



# Beyond the Treatment Paradigm: Expanding the Rehabilitative Imagination in Ireland

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Rehabilitation in Ireland has a long and chequered history, and its popularity has waxed and waned over time. Its origins can be traced to the court missionary system which was established before Ireland gained independence from Britain. Ireland also inherited a legal and criminal justice infrastructure from Britain that reflected penal welfare ideals (Rogan, 2012). However, penal welfarism was never fully embraced by post-Independence Ireland (Kilcommins et al., 2004). Instead, Catholic values played a central role in the evolution of rehabilitation philosophy, policy and practice, with the Church's influence enduring into the 1960s and beyond (Healy & Kennefick, 2019). Highlighting a darker chapter in the history of rehabilitation, criminal justice interventions coexisted within an extensive system of coercive confinement where marginalised and vulnerable groups were confined for the purposes of 'reform'. O'Donnell and O'Sullivan (2020) estimated that, during the first half of the twentieth century, approximately one percent of the Irish population was being held involuntarily in a variety of institutions including psychiatric facilities, Magdalene laundries, mother and baby homes, industrial and reformatory schools, county homes, an unusually high rate in

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international terms. While some religious-run institutions claimed rehabilitative aims, the harsh conditions, degrading treatment and strict regimes were experienced as punitive by those confined there. To a large extent, these institutions existed to control female sexuality and punish gender infractions (Quinlan, 2016). In the community setting, voluntary organisations were empowered to deliver rehabilitative services by the Criminal Justice Administration Act 1914, which enabled societies involved in the provision of probation services to young people to apply to the Secretary of State for recognition and payment. This, in conjunction with a commitment to the Catholic principle of subsidiarity, which stated that governments should not assume control of activities that could be provided by non-state actors, limited state involvement in rehabilitation at this time (Healy, 2015; McNally, 2007). The ceding of control to the Church also resonated with conservative political thought, which viewed social problems as best addressed not by the state but by the family, community and church (Brangan, 2021; McNally, 2007).

Before the 1960s, the concept of rehabilitation seldom featured in prison-related discourse or policy (Rogan, 2012). In fact, there was very little reflection on the purposes of imprisonment at all. On the rare occasions when it was discussed, rehabilitation discourse was tinged with paternalistic and religious overtones, and was ‘reminiscent of Victorian ideals of penality’, surrounding ‘saving’, the regenerative power of work and moral reform’ (Rogan, 2012: 11). Political inertia—due to the comparatively low imprisonment rate and the dominant role played by the Catholic Church in welfare service delivery and the containment of ‘deviant’ populations—meant that penal policy, prison regimes and rehabilitative opportunities changed little during this time (Behan & Baston-Gates, 2016). The 1960s and 1970s witnessed a sea change, however, with rehabilitation becoming a central organising principle in penal policy (Rogan, 2012). For instance, the Prison Act 1970 enshrined rehabilitation as an aim of the criminal justice system (Rogan, 2012). Professional rehabilitation workers such as probation officers and psychologists were also introduced to the prison system for the first time (Brangan, 2021). Progress was driven by individual champions, including senior civil servants and ministers for justice, who regarded rehabilitation as being at the cutting-edge of penal policymaking (Rogan, 2012).

The socio-economic climate also favoured the emergence of penal welfare ideals at this time; progressiveness was becoming fashionable; the country was experiencing a period of economic prosperity; and political ideologies were beginning to shift leftwards (Rogan, 2012; see also Garland, 2001). However, Brangan (2021) takes a different view, proposing that the era was characterised not by a commitment to penal welfarism but by a distinctly Irish form

of penalty, termed pastoral penalty, a 'priestly form of power' comprising a blend of progressive ideals and traditional Catholic values (Brangan, 2021: 59). Pastoral penalty was characterised by a tolerance of crime and those who committed it, with criminality attributed to poverty rather than pathology and prisoners regarded as fully fledged members of society. Imprisonment was viewed as inherently harmful, so rehabilitation was designed not to 'treat' but to help people cope with the pains of imprisonment and maintain bonds with family and community. Proponents favoured individualised approaches and distrusted experts and scientific knowledge. While progressive in many ways, pastoral penalty did not extend to all; paramilitary prisoners were subject to a security-oriented prison and women—particularly those not conforming to gender norms—did not always benefit from the same level of compassion (Brangan, 2021).

The tide turned in the 1980s as rehabilitation came to be seen as an unaffordable luxury during a decade characterised by economic instability, rising crime rates and prison over-crowding (Rogan, 2012). Accordingly, any developments during this period should be viewed as pragmatic adaptations to challenging circumstances rather than attempts to advance the rehabilitation agenda (Brangan, 2021). A seminal report from the Committee of Inquiry into the Penal System was published in 1985 but had little impact on policy or practice due to a prevailing sense of crisis in the criminal justice system (Behan & Baston-Gates, 2016; Rogan, 2012). Of the four specialist services in prison (work, education, welfare and psychology), the Committee concluded that all were under-resourced, under-staffed and housed in inadequate premises. Recognising that institutional contexts can impact rehabilitative success, the authors observed that it was difficult for rehabilitation services to 'work' in prison environments characterised by outdated and austere Victorian architecture, limited space, unsanitary conditions, a culture of distrust and few opportunities for prisoners to exercise autonomy or express their authentic selves. In the community, the report advocated the provision of additional training opportunities and praised the workshops being run by the voluntary sector in partnership with the Probation and Welfare Service. This highlights the ongoing relationship between voluntary bodies and the state in the provision of rehabilitation support.

The criminal landscape was transformed again in the 1990s by rising rates of drug addiction and drug-related crime. Attitudes towards people who committed crime were also changing, and the tolerance of previous decades was replaced with a view of them as dangerous, chaotic and difficult to rehabilitate (Brangan, 2021). Political debate narrowed accordingly, with governments no longer endorsing rehabilitation and opposition politicians

framing rehabilitative sentiments as being soft on crime (Rogan, 2012). In parallel, tensions emerged among senior civil servants at the fault line between the new law-and-order agenda and traditional philosophies (Brangan, 2021). The law-and-order agenda achieved precedence for a time at least and rehabilitation was reconfigured into a mechanism for reducing reoffending, representing a move away from its traditional goal of providing assistance to marginalised individuals (Rogan, 2012). Notwithstanding these shifts, some innovations were introduced during this period, including a treatment programme for prisoners convicted of sexual offences (Behan & Baston-Gates, 2016; Rogan, 2012). In the community context, an expert group highlighted the range of probation-funded initiatives in existence, including addiction treatment, hostel accommodation and therapeutic interventions in prison, the latter marking an extension beyond the traditional probation officer role of addressing routine welfare needs (Probation and Welfare Service, 1999). The community and voluntary sectors also continued to play a central role in policymaking during this period (Swirak, 2018).

By the 2000s, the economy was booming, facilitating increases in criminal justice expenditure which were used primarily to expand criminal justice infrastructure rather than enhance rehabilitative services (Rogan, 2013). Evidencing continuity in practice, a value-for-money study found that rehabilitative projects funded by the Probation Service continued to focus on traditional welfare needs like addiction, education and training, and counselling (Petrus, 2008). The authors also expressed concern about the absence of quantifiable objectives, performance measures, case tracking and evaluation in the sector, perhaps a legacy of the anti-scientific mindset associated with pastoral penalty. Following the economic crash in 2008, efforts were made to increase the use of non-custodial options, but these were designed, not to facilitate rehabilitation, but to achieve cost savings via a reduction of the prison population during a time of austerity (Healy, 2015; Rogan, 2013). Policy and practice have begun to follow international trends in recent years, as evidenced by an increasing—but largely symbolic—emphasis on risk, responsabilisation and managerialism (Healy, 2012; 2015). Taken as a whole, this examination of the rehabilitation landscape through a historical lens reveals that Irish rehabilitation policy and practice is shaped primarily by expediency and pragmatism, supporting Rogan's (2012: 25) observation that severe 'deficits of imagination' existed with regards to policymaking in this area.

## Policies, Programmes and Contexts

Mapping the exact contours of the contemporary rehabilitation landscape is difficult due to the diverse structures, philosophies, sites and methods of the services involved (Swirak, 2018). Most services are delivered on a small, localised basis and there is little in the way of an organised, state-led approach to rehabilitation (Fitzgerald O'Reilly, 2018). Services are delivered by a mix of charitable organisations, state agencies and ex-prisoner organisations but the voluntary sector continues to play a prominent role (Behan & Baston-Gates, 2016). Some voluntary organisations operate independently, but most are funded totally or in part by state agencies. For instance, 36% of the Probation Service's annual budget in 2020 was allocated to voluntary bodies delivering rehabilitative services to people involved with the criminal justice system (Probation Service, 2021). Support is available at all stages of the criminal justice process and some specialist services exist to support diverse populations (Swirak, 2018). Notably, rehabilitation providers still focus primarily on welfare needs such as employment, education, addiction, accommodation and family issues. Evaluations are scarce and mostly qualitative or small scale in nature, making it difficult to gauge the effectiveness of particular interventions. Due to space constraints, a full description of rehabilitative services in Ireland cannot be provided. Instead, two theoretical frameworks will be used to organise the discussion and reflect on current trends in rehabilitation. The first is Burke et al.'s (2019) four forms of rehabilitation, which elaborates an earlier model put forward by McNeill (2012, 2014). This is supplemented by Tomczak and Buck's (2019) four-part typology, which categorises the penal voluntary sector into *functionalist regulators* which aim to correct individual flaws, with the practitioner deciding what changes and supports are needed; *interpretivist regulators* which are client-centred and focus on helping people to fix their own flaws; *agents of radical change* which focus on raising awareness of social inequalities, thereby empowering people to campaign for social change; and *agents of social change*, which focus on changing social structures and redistributing resources. While the two frameworks do not directly map onto one another, they are complementary as will be shown. It should also be noted that the forms and categories referenced in these frameworks are ideal types and, in reality, organisational paradigms are best described as 'varied, fluid and hybrid' in nature (Tomczak & Buck, 2019: 914).

The most easily recognisable rehabilitative form is psychological rehabilitation, which is 'concerned with promoting positive individual-level change', usually through structured rehabilitative programmes (McNeill, 2012: 14).

People with convictions experience a range of difficulties, including financial problems (Central Statistics Office, 2020), substance misuse (Rooney, 2021), limited educational attainment (Cleere, 2021), poor employment histories (Fitzgerald O'Reilly, 2018) and mental health issues (Gulati et al., 2019). Given this, programmes addressing these needs can be beneficial and a wealth of research shows that such assistance can help to facilitate desistance. However, the rehabilitative potential of treatment programmes may be limited because, rather than addressing structural causes of crime, most programmes focus on the individual change process or on helping people to cope with the pains of punishment, thereby legitimising current penal and social arrangements and concealing social injustices (Tomczak & Buck, 2019). Cognitive behavioural programmes designed to address so-called cognitive distortions are a classic example of this type. Cognitive behavioural programmes are not commonplace in Ireland but have been used in relation to sex offending. The first dedicated treatment programme for people convicted of sex offences, the Sex Offender Intervention Programme, was launched by the Irish Prison Service in 1994, as the numbers of prisoners convicted of sexual offences began to rise (Behan & Baston-Gates, 2016; O'Reilly et al., 2010). This was a manualised programme which used cognitive behavioural principles to treat cognitive deficits and was delivered by prison psychologists and probation officers. O'Reilly et al.'s (2010) evaluation, based on a small sample, found that the programme was partially successful in addressing cognitive distortions, victim empathy, interpersonal skills and self-regulation. However, just 10–15% of those offered a place on the programme availed of this opportunity. The programme was replaced by the Building Better Lives programme in 2009, which uses a strengths-based approach to enhance motivation to change, help people to develop a better understanding of their offending behaviour and plan for the future, and provide practical supports to ease the transition from prison to the community. This programme has not yet been evaluated but participation rates remain low (Dail Debates 30 January 2019). There are parallels between psychological rehabilitation and the regulatory approaches described by Tomczak and Buck (2019), which are designed to address individual deficits and encourage people to comply with social norms. Such approaches may appear beneficent on the surface but typically downplay structural and systemic causes of crime, placing the blame instead on personal failings (see also Burke et al., 2019).

McNeill (2014) later expanded the concept of psychological rehabilitation to include all forms of personal rehabilitation. The broader definition encompassed 'any effort that seeks to somehow change, develop or restore

the person; to develop new skills or abilities, to address and resolve personal limitations or problems' (Burke et al., 2019; McNeill, 2014). Personal rehabilitation may or may not involve formal intervention but in practice involves attempts to enhance hope, skills and personal strengths. Prison education is a good example of personal rehabilitation. In Ireland, prison education is provided in partnership between the Irish Prison Service and educational services including Educational Training Boards, Public Library Services and the Open University. Educational provision covers a range of areas from basic skills (e.g. literacy and numeracy) to university-level qualifications as well as vocational and personal development courses (e.g. arts and technology). Behan's (2014) research showed that prisoners engage with education for a variety of reasons but primarily to enhance skills and qualifications, to prepare for life after release, to escape the tedium of prison routines or to gain a degree of autonomy over their lives. Cleere (2021) found that those who participate in prison education experience greater levels of hope and agency as well as stronger social capital; for instance, education provided qualifications that could be used to gain employment as well as the knowledge and confidence to participate in civic society (e.g. through voting). In this way, prison education may have an indirect effect on desistance, fostering cognitive changes that act as stepping stones to the achievement of prosocial goals. However, there are numerous barriers to educational participation, both personal and systemic. Cleere (2021) found that non-participation was due to a sense of hopelessness about the future, issues around drug addiction and embarrassment due to literacy issues as well as systemic issues such as a lack of available courses, fears about safety and negative past experiences of education. Scholars have also expressed concern that prison education is being reframed as 'an instrument of rehabilitation and nothing more', fearing that this will shift its focus from personal development to the correction of personal failings (Cleere, 2021: 4). There are also questions as to whether efforts to facilitate personal development can be effective in austere and rigidly structured environments like prisons (Behan, 2014).

Legal rehabilitation, the second form, addresses 'questions of when, how and to what extent a criminal record and the formal stigma that it represents can ever be set aside, sealed or surpassed' and the person restored to full citizenship (McNeill 2012: 14). Rehabilitation programmes designed to change the individual (or help individuals change themselves) cannot 'work' unless the collateral consequences of punishment are addressed. Recognising that rehabilitative processes (and criminal justice processes in general) are shaped by wider structural contexts, Burke et al. (2019) argue that rehabilitation discourse and practice must be embedded within a broader social

justice agenda. Tomczak and Buck (2019) offer an even more radical view, highlighting initiatives that aim to raise awareness of injustices perpetrated against people with convictions, empowering them to challenge and reform inequitable social arrangements. Drug treatment offers a useful lens through which to consider the political dimensions of rehabilitation in the Irish context. Collins (2019) notes that, while addiction is best viewed as a public health issue, government responses have centred on harm reduction and punitiveness (though the current strategy incorporates a public health dimension; see Department of Health, 2017). Exemplifying the punitive approach, the Criminal Justice Act 2007 (amending the Misuse of Drugs Act 1977) introduced a minimum sentence of ten years' imprisonment for people found guilty of possessing drugs with a value of €13,000 and above. With regards to harm reduction, methadone maintenance programmes have long been the treatment of choice. While these programmes have reduced drug-related crime, Harris and McElrath (2012) argue that the goal is social control rather than treatment. The emphasis on social control generates institutional stigma, evident for example in the language surrounding drug testing where it is common for tests to be described as 'clean' or 'dirty'. This in turn creates spoiled identities that equate addiction with criminality, irrespective of a person's recovery status. From a rehabilitation perspective, the social control agenda undermines trust between clients and service providers, diminishes client agency in the treatment process and creates barriers to reintegration as people cannot seek employment if required to attend methadone clinics regularly. This example illustrates the need for radical organisations of the kind described by Tomczak and Buck (2019) to campaign for social and criminal justice reform. Such organisations can contribute to system change by advocating for the rights of people with convictions, contributing to penal debates and scrutinising government actions (Swirak, 2018). Penal reform movements are rare in the Irish context and the Irish Penal Reform Trust is perhaps the highest profile advocacy organisation (Rogan, 2012). Like its British counterpart, the Trust works to promote system change with recent campaigns centred on spent convictions, mental health and the needs of ethnic minority groups (see [www.iprt.ie](http://www.iprt.ie)).

In subsequent work, Burke et al. (2019) more fully articulated a specific sub-form of legal rehabilitation, namely judicial rehabilitation. They describe the ideal courtroom as a place where dialogue and communication between stakeholders in the rehabilitative process—namely victims, community representatives, criminal justice professionals and the person who committed the offence—can take place. With regards to the factors that should influence decision-making, they propose that courts consider structural as well as



personal circumstances, alongside a person's rehabilitation prospects. Drug treatment courts are arguably well-placed to facilitate this kind of rehabilitation, but do not always live up to their potential. The Dublin Drug Treatment Court, established in 2001 to deal with adults who have pleaded guilty to non-violent drug offences, is a case in point. Participants progress through three phases—bronze, silver and gold—over a two-year period, during which time they must attend rehabilitation programmes, gradually reduce their drug use and report to the court on a regular basis. Butler's (2013) research highlighted several issues undermining the rehabilitative potential of the court (see also Collins, 2019). Despite a protracted planning process, the research documented significant implementation delays, ongoing friction between healthcare and criminal justice professionals, a lack of support from key stakeholders and a range of due process concerns (e.g. defence lawyers play a limited role in court processes). Stakeholders also felt that the new bureaucratic structures disrupted existing collaborative arrangements that had been working well, albeit on an informal basis. Participant numbers are low in international terms due to strict eligibility criteria and a lack of knowledge about the court among legal professionals and judges (Gavin & Kawalek, 2020). The goal of complete abstinence also appears unrealistic, given that just 14% of participants graduated from the court between 2001 and 2009, though some reduction in offending behaviour was evident (Department of Justice Equality and Law Reform, 2010). This highlights the need for discretionary and flexible court responses to non-compliance and setbacks in the desistance process (Burke et al., 2019). Notwithstanding low participation and success rates, the court has continued in operation due to its political and symbolic appeal (Butler, 2013).

Moral rehabilitation is the third form of rehabilitation and describes approaches that offer opportunities for people with convictions to repair the harm caused by their actions and earn redemption (Burke et al., 2019). This is only part of the story, however, as society must also make good on its debts, having failed to address the social injustices that contributed to the offending behaviour. As Burke et al. (2019: 14) put it, 'a person who has offended has to "pay back" [and] an unjust society that has permitted criminogenic social inequalities to go unaddressed [...] will have debts that it must settle'. Restorative justice interventions are a classic example of moral rehabilitation, with international research highlighting benefits for people with convictions, victims and communities (see e.g. Hansen & Umbreit, 2018). Within the Irish context, a range of restorative justice options are available to young people. Under An Garda Síochána's [Irish police service] Diversion Scheme,

young people may be offered a restorative justice caution or the opportunity to participate in a restorative justice conference. In practice, the lines between these options are blurred, with some cautions resembling conferences and vice versa (O'Dwyer & Payne, 2016). Research is limited but O'Dwyer's unpublished research, conducted in 2004, documented high levels of victim participation, stakeholder satisfaction and compliance with outcome agreements, though approximately one-third of participants reoffended within 12 months (O'Dwyer & Payne, 2016). In spite of these benefits, the restorative justice mechanisms offered within this programme are under-used with referrals declining steadily in recent years (Marder, 2019). Young people can also participate in the Le Chéile Restorative Justice Project, launched in 2010 to provide restorative services such as conferencing, victim-offender mediation and reparation panels. Quigley et al.'s (2015) qualitative evaluation found that participants reported higher levels of victim empathy and stronger family relationships, felt well-supported and believed their voices had been heard. Their parents agreed, saying that they felt included and respected in the process and that their well-being and understanding of their children had improved as a result. Victims likewise described feeling heard and respected and experienced enhanced well-being following participation.

With respect to adults, restorative justice options are less readily available. The introduction of Circles of Support and Accountability represents perhaps one of the more interesting developments in recent years. The model, based on restorative justice principles, brings together an inner circle comprising a small group of trained volunteers, a core member (a person with convictions for sexual offences), and an outer circle comprising criminal justice professionals such as police and probation officers. The inner circle meets with the core member on a weekly basis to offer guidance and support, encourage the person to take responsibility for their behaviour, and participate in social activities like going to the cinema. An evaluation (Cresswell, 2020; PACE, n.d.) found that participants experienced a range of benefits including enhanced wellbeing, improved social skills, stronger relationships and greater involvement in community life. However, many experienced ongoing issues with employment, accommodation and social isolation due to the stigma attached to their offences, raising questions as to whether highly stigmatised groups can ever achieve full social integration and highlighting the close inter-connections between moral and social rehabilitation. The Probation Service is working to further embed restorative justice in its work, recently establishing the Restorative Justice and Victim Services Unit to support restorative justice activities. Plans are also underway to extend victim-offender mediation to serious offences including sexual violence (Probation

Service, 2021). Despite these developments, restorative justice provision in Ireland remains 'patchy' and under-developed (Marder, 2019: 61).

While restorative justice is overtly concerned with moral rehabilitation, other criminal justice mechanisms can also play a role. There is for instance growing awareness of the need to consider the moral quality of the institutional sites where rehabilitation takes place. Liebling (2011) concluded that moral quality in prisons is grounded in staff-officer interactions, with prisoners reporting a stronger sense of legitimacy when they are treated with respect, fairness, and dignity, have positive relationships with staff and feel safe in the prison environment. Within the Irish context, the limited research on prison life makes it difficult to judge the moral quality of prisons and their ability to foster moral rehabilitation. Existing research shows mixed results in this regard; for example, Garrihy's (2020) research on prison officer occupational cultures found that officers rely on social and communication skills to navigate interactions with prisoners, sometimes using discretion to assist prisoners. At the same time, officers also used a range of strategies to assert authority over prisoners and maintain order; for instance, threatening to move non-compliant prisoners to inferior cells.

Lastly, social rehabilitation is defined as 'the informal social recognition and acceptance of the returning citizen' and as such invokes concepts like social capital, community, citizenship and social justice (Burke et al., 2019: 14). The authors argue that the state has a duty to repair the harms caused by structural injustices, not only to help people with convictions but also to strengthen communities by enhancing collective efficacy and cohesion. To achieve this requires a whole system approach comprising collaborative, community-led approaches that are responsive to local needs and concerns and prioritise the common good over profit-making. Interestingly, rehabilitation services in Ireland already follow this template to some extent, given the prominence of local and charity-led organisations in the sector. However, Swirak (2018) highlights a range of concerns linked to increased state regulation and control of the voluntary sector which, in her view, signal a shift towards a marketisation and privatisation agenda. She argues that these changes create a power imbalance between the state and voluntary sector and could place pressure on voluntary bodies to dilute traditional welfarist or social justice goals to meet funding requirements. Voluntary organisations may also lose credibility with service users when they collaborate with state agencies; for instance, relationships can suffer when rehabilitative staff are required to monitor and report on compliance or share information with state agencies. It is possible too that growing state control of the voluntary sector will have a chilling effect on advocacy work, though lack of empirical

research makes it hard to gauge the true impact of these changes in the Irish context.

Bearing these caveats in mind, there are a number of interesting initiatives designed to enhance community ties and build social capital among people with convictions. For instance, the Community Return Scheme, which was introduced by the Irish Prison Service and Probation Service in 2011, is an incentivised, structured, and reviewable early release scheme. The scheme is open to people serving sentences of one to eight years who have served at least half of their sentences, been assessed as low risk and engaged with prison services. Prisoners on the scheme are granted early release and must complete unpaid work in the community such as painting or gardening work. They also receive rehabilitative supports to address issues such as accommodation, addiction, and employment/training. An evaluation of the pilot scheme (Irish Prison Service/Probation Service, 2014) identified several benefits for participants including the addition of structure and routine to their days, the opportunity to gain vocational experience and transferrable skills, and the chance to improve their reputations in the community. Recidivism rates were low, though this is perhaps because suitable cases could be cherry-picked during the early stages of the scheme. However, many participants also experienced difficulties complying with the strict sign-on conditions, accessing welfare entitlements and covering the costs associated with travel to worksites.

Perhaps one of the most innovative examples of social rehabilitation is the Community Based Health and First Aid (CBHFA) programme, which was developed by the Red Cross and Red Crescent Societies to enhance community health and hygiene in developing countries. The programme was introduced to the prison system by the Irish Red Cross in 2009 and operates in partnership between the Irish Red Cross, Irish Prison Service, City of Dublin Vocational Education Committee and the Probation Service. As part of their training, 'special status' Irish Red Cross inmate volunteers identify health needs in their prison community and, in conjunction with healthcare staff and teachers, develop and implement projects to address these needs through peer-to-peer education. The volunteers played a particularly important role during the pandemic using their knowledge in the fields of health and hygiene to communicate information about COVID-19 to the prison community, support peers through a difficult and stressful time, and assist in the implementation of infection control measures (Orcutt, 2021). To date, over 1000 prisoners have participated in the programme and around half have graduated (Irish Red Cross, 2020). Recent quantitative studies found no differences in self-efficacy or self-esteem among CBHFA volunteers before and after programme participation but did show some improvement

in measures of psychological well-being (Irish Red Cross, 2020). However, O'Sullivan et al.'s (2020) small-scale qualitative study showed that CBHFA participants were able to achieve acceptance and redemption through the enactment of prosocial roles and experienced a heightened sense of agency through taking action to improve the quality of prison life. The programme has also positively impacted the prison environment; for instance, official figures showed a 90% reduction in cutting incidents in one prison following the introduction of a Weapons Amnesty Project by volunteer inmates (Betts-Symonds, 2012). Because of this, O'Sullivan et al. (2020) described the CBHFA programme as an example of transformative rehabilitation, a form of rehabilitation that not only facilitates individual change but also transforms the structural barriers that impede personal change efforts. Despite its positive impact however, volunteers were aware that a criminal record would preclude volunteer work after release, highlighting the need to consider the intersection between legal and social rehabilitation in service provision.

People with convictions often find it difficult to achieve full social inclusion and restoration of rights and citizenship. Within regards to employment, Fitzgerald O'Reilly (2018) describes how such individuals are excluded from the labour market through a process that begins before criminal justice contact and continues after the sentence is completed. People with convictions typically have histories of low educational attainment, few qualifications and limited employment experience (see e.g. Central Statistics Office, 2020). Contact with the criminal justice system compounds these disadvantages by undermining self-confidence, disrupting employment and educational histories, and not properly preparing people for life after release. Post-release, people with convictions must contend with employer discrimination and legal barriers like the requirement to disclose criminal records in certain circumstances (see the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016). Despite recent improvements, Fitzgerald O'Reilly (2018) concludes that service provision in this area remains insufficient. The government is attempting to address these issues through innovative mechanisms like social enterprise, defined as 'a whole-systems approach to increasing employment options for people with past convictions that recognises their skills and capabilities, leading to active citizenship, safer communities, fewer victims and supporting desistance' (Cafferty, 2021: 99). While criminal justice agencies play a crucial role in social rehabilitation, the Department of Justice (2020) *Working to Change: Social Enterprise and Employment Strategy 2021–2023* acknowledges that social change can only be achieved through engagement with a wide range of stakeholders, including the public. With this in mind, the strategy adopts a multi-pronged approach

to enhance pathways into mainstream employment (e.g. setting up an employer forum to identify ways to reduce barriers to employment), social enterprise employment (e.g. creating a funding stream for social enterprises); and entrepreneurship (e.g. implementing a new insurance scheme specifically for social enterprises) (Cafferty, 2021). Fifty social enterprises are currently offering employment or training opportunities to 100 people with convictions. While these initiatives have not yet been evaluated, their principles and practices are very much in accord with Burke et al.'s (2019) concept of social rehabilitation.

## Conclusion

This chapter offered a critical reflection on the Irish rehabilitation landscape, using a historical lens to elucidate the philosophical, structural and political roots of contemporary policy and practice. Rehabilitation is a phenomenon with many faces, a broad and ambiguous concept that can be manipulated to serve multiple ideological positions. It is also ephemeral since the rationales underpinning rehabilitation are constantly evolving and adapting to retain relevance in a changing world (Behan & Baston-Gates, 2016; Robinson, 2008). Structurally, the Irish rehabilitation sector is populated mainly by local, charity-led services. While beneficial in many ways, these arrangements have given rise to a patchwork of services with little coordination, strategy or leadership. Politically, decisions around rehabilitation are guided more by pragmatism and expediency than ideology and, consequently, the vision underpinning rehabilitation has not been fully articulated.

The review also highlighted several risks facing the Irish rehabilitation sector. For instance, the growing emphasis on rehabilitation as a tool for reducing recidivism could supplant traditional goals of personal development and social inclusion; the failure to address structural, systemic and institutional barriers could undermine personal efforts to change; the lack of research and evaluation makes it hard to gauge the effectiveness of interventions; and the dearth of whole-system and whole-society approaches could lead to different parts of the system working at cross-purposes. Nevertheless, some promising initiatives have been introduced in recent years, most notably, social enterprise schemes designed to create pathways into employment for people with convictions. Further innovation will be needed as Irish society continues to develop and diversify. In recent years, there has been growing recognition that people in contact with the justice system are not a homogenous group and that tailored services are needed for cohorts such as

women and ethnic minority groups including Travellers (an indigenous Irish minority). However, this work is at an embryonic stage. Other challenges include the lack of multi-modal services for people experiencing multiple issues simultaneously.

Overall, this chapter highlights the value of an expanded rehabilitative imagination encompassing the personal, legal, moral and social dimensions of change. Revisioning rehabilitation in this way could help to mitigate barriers to change and facilitate desistance, personal growth and social inclusion. While personal rehabilitation can help to enhance agency and human capital, moral rehabilitation creates space for redemption, reconciliation and reparation; both of which are known to play a central role in desistance. Additionally, social and legal rehabilitation can create a set of political, structural and institutional conditions that support rather than impede change. An expanded rehabilitative imagination encourages us to situate personal experiences within a wider social, cultural and-historical context (cf. Mills, 2000) and, in the case of rehabilitation, to understand change not just as an individual journey but as a collective project that requires all of society to play a part.

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