
Throughcare for prisoners with problematic drug use: a European perspective

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ABSTRACT

Throughcare is widely regarded as an essential part of successfully reintegrating prisoners into society. Prisoners with problematic drug use are a particularly difficult group to resettle because they require continuity of access to treatment services to deal with problematic drug and alcohol use that often underlies their offending. They also comprise a significant proportion of prisoners. However, there is very little research evaluating throughcare services in EU prisons. This paper is based on research that was carried out to explore the extent and effectiveness of throughcare services in the European Union, using interviews and focus groups with prison and NGO staff and prisoners. The results indicate that throughcare services are limited, owing to a range of structural and ideological barriers. However, there are pockets of good practice which indicate that early needs assessment, collaborative working with a range of experts and monitoring and evaluation are key elements in providing effective throughcare.

INTRODUCTION

There is increasing recognition that effective throughcare services are essential in supporting prisoners with deep seated health issues (Møller et al, 2007). This is particularly true for prisoners with problematic drug use. Evidence indicates that where throughcare services are in place, ex-prisoners are less likely to return to their drug use or to re-offend (Holloway et al, 2005).

Throughcare is still an under-researched field in many member states. Most primary studies conducted with sound methodology are from the United States or the UK, and focus on interventions which are broadly similar (Webster, 2004). Within the European context, however, the extent and effectiveness of throughcare services has received little attention amongst practitioners and scholars. This is particularly acute in respect of throughcare for those with problematic drug use. Here, provision and research is often focused on access to drug services (methadone programmes, therapeutic communities) rather than on holistic provision.

Previous research (MacDonald *et al*, 2008; MacDonald 2005; Walmsley, 2003)¹ indicated that throughcare was limited in many EU countries often due to the lack of a joined up approach across the criminal justice system. It has been acknowledged that the provision of throughcare is often problematic and an area that is still developing. Similarly, the crucial role for NGOs in the delivery of throughcare services has also been noted. However, to facilitate partnerships between NGOs and prisons, there needs to be collaboration with the national prison system administration and commitment from individual prison governors. Walmsley's (2003) identified that there was a need:

To develop pre-release programmes to assist prisoners in returning to society, family life and employment after release and to develop co-ordination with Centres for Social Work in the community, where such exist (Walmsley, 2003:111).

BACKGROUND - CONCEPTUALISING THROUGH CARE

The term 'Throughcare' refers to 'arrangements for managing the continuity of care which started in the community or at an offender's first point of contact with the criminal justice system through custody, court, sentence, and beyond into resettlement' Fox et al, (2005: 49). Throughcare, according to this definition, necessitates a 'package of support that needs to be in place after [an] offender reaches the end of a prison-based treatment programme, completes a community sentence or leaves treatment' (Fox et al, 2005: 50). Throughcare is not a single treatment process but involves a range of support for different issues, which the individual prisoner faces, including mental health, accommodation, finance and debt, family relationships, education, training and employment. The throughcare literature is more developed in the UK than in the partner countries and a range of throughcare initiatives (often referred to as resettlement) are in place for prisoners leaving prison. This provision, however, is not replicated in other partner countries. Even in the UK, there are major differences in provision of throughcare regionally and, specifically, provision for vulnerable groups such as women, ethnic minorities and foreign nationals.²

WHY SHOULD THROUGH CARE BE PROVIDED FOR PRISONERS?

While it is accepted that prison is about punishment, it is also important to remember that the sentence itself is the punishment and that prisons and community agencies have a role to play in rehabilitation. A key element in the provision of throughcare is to involve and motivate individual prisoners.

The failure to ensure a smooth transition from prison to community can be detrimental to the health and wellbeing of the prisoners and their families. For prisoners with problematic drug use, this can even have fatal consequences. Effective throughcare can have a positive impact on recidivism. According to the United Nations Office on Drugs and Crime (UNODC) (2008) report:

Recidivism and relapse rates for released prisoners who have participated in prison drug treatment programmes are slightly lower than for control groups that have received no treatment at all. However prisoners who complete both in-prison treatment programmes and who attend residential aftercare programmes have significantly lower rates of drug use and re-arrest.

DESISTANCE

Maguire and Raynor (2007) provide a useful summary of the current models of desistance from crime that are pertinent to the discussion of why throughcare should be promoted. The key issues from the various desistance models are firstly the importance of 'agency' where research demonstrates that re-offending is influenced as much by offender's thinking as by their circumstances (Zamble and Quinsey, 1997). A study of offenders in Liverpool (UK) argued that people may well react differently based on:

their personal understandings or accounts of their situations and behaviour—what he calls different kinds of 'narrative', some of which support continued offending and some

of which support desistance. A key element of desistance narratives was a belief by the offender that s/he had begun to take control of his or her own life: 'Whereas active offenders . . . seemed to have little vision of what the future might hold, desisting interviewees had a plan and were optimistic that they could make it work' (Maruna, 2000: 147 quote in Maguire and Raynor, 2007).

Secondly, models of desistance have identified that this is not a simple linear process but one where relapse is common. Burnett (2004) refers to it as a '*zigzag*' rather than a linear process. Thirdly, motivating and sustaining motivation is crucial to initiating change (Maruna, 2000; Farrall, 2002). Addressing social problems is necessary to help ex-prisoners in the process of desistance as their motivation can be seriously undermined by housing and financial problems. Farrall (2004) argues that as people change they need to acquire both human capital and social capital so that they have the skills and opportunities to progress.

These desistance models clearly underpin the philosophy behind the throughcare toolkit produced as part of the research under discussion here. The key issues that need to be considered by those providing throughcare packages are:

- That it is important to understand and respond to individual circumstances and be aware of their current motivation i.e. to be aware that 'one size fits all' throughcare is not effective;
- that the process of change is seen as a joint enterprise with the offender;
- that empathetic support that sustains the offender's motivation, assists in skill development and acknowledges that setbacks may occur is provided;
- that help in solving practical problems and social problems is provided;
- that relapse may occur and this should not be seen as evidence of failure.

Research has also indicated the importance of commencing planning for release with prisoners at an early stage of their sentence, as this may increase

the chances of the throughcare services arranged being successful (Maguire and Raynor, 1997; Lewis et al, 2003).

APPROACH

This paper explores the overall extent and effectiveness of throughcare services across Europe and is drawn from research carried out as part of the European project 'Throughcare for Prisoners with Problematic Drug Use', funded by the European Commission Directorate General Justice. This project was designed to produce a toolkit to assist practitioners in implementing effective throughcare services, primarily for those prisoners with problematic drug use, but which also can be used for establishing throughcare for other prisoners (MacDonald et al, 2012)³.

Owing to resource limitations, the sample was limited to six member states. However, the partnership was broadly representative of different regions within the Union. Countries represented were Bulgaria, Estonia, Germany, Italy, Romania and the United Kingdom. As Nelken (2010) notes, comparative research is never easy and it is important to aware of:

the risk of being ethnocentric – assuming that what we do, our way of thinking about and responding to crime, is universally shared or, at least, that it would be right for everyone else. On the other hand, there is the temptation of relativism, the view that we will never really be able to grasp what others are doing and that we can have no basis for evaluating whether what they do is right. To get beyond these alternatives requires a careful mix of explanatory and interpretative strategies (Nelken 1994). We need to recognize that, although criminal justice practices gain their sense from the setting that shapes them and the conditions with which they have to deal, they can also be understood by outsiders and need to be evaluated according to cosmopolitan and not only local criteria (Nelken, 2009:292).

The throughcare project addressed these problems by using researchers native to the country under study and by prolonged discussions between partners with the aim of creating a shared understanding of key terms such as throughcare and probation. Criminal justice systems in Europe are likely to experience similar problems and issues and it can be instructive to understand how other systems engage with issues such as the resettlement of offenders. The learning from such comparative endeavour can impact on policy transfer (Pakes, 2010).

Material is drawn from the literature review and fieldwork research phases of the project. A broad qualitative approach was taken to the fieldwork, which involved interviews with key staff, in and out of prisons and focus groups with prisoners. Each partner was responsible for the research in their own country but a common list of prompts was agreed by the project partners and used as a loose guideline during the interviews. In addition, key words and phrases were discussed to ensure, as far as possible, a shared understanding of their meaning. The concept of probation, for example, has different meanings in different countries. The toolkit constructed from the research in each country was designed to provide a framework for providing throughcare for prisoners and acknowledges different cultural contexts rather than advocating a prescriptive approach based solely on the experiences of the six project partners.

Each partner country provided an account of the prison systems within their countries, the extent of drug use, particularly as it relates to prisoners and throughcare services that are currently available to problematic drug users. This paper synthesises the data received and presents an overall picture of contemporary issues including throughcare initiatives, examples of good practice, gaps in provision and perceived difficulties faced by the partner countries at this time⁴.

GAPS IN PROVISION

The partner research has identified a number of issues that impact on the delivery of throughcare in their respective countries.

A mixed understanding of throughcare?

The first clear issue is that there is a very mixed understanding of what is meant by the term 'throughcare'. Not only are there various definitions of the word itself, but different words are used to mean similar processes. Perhaps more importantly, there is a lack of understanding about the underlying philosophy of throughcare. The profusion of terms and definitions reflect at best a variety of understandings of the key principles underlying throughcare. For example, an initial concern of throughcare is health, but a range of other factors including housing, education, training and employment, children and families, finance and benefit are of equal importance. It is evident that there needs to be recognition of the general principles of throughcare and that it should be a holistic, collaborative, participatory and a seamless transition (MacDonald et al, 2012).

Continuity of services

One of the underlying principles of throughcare is that there is a need for continuity of services between the community and the prison and vice versa. Arguably, continuity of health services is crucial for successful treatment of prisoners, as with other patients. However, evidence indicates that this is not occurring in many prisons across the partner countries. Prisoners and staff frequently commented on the discontinuity of services. For example, in Bulgaria a problematic drug using prisoner said that 'I was on methadone but after I was sentenced to deprivation of liberty, I had to quit... No methadone here, no money for buying methadone, no experts...'

Ensuring continuity of services is problematic in many prisons across Europe for a variety of reasons; one of the main causes can be the complexity of the transfer process. It is not simply that prisoners have been transferred from the community health care system to the prison and then out again but that they are transferred from community to police custody then to the courts and then to prison.

Throughcare is ideally seen as a continuum in which treatment continues seamlessly from community into prison and into the community again. However, in many cases across Europe, in-prison treatment and aftercare services are often perceived by staff and

prisoners as not being part of the same continuum. In many cases, prisoners are the responsibility of the prisons but ex-prisoners are not. This is partly a practical consideration as it is difficult to monitor people after release and difficult to ensure they continue taking part in programmes already begun in prison. However, it is also partly an ideological issue: prison is often viewed as a separate world from that of the community, a world where the focus is on isolation from the community.

Addressing prisoners' primary needs

Prisoners are individuals and have specific experiences and needs. A comprehensive evaluation upon admission to prison or detention and an early needs assessment together with appropriate planning of necessary measures, in consultation with the detainee, would be helpful in establishing effective throughcare. The primary needs of problematic drug users after release, for example, are social adaptation, accommodation and employment; there is often a lack of activities to address these real needs. The partner research indicated that although some of the prisoners' requirements were being addressed, attention in some areas was lacking.

The research has also indicated there is often a lack of activities to address these real needs. Some instances of good practice in these areas have been identified however. In the UK, for example, two tools have been developed to assist in the process of evaluating prisoners' needs at the point of entry. The Offender Assessment System (OASys) and *Asset* attempt to apply the principles of risk/need assessment in England and Wales, with lessons to be learned from their strengths and weaknesses. The Offender Assessment System (OASys) assesses offenders on both their risk of re-offending and the factors that have contributed to their criminal behaviour (Debidin, 2009). These can include lack of a job or a home, or a problem like drug or alcohol abuse. Generally, the higher the total score on the OASys assessment, the higher the individual's risk of re-conviction and/or risk of harm to the public (Insidetime, 2009). An OASys assessment will generally be carried out at the stage that a pre-sentence report is produced with further assessments conducted periodically throughout the

sentence (whether in custody or in the community) and at the end of a sentence when the offender might be on licence (Moore, 2009).

A similar tool has also been developed in the UK for use with young offenders. *Asset* is a structured assessment tool to be used by Young Offender Teams in England and Wales on all young offenders who come into contact with the criminal justice system (Youth Justice Board, 2011). It aims to examine the young person's offence or offences and factors or circumstances, ranging from lack of educational attainment to mental health problems that may have contributed to such behaviour. The information gathered from *Asset* can be used to inform court reports so that appropriate intervention programmes can be drawn up. It will also highlight any particular needs or difficulties the young person has, so that these may also be addressed. It is important to recognise, however, that OASys and *Asset* are not the only tools available to conduct risk assessment. Indeed, both have been criticised as over-prescriptive and as taking too much practitioner time away from work with offenders (Case and Haines 2009). Other concerns are that the assessment is highly subjective and the information generated can be interpreted differently. Indeed, it has been noted that risk assessment is not an exact science; Webster (2006), for example, argues that:

risk assessment devices have not taken sufficient account of the role of accelerated social and economic change in engendering and concentrating risk factors in destabilized neighbourhoods among their inhabitants. Neither do they take account of unpredictable life events. In isolating individual risk factors from their context in biography, place and social structure, such devices offer ways of managing offenders rather than addressing the causes and cessation of individual offending (Webster, 2006; 18).

However, tools such as OASys and *Asset* can be useful starting points in countries where there are currently no assessment tools.

In the Netherlands, a self-help manual has been produced to assist prisoners to address their offending behaviour. *Stoppen met criminaliteit, Werkboek voor (ex) gedetineerden* (Nelissen and Schreurs, 2011), is divided into three parts and offers prisoners a guide to cognitive transformation, which enables them to explore how far they are open to change and to choose to change. The manual also invites the client to engage as soon as possible in a process of active change and prepares them for solution-focused coping with worst-case scenarios in conditions or environments of adversity.

Gaining employment on release has been identified in the throughcare project partners' research as one of the primary requirements. Although the research has indicated that this is an area that requires further attention, some examples of good practice have been identified. In the UK for example, the shoe repair company Timpson are providing very practical support to ex-offenders, by working closely with a number of prisons (Timpson, 2011). Timpson actively recruit ex-offenders to work for them and have also set up full-time training facilities at HMP Liverpool and HMP Wandsworth in London, where Timpson staff train prisoners in a prison workshop environment.

Specific prisoner groups

Prisoners are diverse in nature and yet interviews undertaken by partners indicate that they are often treated as a homogeneous group. Prison populations have long comprised a high proportion of ethnic minorities and younger people, but they are experiencing a growth in the numbers of women and older people. In addition, the composition of the foreign national groups is changing significantly. Differences between gender, age and ethnic background are well known to be reflected in very different needs, whereas services offered to prisoners often fail to take into account the differences amongst these groups (MacDonald et al, 2012).

Collaboration

Collaborative working between agencies and prisons has been identified by partners as one of the pre-requisites for effective throughcare. There are several examples of good collaborative practices,

such as the EVP model or the Berlin Throughcare model in Germany, the Bulgarian AVODP scheme, or the Estonian Convictus approach, each of which is a network of agencies, each supporting the individual prisoner (MacDonald et al, 2012).

However, although the extent of collaborative working varies enormously, it appears to be patchy and spasmodic in all the partner countries. In most cases, it appears to be the result, primarily, of personal interest. An Estonian NGO observed that 'collaboration often depends on the success of personal relationships, on established networks'.

There are many barriers to collaborative working practices. For example, in Bulgaria, interviews indicate a failure of collaboration as a result of differing perspectives. A Director of a Bulgarian Social Service pointed out that 'we follow some principles, the other institutions share others... That is why it is sometime very difficult to cooperate effectively with prisons...'

A further good example of collaboration was identified in the UK and centres on an initiative to provide assistance for ex-offenders identified as being at high risk of harm. The Heantun Housing Association, in partnership with the local Multi-Agency Public Protection Arrangements (MAPPA) in Staffordshire, provides an intensive floating support scheme that provides additional support and surveillance through regular home visits with excellent feedback to individual offender managers (Department for Communities and Local Government, 2008, pp. 40–41).

There are also collaborative initiatives taking place outside the partner countries that deserve attention. In the Netherlands, for example, the Work Wise initiative brought together fourteen custodial institutions (Workwise, 2007). Work Wise worked with the prisoners to ensure that they followed and completed a training course, found and held onto jobs and also found safe and permanent places to live. Every prisoner participating in Work Wise received his or her own individual employment counsellor to guide them through the programme. It linked work-related activity to wider social activity so that attention was also paid to building up and maintaining a positive social network for the offender to fall back on.

On release

Release is a crucial point in the prisoner's journey and it is here that the danger of recidivism is greatest. A Bulgarian prisoner observed that 'your problems start when [you] leave the prison-you have no job, no house, no links...'

It can be a frightening moment for the prisoner. One German prison officer observed that 'inside prison, prisoners are often in a good way. Upon release this often changes really quickly to the worse. A daily routine is essential.' An Estonian prison officer pointed out that 'some prisoners have been in this prison over ten years... They have learned to live in prison and before release some start panicking... Drug dependent prisoners don't have a support system outside. No sober friends or family'.

The reasons for this are manifold. In Estonia, for example, interviews indicated that the key principle of equivalence between health services in prison and community settings is difficult to ensure particularly when prison and community health systems are distinct and administered by different ministries.

'Through the Gate' services are beginning to be used in various parts of Europe, but they are still not common. Park and Ward (2009) describe a particularly successful scheme in the UK, where individual prisoners are accompanied to support services. This approach is gaining in popularity. For example, a German prison social worker noted that 'we definitely are looking at where the detainee can go to, how he is going to get there and if he has enough money to do so.' One Estonian prison officer felt that 'it was good if there would be some supporting person, who would be able to support the ex-prisoner and follow him on the way from the prison – at the moment of release, when he comes to the criminal supervision, and when his individual plan is made – such person could help him to realize such a plan'.

Information needs of prisoners

Participants feel that there is a need for comprehensive information to be made available to prisoners about institutions offering appropriate services. There is recognition that it is important to provide prisoners with information that will enable

them to negotiate any difficulties they might encounter upon release. Participants are also clear about the type of information that should be made available. Similarly, participants can identify the structures that are necessary to deliver information and who should have responsibility for providing the same. It is felt that a range of different individuals should take a role in providing information, including prisoners themselves. They are also clear about how information should be mediated. Information needs to be provided in a way that is culturally sensitive, taking account of groups such as different ethnic and national groups. It should also be mediated in a way that recognises different abilities, such as literacy levels.

A participatory approach

One major issue arising from the partner research is the realisation that detainees are often not included in the process of determining their throughcare plan. For example, in Bulgaria, a prisoner complained: 'I know I am not a drug expert but I expect the experts to discuss with me everything concerning my treatment... now it is as if we are little children and not able to think normally and have no idea what our needs are'.

Interviews undertaken with prisoners suggest that, in many cases, individual prisoners are often aware of their issues. This is particularly noticeable in discussions of problematic drug use. It is recognised however, that there are problems in introducing a participatory approach in the prison setting. This might be as a result of genuine concerns relating to security or issues relating to ingrained cultural attitudes surrounding prison. Throughcare should, however, be a genuine collaborative service involving all parties – including prisoners.

Family Support

An area that is often neglected is the support required by remaining family members when an individual is imprisoned; the resulting effects of imprisonment, particularly on children can be great. Initiatives to support family members can be found however. In the UK, the national drug strategy outlined by the government in 2008 centres on a whole family approach. The strategy is designed to

meet the needs of the entire family by involving them in the planning and process of treatment, extending family interventions and supporting parents with problematic drug use to gain access to treatment (Home Office, 2009).

In Northern Ireland, for example, the Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) runs a scheme called Family Links. This initiative provides both practical advice and emotional support to family members (NIACRO, 2011). Services offered include:

- One-to-one on-going support for adults, children and young people;
- Telephone support;
- Home visits;
- Information on other agencies that can offer help and how to access them;
- Advice and information on benefits, housing and debt;
- Transport to any of the three prisons in Northern Ireland;
- Help with childcare;
- Links to visitors' centres and prison-visit staff.

In 2010–11 Family Links sent out 1130 information packs, made 705 home visits and on 1258 occasions put families in touch with other relevant sources of help and information.

Evaluation, monitoring and staff training

The research revealed a worrying lack of evidence relating to policy and programme effectiveness. Where it occurred, evaluation was often viewed as a tick box exercise to be done at the end of a project and, sadly, even this appears not to be achieved in many cases. Simple monitoring and evaluative processes appear to be lacking.

The partner research also indicates that there is widespread recognition that it is essential to train staff effectively to enable them to deal with the throughcare needs of prisoners. It is also evident however, that there are a lack of trained experts in prison settings. It is also apparent however, that participants are generally a little unclear as to what is meant by 'training'. In most cases, training was interpreted as meaning raising staff awareness of key issues relating to throughcare. In particular, this

included awareness of definitions, meaning and objectives of throughcare, trends and statistics, rights of prisoners, consequences of diseases and addictions, locally specific issues and the need for collaborative working and shared purpose (MacDonald et al, 2012).

Barriers to effective throughcare

The partner research has identified a number of issues that act as barriers to the implementation of an effective throughcare system. A primary concern, and one identified by most participants, is the issue of funding. With the removal of funding, programmes can be curtailed or even closed. The research indicates that most NGOs that provide services in the community have only short term financing. This often results in an inability to plan and develop services. The representatives of NGOs noted the problems they experienced with flexibility and focusing on long-term goals.

CONCLUSIONS

Research into throughcare in many EU member states is still in its infancy. This study has focused on the extent of throughcare services in some European countries and identified a number of gaps in provision. The research also indicates that currently, there is no coherent approach to throughcare across EU member states. As can be seen from the examples noted above, examples of good practice can be found in the partner countries and beyond. Importantly, however, it has also indicated that there is little systematic evaluation of the effectiveness of throughcare initiatives and services.

The research has identified important issues relating to understanding of throughcare and what it entails. Full assessment of the needs of the prisoners themselves, from the point of arrest, is key to diagnosis and treatment. Treatment plans are dependent on collaborative working and this emerges as an essential element in all the examples of successful practice of throughcare but it is a challenge, for both ideological and practical reasons.

Above all, the research identifies resource barriers to effective throughcare. Prison services appear to be suffering reduced budgets and do not have enough qualified staff. Throughcare is a costly

activity yet its potential benefits are enormous for both the individuals and the wider community.

NOTES

- ¹ The countries covered by MacDonald, 2005, 2008 studies were Bulgaria, Romania, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia. Walmsley 2003 involved the prison systems of central and Eastern Europe 25 countries in total.
- ² A useful discussion of the history of resettlement in England and Wales can be found in Lewis et al, 2007, What Works in resettlement? Findings from seven pathfinders for short-term prisoners in England and Wales, *Criminology and Criminal Justice* 2007 7: 33.
- ³ The Throughcare Toolkit was launched in February 2012 and can be found on the project website: <http://www.throughcare.eu/>
- ⁴ Individual partner literature and research reports can be found online at: <http://www.throughcare.eu/partnerreports.html>

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