



Directorate-General Justice,
Freedom and Security

RESEARCH REPORT: GERMANY

THROUGH CARE
WORKING IN PARTNERSHIP

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ANNEX

1. Sample and Methodology

In Germany, explorative field research was carried out as part of the THROUGH CARE project. Semi-structured interviews were conducted with experts in prisons and with NGO staff working inside and outside prison. Focus groups were carried out in order to explore experiences of problematic drug users. The research was conducted between 13th of July and 17th of September 2010.

1.1 Particularities of German Justice Legislation

In Germany, there exists a legal particularity for offences that have been committed in direct relation to the drug dependence of the offender. As most of the interviewed prisoners in the focus groups were applying for the so-called “Therapy instead of Penalty” this concept is outlined below.

“Therapy instead of Penalty”

According to § 35 of the German Narcotics Act (BtmG), under certain circumstances a sentence can be changed to drug therapy: Only those prisoners who have been convicted of a drug-related crime may apply for the alternative of therapy as long as sentences are individually less than two years. Therapy, according to § 35 BtmG, can be applied for all kinds of drug dependence. Prisoners who fail to start or discontinue therapy (voluntarily or involuntarily) return to prison.

Article 35 (BtmG) only applies for drug dependence and no similar concept is foreseen for dependence on alcohol. In recent years, the length of the therapy was gradually reduced and outpatient treatment has been premitted.¹

As many of the prisoners in the focus groups were applying for “Therapy instead of Penalty”, effective throughcare management for them meant effective and rapid processing of their applications.

In general, in order to access to “Therapy instead of Penalty”, the prisoner first needs to contact the prison social service. This begins preparations for therapy, explains social and juridical issues to prisoners and sometimes provides group discussions or encourages placement in a drug free unit. In Germany, special “therapeutic communities” exist in some prisons for prisoners waiting for getting access to treatment according to § 35 BtMG. These units are mostly drug-free as most of the therapeutic institutions require their clients to be drug-free upon the start of the therapy. Nevertheless, the majority of prisoners who have therapy (instead of a penalty) after release have not already experienced special preparatory units or communities.

In addition to the above, many formalities have to be completed in order to apply for “Therapy instead of Penalty”. A report (Sozialbericht) must be written on the prisoners’ past, present behaviour and perspective on therapy. In some prisons, a social worker or drug counsellor is responsible for writing this report, where security staff is responsible for writing the social report tension can easily arise. Furthermore, a medical expertise by the prison doctor is necessary to complete the application.

When all necessary documents have been collected, these will be sent to the respective party that takes over the costs for the therapy. This is mostly the German Federal Pension Fund or the costs will be taken over by the social welfare aid. In the application, the therapeutic facility where the therapy shall take place has to be indicated.

¹ Results from interviews with experts during the field study of the project “Training Criminal Justice Professionals in Harm Reduction Training “ (TCJP), funded by the European Commission - DG SANCO (no. 2007 318)

The whole process of applying for “Therapy instead of Penalty” should not be longer than six months. In reality, waiting periods for drug dependent prisoners to get access to treatment are often much longer. There are often long waiting periods both for appointments with both the social worker and for the different services.

On the day of release from prison, it is good practice to accompany the prisoner to the therapeutic facility. This can either be done by the social service or – depending on the individual structure of the prison also be taken over by security staff. Some of the therapeutic facilities themselves pick up the prisoners at the prison.

1.2 Selection of prisons and interviewees

In the course of the research it was decided not to explicitly name in this report the different penal institution the research took place. Instead of a thorough evaluation of all structures and programmes and their effectiveness, the qualitative interviews only allowed us for a general view on throughcare, to gain a general picture on what might work and what might not work, experiences and examples of best practice as well as needs and suggestions to improve the current situation.

Twelve experts were interviewed. This number of interviews was seen as sufficient as the gain of scientific insight after a certain amount of interviews remained the same.

Furthermore, five focus groups with prisoners were conducted. All interviewed prisoners had some kind of problem drug use, were over 18 years old and would be released within the next year. Except for one focus group with female prisoners, all interviewees were male.

Interviews and focus groups were conducted in three prisons.

The first prison (hereafter referred to as **Prison 1**) was situated in a large city and has over 1000 prisoners, including a separate unit for women and for juveniles.

Qualitative interviews were conducted with a social worker as well as the prison doctor.

Two focus groups were conducted with a group of male prisoners, partly in substitution treatment, as well as a group of female prisoners that were all in substitution treatment. The female prisoners were situated in a separate unit specialising in different dependences (including drug dependence but also pathological gambling) as well as mental health problems. In this unit, the doors of the cells are open all day long and the women had access to a little garden that they maintain. The majority of the interviewees were applying for “Therapy instead of Penalty”.

The second prison (referred to hereafter as **Prison 2**), holding around 500 prisoners, was situated close to a small town. This prison, as others, contains a separate unit for drug dependent inmates (“therapeutic community”) that are preparing to start a drug therapy outside prison instead of serving their whole sentence. Within the unit, the doors of the cells are open all day long.

The therapeutic community had the main aim to prepare the inmates to the following drug therapy. The daily routine of the group is densely structured with the aim to prepare the prisoners to what is expected from them in therapy. The therapeutic community is strictly drug free (in accordance to the rules of the therapeutic facilities), prisoners undergoing substitution treatment need to detoxify before admission. In order to be allowed to stay in the therapeutic community, the prisoner has to follow a body of regulations, including abstinence from drugs (to be proven with irregular drug tests), going to work everyday and adherence to simple daily routine such as cleaning their rooms and the showers. One member of the prison staff working in this unit followed a special 17 month training course in order to become a “Suchtkrankenhelfer” (drug dependence assistant). A central part of the concept of

the therapeutic community is the group therapy that the drug dependence assistant conducts once a week.

Interviews were conducted with three members of staff working in the drug-free unit: the prison guard with the additional qualification as "Suchtkrankenhelfer", a member of the security staff as well as the coordinator of the unit. The interviews not only with the prison staff but also with the prisoners suggest that the concept of the therapeutic community and the job position of a drug dependence assistant was well implemented and broadly accepted by staff and prisoners. Nevertheless, this therapeutic community represents a niche only allowing access for a limited number out of the prison population (around 12 prisoners), maybe also representing a "positive" selection of drug dependent prisoners.

In the third prison selected (hereafter referred to as **Prison 3**), a special form of throughcare exists based on a cooperation of the prison, representatives of local authorities, NGOs and the drug counselling centre. As part of the concept, all relevant information and data on each prisoner shall be forwarded to a central contact point six months before his/her release in order to assess required assistance. Assistance is provided for prisoners with special needs as regards social problems, mental and physical problems, social reintegration and reintegration into the labour market. This includes assistance for drug dependent prisoners to find adequate counselling and treatment and also assistance regarding requests for "Therapy instead of Penalty". A system of case managers exists that are in close contact with the prison and responsible services for the time after release. In contrast to Prison 2, this throughcare management can be more broadly applied.

Interviews were conducted with four members of prison staff: The first interviewee was a social worker leading a therapeutic community preparing for "Therapy instead of Penalty". A further interview was conducted with the coordinator of a unit of the prison, where prisoners stay within the first weeks after admission in order to assess what specific units of the prison they should be allocated to. An interview was conducted with the coordinator and a staff member of a unit with prisoners that will be released within the next six months but were not allowed to go into open forms of imprisonment (due to misconduct, non-existing social structures). Furthermore, interviews were conducted with two members of external throughcare service providers. In addition, an interview was conducted with two members of the external drug counselling centre working in prison.

2. Main findings

Due to the federal structure in Germany and the principle of subsidiarity, there is great variation in the provision of throughcare services available in prison. The increasing authority of the municipalities leads to an even greater variety in approaches, measures and methods and further complicates a surveying of the overall situation.

The three prisons that we visited greatly differ in their approaches to throughcare services and represent the great variety found in Germany. Therefore, where applicable, considerable differences in the answers between the different prisons will be highlighted.

2.1 Expert interviews

As the experts were not systematically recruited, we had to rely on the voluntary participation of single key prison staff, attitudes and views might represent a "positive" selection. Interviewed prison staff was mainly in key positions and well informed about throughcare, whereas it is assumed that the usual security staff does not dispose of this knowledge.

2.1.1 Perceived needs of prisoners

The perceived throughcare needs for drug dependent inmates were similar across the expert interviews and the focus groups.

Inside prison, an intense **daily routine** was seen as important especially for drug dependent prisoners. It was felt that upon release, it was of utmost importance for the prisoner to have a daily structure and to go to work.

“Inside prison, prisoners are often on a good way. Upon release this often changes really quickly to the worse. A daily routine is essential.” (Prison staff, Prison 3)

Interviewees are aware of the problems of prisoners to **find a job after release** and plead for the implementation of special work places for ex-prisoners, where they might already start working before release, when in open forms of detention.

Prisoners often work full-time during their time in prison, have completed an internship or have done some other kind of training but have no chance in the labour market in the outside community due to their history of imprisonment.

“There should be a kind of secondary, protected labour market that prisoners could work at and be later integrated into the first labour market. In principal all these prisoners are available for the work market.” (Prison staff, Prison 2)

Integration into the labour market was regarded as particularly difficult for drug dependent prisoners. Due to their dependence, those prisoners often do not come into open forms of imprisonment where they could start working outside prison or, due to their mental and physical condition, they are not able to follow work regularly.

For all of the experts who were interviewed, it was of utmost importance that housing is provided to prisoners upon release. Interviewees observe that prisoners prefer to live independently but sometimes assess that assisted living is more appropriate, especially when they are drug dependent or undergoing substitution treatment.

“Assisted living is just like another prison for them.” (Prison staff, Prison 3)

“We know that prisoners do not want to go into assisted living. But many of them are just not stable enough.” (Prison staff, Prison 3)

Debt counselling was also mentioned as an important throughcare measure as most of the prisoners are to some extent in debt for example due to interest payments that went on during imprisonment.

Interviewees are aware of the fact that prisoners are confronted with a wide range of **prejudices after release**.

“Some of the prisoners do pretty well in prison. Here they are someone, and they feel confident. Outside they are confronted with their past and have no chance.” (Prison staff, Prison 3)

Interviewees felt that prisoners and in particular drug dependent prisoners tend to give up easily when problems and barriers emerge. Interviewees argued that much care and support was therefore essential in reintegrating prisoners into society.

2.1.2 Support and Services

Depending on the prison, there exist throughcare measures that range from basic help such as providing change for public transportation and help to find a place to sleep to a comprehensive throughcare system including various offers such as reintegration measures, drug counselling and debt counselling.

In Prison 1, basic throughcare measures are provided including a preparatory discussion with prisoners about the time after release. Before release, most prisoners are aware of where they are going to live. For those without fixed abode, assisted living facilities are offered.

"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." (Social worker, Prison 1)

The social worker we interviewed added that throughcare measures are intensified when it is for drug dependent inmates. For drug dependent prisoners, Prison 1 provides information material and recommends that prisoners make contact with the drug counsellor.

The following example shows how an effective throughcare management has to start by addressing small but basic issues relating to real life:

"It has happened before that the prisoners were released with a 50 Euro bill – but in order to buy a ticket for the tram you need change. As a result newly released prisoners often had to dodge the fare and were - as the first thing after release - again committing a crime." (Social worker, Prison 1)

In Prison 1, many prisoners from Turkey and Russia are incarcerated. At present, there is a person who is responsible for Turkish prisoners who can also be involved in throughcare matters.

In the therapeutic community of Prison 2, throughcare services mainly concentrate on the fast processing of accessing Therapy instead of Penalty. As mentioned before, this includes a densely structured daily routine with individual and group discussions that are offered to prisoners.

Prisoners' views and their future release plans are taken into account for example when it is about choosing the respective therapeutic facility. Interviewed staff assessed the regular group counselling as well as the constant personal contact to the prisoners to be of utmost important. Prisoners should know that they can contact the staff at any time and talk about personal as well as juridical problems.

"We have a close contact to the prisoners – that creates a feeling of security for all of us. The most important is to notice the prisoner as a person and address his problems the whole time." (Security staff, Prison 2)

"We always stress that when you are investing a lot into the prisoners, you will gain a lot. When you do not invest much, you cannot expect to achieve much." (Security staff, Prison 2)

In order to assure that upon release detainees arrive safely at the therapeutic facilities, in Prison 2 they are accompanied by prison staff. In Prison 3, the therapeutic facilities themselves pick up the prisoners upon release to Therapy.

Prison 3 as mentioned above has a particular dense and more widely applicable form of throughcare provisions for prisoners including a system of case managers who centrally coordinate all necessary actions.

Interviewed staff of Prison 3 stressed that it is important to allocate responsibilities within the prison. This is realised through case managers that are responsible for the throughcare of prisoners with special needs, for example for applications for Therapy instead of Penalty. In addition, Prison 3 has

implemented a special system of so-called contact guards, which allocates each prisoner to a prison guard who (ideally) can be addressed in case of personal and juridical problems. Each contact guard "supervises" five to eight prisoners.

"Allocating this responsibility to the guards works really well. Then they feel responsible for the prisoner." (Social worker, Prison 3)

Prison 3 also contains a therapeutic community for prisoners applying for Therapy instead of Penalty. The concept of the therapeutic communities includes a weekly group discussion and more intense assistance for prisoners. Prisoners in the therapeutic community have access to extra sports offers including relaxation exercise.

"It is very important for the prisoners to become fit again. Relaxation exercises are important in order to allow the prisoner to get a feeling for their own body." (Social worker, Prison 3)

Interviewed staff nevertheless stresses that:

"Throughcare measures are not compulsory measures. But we motivate prisoners to take part in them. We also invite the respective aftercare providers to prison in order to take the prisoners' fears of what to expect." (Prison staff, Prison 3)

In all the prisons, there were special measures implemented for problem drug users. Substitution treatment was broadly offered in Prison 1 and 3. Prison 2 also offered - in a more limited form - substitution treatment to problem drug users.

Prison 1 and 3 had mechanisms that ensured the continuation of substitution treatment in the community. In Prison 1, those in substitution treatment could as a temporary solution, get their methadone at the local health office. Prison 3 offered to those prisoners having been in substitution treatment in prison an interim solution that allowed them to get their methadone from the prison medical service (at the entry of the prison) for another four weeks in order to assure the continuation of treatment if prisoners have not yet found a substitution doctor in the outside community.

2.1.3 Collaboration

As part of its throughcare system, Prison 3 has a dense structure of cooperation with NGOs from the outside community. Regular case conferences have been implemented, including prison staff as well as staff from NGOs.

"The ideal is when all involved parties sit together and talk together on how to proceed. That's what we do in our case conferences." (Prison staff, Prison 3)

It was reported that for both, prison staff and NGOs, collaboration works well without negative attitudes towards the other group of professionals.

"The cooperation with the prison works really well. We can talk to the prison staff at any time." (Member of NGO, Prison 3)

Interviewees regarded the involvement of NGOs as important since they feel prisoners are more open to external staff, who are able to keep a certain distance from the prison and the related problems the prisoner might encounter.

"Before talking to a prisoner, I always stress that what we say in here will not be forwarded to the prison. After that, they talk to me very openly." (Member of NGO, Prison 3)

The staff of the therapeutic community in Prison 2 is in close contact with the therapeutic facilities the prisoners should go to upon release. Staff claim that they are in regular telephone contact and – with the consent of the prisoner – are informed about the progress in therapy of the prisoner. The staff member with the additional qualification as “Suchtkrankenhelfer” is often in regular contact with prisoners after their release.

Cooperation with prosecution service and courts necessarily needs to take place. Interviewees often complained that decisions, such as those about converting penalties into therapy, are often made at the last minute, resulting in a lot of stress for all parties involved.

All prison staff commented that – to varying degrees – there was collaboration with the probation service.

2.1.4 Barriers to effective throughcare and possible improvement

From the view of the interviewed experts, the main barrier to effective throughcare services for prisoners and especially drug dependent prisoners is a lack of financial and personnel resources in the prisons.

There is not only a lack of staff but also of well trained staff able to know about drug dependence and to meet the needs of drug dependent prisoners. Furthermore, there are high numbers of sick leave among the security staff resulting into an increased workload for the remaining personnel.

“We also have a vacant position in our department. As a result, the other three staff members in the therapeutic community have to work overtime.” (Security staff, Prison 3)

“There is only one person at the moment who can conduct the group counselling. If this person is on holidays, sick leave or is reducing overtime, no group counselling takes place and this is a huge problem for the prisoners in their unstable situation.” (Security staff, Prison 3)

Each German prison has social workers. In all prisons, the number of social workers was assessed to be insufficient by the interviewees to deal effectively with the concerns of the prisoners in particular of those with special needs as problem drug users. The social workers themselves were reporting a high workload. In addition to the social workers, external drug counsellors are regularly coming to prison with similar long waiting periods for prisoners to get an appointment.

“Normally there is supposed to be one social worker for 80 prisoners – I do not want to tell you the actual number we have here right now, it is much lower. How shall I work with that effectively?” (Social worker, Prison 1)

“For me as a social worker, it is hard to accept that social rehabilitation as the main goal of imprisonment cannot be realised. In reality it is more about just locking them up.” (Social worker, Prison 1)

A recurrent point of concern was the long waiting periods to get an appointment with social services or external drug counsellors when applying for “Therapy instead of Penalty” as well as the long time for processing the application. This is of utmost concern when it is about prisoners with short sentences.

“It can last up to six months until you get your first appointment with the drug counsellor. And then another three (this is the ideal case) to six months for the whole process of the application. For some of the prisoners, it does not make sense anymore to apply for therapy.” (Social worker, Prison 1)

On the other hand, interviewees stressed that it is important to question the motivation of the prisoners to undergo therapy and to make sure that this is not only seen as a way to get released from prison earlier.

In Prison 3, the current situation was that the Pension Fund generally refused the first claim for taking over the costs for therapy if the prisoner had been in therapy before.

“It is very hard to motivate the prisoner after they get a refusal of their application. Especially drug dependent persons have problems dealing with bad news.” (Social worker, Prison 3)

The number of psychologists working in prison was also assessed to be insufficient with regard to the high rates of mental health problems and co-morbidity among the prisoners. Psychiatrists mostly work on an honorary basis in prison.

The attitudes of authorities towards drug dependence represent a further barrier to effective throughcare management. Interviewees stressed that obvious changes could only be reached if society and authorities were sensitized to the fact that drug dependence is a chronic relapsing disease. Too much bureaucracy was seen as an inhibitor to necessary changes.

“It is hard to change the system. I was very naïve at the beginning. I would like to change something but I do not think this is realistic with all that bureaucracy.” (Social workers, Prison 1)

Not only the prison staff, but also the interviewed NGOs report of a lack of resources as regards personnel and money.

A combination from governmental and non-governmental organisations is seen as the ideal for effective throughcare management. Cases should be treated systematically, transparently and be traceable. Cooperation should, ideally, include all involved parties.

There should be drug counsellors of different ethnic backgrounds and interpreters. Gender-specific measures should also be offered in throughcare management.

2.1.5 Evaluation

Article 5 of the German Penal Law states that prisoners should undergo medical examination on admission to prison. This includes possible substance use and an assessment of the suicide risk. It stresses that a more comprehensive evaluation upon admission in prison and early needs assessment and planning of respective measures could be helpful for effective throughcare.

Prison 3 has a special unit for newly arrived prisoners. Prisoners on admission shall come to this unit before they are allocated to the respective unit in the prison. Once a week, there is an internal case conference in order to make sure that the detainee is placed in the unit that mostly meets his/her needs.

The interviewed staff member of Prison 3 admits that *“of course, we cannot always stick to that ideal – there is not enough space available to hold all newly arrived prisoners”*.

Every prisoner upon admission fills in a questionnaire including questions on the family background, the type of offence but also questions on drugs and drug dependence.

“Through this questionnaire we – amongst others – would like to know more about the offence and in particular if it is drug-related in order to finance drugs, or a direct result of intoxication.” (Prison staff, Prison 3)

Throughcare in Prison 2 involves close contact of the staff of the therapeutic community with the therapeutic facilities including regular telephone contacts about the progress and important milestones of the therapy. Prison 2 has had a comprehensive evaluation over the last five years that allows conclusions about the effectiveness of the concept. Over 60% of the prisoners released from the therapeutic community have completed their therapy (without knowing about the subsequent development after release from therapy). Furthermore, each prisoner had to fill in a satisfaction survey about his time in the therapeutic community and if the other members of the group can be informed about their progress in therapy.

In order to ensure the effectiveness of the therapeutic community, the staff team undergoes regular supervision.

Prison 3 provided numbers of released prisoners returning to prison (out of 60 released prisoners, 5 came back to the same prison).

2.2 Focus groups

In general, even where an intensive throughcare system with various support services is available, prisoners were often dissatisfied with their throughcare management. The most positive response to throughcare management was given by prisoners in the focus group in Prison 2.

2.2.1 From community to prison

The answers on throughcare mainly focused on preparations in prison regarding their time before and after release. As regards needs during the transition from the community to prison, a continuous provision of substitution treatment was of main concern. For all interviewees that were in substitution treatment in the community it was possible to continue their therapy in prison².

“I was in the methadone programme before prison. It was no problem to continue that – but this was the first time I could go on.” (Male focus group, Prison 1)

2.2.2 Needs of prisoners and possible improvement

When asked for their needs as regards an effective throughcare, answers across the different focus groups were very similar. A first group of answers focused on practical things to be arranged before and after release, another group of answers concentrated on acceptance of prisoners in the society.

As many of the prisoners are waiting to get access to Therapy instead of Penalty, the quick processing of their application was of utmost importance for them.

The majority of prisoners were complaining about long waiting periods to get access to therapy according to §35 BtMG. Prisoners report about long waiting periods to get an appointment at the social service of the prison and long waiting periods until the social report is written.

² At this point it should be stressed that this does not reflect common practice in Germany. Even though more and more Federal States have changed their policies and substitution treatment is more widely available also for maintenance therapy, substitution treatment often is not implemented at all or only used for detoxification. In Bavaria for example, continuous substitution treatment is not offered.

“Waiting periods are so long. It’s not worth anymore for me to apply for Therapy. I will be released in four months and have not yet seen a social worker. The application for Therapy would take way more time than four months.” (Male focus group, Prison 1)

In general, interviewees complained about the limited number of social workers and drug counsellors in prison.

“I feel like as if there was a lack of personal concern (of the social services). I don’t feel close enough to them. But I guess that cannot work because there are not enough social workers.” (Male focus group 1, Prison 3)

Also after release social and/ or psychological support was assessed to be important.

Of utmost importance for those interviewees in substitution treatment was the continuing of treatment after release.

Many of the prisoners were also dissatisfied with the medical service of the prison. There are long waiting periods to get an appointment at the prison doctor and subsequent long waiting periods to get the needed medical examination to go into therapy. In general, interviewees did not feel being taken serious by the doctor in case of severe health problems, and felt being reduced to their drug dependence.

“You cannot talk to the prison doctor. They always say – this is all related to your drug dependence.” (Female focus group, Prison 1)

Apart from concerns regarding ‘Therapy instead of Penalty’, it was most important for the prisoners to have a place to live and a place to work after release including the possibility for job training. When asking prisoners about where they would live after release, some of them stated that they can live with their family or friends, the majority did not yet know about where to stay.

Forms of assisted living for drug dependent prisoners that do not yet have an accommodation were often seen as negative by the male prisoners.

“Assisted living is just like another form of imprisonment. I need to start my own self-determined life.” (Male focus group 1, Prison 3)

The female interviewees in contrast appreciate such offers.

“The most important thing is to have a fixed abode. A group where I live together with others that keeps me grounded so that I am not released with nothing like it was before (the last times I was released).” (Female focus group, Prison 1)

In general, prisoners assessed it to be of utmost importance to have a set structure in their lives when they are released and to have arranged the basic things on where to sleep the first night, knowing how to get there and knowing the next steps that will follow.

Furthermore, the provision of debt counselling, appropriate clothes as well as help to deal with bureaucracy was mentioned to be of need. In addition, prisoners would like to have more information material about where to get help after release.

“A mere list with addresses and facilities, so that you know whom to address, that would be a lot. In other prisons I was in they had that.” (Female focus group, Prison 1)

In some prisons, the number of day paroles for drug dependent prisoners is very limited, if allowed at all. This was a major concern for the interviewees. From their view, day parole equates with an effective throughcare and was seen as the most important measure of preparation before release.

Prisoners did not accept that they had to go into assisted living because they did not get the possibility to look for an apartment on their own during day parole.

"They should trust you more and allow you to go on day parole so that you can take care of everything yourself."

"They tell you: "You have a problem with drug dependence" if you want to have day parole."

"They say that you will have a relapse – but in prison there are also drugs. Not to relapse IN prison is very hard." (Male focus group 1, Prison 3)

Sometimes, long waiting periods until getting their final correctional scheme were the reason for prisoners not being allowed to go on day parole (correctional schemes contain an overview on the course of imprisonment and determine inter alia the exact number and timing of day parole).

"How shall I organise anything? In order to get an apartment I need to be on day parole. I haven't gotten a correctional scheme in months. How shall I organise my life after prison?" (Female focus group, Prison 1)

In contrast to these practical needs, prisoners repeatedly stated that they wished to be more accepted by society. Prisoners after release often felt discriminated as regards finding a job or an apartment due to their background of imprisonment and due to their drug dependence. Prisoners complain about prejudices by public authorities, when applying for example for welfare aid, a job etc.

"We are the last thing on earth for the others. For them we are inferior human beings." (Male focus group, Prison 3)

"I would never get a job outside. If I told them where I come from, who I am, I wouldn't have any chance." (Male focus group, Prison 3)

Integration into society was mostly equated with having a job and an apartment.

"If I had a job, and my own apartment, I would again feel like being part of this society." (Male focus group, Prison 2)

In general, interviewees in Prison 2 felt well prepared for therapy and the time after release. But they express their fear about what might happen when they are back to reality.

"I guess I will end up getting welfare aid. But how shall I survive with 300 Euros a months? In particular if I would relapse, then you need to you get your money somehow, somewhere." (Male focus group, Prison 2)

2.2.3 Support and Services

When prisoners were asked about the current throughcare provision they are offered, answers were mostly that there was no throughcare provision at all. At this point it should be stressed that most prisons do not start throughcare until some weeks before release so that some of the prisoners did not get the chance to fall under throughcare measures. Some of the answers given by the interviewees referred to experiences made before their current imprisonment.

"I haven't had any throughcare provision the whole last 16 years I went in and out of prison. They just let you go. At least one week before release there should be a detailed interview about release and the time afterwards, but I never had that!" (Female focus group, Prison 1)

“When you are drug dependent it is so hard outside. You definitely come back when you are released with nothing, no job, nowhere to live, and anyone to go to. If you have worked inside prison, they give you your money right in cash. And what is your next step? You go to the train station and buy drugs.” (Male focus group, Prison 1)

Some prisoners mentioned that the throughcare provision depends on the Federal State and the respective prison. Prisoners mostly felt that in smaller prisons, provision of throughcare was better organised.

Prisoners from Prison 1 state that they cannot rely on the services provided by the prisons’ social service because of understaffing and long waiting periods. In addition to the social service in prison, prisoners can contact NGOs in the outside community that assist in getting access to drug therapy, finding accommodation etc. Prisoners stressed that it is important to do something on one’s own initiative rather than waiting for help. Prisoners assessed the exchange of experiences and knowledge with other inmates on whom to talk to and where to go to before and after release to be important.

“The social workers they don’t do much. You have to do something on your own. I contacted an NGO from outside and the whole process was way faster than it would have been in prison.” (Female focus group, Prison 1)

“There are long waiting lists for the social services. There is just not enough staff. Way too little for all those prisoners with problems.” (Female focus group, Prison 1)

Prisoners expressed their pity for foreign prisoners who are not able to speak German or who do not have social contacts that might support them in getting access to treatment.

“Everything is so complicated for us. Those who do not speak German – how shall they get help?” (Female focus group, Prison 1)

“Here are so many people who do not know how to write a CV or a letter of application – those really need help. I am lucky – I have my family outside who supports me.” (Male focus group, Prison 1)

Prisoners reported about German prisoners writing applications for foreign prisoners, even if they themselves did not fully understand on how to proceed.

The best and fastest way to get access to Therapy was seen “to take matters into one’s own hands”.

The interviewees in Prison 2, as mentioned before, showed most positive views on their throughcare management. One of the prisoners was applying for Therapy instead of Penalty even if this for him did not mean to be allowed to leave prison earlier.

Prisoners in Prison 2 have positive views on the densely structured daily routine and felt well prepared for starting their Therapy.

“The last time in prison, when I applied for a therapy, I knew nothing about it, not at all on what would be expected from me. Here, we talk a lot about what will happen then.” (Male focus group, Prison 2)

Prisoners reported that they felt irritated that they were treated with “fairness and patience” by the “Suchtkrankenhelfer” (whose background is security staff) and the whole team in the therapeutic community.

"This is the first time I feel to be taken seriously in prison. Whenever I have a problem, either personnel or juridical, I can go to the staff in the therapeutic community and they will help. They treat me humanely in here." (Male focus group, Prison 2)

3. Summary and discussion

Perceived throughcare needs in general and particularly those of drug dependent prisoners were similar across the interviewed staff and prisoners. When planning different throughcare measures, the prisoner's view and their future release plans should be taken into account.

Appropriate **accommodation** after release was assessed to be of utmost importance. It was further stressed that a **daily structure** and **going to work everyday** is essential in social reintegration. Interviewees are aware of the fact that it is problematic to reintegrate ex-prisoners and especially those with drug problems into the labour market. Therefore it was suggested to **implement special workplaces for ex-prisoners**, a secondary protected employment for those that in principal are available for the labour market but do not get accepted due to their history of imprisonment.

For those in substitution treatment or other medical treatment the **continuity of care** was seen of utmost importance. **Social and psychological support** after release was also assessed to be important.

Best practice examples showed that **well trained staff** is essential in dealing with the throughcare needs of prisoners. Implementing job positions in prison for drug dependence assistants was assessed to be an effective tool in dealing with drug dependent prisoners and their throughcare management. It was stressed that it is important to **allocate responsibilities** in prison in general and as regards throughcare. On the one hand, this can be realised by the described system of **contact guards**, on the other hand, a system of **case managers** that centrally coordinate all necessary actions were assessed to be an effective measure.

Cooperation of the prison with governmental as well as non-governmental institutions and organisations is seen as the ideal for an effective throughcare management. Cases should be systematically and transparently treated and be traceable in order to avoid insufficient care but also parallel handling of cases. Cooperation should ideally include all involved parties like prosecution, courts, probation service, prisons, governmental and non-governmental organisations outside prison.

There should be **drug counsellors of different ethnic backgrounds** as well as **interpreters** and gender-specific measures offered in throughcare management. Regular **case conferences** should be implemented, including all relevant parties.

Finally, a more **comprehensive evaluation upon admission to prison** and an **early needs assessment** and planning of respective measures could be helpful for an effective throughcare.

ANNEX

**Interview and focus group question
schedules in German language**



Interviewleitfaden für Fokusgruppen mit Gefangenen mit problematischem Drogenkonsum (oder ehemaligen Gefangenen mit problematischem Drogenkonsum)

1. Einschlusskriterien

- Gefangene mit problematischem Drogenkonsum (ehemalige Gefangene mit problematischem Drogenkonsum)
- Spätestes Entlassungsdatum in zwei Jahren
- Freiwillige Teilnahme

2. Ausschlusskriterium

- Gefangene, die ausschließlich Alkoholismus aufweisen
- Unter 18jährige

3. Definition von Übergangsmanagement:

Der Begriff Übergangsmanagement bezieht sich auf Maßnahmen der kontinuierlichen Betreuung von Straffälligen, die mit dem ersten Kontakt mit der Strafjustiz beginnt und sich über die verschiedenen Stationen Gewahrsam, Verurteilung, Haftstrafe bis zur Wiedereingliederung in die Gesellschaft fortsetzt. Nachsorge bezieht sich auf die Betreuung eines Gefangenen nach der Haftentlassung. Diese sollte sich nicht nur auf eine kontinuierliche Drogenbehandlung beschränken, sondern auch Zugang zu weiterer Unterstützung bezüglich physischer und psychischer Gesundheit, Unterkunft, Familienproblemen, Umgang mit Finanzen, Aus- und Weiterbildung sowie Beschäftigung beinhalten.

Inhalt der Interviews

A. Übergang Freiheit - Gefängnis

- 1) Hatten Sie Zugang zu Drogenbehandlungsprogrammen bevor Sie ins Gefängnis kamen? (z.B. Methadonprogramme, psychologische Beratung und Hilfe, Entgiftung, Nadeltauschprogramme etc.)
- 2) Waren diese Programme hilfreich für Sie?
- 3) Haben Sie genau die Hilfe erhalten, die Sie Ihrer Meinung nach benötigten? (u.a. Zugang zu Gesundheitsversorgung, Drogenprogrammen, Methadonbehandlung, Entgiftung etc.)?
- 4) Haben Sie einen festen Wohnort, an dem Sie nach Ihrer Entlassung leben werden?
- 5) Was für Maßnahmen und/ oder Programme hätten Sie sich vor Ihrer Inhaftierung gewünscht, um besser mit Ihren Problemen umzugehen?

B. Zugang zu Hilfsprogrammen nach der Entlassung

- 1) Was wird Ihrer Meinung nach passieren, wenn Sie entlassen werden?
- 2) Was für Bedürfnisse haben (hatten) Sie vor der Entlassung?

Bezüglich: problematischer Drogenkonsum, Wohnort, Arbeit, Schule/ Ausbildung/ Weiterbildung, Wiedereingliederung in die Gemeinschaft, Wechsel des Wohnortes, Wiederaufnahme von familiären Beziehungen, Kinder, Beratung, physische und psychische Gesundheit, Geld, Schulden, Personalausweis, Rechte etc.

- 3) Wenn Sie an Ihre Entlassung und Ihre Drogenproblematik denken, was sind (waren) die wichtigsten Aspekte für Sie hinsichtlich Ihrer durchgehenden Behandlung?

C. Entlassungsvorbereitung

- 1) Was für eine Art von Hilfeleistung erfahren Sie bei Ihrer Entlassungsvorbereitung? Von wem? Haben Sie so etwas wie einen Fallmanager, d.h. eine Person, die sich speziell mit Ihren Belangen der Entlassungsvorbereitung auseinandersetzt?
- 2) Wissen Sie, an wen Sie sich hinsichtlich Ihrer Entlassungsvorbereitung wenden können?
- 3) Sind Sie zufrieden damit, was für Ihre Entlassung vorbereitet wurde?
- 4) Werden Gefangene mit einer Drogenproblematik ermutigt an der Gestaltung Ihres Übergangsmanagements mitzuwirken?

- 5) Wurden Sie nach Ihrer eigenen Vorstellung einer Entlassungsplanung gefragt?
Wenn nein, wären Sie gerne danach gefragt worden?
- 6) Wurden Ihre Vorstellungen in der tatsächlichen Entlassungsplanung berücksichtigt?
- 7) Hat Sie Jemand von außerhalb des Gefängnisses im Gefängnis aufgesucht, um Ihnen nach Ihrer Entlassung zu helfen? (bezüglich Unterkunft, Jemand aus der Gemeinde, Gesundheitsversorgung, Drogenarbeiter etc?)

D. Verbesserungsvorschläge

- 1) Wie könnte Ihrer Meinung nach die Situation verbessert werden, so dass Haftentlassene die Hilfe bekommen, die Sie benötigen? Was fänden Sie am hilfreichsten?
- 2) Hat eine der Organisationen, die für Ihr Übergangsmanagement zuständig ist, Sie nach Ihrer Zufriedenheit mit demselben gefragt?
- 3) Sind Sie zufrieden mit Ihrem Übergangsmanagement?

Gibt es etwas, das sie als wichtig empfinden, das ich vergessen habe zu fragen?

Vielen Dank für Ihre Teilnahme!



Interviewleitfaden Gefängnisse

1. Definition von Übergangsmanagement:

Der Begriff Übergangsmanagement bezieht sich auf Maßnahmen der kontinuierlichen Betreuung von Straffälligen, die mit dem ersten Kontakt mit der Strafjustiz beginnt und sich über die verschiedenen Stationen Gewahrsam, Verurteilung, Haftstrafe bis zur Wiedereingliederung in die Gesellschaft fortsetzt. Nachsorge bezieht sich auf die Betreuung eines Gefangenen nach der Haftentlassung. Diese sollte sich nicht nur auf eine kontinuierliche Drogenbehandlung beschränken, sondern auch Zugang zu weiterer Unterstützung bezüglich physischer und psychischer Gesundheit, Unterkunft, Familienproblemen, Umgang mit Finanzen, Aus- und Weiterbildung sowie Beschäftigung beinhalten.

Inhalte

A. Allgemeines

- 1) Bitte geben Sie Ihre berufliche Rolle im Gefängnis an.
- 2) Haben Sie eine spezielle Ausbildung im Hinblick auf diese Rolle?
- 3) Was verstehen Sie persönlich unter dem Begriff "Übergangsmanagement"?
- 4) Glauben Sie, dass Übergangsmanagement wichtig ist?
- 5) Was für eine Art von Übergangsmanagement gibt es in Ihrem Gefängnis und was für Informationen gibt es hierüber? Wie funktioniert das Übergangsmanagement in Ihrem Gefängnis?
- 6) Hatten Sie eine besondere Weiterbildung was das Übergangsmanagement betrifft?

B. Bedürfnisse

- 1) Was nehmen Sie als die größten Bedürfnisse von Gefangenen mit problematischem Drogenkonsum hinsichtlich Ihres Übergangs-managements wahr?
- 2) Mit was für einer Wichtigkeit wird das Übergangsmanagement in Ihrer Institution bemessen? Gibt es Unterschiede was verschiedene Gruppen betrifft wie Frauen, junge Gefangene, Gefangene mit psychischen Problemen, Angehörige von Minderheiten, Kurzzeit- oder Langzeitgefangene?
- 3) Wie „identifizieren“ sie Gefangene mit problematischem Drogenkonsum vor Ihrer Entlassung? Gibt es einen besonderen Aktionsplan? Gibt es eine Bedarfsanalyse?
- 4) Werden auch weitere Bedarfe erfasst??

C. Unterstützung und Angebote

- 1) Wer ist in Ihrer Institution der oder die Hauptverantwortliche für die Organisation des Übergangsmanagements?
- 2) Ist die Betreuung auf die individuellen Bedürfnisse eines Gefangenen abgestimmt, oder wird ein allgemeiner Ansatz für alle Gefangenen angewendet?
- 3) Gibt es besondere Maßnahmen für bestimmte Minderheiten im Gefängnis?
- 4) Was ist die gängige Praxis im Übergangsmanagement was die Bereitstellung einer Unterkunft, Suche nach Arbeit, Aus- und Weiterbildung betrifft?
- 5) Wer ist verantwortlich für diese Maßnahmen?
- 6) Wird das Übergangsmanagement in allen Gefängnissen gleich organisiert?

D. Einbeziehen des Gefangenen

- 1) Wie werden Gefangene mit problematischem Drogenkonsum über den Zugang zu Drogenbehandlung nach der Entlassung informiert? Werden für Sie z.B. Termine gemacht?

E. Zusammenarbeit

- 1) Was für eine Art von Kooperation besteht mit staatlichen Organisation oder gemeinnützigen, sozialen Organisationen (NGOs)?
- 2) Was für eine Verbindung oder Zusammenarbeit besteht mit Drogenbehandlungsprogrammen außerhalb des Gefängnisses? Wie genau sieht hier das Übergangsmanagement aus? Wie könnte dies verbessert werden?

F. Hindernisse

- 1) Was sind die Schwierigkeiten und Hindernisse, die der Realisierung eines erfolgreichen Übergangsmanagements entgegenstehen, besonders der von Gefangenen mit problematischem Drogenkonsum?

G. Verbesserung

- 1) Kennen Sie Beispiele bester Praxis, welche in ein erfolgreiches Übergangsmanagement einbezogen werden sollten?
- 2) Gibt es eine Evaluation des Übergangsmanagements in Ihrer Institution? Wie sieht diese aus?

Gibt es etwas, das sie als wichtig empfinden, das ich vergessen habe zu fragen?

Vielen Dank für Ihre Teilnahme!



Interviewleitfaden NGOs/ Behandlungseinrichtungen

1. Definition von Übergangsmanagement:

Der Begriff Übergangsmanagement bezieht sich auf Maßnahmen der kontinuierlichen Betreuung von Straffälligen, die mit dem ersten Kontakt mit der Strafjustiz beginnt und sich über die verschiedenen Stationen Gewahrsam, Verurteilung, Haftstrafe bis zur Wiedereingliederung in die Gesellschaft fortsetzt. Nachsorge bezieht sich auf die Betreuung eines Gefangenen nach der Haftentlassung. Diese sollte sich nicht nur auf eine kontinuierliche Drogenbehandlung beschränken, sondern auch Zugang zu weiterer Unterstützung bezüglich physischer und psychischer Gesundheit, Unterkunft, Familienproblemen, Umgang mit Finanzen, Aus- und Weiterbildung sowie Beschäftigung beinhalten.

Inhalte

A. Allgemeines

- 1) Bitte geben Sie Ihre berufliche Rolle in Ihrer Organisation an.
- 2) Haben Sie eine spezielle Ausbildung im Hinblick auf diese Rolle?
- 3) Was verstehen Sie persönlich unter dem Begriff "Übergangsmanagement"?
- 4) Glauben Sie, dass Übergangsmanagement wichtig ist?
- 5) Was für eine Art von Übergangsmanagement bieten Sie an? Für eine bestimmte Gruppe von Gefangenen?

B. Bedürfnisse

- 1) Was nehmen Sie als die größten Bedürfnisse von Gefangenen mit problematischem Drogenkonsum hinsichtlich Ihres Übergangs-managements wahr?
- 2) Gibt es Unterschiede im Übergangsmangement was verschiedene Gruppen betrifft wie Frauen, junge Gefangene, Gefangene mit psychischen Problemen, Angehörige von Minderheiten, Kurzzeit- oder Langzeitgefangene?
- 3) Wie „identifizieren“ sie Gefangene mit problematischem Drogenkonsum vor Ihrer Entlassung? Gibt es einen besonderen Aktionsplan? Gibt es eine Bedarfsanalyse?
- 4) Werden weitere Bedarfe erfasst?

C. Unterstützung und Angebote

- 1) Ist die Betreuung auf die individuellen Bedürfnisse eines Gefangenen abgestimmt, oder wird ein allgemeiner Ansatz für alle Gefangenen angewendet?
- 2) Gibt es besondere Maßnahmen für bestimmte Minderheiten im Gefängnis?
- 3) Was ist die gängige Praxis im Übergangsmanagement was die Bereitstellung einer Unterkunft, Suche nach Arbeit, Aus- und Weiterbildung betrifft?
- 4) Wer ist verantwortlich für diese Maßnahmen?
- 5) Wird das Übergangsmanagment in allen Gefängnissen gleich organisiert, mit denen Sie kooperieren?

D. Einbeziehen des Gefangenen

- 1) Wie werden Gefangene mit problematischem Drogenkonsum über den Zugang zu Drogenbehandlung nach der Entlassung informiert? Werden für Sie z.B. Termine gemacht?
- 2) Suchen Sie die Gefangenen im Gefängnis auf, bevor sie entlassen werden?

E. Zusammenarbeit

- 1) Was für eine Art von Kooperation besteht mit anderen NGOs
- 2) Wie genau sieht die Zusammenarbeit zwischen Ihrer Organisation und dem Gefängnis aus?

F. Hindernisse

- 1) Was sind die Schwierigkeiten und Hindernisse, die der Realisierung eines erfolgreichen Übergangsmanagements entgegenstehen, besonders der von Gefangenen mit problematischem Drogenkonsum?

G. Verbesserung

- 1) Kennen Sie Beispiele bester Praxis, welche in ein erfolgreiches Übergangsmanagement einbezogen werden sollten?
- 2) Gibt es eine Evaluation des Übergangsmanagements, das sie anbieten? Wie sieht diese aus?
- 3) Wenn das Übergangsmanagement nicht evaluiert wird, wäre es hilfreich für Sie Zugang zu einem Evaluationsinstrument zu haben?
- 4) Wie wird Ihre Organisation finanziert? Ist auch die Finanzierung und damit das Fortbestehen des Übergangsmanagements in der Zukunft gesichert?

Gibt es etwas, das sie als wichtig empfinden, das ich vergessen habe zu fragen?

Vielen Dank für Ihre Teilnahme!