Journal of Law, Policy and Globalization
ISSN 2224-3240 (Paper) ISSN 2224-3259 (Online)
Vol.134, 2023

Effectiveness of Reintegration Among Parolees Released Under Prison Decongestion Programme Due to COVID-19 Outbreak in Prisons in Kakamega County, Kenya

Erick Omwenga Gichana
Tutorial Fellow, Department of Criminology and Social Work
Masinde Muliro University of Science and Technology
Email Address: omwengaericson@gmail.com

Abstract
This paper sought to develop an integrated approach that specifically targets successful re-entry of parolees upon release from prisons under Prison Decongestion programme due to COVID-19 outbreak in prisons. The paper sought to establish strategies utilized by the correctional managers in reintegration of parolees on Prison decongestion programme during the COVID-19 pandemic. The study adopted mixed methods approach. Questionnaires, interview schedules and guiding questions for focus group discussions were used to collect information from community members, parolees and correctional managers respectively. Thematic analysis was employed in analyzing qualitative data while descriptive statistics were generated from quantitative data. Findings revealed that skills training, behavioural counseling, formal education, agriculture and religious training were the strategies utilized by correctional managers in reintegration of parolees released on Prison decongestion programme during the COVID-19 pandemic in Kakamega County. In light of the study findings the development of a community participation model for reintegration of Parolees has been proposed where collaboration and networking between state and non-state actors will be used to create synergy in the resettlement, reintegration, rehabilitation and empowerment of parolees released on prison decongestion programme due to Covid-19 outbreak.
Keywords: Reintegration, Parolees, Prison Decongestion, COVID-19
DOI: 10.7176/JLPG/134-11
Publication date: July 31st 2023

1.1 Background of the study

Prison congestion is a global concern, as COVID-19 spread across Sub-Saharan Africa like a bushfire; the severe overcrowding seen in many prisons was a time looming bombshell in waiting. The correctional facilities globally had been marked as centres of high risks and catastrophe in waiting unless action was taken to combat the spread of COVID-19 (WHO, 2020). The novel COVID-19 outbreak, which began in Wuhan, China in December 2019, has expanded to touch nearly every corner of the globe. Hundreds of thousands of people around the world have been affected and neither Prisons were spared.

The World Health Organization declared COVID-19 a global health pandemic and spread of the virus is a public health emergency of international concern. This paper inculcates the effect of COVID-19 in Kenyan prisons before and after the release of prisoners. In order to contain the spread of COVID-19, the Kenya government released over 4,000 petty offenders to decongest the prisons, however it should be noted that, most of the Kenyan prisons which were constructed as early as 1911 were intended to accommodate 22,000 prisoners, is now housing more than 54,000 inmates (Omboto, 2010).

Prison Conditions in Kenya have for a long time been characterized by congestion, poor diet, degrading clothing and bedding, lack of clean water, poor sanitation and infectious diseases amongst other challenges. For example, Industrial Area Prison which is over 107 years old is dilapidated and overcrowded, exposing inmates to unhygienic conditions and illness (Osen, 2019). In Industrial Area prison for instance, it is common for 12 inmates to share a cell meant for only three people. A room that is supposed to hold 20 people is now containing 45 people. The congestion and unsanitary conditions of confinement, coupled with inadequate, neglectful, and often punitive responses to medical needs, mean that COVID-19 poses a serious risk in the event of an outbreak.

The risks are exacerbated further by the fact that criminalized and incarcerated populations have disproportionately higher rates of serious and chronic illnesses that leave them more vulnerable to viruses, particularly those who are elderly, pregnant, or immune compromised given the general lack of specialists in the health care and proper sanitation in the overcrowded facilities, coupled with shortages medicine and totally inadequate testing of COVID-19 expose prisoners who are disproportionately poor and afflicted with prior conditions that render them vulnerable to the COVID-19.

Therefore, it is imperative to note that crowded prisons and jails cannot realistically implement social distancing; as there is literally no space for social distancing required by WHO, (2020). People in jails and prisons also may not be able to regularly wash their hands, which may promote the spread of disease because the

hand sanitizer contains alcohol and is considered contraband due to its high alcohol content according to Boone, et al (2020). Similarly, The Kenya Prison Act Cap 905 spells the same on anything that has alcohol content. However, many families before COVID-19 could visit their loved ones and buy soap, but with the ban on prison visits, the government has to give more funds to prisons to purchase soap and sanitizers, a move aimed at protecting the Prison population against COVID -19 in the country.

The purpose of releasing the over 4000 prisoners, was aimed at achieving the recommended one-meter social distancing within prison facilities as part of the progressive strategies in combating COVID-19 pandemic (NCAJ, 2020). The fact that Kenya released over 4,500 petty offenders to decongest prison facilities in light of the COVID-19 pandemic, early findings based on literature review indicates that reentry into the community which is normally a thorn in the flesh for some offenders was not adequately addressed. In line with this, this project sought to sought to develop an integrated approach that specifically targets successful re-entry of parolees upon release from prisons under Prison Decongestion programme due to COVID-19 outbreak in prisons in Kakamega Count with a view of developing solutions to prevent recidivism.

1.2 Statement of the problem

The overcrowded and unsanitary conditions of confinement in prisons, coupled with inadequate, neglectful, and often punitive responses to medical needs, mean that COVID-19 poses a serious risk in the event of an outbreak. Prison congestion risks are exacerbated further by the fact that inmates have disproportionately higher exposure of serious and chronic illnesses that leave them more vulnerable to viruses, particularly those who are elderly, pregnant mothers, HIV, and those whose immune system is compromised by other ailments. The Kenyan prisons recorded 1,728 Covid-19 infections as at March, 2021 (IDPC, 2021). Prison decongestion following the Covid-19 outbreak was hurriedly undertaken between 31st May, 2021 and 14th July, 2021 by the government to release 3,837 prisoners back to the community before fully undergoing rehabilitation (Ministry of Health, 2021). Premature release of an offender from prison implies that the inmate has not covered the full length of his/her rehabilitation programme, which is usually designed and spread across the entire sentence period. Released prisoners in Kenya have a seventy-five percent likelihood of committing another crime and a fifty percent probability of going to jail two years after their discharge from prison custody (Oruta, Omosa & Lumumba, 2017: 101). It is in this premise that this project seeks to establish the intricacies of reintegration of parolees released under Prison Decongestion programme due to COVID-19 outbreak in prisons in Kakamega County and develop practical interventions to reduce recidivism.

1.3 Objective

To establish the strategies utilized by the correctional managers in reintegration of parolees released on Prison decongestion programme during the COVID-19 pandemic.

1.4 Research Question

Which strategies are utilized by the correctional managers in the reintegration of parolees released on Prison decongestion programme during the COVID-19 pandemic?

1.5 Literature review

This section presents literature on reintegration of inmates released prematurely due to covid19 outbreak in prisons.

1.5.1 The impact of COVID-19 on people in prisons

By February 2021, at least 504,000 people in prison had contracted COVID-19 across 121 countries, with over 3,800 recorded deaths across 47 countries (JPP, Prison Insider & Carr, 2021). This is likely an underestimate due to gaps in data collection in custodial settings and since many countries do not have COVID-19 testing arrangements in place in prisons or do not make data publicly available (UNODC, 2021). These sombre statistics demonstrate how COVID-19 has exposed and exacerbated unacceptable conditions across prisons globally and that prisons and other detention facilities are extreme-risk environments for the spread of COVID-19, particularly in overcrowded contexts and where hygiene and sanitation standards are lacking (Akiyama, Spaulding, & Josiah, 2020). The priority responses to COVID-19 that have been implemented in the community, such as social distancing measures and access to hygiene products, have been severely restricted or absent in many detention settings due to prison overcrowding, and a lack of resources. As a result, the WHO has marked prison facilities as centres of extreme risk unless action is taken to combat the spread of COVID-19 (Abraham, Timothy & Shaun, 2020).

One of the most significant challenges to preventing the spread of COVID-19 in penitentiary settings is the endemic overcrowding of prisons globally (Crowley, Walter, Patrick & Marie Claire, 2020). Overcrowding not only renders it impossible to implement COVID-19 infection prevention protocols, but it also violates fundamental human rights such as the right to health (Abraham, Timothy & Shaun, 2020). Incarceration should

thus be limited to a "measure of last resort", 14 not only during the pandemic but also in the post-COVID-19 context. Indeed, more systemic and structural criminal justice system change is required in the long run to address the vulnerabilities exposed and exacerbated by the pandemic (Akiyama, Spaulding, & Josiah, 2020).

As a result of abysmal prison conditions, there have been widespread unrest and protests across prisons globally. As such, several CSOs have called for urgent prison and criminal justice system reforms to contain the virus and protect the health and wellbeing of people deprived of their liberty (Abraham, Timothy & Shaun, 2020). Similar calls have been made by a number of international agencies, such as the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), the UN Office for the High Commissioner on Human Rights (OHCHR) among many others. As has been noted by UNODC, addressing the particular COVID-19 transmission risks in prisons (e.g. due to overcrowding, lack of hygiene products and unacceptable sanitation procedures) is not only key to controlling the spread of the virus inside custodial settings, but also in the broader community (Akiyama, Spaulding, & Josiah, 2020). As a result of the crisis posed by COVID-19 in prisons, several UN agencies released a joint statement in 202020calling for action by governments to take all appropriate public health measures to reduce the spread of the virus, including by reducing prison overcrowding, e.g. through granting early releases to incarcerated persons. Importantly, appeals have been made for governments to comply with international standards for the treatment of prisoners, such as the United Nations Standard Minimum Rules for the Treatment of Prisoners (the "Nelson Mandela Rules") and the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the "Bangkok Rules").

1.5.2 Returning to the community from prison during COVID-19

In recognition of the risks to prison populations from COVID-19, many governments made commitments when the pandemic was first announced in March 2020 to reduce their prison populations to ease overcrowding and disperse people held in custody. Measures mainly involved exceptional release mechanisms, including amnesties, pardons, commutations, and early and temporary release schemes, including compassionate release. Many release schemes targeted high-risk groups including older people, those with specific health conditions or disabilities, pregnant women and mothers with young children, in line with guidance from the World Health Organization. Many also included people in pre-trial detention and those serving short sentences or nearing the end of their sentence.

As much as 40 per cent of the prison population was released in Turkey (114,460 people), 30 per cent in Jordan (around 6,000 people) and over 15 per cent in Catalonia (Spain), Cyprus, Norway, Portugal, France and Slovenia.39 Over 40,000 people were released in Ethiopia40 and over 68,000 temporarily in India, about 14 per cent of the total prison population. Some of the largest reported releases were in jurisdictions with no official, supporting data, including 104,000 people serving sentences in Iran, and 62,000 people in Iraq, including both sentenced and pre-trial detainees. In Indonesia, the prison population decreased by 12 per cent between January and April 2020, notably because of COVID-19-related emergency releases. By the end of October 2020, 82,000 people had been released in the Philippines, mostly from remand.

Despite obvious benefits of release measures, many targets for decreasing prison populations were missed, and far fewer people than needed to prevent transmission in prisons were released. A regional survey in Latin America found that between March and June 2020, five out of 26 prison systems released less than 1 per cent of their prison population, and nine released between 1 and 5 per cent.44 In South Africa by July 2020, less than 6,800 of the estimated 19,000 people that would be eligible had been released on parole. Others were said to have been hindered by bureaucratic or practical issues, such as difficulties achieving sign-off from relevant bodies during lockdown or insufficient supply of electronic monitoring devices to facilitate house arrest.45 Barriers to the success of these schemes varied across countries and regions.

Where there is chronic overcrowding, the measures did not reach far enough. In Malawi, it is estimated that the number of people imprisoned was reduced by just over 12 per cent through emergency releases, but with prisons operating at 260 per cent capacity, this was not enough to effectively reduce the risk of outbreaks. The second wave of COVID-19 has resulted in more than 300 people in prison contracting the virus, but the true numbers are expected to be much higher.46 Any benefit of release schemes was cancelled out in some countries where COVID-19 offences led to detention pre-trial or at the sentencing stage. In Morocco, arrests for breaching COVID-19 regulations, mostly of young males, led to a new increase in the number of people in prison, despite releases by high pardon including children, women, and the elderly.

In Uganda, 833 people were released by Presidential pardon, but the continued detention of suspects and the suspension of most court hearings meant the prison population more or less remained the same. There has also been no discernible change in Cambodia's prison population, with the release of people keeping pace with the numbers of new arrivals in detention. Changes in political sentiment saw U-turns on emergency release schemes in several countries, including England after six people were mistakenly released. Media reports of negative public opinion also led to changes like in Argentina where protests against prison releases were held in the capital in April 202050 and within weeks court decisions to release high-risk groups were reverted and no more

releases were offered to at-risk individuals.51 Courts in some countries ruled on the emergency release of detainees. In Pakistan, the Supreme Court in April 2020 overturned lower courts'.

The outcomes of reducing prison populations during the pandemic for disease control and healthcare provision have been the subject of various studies, although further analysis would be required to understand the longer-term impacts. One study in the US state of Texas found a correlation between crowdedness and viral spread; prisons operating at 94 – 102 per cent capacity had higher COVID-19 infection rates and more deaths than those at 85 per cent.55 Another US study found efforts to depopulate a large urban jail reduced transmission by 56 per cent, with a subsequent 51 per cent decrease in transmission when single-cell occupancy was increased.56 A key concern that emerged regarding mass releases was related to support for those released (see Rehabilitation and reintegration).

1.6 Research Methodology

A survey research design was utilized in the study. This was condcuted among parolees, correctional managers, local administration officers and community members in the study area. In this regard, a survey was carried out which involved assessing the reintegartion strategies implemented by correctional managers for parolees during the Covid-19 pandemic.

The study was conducted in Kakamega County. This was due to the fact that prison facilities in the County recorded the highest number of Covid-19 infections that informed more parole releases (98) than any other County in Western Kenya. According to data from Kenya Prison Service (2021), there had been 309 confirmed cases of Covid-19 infections in prison facilities around the country by April 2021 with 19 confirmed cases in prisons in Kakamega County. This number was significantly higher compared to 11 Covid-19 cases in prisons in Busia County, 9 in prisons in Bungoma County and only 2 in Prisons in Vihiga County.

Questionnaires and interview schedules were used to collect data from local administartors, community members, parolees and correctional managers respectively. A questionnaire was administered to the parolees released to the community. Simple random sampling was used to identify the parolees released to the community. Data from prisons provided information on the location of the parolees for ease of identification for purposes of data collection. Pursposive sampling was used in identifying the local administrators and correctional managers who were subjected to indepth interviews. Simple random sampling method was used in identifying community members who were engaged in the study. Interview schedules were used to collect data from Correctional managers that were involved in the release of parolees within Kakamega County, and these were probation officers in Kakamega Central, Butali, Mumias and Butere as well as Prison officers in Kakamega Main Prison, Kakamega Women Prison and Shikusa Farm Prison.

Thematic analysis was employed in analyzing qualitative data while descriptive statistics were generated from quantitative data. Findings from the survey will be utilised to develop an integrated approach in the management of the parolees upon release from prisons to enhance successful reintegration and prevent recidivism. Religious leaders and selected members of the parolees' families were interviewed.

1.7 Research Findings

The study targeted 194 respondents being released parolees in Kakamega County. Of these, 158 respondents participated in the study. This gave the study a response rate of 81.44%. According to Creswell (2017), a response rate of 70% or more is sufficient for purposes of generalization of findings from the sample onto the entire population from which the sample was drawn.

1.7.1 Socio-Demographic and background information of the respondent

About the gender of respondents, findings revealed that 75.32% (119) of the respondents were male while 24.68% (39) were female. This implies that there are more male parolees than there are female ones in Kakamega County. This is in line with several empirical studies that have suggested at any given time in any part of the world, there are more men than women in prison (Sexton, 2016; Taliaferro, Pham & Cielinkski, 2016; Visher, & Mallik-Kane, 2007; Travis, Solomon, & Waul, 2001).

Respondents were asked to state their age and findings presented in table 1.

Table 1: Age of Respondents

Age	Frequency	Percentage (%)
18 – 25 years	17	10.76
26 – 35 years	63	39.87
36 – 45 years	45	28.48
46 – 55 years	19	12.03
56 years or more	14	8.86
Total	**158**	**100.0**

Results in table 1 show that 39.87% (63) of the respondents were between 26 and 35 years, 28.48% (45) were between 36 and 45 years, 12.03% were between 46 and 55 years, 10.76% (17) were aged between 18 and

25 years while 8.86% were 56 or more years. This shows that majority of the parolees were youthful individuals between 26 and 35 years. Having such a number of youthful individuals released from prison portends danger to the economic development of the country given that these are energetic individuals who are at their prime age and should actively participate in their personal as well as economic development.

With regard to marital status, findings are presented in figure 1.

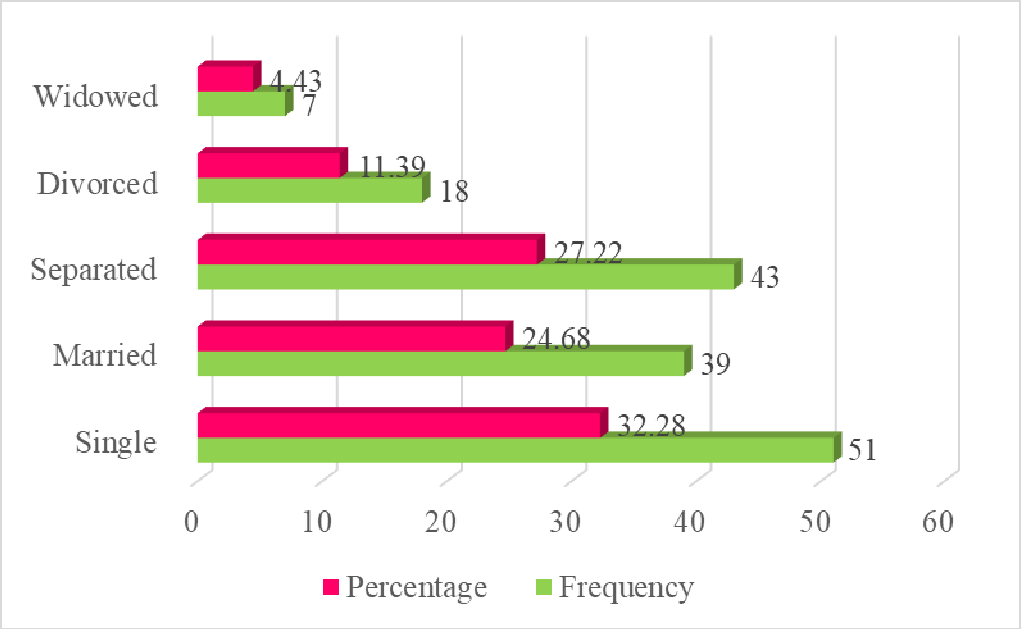

Figure 1: Marital Status of Respondents

Results in figure 1 show that 32.28% (51) of the respondents were single, 27.22% (43) were separated, 24.68% (39) were married, 11.39% (11) were divorced while 4.43% (7) were widowed. This implies that majority of the released parolees were single individuals. Past studies on criminality and marriage have demonstrated that most criminals prefer to remain single as a way to avoid responsibility and the possibility to leave their immediate families lonely and suffering in the event of their arrest (Fontaine, 2013 & Dougherty, 2012).

Respondents were asked to state their level of education and findings presented in table 2.

Table 2: Level of Education

Education Level	Frequency	Percentage (%)
No formal education	29	18.35
Primary level	37	23.42
Secondary level	49	31.01
Tertiary level	19	12.03
Trade/ technical education	24	15.19
Total	**158**	**100.0**

From the findings in table 2, 31.01% (49) of the respondents had secondary school education, 23.42% (37) had primary school education, 18.35% (29) had no formal education, 15.19% (24) had trade/technical education while 12.03% (19) had tertiary education. This shows that majority of the respondents were fairly well-educated individuals capable of understanding questions in the questionnaire. Owen (2019) suggested that having well educated respondents in a study increases reliability of findings given the accurate responses that are accorded to the questions.

Respondents were asked to state their religion and findings presented in figure 2.

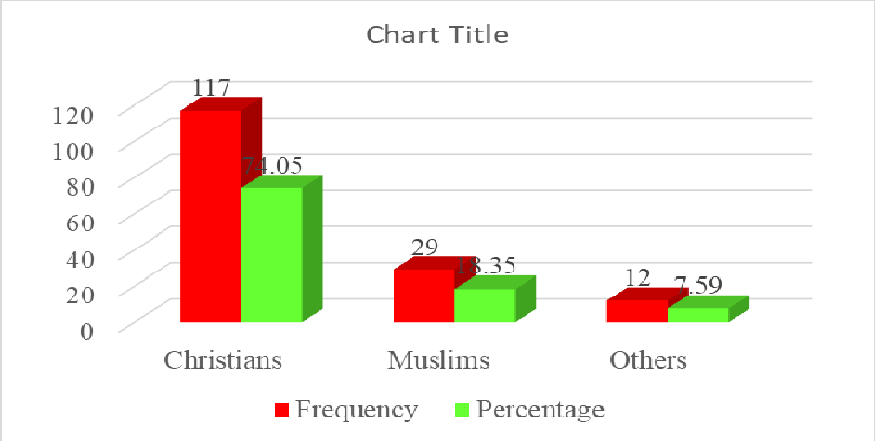

Figure 2: Respondents' Religion

From the results in figure 2, 74.05% (117) of the respondents were Christians, 18.35% (29) were Muslims and 7.59% (12) were other faiths that largely represented non-believers.

Respondents were asked to state if they had children and findings presented in figure 3.

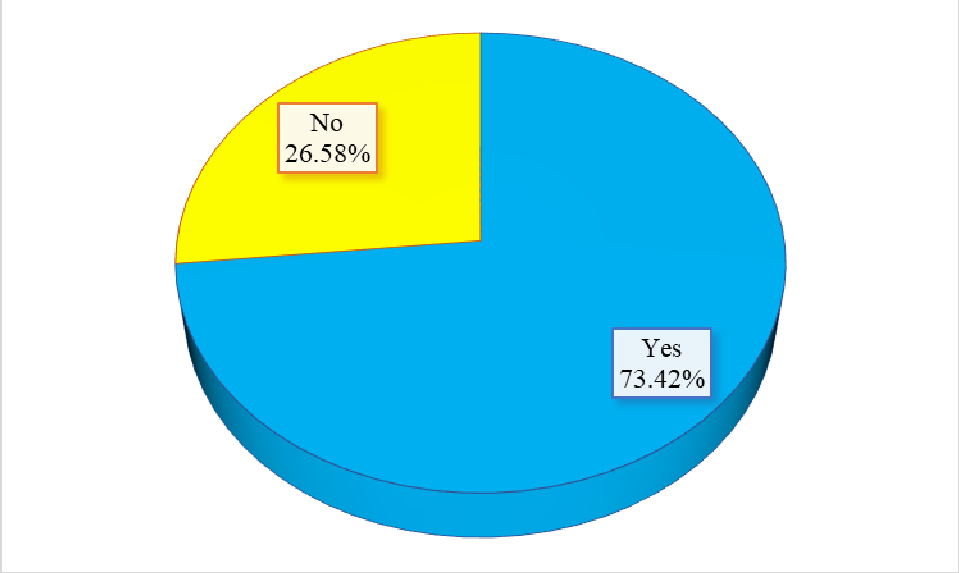

Figure 3: Whether Respondents had Children

Results in figure 3 show that 73.42% (116) of the respondents had children while 26.58% (42) did not. Previous studies that examined the lives of children left behind by their incarcerated parents revealed that most such children suffer a lack of adequate parental supervision and tend to seek solace in peer groups and in many instances introduce them to antisocial behaviour (Datchi, Barretti & Thompson, 2016).

1.7.2 Strategies used by correctional managers in reintegration of parolees

The objective sought to investigate the strategies used by correctional managers in the reintegration of parolees. Respondents were asked to state whether they participated in any reintegration programme while serving their prison sentences and findings presented figure 4.

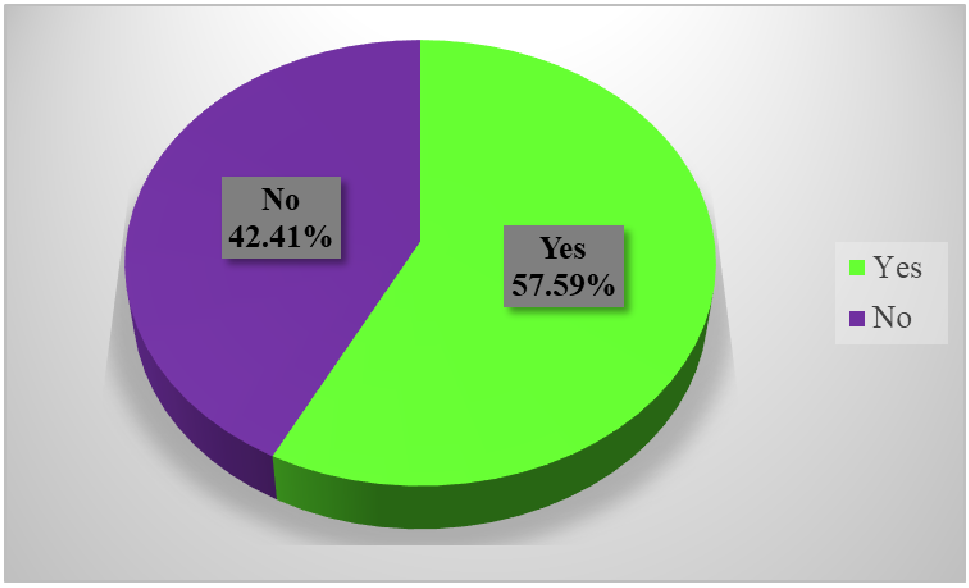

Figure 4: Participation in Reintegration Programmes

From the findings in figure 4, 57.59% (91) of the respondents had participated in reintegration programmes while 42.41% indicated that they had not taken part in reintegration programmes. Studies inmate participation in reintegration programmes and reintegration such as Dougherty (2012) and Taliaferro, Pham and Cielinkski (2016) revealed that inmates who actively participated in reintegration programmes while in prison tend to reintegrate more successfully compared to those who did not.

Respondents who indicated that they participated in reintegration programmes were asked to state the programmes participated in and findings presented in figure 5.

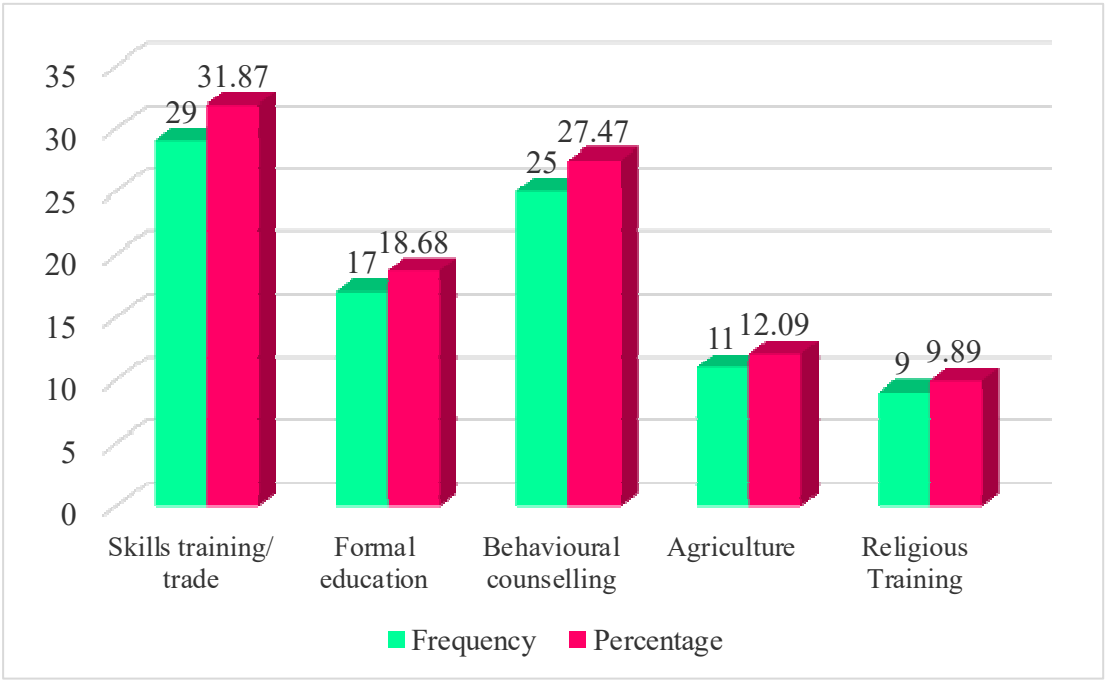

Figure 5: Reintegration programmes for Parolees

From results in figure 5, 31.87% (29) participated in skills training (trades training), 27.47% (25) underwent behavioural counselling, 18.68% (17) were involved in formal education, 12.09% (11) in agricultural training and 9.89% in religious training.

Respondents were asked if their reintegration programme was completed according to the set timeline and findings presented in figure 6.

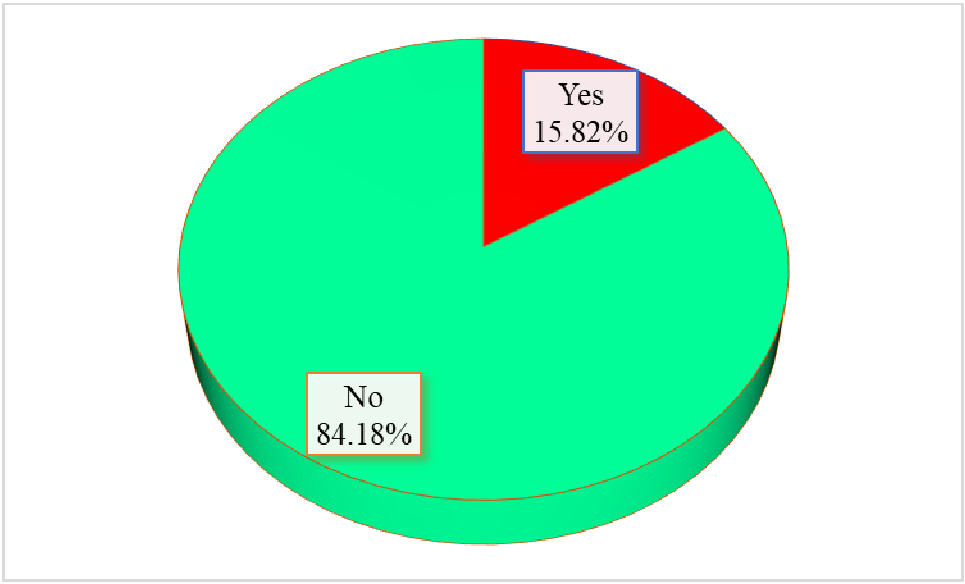

Figure 6: Whether Reintegration programme was Completed as Scheduled

Results in figure 6 show that 84.18% (133) of the respondents said no while 15.82% said yes. This implies that majority of the parolees believe that their reintegration programmes were not completed according to the set timelines. This is a finding that puts to question the very essence of early release if the findings from a study by Morenoff, and Harding (2014) are anything to go by. In their study, Morenoff, and Harding established that early release on parole interrupts correctional programming and does not give parolees the opportunity to successfully complete their rehabilitation programmes. The most affected, according to the study, are offenders learning technical trades who leave prisons ill equipped to face the realities of the outside world.

Respondents who said no to the question whether their reintegration programmes were completed according to the set timelines were asked to give reasons why such programmes were not completed and 80.38% (127) of the respondents were of the view that their early release was the reason why their reintegration programmes were not completed as planned while 19.62% (31) cited sickness, congestion and lack of adequate tools and equipment for training as the reasons why their reintegration programmes were not completed as scheduled.

As regards programmes on which parolees were released, findings are presented in table 3.

Table 3: Programmes on Which Parolees were Released

Release Programme	Frequency	Percentage (%)
Sentence commuted to Probation	38	24.05
Sentence commuted to Community Service Order	91	57.59
Sentence deemed served	29	18.35
Total	**158**	**100.0**

From the results in table 3, 57.59% (91) of the respondents were released to serve community service orders for the remaining period of their sentence, 24.05% (38) were released on probation and 18.35% (29) had their sentences declared by the high court as already served. This shows that most parolees were released to serve on Community service orders where they were ordered to perform unpaid work in public institutions as punishment for the offences committed.

Respondents whose sentences were deemed served were asked to state the reason that led the court to that kind of determination and findings presented in table 4.

Table 4: Reason for Release

Reason	Frequency	Percentage (%)
Sickness	10	34.48
Sentence largely served	15	51.72
Disability	4	13.79
Total	**29**	**100.0**

Results in table 4 reveal that 51.72% (15) of the respondents whose sentences were deemed served by the high court were released because they had served a large percentage of their sentences, 34.48% (10) were released because of sickness while 13.79% (4) were released for various disability considerations. This implies that the prison decongestion programme targeted those inmates who had served a considerable period of their sentence and were only left with a small portion of the sentence to complete. This is very similar to the practice in the US, Canada, Australia, Egypt and Uganda where considerations for release on parole due to Covid-19

pandemic were largely due to reasons of the offender having served a significant portion of his/her sentence (Abraham, Timothy and Shaun, 2020).

Interviews with correctional officers revealed that parolees participated in rehabilitation programmes prior to their release from custody. Findings revealed that skills training, behavioural counseling, formal education, agriculture and religious training were the strategies utilized by correctional managers in reintegration of parolees released on Prison decongestion programme during the COVID-19 pandemic in Kakamega County. With regard to selection of offenders to rehabilitation programmes, it was noted from interviews that some offenders were unwilling to pursue rehabilitation programmes due to lack of interest. The lack of interest was due to the lack of involvement of offenders in the programme selection process. In addition, there were limited training tools and equipment and the time allocated for training was not adequate in many instances.

Interviews with community members revealed that majority of community members labelled and stigmatized parolees as they returned to the community and this made resettlement and reintegration challenging.

Interviews with family members of parolees revealed that majority of them were willing to receive parolees and assist them in the re-entry, resettlement and reintegration.

1.8 Conclusions

Based on the findings of the study, strategies employed by correctional managers in the reintegration of parolees released due to Covid-19 outbreak in prisons in Kakamega County were skills training (trade test), behavioural counseling, formal education, agriculture and religious training.

1.9 Recommendations

Although skills training (trade test), behavioural counseling, formal education, agriculture and religious training were cited as the strategies employed by correctional managers in the reintegration of parolees released on prison decongestion due to Covid-19 outbreak in Kakamega County, it is evident from the findings that a significant number of parolees did not fully benefit from these training opportunities due to reduced time following early release. In this regard, it is recommended that Aftercare programmes specifically meant for parolees are implemented. These programmes should be tailored to empower parolees and complete the reintegration programmes that they were undertaking while in prisons. In addition, prisoners who qualify for parole can be subjected to an accelerated reintegration programmes shortly before release.

REFERENCES

Alisha Desai et al. (2020). “Releasing Individuals From Incarceration During COVID-19: Pandemic-Related Challenges and Recommendations for Promoting Successful Reentry,” *Psychology, Public Policy, and Law*, 2020, https://doi.org/10.1037/ law0000279.

Boone, Christian; Sharpe, Joshua (2020). “No extra soap: Georgia Inmates say Prisons not ready for COVID-19”.The Atlanta Journal-Constitution.

Coffey, A., B. Holbrook & P. Atkinson (1996). 'Qualitative Data Analysis: Technologies and Representations', Sociological Research Online, vol. 1, no. 1. Available online at: http://www.socresonline.org.uk/1/1/4.html

Franco-Paredes et al. (2021), “Decarceration and Community Re-Entry in the COVID-19 Era.

Hisyam I. (2020). “Policy Analysis: Analysis of Prisoner Assimilation and Integration Policy During the COVID-19 Pandemic” (Jakarta, Indonesia).

IDPC, (2021). Prisons and Covid-19. Lessons from an ongoing crisis. London, United Kingdom.

Ikhtiar, H. (2020). “Policy Analysis: Analysis of Prisoner Assimilation and Integration Policy During the COVID-19 Pandemic.” Jakarta, Indonesia, 2020.

NCAJ, (2020). National Council on the Administration of Justice. Government of Kenya

Oruta, E., Omosa, N. & Lusire, L. (2017). The role of prison experience on recidivism in Kakamega County, Kenya. *Journal of Public Policy and Administration Research*. ISSN 2225-0972 (Online) Vol.7, No.5, 2017

Osen., (2019). Prison den of Congestion, Likely Contagion. Star magazine, reported on 28th March, 2019. Retrieved on 28th May, 2020 from https://edition.cnn.com/2020/04/02/africa/kenya-courts-onskype/index.html

APA. (2017). Consensus Workgroup Policy Recommendations to the 115the Congress & Trump Administration on Behavioral Health Issues in the Criminal Justice System.

Coates, T.N. (2015). The black family in the age of mass incarceration. *The Atlantic, 316*(3), 82.

Cortes, K., & Rogers, S. (2010). *Reentry Housing Options: The Policymakers' Guide. Council of State Governments*.

Datchi, C.C., Barretti, L.M., & Thompson, C.M. (2016). Family services in adult detention centers: Systemic principles for prisoner reentry. *Couple and Family Psychology: Research and Practice, 5*(2), 89.

Dougherty, J. (2012). *Survey Reveals Barriers to Successful Ex-Offender Re-Entry*. ROOCJPC.

Fontaine, J. (2013). Examining housing as a pathway to successful reentry: A demonstration design process.

Haymond, M. (2014). Should A Criminal Record Come With Collateral Consequences?
Holzer, H. J., Raphael, S., & Stoll, M. A. (2003). Employment barriers facing ex-offenders. *Urban Institute Reentry Roundtable*, 1-23.
Morenoff, J. D., & Harding, D. J. (2014). Incarceration, prisoner reentry, and communities. *Annual review of sociology, 40*, 411-429.
O'Brien, P. (2002). *Reducing barriers to employment for women ex-offenders: Mapping the road to integration*. Safer Foundation.
Prendergast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction science & clinical practice, 5*(1).
Sexton, T.L. (2016). Incarceration as a family affair: Thinking beyond the individual. *Couple and Family Psychology: Research and Practice, 5*(2).
Taliaferro, W., Pham D., Cielinkski A. (2016). From Incarceration to Reentry. CLASP.
Travis, J., Solomon, A.L., & Waul, M. (2001). From prison to home: The dimensions and consequences of prisoner reentry.
Visher, C.A., & Mallik-Kane, K. (2007). Reentry experiences of men with health problems. In Public Health Behind Bars (pp. 434-460). Springer New York
Rich, G. (2020). "Flattening the Curve for Incarcerated Populations - Covid-19 in Jails and Prisons." *The New England Journal of Medicine* 382, no. 22: 2075–77. https://doi.org/10.1056/NEJMp2005687.
Crowley, D., Walter, C., Patrick, D., & Marie C. (2020). "Prison and Opportunities for the Management of COVID-19." *BJGP Open* 4, no. 3 (2020). https://doi.org/10.3399/bjgpopen20X101106.