and included in order to clearly illustrate the opinion of respondents without influence from the researcher. All data was coded and entered into SPSS for analysis. Cross Tabulations using Chi Square and Fisher’s Exact Test were used to establish significant results.

2.9 Refusal and Non-response

The daily average number of prisoners in custody in 2001 was 186; based on this figure a sample size of 99 was chosen. Of the 99 prisoners who were requested for interview 88 were successfully interviewed. One prisoner was moved to Loughan House Prison in Co. Cavan. One prisoner was transferred to Harristown House (a residential addiction treatment centre). Two prisoners were given either temporary or full release. These prisoners were not interviewed, the balance of prisoners not interviewed is made up of prisoners who refused. Prisoners were released and/or transferred to other centres with little prior notice to themselves or anyone else providing serious difficulties for themselves and impeding the research albeit in quite a minor way. In a 1997 study of the Mountjoy Prison population, O'Mahony had a total non-response rate of 12.9% including a refusal rate of 8% (O'Mahony 1996, 25). According to O'Mahony

“considering the prison setting of the research, the sensitive and personal nature of much of the information sought from the respondents and the lack of any immediate benefits to them and the fact that a few prisoners can be expected to be hostile and uncooperative with any ‘official’ activity such as a survey, a refusal rate of 8% is more than satisfactory” (O'Mahony 1996, 25).

The present study had a total non-response rate of 11%. This figure includes a refusal rate of 7%. This non-response rate is consistent with other prison studies (Walmsley, Howard & White, 1992). The data available from prison management on non-respondents (age, type/length of sentence) shows no significant variation from the participants. It can therefore be presumed that results were not significantly affected by the failure of non-respondents to participate.

Castlerea Prison holds a number of political prisoners, comprising slightly less than 9% of the total population. These political prisoners are aligned to a number of different paramilitary groups. The majority of political prisoners declined to participate in the study; however a small minority agreed to participate. Of the seven political prisoners randomly selected for interview, only two agreed to speak to the researcher. Efforts to replace non-respondents with other political prisoners were unsuccessful.

2.10 Study Limitations

The present study is limited to Castlerea Prison and sampling has been used to ensure it is representative of the whole of Castlerea's prison population. Reference is made to national issues and many of the issues highlighted in the study are placed in a national context. However due to the unique nature of Castlerea Prison and its population it would be inappropriate to attempt to apply the results to other prison populations in Ireland.

CHAPTER 3

RESULTS*

3.1 Age

The mean age of the respondents in the current study was 29 years old. Castlerea Prison holds a significant proportion of older prisoners as it houses substantial numbers of long-term prisoners, political prisoners and sexual offenders. These groupings ensure a slightly higher mean age than would be expected for most other Irish prisons. The oldest respondent was 63 whilst the youngest had recently turned 18. A profile of the total prisoner population in Irish prisons shows a similar spread across all age categories. Of the total Irish prisoner population, 65% is made up of prisoners in the 21-39 age bracket. In Castlerea Prison this group constitutes 78% (n=67) of the sample population.

Table 3.1 Prison Population Age Profile

Age Range	Castlerea Prison Sample	Total Prison Population in Ireland
17-20	11%	18%
21-24	27%	21%
25-29	22%	22%
30-39	29%	22%
40-49	8%	9%
50+	3%	8%

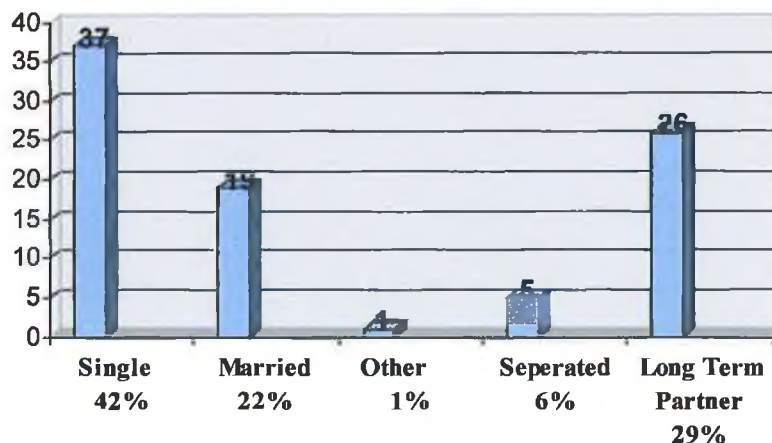
Analysis* of a range of variables was carried out in SPSS examining cross tabulations and chi square results. In cases where the Pearson's chi square statistic was unsuitable due to more than 25% of cells having an expected count of less than five, Fisher's exact test, which is applied by SPSS, was used. Significant relationships were identified.

In the case of some tables the combined total of the percentages is 101% due to rounding up of decimal places.

3.2 Marital Status/Children

In the current study 22% (n=19) of prisoners were married, whilst 42% (n=37) were single, 29% (n=26) were with a long-term partner, 6% (n=5) were separated whilst 1% (n=1) fell into the category of “other” (in this case a widower). On initial consideration the percentage of respondents married appears low when taking the age profile into account. The large percentage of respondents categorizing themselves as “with a long term partner” could account for this. The low marriage rate may simply be a reflection of declining marriage rates and a movement towards non-marital long-term relationships across society in general (Central Statistics Office, 2002).

Figure 3.1 Marital Status

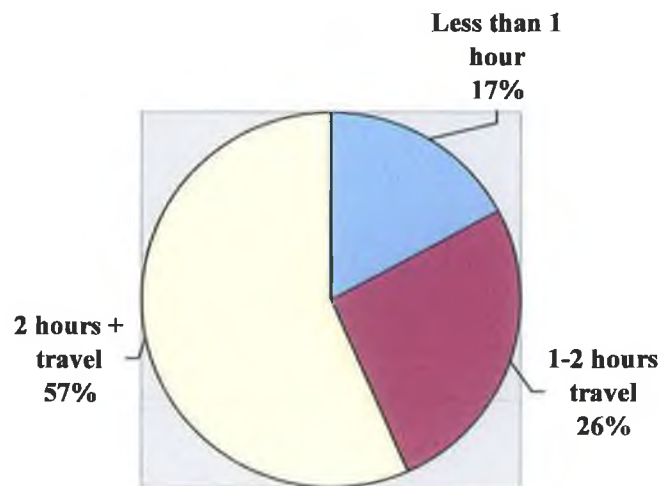


Fifty two percent (n=46) of respondents had children. These figures may reflect the fact that just over half of respondents were either married or in a long-term relationship. Again the societal move away from the traditional model of the family is reflected. Reflecting the significant proportion of prisoners in the 20-40 age brackets, the majority of those who had children, had primary school children (85%, n=75), 26% (n=23) had children of secondary school age, whilst only 11% (n=10) had adult children.

3.3 Travel

With respect to their primary principal residence only 17% (n=15) of respondents lived within 1 hour's travel of the prison, 26% (n=23) of respondents stated that their home was between 1 and 2 hours travel from the prison. The remainder, 57% (n=49) involved over 2 hours travel to their home. This presented significant problems for families travelling to visit respondents. The financial costs and time required for such travel meant opportunities for visits were quite limited. The prison visiting hours do not fit very well with the infrequent nature of the bus and rail service to Castlereagh Prison. This meant that some families could not make a round trip in one day and required overnight accommodation, adding significantly to the cost. Of the sample 40% (n=35) stated that if some financial assistance for travel was provided for their families the frequency of their visits could be increased. Current moves towards the re-location of Mountjoy Prison (in north inner city Dublin) to outside the city centre show a trend towards more peripheral locations. The above travel problems may point to difficulties with less central locations.

Figure 3.2 Distance from Home



On the issue of visiting arrangements 56% (n=49) of those questioned felt that they did not get sufficient opportunities to meet with and/or speak to their families, whilst 44% (n=39) were happy with contact. Complaints about visiting arrangements were far more frequent in the Main Block as distinct from the Grove (low security section) where arrangements are more flexible. The issue which most respondents felt required attention was that of the visiting hours. Fifty five percent (n=48) of those questioned felt that an improvement in the flexibility of visiting hours would have a positive effect on them. The next most significant issue was that of lack of privacy on visits, with which 48% (n=42) of prisoners had difficulties. The majority of respondents (68%, n=60) were happy with visiting facilities for their family and friends.

3.4 Occupation

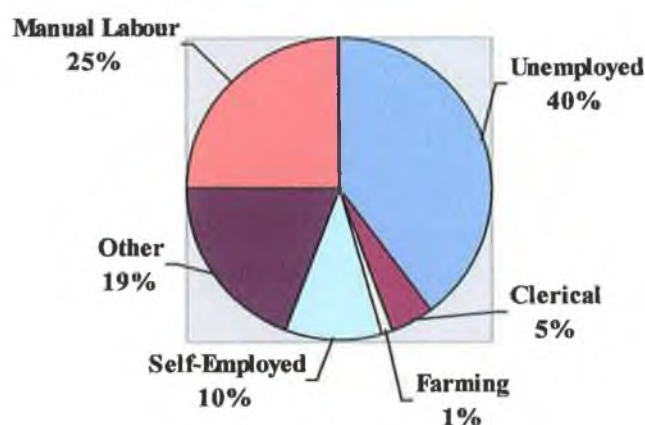
Of those questioned, 60% (n=54) had been working immediately prior to coming into prison. Of these 41% (n=22) were working in manual labour, 17% (n=9) were self-employed, 7% (n=4) were involved in clerical work, 2% (n=2) were involved in farming and 33% (n=17) were involved in a variety of other areas. Previous Irish research (O'Mahony, 1997) illustrated that persistent offenders are far more likely to have been long term unemployed. A number of prisoners felt that a need for money led to them returning to crime almost immediately after their release.

In this study 61% of respondents were serving their first or second sentence. Those offenders who avoided multiple sentences (e.g. served less than 3 sentences) showed relatively high rates of employment. Offenders who were repeatedly returning to prison found it far more difficult to sustain a crime free lifestyle.

“Don't know, feel I've no choice, if I was released I wouldn't be able to survive even for a week back in work, I'd have to go back to robbing stuff” (PR 86).

Only two percent of the sample were employed in farming. This may be as a result of the decline in interest in farming among the general population or a reflection of the fact that despite Castlerea Prison's rural location the respondents come primarily from the major population centre's in Castlerea Prison's catchment area, for example Galway city and Sligo town.

Figure 3.3 Area of Employment



3.5 Offence

A number of respondents were serving concurrent sentences for a range of offences. Respondents were categorized according to the primary current offence, as defined by the respondent. Of those questioned 5% (n=4) were convicted of murder, 6% (n=5) were serving a sentence for manslaughter and 5% (n=4) were convicted of a sexual offences.

In addition 29% (n=26) were convicted for offences against property, 24% (n=21) for drugs offences, and 32% (n=28) for other offences. The Irish Prison Service Annual Report 1999 & 2000 breaks down offence categories for the total Irish prison population as follows; murder 5%, manslaughter 2%, sexual offences 13%, offences against property 27%, offences against the person 24% and other 29%.

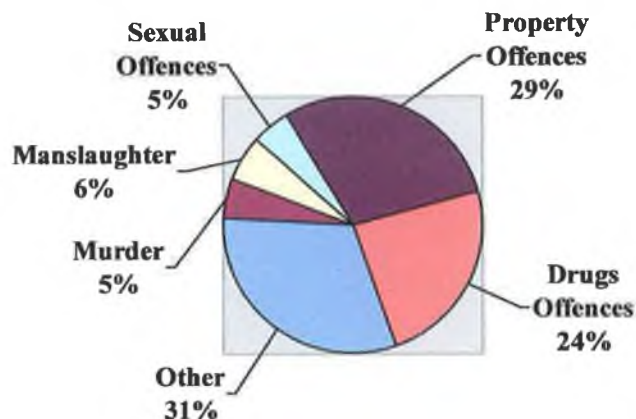
Table 3.2 Offence Profile*

OFFENCE	CASTLEREA SAMPLE	TOTAL IRISH PRISON POPULATION
Murder	5%	5%
Manslaughter	6%	2%
Sexual Offences	5%	13%
Property Offences	29%	27%
Other	32%	29%

Castlerea Prison holds a significant proportion of sexual offenders. However, this fact was not accurately reflected in the study. There may have been a degree of under-reporting in the current study due to a reluctance to admit to a sexual offence conviction and possibly fears about confidentiality. It may also be the case that of the small number who declined to be interviewed a significant proportion did so for these reasons. Castlerea Prison is unusual in that sexual offenders are integrated with the general population and that there is often a threat to the safety of sexual offenders. Some sexual offenders questioned classified their offence as being “against the person” or as “assault”.

* The balance of offences (to take the total to 100%) in each case is made up of drug offences in the case of Castlerea Prison (24%, n=21) and offences against the person in the nationwide prison population (24%), the two sets of data were gathered from different sources and the same offence classifications were not used. Castlerea data was gathered in the current study, data concerning the nationwide prison population is taken from the Irish Prison Service Annual Report 1999 & 2000.

Figure 3.4 Primary Current Offence



3.6 Sentence Profile

The table below shows a comparison between the length of sentence being served in Castlereagh Prison and in all prisons in the country.

Table 3.3 Sentence Profile*

SENTENCE	CASTLEREA SAMPLE	SENTENCE	ALL PRISONS
Life	3%	Life	4%
10 Years +	2%	10 Years +	7%
5-10 Years	26%	5-10 Years	23%
3-5 Years	18%	3-5 Years	18%
18 Months - 3 Years	19%	2-3 Years	9%
Less than 18 Months	21%	Less than 2 Years	31%
Remand	11%	Remand	8%

*The two sets of data were gathered from different sources and the same sentence categories were not used. Castlereagh data was gathered in the current study, data concerning the nationwide prison population is taken from the Irish Prison Service Annual Report 1999 & 2000.

The profile of respondent's sentences shows some variation from that of the nationwide prison population. Castlerea Prison appears to have a slightly larger number of prisoners serving quite long sentences (5-10 years) for serious offences, but less prisoners sentenced to more than ten years. Both profiles show over 40% of prisoners serving sentences of less than 3 years. .

Table 3.4 Prison History

Previous Sentences	Castlerea Prison Sample
10+ Sentences	12% (n=11)
6-10 Sentences	6% (n=5)
3-5 Sentences	8% (n=7)
2 Sentences	14% (n=12)
1 Sentence	14% (n=12)
First Sentence	47% (n=41)

Castlerea Prison has 47% (n=41) of prisoners serving a first sentence. The number of sentences served shows quite a small proportion of persistent offenders. In total, 72% (n=63) of respondents were on their first, second, or third sentence. Considering the relatively high mean age, the population has less experience of prison than might have been expected. The low security section also holds significant numbers of first time offenders. Studying the medium security population only, would produce results more in line with comparable prisons.

The vast majority of those questioned were sentenced prisoners (approximately 90%, n=79) and of this group 47% (n=41) felt that they had got a fair sentence in relation to their crimes. Considering the adversarial nature of the criminal justice process, this rate of satisfaction could be considered to be relatively high. When questioned about the use of alternatives to prison, 85% (n=75) were of the opinion that these options (community service, compulsory addiction treatment programmes, juvenile liaison and 'tagging') should be used more often.

Twenty five percent (n=22) were of the opinion that alternatives to prison worked very well, 51% (n=45) were of the opinion that alternatives to prison worked reasonably well whilst 13% (n=11) were of the opinion that they only worked poorly and 11% (n=10) said such approaches did not work at all.

3.7 Re-Offending

“I’ll not be back in for drugs, I couldn’t afford to get caught again. If I’m involved again it’ll be in the background at a smaller level” (PE 19).

I don’t intend to get caught again, bringing in drugs is the only way for me to make money but I’ll be more careful next time” (PE 18).

Although a relatively small number of respondents expected to serve another prison sentence (n=14), a large number were already re-offenders (n=47). Despite the fact that 47 prisoners were re-offenders only 13 had ever participated in a crime education programme. A statistically significant relationship was evident between currently being a re-offender (having previously served at least one sentence) and expecting to serve another prison sentence ($\chi^2 = 8.306$; $df = 1$; $p < 0.01$). There was a similar strong relationship (as illustrated previously) between re-offending and early school leaving ($\chi^2 = 14.371$; $df = 2$; $p < 0.01$). A statistically significant co-relation was found between being classified as an early school leaver and not having an educational qualification ($\chi^2 = 12.808$; $df = 1$; $p < 0.01$). Second level education should not provide the only opportunity in a person’s life to achieve an educational qualification. Whilst prison could provide an opportunity to intervene with early school leavers and help them achieve an educational qualification – at present this opportunity is not being utilised. It might be expected that a poor employment history would follow from the lack of an educational qualification and this was found to be the case - the long-term implication was a greater likelihood of re-offending ($\chi^2 = 5.369$; $df = 1$; $p < 0.05$).

A variety of significant relationships were evident with regard to drug use. There were statistically significant relationships between re-offending and drug use ($\chi^2 = 18.647$; $df = 1$; $p < 0.01$).

In relation to specific drugs the breakdown was as follows; cannabis use ($\chi^2 = 18.647$; $df = 1$; $p < 0.01$), heroin use ($\chi^2 = 15.413$; $df = 1$; $p < 0.01$), ecstasy use ($\chi^2 = 12.808$; $df = 1$; $p < 0.01$) and use of other drugs (prescription drugs) ($\chi^2 = 14.529$; $df = 1$; $p < 0.01$). The final substance specific relationship related to cocaine use ($\chi^2 = 11.597$; $df = 1$; $p < 0.01$).

A re-offender was most likely to choose to speak to another prisoner rather than any of the range of professionals in the prison ($\chi^2 = 4.316$; $df = 1$; $p < 0.05$).

3.8 Prison Category

When data generated was split according to the prison category each respondent was in, significant differences were evident. Respondents in the Main Block presented as a more disadvantaged group across a range of variables. There was a significant relationship between early school leaving and placement in the Main Block ($\chi^2 = 6.369$; $df = 2$; $p < 0.05$). This finding could infer that those prisoners who left school early were more likely to commit more serious crimes – resulting in placement in medium rather than low security.

Those respondents in low security (the Grove) were far more likely to have stayed at school longer. This group were also more likely to have an educational qualification, either from their time in school or through the prison education system ($\chi^2 = 5.087$; $df = 1$; $p < 0.05$).

Table 3.5 Educational Qualifications * Prison Category Crosstabulation

Educational Qualifications	Prison Category		Total
	Medium Security	Low Security	
Yes	26	12	38
No	44	6	50
Total	70	18	88

Respondents who were located in the Main Block were significantly more likely to have a psychiatric condition ($\chi^2 = 5.811$; $df = 1$; $p < 0.05$) although there was no formal protocol relating to the placement of prisoners with psychiatric illness in either low or medium security. A significant relationship was evident with regard to feeling safe in prison. Respondents in the Main Block were more likely to feel unsafe in comparison to those in low security ($p = .025$, Fisher's Exact test) ($\chi^2 = 5.029$; $df = 1$; $p < 0.05$). In fact, all of those respondents who felt unsafe ($n=16$, 23%) were located in the Main Block. As the Grove houses prisoners requiring lower levels of security and houses more long term and 'settled' prisoners it could provide a more stable environment for prisoners with genuine concerns for their safety. The lack of assessment on committal is not identifying such prisoners resulting in placement in the Main Block.

In relation to drug use a number of relationships were evident. There were statistically significant relationships between prison category and use of all the illegal substances listed. In relation to cannabis use in the low security section a significant minority ($n=6$, 33%) of respondents had used cannabis whilst the majority ($n=12$, 66%) had not. In comparison, in the Main Block the vast majority ($n=60$, 86%) of respondents had used cannabis.

Table 3.6 Cannabis Use * Prison Category Crosstabulation

Cannabis Use	Prison Category		Total
	Medium Security	Low Security	
Yes	60	6	66
No	10	12	22
Total	70	18	88

There was a statistical relationship evident with regard to heroin use and placement in the Main Block (.020, Fisher's exact test) ($\chi^2 = 5.381$; $df = 1$; $p < 0.05$). A strong statistical relationship was evident in relation to ecstasy ($\chi^2 = 14.869$; $df = 1$; $p < 0.01$) and cocaine ($\chi^2 = 10.760$; $df = 1$; $p < 0.01$).

The same was true in relation to illegal use of prescription drugs ($\chi^2 = 16.270$; $df = 1$; $p < 0.01$) and placement in the Main Block. There is no formal policy regarding previous drug-use and placement in a particular section of the prison. Evidence from the current study would suggest it is unlikely that a prisoner with a history of drug use would be placed in the low security section of the prison. The Grove is intended to prepare prisoners for release through allowing greater levels of personal responsibility prior to full release. It appears that at present prisoners with a history of drug use would be unlikely to benefit from this. There was no statistically significant relationship evident between prison category and marital status or having children, neither was there a significant relationship between prison category and alcohol use.

3.9 Education

The population of Castlereagh Prison shows relatively high self-reported literacy levels. Only 2% (n=2) of those questioned claimed to be completely unable to read and write. In contrast 45% (n=40) of respondents claimed to be able to read and write very well. A relatively high proportion, 36% (n=32), of respondents claimed to be able to read and write quite well, whilst 16% (n=14) considered that they could read and write poorly. Evidence from teachers in the prison school indicated that the turnover in the school was relatively low and attendance quite stable. The school has consistent long-term involvement with a significant number of prisoners as well as involvement with a number of less committed short-term prisoners.

Table 3.7 Self-Reported Literacy Level

Literacy Ability	Percent
Not at All	2% (n=2)
Poorly	16% (n=14)
Quite Well	36% (n=32)
Very Well	46% (n=40)
Total	100% (n=88)

These results are similar to a 2003 study carried out by Morgan & Kett. The authors carried out a national study of literacy rates in Irish prisons; results for the individual prisons were also presented. Castlerea Prison was found to have 20% of prisoners at pre-level one (poor to non-existent skills), 40% at level 2 (indicating a reasonable level of capability) and 40% at levels 3, 4 and 5 (a relatively high level of literacy). The present study categorized along similar levels would see a breakdown as follows: 18% (n=16) at pre-level one, 36% (n=32) at level 2, and 46% (n=40) at levels 3, 4 and 5. Figures related to school-leaving age also suggest the Castlerea Prison prisoners should have reasonably high levels of literacy. A significant number (28%, n=25) had stayed in school until after their 17th birthday. The biggest proportion of prisoners had left school between the ages of 14-16 years (42%, n=37). A person attending school up to the age of 14 and beyond could be expected to have achieved a basic level of literacy. This fact combined with the long-term involvement of some prisoners with the prison education system would reasonably account for the high literacy levels. In comparison to the Morgan & Kett (2003) profile of the total prison population, prisoners in Castlerea Prison were likely to have spent longer in school than the average prisoner in the national study. The present study found that 43% (n=38) of respondents had some form of qualification when leaving school (for example Junior certificate/Intermediate certificate).

Table 3.8 School Leaving Age

Age Category	Percent
<10yrs	1% (n=1)
10-13yrs	28% (n=25)
14-16yrs	42% (n=37)
17yrs+	28% (n=25)
Total	100% (n=88)

All prisoners must complete an assessment interview before being offered classes in the school. Almost all (90%, n=79) of those questioned were aware of the educational facilities available to them.

When questioned about the possibility of gaining an educational qualification 57% (n=50) of respondents said they would receive a qualification as a result of their use of prison educational facilities, whilst 12% (n=10) of those questioned did not know if they would get an educational qualification and 31% (n=27) knew that they would not. Many of those who responded that they would not get a qualification stated that this was their own choice as they just wanted to do something to 'fill time'. The study found that 47% (n=41) of respondents felt that the education they received in prison would improve their employment prospects, whilst 46% (n=40) felt the education they received in prison would not improve their employment prospects and the remaining 7% did not know if it would have any effect.

"When I got involved in the school I found it got me motivated to use my time properly, but then it was different for me 'cause I already had the Leaving, most lads don't have that" (PE 29).

Those with an educational qualification (n=38) presented as benefiting across a range of measures. Conversely early school leavers presented as a relatively disadvantaged group. A statistical relationship was evident between early school leaving and

- smoking cigarettes ($\chi^2 = 8.729$; $df = 2$; $p < 0.05$).
- illegal drug use ($\chi^2 = 5.772$; $df = 1$; $p < 0.05$), this was especially evident in relation to heroin ($\chi^2 = 6.642$; $df = 2$; $p < 0.05$) and ecstasy ($\chi^2 = 6.408$; $df = 2$; $p < 0.05$). This relationship was not evident in relation to cocaine.
- serving at least one previous prison sentence ($\chi^2 = 12.249$; $df = 2$; $p < 0.01$).
- having a learning disability* ($\chi^2 = 12.103$; $df = 2$; $p < 0.01$).

*In the current study respondents were asked if they were aware (through their experience of the education system) of having a learning disability of any sort. Participants were generally quite knowledgeable about learning disability, making reference to dyslexia, being classified as a 'slow learner' or other similar concepts.

Table 3.9 School Leaving Age * Served Previous Prison Sentence Crosstabulation

School Leaving Age	Previous Prison Sentence		Total
	Yes	No	
10-13 Yrs	20	6	26
14-16 Yrs	19	18	37
17+ Yrs	7	18	25
Total	46	42	88

3.10 Learning disability

As expected, there was a significant relationship between poor educational attainment and self-reported learning disability ($\chi^2 = 12.103$; $df = 1$; $p < 0.01$). The current study found 19% of prisoners classified themselves as having a learning disability. Morgan & Kett (2003) found 29% of prisoners in all prisoners to have a learning disability. Considering the less disadvantaged nature of the Castlerea prison population found in the current study and the relatively high rates of literacy found in Castlerea, a finding of 19% of prisoners with learning disability appears to be reasonable. Those with a self-reported learning disability were also more likely to have a psychiatric condition, and to have left school early (see sections 3.9 and 3.13). There was a relationship between self-reported learning disability and drug use—specifically ecstasy use ($\chi^2 = 8.477$; $df = 1$; $p < 0.01$).

Table 3.10 Ecstasy Use * Learning Disability Crosstabulation

Ecstasy Use	Learning Disability		Total
	Yes	No	
Yes	15	35	50
No	2	36	38
Total	17	71	88

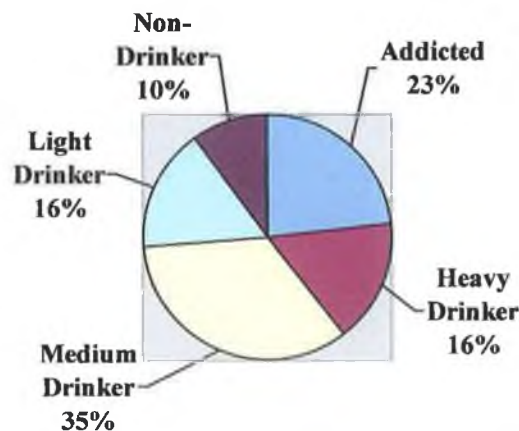
A similar relationship was evident between self-reported learning disability and the illegal use of prescription drugs. Respondents classified as having a self-reported learning disability were more likely to feel they had got a fair sentence during court proceedings ($\chi^2 = 3.817$; $df = 1$; $p < 0.05$).

3.11 Addiction

“I’m not sure if I’ll be back, I still have a problem with the drink, I’ll still get into bother with the drink, needing to get money and all that” (PE 24).

The current study showed significantly high levels of alcohol use*, 89% (n=78) of respondents said they drank alcohol. Of those respondents who drank 26% (n=20) of respondents said they were addicted to alcohol. In addition, 18% (n=14) said they were heavy drinkers and 38% (n=30) said they were medium drinkers. The balance of respondents - 18% (n=14) said they were light drinkers.

Figure 3.5 Level of Alcohol Use

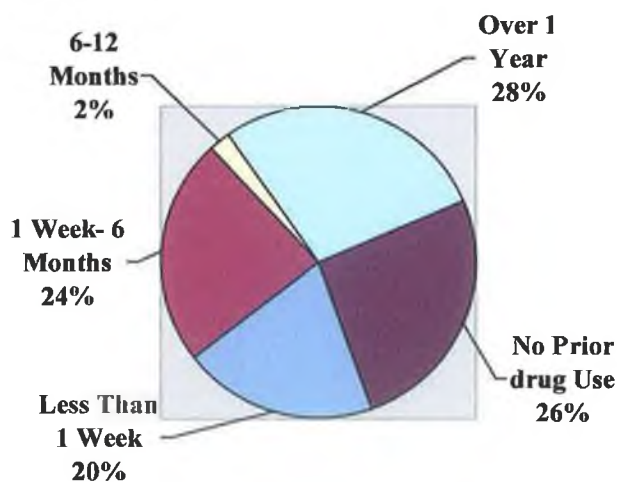


*Prisoners were asked to categorise their alcohol use outside prison on the basis of both the amount they drank and how regularly they drank. Those who classified themselves as light drinkers only consumed alcohol in small amounts (less than 4 units) occasionally, medium drinkers drank on average 5 units approximately once a week, heavy drinkers were those who drank approximately 6 units more than once a week on a regular basis. Those who classified themselves as addicted believed they were regularly drinking to a problematic extent or were currently abstaining as a result of alcohol addiction. The concept of units of alcohol was explained to participants, answers given in terms of volume of a particular drink were converted to units for categorisation.

Seventy five percent (n=66) of prisoners had some history of illegal drug use. Fifty eight percent (n=51) of prisoners felt there was a problem with drugs in Castlerea Prison. Many prisoners differentiated between drugs being present in the prison and drugs being a problem in the prison. A number of prisoners gave the example of cannabis as being prevalent in the prison but not causing a problem.

Of those who had a history of drug use all had used cannabis, 76% (n=67) had used ecstasy, 68% (n=60) had used cocaine, 36% (n=32) had used heroin and 71% (n=62) of those questioned had used other prescription drugs illegally. Of those with a history of drug use, over half had used drugs in the last 6 months and a large number (25%, n=22) of respondents had used drugs in the last week. A larger proportion (31%, n=27) had used drugs at some point between 1 week previous and 6 months previously, only 7% (n=6) had used drugs at some point between 6-12 months previously and 37% (n=33) had over a year without any drug use.

Figure 3.6 Drug-Free Time



Despite such high levels of substance misuse, only 30% (n=36) of respondents had undergone addiction treatment at some point previously. This figure appears very low considering this covers both drug and alcohol addiction treatment.

The high levels of respondents considering themselves to be addicted to alcohol (26%, n=23) combined with those with a history of ‘hard’ drug use - heroin (36%, n=32) and cocaine (68%, n=60) suggests that a large number of prisoners are in need of intensive addiction treatment.

A minority of respondents (27%, n=24) said addiction treatment was offered to prisoners in prison, 68% (n=60) said addiction treatment was not offered, 5% did not know. Slightly more than half (53%, n=47) of respondents considered time in prison to be an opportunity to establish some time without drugs and alcohol. Many qualified this by pointing out this was through their own choice rather than the unavailability of drugs and alcohol.

In relation to those with a history of illegal drug use a number of statistically significant relationships could be identified. The relationship between early school leaving and illegal drug use was found to be significant ($\chi^2 = 13.267$; $df = 2$; $p < 0.01$).

Table 3.11 School Leaving Age * Use of Illegal Drugs Crosstabulation

School Leaving Age	Drug Use		Total
	Yes	No	
10-13 Yrs	25	1	26
14-16 Yrs	28	9	37
17 + Yrs	13	12	25
Total	66	22	88

The relationship between use of illegal drugs and the likelihood of having previously served a prison sentence was also found to be significant ($\chi^2 = 18.647$; $df = 1$; $p < 0.01$).

Table 3.12 ReOffender * Use of Illegal Drugs Crosstabulation

Offender	Drug Use		Total
	Yes	No	
First Time Offender	22	19	41
Re-Offender	44	3	47
Total	66	22	88

Illegal drug users were found to be more likely to have a poor employment history ($\chi^2 = 3.558$; $df = 1$; $p < 0.05$). In contrast there was no significant relationship between those who had a history of heavy drinking/alcohol addiction and a poor employment history.

Respondents who had a history of illegal drug use were more likely to smoke cigarettes ($\chi^2 = 8.653$; $df = 1$; $p < 0.01$). Statistically higher rates of self-reported learning disability were found among those with a history of illegal drug use ($p = .008$, Fisher's exact test) ($\chi^2 = 2.750$; $df = 1$; $p < 0.01$). Respondents who had a history of illegal drug use but had undergone addiction treatment were found to choose to speak to the prison medics if they had a problem rather than other people available to them ($\chi^2 = 8.162$; $df = 3$; $p < 0.01$). However, drug users were no more likely to have their needs assessed by prison services than other prisoners.

Those with high levels of alcohol use were statistically more likely

- to have served a previous prison sentence than those who reported themselves to be either moderate drinkers or non-drinkers ($\chi^2 = 8.055$; $df = 1$; $p < 0.05$).
- to smoke cigarettes ($\chi^2 = 5.928$; $df = 1$; $p < 0.05$).
- to have undergone addiction treatment ($\chi^2 = 8.164$; $df = 1$; $p < 0.01$).
- to report a history of psychiatric problems ($\chi^2 = 4.441$; $df = 1$; $p < 0.05$).

3.12 Prisoner Supports

Respondents were most likely to turn to another prisoner if they were in difficulty or felt they needed someone to talk to.

“Other prisoners are the only ones who tell you anything or help you out, Prisoners are the only people who care about other prisoners” (PE 34).

Many of those questioned stated that the probation and welfare service emphasized a probation role ahead of a welfare role. Only 35% (n=31) of respondents said they had a counselling service available to them in the prison, 65% (n=57) of respondents said there was not a service available to them or said they were unaware of one existing. A lack of prison based interventions to address problematic behaviours means offenders are routinely released with more problems than they entered prison with. The impact of long-term incarceration is not addressed through comprehensive preparation for release.

“I’m in for 9 years now, I’m out in November and I’ve never had a day out” (PE 63).

“How will I get used to handling money and all that, I’ll just be given a bus ticket and be fucked out the gate” (PE 53).

Table 3.13 Prisoner Support*

Support From	Percentage of Prisoners
Another Prisoner	56% (n=49)
Medical Staff	35% (n=31)
Chaplain	33% (n=29)
Teacher	27% (n=24)
Class Officer	26% (n=23)
Governor	19% (n=17)
Probation & Welfare Officer	18% (n=16)

* Some respondents stated that they would speak to more than one staff member; therefore the total percentage is more than 100%.

A further endorsement of the need for prisoner supports is that 28% (n=25) of respondents said they had at some point been diagnosed with a psychiatric condition.

“I’d say I have deep rooted psychological damage, what’s the chances of me doing simple things - like getting into a relationship with a woman, it would be alien to me...even to have an ordinary conversation, I’m emotionally retarded” (PR 85).

Of those diagnosed with a psychiatric condition 88% (n=22) had been treated with medication, only 4% (n=1) had received psychotherapy or counselling and 8% (n=2) had received no treatment as a result of their diagnosis either prior to or during their time in prison. In relation to the 28% (n=25) of prisoners diagnosed with a psychiatric condition, only 36% (n=9) said their condition had been monitored or treated whilst they were in prison. A similar pattern emerges in relation to medical conditions and their treatment: 31% (n=27) of respondents said they had a serious medical condition and of this number only 44% (n=12) said their condition was being monitored or treated.

3.13 Psychological History

Respondents who defined themselves as having been diagnosed with a psychiatric condition were statistically more likely to

- have been assessed by the medical services ($\chi^2 = 5.819$; $df = 1$; $p < 0.05$)
- speak to medical professionals than any of the other people available to them ($\chi^2 = 6.604$; $df = 1$; $p < 0.05$).
- have had their needs assessed (informally) by a class officer since coming into prison ($\chi^2 = 7.564$; $df = 1$; $p < 0.01$).
- have high levels of alcohol use ($\chi^2 = 4.441$; $df = 1$; $p < 0.05$).
- report a preference for greater opportunities to spend time away from other prisoners; prisoners with a psychiatric condition were also less likely to see the fact that prison provides quite a lot of time to themselves as a benefit of prison. ($\chi^2 = 5.772$; $df = 1$; $p < 0.05$).
- to be classified as having a learning disability ($p = .018$, fisher’s exact test) ($\chi^2 = 6.235$; $df = 1$; $p < 0.05$).

In relation to feeling safe in prison, those with a psychiatric condition were less likely to feel safe than prisoners without a psychiatric condition ($p = .042$, Fisher's exact test) ($\chi^2 = 4.482$; $df = 1$; $p < 0.05$). When individual illegal drugs were analysed for significance against the presence of a psychiatric condition, no one substance was found to have a statistically significant relationship to the presence of a psychiatric condition.

3.14 Needs Assessment

Respondents were asked whether their needs were assessed in the prison system. Thirty six percent ($n=32$) of respondents stated that they had been assessed by a doctor in relation to medical needs, 28% ($n=25$) of prisoners had been spoken to by a teacher in relation to educational needs and 27% ($n=24$) of prisoners said a class officer (rank above prison officer - there are usually a number of class officers assigned to each landing) had questioned them as to whether their needs were being met. Only 19% ($n=17$) of prisoners had been assessed as to their needs by the probation and welfare officer or the chaplain. Many respondents said they had never met either the chaplain or probation and welfare officer but had sought to see both at different times.

Only 18% ($n=16$) of respondents said the Governor had spoken to them as to what their needs might be. In relation to all professionals in the prison system, respondents differentiate between meeting these professionals and being assessed in relation to needs.

3.15 Services Available

When questioned about services available to them, 90% ($n=79$) of respondents were aware of having educational services available to them, 75% ($n=66$) of respondents felt that they had medical services available to them, whilst 52% ($n=46$) of respondents said they could avail of addiction services (mostly citing Alcoholics Anonymous meetings). In contrast, only 27% ($n=24$) of prisoners said that addiction treatment was offered to prisoners at the time of their committal.

Instead, prisoners found out about the service through informal channels. Only 44% of respondents said there were psychological support services in the prison. Waiting times were highlighted particularly in relation to medical services. A number of respondents cited the quality of medical care received as being so poor as to render it non-existent.

Ninety three percent (n=82) of respondents said they had sufficient exercise opportunities available to them. However, prisoners in the Remand Unit felt they had very limited exercise opportunities. 97% (n=85) of prisoners said they had no input into what food they got to eat or what was on the menu. 69% (n=61) of respondents said vegetarian meals were available to them whilst 16% (n=14) of respondents said a vegetarian diet was not offered to prisoners and 15% (n=13) did not know if such an option was available.

When asked if they felt they were encouraged to stop smoking through the provision of nicotine patches or other approaches, 33% (n=29) of prisoners said that nicotine patches were made available to prisoners, 59% (n=52) of prisoners said nicotine patches were not available and 8% (n=7) said they did not know whether they were available or not. A number of prisoners qualified a no answer by saying patches were made unavailable through prohibitive costs. Some respondents stated that patches were previously available to all prisoners free of charge, however this provision was withdrawn. In Castlerea Prison almost three-quarters (74%, n=65) of prisoners smoked cigarettes.

3.16 Experience of Castlerea Prison

Of those questioned about their experience of Castlerea Prison 82% (n=72) said they felt safe in the prison. On the issue of assault 24% (n=21) said there was a problem with violence in the prison and 13% (n=11) said they felt sexual assault was a problem within the prison. A number of respondents qualified their response by saying they had knowledge of Prison Officers being responsible for both violence and sexual assault. In all cases where reference was made to sexual assault respondents said they had knowledge of this through a third party and had not directly experienced sexual assault.

“It’s never happened to me but I know lads that were made to strip and sprayed with fire hoses for hitting a screw or stuff like that, that’s sexual assault if they leave you naked in your cell with all them laughing at you” (PE 62).

Respondents made further reference to ill treatment in answering a question relating to punishments used in the prison – particularly whilst in segregation as a result of breaching prison rules. Over 90% (n=79) of prisoners had knowledge of all the following sanctions: written warning by the Governor (93%, n=82), privileges taken (92%, n=81), segregation (92%, n=81), visits cancelled (95%, n=84). Beyond this 48% (n=42) of prisoners said they had no knowledge of other punishments being used. However 14% (n=12) of prisoners said they were aware of physical punishment being used, 11% (n=10) said intimidation was used, whilst 16% (n=14) cited loss of remission and 11% (n=10) cited transfer as other possible punishments for transgressing the rules. When asked whether punishments worked or not, 81% (n=72) of respondents felt that they did not. Respondents were of the opinion that the punishments used simply made prisoners angry and resentful without discouraging them from breaking prison rules again.

In discussing use of respondent’s time in prison, 50% (n=44) felt that routines were organized in a way which helped pass time, the balance of respondents felt that routines were designed for easy management rather than the welfare of prisoners. A number of respondents complained that official out-of-cell times were not always implemented and prisoners were often left in cells late and locked up early.

When asked if there were advantages associated with being in prison, only 12% (n=11) considered the provision of accommodation and food to be an advantage. Slightly more than half (53%, n=47) felt that prison offered the opportunity for time away from drugs and alcohol. Only 51% (n=45) of prisoners saw time in prison as an opportunity to consider ways to stop offending.

“I’d like to think I’ve learned, I’m looking forward to the future, but it’s not that prison’s the deterrent, It’s just that I want to live a little” (PE 26).

“This is a big sentence, I want to get on with life when I get out, it’s the big sentence that catches you, prison works” (PE 44).

“Sometimes I see prison as the best thing that ever happened to me, I look at life more positively now” (PE 26).

“No, I’ve no intention of ever returning here, I’m very aware of where I went wrong, the reality of my offence and the consequences for the victim and my family, the harm I’ve caused” (PE 57).

In contrast, 36% (n=32) of respondents stated prison presented an opportunity to plan further crimes.

“You just meet other lads in here and they get you thinking about other jobs you could do when you get out. You know your going to need money so you don’t care about getting caught” (PE 33).

Less than half of respondents (47%, n=42) saw time in prison positively as a chance for ‘time to myself’. Again, there was significant disagreement on this issues as a large number of prisoners saw this in negative terms as ‘too much time to think’ - leading to depression.

In relation to preparation for release, only 11% (n=10), of those eligible had ever received temporary release. Significant numbers of respondents cited Castlerea Prison as being one of the most difficult prisons in the country in which to obtain temporary release. The Irish Prison Service Annual Report (2002, 42) gives details of temporary release - Castlerea Prison had an average of two prisoners on temporary release whilst Limerick Prison - a prison with a comparable number of prisoners had an average of 25 prisoners on temporary release. The unique nature of the population of Castlerea Prison may go some way towards explaining the difference. Castlerea Prison with its large numbers of long-term offenders, sexual offenders and political prisoners all of whom would be less likely to be granted temporary release. Despite the offence profile in Castlerea Prison the presence of a low security section in the prison would suggests there should be relatively large numbers of prisoners suitable for temporary release. Notwithstanding an extensive prisons building programme which has taken place in the last ten years, it is still the case that temporary release is (to a significant extent) used to alleviate overcrowding rather than on compassionate grounds or to prepare prisoners for full release.

As Castlerea Prison does not have a very serious problem with overcrowding (despite operating at full capacity) (Irish Prison Service Annual Report 1999 & 2000; Irish Prison Service Annual Report 2001), prisoners in Castlerea Prison are less likely to be given temporary release than prisoners in many other prisons. Of those prisoners who were sentenced 76% (n=67) said they had been given a date for their release.

In contrast, only 7% (n=6) said they had been given any help with planning around their release. Many mentioned a pre-release course, which was due to start in the coming months, which they intended to attend.

“Prison doesn’t feel like a deterrent anymore, like the threat of prison wouldn’t prevent me from committing other crimes but I’d do anything in here that would help me stay out of bother” (PE 19).

CHAPTER FOUR: **DISCUSSION**

4.1 Introduction

For the purpose of discussion the results generated by the current study and those issues highlighted by the literature review have been categorised according to a number of themes relating to service provision in prison. Similar categorisations are used throughout the study. The early part of the following section examines the issues of addiction and psychological history among the offending population. The difficulties created by a lack of services in relation to both of these areas are discussed in light of needs articulated by prisoners in the current study. The issue of sexual offenders is examined specifically in light of the relatively large number of sexual offenders in Castlerea Prison (Murphy, 2002, 712). The study looks at education and training within Castlerea Prison and makes reference to the generally positive attitude of prisoners to the education system in Castlerea Prison whilst highlighting suggestions for improvement and detailing the benefits such an improvement could bring to the prisoner population. The discussion goes on to look at the issue of visiting arrangements, which was consistently cited by respondents as an area where improvements could be made - with a very positive impact for the prisoner population. The final sections of the discussion examine prison category - highlighting the differences found by the current study between prisoners in the low and medium security sections of the prison and lastly the issue of re-offending. Analysis of respondent's attitude to the issue of re-offending produced a number of interesting contradictions and illustrated the extent to which an education programme could be useful in this area.

The results of this study replicate previous Irish findings (O' Mahony 1986, 1997; Carmody & McEvoy, 1996; Dillon 2000) depicting the prison population as a marginalized and severely disadvantaged group.

Under-achievement in education and employment, psychological problems, addiction and serious long-term involvement with the criminal justice system all culminate in a predominately negative experience of the world in which respondents lived. Although the prison setting often offers some opportunity to address the impact of such negative life experiences (Irish Prison Service Annual Report, 2002), these difficulties are often exacerbated rather than alleviated in prison. Research indicates a strong link between drug use and re-offending (McCullagh, 1996). The current study found a similar relationship yet despite such strong evidence little is provided in the way of addiction services in Castlereagh Prison.

The 2002 Irish Prison Service Annual Report makes broad reference to a range of interventions taking place in the prison in response to identified need. The current study did not reflect such work as prisoners were not aware of many of the services purported to be in place and many of those seeking help felt they had no one to go to within the prison system. Sexual offenders, violent offenders, those with drug and alcohol addictions and those burdened by psychological problems and educational disadvantage are routinely released having gained little or nothing from their time in prison (the current study found 93% (n=82) of respondents had received no help with planning for their release). The current study illustrates that assessment of need is carried out in an ad hoc manner, equally the response of the prison authorities is entirely unstructured and a lack of pre-release planning compounds difficulties. In cases where positive work was taking place it was informal and was occurring as a result of particular staff taking an interest in an individual prisoner rather than a formal assessment and planned intervention.

4.2 Addiction

The pervasive nature of drug addiction within Irish Prisons is well documented (Allwright et al., 1999; Dillon, 2001). The same is true of alcohol addiction (Visiting Committee Reports for Mountjoy, 1995-2000; O'Mahony, 1997).

The concept of ‘equivalence of care’ was put forward as a central theme in the Department of Justice policy (1994) “The Management of Offenders: A five year plan”, and its importance was reiterated by the Department of Justice (2001). An equivalence of care policy dictates that services available to those in the prison should be comparable with those available in the community. The range of community based addiction services increased dramatically throughout the 1990s (Moran et al., 2000) and ring fenced funding resulted in a variety of interventions providing a comprehensive range of services. The position in relation to prison based drug treatment services is quite ambiguous; whilst a number of prisons provide quite comprehensive services many provide little or nothing in the way of intervention.

The current study highlights the limited nature of addiction services in Castlerea Prison and the absence of support for an individual seeking to address an addiction problem. Despite 75% (n=66) of prisoners having some history of drug use and 50% (n=44) having used drugs in the previous six months, the primary prison based intervention is weekly Alcoholics Anonymous group meetings. Almost all prisoners made reference to the need for comprehensive addiction services in the prison. Although significant numbers of respondents expressed a desire to engage with addiction services there was a very limited range of options open to them. Group meetings can only offer a limited amount of support and need to be backed up by additional interventions. In order to meet the criteria set down by an ‘equivalence of care’ approach a range of multi disciplinary services would need to be available. Any current assessment of need would highlight the immediate necessity for a comprehensive multi-disciplinary addiction service within the prison.

Many prisoners made reference to drugs (particularly cannabis) being widely available yet being a relatively minor problem. Drug use in prison was perceived by respondents to be a choice in the same way as it was a choice in the community, although few of the supports available in the community were present in the prison system.

Many of the prisoners desired a drug free environment and suggested a number of measures should be in place to ensure this. Respondents suggested urine testing both on a regular basis and prior to transfer to Castlerea Prison. Respondents also suggested transfer to another prison for prisoners testing positive for drugs. Prisoners cited this type of system as being the way to achieve a truly drug-free prison. The current Minister for Justice, Equality and Law reform has proposed extending a policy of installing glass screens in all prison visiting areas to prevent the passing of drugs (Irish Times, 02/04/04). This approach was condemned by the Governor of Mountjoy as being a simplistic manner in which to address the multi-faceted nature of addiction (Irish Times, 02/04/04). This approach has serious consequences for all prisoners - not just those involved in the passing of and use of drugs. The current study found many prisoners with contradictory feelings about having visits due to the unnatural surroundings, implementing such a policy would only make visits a more negative experience for both prisoners and visitors. It is already possible to put those found passing contraband on screened visits and there are a number of measures in place to prevent the passing of contraband on visits such as searches and close-circuit television monitoring. Drugs also enter prisons through a number of other means; therefore screening all visits would not eradicate the problem of drug abuse in prison. On this basis the policy suggested by the Minister for Justice, Equality and Law reform would appear to have more disadvantages than advantages.

Informally it appeared prisoners who had a history of hard drug use received some extra attention from the prison medical services. Whilst this type of informal approach is undoubtedly better than no system it is completely inadequate and illustrates a very poor understanding of the nature of addiction by the prison system. There can be no doubt that some hard drug users who need intervention are not identified by the current system in Castlerea Prison. A small number of prisoners reported going through very severe problems in attempting to detoxify from heroin whilst in Castlerea Prison. Some prisoners had detoxed 'cold turkey' - without any medication or medical supervision.

A prisoner entering Castlerea Prison with a heroin addiction is faced with a choice between continuing drug use in prison (with all the associated risks) or attempting to come off drugs without support services. This is in direct contrast to the Department of Justice 'equivalence of care' policy. O'Brien & Stevens (1997) highlight difficulties with the 'equivalence of care' approach, pointing out that life in prison is not equivalent to life in the community and therefore any approach needs to recognise the specific nature of prison life.

Castlerea Prison has a formal policy of not providing methadone to prisoners. Although a Librium* detoxification is available for those attempting to detoxify from chronic alcohol use prisoners expressed a reluctance to use medication, which they stated was freely available through the medical services. Prisoners had a fear of simply transferring their addiction from one substance (for example - heroin) to another (for example - sleeping pills). Such fears may have some grounds as illustrated by a study of overuse of prescribed medication in Irish prisons (Ryder, 1999), which found significant over prescription of medication by prison medical services in one Irish prison. However, prisoners were clearly not educated about the nature of a supervised non-methadone medical detoxification programme. Fears in relation to addiction treatment could be effectively addressed by a multi-disciplinary approach involving a range of complimentary professional services.

Prisoners who have relatively low levels of educational attainment are consistently shown to be more likely to be drug users (O'Mahony, 1997). The implications of continued drug use for the individual's physical and psychological health, relationships and the likelihood of re-offending all put such an individual at a severe disadvantage in life. The relationship between drug use and re-offending is well established (O'Mahony, 2002; McCullagh, 1996).

*Librium is a medication used to relieve some of the symptoms associated with detoxification from alcohol addiction.

In this study many of those who continued to use drugs did not expect to serve another prison sentence, despite indications from research suggesting subsequent prison sentences are likely for those who continue to use drugs. This relationship was identified by the current study. This is obviously an area where a crime education programme could benefit prisoners.

In Castlerea Prison Alcoholics Anonymous runs weekly support groups for those prisoners attempting to stop substance abuse. There was significant confusion over this relatively simple service. Some newer admissions to the prison had no knowledge of any addiction services, many older or longer-term prisoners who had a history of drug and/or alcohol use did not understand what Alcoholics Anonymous might be able to offer them.

It is broadly accepted in relation to models of addiction treatment that Alcoholics Anonymous and/or Narcotics Anonymous group meetings are an excellent complement to other addiction treatments such as residential treatment but are significantly less effective as stand-alone interventions (Leanne & Powell, 1994; Spicer, 1997). Castlerea Prison has a link with Harristown house (a residential addiction treatment centre, situated close to the prison). Harristown House offers a six-week treatment programme with an aftercare element. Despite a desire among many prisoners for addiction treatment prisoners were not generally aware of how the referral system to Harristown house operated. They knew little about the programme there and knew nothing of what the criteria for entry to the programme might be. This valuable service is not being exploited to its full potential.

Even though some prisoners expressed an interest in the Harristown House programme, inertia on the part of prisoners and professionals resulted in prisoners drifting through their prison time and leaving with many of the same problems as when they entered. Illustrating a level of interest in improving the prison system, one respondent suggested that prisoners should be provided with a comprehensive information pack upon admission to prison giving (in simple terms) information on services available in relation to addiction, education, health, religion, complaints and other practical information.

4.3 Psychological History

“Many of the old timers had spent periods in Grangegorman Mental Asylum and they certainly were not normal. Their spoken words came from the sides of their mouths, their slant on life from the sides of their minds” (Prisoner D83222, 1946, 56).

The present study identified a number of prisoners with little experience of the prison system. These prisoners had a range of difficulties including health problems, addiction issues, low literacy levels, psychiatric problems, boredom and loneliness. As such they presented as an extremely vulnerable group.

The need for a formal integrated approach to service delivery was identified by the government commissioned Report of the Group established to Review the Psychology Service of the Department of Justice, Equality and Law Reform (1998). In Castlerea Prison such an integrated approach is not available. Prisoners reported that despite the fact they had requested (through a prison officer) referral to psychiatric services, months passed without any response. Another opportunity to identify potentially vulnerable prisoners is presented shortly after committal when prisoners see both the doctor and Governor. However, the lack of a structured service in Castlerea Prison means this opportunity to intervene is invariably lost.

Formal professional psychology services in the prison are very limited. In an effort to fill this void a ‘listening scheme’ was set up and was generally welcomed as a very positive move. The Samaritans trained a small number of long-term prisoners in listening and support skills and it was envisaged that they could act as a support for vulnerable prisoners. However, at the time of the interviews these prisoners had been trained but there was frustration among prisoners that bureaucratic problems meant the system was not yet in operation. Ni Eidhin, Sheehy, O’Sullivan & McLeavey (2002), examining another Irish prison, found that prisoners who were suicidal ideators and prisoners who had a history of parasuicide reported a preference for more privacy and less social stimulation. In the current study prisoners with a history of psychiatric problems were statistically more likely to seek more time by themselves than other prisoners.

These prisoners were also more likely to see the time alone that prison provides in a negative light. It is possible that fears for their safety and intimidation could explain the contradiction in wanting time alone yet finding such time alone difficult to cope with. Such prisoners may have a preference for time alone (even with the associated difficulties) over time with other prisoners during which they might be bullied in some way. In the current study those respondents with a history of psychiatric problems were also statistically more likely to feel unsafe in prison.

A psychiatrically ill prisoner seeking to isolate himself from the rest of the prison population should be of serious concern. This issue needs to be addressed further in Castlerea Prison. Bresnihan (2001) highlights the need for diversion programmes to identify those with psychiatric problems and provide services to meet their needs. These findings are in stark contrast to prisoners with no psychiatric history who reported a preference for more out of cell time and also felt that time spent alone was positive. They saw time alone giving them an opportunity to get clarity in their thinking. Some prisoners suggested that prison itself causes psychiatric problems due to the unnatural environment, the close confinement and long lock up times.

Difficulties posed by the lack of comprehensive psychology services are compounded by the use of padded cells for severely troubled prisoners in Castlerea Prison. This practice has been the subject of significant criticism by the Irish Penal Reform Trust (2003) and the European Commission on the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (1999). The Minister for Justice committed to replacing these cells with observation cells in late 2002 (Irish Penal Reform Trust, 2003). The issue of the use of padded cells in Castlerea Prison needs to be examined and more humane alternatives found. In Castlerea Prison prisoners with psychiatric problems need to be monitored and appropriate interventions put in place on an on going basis. The issue of lack of supports for prisoners experiencing problems could be looked at in the context of the rising incidence of prisoner suicides in Ireland (Report of National Steering group on Prison Deaths, 1999).

High levels of alcohol use are present among those with psychiatric problems. Alcohol and drug addiction needs to be addressed in order to equip prisoners to lead a healthier life on release.

4.4 Sexual Offenders

Castlerea Prison is quite unique (in an Irish context) in that it attempts to integrate sexual offenders with the rest of the prison population. The practice in many other prisons is to segregate sexual offenders, for their own safety. Many non-sexual offending respondents resented being integrated with sexual offenders as they saw their crime as being of such a heinous nature that they did not deserve to be treated the same as the rest of the prison population. Respondents did not feel this way about those convicted of murder or other extremely serious crimes. In practice integration is reasonably successful in the Grove but not as successful in the Main Block. Sexual offenders who were interviewed had mixed feelings about integration, some saw the benefits of integration, however there were also grave reservations about the threat to their safety and the treatment they received from the general prison population. There is a need for some educational initiative within the prison system to challenge the general prison population's perception of sexual offenders.

Tanner's (1999) findings on the dangers of releasing sexual offenders untreated are particularly relevant to the current study. Tanner (1999) found that a high proportion of untreated sexual offenders were in denial about their offence and engaged in a range of behaviours which resulted in them being classified as a very high risk for re-offending. The general lack of planning and preparation for release in the prison system is of serious concern, however in the case of untreated sexual offenders the possible consequences are alarming.

The Colorado Sex Offender Management Board (in forming its sex offender legislation) took the view that sexual offenders cannot be “cured”

“the legislation acknowledges, and even emphasizes, that sex offenders cannot be “cured”, it also recognizes that the criminal sexual behaviors of many offenders can be managed. The combination of comprehensive sex offender treatment and carefully structured and monitored behavioral supervision conditions can assist many sex offenders to develop internal controls for their behaviors” (1998, 1)

Tanner (1999) is also of the opinion that behavioural management can significantly reduce the risk of re-offending but cannot completely eliminate that risk. In light of this there is a need for on-going treatment of sexual offenders in Castlereagh Prison and monitoring of sexual offenders post-release. Tanner also highlights the need for intensive, sometimes intrusive accountability measures for sexual offenders post-release.

The Department of Justice commissioned a report by Lundstrom (2002) which made a range of recommendations (see p. 39 of the current study for Lundstrom’s recommendations); many of these recommendations had been made in a similar report in 1993 (Department of Justice, 1993). Lundstrom’s recommendations also highlight the need for post release supervision allied to intensive pre-release intervention. None of these recommendations pertaining to sexual offenders have been implemented in Castlereagh Prison. Therefore sexual offenders in Castlereagh Prison serve time with little in the way of rehabilitation, increasing the likelihood of re-offending on release.

4.5 Education

The positive impact which education can have on reducing re-offending (Lawlor & Mc Donald, 2001) dictates that education should be central to the prison system. The current study found that most prisoners are willing to engage with education at some point in their sentence as they see the school as somewhat detached from the ‘prison system’. This is aided by the fact that it is staffed and run by teachers who are perceived by prisoners to be somewhat independent of the prison system.

The impact of educational disadvantage as a pre-cursor to juvenile crime is well documented (Warner, 1998) and interventions through a prison education system could provide significant long term advantages for prisoners and have a significant effect on reducing re-offending (Lawlor & Mc Donald, 2001). In the present study those prisoners who were most educated were advantaged through more positive interaction with officers, teachers and other prison professionals. Higher levels of self-esteem and a more focused and achievement-orientated approach to their sentence were also evident.

Those who have severe difficulty engaging with the education system inside and outside prison as a result of psychological problems and/or learning disability found it more difficult to cope with a range of challenges in the prison system. The present study found 19% of prisoners classified themselves as having a learning disability. Such prisoners found it more difficult to cope with the confined environment, long lock up times and the temptation to abuse drugs. A national study (Murphy et al., 2000) looking at the issue of learning disability in prison found 29% of prisoners to have performed at a level which was suggestive of a significant degree of intellectual disability/mental handicap. It would therefore be beneficial in Castlerea Prison to target this section of the prison population for educational input. Court approved sentence management plans could offer the opportunity to have educational participation as a mandatory aspect of particular prisoners' sentences.

Despite research evidence as to the value of prison education (Lawlor & McDonald, 2001; Warner, 2002) in Irish prisons security and easy management of prisoners appears to be of more concern. Current thinking by prison management (as measured by expenditure levels) deems education to be subservient to security interests (education receives approximately 0.5% of the total prison budget, Irish Prison Service Annual Report, 2001). The total prison budget for current expenditure for 2001 was €235,305,000 whilst the amount allocated to education was €1, 079,000 (Irish Prison Service Annual Report, 2001).

A reluctance on the part of prison management to allocate more resources to education means that opportunities to alleviate disadvantage and perhaps contribute to lack of re-offending are missed.

Due to provision of inadequate physical space and insufficient teaching hours a prisoner may be put on a waiting list for specific classes until another prisoner is transferred or drops out. The time lapse between presenting to the school and been allotted a place in particular classes can result in a loss of interest. The current study found 82% of prisoners had contact with the prison education system at some point, and approximately 60% of prisoners are generally involved in education. The lack of availability of one-to-one teaching hours presents a significant difficulty for those seeking to develop basic literacy skills. Those prisoners who are most illiterate often have low self-esteem (Lawlor & McDonald, 2001) and participation in group education could be daunting to them. The education system in Castlerea Prison is generally better equipped to facilitate prisoners than those in many other prisons throughout the State and many prisoners commented that the school was a very positive element within the prison and most commended the work done by teachers. The majority of prisoners spoke positively about the prison education system and engaged with it despite the shortcomings stated. An improved system could engage and meet the needs of almost all prisoners.

The school attempts to provide for the needs of the broad variety of prisoners attending. Facilitating such a broad range of individuals creates difficulty for both the system and for prisoners. A number of prisoners attending had no interest in pursuing an educational qualification and saw school as a means of passing time. A number of prisoners were quite focused on educational achievement and wanted to make the most of their time in prison. The current study found 47% (n=41) of respondents availing of prison education hoped to get a qualification of some sort through the prison education system. Difficulties in facilitating the diverse mix of prisoners in a small setting are exacerbated by a lack of resources. Sufficient resources would ensure any prisoner who came to the school seeking to learn to read and write could be facilitated in a suitable manner.

Significant numbers of prisoners present as being in need of help with developing basic literacy skills (Morgan & Kett, 2003). It is an indictment of our prison system that prisoners can spend a large portion of their adult life in the care of the State (through the prison system) and emerge without the ability to read and write (Morgan & Kett, 2003). A 2000 study by Murphy et al., on the issue of learning disability in prison found that 29% of those surveyed could be classified as having learning disability. The study also made a series of recommendations relating to comprehensive assessment, training for professionals and support services. The current study found little knowledge of the issue of learning disability within the prison system, even among those prisoners who stated they had a learning disability. In many cases Castlerea prisoners were aware of being diagnosed with a learning disability at some point during their involvement with the education system but were unsure as to what exactly this meant for them or how it impacted upon them.

As was the case with a number of other crucial areas of prisoner need in Castlerea Prison, some positive work was taking place. However it was generally ad hoc work being carried out by teachers with little or no support. There is some provision within the school for one-to-one tuition and a number of prisoners with learning disability benefit from this intervention. However, it is also the case that many prisoners with learning disability are not identified and because of the unstructured nature of the system it is somewhat inefficient in this regard.

The prison education system provides prisoners with the opportunity to study at a number of levels from Open University to internally certified courses. Of those who were engaged with the school 69% (n=54) were satisfied with the quality of education programmes offered and on a very positive note 47% (n=37) felt the education they got in prison would improve their employment prospects when they left prison.

The interest respondents had in prison education was evident from the number of constructive suggestions as to how the prison education system might be improved. Suggestions covered a broad range, such as: greater links between practical training and the educational system. At present prisoners can take (among others, classes in woodwork, stone carving and home economics. Prisoners suggested courses such as DIY and First Aid. A system for long-term prisoners to be trained in a specific trade, through a prison-based apprenticeship was also suggested as being very worthwhile. The value of practical training in the prison environment is well documented (Lawlor & McDonald, 2001).

An issue raised by a number of prisoners related to the lack of continuity in the school system from the Main Block to the Grove. Prisoners cited a range of difficulties involved in a move from participating in education in the Main Block to education in the Grove. Prisoners spoke of delays, space restrictions and lack of teaching hours and suggested that a prisoner's school council could address these issues and contribute to planning for the school. Prisoners expressed concern about the prison library, which they said was poorly equipped and operated erratically. This is a very basic educational tool, which could easily become a central element in prison education, improving literacy levels with limited teaching input. The Irish Prison Service Annual report (2002) commits prison authorities to implementing a plan to improve library services in prisons "whenever resources permit" (2002, 29).

Prisoner's lack of knowledge about health matters was evident through the current study and could be addressed through the prison education system. Some health related courses were run for prisoners attending the school. At the time of the study a course on sexual health was coming up. It is somewhat heartening to see the interest prisoners take in the prison education system and the extent to which they want to contribute to its effective operation. Prisoners were aware of the possibilities, which an education opened up and saw education as an effective way to use their time in prison.

4.6 Visiting Arrangements

Although the sanctity of the family is highlighted in our constitution the Irish prison system could not be considered to operate in a family friendly manner. The Spanish system (see pages p.15 & p. 16) is an illustration of the potential for implementing family friendly policies in a prison setting. Limited visiting opportunities put relationships under strain. It is obviously very difficult to keep a relationship intact whilst serving a prison sentence and limited visiting opportunities pushes a couple further apart making permanent separation more likely. O'Mahony (1997:35) states that 'marriage encourages a congenial pattern of social and economic life'. O'Mahony (1997) was of the view that marriage could reduce the likelihood of recidivism.

A slight majority of prisoners were fathers and in this role they had conflicting feelings. Many of those who had children (52%, n=46) felt that being in prison was very detrimental to their relationship with their child. In many cases respondents had contradictory feelings about whether or not they wanted their children to visit them, as they did not like their children spending time with them in a prison setting but yet felt strongly that they wanted to see their child.

In relation to visiting privileges, security concerns took precedence over other considerations. Prisoners cited the fact that they were allowed little or no physical contact with their children on visits as being particularly distressing. The possibility of contraband goods/drugs being passed during visits results in close monitoring of visits by prison authorities. Prisoners expressed resentment that only a small number of prisoners were willing to abuse the privilege of contact visits (through passing contraband) yet this affected all prisoners. Many prisoners stated that they would be willing to give urine samples in order to prove they were drug-free if it would result in contact visits. It would be relatively easy to implement a policy to facilitate this. The significance of a visit to a vulnerable prisoner experiencing depression or loneliness should not be under-rated.

The current study found that maintenance of contact with family and friends helps a prisoner keep in touch with life outside prison and helps him set goals to work towards. It was also evident from interviews that respondents did not feel visiting procedures were applied fairly and evenly. Many prisoners stated that it depended what officer was on and if the respondent knew him he could expect to get a generous time allowance for his visit. The converse was also true in relation to a situation where the prisoner did not know the officer. Greater involvement of the Visiting Committee in prisoner's grievances or the development of a Prisons Ombudsman could help resolve difficulties such as this.

Castlerea Prison is located on a large green area site; however (with the exception of the Grove) it operates in much the same way as any prison located in an urban environment. Little use is made of the large secure site on which the prison is located and prisoners do not have any more freedom or physical space than a prisoner anywhere else in the State.

In economic terms the location of Castlerea Prison has been a success as it contributes much to the local economy. However, in terms of accessibility for prison visits the location of Castlerea Prison has serious drawbacks. The present study found that only 17% (n=15) of respondents lived within 1 hour's travel of the prison. The costs associated with travelling for visits presents a serious problem for the families of prisoners. The bus and rail drop off points are a considerable walk from the prison visiting rooms and could pose problems for elderly people or those with mobility problems. As Castlerea Prison is a rural location there are limited bus and rail services to the prison. There are only four hours per day during which visits are permitted, this further compounds problems. The welfare of prisoners and their families could be better catered for if a policy in relation to visiting was developed taking into account: travel, costs, visiting hours and a generally more family friendly approach.

4.7 Prison Category

Castlerea Prison is divided between the Main Block (medium security - approximately 147 beds) and the Grove (low security - approximately 36 beds). Kinlen (2003) and Vaughan (2001) highlight a range of benefits of a low security system including lower running costs, more links to the community and a more normalised environment. In Castlerea Prison prisoners thought to be suitable (low risk, possibly serving a short sentence or nearing the end of a long sentence) may be transferred to the Grove. This decision is at the discretion of the Governor. The Grove also houses political prisoners.

In comparing the two main sections of the prison it was evident that those prisoners in the Main Block were far more likely to have experienced a range of 'life traumas' including early school leaving and psychiatric problems. Those prisoners who were in the Grove generally reported far fewer grievances with the prison system. Prisoners in the Grove were grateful for the additional freedoms granted to them and for the more relaxed atmosphere in which they served their time. Prisoners in the Grove were far less likely to have complaints relating to visiting conditions and no prisoner in the Grove reported feeling unsafe in prison. All of the prisoners who reported feeling unsafe in prison were in the Main Block, 18% (n=16) in total. Despite overcrowding in the Grove and demand from suitable prisoners to get transferred to the Grove from the Main Block, at the time of interviews there was a large house in the Grove which was not being used as it needed some refurbishment. This again highlights a situation where finance is directed away from other concerns and invariably towards security concerns.

The Grove is quite unique in Ireland as a low security section in a medium security prison. Department of Justice policy of recent years has seen Shanganagh Castle (a semi-open prison) being closed. The future of Loughan House (open prison), Shelton Abbey (open prison) the Curragh Prison (medium security) and Fort Mitchel Prison (medium security) are all under consideration.

The closure of these institutions (which operate at a far lower cost than other medium or high security prisons) should be considered in light of the success of the Grove in Castlerea Prison. The Grove offers prisoners the opportunity to live in a more normalised environment and appears very valuable as a step down facility on the way to release for long-term prisoners. The success of the Grove and the generally positive atmosphere should be considered in relation to the closure of low security prisons such as Shanganagh Castle.

However, there are difficulties with the Grove. Having a more structured education service and developing community links to facilitate its operation as a semi-open prison could improve the Grove. Low risk prisoners could be facilitated in accessing a range of community based services including healthcare, training, employment and voluntary work/community service. Daily release to such programmes would be a positive move. Temporary release could also be implemented far more effectively and more broadly in the Grove. In general the Grove appears to operate very well to the benefit of both the prison system and the prisoners.

4.8 Re-Offending

“In no sense could I feel myself a criminal. In all my time in prison I never met a prisoner who looked on himself as a criminal”. Prisoner D83222, 1946, 57.

There were a number of apparent contradictions evident in relation to the issue of re-offending. Slightly more than half of respondents 52% (n=46) had served a previous prison sentence whilst 40% (n=35) of respondents were on their third or more sentence. Yet only 16% (n=14) felt it was likely they would serve another prison sentence at some point. This again emphasises a lack of understanding on the part of the prisoner and highlights an area where an educational intervention would be beneficial.

Large numbers of respondents were continuing to use drugs. Of those who had used drugs, 56% (n=38) had done so in the last 6 months.

Many prisoners had very high levels of alcohol use (44%, n=34) which they often believed had contributed in some way to their propensity to commit crime yet this addiction went untreated in the prison system. There is an obvious need for a multi-faceted educational programme to address the misconception among prisoners that it is possible to continue abusing/drugs and alcohol without this contributing to the likelihood of returning to prison.

There is an immediate need for a programme which would address this issue through looking at factors which predispose an individual towards committing crime and the implications of a criminal lifestyle from a health/social and emotional point of view. Only a small minority (15%, n=13) had completed a crime education programme/offending behaviour programme, yet many respondents indicated a willingness to participate in almost anything which might help them stop re-offending.

Despite having persistently re-offended and continuing to engage in behaviours which contribute to the likelihood of re-offending, many prisoners held the belief that they would not return to prison. It is difficult to determine how steadfastly respondents held this belief that they would not return to prison or whether they were more hopeful than confident. Some respondents showed more insight than others into the reality of returning to the outside world with the same problems.

A number of respondents who stated that they would not be returning to prison qualified this by saying they intended to continue committing crime but hoped not be caught. Many respondents felt that they did not have a significant choice to make in relation to re-offending. Some older prisoners stated that it was too late in life to attempt to live any other way, whilst others felt it would be impossible to get by without money from crime. Some respondents were clear that they had learned from prison and felt that it wasn't the life for them and were committed to a crime free life-style. Respondents had a range of feelings from gratitude - that something had happened to break the negative cycle in which they were caught, to anger - at themselves for the time wasted, to fears about coping with being released.

Some respondents were of the opinion that they had changed their outlook through their own personal growth - not through any input the prison system had.

This clarity was not present for all prisoners and many were very confused about what direction their life might take when they finished their sentence. Some prisoners felt family circumstances and living arrangements posed a difficulty for them. Despite this fact respondents often felt they had little choice but to return to such circumstances. The lack of a comprehensive release plan for almost all prisoners contributes to these difficulties. Of those respondents who were convicted and sentenced, 93% (n=82) had not received help with planning around release. Prisoners and professionals express concern about the dangers involved in releasing prisoners back into the community without having addressed the reasons for committing crime in the first place.

A comprehensive structured release programme could have a very significant impact on long-term outcomes for prisoners in Castlerea Prison. Castlerea Prison appears to be an ideal location for running such a programme on a pilot basis as a result of holding significant numbers of first, second, and third time offenders (72%, n=63) of respondents in the current study), the presence of the Grove and the diverse population within the prison. A positive finding in the current study was the fact that most (79%, n=69) sentenced prisoners were given their release date and were aware of it giving them something to work towards. Only 11% (n=10) of sentenced prisoners had received temporary release or a home visit. The low-levels of temporary release in Castlerea Prison (see p.79) mean that many prisoners are receiving full release with little or no experience of life outside prison for many years; this contributes to anxiety about permanent release.

Lack of planning for release contributes to prisoner's fears and anxiety about returning to their community. It also exacerbates problems with unemployment, increases the likelihood of re-offending and may lead to homelessness and poverty (O'Loinsigh, 2004).

It is unacceptable to focus so strongly on detaining a person in prison under such restrictive conditions whilst doing so little upon release to provide stable arrangements, which could prevent a return to prison.

CHAPTER FIVE:

CONCLUSION

The present study set out to examine service provision in Castlerea Prison from the perspective of prisoners.

In light of research emphasising the marginalized and disadvantaged nature of the prison population (O'Mahony, 2000; McCullagh, 1996; Dillon, 2000), it could be expected that a structured service response offering a variety of interventions, to alleviate marginalisation, would be in place. However, in relation to needs assessment in the prison, prisoners stated that most assessments were conducted informally and reported an absence of an integrated service response. Despite the limited number of services available, many prisoners were not aware of the professionals on hand in the event of experiencing difficulties whilst in prison. Many prisoners stated that they had never met the Chaplain, Probation & Welfare officer and a range of other professionals working in the prison.

An important conclusion in the current study is that proper planning and intervention within the prison system are not in place to address the range of problems present in the offender population. When compared to other Irish prison populations (particularly Mountjoy: O'Mahony, 1997), the sample presents as marginally less disadvantaged due to the diverse nature of the Castlerea Prison population. However, in comparison to the general (non-prison) population the sample performs very poorly across a range of measures, physical and emotional health, social skills, educational achievement and employment experience. Prisoners were insightful in recognizing their most significant needs were related to addiction, psychological health, physical health and education/ training. A central need which was not articulated by prisoners was the need for specific educational interventions related to re-offending although assistance with the areas identified would undoubtedly have an additional benefit in reducing the likelihood of re-offending.

Overall it must be concluded that comprehensive assessment of need is not currently taking place and there is little assessment of need either on committal or during detention.

Prisoners had considerable insight into the services they felt would be helpful to have in prison and were vocal about the fact that services in prison (with the exception of education) were not responsive to their perceived needs. The role of non-statutory organizations, although highlighted by Prison Service Annual Reports, was quite limited. The quality and level of service provision in a number of areas was the source of most prisoners' grievances. Prisoners complained that waiting times for some services were unacceptable and felt the unavailability of specific support services had a significant negative impact on prisoner's lives.

Prisoners in the Grove have significant freedoms in comparison to the Main Block, however it is still completely alien to the world outside prison. A reluctance to use temporary release does not help the situation and it is still the case that a prisoner can be released with little or no planning and no idea of what awaits him outside prison. Whilst Castlerea Prison operates above full capacity most of the time, overcrowding is not as serious an issue as it has been in many other Irish prisons. The overall conclusion which must be reached as a result of this study is that whilst Castlerea Prison provides good quality accommodation in a clean modern environment, there is a serious lack of essential support services for prisoners. There is positive work being done within the prison, particularly through the education unit, however the potential for making a very significant impact on a prisoner's life is limited by the absence of primary support services. The lack of pre-release planning also has the potential to undo positive developments within prison. In the final analysis it must be asked what we seek to achieve through imprisonment; is it primarily about punishment or rehabilitation? The present approach appears to focus on punishment. The price paid for the current focus on punishment at the expense of rehabilitation is extremely high rates of re-offending (O'Mahony, 1997). Punishment and rehabilitation need not be mutually exclusive ideals in the prison system.

It is my opinion that prison should be used to punish the individual adequately through detention whilst attempting to address the under-lying reasons for offending in the first instance.

5.1 Recommendations

The study highlights the need for a programme of formal assessment upon committal and the on-going evaluation of programmes implemented in prison. There needs to be clear lines of accountability in relation to responsibility for a range of interventions and specific individuals should be allocated responsibilities ensuring assessment of prisoners and service responses within specific timeframes. Service development requires goal setting allied to long-term planning.

The establishment of the prison as a truly drug free prison through the expansion of random drug testing and a requirement to provide clean urine samples prior to transfer to Castlerea Prison would allow for a more relaxed approach to visiting arrangements. Comprehensive drug treatment services would support prisoners in remaining drug-free. Extended visiting times and/or greater flexibility around visiting times would have positive implications for family visits. This flexibility could allow families travelling long distances to make the round trip in one day, without the cost of an overnight stay. Family involvement could make a valuable contribution to addiction treatment programmes, mental health interventions, sexual offending programmes and pre-release preparation.

In general prisoners were very open to the idea of speaking to a professional about problems experienced in prison. There is a need for a structured system to inform prisoners of services available to them and refer them to the appropriate individuals. An information pack for new committals would be a useful step. The concept of a client centred service should be implemented in prison based support services. This approach would allow for prisoner input into service development.

Responses from prisoners in the current study indicate that prisoners have an interest in contributing to the development of services and have valuable suggestions as to the type of services which need to be in place to ensure more positive outcomes.

The Grove is an innovative development within the Irish prison system. The creation of sufficient vocational training programmes in conjunction with life skills and comprehensive pre-release preparation could make it truly unique. The need for a comprehensive intervention to prevent homelessness and re-offending is well documented (O’Loinsigh, 2004; McCann, 2003). At present the Grove operates as a low-security prison. Developing it into a semi-open prison with more links to the community could create an extremely effective step-down facility.

There is potential to provide extra accommodation within the Grove through refurbishing existing buildings. There is ample space for extending the Main Block or refurbishing existing buildings in order to completely alleviate overcrowding and provide sufficient space for recreation, vocational training and work. Such developments could be made in conjunction with the creation of comprehensive support services in the areas of addiction and psychology. The study highlighted the fact that the development of a comprehensive addiction service could possibly contribute more to this prison than any other initiative.

Prisoners reported a generally relaxed atmosphere in the prison. This was particularly evident in the Grove. Castlerea Prison is located on an excellent green field site; a high external wall means the area is quite secure, however little use is made of the green area around the prison. When measured against the benchmark of other Irish prisons most prisoners felt that in general Castlerea Prison compared favourably.

5.2 Further Research Needs

The current study is limited to Castlerea Prison. Although significant studies have been carried out in Mountjoy (O'Mahony 1997, Allwright et al. 1999, Dillon 2001) and Cork (Ni Eidhin et al., 2002) there is a need for more substantial data on the Irish prison population as a whole.

The development of the Prisoner Records Information System (PRIS), has increased the amount of routine statistical information available on prisoners. However, there is a need to back up this information with specific information on particular prisoner groups. This is especially applicable to sexual offenders, who constitute a very specific group with particular needs. Political prisoners in Castlerea Prison also have quite unique needs and whilst such groups are generally perceived to have quite an effective support network outside prison, research on this sub-group would be quite useful. There is a need for further focused research looking at the specific issue of drug-use in Castlerea Prison. The Irish Prison Service Annual Reports 1999, 2000 & 2001 note Castlerea Prison's claim to be a drug free prison and state, "this policy has been pursued with commendable success to date". It is on the basis of this policy that methadone detoxification and maintenance are not offered in Castlerea Prison. The present research would not bear out the prison management's belief that Castlerea Prison is predominantly a drug free environment.

Comparative research looking at outcomes for prisoners from the Grove and the Main Block would be useful in terms of measuring the potential of the Grove as a step down facility as part of a comprehensive pre-release programme. Dillon (2001, 10) highlights the need for "policy and service developments to be made on a sound knowledge base". Many developments in the prison service have not taken place on foot of comprehensive research or assessed need but have been reactive ad hoc policies without any grounding in current research or assessed need. Service development must be influenced by Irish and International research findings.

In this way the prison system can develop in a pro-active way on a sound footing leading to an effective rehabilitative service which does not simply focus on detention.

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APPENDICES

APPENDIX 1: CONSENT FORM.

Consent to Participate in Prison Based Research.

I _____ consent to participate in research based in Castlerea Prison. The consent given is free and fully informed. I have read the accompanying details of the research and have received a full explanation of the nature of the process from the researcher. I am aware that no individual will be identifiable within the documented research and all information given is entirely confidential unless the information given highlights a serious threat to myself or others. I am aware that I may withdraw from the research process at any time without any negative consequences. I have been informed that the research is to be published, however no individual will be identifiable within the publication. I am aware that the research is being carried out entirely independently of the prison service.

Signed: _____

Date: _____

APPENDIX 2: INFORMATION FLYER FOR PRISONERS

Research in Castlerea Prison

I am a student hoping to speak to prisoners in Castlerea Prison about the needs of offenders. I want to find out how time in prison might be made better for prisoners. I have worked with people who had experience of the prison system before.

I will ask a number of questions about what goes on in the prison. I expect to spend about 35 minutes talking to each prisoner. I can answer any questions you might have before I speak to each prisoner. Over the next few weeks you may be asked if you are willing to speak to me. I would be very grateful if you would be willing to speak to me.

Anything you say will be entirely confidential and will only be known by me, except where there is a serious risk of harm to yourself or another person. I will use a code number for each prisoner so your name won't be connected in anyway. I am not involved in the prison service and the work is for my use only.

Yours Sincerely

Emmett Tuite.

**APPENDIX 3: IRISH PRISON SERVICE RESEARCH ETHICS
COMMITTEE RESEARCH APPLICATION FORM.**

**Irish Prison Service Research Ethics Committee
Research Application Form**

**1.
Personal Details:**

Name:
Address:
Telephone:
E-mail:

**2.
Title:**

**3.
Project description:**

Aims

Objectives

4.

Research Methodologies:

Approximate Project Schedule:

5.

Outcomes:

6.

Risks:

7.

Consultation:

**8.
Confidentiality:**

Personal Confidentiality and Confidentiality of Data:

**9.
Informed consent:**

Informed Consent:

**10.
Academic Information:**

Qualification sought:
Academic Institution:
Supervisor:
2nd Supervisor:
Contact Number:

**11.
Funding:**

Funding body:
Contact person:
Contact number:
Confirmation of funding:

12.
Dissemination of Findings:

13.
Conflict of Interest

14.
Signature

Signature:

Date:

4. How near is Castlerea Prison to your family home?

Less than 1 hr travel

1-2 hrs travel

2hrs + travel

5. Do you get enough opportunities to meet with or speak to your family members whilst in prison?

Yes No

6. Is there anyway in which family/friends visiting could be made easier?

Travel/transport provided

More flexible hours

Better facilities

More privacy

Other

7. Did anyone take time to speak to you about what your needs might be since you came into Castlerea Prison? If so give details.

Priest

Probation and Welfare Officer

Nurse/doctor

Class officer

Teacher

Governor

Other

8. Are there services in the prison to meet any of the following needs?

- Medical/Health
- Psychological
- Education/training
- Addiction
- Other

9. (a) Do you use any of these prison services?

Yes No

(b) If yes, how often?

- Once per week
- Once per month
- Every 6mths
- Never

10. If not, why not?

11. What other services would it be helpful to have in prison?

12. Have you been involved in any programme to teach you about the effects of crime on others? - your family, yourself, the victim.

Yes No

Section B

13. Are there enough opportunities for exercise in the prison?

Yes No

14. (a) Do you have input into the daily menu?

Yes No

(b) Are you offered vegetarian meals on menus?

Yes No

15. Do you drink alcohol?

Yes No

16. Are you?

Addicted

Heavy drinker

Medium drinker

Light drinker

17. (a) Do you smoke?

Yes No

(b) If so, How many packets per week?

1-2 2-5 5-8 8-10 10+

18. Are you given any help to try and lead a healthy lifestyle - are nicotine patches provided for those trying to stop smoking?

Yes No

19. Have you ever used illegal drugs?

Yes No

Cannabis Heroin Ecstasy Cocaine Lsd Other

20. (a) Have you attended addiction rehabilitation/treatment before?

Yes No

(b) If you are currently 'clean', for how long have you been?

<6mths 6-12mths 12-18mths 18mths +

21. Is addiction treatment offered to prisoners?

Yes No

Section C

22. Who would you turn to if you had a problem whilst in prison?

- | | |
|-------------------------------|--------------------------|
| Priest | <input type="checkbox"/> |
| Probation and Welfare Officer | <input type="checkbox"/> |
| Nurse/doctor | <input type="checkbox"/> |
| Class officer | <input type="checkbox"/> |
| Teacher | <input type="checkbox"/> |
| Governor | <input type="checkbox"/> |
| Another prisoner | <input type="checkbox"/> |

23. If you wanted to speak to a counselling service, is there one available?

- Yes No Don't know

24. (a) Have you had/do you have any serious medical conditions?

- Yes No

(b) If so, has this condition been monitored/treated whilst in prison?

- Yes No

25. (a) Have you ever been diagnosed with a psychiatric condition?

- Yes No Don't know

(b) If so did you receive any of the following?

- | | |
|-------------------|--------------------------|
| Medication | <input type="checkbox"/> |
| Therapy | <input type="checkbox"/> |
| Community support | <input type="checkbox"/> |

26. Has your condition been checked/treated within prison?

Yes No Don't know

27. Do you feel safe within the prison environment?

Yes No

28. Are there problems with any of the following within the prison?

a. Drug abuse b. Violence Sexual assault

29. Are there enough opportunities for association with other people in the prison?

Yes No

Section D

30. At what age did you leave school?

<10yrs 10-13yrs 13-16yrs 16-18yrs 18+ yrs

31. How well can you read and write?

Not at all

Poorly

Quite well

Very well

32. Did you have any qualifications when leaving school?

Yes No

33. Do you know if you have any learning disability/problems?

Yes No

34. Were you employed before coming into prison?

Yes No

35. If so, in what area were you employed?

Manual Labour

Clerical

Self employed

Farming

Other

36. Are you involved in education/training?

Yes No

37. Are the education/training programmes offered good enough to meet your needs?

Yes No

38. Will you receive a recognised qualification upon completing upon completing your course?

Yes No Don't know

39. Is your education/training likely to improve your chances of getting employment upon leaving prison?

Yes No Don't know

Section E

40. What type of offence are you currently serving time for?

- Murder
- Manslaughter
- Sexual offences
- Offences against property
- Other

41. How long have you been sentenced to?

- Life
- 10yrs+
- 5-10yrs
- 18mths-3yrs
- less than 18mths

42. (a) Have you served time in prison before?

- Yes No

(b) If so ho many times?

- Once
- Twice
- 3-5 times
- 5-10 times
- 10 + times

43. (a) Do you think you'll be back in prison again?

- Yes No

(b) Why/ Why Not ?

44. Do you believe you got a fair sentence in relation to your crime?

Yes No

45. Should Judges try punishments other than prison more often?

Yes No

46. How well do you think these would work?

Very well

Reasonably well

Poorly

Not at all

47. Are there any benefits for you in being in prison? Give details

Accommodation and food

Away from alcohol and drugs

Time to myself

Chance to look at ways to stop offending

48. Is your time in prison organised to make your life here as easy as possible?

Yes No

49. What punishments are used for breaking prison rules?

Reported to Governor (P19)

Cell stripped

Segregated

Visits cancelled

Other

50. Do these punishments stop prisoners breaking the rules?

Yes No

51. Has anyone spoken to you about home visits or temporary release?

Yes No

52. Have you been given a date for your release?

Yes No

53. Have you received any help in planning around your release?

Yes No