

DÁIL ÉIREANN

AN COMHCHOISTE UM DHLÍ AGUS CEART AGUS COMHIONANNAS

JOINT COMMITTEE ON JUSTICE AND EQUALITY

Dé Céadaoin, 29 Márta 2017

Wednesday, 29 March 2017

The Joint Committee met at 9 a.m.

MEMBERS PRESENT:

Deputy Jack Chambers,	Senator Frances Black,
Deputy Clare Daly,	Senator Martin Conway,
Deputy Jim O’Callaghan,	Senator Niall Ó Donnghaile.

DEPUTY CAOIMHGHÍN Ó CAOLÁIN IN THE CHAIR.

Business of Committee

Public Sector Standards Bill 2015: Local Authorities Members Association and Association of Irish Local Government

Chairman: As we have a quorum, we will commence in public session. Apologies have been received from Senator Clifford-Lee. The committee will now go into private session to deal with some housekeeping matters.

The joint committee went into private session at 9.08 a.m. and resumed in public session at 10.04 a.m.

Penal Reform: Simon Communities of Ireland

Chairman: The business of this part of our meeting is a discussion with the Simon Communities of Ireland on penal reform. The joint committee has identified penal policy and reform as a priority issue in its 2017 work programme. I welcome Ms Niamh Randall, Mr. Aaron O'Connell, Ms Tracey Reddy and Ms Claire McSweeney of the Simon Communities of Ireland. They are joined in the Visitors Gallery by Ms Helen McCormack. On behalf of the committee I thank them for their attendance today to discuss this important issue. I also thank Senator Frances Black, who made the proposition to include this group in the course of our address of penal reform. Today's is the last public engagement on this issue and we will be publishing a report and recording the witnesses' contributions and recommendations therein. The format of the meeting is that the witnesses will be invited to make a brief opening statement, which will be followed by a question and answer session with the members of the committee. We have apologies from Deputy Alan Farrell of Fine Gael and Senator Lorraine Clifford-Lee of Fianna Fáil.

I draw the attention of witnesses to the fact that by virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the committee. However, if they are directed by the committee to cease giving evidence on a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable. Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the House or an official either by name or in such a way as to make him or her identifiable.

I invite Ms Niamh Randall to make her opening statement.

Ms Niamh Randall: I thank the committee and the Chairman for inviting us here today. In particular I would like to thank Senator Frances Black for petitioning on our behalf. We are going to share the time with our opening statement. We promise to be brief. I will give a short introduction, my colleague, Mr. O'Connell, is going to speak about drug and alcohol policy in prison, Ms Reddy will then speak on female homelessness and prison, and finally Ms Mc-

Sweeney will speak about how access to permanent housing with support is a prerequisite for recovery, both for people leaving prison and for those with drug and alcohol issues.

The Simon Communities is a network of communities providing local responses to local needs and issues throughout the country, based in Cork, Dublin, Dundalk, Galway, the midlands, the mid-west, the north west and the south east. As the committee members will be aware, the complexity of the homelessness and housing issue touches every facet of Irish life, with the greatest impact being felt by those most vulnerable in society. We welcome the opportunity to speak here today to illustrate the further complexities that exist between homelessness and the State penal and prison systems.

As the committee members know, there are clear links between homelessness, problematic drug use and the penal system, with particularly vulnerable people cycling between rough sleeping, emergency homeless and drugs services and the prison system. Data on the number of people who have entered prison from homelessness or indeed exited into homelessness are not readily available. A 2005 survey of 241 prisoners found that 54% of participants had at least one previous experience of homelessness prior to imprisonment and 25% of all prisoners were homeless on committal to prison. Prisoners who were homeless on committal were more likely to be long-term homeless, with 88% having experienced homelessness for six months or more. Some 58% were homeless for more than three years. Many people who are in prison following a period of homelessness are there for crimes such as vagrancy, theft and drug offences. Some 35% of prisoners experiencing homelessness on committal were diagnosed as having a mental health disorder.

The chronic lack of housing at this time means that people are still being released from prison into emergency accommodation, with some ending up sleeping rough. Having no permanent home makes reintegration into society very difficult. Having permanent and stable accommodation reduces the risk of reoffending by 20%. In Ireland, the rate of reoffending is 30% within one year and 49% within four years.

We welcome the commitment contained in Rebuilding Ireland: Action Plan for Housing and Homelessness to ensure accommodation, welfare and health supports for prisoners are in place prior to their release. This will reduce the likelihood of released prisoners presenting as homeless. According to Rebuilding Ireland's second quarterly progress report, an inter-agency protocol developed by the Irish Prison Service, in consultation with the Health Service Executive, Department of Social Protection and County and City Management Association, is now in place. We urgently await feedback on how well the protocol is operating.

There is a lack of official data collected on the number of prisoners who are homeless, at risk of homelessness or becoming homeless on release. Often, the extent of homelessness within the prison population may be hidden as a result of the stigma attached to this status and the negative impact it may have on applications for early or temporary release. It is important to note that while homelessness is often viewed as rough sleeping or people being trapped in emergency accommodation, it also includes those who have no option but to stay with friends or relatives, often in overcrowded or unsuitable accommodation. This phenomenon is known as hidden homelessness. While we do not have figures on hidden homelessness, the pressures caused by the housing crisis mean the numbers involved are likely to be considerable.

We should collect disaggregated data and we suggest that an agreed dataset be collected by the Irish Prison Service in collaboration with the Department of Housing, Planning, Community and Local Government's pathway accommodation and support system, PASS, which

operates in homeless services. This disaggregated data should be produced to provide a fuller understanding of the linkages between homelessness and the Irish penal and prison system. Such an exercise would help us to gain an understanding of the number of people entering and exiting the prison system and to plan better for release in future.

Mr. O'Connell will speak briefly on problematic drug and alcohol use.

Mr. Aaron O'Connell: Go raibh míle maith agaibh as ucht an deis chun labhairt libh inniu. The link between drug and alcohol use, homelessness and prison populations is well established. Any attempt to address the issue requires a highly integrated approach based on an agreed strategy that provides cross-departmental and cross-sectoral supports and services. While work with prisoners may well have a criminal justice element, it should also include a public health response across all sites and provisions. In addressing the drug and alcohol issue through treatment, particularly in prisons, it is important that options for support are clearly outlined and available to all prisoners in all prisons. For example, the drug free option available in Mountjoy Prison should be expanded to include other prisons and options.

In terms of the continuum of care and supports stable accommodation is a key element in recovery from drug and alcohol addictions and for mental health. This is also the case for people who are exiting prison. It is important, therefore, to join the dots in all this because pre-release requires a holistic assessment of a person's support needs. Pre-release programmes must be followed through in the community post-release. This applies to methadone programmes as well as housing, housing stability and the supports associated with this. Former prisoners are particularly at risk of overdose if they are intravenous drug users when they are decanted from prisons. For this reason, a continuum of care must be provided that offers supports and plans that include an accommodation option.

It is also important to continue to innovate in terms of our responses. The diversion programmes, for example, the drug treatment courts, must be expanded to include alcohol, which remains one of the largest addiction issues faced by the country. This needs to be reflected in future strategies and plans. We must also be practical, which means harm reduction must be a core part of policy and practice. We need to open up options for people to address where they are in their addiction cycle and create opportunities to ensure that when they are ready and are given encouragement, support options and alternative routes are available to them. I refer to positive activities that cut into negative aspects of their day. There is no point in asking someone to behave differently if a positive alternative to the negative issue being addressed is not provided.

Medically supervised injection centres must be an option. We welcome Cabinet approval for recent legislation on such centres as a forward looking response to a complex issue. Harm reduction is key, particularly for intravenous drug users but also for everyone else. If we can support people to reduce harm to themselves in terms of what, how and when they use drugs and address discarding, which can be a major issue for communities, we will keep everybody safe and open up options to work with people. If I may put it this way, we cannot work with a dead addict. For this reason, we need to open up options to work with a vulnerable cohort of the group of people who have addictions.

Another element of the response is to consider the innovative idea of heroin prescription as provided for under the Swiss model. I say this because supply is one of the key aspects of the heroin issue, which means demand must be tackled. One way of doing this is to intervene in the market that supplies heroin. If one removes people from that aspect of supply, it will have

a major impact in terms of supporting them in terms of what and when they use.

Another key element will be the decriminalisation of drugs, particularly for personal use. This is important for a number of reasons as it shifts the focus from users to the suppliers and dealers. Viewed from a public health perspective, nothing is gained by deploying scarce Garda resources to working with addicts whose issues are in the area of health. Decriminalisation would allow the Garda to deploy its resources more effectively on the interdiction process by focusing on the supply chain of suppliers and dealers.

In short, we must take a long-term view and adopt an integrated, cross-departmental approach that includes the health service, the Departments of Social Protection, Justice and Equality, Housing, Planning, Community and Local Government, and Education and Skills. We must join the dots. Housing stability, with requisite supports, is the key to recovery.

Chairman: I understand Mr. O’Connell will now hand the baton to Ms Reddy, followed by Ms McSweeney.

Ms Tracey Reddy: I will speak briefly on female homelessness in the prison system. Women’s entry into homelessness can occur for many reasons at any time of life, alone or within a family. Recurring themes identified in Simon Communities research, Women, Homelessness and Service Provision, include childhood trauma; exposure to domestic violence and child sex abuse; early childhood experiences of homelessness; growing up in adversity and family environments characterised by tension and-or conflict in which economic hardship was an everyday reality; a lack of intervention in their lives as children which may have served to protect them from future trauma and harm; and spending short or prolonged periods of their childhood in State care. The primary barrier to housing stability for the participants in the study was the lack of affordable housing options and the absence of continuing support available on exiting homelessness services for women.

A significant proportion of those who are homeless in prison are women. Of women prisoners surveyed in a 2005 study, 33% were homeless on committal to prison. That this study was conducted in 2005 highlights the point made by Ms Randall concerning the need for up to date and current data. Two thirds of women who were homeless on committal indicated they had previously been diagnosed as having a mental health illness. Most women are committed to prison for non-violent offences, such as non-payment of fines. Two distinct categories of the female homeless prison population emerged from the study. The first was older women with alcohol and drug problems who are repetitive petty offenders and are sentenced for crimes such as breach of the peace, loitering and shoplifting, while the second was young female drug users.

We also want to talk about the lack of gender specific prison services. There are no open prisons for women and there is a lack of gender specific alternatives to custody. There are currently only two female prisons in the State, the Dóchas Centre in Dublin and the female wing in Limerick prison. Accommodation post release appears to be particularly problematic for female prisoners, with a 2014 study showing that women were over four times more likely to have difficulty securing accommodation on release leading to a higher possibility of re-entering the prison system. This may be due to women’s increased caring duties to children and other family members, making suitable accommodation more difficult to find, in addition to the relative stigma attached to time spent in the prison system. Implementation of the commitment in the strategic review of penal policy 2014 is required to explore options for an open prison for women and gender specific alternatives to custody.

For women, parenting in the context of homelessness is challenging and distressing. This is increasingly the case for women in prison settings who on release will experience significant difficulty in finding a sustainable tenancy in which to create a more stable family life. Greater resources are required to provide parenting units in both women's prisons. This is only available in the Dóchas Centre in Dublin. Mothers must be supported in fostering and maintaining positive relationships with their children by increasing the time allowed for visits which stands at only 30 minutes in the Dóchas Centre. Immediate implementation of the Dóchas visiting committee recommendation for a subsidy scheme to financially support family visits to prison is required.

I will hand over to Ms Claire McSweeney.

Ms Claire McSweeney: I will speak about access to housing on release from prison. A study of the two year period following release from prison showed that less than a third who had homes to go to were reconvicted compared to 69% of those who had no home. In the 2005 research, 44% of prisoners did not think they would be returning to the accommodation they were in prior to incarceration. People are often discharged into emergency accommodation or can end up rough sleeping. Prisoners who are homeless tend to be long-term homeless with extremely complex needs, often combining problematic drug and-or alcohol use with mental health problems. Without permanent and stable accommodation it is extremely difficult for people with these support needs to seek the support they require, to plan for the future and to make the kinds of changes in their lives that enable them to move away from those aspects of their life before prison.

Living in emergency accommodation limits people when applying for employment. Social welfare payments are stopped for the duration of a prison sentence meaning that people have difficulties accessing private rental accommodation because they have no money for a deposit or even to pay hostel service charges on release from prison. Simon Communities have encountered people experiencing difficulties finding a landlord who will accept tenants with a conviction. On conviction and entry into the prison system people can lose their position on the social housing waiting list and have to undergo a housing needs assessment again upon release.

Pre-release housing needs assessments must be carried out well in advance of prisoners exiting prison. Challenges are experienced by those with no address or when early release occurs. The resourcing of prison resettlement officers is welcome and must be continued to ensure nobody is released into a situation of homelessness. Personalised discharge plans should be put in place for all people exiting prison services. This should include a pre-release assessment of all necessary health and social welfare supports to ensure access to basic income and medical treatments and medication on release. Innovative pilot programmes in Cork prison should be rolled out nationwide as a matter of priority. This includes the establishment of homeless officers within the prison, funded under the national drug strategy and the development of a medical card pilot project which ensures prisoners have access to all necessary medication on release.

People should be released from prison into permanent accommodation. Stable, permanent and supported accommodation is needed to prevent people entering or re-entering homelessness on release from prison. In 2013, the Government committed through the homelessness policy statement to adopt a 'housing led' approach to tackling the homelessness crisis. This was reinforced by more recent commitments in the action plan to triple Housing First tenancies in the Dublin region during 2017. This urgently needs to be implemented and expanded nationwide.

Housing First provides housing without preconditions and offers a range of supports focused on recovery and empowerment. The success of such initiatives depends not just on housing but also, crucially, on drug and alcohol, mental health, education and community integration services being available to tenants who were formerly homeless.

The primary cause of homelessness relates to poverty, inequality and a lack of affordable housing often coupled with systems failures and individual circumstances. New models of social and affordable housing are badly needed to meet the needs of low and middle income households. With access to affordable housing and the right supports people can move out of homelessness quickly. Affordable housing models such as ‘cost rental’ provides a financially sustainable means of providing affordable housing to meet the needs of low income households. Combined with increased local authority social housing construction, affordable housing models can have a significant impact on the number of people exiting homelessness and stemming the tide of those entering a situation of homelessness.

I will hand over to Ms Niamh Randall to conclude.

Ms Niamh Randall: Prisoners who are homeless or at risk of homelessness are some of the most marginalised of an already marginalised group and as a society, we are failing them time and time again. We see many of these people trapped in our emergency accommodation services all around the country. The number of people in emergency accommodation is at an all time high, almost 7,500 are trapped there. We have included an appendix with our submission to update the committee on figures for housing and homelessness which are really shocking in the context of today’s discussion.

The prison system does not support prisoners who are homeless to break the cycle of rough sleeping, time in emergency accommodation, cycling into drug and alcohol services and the prison system. We often see people cycling around that system. We need to break that cycle. Planning is particularly important to ensure this happens. Interagency and interdepartmental support are critical to this. It is not only an issue for the Department of Justice and Equality but for the Department of Housing, Planning and Local Government, the HSE and the Department of Social Protection to provide protection and housing support, such as rent supplement, housing assistance payment, HAP, and a range of measures to support particularly those on low incomes. We are happy to answer any questions the committee might have this morning.

Chairman: I thank the witnesses. I call Deputy O’Callaghan.

Deputy Jim O’Callaghan: I thank the Simon Communities for coming in and commend it for all the excellent work it does throughout the country. Many of us know how difficult it is for people to get housing because they contact us to say they cannot get social housing or private rented accommodation there is such a shortage of supply. I can only imagine how much more difficult it must be for somebody coming out of prison to try to get accommodation.

Do we have full up to date information on how difficult it is for prisoners to get accommodation or the likely level of recidivism when somebody comes out and does not have accommodation? Ms McSweeney mentioned recidivism and access to housing. In paragraph 5.1 of her submission she refers to the study of a two year period following release from prison which showed that less than a third who had homes to go to were reconvicted compared to 69% of those who had no home. That research dates from 1986. The figure is probably higher now in Dublin. When people are in prison although it is an oppressive regime at least they have a roof over their heads while the alternative is to be out on the streets with no place to go. Has any

up to date research been done on prisoners and the opportunity they have to get housing, and recidivism after that?

Ms Niamh Randall: We have found an absence of data and research in this population and the intersection between people in prison, drug and alcohol use and homelessness. That is a particular challenge. There is some research being done by other organisations such as the Irish Penal Reform Trust but we definitely need to up the ante here. How can we plan for the future if we are not monitoring and collecting data on what is happening on the ground? There is the pathway accommodation and support system, PASS, developed by the Dublin Region Homeless Executive and managed now by the Department of Housing, Planning, Community and Local Government which collects information on those who are homeless. There is a real need to share more information in respect of that but it also concerns that inter-agency and interdepartmental element. How can the Irish Prison Service link into that in order that we are sure that we are collecting detail from people on entry into prison and in order that we have an idea, first and foremost, of their pathway to the prison system and where they might go upon release? Some of the information we would know is that some people either do not have a housing option or do not necessarily want to go back to the area from which they have come. It could be due to issues like drug and alcohol use or it might not be safe for them to return to their communities and we need to plan better. One of the best ways to plan is to collect better research and better data.

Deputy Jack Chambers: I echo what Deputy O’Callaghan said about the work the Simon Communities of Ireland does on the ground but also how the organisation has been very positive in trying to advocate for solutions to the current homelessness and housing crisis. The Simon Communities of Ireland has done an excellent job and, hopefully, it can continue to do this on behalf of many people who are really vulnerable. In respect of data collection, do we have any idea of the percentage of prisoners who exit prison and are currently homeless? Is it a data issue?

Ms Niamh Randall: It is a data issue. The pathway accommodation and support system, PASS, collects information but that information is not always readily available to organisations like our organisations. One of our pleas is for more ready access to that information but also that we would look at mechanisms to enhance that data collection, particularly across different Departments while acknowledging data protection issues and in line with best practice relating to that. The question is how we can better collect information about people who are particularly vulnerable. If we know people are moving between the prison system and homelessness, drug and alcohol services and possibly into mental health services, we could better plan for their needs. If we are not collecting that information and sharing it appropriately-----

Deputy Jack Chambers: Why are the data not being shared?

Ms Niamh Randall: There seems to be a number of reasons. I am not always absolutely clear why there is not more reporting on the basis of the information collected in the PASS system but certainly, there is a need for some kind of quarterly reports from the PASS system which are currently not produced. Obviously, data protection is a key issue and the validity and the verification process can take time. Certainly, it is a very robust system so more public reporting on that would be very useful.

Deputy Jack Chambers: In terms of drug and alcohol treatment in prison, the witnesses said that a wide range of treatment intervention options are available from community-based organisations. I know the previous Inspector of Prisons recommended that the HSE play a more

active role in treatment intervention and rehabilitation. Do the witnesses have any comments to make about that?

Mr. Aaron O'Connell: I think the HSE has a big role to play. Based on my experience in Cork, HSE addiction services are doing quite a lot of work around that. They are looking at the dual diagnosis options as well. More of that must find its way into prisons. In respect of services and supports for prisoners, particularly intravenous drug users, we need general practitioners, GPs, who are level 2 methadone prescribers. There needs to be more of that. GPs working to those levels need to become the norm in the system and also in respect of when people are released into the community. We need to normalise what is on offer to people in terms of supports, particularly around drug use. There is some in-reach into the prisons by different services. The housing officer is supported by the HSE local drugs task force in Cork Prison. That is part of an innovative programme but it needs to link up with all the other programmes as well. It is a good start but there are developments to be made in terms of what is on offer within the prison. When we talk about prison reform, there is a drug-free option in Mountjoy Prison but we also need to look at how we can support people to engage in activities that will allow them to deal not just with the issues they have in terms of soft interventions around addiction counselling and other types of counselling but also the practical activities they can do to allow them to build skills within the prison so they are actually preparing for release from the day they go in. Those supports - education, training and skill building - can be picked up when they leave prison to give them that opportunity to find a pathway back that will sustain them in the long term. Housing is one of the key ways to do that, as is working somebody back into employment because when somebody is in the community, sustainability is really about income. Income sustainability gives people a sense of confidence and self-esteem. They are the building blocks in terms of dealing with all the issues around addiction and homelessness.

Deputy Jack Chambers: Mr. O'Connell mentioned Mountjoy Prison. The training unit is being closed so that programme may not continue on its current basis. We have asked the Irish Prison Service and some of the other organisations about this. There is a lot of uncertainty about that programme, which is unfortunate. Even though they are trying to do something else that is positive, they are sacrificing something that is necessary. Do the witnesses have more detail about how the pilot project in Cork has worked in terms of the homeless officers and what the local authority engagement has been? I know from working with Coolmine in my area that Fingal County Council has tried to be proactive but in the context of the overall crisis, it has been very difficult to transition people into housing. Can anything positive be done on a legislative basis to transition people into a more certain place?

Mr. Aaron O'Connell: The situation in Cork has improved since that service has been in place. It has allowed pre-planning to take place in terms of discharges. The difficulty we have seen when people are discharged is that there is no housing to go to and in some cases, people are back into emergency accommodation. If somebody who has made an attempt within the prison - this goes for treatment centres as well - with all the effort, energy and resources that go to support him or her in doing that, is decanted to a site where somebody may be using drugs, it militates against the person's chances of recovery and continuing the recovery programme. When we look at how we discharge people, we really need to look at to where we discharge them and what the best options are so we must look for dry options as well. Part of the problem here is that the services that take people when they are decanted from prisons are stretched to the limits so they do not have the options or resources to innovate and develop because that all takes more resources than they already have. This stretch is impacting on the very people we should be trying to support to move on with recovery. In real terms, we are actually wasting

resources on one level so we need to join all those dots.

Chairman: Does Ms Randall wish to add something?

Ms Niamh Randall: In terms of housing officers, this is something we would recommend but the challenge is the fact that a large body of people are competing for the same small pool of housing options, which is the biggest challenge we face. I know it is beyond the remit of what the committee is discussing today but ensuring there are adequate and affordable housing options for people is really important because the lack of them can put somebody's recovery at risk and put them at risk of re-offending. Somebody can fail time and again because they have not been given the support structures. The stress and strain have a huge impact on people and are costs on the State. As we know, prison systems are expensive, as is providing emergency accommodation, alcohol and drug treatment and mental health services. If we can support people better when we know they are at risk and vulnerable, it can make a huge difference. We need to really think about how we are investing in prison services, housing and the supports we are providing across the board.

Deputy Clare Daly: In some ways, the questions are obvious but the answers might be slightly be more complicated. The witnesses' presentation has been comprehensive and has supported the view put forward by others to this committee that the provision of secure housing is key in terms of penal policy in the future. We have the precise contradiction referred to by Deputy Jack Chambers. I am sure it was always difficult to get accommodation for people but at least, one could do the "roof over your head" bit. The support bits might have been more problematic but presumably, the "roof over your head" bit is even more stretched now because of the housing crisis. What sort of units are the Simon Communities or the Probation Service getting for people who have been released? Is it being left to the voluntary organisations? What approach is being taken by local authorities because it is very difficult to see? If a few are prioritised or ring-fenced for people in prison, those who are not in prison will say, "Hang on a minute. Do I have to commit a crime so I can get a house because I cannot get one either?" There should be a house for everyone but there is a societal reason and an economic argument for supporting those with drug and addiction problems which is that it will save society in the long run - while not in any way saying a person has to commit a crime to get a house. Who is leading that and who should lead the inter-agency approach? The Probation Service is the interface when someone is being released and where much of the planning takes place. I am aware of current examples of people who have been released or are on the verge of being released into permanent accommodation. It can work well but there can also be problems. Do the witnesses have a suggestion for how it might be done? The housing issue has to be sorted but is there anything in particular that we can do? Who should be leading it?

The idea of prison breaking the cycle is critical to the project that we have here. I will give the example of a young family whose family has been in touch with us. Declan Barrett, a young man aged 25 years, is a paranoid schizophrenic. He is serving a three-year sentence in Castlerea Prison for assault. He and his family are desperate for the prison experience to be used to get supports. We have written to the director general and the governor of the prison, who have worked with us. He previously received treatment for two weeks in the Central Mental Hospital, which was not nearly enough. By the time his turn comes up to even get in there again, they think his sentence will be over and none of the problems will have been addressed. It seems utter lunacy - this comes up at all our meetings - that people who have been diagnosed with serious mental health problems which have caused them to behave poorly are not getting the appropriate supports. If there was any diversion of resources, even to the Central Mental

Hospital, we could save and reduce our prison population. It seems utter madness. What is the witnesses' experience in that regard?

I consider the gender-specific issue in prisons key. We have tried to pursue the Minister with questions about why there is no open prison for women or not more of the housing in the community options that are available in Britain. Someone could have their children with them in group housing and sign in etc. It is much cheaper and better. Is there anything we can do to advance that or any good projects that we could push on? This is important. It would have a huge impact on the female prison population if the issue was addressed.

Chairman: Would Ms Randall like to take-----

Ms Niamh Randall: Ms Claire McSweeney will speak on the first question which was about our experience working on the Housing First pilot in the Dublin regions.

Ms Claire McSweeney: Based on the experience of what is happening on the ground and who is taking the lead on finding the accommodation, we have the place finders pilot that is led by the Dublin Region Homeless Executive, DRHE, and Dublin City Council. We have seen a renewed effort there and are looking forward to seeing them back on the ground and looking for accommodation this year. One of the challenges is the emphasis on families and trying to get them out of bed and breakfast accommodation. Given the accommodation that is coming up for rent which we can use the HAP payments for, there is a lack of accommodation suitable for single men, mostly, without families. While we welcome the emphasis on finding family accommodation, we have been vocal on that issue. The DRHE's plan for the next three years is coming up and we are continuing to emphasise the need for accommodation for single people. As people are released from prison, we can find a lack of single units that we can support people into. There is a cross-agency approach between approved housing bodies and the support services that are going into people's homes taking that Housing First approach.

On the point about people staying in the system and not having the supports, anecdotally we would notice in our emergency services the impact of that accommodation not being available on those with a history in prison. They know what to expect from prison. They know that maybe when they go into prison they will have a period of dry time and a break from alcohol or drug use. Spending a long time in emergency accommodation can be stressful so we find people planning their re-offending to take a break from the emergency services or rough sleeping. People are in that cycle between prison and emergency accommodation. Every time they do it, it is harder to escape. We see the impact of the Housing First model because the housing would be put in place immediately, the supports are put in and everything is built around the person in their home. It is a co-ordinated approach.

Perhaps Ms Randall will pick up on the policy.

Ms Niamh Randall: On the gender issue, we undertook the only piece of research examining women and homelessness in Ireland. We have included a reference to the link to it in our submission. Some of its findings were really shocking. It was undertaken by Paula Mayock and colleagues in Trinity College Dublin. Dr. Mayock would be one of the international experts on the issue of women and homelessness. The research identified this cohort of women who were really vulnerable and spending long periods of time trapped in that overall cycle. They were spending time in prison, mental health services and emergency accommodation. Sometimes they were even sleeping rough. Some of the cases that were included are really horrific in terms of the experiences that they were having. Time and time again, what was key was that the

exits tended to be into the private rental sector and they were not getting the support that they needed. Critically, Housing First, which is current Government policy, is housing plus support and getting that support piece is really important. The support might be support to live independently, so it might be around budgeting, living on one's own, how to set up an ESB connection and all those kinds of things. It might also be clinical support around drug and alcohol issues, mental health issues and a range of other things. It is also support around community integration, which Mr. O'Connell alluded to earlier, and about supporting people in their communities. It is about education, training and employment.

Unless we ensure that we have the housing - the supply issue is critical at the moment - and the support piece as well, people are doomed to failure and the impact of failure on individuals is huge. In terms of working with women, some of the key things are around trauma-informed care and ensuring that we work with women. There were high levels of experience of violence, sexual abuse and sexual violence and a high number of women had experienced housing instability and homelessness as children. We know that there are high numbers of children currently in homeless accommodation and emergency accommodation, so we know that damage is being done right now. Therefore, it is important to have trauma-informed responses.

If it is okay, I am happy to come back to the committee on what works well in terms of gender-specific services for women in other countries.

Chairman: Ms Randall could follow up with a written submission, which would be welcome. There is a time factor, because we will be moving on with the preparation of our report.

Ms Niamh Randall: We will try to come back with something quite quickly.

Chairman: Would Deputy Clare Daly like to follow up on any point?

Deputy Clare Daly: No. That was great. Thanks a million.

Chairman: She is okay. I call Senator Frances Black.

Senator Frances Black: I thank the witnesses for coming in today. I am very aware of the fantastic work they all do. I can only imagine how frustrating it must be at times, particularly when working on the ground and fire-fighting most of the time. I will ask a hypothetical question. I imagine there is a high percentage of people who are in addiction or have mental health issues. Not all obviously, but I imagine the number would be quite high. Could the witnesses give us an example of a perfect scenario? Someone comes through the courts with an addiction problem, a homelessness issue or a mental health issue. What would the witnesses like to see? How would they see the integrated services working together? What would be the perfect scenario? Perhaps each of the witnesses might say a little on it.

Ms Niamh Randall: First and foremost, it strikes me that the critical issue is to have some kind of reasonable diversion programmes. Prison should only ever be a last resort. We should be examining mechanisms for those who are convicted, in particular, of small or petty crimes such as theft and vagrancy. As Ms McSweeney stated, sometimes people see prison as being a time of respite because being homeless and living that life of rough sleeping or being trapped in emergency accommodation with an active drug and alcohol issue is really stressful. Given the strain and the pressure, sometimes people see prison as offering respite. Having some kind of reasonable diversion programmes in which people can engage would be the first port of call.

Second, it is about ensuring that there is reasonable planning. This means bringing in the

agencies so that, if someone is committed to prison, there are opportunities to engage in treatment if treatment is what is required. Those referral programmes would be an option at the very start of the process because there should always be a plan in place for somebody's release. It should always be the case that people are released into permanent housing with the support they need but also that they are given support while in the prison system to address the issues they are experiencing because often that is the reason they are there in the first place.

I mentioned at the outset that 49% of prisoners reoffend within a four-year period. How can we ensure that does not happen? It is about ensuring that we intervene correctly. We must support people through the prison experience and into the community setting to ensure the supports are in place. Some of my colleagues might want to comment more specifically on the service side.

Mr. Aaron O'Connell: One of the key aspects is the assessment that is done with the person. Some of that should follow a person into the prison but there must be an understanding and an awareness of the people working with persons who have addictions who end up in the prison system as to what they are actually dealing with. They need to be supported and trained in terms of those aspects. The emphasis must be on the rehabilitation side. We should normalise whatever we can within the system. For example, in terms of prison for women, there should be a collection of houses. It should be normalised. The incentives in place for people to address some of the issues depend on their sense of what they would like to do and then facilitating them to do that. We need a comprehensive programme in terms of understanding where the person is coming from. We should assess the needs and consider how we can develop those within the prison. If that cannot be done we should consider if it can be pushed on somewhere else such as a step down facility or whatever the case may be but we should have a programme that is comprehensive and that focuses specifically on the individual need.

Everybody is different. An important point about any system is that we tend to work on the basis of collectives. The system needs to be individualised to the particular individuals because their circumstances, history, the trauma they have suffered and so forth all impacts on how they respond to services and supports. Key to that is that we do not ask people the same questions all the time. There is a system in place, certainly in Cork, where there is an integrated assessment that works from homeless services to addiction services because we are dealing with the same people. We need to work that into the prison system as well to ensure we are not duplicating stuff and asking people the same questions. With regard to the supports people need in terms of their mental health and so forth, we must ensure they are clearly delineated in terms of who is providing them and also the connections and the hand over when somebody comes back out into the community. They are key aspects.

Stability and continuity across the supports we are delivering, and consistency across the delivery programmes, are very important but the housing option has to be the major support element. When somebody comes out of prison, we need to offer them housing of some sort. We have to integrate the housing programmes with all that as well. On the type of options, everybody is different. In the past we always built for the family unit. We need to consider building one, two and three bedroom houses to reflect where people are at a particular time and to allow them have lifelong adaptability where they can move within communities. We must always make sure those supports are in place.

Ms Tracey Reddy: From a gender specific perspective, I listened to what Mr. O'Connell said about the mental health and addiction issues people have when they enter the prison service. We can say that a significant majority of people, including women, who enter prisons

experience both mental health problems and addiction. In terms of the perfect solution, a key part of that has to be the acknowledgement of dual diagnosis and offering services to people that meet both those needs. We still separate mental health and addiction. I am speaking specifically about women but in terms of the population in general, we still do not acknowledge the need to consider supporting people with mental health and addiction problems together and not prioritising one over the other. It is very important that when somebody enters prison presenting with significant mental health issues and addiction that there is somebody there who is able to work with them on both issues. We should almost set it up for them so that we have a progression route back into the community. That will ensure people do not have to deal with those issues themselves in isolation.

In terms of the transition back into the community, one of the key areas needed, particularly for women, is a step-down facility to ensure that just prior to release they can have a space where they can start to think about their future. We speak to people who spend time in prison and often the focus is very much on the system. They are just getting on with it day to day. For women, particularly very vulnerable women who may have come from domestic violence situations, who may have come in with addictions or where their children are in care and their accommodation is very insecure, they need the space and the time to think about that. The emotional, psychological and practical supports should be available to them so that they can then start to consider building a life for themselves as opposed to being released and going back to couch surfing or living in overcrowded accommodation. We do not have those kind of figures but it is about women not going back into those kinds of environments where they then find themselves being drawn back into the cycle. It is almost as if they pick up where they left off. Unless we start to consider providing gender specific supports for women in prison and when they return to their previous lives, we will continuously have that cycle. We should have dual diagnosis but it is very important that we have a step-down facility.

To refer to my local area, they are in the process of building a new women's prison in Limerick and the capacity will double. To the best of my knowledge, there are no plans to have a step-down facility. We would urge that would be built in at the start rather than trying to put a facility in place later on.

Chairman: If the Senator has concluded, I will call Senator Niall Ó Donnghaile. If Senator Conway would like to participate, we are coming to the end of our contributions. I will call Senator Ó Donnghaile next.

Senator Martin Conway: I was listening with great interest but all my questions have been more or less covered.

Senator Niall Ó Donnghaile: I thank the witnesses for the presentations. It has been a very informative session. Unfortunately, many of us have ended up stating the obvious. While there are many complex societal and economical issues involved, it strikes me listening to the contributions back and forward that the crux of what we are discussing today is a lack of housing. I share some of the concerns raised by colleagues about the collection of data. I am deeply concerned about the fact those statistics are not being released, even in a way that is compliant with certain guidelines and so on. I find that unusual, to say the least.

I hope the witnesses will forgive my naivety and possible ignorance but I want to be clear on an issue. Examples were given of different programmes in place in Cork, for example. People mentioned integrated services. I have experience of dealing with integrated services in my previous role as a city councillor in Belfast, and they work exceptionally well. Unfortunately,

they lost their funding, which is telling. In terms of my question, we have had a debate about prison as a form of rehabilitation and whether it even does that in the first instance, but I refer to a prisoner who is identified as being homeless and who is part of the rehabilitation process. What are the steps for that person to access accommodation upon release, whether in a home or in emergency accommodation? Whose responsibility is it? Is it that of the probation service or the prison system? Do organisations such as Simon Communities bolster those groups? Are there statistics for prisoners who are rehoused on release and for those who go back on the street and sleep rough? I do not want to oversimplify the problem and the witnesses have articulated the complex issues but the problem for me is a shortage of appropriate social housing. That is a fundamental human right and a matter of basic dignity. If the State professes that the prison system is a form of rehabilitation but knowingly allows people to go back into society without being adequately prepared, it would be a terrible blight on it.

I would like to hear from prisoners and former prisoners. We would not need to disrupt our report as we could do it retrospectively and committee members would benefit from so doing regardless of the report. Perhaps the Simon Communities could facilitate members going into the prisons to speak to prisoners who are there as a result of finding themselves on the street. We could find out about the mental health issues they face and, even if we cannot do it through the committee, I would be very keen to get a better understanding of the issues.

Ms Niamh Randall: Access to affordable housing underpins all we are saying. Not having it inhibits recovery, not just for prisoners but for people who have experienced mental health or drug and alcohol issues. We also stress the necessity of responding to complex needs. If one is female, a drug user, has mental health issues and is in prison the challenge is how to respond effectively to address all those issues at the same time. We often hear calls to deal with them one at a time but that is not how it works - we need to deal with all of them at the same time. The inter-agency and interdepartmental approach is what succeeds and the only way to make a plan work is to have everybody on board and fully committed to responding in the best way possible for a particular individual.

The importance of income supports cannot be overstated, in the form of rent supplement and HAP payments for those seeking access to housing but also for people who are living independently in the community. It is also important to have gender-specific responses, particularly in the way of trauma-informed care. My colleagues will talk about how discharge protocols work in reality. Ensuring a system is in place and that there are back-up supports are a key part of planning for a person's release.

We probably cannot ensure access to people in prisons but we could give confidential access to people in our services who have had experience of all these issues to discuss how difficult it was to navigate them. Even talking about this can be really difficult and it must be difficult when one is trying to navigate housing issues as well as a drug and alcohol issue. If there is an interest, we would be very happy to support this and we will see what we can do.

Mr. Aaron O'Connell: The discharge protocol is designed to produce a planned release. That happens with people who have had longer sentences but in the case of early discharges because of prison overcrowding it is quite difficult. Most people who have a chance of being released will tell the authorities that they have somewhere to go and may name a relative but they may not actually go and may not even be welcome there, for many different reasons. They may go to a friend and sleep on the couch or turn up at the door of an emergency accommodation provider. With a planned release, even if someone does not have anywhere to go contact is made between the person in the prison who is dealing with the discharge and local providers.

In this case the former will signal that somebody is coming and will try to arrange accommodation for him or her. The difficulty, which certainly applies in the case of Cork Simon, is 100% occupancy and the fact that we do not have anything to offer. If somebody goes to hospital a bed becomes available but that is to firefight the problem. There is a breakdown in the system because housing is an issue. It is a difficulty for everybody, including local authorities who do not have the housing to offer.

Stigma also follows a person in rehabilitation and it is difficult for somebody who has anti-social behaviour in their background to get on a housing programme. The only programme that has been able to circumvent that is the Housing First programme, which provides not just housing but other supports. While everybody has to be conscious of the surrounding community, such supports are very important because they deal with the issues that lead to the situations in which people find themselves. If somebody has an issue around anger and it manifests itself in aggressive behaviour, or mental health issues which do the same, and we do not support them with anger management treatment we will just send them back out with a label they should not have. The idea of rehabilitation and prison reform is that a conviction should not follow somebody throughout their whole life and they should be able to reintegrate themselves into the community and become citizens again in the fullest sense of the word. If the system is set up right the pieces of the jigsaw will all be in place and it will work appropriately and effectively. The housing crisis is a key part of the problem, as is how we manage supports, and dual diagnosis is really important. In prisons, local authorities and health services, including psychiatric services, front-line staff pigeonhole people but we need to see people as whole persons. Assessments have to be holistic and so do support programmes.

Ms Tracey Reddy: There is an additional issue. We have been talking about prisoners being released into the community in urban areas but a lot of people are released back home into rural areas, where there are additional challenges in accessing appropriate accommodation. What happens if a person is discharged on early release on a Thursday afternoon in Kilrush and the homelessness services are not there? What happens if there are no services in the area and no homeless hostel and the address they gave is not one to which they can go? We need to be conscious of this when talking about people going back to their communities. As challenging as the homeless crisis is in cities, at least there are concentrated services there but in rural areas it is very different.

Chairman: I will ask a final couple of questions. In her introduction, Ms Randall made reference to a point I wish to check because it differed from that in the circulated text of her address. We will be drawing on all the presentations in producing our report. Paragraph 1.2, on the links between prison and homelessness, of the submission states, “Thirty-five percent of prisoners experiencing homelessness on committal were diagnosed as having a mental health disorder”. She did not mention in the course of her oral address the little addendum to this, namely, that “two thirds had been hospitalised in a psychiatric institution”. Is there a question mark over this? Did Ms Randall purposely exclude it?

Ms Niamh Randall: There was deliberate hesitation because it should read “two thirds of the 35%”.

Chairman: It was open to interpretation.

Ms Niamh Randall: Yes. When I saw that, I felt the text, as currently written, could have been misinterpreted as meaning the whole prison population.

Chairman: Which is not the case.

Ms Niamh Randall: For clarity, 35% of prisoners experiencing homelessness upon committal were diagnosed as having mental health disorders and, of those, two thirds have been hospitalised in psychiatric institutions.

Chairman: The phrase “of those” is key. Members might like to note that.

Paragraph 1.3 of the submission, on exiting prison into homelessness, states that having permanent and stable accommodation reduces the risk of reoffending by 20%. The paper was produced in 2002, which is 15 years ago. It was not produced here in Ireland. Does Ms Randall believe the statistics, the referencing, still hold in broad terms? Where does the responsibility - I use the word quite purposely - lie in terms of giving a more up-to-date picture of what things are like in 2017 in this respect? We all accept absolutely that permanent and stable accommodation is critical. It is everyone’s right. It is not only a matter of trying to reduce recidivism. Ultimately, it is a critical part of addressing the problem. Would Ms Randall like to comment on that?

Ms Niamh Randall: There probably needs to be an inter-agency piece between the Department of Housing, Planning, Community and Local Government and the Irish Prison Service to consider this particular issue. Access to a home is a fundamental right. The absence of a right to a home means that one cannot realise many of one’s other human rights. It is just so difficult when one does not have a permanent place to call home. The Chairman is absolutely correct in this regard. In terms of easing the pressure on the system and the cost to the Exchequer and in terms of a range of other things, it absolutely makes sense.

In the context of responsibility, there is a national homelessness consultative committee and a cross-departmental team on homelessness, which is actually meeting tomorrow for the first time in almost a year. I certainly believe this issue should be on the agenda for the cross-departmental team on homelessness.

Chairman: It sounds like a very busy committee.

Ms Niamh Randall: It is a busy committee. It is unfortunate that it has not met more regularly given the extent of the crisis and given the number of developments over the past year in regard to Rebuilding Ireland, the action plan. I believe, however, that raising this issue with the cross-departmental team on homelessness, which is led by the Department of Housing, Planning, Community and Local Government, is probably critical also.

Chairman: On problematic drug and alcohol use, we have had Irish Prison Service representatives here in addition to representatives from the Prison Officers Association. Mr. O’Connell said the drug-treatment programme in Mountjoy Prison currently offers nine places in an eight-week programme to prisoners seeking to address problematic drug use. Mr. O’Connell commended the lessons to be learned and extrapolated to other settings. Reference was made to having drug-free zones designated within the prison set-up. Has Mr. O’Connell any exposure to, ideas on or knowledge of these? Can people who participate on a drug-treatment programme in Mountjoy Prison - the eight-week programme - subsequently opt to be part of a drug-free zone within the prison system? Does Mr. O’Connell have any idea as to how that actually works? Has this been across Mr. O’Connell’s radar at any time?

Mr. Aaron O’Connell: To be honest, no. Much of the work we do, particularly in respect of Cork, has been with Limerick and Cork prisons. Therefore, it is a different dimension, which is

why we are saying these initiatives need to shift down the country also. If there are good initiatives somewhere in the country, we should be learning from them and adapting them locally if we can. It is a good idea to give people the option to have a drug-free area. It can be a really positive step for the individual. If it can be matched with other supporters to upskill people and keep them busy, proactive and positive in respect of what they are interested in doing, there is a really good chance that they will continue with the activity upon release. That is really important. Some people go into the prisons and pick up bad habits. It is important to create opportunities to militate against that type of situation. There are enough people with bad habits already. Anything we can do to minimise exposure to their activity would be good.

There are not enough services, including in respect of emergency accommodation, for those who come out of prison. We need to start looking differently at the question of accommodation for those who exit prison. We need to normalise the housing on offer to people. We should normalise emergency accommodation and accommodation in prisons to the greatest extent possible because we need to build on people's strengths and the skills they possess. If we can do that within the prisons, we will have a better chance on prisoners' release of ensuring that their behaviours and attitudes will be more normal than is usual in institutional settings, which, by their very nature, are abnormal.

Chairman: Do any of the witnesses wish to make any concluding remarks?

Ms Niamh Randall: I thank the committee, particularly Senator Black, for supporting our appearance before it today. I shall recap on a few of the critical points. If the members take anything from this meeting, it should be about access to affordable housing. It is a matter of the success of the Housing First model. It really makes a fundamental difference to people's lives. Providing permanent housing as quickly as possible with the appropriate support is the key way to address homelessness. We really need to make sure that happens in the longer term.

We also need to ensure that we have urban and rural responses. Ms Reddy spoke a little about that. It is important to have a nationally implemented policy that is delivered locally in every region and community. This makes a real difference. We absolutely welcome pilot projects and innovative responses in terms of looking at different ways of doing things. It is critical, however, that we can mainstream rather than just running a pilot scheme and shutting it down and starting something new. The mainstreaming of pilots is critical.

Chairman: I thank Ms Randall.

The Jesuit Centre for Faith and Justice, representatives from which were before us recently, did not have a sufficient number of copies of its paper *Developing Inside: Transforming Prison for Young Adults - A New Approach to the Unique Needs of Young Adults (aged 18–24) in Prison*. I have copies that may be circulated, including to Ms Randall, for information. A number of my colleagues have copies so we probably have spare capacity. I thank the Jesuit Centre for Faith and Justice for following through on that.

It is our practice to invite our guests who appear in the course of public hearings in preparation for a report to join us for a photograph as part of the record of our engagement. I invite them and the remaining members to participate. On behalf of the joint committee, I thank all the witnesses, including Ms Niamh Randall, Mr. Aaron O'Connell, Ms Tracey Reddy and Ms Claire McSweeney, and also Ms Helen McCormack who is in the Public Gallery. I thank the Simon Communities of Ireland not only for the presentation today but also for their great work. Go raibh míle maith agaibh go léir.

29 March 2017

The committee shall now adjourn until 9 a.m. tomorrow, when we will have the Garda Commissioner before us. I expect all the members to be here in good time.

The joint committee adjourned at 11.20 a.m. until 9 a.m. on Thursday, 30 March 2017.