



Throughcare Project: Final report Interviews and Focus Groups

Italy

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1 - INTRODUCTION

Research organization

The Throughcare Project local actions have included a number of interviews, which have focused on the continuity of care for drug addicts in prison. The research has also included some focus groups with prisoners. The Italian team interviewed three different groups:

1 -health operators: medical doctors, psychiatrists, psychologists, nurses and educators;

2- prison staff: Directors of prisons, Prison Guards directors, Chaplains, Educators and Guards;

3 - NGO's and Therapeutic Community professionals, volunteers, teachers.

Table 1 provides a breakdown of the numbers interviewed and their professional status.

Four focus groups were organized for prisoners with problematic drug use serving a residual sentence of less than three years.

The Italian team contacted five prisons, 36 prisoners and 34 operators.

The prisons contacted are located in Veneto, in the north-east of Italy, Padua, Vicenza, Treviso and Venice.

		Number
Healthcare Staff	<ul style="list-style-type: none"> ▪ Doctors ▪ Psychiatrist ▪ Psychologists ▪ Educator ▪ Nurses ▪ Social-health worker 	<ul style="list-style-type: none"> ▪ 2 ▪ 1 ▪ 4 ▪ 1 ▪ 3 ▪ 1
Prison Staff	<ul style="list-style-type: none"> ▪ Directors of Penitentiary Institution ▪ Penitentiary Police Commanders ▪ Penitentiary Police ▪ Manager of Educator Area ▪ Educator ▪ Chaplains 	<ul style="list-style-type: none"> ▪ 4 ▪ 4 ▪ 1 ▪ 2 ▪ 1 ▪ 2
NGO's & Community Organisations	<ul style="list-style-type: none"> ▪ Presidents of Social Promotion Associations ▪ NGO's President ▪ Therapeutic Community Manager ▪ Deputy president of NGO's ▪ Operators ▪ Volunteers ▪ Teacher 	<ul style="list-style-type: none"> ▪ 2 ▪ 1 ▪ 1 ▪ 1 ▪ 2 ▪ 2 ▪ 1
1° Focus Group Padua 2° Focus Group Venezia 3° Focus Group Vicenza 4° Focus Group Treviso	Prisoners with problematic drug use serving the final part of their sentences (less than 3 years)	<ul style="list-style-type: none"> ▪ 9 ▪ 6 ▪ 11 ▪ 8
Total		70

Table 1

Report structure

This report is organized around the structure of the interviews. The interviews were conducted after each interviewee (prisoners included), signed a consent form.

The first step was a qualitative analysis of the answers given to the questions by each professional interviewed. The second level highlighted the responses of single professional groups.

The third level was the comparison between the responses from different groups.

A further and final comparison was made comparing the answers given by prisoners vs focus groups and the answers given by other people interviewed.

Acknowledgments

The Italian team would like to thank the Provveditorato Regionale alle Carceri del Triveneto, headed by dr. Felice Bocchino, who supported the research and understood the importance, novelty and necessity of the work. This department has provided logistic support and negotiated the necessary permissions to allow researchers to enter the prisons.

We would also like to thank the Directors of the following prisons:

Casa di Reclusione of Padua,

Casa Circondariale of Padua,

Casa Circondariale of Venice,

Casa Circondariale of Treviso,

Casa Circondariale of Vicenza.

We would also like to thank the Department for Addictions of ULSS 9 of Treviso and the Department for Addictions of ULSS 6 of Vicenza, the "Associazione Granello di Senape" Padua Onlus - NGO, Cooperativa Sociale "AltraCittà", Cooperativa "Alba Solidarietà Sociale", "Nuovi Spazi" Cooperativa Sociale, Cooperativa Sociale "Terr.A", Gruppo Operatori Carcerari Volontari, Istituto Comprensivo Statale "Parini" di Camposampiero, "Noi" Associazione Famiglie

Padovane contro l'emarginazione e la droga.

Last but not least, we want to thank all the detainees who voluntarily agreed to attend the focus groups. Without the collaboration of these people, this study would not have been possible.

2 - PRISON STAFF INTERVIEWS

PROMPTS - INTRODUCTION

1) What is your profession/role in the prison?

Respondants: 14 prison workers, divided into the following professional areas:

Prison Directors (n=4)

Prison Guards Directors (n=4)

Guard (n=1)

Educator (n=1)

Managers of Rehabilitation/Educational Area (n=2)

Chaplains (n=2)

2) Have you had any specialist training for this role?

- Prison Directors: Law Degree, training courses but not in the addiction area.
- Guard: no specific title and training course
- Prison Guards Directors: one Law Degree, three Internal training courses
- Educator: specific training after recruitment
- Managers of Rehabilitation/Educational Area: one training course after recruitment, one Laurea in Policy Science and European Master in Criminology
- Chaplains: no specific training

3) What do you understand by the term "Throughcare"?

All respondents believe that the term Throughcare means "*no interruption of treatment at the time of incarceration and continuity of care during the health transition between the Ministry*". Throughcare is considered an opportunity for the prisoner and a need for the prison.

During a discussion about healthcare in prison, one respondent said that the detainees have a shorter waiting time than common citizens.

Another operator noted that Throughcare might provide an opportunity for further development and health evaluation. However, the current situation, partly due to overcrowding, does not permit a real continuity of care. This happens, for example, with prisoners with mental health problems. Another source of discomfort relatea to patients with an addiction: these people are sometimes considered not able to accept their arrest and imprisonment and often results in what appears to be a worsening of their situation.

4) Do you think throughcare is necessary?

All persons interviewed replied that the continuation of treatment is not only a need but also a resource and an opportunity for rehabilitation.

5) What kind of throughcare provision is there in your prison and what information exists?

All answers indicated specific health treatments: usually the medical doctor of the Addiction Treatment Unit (SerT) prescribes a drug therapy and, if it is necessary, arranges for a psychiatric consultation. Only later in the sentence will the prisoner come under the formal care of SerT.

Many professionals say that they do not know if prisoners contacted by the Sert within the prison will continue the cure after their release.

Two workers also emphasized the relevance of rehabilitation treatments as projects and professional, recreational, cultural, sporting and educational courses.

PROMPTS - Summary

It is evident that some operators have no specific qualifications for their role. However, most prison workers have attended, after their recruitment, specific courses for their qualification.

For most of those interviewed, Throughcare means “no-interruption of treatment at the time of incarceration” and the continuity of care during the transition between different Ministeries. As expressed by all respondents, Throughcare is not only a necessity but also an opportunity and a need.

Treatments provided are typically medical, despite the importance of the rehabilitative treatments administered through cultural, educational, professional and sports activities.

One of the main problems concerns the current situation with high overcrowding that characterizes the prison context, impact negatively on the promotion of continuity of care.

NEEDS

1) What do you perceive are the main throughcare needs of prisoners with problematic drug use?

All interviewees agreed that the needs of detainees are linked to the continuity of drug treatment and to the connection with the territory's SerT and services. The length of waiting-time also needs to be reduced. Currently, often due to bureaucratic issues, the waiting-time is too long.

Two operators working in the same institution expressed their opposition to drug treatment with substitution therapy because, in their opinion, it does not allow the detoxification of the prisoner and increases the demand of drugs even in prison.

One of the Prison Directors believes that promoting sport and cultural activities is also important.

Some operators think that prisoners with problematic drug use, having different needs from other prisoners, should serve their sentence in a different special section within the prison.

The need for more psychological and educational support and a lack of space for rehabilitation activities is also highlighted by most of those interviewed.

2) How are throughcare needs highlighted within your organisation? Differences between groups: women, young prisoners, those with mental health problems, minorities/short- or long-term prisoners.

Most of the operators reported that the needs of problematic drug users are discussed in the forthcoming interviews. It should be noted however, that these assessment interviews often occur in overcrowded conditions, which can force the operators to undertake "group" interviews and meetings. The results therefore, should be interpreted with care.

Generally, there are more requests by "older" detainees; this reflects the experience developed in prison.

The guards usually indicate to the health staff those detainees with problematic drug use that, in their opinion, require action and attention.

For this reason, the guards perceive a need to increase their knowledge problematic drug use (with a secondary aim of improving the relationship between themselves and the detainees).

The requests of prisoners with problematic drug use include economic assistance, medical treatment and participation in internal courses at the institutions.

A Prison Director reported that s/he did not know if a protocol to support an alternative to the prison programs exists. S/he also noted the difficulty of proposing alternatives to migrants and the homeless.

Special attention is given to people with psychiatric disorders in every prison.

A second Prison Director argued the need to offer specific activities for prisoners with problematic drug use.

A chaplain indicated the need to ensure proximity for the prisoners to the family, relatives and home and the organization of a "family flat" within the prison.

Concerning the different needs of different groups, professionals think that the law provides different "offers" by age, sex and experience of imprisonment (i.e., a person in prison for the first-time will be separated from other prisoners). In reality, however, this separation does not happen because of the problem of overcrowding.

Cultural mediators could support the approach of operators with the migrants in prison. Although these detainees are guaranteed medical treatment, they usually have a lower possibility of accessing alternative to prison.

3) What means do you use to identify drug users returning to the community from prison? Is an action plan used? Needs assessment?

All the respondents had similar ideas; firstly, a specific assessment to identify and diagnose the addiction. Within this specific assessment, specific needs

could be ascertained. Only after this, and with the involvement of multi-and inter-institutional teams, prison operators and volunteers might study and propose individualized rehabilitation programmes.

4) Are there other needs that should be identified and addressed?

Operators think that another need is the creation of specific departments for prisoners with problematic drug use, similar to the sections called “attenuated custody”.

A further professional training need identified was courses which might include market surveys. For them, this would be useful to evaluate, in a more appropriate way, the real nature of external demand.

NEEDS - Summary

It is clear that the needs of prisoners with problematic drug use are mainly related to the continuity of drug treatment and the need to stay in connection with the SerT and the other services they accessed before their arrest. From a general point of view, most of those interviewed identified the need for more psychological and educational support.

The needs of prisoners are usually assessed by interviews. However, overcrowding often limits the validity of information. Overcrowding also has a negative impact on the ability to assess, support and manage the needs of different groups within the prison population.

The protocol used to identify and assess prisoners with problematic drug use in order to care for them is clear and it is based on the generic diagnosis of “drug use”. After this, through the involvement of multiprofessional teams (SerT, prison workers, volunteers), a social and rehabilitative project is proposed.

Other needs include professional training courses and the organization of “low security” departments similar to the so called “attenuated custody” for prisoners with problematic drug use.

SUPPORT AND SERVICES

1) Who in the institution has the main responsibility for organising throughcare?

The majority of those interviewed indicated that SerT has the the responsibility for throughcare. In two prisons, however, the responsibility is delegated to the Director of the prison.

2) Is there an ongoing support process tailored to meet the needs of individual prisoners or is a "one size fits all" approach use?

The approach seems to be different in each prison: in some it is "standardized" (the same support process for all detainees); in other institutions some professionals offer personalized processes. A prison Director has noted a deterioration in the current system of treatment for prisoners with problematic drug use compared with previous years.

3) Are there any specific arrangements in place to help particular minority groups?

There are not in most of the prisons. Arrangements for specific minority groups are found in only one Institute and only for prisoners coming from Northern Africa; in a second prison, professionals say that there is collaboration with NGO's that deal with minorities, but without specifying exactly what they do.

4) What is the current provision for housing, employment, training and education needs?

All the interviewees agree that housing, employment, training and education are very problematic issues and that current provision does not meet the prisoner's needs.

5) Who is responsible for such provision?

The providers of these services are very few and mainly operate on a voluntary basis (Caritas, volunteers, some local agencies). In some cases, there is an information desk within the prison, managed by the Municipality, which is responsible for administrative support to Italian and foreign prisoners.

6) Is throughcare organised in the same way in all prisons?

All operators agree that Throughcare is completely different in all prisons.

SUPPORT AND SERVICES - Summary

In most of the Prisons, SerT has responsibility for Throughcare, although in one prison the service is managed by the Director of the prison. The rehabilitation programmes for prisoners are offered in different ways by the different prisons.

There are no specific programmes to support minority groups. A protocol does exist in two prisons; in other prisons the operators promote specific and individualized interventions.

The situation in respect of housing, employment and education, is critical. The providers of these services operate mainly on a voluntary basis. In some cases the Municipality helps prisoners with administrative issues.

Overall, Throughcare is managed very differently in the different prisons.

INVOLVEMENT

1) How are prisoners informed about access to drug treatment that is available to them on release? Are appointments made for them?

Most of the operators reported that at the time of release a detainee can have a meeting in which they have the opportunity to receive information on how to receive health and social treatment once released. Generally, these interviews are held with members of SerT and operators of the Institute's educational area, sometimes with volunteers. In one prison they would like to prepare a manual, in others there is an information desk inside the prison to which prisoners may refer for bureaucratic/administrative information. No appointments are made on a regular basis for prisoners on release.

INVOLVEMENT - Summary

Close to the release date, information is provided to detainees on how to receive treatment once released. At this stage operators of SerT, of the Institute's educational area and sometimes volunteers, inform detainees about access to health and social services outside. No appointments are made on a regular basis.

COLLABORATION

1) What co-operation do you have with NGOs or governmental agencies?

Few prisons have agreements with the Municipality. A lot of them have agreements with NGO's, local agencies and volunteer's associations. Several operators noted that to sign an agreement is more difficult than before. This is probably due to economic reasons and the difficulty external operators face in gaining access to the prison.

2) What are the links between treatment providers and prison? What are the actual integrated care pathways between providers and prisons and between agencies that are in place? How could these be improved?

This question was answered by operators from one prison only. They highlighted how good collaboration can be developed where there are planned interventions based on the prisoners's needs and when the interventions are conducted and implemented within a collaborative atmosphere. The service could be improved through increased communication between service providers and institutions.

COLLABORATION - Summary

Most of the agreements are signed with cooperatives, and voluntary agencies. Collaborations with the Local Authorities (Municipalities and Regions) are very few. It is also noted that it is more difficult to propose new activities than in the past because a lack of funding. The links between service providers and institutions could be improved through better communications.

BARRIERS

1) Outline the difficulties and obstacles in the care/management of these groups and to providing a successful throughcare service?

For many people interviewed, a real obstacle for effective Throughcare is the complexity in the actual management of prison health. Lack in clear communications between operators, lack of information given by local health authorities and the lack of resources (economic and personnel) are underlined by most of those interviewed. The goals and methods are often not shared by the prison's authorities to/from health personnel of local health authorities. Other difficulties concern the prisoner's requests, which do not always match with the available resources. The high turnover of prisoners should also be noted as a further problem.

BARRIERS - Summary

The barriers to provision of Throughcare services are primarily related to the lack of economic and professional resources. A second problem seems to be the lack of clear communications between the operators and the absence of indications by the local health authorities (in absence of specific protocols). Often, the prison's authorities and health's professionals do not share a common understanding of the interventions required. Other difficulties concern the high turnover of prisoners and "lost" requests; those requests which it is not always possible to respond to because of overcrowding.

IMPROVEMENT

1) Have you identified examples of best practice that should be applied to throughcare provision?

All those interviewed noted that there are very few examples of good practice. A single educator suggested that working with shared goals would be useful while another proposed training activities for drug users. Some prisons are monitoring their situation to produce a "picture" of activities but the results are not shared with other operators. Many of those interviewed did not answer this question.

2) Is throughcare provision evaluated? How?

In most prisons there is no evaluation of the Throughcare services; some operators claimed not to be aware of evaluation activities. Only in one case was an evaluation documented.

A prison Director reported that the evaluation methodologies are not shared, clear or transparent.

It is important to note that two Guard's Chiefs think that drug therapy is a business and they propose a reduction of care for prisoners with problematic drug use. Two Directors underlined the "distance" between the DAP (Department of Penitentiary Administration) and the single Prisons. They also suggested improvements for training people who will care for prisoners with problematic drug use.

In one prison, it is suggested that the position of Garante (Guarantee) of prisoner's rights should be created.

IMPROVEMENT - Summary

Examples of good practice that could be used as part of Throughcare services have generally not been identified. On rare occasions, however, monitoring has taken place, but this tends to be for the internal use of the operators only to assess the situation in a single institution. The evaluation of the services provided in some institutions is neither clear or explicit.

3 - INTERVIEWS - HEALTHCARE STAFF

PROMPTS - INTRODUCTION

1) What is your profession/role in the prison?

Twelve healthcare workers were interviewed in this stage. They were drawn from the following professional areas:

Psychiatrist (N=1)

Psychologists (N=4)

Educator (N=1)

Social-health worker (OSS) (N=1)

Doctors (N=2)

Nurses (N=3)

2) Have you had any specialist training for this role?

Every professional has a degree/license to work in their role. Most have attended specific training courses and conferences. Only one educator holds a Masters degree in Penitentiary Pedagogy. Many of the respondents worked in the area of addiction before to taking posts in prisons.

3) What do you understand by the term throughcare?

All operators agree that it means to "ensure a continuity of care", offering to the person the same treatment s/he was receiving at the time of their entry into prison.

4) Do you think throughcare is necessary?

All operators agreed that Throughcare is a need and a right.

5) What kind of throughcare provision is there in your prison and what information exists?

Answers to this question varied. In one prison, the patient's immediate care needs are guaranteed during their sentence; however, continuity of care is not provided after release. Prisoners with problematic drug use and alcohol problems are cared for by specialists of the SerT in charge of the Local Health Unit (Azienda ULSS). In another prison, the situation is different: prisoners are offered treatment on entry but Methadone, for example, is provided only if the prisoner was receiving Methadone treatment prior to imprisonment.

Another prison holds a group discussion in order to ascertain preliminary information. After this, each prisoner may decide to have a personal interview with the operator to assess and build a personal programme. This means planned operations and a connection with a network outside the prison.

In another prison, prisoners can be treated with the same medication they were taking at the point of entry. The prisoner is also informed about available services by educators. This institution is trying to create a formal and standard operating protocol delivered in three different phases: assessment, treatment and release. The phase of the release is the most critical due the unpredictable and undefined time of the release.

PROMPTS - Summary

All the professionals have a license for their role. Most of them have attended specific training courses. Many of the interviewees had previously worked in the field of addictions. "Throughcare" means "to continue to ensure everything is in place for the prisoner upon entry into prison" and the promotion of continuity of care. Throughcare, therefore, is a need and a right. Treatment provided for prisoners with problematic drug use (care, service orientation, methadone, individualized programme, network connection to the outside, continuity of care after release) varies greatly between institutions.

NEEDS

1) What do you perceive are the main throughcare needs of prisoners with problematic drug use?

The needs of prisoners with problematic drug use are primarily the basic necessities (shoes, clothes, etc...) This is followed by drug therapy (antagonists, anxiolytics, anti-retroviral, etc.) and psychological and educational support. This also appears to be an aim to formulate individualized programmes (such as the ability to serve their sentences in an alternative way) in collaboration with the services. Contact with services may be more or less difficult.

2) How are throughcare needs highlighted within your organisation? Differences between groups: women, young prisoners, those with mental health problems, minorities/short- or long-term prisoners.

In most institutions, the needs of prisoners with problematic drug use are highlighted through a first contact with a nurse and doctor and also through interviews with a psychologist and educator. One operator said that the needs of prisoners could appear through physical and psychological reactions linked to detention. In an institution, with prisoners who have psychiatric disorders, group work discussions are avoided because individual therapy is preferred. Some operators interviewed stated that prisoners often express the need to maintain contact with the professional SerT connection.

Some operators expressed more general needs: one related to the lack of physical space, which creates problems both for prisoners to operators. Also highlighted was the difficulties encountered when working with foreign prisoners; this could include, for example, the use of a mediator.

3) What means do you use to identify drug users returning to the community from prison? Is an action plan used? Needs assessment?

The answers of operators bring out some considerations regarding the following:

- attention to the certification of problematic drug use;
- where they live;
- the (young) age of the prisoners.

Professionals try to work on motivations and take into account other factors such as whether this is a first imprisonment, whether the prisoner is nearing the end of their sentence and links with family and services.

4) Are there other needs that should be identified and addressed?

The needs emerging include the reduction of alternative measures to imprisonment and other benefits aimed at reintegration into society and continuity of care. In one institute the lack of coordination and organization among professionals was underlined. All institutions reported a lack of resources for educational initiatives, cultural and sporting activities that help to make prison more "livable."

NEEDS - Summary

The main needs of prisoners are primarily related to drug therapy and educational and psychological support. Other needs relate to tangible necessities such as clothing (shoes and clothes), especially for migrant prisoners. The evaluation of needs is done through a first contact with healthcare staff (doctors and nurses), followed by the intervention of psychologists and educators. Various aspects are taken into account when assessing the reintegration of prisoners in society. These include the certification status of drug abuse, age, residence and aspects of the experience of imprisonment and external links. The decrease, in all institutions, of alternative measures and other benefits has also affected of access to care.

SUPPORT AND SERVICES

1) Who in the institution has the main responsibility for organising throughcare?

The situation is different between prisons: in some, the manager is the doctor of the SerT, in others, the Director of the Prison. In other prisons the whole team is involved in the management of throughcare. In one prison, prison officers are also involved as they are interested in ensuring security standards.

2) Is there an ongoing support process tailored to meet the needs of individual prisoners or is a “one size fits all” approach use?

The approach to the prisoner could be individual, even if the methodology is common. In general, however, personal treatment is provided according to the different needs of the prisoner. Additionally, the psychologist has to indicate whether the prisoner requires special support. From a general point of view, there is a multidisciplinary approach. In some institutions, health education, information and awareness courses are organized.

3) Are there any specific arrangements in place to help particular minority groups?

Although all agree that it could be useful, operators argue that at present there aren't any specific agreements. In some prisons there is a cultural mediator for foreign detainees. To encourage employment activity, agreements are made with Social Cooperatives, both inside and outside prison. To meet the security needs of the prison, religious rites of detainees (eg, times of prayer) are met after agreement.

4) What is the current provision for housing, employment, training and education needs?

There are high level educational and training courses in every prison. The operators were not able to answer the question in respect of the remaining areas.

5) Who is responsible for such provision?

The Director of the prison and the treatment area take care of training, with the possible support of social cooperatives. The work requirements are delegated to the social worker of Ser.T or to the volunteers.

6) Is throughcare organised in the same way in all prisons?

Throughcare is organized differently between prisons. There are great differences between prisons, the regions and also at a national level.

SUPPORT AND SERVICES - Summary

The responsibility of Throughcare differs between institutions; in some places the director of SerT is responsible, in others the Director of the Prison takes responsibility. There is often a common path of support for all prisoners, individualized and specific interventions are also available. There are no specific arrangements to support prisoners belonging to specific minority groups. Many operators did not focus on the housing, cultural and occupational elements of the question, failing to explain the opportunities available in prison at least as regards the training aspect. The organization of Throughcare varies in the different prisons.

INVOLVEMENT

1) How are prisoners informed about access to drug treatment that is available to them on release? Are appointments made for them?

All the institutions pay attention to the release phase. Psychologists and educators are concerned to give information to the detainees at release. It is generally accepted that this phase should provide a link with the outside (SerT connection, psychiatry, general practitioners, associations). In one prison, a useful list of contacts is provided at the time of release. In another prison, the preparation for release starts about six months before the release date. A critical issue that emerges strongly from the interviews is the difficulty of communicating effectively with external institutions and organizations, both public and private. One of the negative consequences of this lack of communication is reflected in the condition of detainees from outside the EU who, in the absence of documentation and permissions, are not entitled to access any local service support except first aid.

INVOLVEMENT - Summary

Information to detainees at the time of release is given through colloquies with psychologists and educators. There are several ways that information and assistance are delivered in the institutions. The critical element for all the prisons is the ability to communicate effectively with external structures of the public and private social services.

COLLABORATION

1) What co-operation do you have with NGOs or governmental agencies?

There are collaborations with different local associations, especially for people with problematic alcohol and drug use. There are good relationships with the volunteers and this is often the only resource used.

There are no official protocols or established practices nor a network of institutional services after release. In one prison only is school activity guaranteed. It should also be noted that there is a problem with the lack of documentation for non-EU prisoners within the municipalities.

2) What are the links between treatment providers and prison? What are the actual integrated care pathways between providers and prisons and between agencies that are in place? How could these be improved?

One operator stated that there is no collaboration with other institutions, and no integrated care pathways. There is a need for greater collaboration between internal and external institutions to improve the service. A nurse noted that the links in his area are quite good, but care pathways could be improved. The coordinator of each profession, which exists in every prison, could ensure the same organizational standards in all prisons.

COLLABORATION - Summary

While there is cooperation with local associations, there are no official protocols to ensure institutionalized cooperation. There is a lack of a network of services after release. The integrated care pathways are also insufficient.

BARRIERS

1) Outline the difficulties and obstacles in the care/ management of these groups and to providing a successful throughcare service?

This topic has raised several critical issues. The first is that the number of prisoners to be treated and cared for is too high and the number of the professionals and the prison staff is extremely poor.

The interaction between the Prison staff and medical staff is often difficult. Prisoners with problematic drug use often have problems relating to family, which may contribute to the loss of emotional relationships during the release. One interviewee noted that the collaboration between the prison and health care is almost non-existent. Difficulties arise with the "modus operandi" of prison officers, whose working method is characterized by the need for security and the punishment agenda, in contrast to the therapeutic and rehabilitative aspects promoted by health professionals. For this reason, it should be highlighted that the presence of the guard for security reasons during the interviews limits the spontaneity of the prisoner.

Another barrier is the overcrowding that forces people with different religions, culture, committed crimes, etc, to share common cells and live together.

The difficulty in maintaining a link with previous services should also be noted. The lack of connection with other health services creates further limitations and problems, especially in departments of infectious diseases and psychiatric disorders. Finally, it should be noted that operators often work under conditions of future insecurity and instability.

BARRIERS - Summary

Many criticisms were highlighted that range from overcrowding to poor knowledge of their medical opportunities and the difficulty of establishing cooperation between operators and the difficulty of setting up and maintaining a network with services. Another difficulty relates to the numbers of staff employed and the working conditions of operators and instability of their contract terms.

IMPROVEMENT

1) Have you identified examples of best practice that should be applied to throughcare provision?

Operators argue that the resolution of the limits set out above would provide a better service. The willingness of the staff could ensure continuity of care. It is suggested that increasing the awareness of prison officers would improve cooperation between different operators.

Another suggestion is the improvement of internal monitoring of programmes: in some situations programmes have been monitored to evaluate the best practices used within Throughcare services valued by individual indicators, but there are currently only theoretical, not practical.

2) Is the throughcare provision evaluated? How?

Operators presume that Throughcare services are evaluated according to certain indicators. For example, a frequently used indicator is the presence of drug users among the SerT when they are released. However, that "structured" evaluation is not executed in a meticulous way and is often left to the "will" of the operator that manages the case.

In one prison, attention is drawn to the need to assess the effectiveness of

interventions on a team basis they often can be dissonant to the opinion of the manager of the criminal area and the opinion of the staff. Indeed, in contrast to the view expressed by the manager, the team claim they are not involved at all in the bimonthly meetings to discuss cases in a multidisciplinary way. Finally, some observations that emerge should be noted: the operators again underline the lack of coordination within the national prison health reform particularly with regard to treatment plans and connecting with other health services. Most of those interviewed suggest an improvement of the connection between prisons. What should also be noted is the the condition of burn-out suffered by many operators, who often work in isolation.

IMPROVEMENT - Summary

Operators suggest that improving Throughcare could be possible by solving problems that emerge. In particular, it would be useful to encourage and promote greater overall cooperation between all those that operate within the institution and improve the links between health services in and outside prison, with the aim of enabling continuity of care. It appears difficult to manage both structured evaluation of the services offered with the demands of teamwork. The potential burn-out syndrom in some operators should also be recognized.

4 - INTERVIEWS - NGO's AND COMMUNITY ORGANISATIONS

PROMPTS - INTRODUCTION

1. What is your profession / role in your organization?

The interview was attended by eleven operators with various professional roles and belonging to different structures as follows:

Social Co-operative professional operator (N=1)

Social promotion Association's President (N=2)

Volunteers (N=2)

Community's operator (N=1)

Community's Manager (N=1)

A public school teacher (N=2)

Deputy President of Social Co-operative (N=1)

Social Co-operative President (N=1)

2. Have you had any specialist training for this role?

Usually training deals with detention, imprisonment, problematic drug use and social marginalization. Two professional operators had received specific training and only one operator had completed a period of coaching and training placement.

3. What do you understand by the term "Throughcare"?

All participants consider it important to care for the whole person, in terms of social, familial, and psychological health. The treatment of pathological addiction and deviance should not be neglected. It is important to note the continuity of care and therapeutic design throughout: the arrest, incarceration and any alternative measure to the sentence proposed.

4. Do you think “throughcare” is necessary?

In general, it was felt that treatment for the prisoner is necessary and important, but this issue is often overlooked.

5. What kind of throughcare do you provide? For all prisoners or for specific groups (Young, women, ethnic minorities, men, those with mental health needs, problematic drug users)?

The assistance covers various areas and is carried out through various services and activities: expressive and artistic activities, accompaniment services in the exit permits, schooling and literacy, information on accommodation and work practices with external agencies, help in material goods and support services for business and social reintegration. One structure provides access to legal help, where lawyers help prisoners to understand sentences and properly prepare their applications. Another service follows the prisoners in groups, in the university and in the ethics course. Only one service is specifically for drug users.

PROMPTS - Summary

External stakeholders have attended courses on detention, on the prison, on drugs, on the marginalized, but in general, the respondents have no specific training. Taking charge of the prisoner in the totality and continuity at all stages is very important. This process must involve many areas: the social, the psychological health and the family. The consensus on "Throughcare" refers to taking charge of the whole person in a process of individualized and continuous care. Assistance is made in several areas and is achieved through various activities, which deal with various aspects of the person: the recreational and expressive activities enhance social skills and promote the expression of their individuality and abilities; the return to work and social life; the schooling and literacy allow a future social and occupational integration and improve the ability to be in a group and the possibility of an ongoing commitment. Some services provide assistance through legal help desks and support. In general in the assisting and the design of the care planning, no distinction is made between prisoners and drug addicts, gender or nationality.

NEEDS

1. What do you perceive are the main Throughcare needs of prisoners with problematic drug use?

Participants believe that the main needs are: prison care, work and social reintegration, accompaniment to release and medical and psychological care. Some operators highlighted the importance of care at various levels and, accordingly, the need for a multi-professional team. In some cases, all the alternative measure to release and inclusion in a therapeutic community are considered important. Also important is the connection between the different services (communication and collaboration between operators inside the prison and local institutions). Other important prisoner needs are the emotional, relationships and family.

1. How are Throughcare needs highlighted within your organization? Differences between groups: women, young prisoners, those with mental health problems, minorities/short- or long-term prisoners.

In many cases, the participants believe that identifying drug users and implementing specific programs for these people isn't their responsibility. In one case, co-operation with the health facilities was seen as critical for patient management. At school, inside the institute, there are serious problems relating to the use of drugs including lack of concentration, compliance with rules, aggression and suicide attempts.

2. What means do you use to identify drug users returning to the community from prison? Is an action plane used? Needs assessment?

Only one case volunteered information; an agency that works directly in the release pathway stated the detection of needs is done through motivational conversation and counseling.

3. Are there other needs that should be identified and addressed?

Many operators have asked for continuing education and for greater attention to be paid to prisoners' needs.

NEEDS - Summary

For external operators, the priority needs for prisoners with problematic drug use are: assistance during the period of detention, work and social reintegration, medical and psychological care and the release and reintegration paths. For these reasons, the presence of a multidisciplinary team in the institution is very important. In this way, treatment can be delivered at multiple levels. The staff must also consider the importance of emotional relationships and family for the prisoner with problematic drug use. Many operators report that creating a differentiated programme for prisoners with problematic drug use is not in their competence. Consequently, specific intervention programmes do not exist. Another important aspect is the work of the network. Finally, operators want to have more training opportunities.

SUPPORT AND SERVICES

1. Is there an ongoing support process tailored to meet the needs of individual prisoners or is a “one size fits all” approach use?

From a general point of view, the approach is unique for all users. Only the residential structure changes the approach that is adopted to the inclusion of people from prison compared to those in the community. In other cases, individualized programmes are used to meet different requests through training courses, educational courses, universities etc.

1. Are there any specific arrangements in place to help particular minority groups?

There are no separate programmes for specific minority groups. Recently, a therapeutic community was established to carry out a project for foreigners without documents; but this project is now over after only one year.

3. What is the current provision for housing, employment, training and education needs?

All persons interviewed provide services inside the prison to ensure primary school education, secondary and tertiary, computer courses, English language, library management and residential programmes, to facilitate a return to work. Voluntary associations act as a bridge between the inside and outside, to inform and help to identify resources aimed at social and professional reintegration. No answers were volunteered concerning housing.

4. Who is responsible for such provision?

Such services are managed by teams of professionals coming from different organizations. The school courses are carried out by schools and state universities. In the case of Therapeutic Communities, there is a unit specifically designed to maintain the link with the ULSS.

5. Is throughcare organised in the same way in all prisons that you have contact with?

Most organizations work in a single institution and therefore would not be in a position to answer queries relating to practice in other institutions.

SUPPORT AND SERVICES - Summary

The approach is unique for all users and tries to create paths that take into account the needs and personal resources of the prisoner.

As regards the management of Throughcare in different institutions, it is clear that most organizations are working in a single institution and are unable to comment on practice in other institutions.

INVOLVEMENT

1. How are prisoners informed about access to drug treatment that is available to them on release? Are appointments made for them?

In most cases this task is not within its competence, but falls to the operators within the Institution, the SerT, UFC (Unit Prison) and the prison workers. In only one case does the organization have responsibility for the residential structure, enabling operators to carry out individual interviews. In general, this area is a "black hole" of the Penitentiary Administration which, by law, should help the prisoner approaching release from prison for a period of six months prior to the end of their sentence.

2. Do you visit prisoners before they are released?

Everybody indicated that this is not their responsibility. In only one case were users identified once inside and followed by the operators and then later followed in the period before the end of their sentence.

INVOLVEMENT - Summary

Information about treatment of detainees after the expiry of the detention is not considered to be within their competence but rather seen as the domain of the operators within the Institution, the SerT and UFC.

In general the opinion is that information is still lacking and the prisoner is not ready for release, especially in terms of aid in finding housing, work and specific treatment for problematic drug use.

COLLABORATION

1. What co-operation do you have with other agencies in the community?

All external agencies interviewed, except in one case, have established relationships with other agencies: local authorities, private social organizations, Local Health Units, SIL, UEPE, charitable unions, training institutions, job placement and the Judiciary.

2. What are the links between your organisation and prison?

All report that the relationship with the institution have been positive, especially the educational staff and the Penitentiary Police.

3. What are the actual integrated care pathways between providers and prisons and between agencies that are in place?

The network of services is considered very important. The importance of collaborating with the territory, knowing and using the resources of this for the different needs of the prisoner has been identified. This is particularly

evident in relation to the release phase as it affects the chances of employment grants, social reintegration and employment. However, they complain that though much is left to the goodwill of individuals and few structured strategies are established.

4. How could these be improved?

All agree that it is necessary to expand cooperation and network services, establish procedures and protocols of network services, develop integrated programmes and systematize the care of the user at least six months prior to release and to structure an effective programme of social reintegration and work.

COLLABORATION - Summary

Collaboration with penal institutions and local organizations, Municipalities, private social ULSS, UEPE, Judiciary, etc. is viewed as positive.

It is a shared opinion that the integrated care between prison, community and local organizations could be improved through coordination, communication and continuity in the intervention. To this end, a good functioning networking is crucial.

Shared protocols and procedures, systematized and intergrated programmes could improve and facilitate networking and communication among various agencies to plan and structure a programme of social and professional reintegration of the prisoner. This would ensure that an organized structure is already in place at the time of release.

BARRIERS

1. Outline the difficulties and obstacles in the care/ management of these groups and to providing a successful throughcare service?

All complain that there are problems connecting inside/outside, with the relationship between individuals and institutions, with the lack of coordination,

difficulty in relationships and collaboration with the SerT. The scarcity of economic resources, lack of adequate external facilities and personnel with specific training and lack of accompaniment during release are also problematic.

BARRIERS - Summary

All require a more structured and shared network to give continuity to the interventions and to address the lack of accompaniment during release. It is also clear that lack of economic resources and lack of personnel with specific training are limitations. Funding is provided by the Region, the Municipality and by the Prison Administration. There are private entities that finance the activities of the community. Much is left to volunteers. It also noted that there are difficulties in collaborating with SerT.

IMPROVEMENT

1. Have you identified examples of best practice that should be applied to throughcare provision?

The majority of respondents have identified the following as examples of "best practice":

- An ongoing dialogue with the operators of the prison and, specifically, with the manager of education as a key element for the success of the business;
- Taking care of individuals and families, which should be further developed and strengthened;
- The networking and collaboration between various institutions and public and private institutions, which should be systematized and planned as an indispensable part of throughcare;
- School learning: there are indications that it has formed homogeneous groups of learning, which have helped to improve performance;
- The continuity of treatment in/out, for which we should invest more in terms of preparation of operating protocols;

One respondent mentioned the need for a follow up one year after release. Another respondent said that it would be necessary to increase the volunteer staff.

2. Is the throughcare provision that you provide evaluated? How?

In most cases, assessment is carried out through constant consultation with the manager of the education area of the prison. Some also use forms to evaluate the level of the initiatives to be administered to detainees. The assessment is carried out according to learning objectives that are established at startup. In the case of residential communities, the evaluation is made by referrer services.

3. If your provision is not evaluated would it be helpful to have access to an evaluation tool?

Everyone thinks it is important to evaluate activities and objectives that they are responsible for. Even the satisfaction questionnaires from the users are considered very important.

4. How is your organisation funded? Is your provision sustainable?

Most of the initiatives are funded by the Region, the Municipality and by the Prison Administration. In one case, there is direct financing by the ULSS; in another case finance is provided by a bank. In yet another case, funding is provided by the Ministry of Education. Many activities are performed by operators on a voluntary basis.

IMPROVEMENT - Summary

Throughcare services are sometimes evaluated through an ongoing dialogue with the manager of the education area of the prison. However, there is no systematic process to assess Throughcare services between the various institutions.

5- Results common to all categories of professionals (Prisons staff, Healthcare staff and Community Organisations) with respect to the content identified in the areas considered.

PROMPTS

None of the respondents have a specific training process for throughcare, in relation to professional training, environment and management of the prison treatment. However, continuity in the design and the total care of the prisoner with problematic drug use is believed to be important and necessary. Interventions, although primarily related to health/drugs, provide rehabilitative intervention, information and education (cultural, recreational, etc.), which differs by type of structure. It is also important, that the therapy is individualized.

NEEDS

Needs identified include: the continuity of pharmacotherapy, essential goods, higher education and psychological support, rehabilitation and social work, the need for communication and collaboration between local services and prisons, provision of continuity of treatment both in and out of the structure. Usually, the identification and the assessment of needs is via initial interviews with health personnel (doctors and nurses). Support interviews with psychologists and educators are also carried out. A customized treatment plan for the prisoner is not set up, even though the certification of problematic drug use is considered. The action targeted and customized for the various needs of the prisoner is limited, mainly because Italian institutions are often overcrowded, and the penitentiary administration is often under staffed.

SUPPORT AND SERVICES

The management of throughcare differs from institution to institution and is not shared in the national territory. Although the support path is

undifferentiated, interventions try to take into account the different needs, characteristics and personal resources of the prisoner. However, there is a lack of agreements and common procedures to support the prisoners belonging to specific minorities (diseases and nationality). Support that is relative to the housing, employment and training situation is extremely difficult to achieve.

INVOLVEMENT

At release, information relating to housing, employment and social reintegration are lacking due to often poor communication between local institutions and prisons.

COLLABORATION

It is recognised that collaboration between local institutions and prisons is important. However, it is necessary to improve the connection between prisons and services and better coordination is needed. This collaboration should be defined by specific, systematic and shared protocols and procedures.

BARRIERS

Focal points are: lack of resources (economic, material and personal) to be allocated to the intervention; the difficulty to coordinate the relationship between the departments and the administrations; the condition of overcrowding in prisons and the lack of staff.

SUGGESTIONS FOR IMPROVEMENT

The evaluation of throughcare is present but is difficult within individual institutions and between the different prisons. We suggest a greater collaboration between all the actors that work in the management of throughcare services.

6- FOCUS GROUP WITH PRISONERS

Focus groups with prisoners with problematic drug use were conducted in four different prisons. Topics were the following: Prompts, Needs, Preparation for release, Improvement.

PROMPTS: Community to prison

1. Did you have access to drug services before you were in prison? (Methadone, psychological counselling/help, detoxification, needle exchange etc.).

Most of the prisoners used the SerT to start drug programmes (as outpatient or residential) before they were imprisoned.

2. Were these services working for you?

Most stated that they received useful help from SerT with pharmacological support to manage daily life and reduce the effects of substances. In general, they complained about difficulties in communication, bureaucratic slowness and difficulty in having meetings with operators.

3. Did you get the help you needed when you were (access to health care, drug services – detox, methadone etc)?

Most said that they received the required help apart from two migrant prisoners. In general, pharmacological support (methadone) is guaranteed. All focus group attendees complained about the response time being too long and the delay by local health authorities.

4. Do you have a place to live when you are released?

Before you were arrested/came into prison what kind of services would have made it easier for you to deal with your problems?

Half of the detainees interviewed reported they will have their family's support when they leave prison. The other half, unable to rely on family members, are in the position of not having adequate housing and support.

The therapeutic community is a major resource, both as a housing solution and as a chance to follow a SerT programme.

All complain about bureaucratic problems. Everyone wants more integration between the services.

PROMPTS - Summary

In general, the drug services provided by local health authorities (SerT) emerged as been used by most of the detainees interviewed; they found it to be useful mainly with the help of pharmacological support. There are problems relating to bureaucratic response times (too long) and the difficulties experienced in arranging meetings.

Support provided by the family is important especially in terms of the probability of relapse. For those who can not count on the family (about half of the respondents, especially migrants), the concern is a return to marginality and deviance, primarily due to lack of housing and work. Therapeutic communities are seen by some as the only resource that can solve the housing problem giving a chance to build a programme of recovery and treatment. Most complain about the lack of integration between the services (community, region, prison, SerT). This is one of the key barriers to achieving effective reintegration, both to work and socially. It also makes it difficult to continue with treatment and recovery.

NEEDS: Access to help to meet your needs when released

1 What do you think will happen when you are released?

A strong feeling of fear and discomfort related to the difficulty of finding work. They are aware of the difficulty of earning a livelihood because of the economic crisis. Even placement in a social cooperative is problematic and is difficult to maintain because the salaries are low. There are no specific reintegration projects. The greatest concern is the social context: old friends, financial difficulties, the "brand" that they present is viewed as an adverse factor to the success of a reintegration program. Only one prisoner says he is feeling well because he knows he already has a job waiting for him outside. Many feel that there is little hope and they have few expectations as they have not been able to access a programme, there is not a proposed placement and no accommodation to go to once released from prison.

2. What are/were your needs before you are released?

Prompt: housing, help with employment, education/training, spiritual, community (reintegration and relocation), re-negotiating family relations, children, counselling, health (physical and mental) drug-related, money, debts, identity cards, legal rights.

Most inmates do not feel prepared for release. The main needs are linked to finding work, housing, the need for care and therapeutic support. Someone expressed a need for support in the relationships with family members. For migrants, these critical issues must also add to the big issue of a residence permit.

3. What was/are the most important issues for you concerning your continuing drug treatment on release from prison?

Most of the detainees said that the most important question in terms of

reintegration is linked to the network of services and the need for continuity of treatment in/out. The basic needs that arise concern work and therapy support before, during and after incarceration. Many are discouraged and are waiting for the end of their sentence with apparent resignation. Few have the opportunity to go at the support groups within the Institution. The SerT comes too late and the proposal sent to the therapeutic community comes only when they are about to conclude the period of detention. Even more difficult is accessing an interview with the Magistrate and consequently obtaining the granting of alternative measures to detention. The need to speak directly with the Magistrate and have the opportunity to express their motivations and need for a more effective rehabilitation has emerged. Everyone wants to have access to alternative measures and follow a gradual rehabilitation programme or have access to residential programmes.

NEEDS - Summary

The main need that emerges from the prisoners is to be able to rely on a connection between "inside and outside" that can, once they have finished their sentence, ensure an effective rehabilitation programme.

In general, prisoners cite a complete lack of support and preparation for release because of lack of communication and coordination between internal and external actors, particularly in terms of timing. It follows that proposals to follow a rehabilitation programme are often submitted almost at the end of the sentence. In general, the common desire is to have the opportunity to access alternative measures to serve a rehabilitation programme or gradual and continuous access to residential programmes that assist them to manage both emergency accommodation and to ensure continuity of the same.

PREPARATION FOR RELEASE:

1. What sort of help are you getting to prepare for your release? From whom? Do you have a case manager?

Prisoners noted that they are unlikely to be followed by operators of institutions as they would like. They also denounce the lack of organization: in prison, SerT operators are present but lack all the facilities of educational and cultural support for the prison population. Most complained about the lack of projects, which demonstrates a serious lack of connection between inside prison and outside.

Only one person was thinking of making contact with the SerT when released and another is in contact with a gardening cooperative. All the others are very discouraged and disheartened.

2. Do you know who to ask for help in preparing for your release?

All the inmates agreed that they do not know who to approach in order to prepare for released from prison. There is no support and obtaining an answer to the request for a meeting is difficult because of overcrowding. Most prisoners plan to ask for help from those who they already knew before entering prison (family or community).

3. Are you happy with what has been planned for your release?

They believe they have had no help and their release has not been planned.

4. Are prisoners with problematic drug use encouraged to be involved in any part of the design of their care package? Have you been consulted about your future release plans? Would you like to be? Were your views taken into account?

All prisoners report that they were not consulted or involved in reintegration projects. Some prisons lack the economic resources necessary to provide an

appropriate number of operators who may follow them. They feel their needs, expectations and change to their lives have not been taken into account.

5. Has anyone from the outside visited you in prison to discuss helping you when you are released (housing, municipality, healthcare, drug workers etc.)?

No responses have been received from SerT. In general, detainees interviewed have turned to volunteers or, in some cases, to the chaplain who works in the prison.

PREPARATION FOR RELEASE - Summary

The support that prisoners ask for appears to be educational and cultural. Although SerT's operators are present in prison, there is no connection and communication between inside the institution and outside. The general feeling is distrust and lack of expectations because they do not feel supported and followed in preparing for discharge and reintegration.

One resource that seems to be positive is supplied by volunteers who provide information on services and therapeutic communities.

IMPROVEMENT

1. How do you think things could be improved to ensure that ex-prisoners get both the information and the provision they need? What would you find most helpful?

All agree that the link with the world outside and the creation of a network that involves all stakeholders is important in the last part of the sentence. What emerges is the need for a person who could be a stable point of reference.

Also reported: the need for more support, to feel protected, supported, informed, cared for and supported in the preparation for release, increased contacts with the family, need to overcome social exclusion produced by the prison, rehabilitation programmes, projects aimed at encouraging development and growth, presence of legal support, more access to interviews with

operators and with the magistrates of reference (only one interview is done with the educator at entrance), need to retrain professionally or learn a new profession, more job opportunities in prison and a fairer distribution of work in prison.

2. Did any of the agencies involved in your throughcare provision ask you about your experience of their services?

None has ever been asked for information about their experience of services provided.

3. Are you satisfied with what is being arranged for you?

Basically, they do not feel satisfied. They ask for clarity in the procedures for exit and a programme of support from the SerT to be prepared in advance of release. Many of them think that to go to the SerT after the release could be dangerous in terms of relapse, especially if there is no specific programme.

IMPROVEMENTS - Summary

The prisoners suggest that improvements are made to the organization's network and the contact, coordination and synchronization among all operators in different services in and out of jail in order to plan solutions to support efficient recovery and effective reintegration. It is also clear there is a need for rehabilitation programmes.

Also be important is a legal window to navigate and better understand their situation and how to formulate requests; many prisoners report the need to have contact with the magistrate.

Information, support, preparation for release with greater timeliness and escorts are the aspects that most are lacking.

8 - Comparison between focus group vs. other groups.

PROMPTS

The most important help is the drug support provided by SerT. The criticisms that most frequently emerge are long response times, bureaucratic difficulties and problems in obtaining an interview with the operators. These are all obstacles to the continuity of treatment. The internal and external staff have made the same observation about the continuity of care. Care must attend to basic necessities, work and social relationships. In general, everyone complains about the lack of integration between the community, prison and SerT.

NEEDS

The primary need is the connection between inside and outside of the prison that supports the prisoner in the release path. It is also necessary that the programme of social and occupational reintegration is proposed before release. This programme must be customized and continuous.

SUPPORT AND SERVICES

Although SerT's operators are present in prison, the lack of connection and communication between inside and outside generates a feeling of distrust and lack of expectations. Detainees report that they don't feel supported in the release and reintegration paths. Educational and cultural support is considered the most inadequate.

SUGGESTION FOR IMPROVEMENT

Prisoners suggest that customized reintegration programmes are implemented. The external staff report that the interventions are the same for everyone and that there isn't distinction between personal attributes like nationality and substance abuse. Detainees believe that it is important to promote the communication between the local services, because usually the reintegration programme is set at the end of the sentence. In conclusion, the most critical aspects are the lack of information and support, the preparation for release and gradual and continuous treatment.

8 - Final Remarks

A threefold effort has been detected in all the visited prisons and in all the responses. The first is the attempt to provide a better health care to prisoners with problematic drug use even in a context of recognized difficulty. The second is the joint efforts for successful cooperation, carried out over this transition management period of prison health from the Ministry of Justice to the Ministry of Health. The third great effort that we have detected is an attempt to improve the relationship between the prison and external realities.

The main problems of prisons are: overcrowding, the lack of space, and understaffing. These elements adversely affect the implementation of actions for the continuity of care that are already difficult to achieve.

The analysis of documents obtained through the interviews, highlights some factors that hinder the implementation of effective continuity of care.

These elements are summarized below:

- Different organization among prisons;
- Lack of operative protocols with single prisons and no links with the outside;
- Lack of systematic preparation of prisoners for release;
- General information about referrals;
- Poor communication inside and outside prisons;
- Lack of health planning pointing outwards;
- Difficulties in accessing documentation;
- Lack of follow-up activities;
- Lack of personalized interventions for prisoners;
- Poor management and coordination of exact timing between the length of detention and the territory's actions;
- Lack of continuity of care assessment services;

One of the most important and critical points is the problematic nature of communication and collaboration between prison and territory. This issue is highlighted from the evaluation of continuity care service assistance. The

detection of quality of the service is managed with different procedures from institution to institution. This diversity prevents a broad spectrum of monitoring for the service, which is required to create good practices that are common and shared.

This situation requires improvement of the network working, developing cooperation between local services and maintaining connections. This becomes possible with the drafting of common operating procedures and protocols, in order to systematize the prisoner/patient's care, to facilitate collaborative communication and motivation between all operators, in the continuity of care that takes place in institutional terms. These good practices allow actions that are not limited and fragmentary, but systematic and shared in all the realities of prisons. These good practices guarantee the continuity of care of the whole person and its specificity.

In this sense, it is important to develop methods of intervention that are not in place merely to support the inmate while serving his sentence, but also in the context around the prisoner and during the sentence. The operators and the detainees think that setting up, managing and coordinating a rehabilitation programme are difficult. The provision of care should run in parallel throughout the prisoners time in detention from arrest till sentencing.

A figure or a particular service that has the specific task of informing the detainees of the possibilities for treatment outside the prison is not present. This results in unclear and inadequate information that feeds the prisoners' fear, and sense of abandonment that has emerged from the focus groups.

The work, school enrolment, educational activities, cultural and recreational activities improve relationships with others and provide an opportunity to engage in actions that require ongoing commitment. Through these activities, prisoners can take advantage of the time in prison in a functional and productive way.

The activities of learning, acquiring new knowledge and developing skills and personal resources help the prisoner to feel a part of their personal rehabilitation programme both in working and social elements. These elements

have the possibility to decrease the concerns of prisoners, the sense of marginality and the risk of reoffending behavior.

At the same time, the fundamental elements for the management and implementation of continuity of care are the development, planning, and organization of a specific treatment plan that has to be customized and pre-established. Organization, communication and collaboration between prisons and local services is essential to reveal the practical aspects of the personalization of care. These issues affect the experiential baggage that the prisoner experiences during the period of detention.

If we refer to "continuity of care", we speak about a path of personal care that must be achieved through the integration of design elements, necessary action and motivation.