



OIFIG AN CHIGIRE PRÍOSÚN
OFFICE OF THE INSPECTOR OF PRISONS

COVID-19 Prison Staff Survey

30 April - 16 May 2021

Submitted to Minister: 3 September 2021

Contents

EXECUTIVE SUMMARY	3
1 INTRODUCTION	6
1.1 Inspection Function of the Office of the Inspector of Prisons	6
1.2 COVID-19 Thematic Inspections	6
1.3 COVID-19 Prison Staff Survey	7
2 METHODOLOGY	8
2.1 Survey Methods	8
2.2 Limitations	8
2.3 Responses	9
2.4 Demographic Profile	9
3 FINDINGS	12
3.1 Communication of COVID-19 Policies	12
3.2 COVID-19 Prevention and Infection Control	14
3.3 Staff Support	19
3.4 Prisoner Support	23

Acknowledgements

The Office of the Inspector of Prisons (OIP) would like to thank prison staff for participating in the OIP COVID-19 Prison Staff Survey. The Inspectorate recognises this as an opportunity to highlight the vital role prison staff played, and continue to play in the prevention of transmission of COVID-19 in prisons in Ireland.

The OIP would like to thank the Irish Prison Service for its collaboration to ensure effective and timely dissemination of this survey to all prison staff.

Finally, the OIP would like to thank the reviewers for their assistance in the development of the OIP COVID-19 Staff Survey.

EXECUTIVE SUMMARY

The Office of the Inspector of Prisons is a statutory, independent office established pursuant to Part 5 of the Prisons Act 2007. The key role assigned to the Inspector is to carry out regular inspection of prisons in Ireland and to present a report on each institution inspected, as well as an annual report to the Minister for laying before the Houses of the Oireachtas.

As part of the inspection process, as set out in *A Framework for the Inspection of Prisons in Ireland* (2020),¹ staff and prisoner surveys inform and provide complementary information to the on-site inspection process.

In March 2021, the Inspectorate commenced a programme of COVID-19 Thematic Inspections, with a commitment to inspect the twelve prisons in Ireland over the course of the year.² Due to COVID-19 restrictions, and taking into account the “do no harm” principle, COVID-19 Thematic Inspections were held over a two-three day period, with a focus on the experience of those in custody. The prison staff survey complements the COVID-19 Thematic Inspections as it focuses on the perspective of both staff working in and managing prisons. A COVID-19 Staff Survey Initial Findings infographic was also developed to complement this report.³

This report does not provide recommendations, however, it does include solution-focused responses provided by survey participants that speak to the need for future learning in the area of infection control and working in prisons.

Data and Methods

The OIP COVID-19 Staff Survey was administered online and hosted on the Inspectorate website (www.oip.ie). The survey ran from 30 April 2021 to 16 May 2021 and examined issues across the Five Inspection Focus Areas: Respect & Dignity, Safety & Security, Health & Wellbeing, Rehabilitation & Development, and Resettlement. Central to the focus of the survey were the following issues:

- 1) Communication of COVID-19 related policies and restrictions to prison staff;
- 2) Prevention and control of transmission of COVID-19;
- 3) Support provided to prison staff; and
- 4) Support provided to prisoners in relation to: (i) restrictions on activities; (ii) suspension of in-person family visits; (iii) healthcare issues; (iv) education and training; and (v) preparation for release.

An invitation to participate in the survey was sent by the OIP to 3,471 Irish Prison Service staff and 220 teachers (whole-time equivalent) employed by Education and Training Boards Ireland (ETBI) working in prisons; this returned 562 participant responses; yielding an approximate response rate of 15%.⁴

¹ OIP. *A Framework for the Inspection of Prisons in Ireland* (2020) <https://www.oip.ie/wp-content/uploads/2020/09/OIP-Inspection-Framework-Double.pdf>

² OIP. COVID-19 Thematic Inspections. <https://www.oip.ie/covid-19-thematic-inspections/>

³ OIP. COVID-19 Staff Survey Initial Findings Infographic (June 2021) <https://www.oip.ie/wp-content/uploads/2021/06/OIP-COVID-19-Staff-Survey-Initial-Findings.pdf>. The survey questions are available here: <https://www.oip.ie/wp-content/uploads/2021/05/COVID-19-Survey-for-IPS-Staff-2021.pdf>.

⁴ The Irish Prison Service provided these as valid employment figures at the end of April 2021; an email invitation was sent to all active email accounts.

Key Findings

Communication of COVID-19 Policies

- COVID-19 related restrictions and policies were clear to three out of four survey respondents. A similar number of respondents felt informed about changes to policies.
- Two out of three respondents felt that the majority of staff cohorts strictly adhered to social distancing guidelines. Three out of four frontline staff⁵ did not feel involved in COVID-19 related decision-making in their prison facility.

Prevention and Control of COVID-19 Infections

- The three measures identified by respondents as key to preventing COVID-19 infections among prison staff were: (i) regular cleaning and disinfecting of staff common areas; (ii) cessation of physical visits to prisons; and (iii) testing and quarantine for all prison committals. Some prison staff expressed their concerns about the requirement to remove facial hair to ensure efficacy of masks.
- Seven out of ten respondents agreed that the Personal Protective Equipment (PPE) provided by the Irish Prison Service offered reasonable protection against COVID-19.
- Half of respondents reported they were unable to social distance when working with prisoners in the general population. 45% indicated they could social distance when working with prisoners in quarantine and isolation.
- Between March 2020 and May 2021, 9% of respondents working in prisons underwent COVID-19 testing more than five times. Some respondents indicated a preference for provision of rapid antigen test kits.
- The issue of clarity on vaccine prioritisation was a major concern for prison staff; while the survey did not specifically ask questions about the rollout of the vaccination programme, this theme featured heavily in staff comments.

Staff Support

- The majority of staff (63%) who had contracted COVID reported “moderate” to “high” levels of organisational support. The remainder (37%) regarded the level of organisational support received as “low.” Some respondents were of the view that more follow-up measures should be in place to support staff who tested positive for COVID-19; a telephone call to check on their health was deemed insufficient. Only 30 individuals (or 6% of 509 respondents - including five who had tested positive for COVID-19) availed of support from the Employee Assistance Service.
- Three out of five respondents worried about contracting COVID-19 and transmitting the virus to their families.
- The majority of staff (57%) felt safe at work as the Irish Prison Service had implemented reasonable measures to prevent and control COVID-19 infections, such as screening at the facility entrance, and staggering smaller cohorts of prisoners during out-of-cell time.
- Stress levels at work increased during the pandemic, while the quality of life decreased.
- Almost half of the respondents (48%) agreed that healthcare staff were not adequately prepared to cope with the increase in the number of prisoners requiring mental healthcare.
- The majority of respondents reported an increase in their workload, particularly those involved in healthcare due to the re-allocation of staff to other assignments and competing duties such as

⁵ This included the following roles: Recruit Prison Officer, Prison Officer, Work Training Officer, Trades Officer, Industrial Training Officer.

COVID-19 related screening, daily temperature checks and swabbing; this led to fewer interactions with prisoners.

Prisoner Support

- The majority of respondents (69%) agreed that the restrictions placed on out-of-cell time had been a proportionate response to prevent and control COVID-19 transmission in prisons. However, 48% of respondents agreed that this had negatively impacted on Incentivised Regimes Management, with knock on effects on sentence management and parole reports.
- The majority of respondents reported increases in both the number of prisoners who required mental healthcare (52%) and those who requested psychology services (51%).
- Just under half of respondents (47%) agreed that educational provision had been inadequate over the course of the pandemic, while 38% felt it had been adequate considering public health measures.
- The majority of respondents (73%) agreed that efforts made by the Irish Prison Service to compensate for the suspension of in-person family visits through the provision of telephone and video calls had been adequate. There was a general sentiment that the video call system had been inadequate during its introduction but had improved over the course of the pandemic.
- The majority of respondents (84%) agreed that the use of in-cell telephones and video links should continue after the pandemic.
- Two out of three respondents agreed that frontline prison staff should be more involved in the Integrated Sentence Management (ISM) plans of prisoners and that more resettlement support was required for high-risk prisoners who were preparing for release.
- The majority of respondents (58%) reported there was a negative impact on prisoner wellbeing due to the pandemic.
- The negative impact of COVID-19 on prisoner wellbeing was associated with an increase in the number of prisoners who required mental healthcare.

Prison Staff Suggestions: Moving Forward Post-Pandemic

- Increased follow-up measures should be in place to support prison staff who contract COVID-19 infections at work.
- More information should be provided to prison staff about the Employee Assistance Scheme.
- Ongoing training in infection prevention and control should be implemented.
- Enhanced cleaning and infection control measures should be maintained.
- Videolink family calls should continue alongside physical family visits for prisoners.
- In-cell phones should be provided in all cells, and there should be an increase in the weekly allocation of phone calls for prisoners.
- Maintenance of phones on landings and other common areas should be closely monitored for the benefit of prisoners.
- Prisoner healthcare services should be expanded to include tele-health.
- Prisoner access to education should be increased through a blended model of face-to-face and remote learning.

1 INTRODUCTION

1.1 Inspection Function of the Office of the Inspector of Prisons

The Office of the Inspector of Prisons was established pursuant to Section 30 of the Prisons Act 2007 (“the Act”) in January 2007. The Inspector of Prisons is appointed by the Minister for Justice to perform the functions conferred on her by Part 5 of the Act. Patricia Gilheaney is the current Inspector and was appointed on 7 May 2018 for a five-year term in office subject to the provisions of Section 30 of the Act. The Inspector of Prisons is independent in the performance of her functions.

The Inspector of Prisons does not have statutory authority to publish inspection reports, investigation reports or annual reports. In accordance with Section 31 or 32 of the Act as applicable, as soon as practicable after receiving a report from the Inspector of Prisons, the Minister must, subject to the following caveats, lay it before both Houses of the Oireachtas and publish the report.

The Minister may omit any matter from any report laid before the Houses of the Oireachtas if she is of the opinion that:

1. Its disclosure may be prejudicial to the security of the prison or of the State, or
2. After consultation with the Secretary General to the Government, that its disclosure
 - a. would be contrary to the public interest, or
 - b. may infringe the constitutional rights of any person.

Where any matters are so omitted, a statement to that effect must be attached to the report concerned on its being laid before both Houses of the Oireachtas, and on its publication.

1.2 COVID-19 Thematic Inspections

The Irish Prison Service has adopted a number of practices in response to the need to prevent transmission of COVID-19 in Irish prisons, and to subsequently uphold Ireland’s commitment to the right to life under Article 40 of the Irish Constitution and the protection of life under Article 2 of the European Convention on Human Rights (ECHR). These measures include, amongst others, restrictions on family contact, quarantine and isolation, restrictions on access to exercise and activities and changes to the prison regime. In response to these restrictive measures, and the need to assess their impact on people living and working in prison, the Office of the Inspector of Prisons prepared a programme of COVID-19 Thematic Inspections to be carried out in all Irish prisons in 2021. The objective of these visits is to provide a human rights informed assessment of the treatment and care of prisoners across the Irish Prison Service. COVID-19 Thematic Inspections are carried out in line with the process provided in the 2020 Framework for the Inspection of Prisons consisting of five Focus Areas: (1) Safety and Security, (2) Respect and Dignity, (3) Rehabilitation and Development, (4) Health and Wellbeing and (5) Resettlement.⁶

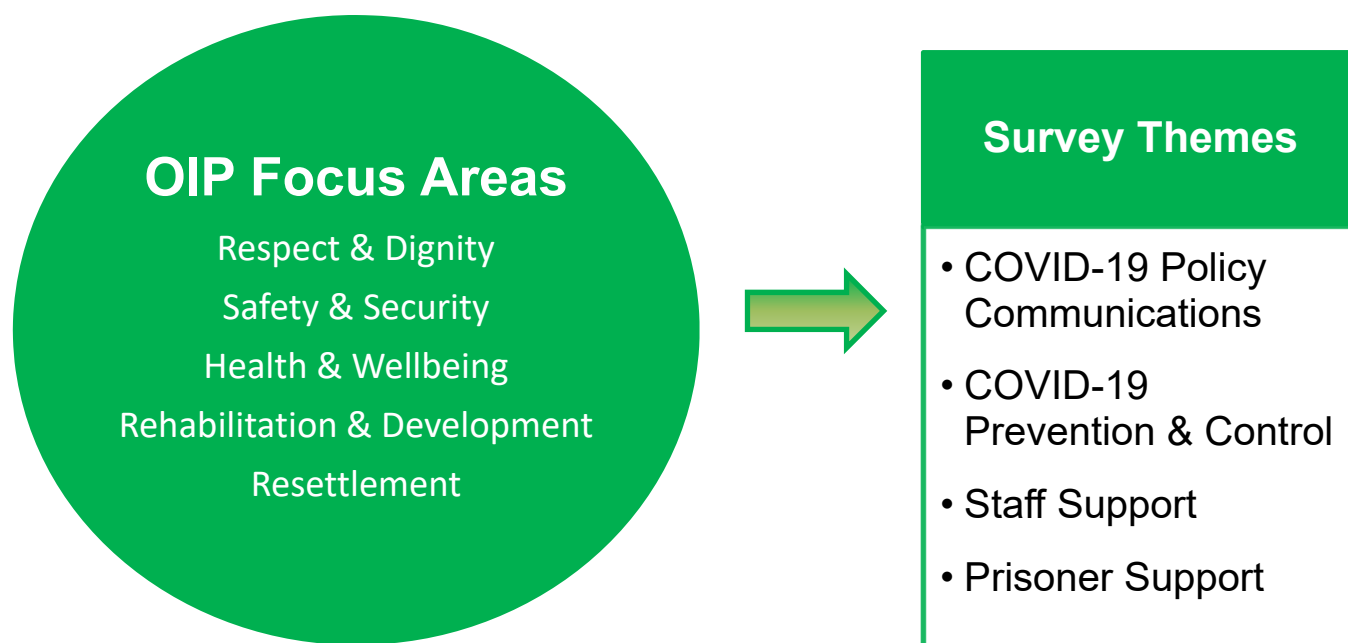
⁶ OIP. A Framework for the Inspection of Prisons in Ireland (2020) <https://www.oip.ie/wp-content/uploads/2020/09/OIP-Inspection-Framework-Double.pdf>

1.3 COVID-19 Prison Staff Survey

A *Framework for the Inspection of Prisons in Ireland* (2020) inspection methodology includes the surveying of prisoners and staff to determine and assess treatment and conditions in prisons. While the impact of the COVID-19 pandemic has led to the suspension of services in many spheres of society, prison staff continued to provide support to prisoners who experienced greater restrictive regimes as a result of public health measures.

The COVID-19 Prison Staff Survey sought to gather prison staff experiences of working in prisons during the pandemic. Additionally, the survey sought the views of prison staff on prisoner dignity, health and wellbeing over the course of the pandemic. The questionnaire was developed based on the Focus Areas of the Inspection Framework (2020): Respect & Dignity, Safety & Security; Health & Wellbeing; Rehabilitation & Development and Resettlement, and these areas were adapted into four COVID-19-specific themes. Across the five Focus Areas emerged four themes of analysis: (i) Communication of COVID-19 Policies; (ii) Staff COVID-19 Prevention and Control; (iii) Staff Support; and (iv) Prisoner Support (Figure 1).

Figure 1: OIP Focus Areas and Survey Analysis Themes



2 METHODOLOGY

2.1 Survey Methods

2.1.1 Preparation

The development of the COVID-19 Prison Staff Survey involved the following:

- Drafting of the initial questionnaire
- Preliminary internal review by Inspectorate staff
- External expert review (2)
- Pre-testing with former Irish Prison Service staff (5)
- Inspectorate final review, leading to a total of 69 statements (8 on staff demographics, 30 on staff thematic areas, and 31 on staff perceptions of prisoner thematic areas)

For ease of participant access to the survey, the following measures were in place:

- All responses to questions were optional. Respondents could skip questions or return to and change responses to previous questions
- Different response types were employed (e.g. multiple choice rating scale).
- Limiting Likert-type scale items to a maximum of three statements per question to allow for better user experience on mobile phones and tablets
- Providing a 250-character comment box at the end of the survey to allow participants provide anonymous personal experiences and suggestions for improvement moving forward

2.1.2 Distribution

Communication to potential survey respondents was carried out through the following actions:

- Initial contact was made with Irish Prison Service to: (i) notify all prison staff about the survey through a virtual message board post and staff email. This notification included an overview and detail of the purpose of the online survey; (ii) a request for staff responses; and (iii) provision of a timeline for administering the survey. Staff were informed that participation was voluntary and all answers would be anonymous.
- On 30 April 2021 (the morning of the launch of the online survey) the Inspectorate engaged with the IPS to communicate the link and passcode for dissemination to prison staff. The link was hosted on the Inspectorate's website.
- Reminder email disseminated to prison staff mid-way through the survey period.
- Dissemination of a final reminder email two days before the survey deadline of 16 May 2021.

2.2 Limitations

- In a prison setting it may be possible for multiple staff to use the same computer, as such no limitation was placed on the number of submissions that may be made from one computer. Subsequently, there was the possibility that multiple submissions to the survey could be made by a single respondent.

- The survey was conducted at a time when prison staff were on a “withdrawal of goodwill.” This withdrawal centred on clarity regarding the COVID-19 vaccine prioritisation. This may have impacted on responses.

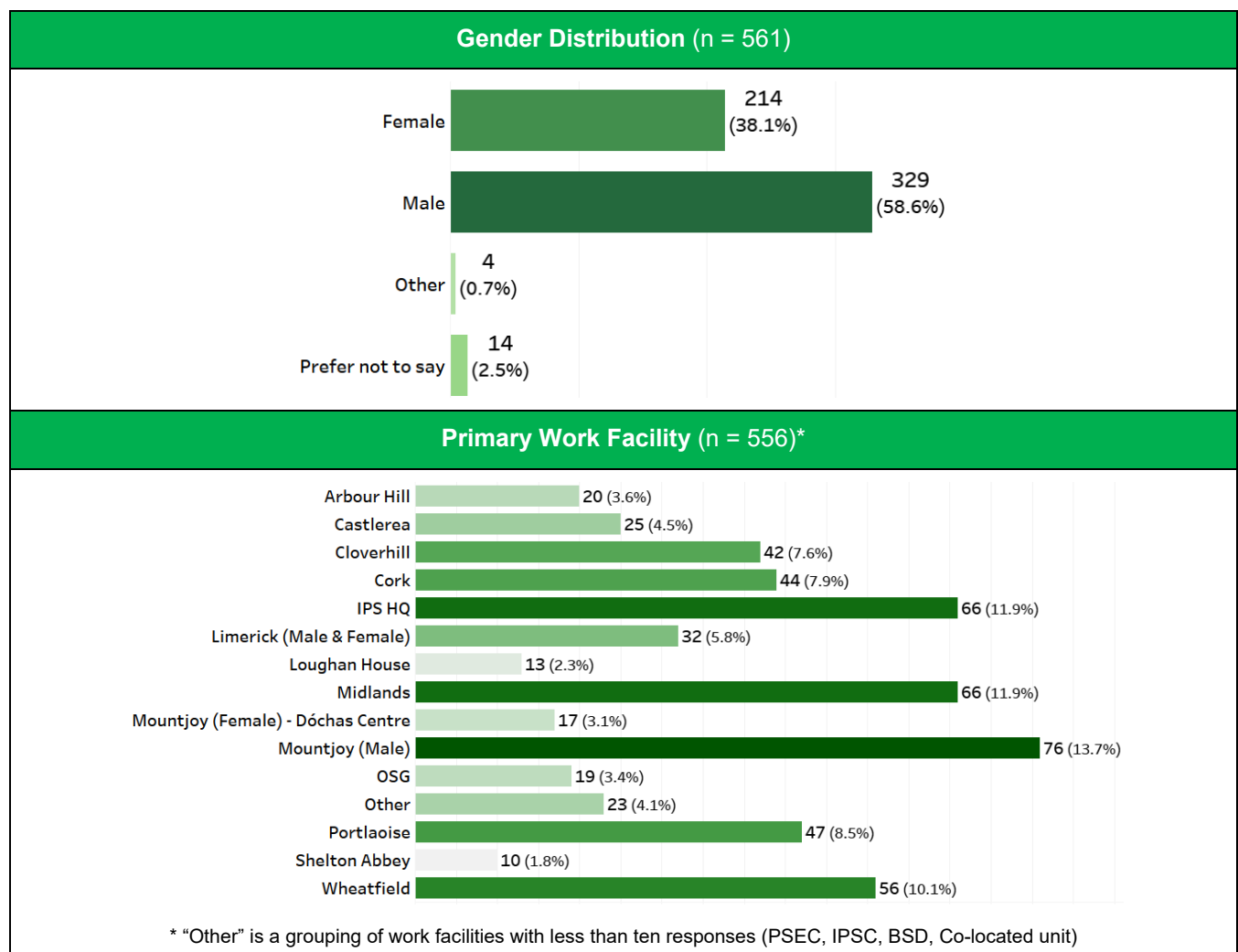
2.3 Responses

All 3,471 staff employed by the Irish Prison Service and 220 teachers (whole-time equivalent) were invited to take the survey.⁷ 562 individuals responded to the survey, yielding an approximate response rate of 15%. Of 562 respondents, 99 people who did not work inside a prison or pay frequent work-related visits were not requested to provide responses to prisoner-specific COVID-19 issues. However, all respondents were asked to rate their perception of the overall impact of the pandemic on prisoners and to provide any further comments before exiting the survey which was conducted on the Qualtrics platform.

2.4 Demographic Profile

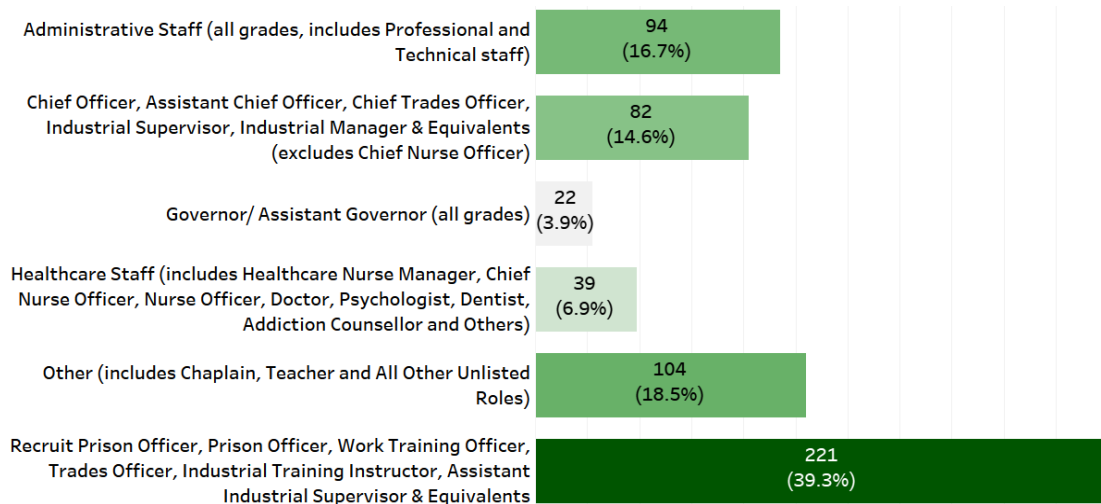
Figure 2 (pages 10-11) provides an overview of the demographic profile of the respondents. These include: gender, role of staff, number of years working in the Irish Prison Service and work location. The prisoner population in custody on the first day of the survey was recorded at 3,775. “N” denotes the number of responses for each item.

Figure 2: Demographic Profile of Respondents

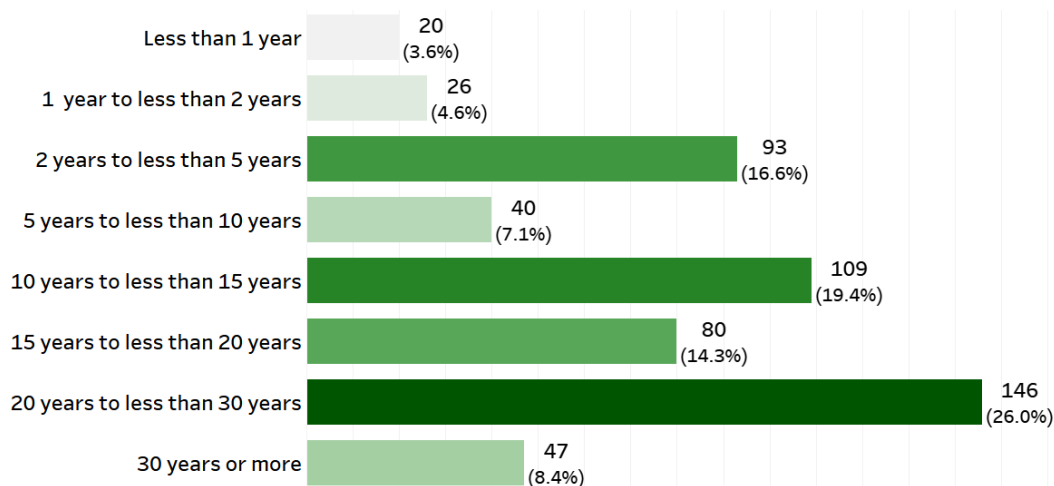


⁷ Source: Irish Prison Service figures at the end of April 2021. Teachers are employed by Education and Training Boards Ireland

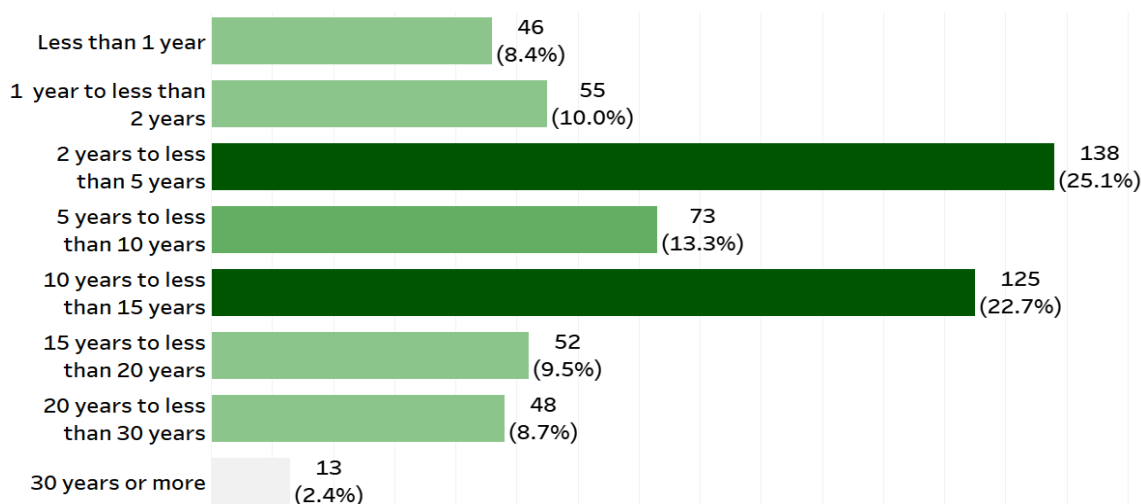
Type of Role (n = 562)



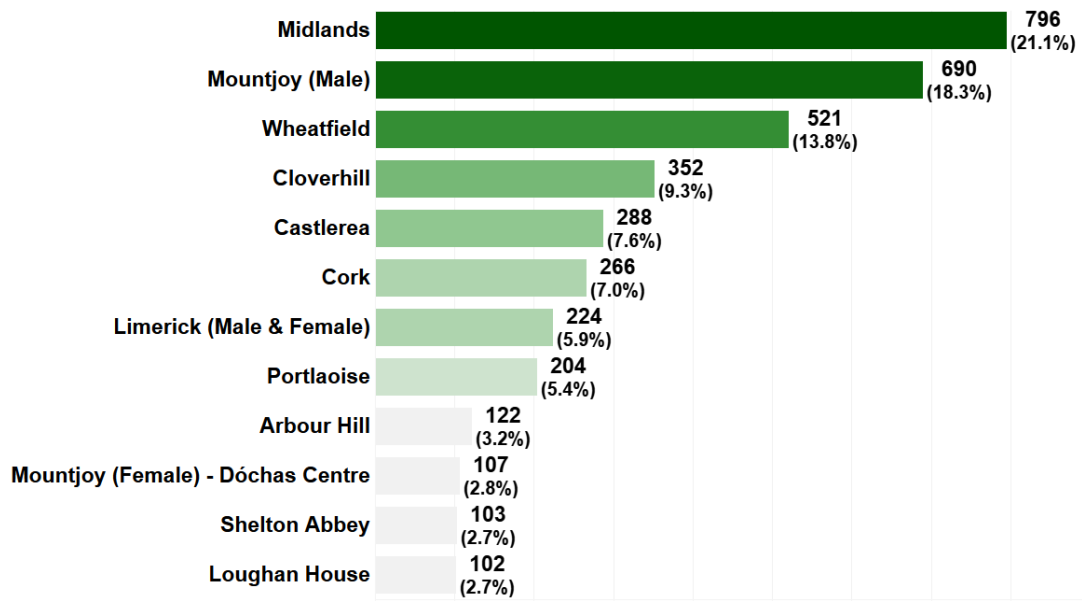
Number of Years Working in the IPS (n = 561)



Number of Years Working at Primary Facility (n = 550)



Prisoners in Custody on 30 April 2021 (n = 3,775)



3 FINDINGS

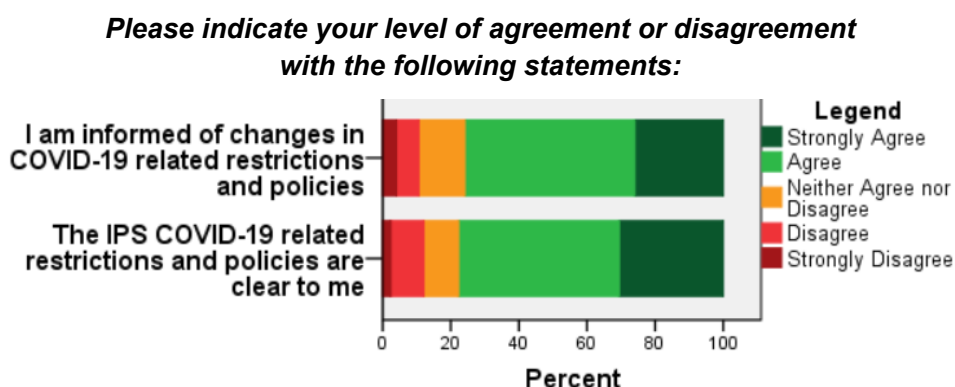
3.1 Communication of COVID-19 Policies

Throughout the pandemic, the Irish Prison Service co-operated closely with the Health Service Executive, and followed advice provided by the National Public Health Emergency Team on COVID-19 outbreak prevention and control. The formulation of prison-specific COVID-19 policies, procedures, protocols and guidelines was communicated to staff across the prison estate. This section of the survey sought responses from all staff about their understanding and involvement in the development of these policies and procedures. The specific items in the survey on the theme of *Communication of COVID-19 Policies* are outlined in each section below. “N” denotes the number of responses for each item.

3.1.1 Clarity of COVID-19 Policies

Staff were asked to indicate their level of agreement or disagreement with two statements related to (i) clarity of Irish Prison Service COVID-19 restrictions and policies, and (ii) satisfaction with information provided on changes to restrictions and policies (see Figure 3).

Figure 3: Clarity of COVID-19 Policies (n = 547)



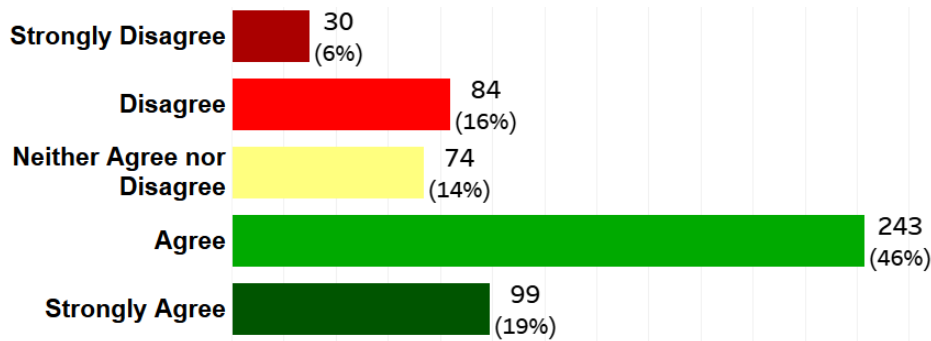
- 78% of respondents agreed that the Irish Prison Service COVID-19 related restrictions and policies were clear. Some comments made by respondents referred to a lack of uniform implementation of COVID-19 protocols across the prison estate.
- 76% of respondents agreed that they were kept informed of changes to COVID-19 related restrictions and policies.

3.1.2 Adherence to Social Distancing Guidelines

Adherence to social distancing guidelines is an effective measure to prevent and control the spread of COVID-19 infections. Survey participants were asked to indicate their level of agreement with the below statement (Figure 4).

Figure 4: Adherence to Social Distancing Guidelines (n = 530)

Statement: The majority of staff have strictly adhered to physical distancing guidelines at work.



- 65% of respondents agreed that the majority of staff strictly adhered to social distancing guidelines, whereas 21% of respondents disagreed.

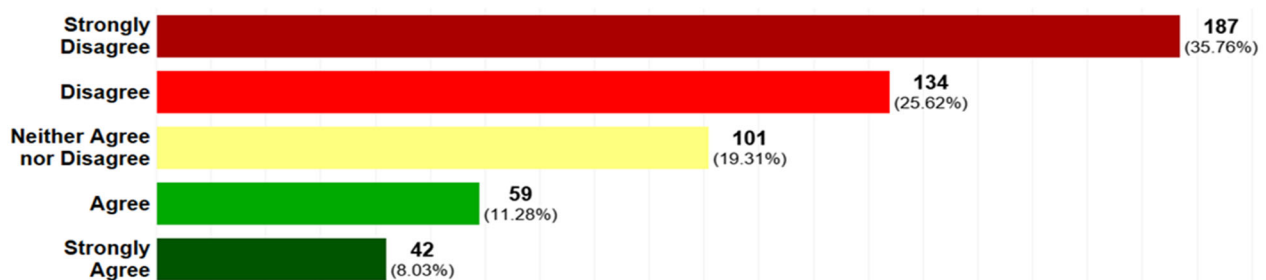
3.1.3 Involvement in COVID-19 Decision-Making

While penal institutions typically employ a top-down approach to decision-making, staff feedback can be useful in improving organisational decisions. Rule 83(c) of the Revised European Prison Rules states that prison management should “facilitate good communication between prisons and the different categories of staff in individual prisons.” Involvement of prison staff in decision-making processes is an approach to facilitate good communication.

Survey respondents were asked to indicate their level of agreement with the below statement (Figure 5).

Figure 5: Involvement in COVID-19 Decision-Making (n = 523)

Statement: I feel involved in the decision-making processes related to COVID-19 in this facility.



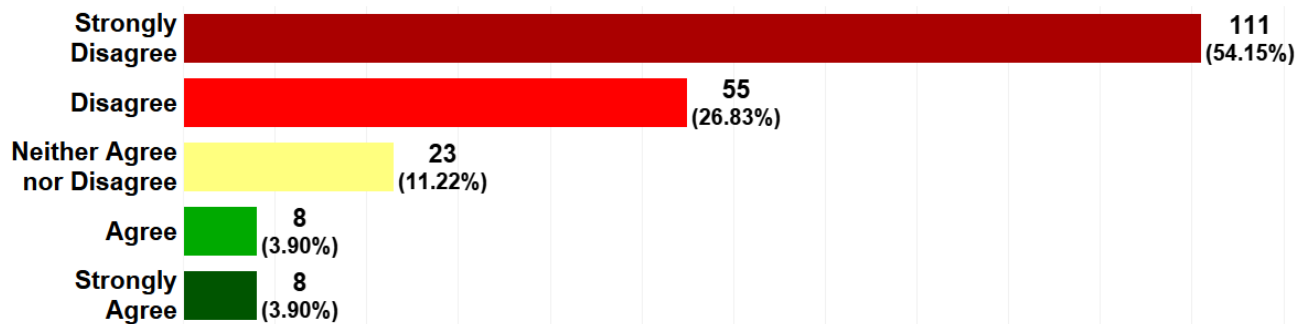
- The majority of respondents (61%) disagreed with the statement outlined above. 19% of respondents agreed with the statement. One in five respondents (19%) neither agreed nor disagreed.

As might be expected, perceptions of involvement in decision-making differed with respect to the rank of respondents, as indicated in Figure 6.

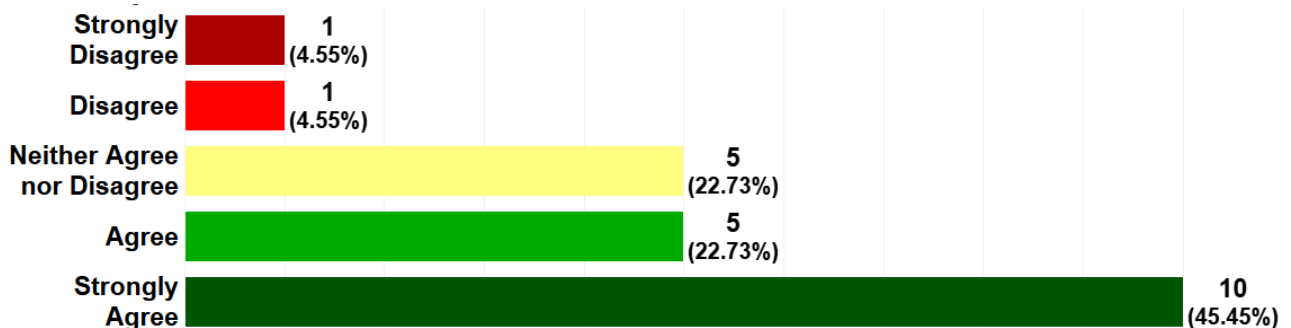
Figure 6: Involvement in COVID-19 Decision-Making

Statement: I feel involved in the decision-making processes related to COVID-19 in this facility.

Group 1: Involvement in COVID-19 Decision-Making (n = 205)*



Group 2: Involvement in COVID-19 Decision-Making (n = 22)**



* Group 1: Responses from the category of Recruit Prison Officer, Prison Officer, Work Training Officer, Trades Officer, Industrial Training Instructor, Assistant Industrial Supervisor & Equivalents

** Group 2: Responses from the category of Governors/Assistant Governors (all grades)

- 81% of respondents in the Group 1 category, which comprised of Recruit Prison Officers, Prison Officers, Work Training Officers, Trades Officers, Industrial Training Officers, Assistant Industrial Supervisors & Equivalent officers, did not feel involved in decision-making processes related to COVID-19 in the facility they worked in.
- On the other hand, only 9% of Governors/Assistant Governors (Group 2) did not feel involved in COVID-19 related decision-making; two of 22 respondents.

3.2 COVID-19 Prevention and Infection Control

The Irish Prison Service response to prevention of transmission of COVID-19 in prisons during 2020 was lauded both nationally and internationally as a model of best practice.⁸ The strategies employed by the Irish Prison Service, in collaboration with prison infection control teams and Red Cross prisoner volunteers, have proven effective in preventing loss of life due to COVID-19; a significant achievement.

The survey prompted respondents to identify measures they deemed most effective in preventing and controlling transmission of COVID-19; participants could select up to three response options (Figure 7). In addition, respondents were asked to determine the effectiveness of preventive measures, including: (i)

⁸ Mattea Clarke et al, 'Establishing Prison-Led Contact Tracing to Prevent Outbreaks of COVID-19 in Prisons in Ireland' (2020) 42:3 *Journal of Public Health* 519.

COVID-19 infection control training; (ii) personal protective equipment provision and protection; and (iii) social distancing. The survey also sought information on frequency of COVID-19 testing for staff.

The specific items and number of responses are detailed in this section.

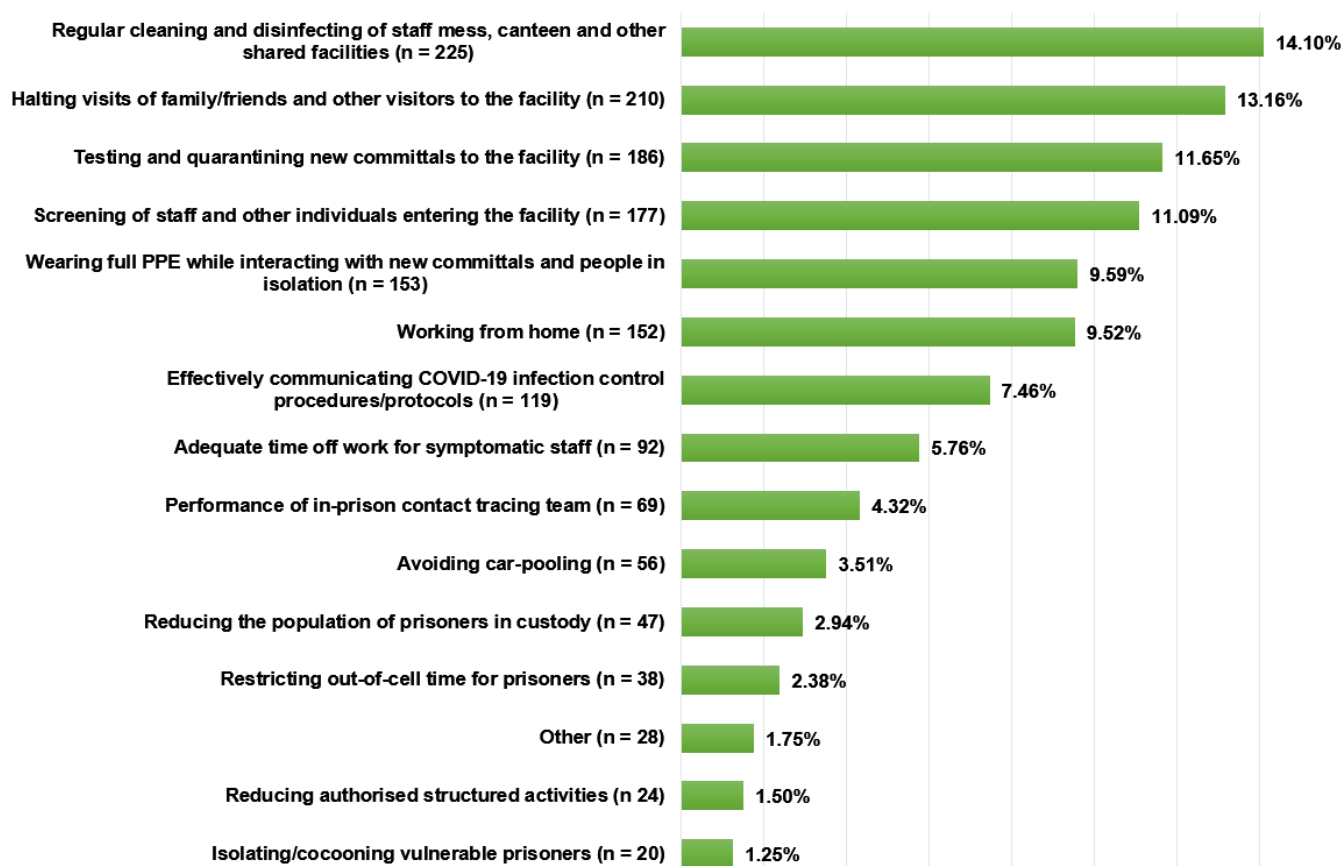
3.2.1 Key Actions Preventing and Controlling COVID-19 Infections

Respondents were provided with 15 COVID-19 prevention and control measures from which they were prompted to identify the three measures most effective in the context of their work (Figure 7).⁹

Figure 7: Key COVID-19 Prevention and Control Measures

(3n = 1,596 - for up to three options per respondent)

Statement: Please select up to three options you think help prevent and control COVID-19 staff infections.



Regular cleaning and disinfection of staff common areas was the key measure identified by staff members to prevent and control transmission of COVID-19. The majority of comments provided by prison staff related to this measure, with industrial cleaning and disinfection measures described as invaluable. However, some comments identified that training in cleaning and disinfection was not provided.

Additional comments made by respondents related to cleaning and disinfection noted that the scheduling for cleaning was not adequate (i.e. hazardous waste bins needed emptying more frequently) and that there was a need for regular deep cleaning.

⁹ The survey did not ask questions about vaccinating staff and prisoners. Where staff were given the option to provide comments to other issues, vaccination featured prominently when text analytics was conducted. Disapproval of a ban on facial hair also featured several times in the comments.

The World Health Organisation (WHO) guidance on Preparedness, Prevention and Control of COVID-19 in Prisons¹⁰ outlines the importance of screening at the point of entry to prison and the need to undertake a risk assessment of all people entering the prison (11% of respondents indicated that screening of staff was a key measure in prevention of transmission of COVID-19). The WHO states that regular cleaning of hands and frequently touched hard surfaces with disinfectants reduces the risk of infection, and that cleaning and disinfection procedures must be followed correctly and consistently. Prison authorities may have to consult with disinfectant manufacturers to ensure their products are active against Coronaviruses.

Respondents who offered suggestions indicated that the use of face masks should continue during the period of the pandemic, and that post-pandemic the following measures should continue:

- (i) enhanced cleaning schedules;
- (ii) increased focus on cleaning and infection control measures; and
- (iii) improved screening of new committals to prevent and control other infectious diseases.

3.2.2 Effectiveness of COVID-19 Infection Control Training

The WHO notes that training activities for prison staff should be appropriately planned and at a minimum should cover the following areas: basic disease knowledge, hand hygiene and respiratory etiquette, appropriate use of PPE and environmental prevention measures including cleaning and disinfection.

Survey participants were asked to rate the effectiveness of the Irish Prison Service COVID-19 infection control training (with response options ranging from “Very ineffective” to “Very effective” with the follow responses recorded (Figure 8).

Figure 8: Effectiveness of COVID-19 Infection Control Training (n = 506)

Statement: Please rate the effectiveness of IPS COVID-19 Infection Control training.

(Rating scale from 0 – Very ineffective to 10 – Very effective)¹¹



- 36% of respondents reported COVID-19 infection control training as effective; with 34% of respondents rating the training as highly effective. However, 30% of respondents also reported the training as ineffective. Overall, the median rating indicated that IPS training on COVID-19 infection control training was effective.

3.2.3 Personal Protective Equipment Provision and Reasonable Protection

The WHO recommends that custodial/escort staff interacting with close contacts or suspected cases of COVID-19, particularly in situations where the distance is less than one metre, should wear disposable gloves, a medical mask, and if available a disposable full gown and face shield.

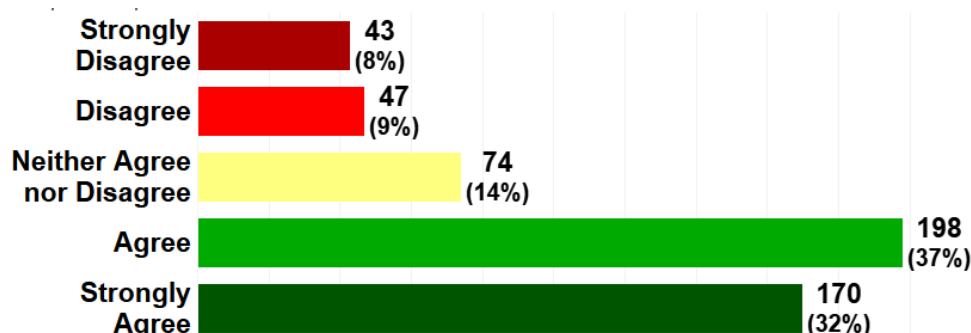
¹⁰ World Health Organisation (2020) Preparedness, Prevention and Control of COVID-19 in Prisons, <https://www.euro.who.int/en/health-topics/health-determinants/prisons-and-health/focus-areas/prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention/preparedness,-prevention-and-control-of-covid-19-in-prisons-and-other-places-of-detention,-15-march-2020-produced-by-who/europe>

¹¹ For ease of presentation of responses, the 11-point rating scale (used throughout this report for some statements) was split into three categories as follows: “Low or equivalent” = 0-3 and denoted by red colour, “Moderate or equivalent” = 4-6 and denoted by yellow colour, “High or equivalent” = 7-10 and denoted by green colour.

Respondents were asked about their level of agreement or disagreement with the below statement, with results provided in Figure 9 below:

Figure 9: PPE Provision and Reasonable Protection (n = 532)

Statement: The PPE equipment supplied to me provides reasonable protection from the risks of COVID-19 in this facility.



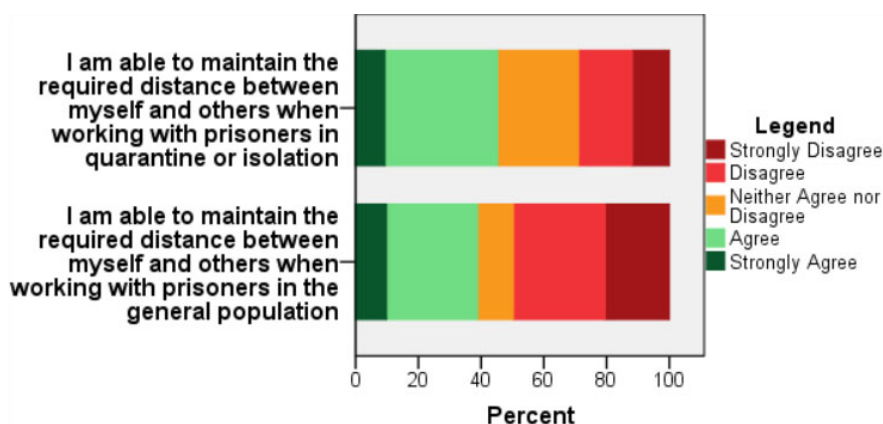
- The majority of respondents (69%) agreed that the PPE provided by the Irish Prison Service offered reasonable protection against COVID-19. Less than one-fifth of respondents (17%) disagreed with this statement. The other respondents (14%) neither agreed nor disagreed.
- Respondents provided comments suggesting the need to improve the quality of the training and to implement periodic retraining on the use of PPE.

3.2.4 Social Distancing and Working with Prisoners

One of the key prevention measures outlined by the WHO to prevent COVID-19 transmission is social distancing. Respondents who worked directly with prisoners were asked to agree or disagree with the statements outlined below; these sought to measure how respondents were able to maintain adequate socially distancing when working with (i) prisoners in quarantine or isolation, and (ii) prisoners in the general population (Figure 10).

Figure 10: Social Distancing Working with Prisoners (n = 373 & 396)*

Please indicate your level of agreement or disagreement with the following statements on physical distancing:



* The number of respondents (n) is listed from top to bottom for the two charts.

- Half of respondents said they were not able to maintain the required distance when working with the general prison population. Two out of five respondents (39%) agreed they could maintain their distance, while the remaining respondents (11%) neither agreed nor disagreed.
- In regards to socially distancing and interactions with prisoners in quarantine or in isolation, 45% of respondents agreed with the statement that they were able to maintain the required social distance. One in three respondents (29%) disagreed they were able to maintain a safe distance, while the remaining respondents (26%) neither agreed nor disagreed.

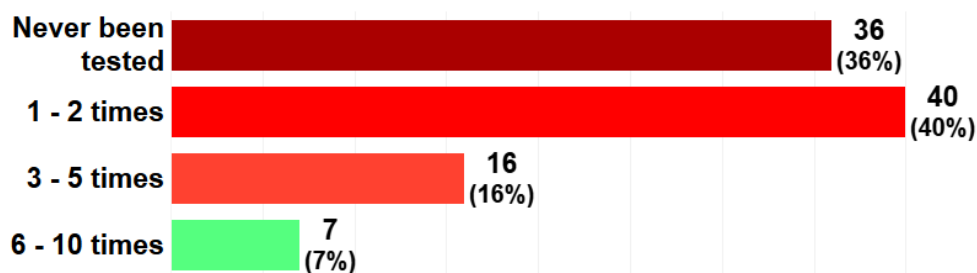
3.2.5 Frequency of COVID-19 Testing

All respondents were asked to select the number of times they had been tested during the pandemic. The results were then split into two sub-samples: (i) staff who did not work in prisons or did not make frequent work related visits to prisons, and (ii) staff who either work in prisons or make frequent work-related visits to prisons. The breakdown of responses from survey participants is provided below (Figure 11).

Figure 11: Frequency of Testing for Staff

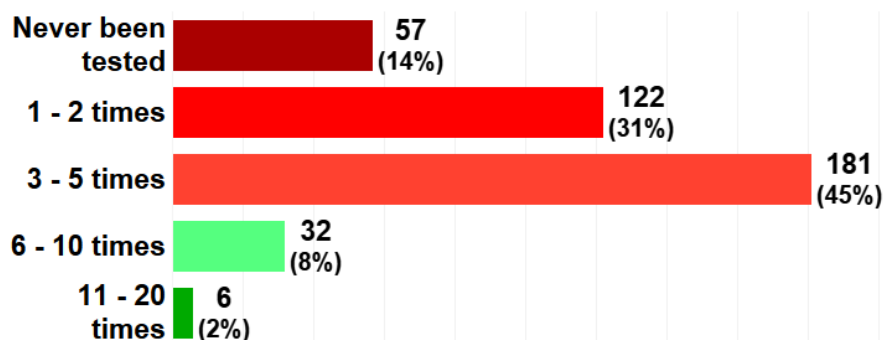
Statement: Since the onset of the pandemic in March 2020, how many times have you been tested for COVID-19?

Group 1: Frequency of Testing for Non-Prison Staff (n = 99)*



* Non-prison staff = Staff who do not make frequent work-related prison visits

Group 2: Frequency of Testing for Prison Staff (n = 398)**



** Prison staff = Staff who work in prisons or pay frequent work-related prison visits

- One in five respondents in the full sample had never been tested for COVID-19 (20%). This reduced to 14% for staff working in prisons (and those who pay frequent work-related prison visits).
- The majority of respondents (70%) had been tested between one to five times, with this increasing to 76% for staff working in prisons.
- Less than one in 10 respondents (8%) had been tested between six and 20 times.

Respondents commented that all prison staff working in prisons could be issued with antigen test kits to enable more frequent self-testing.

3.3 Staff Support

Rule 83a of the European Prison Rules requires prisons be managed to a consistently high standard and that prisons be adequately staffed at all times. Support for staff well-being is vital, and takes on increasing importance during the period of COVID-19 restrictions in prisons. The European Committee for the Prevention of Torture (CPT) Statement of Principles Relating to the Treatment of Persons Deprived of their Liberty in the Context of the Coronavirus Disease (COVID-19) Pandemic (Principle 3), states that staff “availability should be reinforced, and staff should receive all professional support, health and safety protection as well as training necessary in order to be able to continue to fulfil their tasks in places of deprivation of liberty.”¹²

Components of the survey focused on COVID-19 and staff support in areas including organisational support, safety, stress, quality of life and concerns about transmission of the virus outside of the prison context. The specific items and responses for each of these is outlined below.

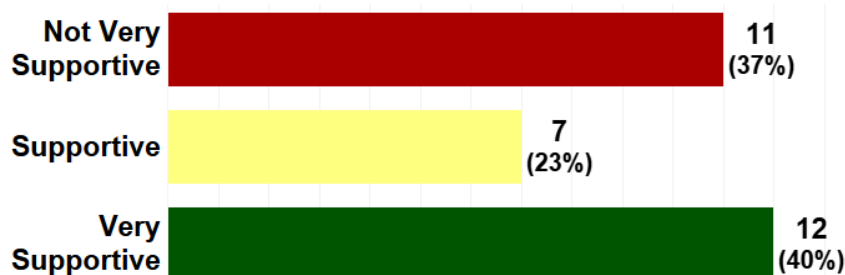
3.3.1 Organisational Support for COVID-19 Positive Staff

Thirty respondents who reported having contracted COVID-19 were asked about the level of organisational support provided to them, with response options ranging from “Not very supportive” to “Very Supportive”. The results indicate a mixed view of the level of organisational support for staff who had contracted COVID-19 (Figure 12)

Figure 12: Organisational Support for COVID-19 Positive Staff (n = 30)

Statement: What was the level of organisational support you received when you were recovering from COVID-19?

(Rating scale from 0 – Not very supportive to 10 – Very supportive)



Twelve respondents reported that they felt very supported by the organisation, while 11 respondents reported feeling unsupported (20% of all respondents provided a zero rating). The other seven individuals reported the support received as average.

Of the respondents who reported organisational support as low, some were of the view that there should be more follow-up measures in place to support staff who tested positive for COVID-19, and that a telephone call to check on their health was insufficient. Another issue raised was a reported financial penalty imposed (loss of staff attendance allowance) due to absence when accompanying family members with COVID-19 symptoms for testing.

¹² CPT Statement of Principles relating to the Treatment of Persons Deprived of their Liberty in the Context of the Coronavirus Disease (Covid-19) Pandemic (20 March 2020) CPT/Inf(2020)13, <https://rm.coe.int/16809cfa4b>.

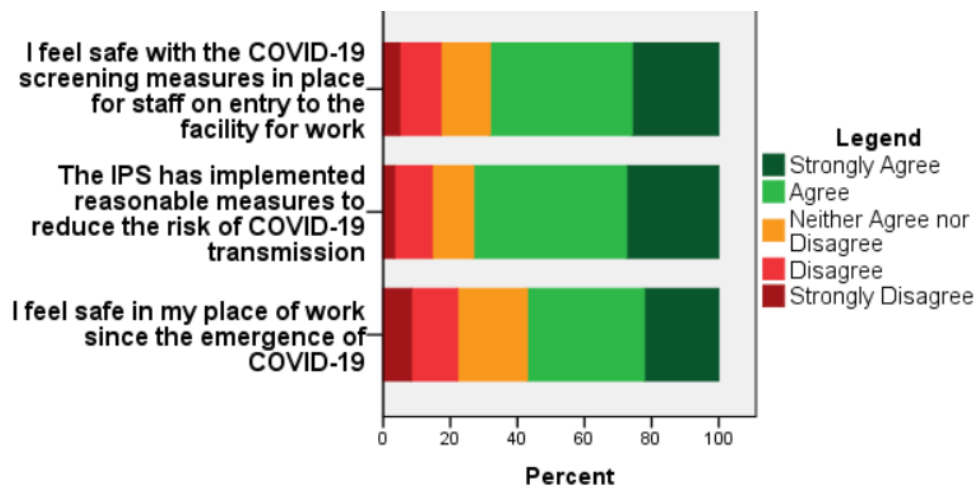
All respondents were asked if they had availed of support from the Employee Assistance Programme during the pandemic. The overwhelming majority (94%) of respondents had not done so.

3.3.2 Safety at Work

The Irish Prison Service has received praise for instituting policies and practices that have been successful in restricting transmission of COVID-19 in prison facilities.¹³ The following three items sought to understand the level of agreement with the effectiveness of safety measures implemented to prevent and control transmission of COVID-19, which included (i) an overall statement on perceptions of safety at work during the pandemic; (ii) perceptions of safety in relation to screening measures; and (iii) perceptions of the reasonableness of implemented safety measures. The specific items and number of responses are outlined in Figure 13.

Figure 13: Safety at Work (n = 537, n = 542, n = 536)*

Please indicate your level of agreement or disagreement with the following statements:



- The majority of respondents (57%) agreed they felt safe at work since the emergence of COVID-19; 22% of respondents reported not feeling safe. The remaining respondents (21%) neither agreed nor disagreed.
- The majority of respondents (73%) agreed that the Irish Prison Service had implemented reasonable measures to reduce transmission of COVID-19; 15% of respondents disagreed. Staff commented that the smaller number of prisoners allowed in the yards facilitated safer conditions for both prisoners and staff.
- The majority of respondents (68%) agreed that they felt safe with the COVID-19 screening measures put in place for staff entry to facilities; 17% disagreed.

3.3.3 Concerns about COVID-19 Transmission outside Prisons

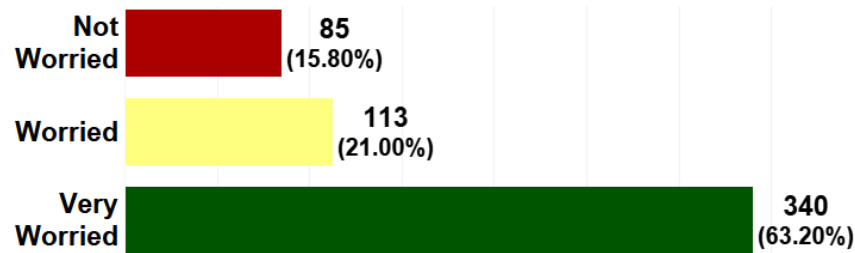
All participants were asked if they had concerns about contracting COVID-19 at work and subsequently transmitting the virus to their family members. Response options ranged from “Not worried” to “Very worried” (Figure 14).

¹³ Irish Red Cross, Irish Prisons Model Best Practice on Handling COVID-19, <https://www.redcross.ie/national-news/irish-prisons-model-best-practice-on-handling-covid-19/>

Figure 14: Concerns about COVID-19 Transmission to Family (n = 538)

Statement: Do you worry about bringing COVID-19 home and infecting your family?

(Rating scale from 0 - Not worried to 10 - Very worried)



- The majority of respondents (63%) were very worried about transmitting COVID-19 to their family members, with a further 21% of respondents reporting they were moderately worried. The remaining 16% were not worried about transmitting COVID-19 to their family members.¹⁴

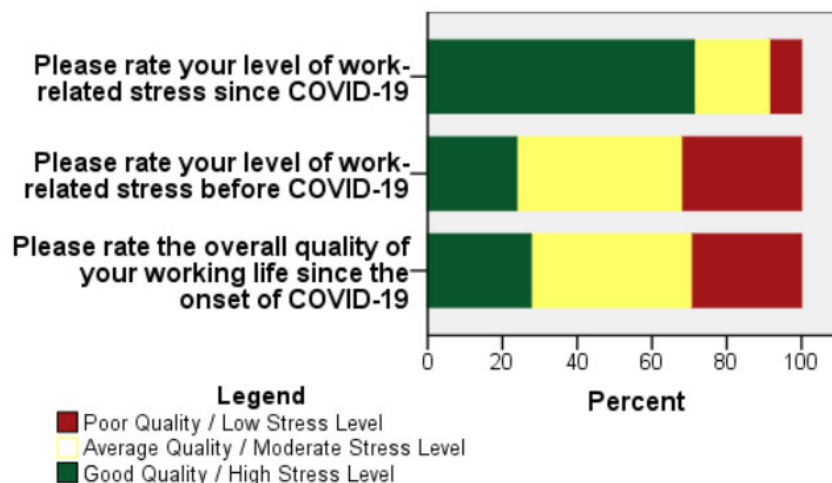
3.3.4 COVID-19 Related Stress and Quality of Life

In order to examine potential changes in staff stress levels since the emergence of COVID-19, staff were asked to rate their stress levels before and during the pandemic (range from “Very low stress level” to “Very high stress level”). They were also asked to rate their overall quality of work life since the onset of COVID-19 (range from “Very poor quality” to “Very good quality”). The results are outlined in Figure 15 and detailed as follows:

Figure 15: COVID-19 Stress & Quality of Life (n = 522, 454 & 542)**

(Rating scale from 0 - Poor quality to 10 - Good quality)

(Rating scale from 0 - Low stress level to 10 - High stress level)



- One in four respondents (24%) reported high stress levels at work prior to the emergence of COVID-19, and one in three (32%) reported low stress levels. The majority (44%) reported moderate levels of stress prior to the emergence of COVID-19.
- Three in five respondents (59%) reported high stress levels at work during the pandemic.

¹⁴ The survey did not ask a follow on question to find out if respondents who were not worried about infecting their families with COVID-19 lived on their own or were very confident about not contracting the virus in the workplace.

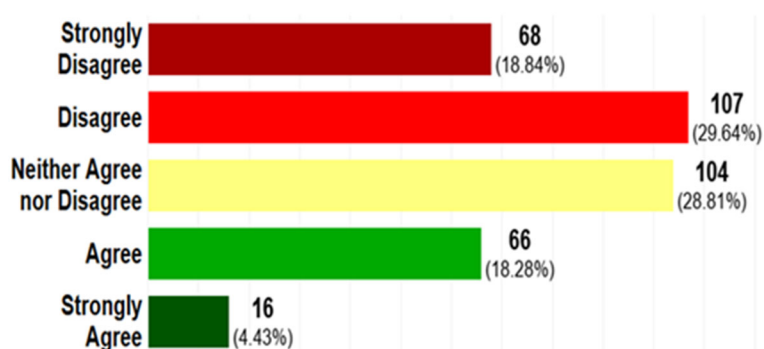
- Based on analysis of the results above, stress levels at work increased during the pandemic.¹⁵
- Three in ten participants (29%) reported their overall quality of life during COVID-19 as “poor.” The most frequent response from participants (43%) reported their quality of life as “average” during the course of the pandemic, while the remaining (28%) reported their quality of life as “good”.¹⁶
- Increasing levels of COVID-19 related work stress levels were linked to an overall decrease in quality of life.

3.3.5 Prisoner Mental Health

The majority of survey participants agreed with the statement that there was an increase in the number of prisoners requiring mental healthcare services during COVID-19 (see, Prisoner Support, section 3.4.3). To determine the preparedness of staff to respond to the perceived increase in prisoner mental healthcare needs, respondents were asked to indicate their level of agreement with the statement: “Healthcare staff in this facility are equipped to handle the mental health requirements of prisoners.” Only staff who worked in prisons or undertook frequent work-related visits to prisons were prompted to provide responses. The responses are outlined in Figure 16.

Figure 16: Staff Preparedness to Provide Mental Healthcare (n = 361)

Statement: Healthcare staff in this facility are equipped to handle the mental health requirements of prisoners.



- 48% of participants reported that prison staff were ill-equipped to handle the mental healthcare requirements of prisoners.

A number of healthcare workers provided comments on the high levels of stress associated with increased workload and reduced time for interaction with prisoners. Tele-health services were suggested as a means to improve healthcare access going forward.

3.3.6 Staff Workload

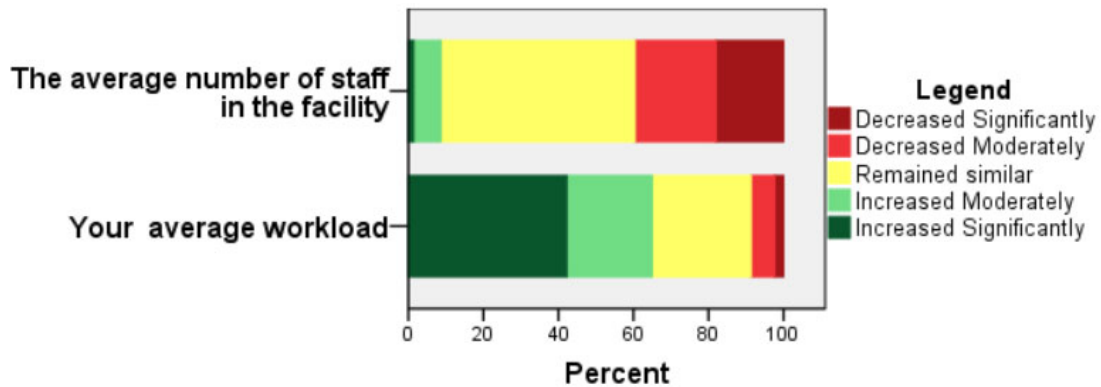
Staff were asked if COVID-19-related restrictions had led to any changes in the number of prison staff in the workplace and/or changes to their workload over the course of the pandemic. The results are outlined in Figure 17.

¹⁵ The two variables (pre-pandemic and pandemic work-related stress) measured on an 11-point ordinal scale are analysed using a related-samples Wilcoxon Signed Rank test. This reveals a significant increase during the pandemic (n = 437 | standardised test statistic z = 14.335 | p < 0.001 | two-sided test).

¹⁶ Respondents were asked to rate their overall quality of life during the pandemic. The aggregated responses (n = 542) report a slight decrease. In order to see if the increased stress level had a part to play in the reduction in quality of life, a Chi Square test between COVID-19 related work stress levels and Quality of Life indicated a negative link (n = 522 | Value = -0.329 | Approximate Kendall's tau-b = -9.736 | p < 0.001 | two-sided test).

Figure 17: Changes to Workload and Number of Staff (n = 510, & 531)*

Statement: Have there been any changes to the following since the start of the pandemic?



*The number of respondents (n) is listed from top to bottom for each chart.

- The majority of respondents (52%) did not report any changes in the number of staff in their facility. However, two of five respondents (40%) reported a decrease in the number of staff in their facility. The remaining respondents (8%) reported an increase in the number of staff in their facility.
- The majority of respondents (65%) experienced an increase in their workload and less than 10% experienced a decrease in their workload. One in four respondents (26%) did not experience changes in their workload.

Participants commented on the significant workload increase for healthcare staff within prisons. This was reported as being due to the re-allocation of staff to other assignments and competing duties, such as COVID-19 related screening at facility entrances, daily temperature checks, and COVID-19 swabbing.

3.4 Prisoner Support

Survey participants working within prison settings were asked to provide their perception of how the pandemic has impacted on prisoner support in the following areas: (i) regimes; (ii) discipline; (iii) healthcare; (iv) education and training; (v) family contact; (vi) sentence management and release; and (vii) overall impact of the pandemic on prisoner wellbeing. The specific items and number of responses are outlined below.

3.4.1 Regimes

Four questions focused on regimes, with two questions examining staff perceptions of access to out-of-cell time for prisoners in quarantine/isolation (range from “very poor access” to “very good access”) (Figure 18), one question examining the impact of the pandemic on management of Incentivised Regimes,¹⁷ and an additional question on the proportionality of out-of-cell time restrictions in light of the pandemic (Figure 19).

¹⁷ The Incentivised Regimes programme was introduced by the IPS in 2012. The aim is to provide incentives to prisoners to participate in structured activities and to reinforce good behaviour. There are three levels of regimes: basic, standard and enhanced with different privileges associated with each regime level.

Figure 18: Restricted Regime – Out-of-Cell Time (n = 344 & n = 373)*

(Rating scale from 0 - Very poor access to 10 - Very good access)

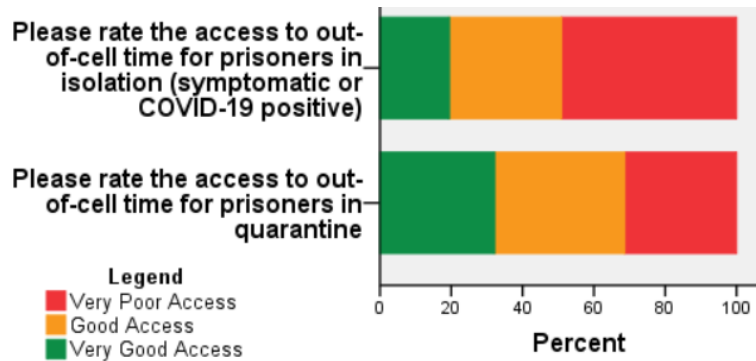
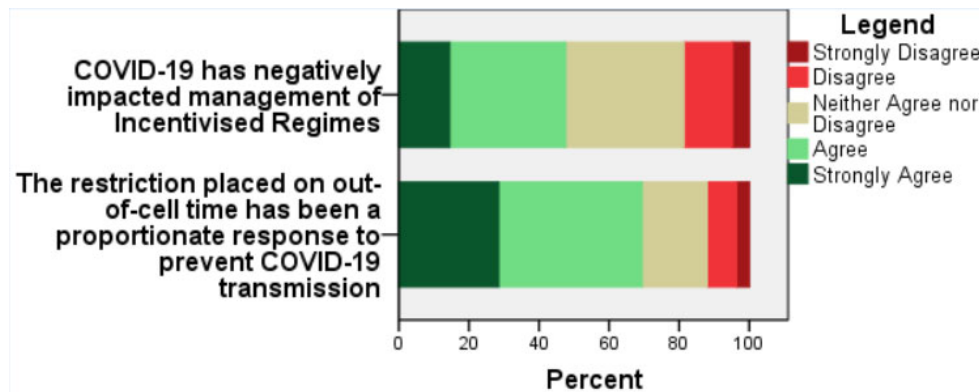


Figure 19: Impact on Incentivised Regimes and Proportionality of Response

*(n = 359 & n = 383)**

Please indicate your level of disagreement or agreement with the following statements:



** The number of respondents (n) is listed from top to bottom for the charts.*

- Almost half of respondents (49%) reported access to out-of-cell time for prisoners in isolation as “poor access,” with a further 31% rating the access as good (“fair amount of access”). However, a fifth of respondents reported access to out-of-cell time for prisoners in isolation as “very good access.” It is important to note that prisoners in isolation were not afforded out-of-cell time and spent 24 hours each day in the cell.¹⁸
- Only three out of 10 respondents (31%) reported access to out-of-cell time for prisoners in quarantine as “poor,” with a further 37% rating the access as good. However, almost a third of respondents (32%) reported access to out-of-cell time by prisoners in quarantine as “very good.”
- Almost half of respondents (48%) agreed that COVID-19 had impacted negatively on management of Incentivised Regimes, with 34% of respondents neither agreeing nor disagreeing. However, one in five respondents (19%) disagreed with the statement that the pandemic had negatively impacted on the management of Incentivised Regimes.
- In view of the responses to the three statements above on out-of-cell time, the majority of respondents (69%) agreed that restrictions placed on out-of-cell time had been a proportionate

¹⁸ OIP (2021), COVID-19 Thematic Inspection of Cloverhill Prison, 33: <https://www.oip.ie/wp-content/uploads/2021/08/Cloverhill-Prison-COVID19-Thematic-Inspection-Report-2021.pdf>; OIP (2021) COVID-19 Thematic Inspection of Mountjoy Prison, 21 <https://www.oip.ie/wp-content/uploads/2021/08/Mountjoy-Prison-COVID19-Thematic-Inspection-Report-2021.pdf>.

response to prevent and control COVID-19 transmission in prisons. One in five respondents (19%) neither agreed nor disagreed, while just over a tenth of respondents (12%) disagreed with the statement that restrictions on out-of-cell time had been proportionate.

Some respondents provided comments indicating disagreement with the proportionality of the restricted regime under the amendment to Rule 32A of the Prison Rules 2007-2020. They stated more effort should have been made to ensure gyms and exercise yards remained open over the course of the pandemic. It was reported that prisoners spent most of their out-of-cell time walking around the landings. Other respondents commented that the gym equipment could have been placed in yards with rain cover to allow prisoners to exercise in the open fresh air. This action would have supported the basic minimum provision outlined under Rule 32 (1) of the Prison Rules 2007-2020 that all prisoners should have one-hour outdoor exercise in the open air each day.

Respondents who agreed with the proportionality of COVID-19 restrictions on out-of-cell time, indicated that the smaller numbers of prisoners allowed in the yards made it safer from an operational perspective. Respondents also noted that a reduction in out-of-cell time resulted in decreased bullying, drug distribution, and general disciplinary issues. However, the Office of Inspector of Prisons notes that a reduction in out-of-cell time is not beneficial for overall prisoner wellbeing as this impacts on the available period to engage in rehabilitation activities.

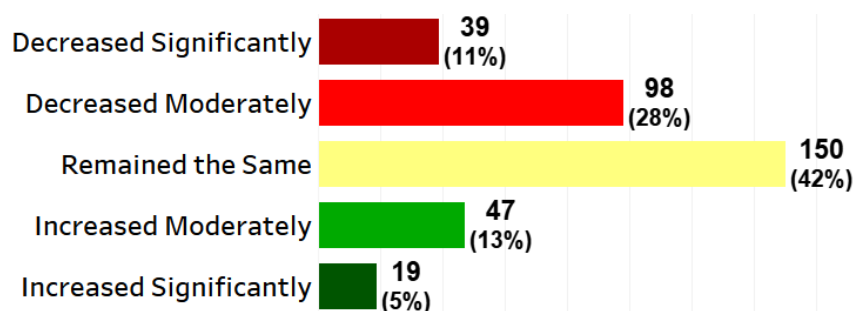
3.4.2 Disciplinary Issues

Management of prison discipline is provided for in the Irish Prison Rules 2007-2020, under Rules 62, 66 - 68 and Rule 122 (Schedule 1).

Participants (who worked in prisons or made frequent work-related visits to prisons) were asked whether disciplinary issues had increased, decreased or remained similar to the period before COVID-19. The results are outlined in Figure 20 and detailed below.

Figure 20: Disciplinary Issues Prevalence over COVID-19 (n = 353)

Statement: Please indicate whether there has been an increase or decrease to disciplinary issues among prisoners since the pandemic.



- Two of five respondents (39%) reported a decrease in disciplinary issues, while a similar number of respondents (42%) reported no change. However, one in five respondents (19%) reported an increase in disciplinary breaches.

Written comments provided by survey respondents indicated that disciplinary issues reduced over the period of COVID-19 restrictions when compared to pre-COVID-19 levels.

3.4.3 Healthcare

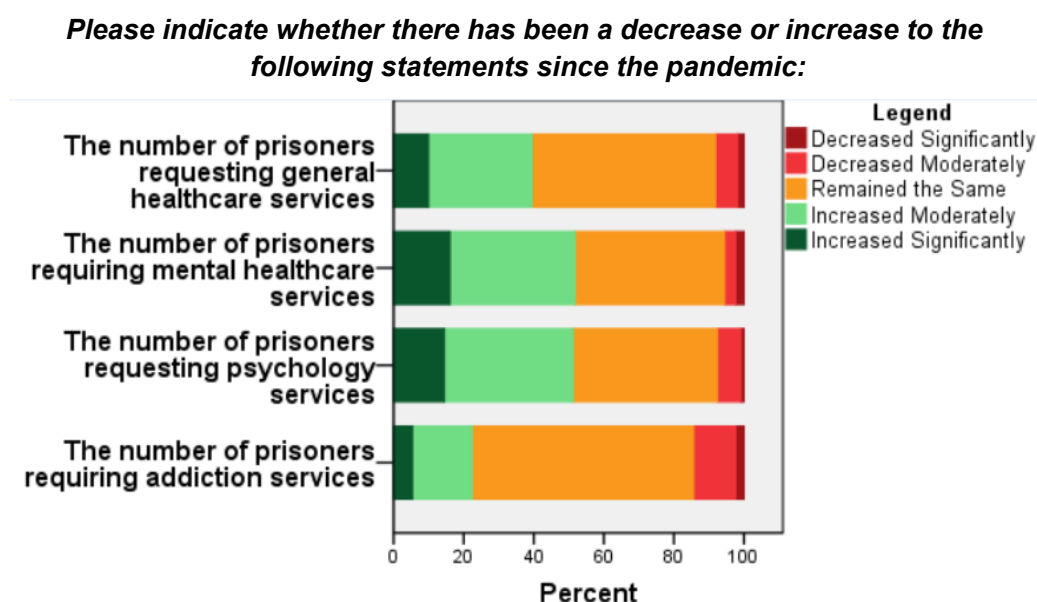
The CPT Standard on Health Care Services in Prisons mandates that “a prison health care service should be able to provide medical treatment and nursing care, as well as appropriate diets, physiotherapy,

rehabilitation or any other necessary special facility, in conditions comparable to those enjoyed by patients in the outside community.”¹⁹

The Irish Prison Rules 2007-2020 entitle prisoners to healthcare services of a similar standard to persons outside of prison who are holders of a medical card (Rule 33) and also entitle prisoners to provision of a psychology service (Rule 112). Recently, a High Level Taskforce was established to consider the mental health and addiction challenges of persons interacting with the criminal justice system.²⁰ Additionally, a COVID-19 specific mental health protocol has been developed by the Irish Prison Service psychology service.²¹

Survey respondents were asked if there had been any changes in the number of prisoners accessing addiction, psychology, mental health and general healthcare services during the pandemic. The responses across the four healthcare issues are outlined in Figure 21 and detailed below.

Figure 21: Healthcare (n = 332, n = 342, n = 338 & n = 340)*



* The number of respondents (n) is listed from top to bottom for each chart.

- As regards prisoner requests for general healthcare services, the majority (52%) of 332 respondents indicated the numbers of prisoners requesting healthcare services had remained similar to pre-pandemic requests. Two out of five respondents (40%) indicated an increase in requests, while 8% indicated a decrease in the number of prisoners requesting general healthcare services.
- The majority (52%) of 342 responses reported an increase in requirements for mental healthcare. Two out of five (43%) respondents thought the numbers of prisoners requiring mental healthcare remained similar, while one in 20 (5%) of respondents indicated a decrease in the number of prisoners requiring mental healthcare services.
- Of the 338 responses in relation to the amount of prisoner requests for psychology services, the majority of respondents (51%) reported an increase in requests. Two out of five (41%) respondents

¹⁹ CPT Standard on Health Care Services in Prisons (1993) CPT/Inf(93)12-part <https://www.refworld.org/pdfid/4d7882092.pdf>

²⁰ See Department of Justice, Establishment of a High Level Taskforce to consider the mental health and addiction challenges of persons interacting with the criminal justice system, <http://www.justice.ie/en/JELR/Pages/PR21000071>

²¹ IPS response to Recommendations and Action Plan - COVID-19 Thematic Inspection of Wheatfield Prison conducted on 6 - 7 April 2021, p. 60. <https://www.oip.ie/wp-content/uploads/2021/08/Wheatfield-Prison-COVID-19-Thematic-Inspection-Report-2021.pdf>.

thought the numbers remained similar to pre-COVID request numbers, while 8% of respondents indicated a decrease in the number of prisoners requesting psychology services.

- In relation to addiction services, the majority of 340 respondents (63%) indicated that the number of prisoners requiring addiction services remained similar during the pandemic as to those pre-pandemic. 14% of responses indicated a decrease, while the remaining 22% indicated an increase in the number of prisoners who required addiction services.

Respondents commented that group psychology work had not taken place over the course of the pandemic because of COVID-19 restrictions. Respondents suggested that increased access to psychology services using remote technology would assist in the re-instatement of group work to support prisoner rehabilitation.

Furthermore, some respondents commented on the limited mental health support available to prisoners in open prisons, placing prisoners in a dilemma of having to choose between disclosing the need for help, risking being transferred to a closed prison, or remaining silent about the support they needed. Within the context of the closed prison environment, some respondents disclosed that prisoners had reported severe detrimental effects on mental health. Support for the wellbeing of prisoners had lessened due to increased isolation from family and friends as a result of COVID-19 restrictions. Other suggestions on healthcare included expanding other healthcare services to include tele-health.

3.4.4 Education, Work and Training

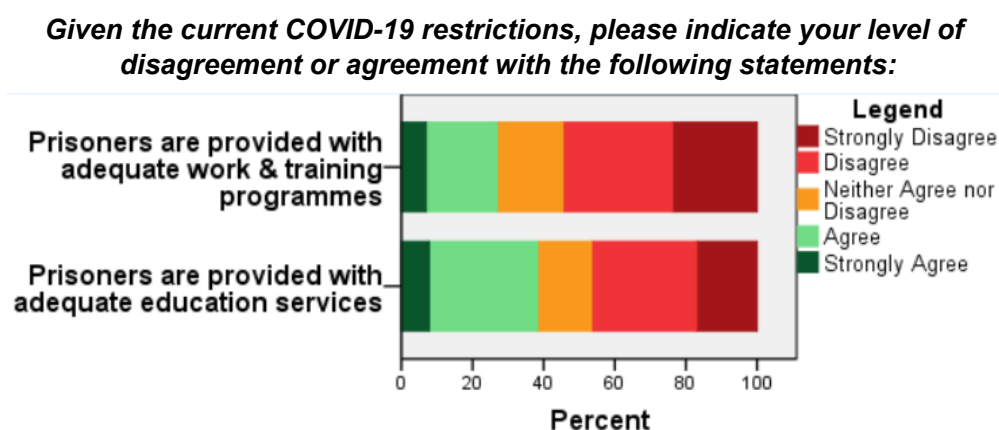
The Irish Prison Rules 2007-2020, Rules 27.2, 27.3 and 110 encompass the obligation to provide education programmes for prisoners. Education is recognised as an “authorised structured activity” with the objective of reducing the likelihood of reoffending (Rule 27.2). Rule 27.3 mandates that, “In so far as is practicable, each convicted prisoner should be engaged in authorised structured activity for a period of not less than five hours on each of five days in each week.” Rule 110 includes the following: that education programmes should meet the needs of prisoners, be designed to encourage participation, and that special attention should be given to prisoners with literacy and numeracy needs.

The Mandela Rules (Rule 104) state that education of young and illiterate prisoners should be compulsory and that, “so far as practicable” the education of prisoners shall be integrated with the educational system of the country so that after their release prisoners may continue their education without difficulty. In addition, the European Prison Rules (Rule 28.1) state that every prison shall seek to provide all prisoners with access to educational programmes that are “as comprehensive as possible and which meet their individual needs while taking into account their aspirations.” Much like the Irish Prison Rules (Rule 110), the European Prison Rules state that persons with literacy and numeracy needs should be prioritised (Rule 28.2). These Rules also echo the Mandela Rules by stating that education and vocational programmes should be integrated with the country’s general system so that prisoners can continue their education and training after release without difficulty (Rule 28.7).

In response to the need to prevent transmission of COVID-19 in prisons the Irish Prison Rules 2007-2017 were amended in 2020 to include Rule 36A. Rule 36A places a restriction on implementation of Rules 35 and 36 as a means to prevent the transmission of infectious disease in prisons. The 2020 Amendment to the Rules, under 36A, permit the Director General (36A(1)) or the Governor, subject to any direction made by the Minister or the Director General (36A(2)) to suspend the entitlement to visits or restrict or modify the entitlement to visits under Rule 35, as regards frequency, duration and arrangements, particularly in relation to the number and age of visitors permitted to make visits, for a specified period or periods.

The survey asked respondents working in prisons or who made frequent work-related visits to prisons, to indicate their level of agreement with the adequacy of opportunities available for prisoners to engage with education, work and training programmes, in light of COVID-19 restrictions. The results are outlined in Figure 22 with the details provided below.

Figure 22: Education and Work (n = 373 & n = 382)*



* The number of respondents (n) is listed from top to bottom for each chart.

- The majority of 373 respondents (55%) disagreed with the statement that prisoners were provided with adequate work and training programmes.
- Almost half of 382 respondents (47%) disagreed with the statement that prisoners were provided with adequate education; 38% agreed, and 15% neither agreed nor disagreed.

A focal point of many respondent comments was the need to ensure educational materials developed by teaching staff over the course of the pandemic were effectively disseminated to prisoners. Some teachers commented that they worked remotely during the lockdown to create video resources for display on prison in-cell TV channels, which in their opinion had not been successfully implemented. Suggestions to improve implementation included: timely uploading of videos onto the TV channel and provision of a timetable to all students. Another suggestion made was to increase and improve the level of educational content on the TV channels. The Moodle site for educational outreach was suggested to continue as the prison estate unwinds from COVID-19 restrictions.

Further suggestions included the adoption of increased access to information technology, in particular digital tablets and laptops with access to the prisoner education intranet system. The use of digital tablet devices would complement existing educational provision on an ongoing basis.

Regarding the majority of respondents who reported inadequacy of work and training programmes, some suggestions included provision of more structured work programmes and workshops, especially for prisoners who were not on an enhanced Incentivised Regime.

3.4.5 Family Contact

Article 8.1 of the European Convention on Human Rights provides that “Everyone has the right to respect for his private and family life, his home and his correspondence.”

Contact with family members and friends is essential to the health and wellbeing of people in prison. Rule 35 of the Irish Prison Rules 2007-2020 states that convicted prisoners are “entitled to receive by prior appointment not less than one visit from relatives or friends each week of not less than 30 minutes duration.” In response to the need to prevent transmission of COVID-19 in prisons the Irish Prison Rules 2007-2017 were amended in 2020 to include Rule 36A. Rule 36A places a restriction on implementation of Rules 35 and 36 as a means to prevent the transmission of infectious disease in prisons. Rule 35 includes provisions for ordinary visits whereby convicted adult prisoners are entitled to receive not less than one visit from relatives or friends each week of not less than 30 minutes duration. For unconvicted prisoners, the visit entitlement under Rule 35 is one visit per day from relatives or friends of not less than 15 minutes in duration on each of six days of the week, where practicable, but in any event, on not less than on each of three days of the week. Rule 36 provides for the regulation of visits, including provisions

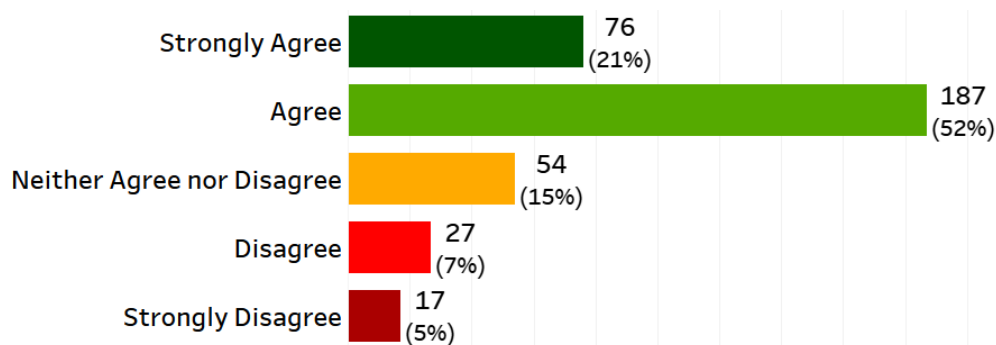
on the designation and searching of visitors, visits from legal representatives and visits for foreign nationals. The 2020 Amendment to the Rules, under 36A, permit the Director General (36A(1)) or the Governor, subject to any direction made by the Minister or the Director General (36A(2)) to suspend the entitlement to visits or restrict or modify the entitlement to visits under Rule 35, as regards frequency, duration and arrangements, particularly in relation to the number and age of visitors permitted to make visits, for a specified period or periods.

Survey questions focused on family contact were addressed to staff who either work in prisons or undertake frequent work-related visits to prisons. The survey asked questions about the impact of restrictions on family contact under the Rule 36A Amendment; in particular, the loss of in-person visits and the efforts made by the Irish Prison Service to compensate for this restriction.

The survey sought to determine if efforts made by the Irish Prison Service to compensate for the restrictions on family contact had been adequate. The quality of these compensatory alternatives, such as video calls and extra telephone calls was also examined. (See Figures 23 - 25).

Figure 23: Adequacy of IPS efforts on Family Contact (n = 361)

Statement: The effort of the IPS to increase prisoner family contact through telephone and video calls has been adequate.

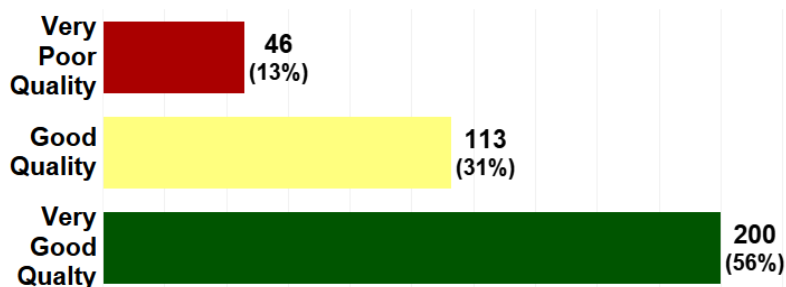


- The majority of respondents (73%) agreed with the statement that efforts made by the Irish Prison Service to compensate for the suspension of in-person family visits had been adequate. 12% of respondents disagreed that these efforts were adequate, and the remaining respondents (15%) neither agreed nor disagreed.

Figure 24: Overall Quality of Video Calls* (n = 359)

Statement: How do you perceive the overall quality of video calls for prisoners?

(Rating scale from 0 – Very poor quality to 10 – Very good quality)

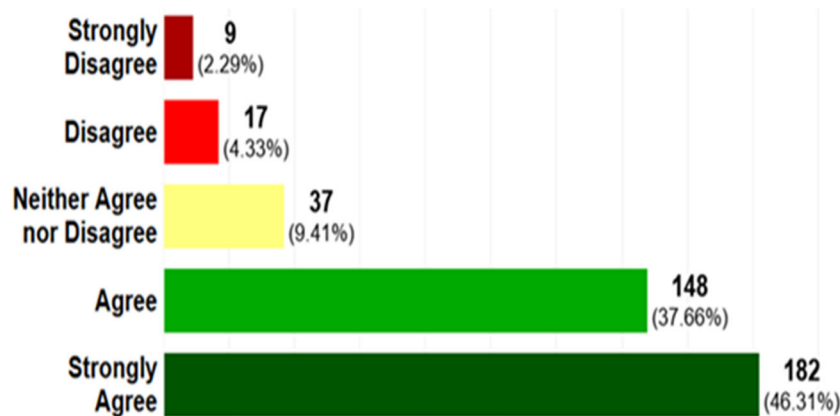


- The majority of staff reported the overall quality of video calls for prisoners as very good (56%), with 13% reporting a rating of poor quality. The remaining third of respondents (31%) provided a rating of good quality for video calls.

The general sentiment was that the video call system had been inadequate during its introduction, but had improved over the course of the pandemic. Some respondents remarked that although the video links had not always worked, they had provided a very effective means of communication and further improvements to the system could support but should not replace face-to-face interactions with family members. The video call booking system also reportedly required streamlining.

Figure 25: Continued Use of In-cell Phones/Video Calls post-Pandemic (n = 393)

Statement: The use of in-cell phones and video calls by prisoners should be continued after the COVID-10 pandemic.



- The overwhelming majority (84%) of respondents agreed with the statement that the use of in-cell telephones and video calls should continue in the aftermath of the pandemic. Less than a tenth of respondents (7%) disagreed with the statement, while the remaining participants (9%) neither agreed nor disagreed.

The use of video calls to contact family members attracted many participant comments and suggestions. Respondents reported wanting video calls to be enhanced and continued throughout the pandemic, and also retained in addition to physical visits as the prison estate unwinds from COVID-19 restrictions. Respondents identified a number of benefits related to the continued use of video calls, alongside physical visits, in the aftermath of the pandemic:

- Improved family contact for prisoners with families living abroad
- Suitability for the hearing impaired or deaf prisoners and family members
- Enables contact with mobility-impaired family members living further away from the prison
- Suitability for young families who may be stressed about visiting a prison setting
- Provides an alternative means of contact for children who may have to miss school to attend a visit
- Cost-effective for families who may have to travel long distances to the prison
- Less pressure on family members to smuggle contraband into prisons

Respondents also suggested that in-cell phones should be provided to all prisoners on standard and enhanced Incentivised Regimes. Other comments related to more effective monitoring of maintenance of phones on landings. Additionally, respondents commented that restrictions on physical family visits had led to a decrease in contraband entering the prison, and a subsequent reduction in drug distribution.

3.4.6 Sentence Management and Release

The Irish Prison Rules 2007-2020 make a number of provisions in relation to sentence management of prisoners, which include:

- Rule 103.2: As soon as possible after such admission, reports shall be drawn up for sentenced prisoners about their personal situations, the proposed sentence plans for each of them and the strategy for preparation for their release.
- Rule 103.3: Sentenced prisoners shall be encouraged to participate in drawing up their individual sentence plans.
- Rule 103.4: Such plans shall as far as is practicable include: (a) work; (b) education; (c) other activities; and (d) preparation for release.

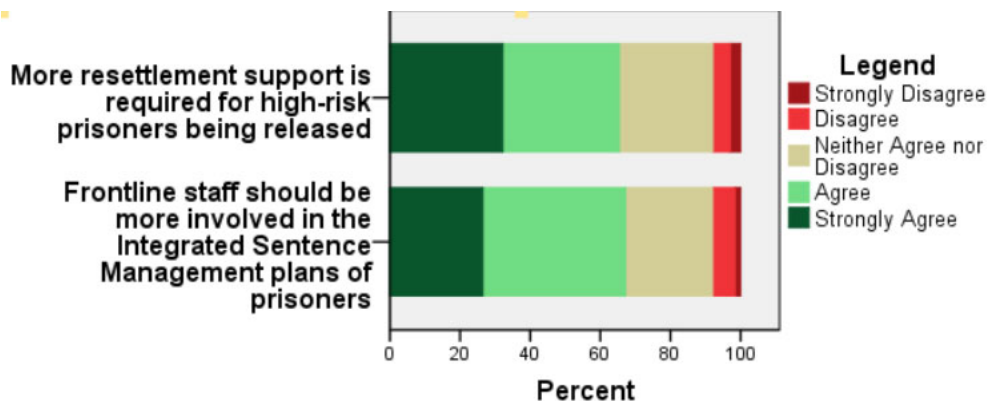
The Rules also include a number of provisions in relation to preparation of release for prisoners:

- Rule 107.1: Sentenced prisoners shall be assisted in good time prior to release by procedures and special programmes enabling them to make the transition from life in prison to a law-abiding life in the community.
- Rule 107.4: Prison authorities shall work closely with services and agencies that supervise and assist released prisoners to enable all sentenced prisoners to re-establish themselves in the community, in particular with regard to family life and employment.
- Rule 107.5: Representatives of such social services or agencies shall be afforded all necessary access to the prison and to prisoners to allow them to assist with preparations for release and the planning of after-care programmes.

Respondents working in prison, or who made frequent work-related visits to prisons, were requested to provide their level of agreement with efforts made to support prisoners in managing their sentences and preparing for release over the course of COVID-19 (Figure 26).

Figure 26: Sentence Management and Release (n = 364 & n = 363)*

Statement: Given the current COVID-19 climate, please indicate your level of agreement or disagreement with the following:



* The number of respondents (n) is listed from top to bottom for each chart.

- Two-thirds of 364 respondents (65%) agreed with the statement that more resettlement support was required for high-risk prisoners as they prepared for release. Less than a tenth of respondents (8%) disagreed, and slightly over a quarter of respondents (27%) neither agreed nor disagreed.
- Two-thirds of 363 respondents (67%) agreed with the statement that frontline prison staff should be more involved in Integrated Sentence Management plans of prisoners. Less than a tenth of respondents (8%) disagreed, and a quarter of respondents (25%) neither agreed nor disagreed.

A number of individuals commented on how the pandemic had negatively affected sentence management plans. For example, group psychology work was impacted which had knock-on-effects for fulfilment of Parole Board recommendations.

3.4.7 Impact of COVID-19 on Prisoner Wellbeing

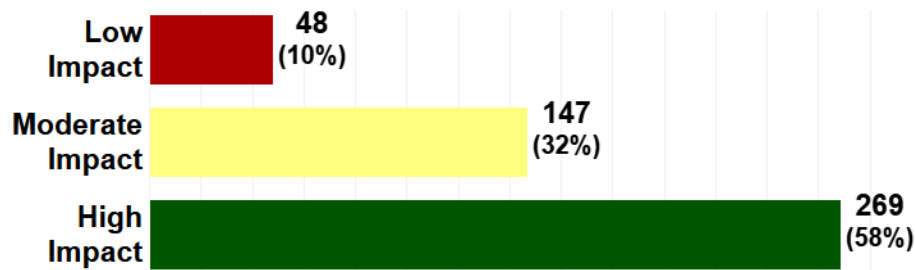
The impact of COVID-19, and subsequent restrictive policies put in place to prevent transmission of the virus, has been hard felt through all of society. For people living and working in congregated settings, these restrictions have been particularly challenging. Limited family contact, lack of access to services, lack of education and training opportunities, and an increase in restricted regimes due to COVID-19 has undoubtedly led to a negative impact on overall prisoner wellbeing.

All survey participants were asked to provide their perception of the impact of COVID-19 on prisoner wellbeing (range from “low impact” to “high impact”) (Figure 27).

Figure 27: Impact of COVID-19 on Prisoner Wellbeing (n = 464)

Statement: How do you rate the impact of COVID-19 on prisoners' wellbeing?

(Rating scale from 0 – Very low impact to 10 – Very high impact)



- The majority of respondents, 416 of 464 (90%), reported that COVID-19 had an impact on prisoner wellbeing.