Oifig An Chigire Príosún
Office of the Inspector of Prisons

Report on the Unannounced General Inspections of The Training Unit and Mountjoy Men's Prison

28 November - 9 December 2022

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FOREWORD

This report forms part of the first set of comprehensive reports on unannounced general inspections of prisons in Ireland produced by the Office of the Inspector of Prisons.

This new programme of unannounced general inspections began in late 2022. So far, my colleagues and I have fully inspected nine of the fourteen prisons in the State, housing two-thirds of all people living in prison in Ireland.

The reports on our first five inspections – of Mountjoy Prison, the Training Unit, Cork Prison, Cloverhill Prison and the Dóchas Centre – have been submitted to the Minister for Justice as a batch.

This approach has meant that some time has elapsed since the very first of those inspections were completed. Nonetheless, this process has created the necessary space for the Inspectorate to reflect deeply on a number of the systemic issues affecting the prison system as a whole, and I am convinced that it will stand the test of time. Recommendations designed to address those issues have been standardised across this first set of reports, which should facilitate the task of the Minister for Justice, the Director General of the Irish Prison Service and Prison Governors in responding to the Inspectorate's concerns.

This report on the inspections of Mountjoy Men's Prison and the Training Unit identifies a number of such systemic issues. Chief amongst these is the scourge of overcrowding and the ongoing scandal of people living in prison being obliged to sleep on mattresses on the floor, in close proximity to un-partitioned toilets. Work, education and training opportunities are analysed in detail, enabling the Inspectorate to chart the curtailment of these activities due to the redeployment of prison staff to escorting functions outside the prison. Other recurring themes include shortcomings in record keeping, the absence of administrative support for Chief Officers and Chief Nurse Officers, an ineffective complaints system and unduly limited telephone contact with the outside world. The report also addresses the persistent presence in prisons of people with acute mental health conditions.

Turning to the prisons themselves, our team found a stark contrast between the degrading detention conditions of many people held in Mountjoy Men's Prison and the far better living arrangements in the Training Unit. The single-cell accommodation, communal dining practices, high quality of care and broad range of services and amenities available in the Training Unit contributed to positive outcomes for people living there. A summary of our key findings from the inspections of these two prisons follows this Foreword.

Looking to the future, and provided that the necessary human and financial resources are made available to the Inspectorate, we aspire to carry out unannounced general inspections of every prison in Ireland at least once every three years, and to complete our draft reports on those inspections within a maximum of six months from the end of the inspections concerned.

Mark Kelly, Chief Inspector of Prisons

SUMMARY OF KEY FINDINGS

Training Unit

- Accommodation, in particular access to single-cell accommodation, and conditions in the Training Unit were very good and conducive to a positive living environment.
- Communal dining practices in the Training Unit contributed to positive outcomes for people in prison, both while in prison and while preparing for reintegration into the community.
- There was a multidisciplinary approach to healthcare services in the Training Unit, but mental health support services were not available to people in the Training Unit. Additionally, the Training Unit did not have a dedicated dental clinic available to prisoners, despite the population's level of need.
- There was a high quality of care and broad range of services available in the Training Unit for older prisoners.
- The environment in the Training Unit was an example of good practice in terms of the quality of space available to prisoners, such as the recreational area and the outdoor courtyard which was bright and airy. The visiting facilities in the Training Unit were very good.

Mountjoy Men's Prison

(Main Prison / Medical Unit and Progression Unit)

- The prison was overcrowded, resulting in prisoners being accommodated in cells that did not meet minimum international human rights standards for personal living space. For people on restricted regimes, who experienced minimal amounts of out-of-cell time, this amounted to degrading treatment.
- Conditions in Mountjoy Men's Prison did not encourage a dignified and healthy living environment; there was urgent need to ensure the privacy of prisoners when using sanitary facilities, such as toilets and showers in Mountjoy Men's Prison.
- Many people in the Main Prison experienced poor and inconsistent out-of-cell time. Approximately half of the population in the Main Prison was accommodated under a restricted regime, which resulted in very limited daily out-of-cell time.
- There was no evident strategy in place in Mountjoy Men's Prison to reduce the high proportion of prisoners on protection.
- Despite the Irish Prison Service's 2017 commitment to eliminate solitary confinement across the prison estate, the practice was ongoing in Mountjoy Men's Prison. Prolonged solitary confinement was imposed on prisoners, in contravention to the prohibition of such a practice set out in the UN Mandela Rules (2015).
- The reception/committal area was being used for "informal punishment" of prisoners, in the absence of any legal provision to allow for this practice.
- The Progression Unit practice of serving meals to prisoners in line with the times in which they are served in the community was commendable. However, meal times and practices in Mountjoy Men's Main Prison and Medical Unit remained inappropriate.

- Engagement between staff and prisoners was generally good across the prison. However, disruptions to the prison regime, including closures of prisoner activities such as the gym, resulted in tensions amongst prisoners and prison staff.
- The complaints system was not working effectively, particularly given prolonged delays in investigation of complaints and a lack of communication provided to prisoners about the status of their complaints. Both prisoners and staff expressed concern about raising complaints or grievances in the prison.
- Overall, record keeping, including of serious incidents in the prison, was poor. Data on the electronic recording system was not kept up-to-date. Therefore, what was recorded on the National Incident Management System (NIMS) was far from a true reflection of the number and nature of incidents in the prison.
- Mountjoy Men's Prison prioritised an operational-security approach to addressing the presence of contraband in the prison, with limited alternative health-led interventions available in the prison. The drug treatment programme in the prison had long-been non-existent.
- The disciplinary hearing processes carried out in the prison were balanced and fair. However, the disciplinary sanction (P19) procedure was being used as a surrogate system of recording incidents in the prison, and potentially stigmatised victims of incidents as well as perpetrators.
- Positively, there was a multidisciplinary approach to healthcare services in Mountjoy Men's Prison, and prisoners with complex psychiatric/medical needs were regularly reviewed by healthcare and senior custodial staff.
- There were inadequate staff levels across a number of healthcare teams, including insufficient nursing cover at night. Additionally, there was insufficient access to core equipment (electrocardiogram (ECG) machines) and services (phlebotomy, physiotherapy). There was a lack of access to a chiropodist and optician.
- Prisoners engaged in essential work were inadequately compensated, and the 2012 IPS Prisoner Gratuity and Private Cash Policy required review and updating.
- There were some good work training initiatives across Mountjoy Men's Prison, including the Barista Course, SafePass Course and Driver Simulation course. However, workshops were frequently closed, often on a long-term basis, and staff trained to facilitate work training were redeployed to posts that were not focused on prisoner engagement and rehabilitation.
- Yards and recreational areas available to men in Mountjoy Men's Prison were bleak, in poor condition, devoid of colour and lacked exercise equipment; they required significant improvement.
- Family contact in the prison could be improved as the frequency and length of calls was limited, particularly for prisoners on lower regime levels (three six-minute calls each week).
- While there were three Integrated Sentence Management (ISM) officers designated to facilitate the sentence management of prisoners, this was not adequate to meet the needs of the prisoner population.
- The Community Return Scheme and Community Support Scheme were not being maximised due to external resourcing and capacity issues, particularly in relation to supervision by the Probation Service.

ABOUT THE INSPECTORATE 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 Chief Inspector of Prisons is appointed by the Minister for Justice to perform the functions conferred on him by Part 5 of the Act. The current Chief Inspector was appointed on 1 June 2022 for a five year term in office with effect from 15 August 2022, under Section 30 of the Act. The Chief Inspector of Prisons is independent in the performance of his functions.

Section 31(1) of the Act places an obligation on the Chief Inspector of Prisons to carry out regular inspections of prisons.

In addition to inspections, the Chief Inspector of Prisons may be requested by the Minister for Justice to carry out an investigation into any matter arising out of the management or operation of a prison, and if so requested, is obliged to carry out the investigation. The Chief Inspector may also carry out an investigation of his own volition.

The role of the Chief Inspector of Prisons is as follows:

- Regular inspection of all 13 prisons in Ireland;
- Carry out investigations of deaths in custody and also of any death of a person on temporary release that occurs within one month of his/her release;
- Investigate any matter arising out of the management and operation of a prison at his own volition or at the request of the Minister for Justice;
- Receive and reply to letters from prisoners in accordance with Rule 44 of the Prison Rules 2007-2020;
- Oversight of the Irish Prison Service prisoner complaints system and carry out the functions assigned pursuant to Prison Rule 57B of the Prison Rules 2007-2017;
- It is not a function of the Chief Inspector to investigate or adjudicate on a complaint from an individual prisoner, but he may examine the circumstances relating to a prisoner complaint where necessary for performing his functions (Section 31(6) Prisons Act 2007).

The Chief Inspector of Prisons does not currently have statutory authority to publish inspection reports, investigation reports or annual reports. In accordance with the Act, 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. However, the General Scheme of the Inspection of Places of Detention Bill envisages that, in future, the Inspectorate will be able to publish its own reports.

At present, 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.

In 2020, the Office of the Inspector of Prisons published *A Framework for the Inspection of Prisons in Ireland*. This document sets out how the Inspectorate conducts inspections of prisons in Ireland, as well as outlining assessment ratings criteria used by the Inspectorate to evaluate compliance with legislation and human rights standards. The Framework was updated in 2024, after a consultation process including the Irish Prison Service, civil society organisations and other stakeholders.

1 INTRODUCTION

A. Inspection Process

1.1 The Office of the Inspector of Prisons (OIP) conducted unannounced General Inspections of the Training Unit and Mountjoy Men's Prison between 28 November and 9 December 2022.

The OIP Inspection Team consisted of: Mr Mark Kelly, Chief Inspector, Ms Helen Casey, Deputy Chief Inspector, Dr Ciara O'Connell, Senior Inspector, Ms Michelle Martyn, Inspector, Ms Fiona O'Dea, Inspector, Mr Mark Wolfe, Inspector, Mr Rob Bradley, Inspector and Dr Douglas Nanka-Bruce, Data Analyst. The Inspection Team was assisted by two independent medical experts drawn from the Inspectorate's pool of independent experts, Professor Claire Harrison and Dr Catherine Uhomoibhi. The Inspectorate is especially grateful for the assistance provided by the experts who form part of its expert panel.

Prior to this inspection, the OIP had carried out short inspection visits to Mountjoy Men's Prison on six occasions, with the two most recent inspections having been carried out in May 2022 (Education and Work Training Thematic Inspection) and March 2021 (COVID-19 Thematic Inspection).

1.2 Assessment

The General Inspection was carried out in accordance with *A Framework for the Inspection of Prisons in Ireland*. The prison was assessed against five Focus Areas:

Respect & Dignity	Safety & Security	Health & Wellbeing	Rehabilitation & Development	Resettlement

1.3 Methodology

The OIP employs a range of assessment approaches to gather evidence and examine prison compliance with legislation and human rights standards. These include:

- Review of documentation and records
- Meetings with Irish Prison Service Headquarters personnel
- Discussions with people living in prison
- Observation of facilities and activities
- Meetings with Prison Senior Management
- Discussions with prison staff (operational and service staff)
- Review of CCTV footage
- Electronic surveys completed by people in prison and people working in the prison

The OIP Inspection Team is assisted by independent medical experts to assess healthcare provision in prisons (Chapter 4 - Health & Wellbeing).

On the first day of inspection, the Inspectorate provided the prison with an Information Request which sets out the documentation requested by the Chief Inspector of Prisons for the inspection. The OIP engaged with prison staff during and after the inspection visit to ensure fulfilment of the Information Request.

As part of the inspection process, the Inspectorate requests that prison management provide a self-assessment status update on ongoing recommendations previously made to the prison by the Inspectorate.

The Inspectorate has developed electronic surveys to afford people living and working in prison the opportunity to engage with the OIP anonymously. The prisoner survey was administered by the OIP Inspection Team using digital tablets. This allowed for real-time data analysis which informed the inspection approach. The password protected staff survey was hosted on the OIP website, and all staff were provided with survey access information via email. A total of 187 prisoners and 122 prison staff (operational and service staff) completed the electronic surveys.

As part of the General Inspection, the Inspectorate assesses implementation of recommendations made to the Irish Prison Service in relation to previous inspections (Appendix A).

The General Inspection concluded with a Closeout Meeting on 13 December 2022. The OIP shared and discussed initial findings and recommendations with the prison's Senior Management team.

All inspection findings are evidence-based. Recommendations made by the OIP are rooted in relevant legislation and international human rights standards, including the International Covenant on Civil and Political Rights (1966), the United Nations Convention against Torture (1985), the European Prison Rules (2020), the United Nations Standard Minimum Rules for the Treatment of Prisoners (UN Nelson Mandela Rules, 2015) and United Nations and Council of Europe standards, including the recommendations of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) .

The Irish Prison Service is requested to respond to all OIP recommendations (Appendix B) by developing an Action Plan. Action Plans should apply the SMART approach to recommendation implementation, that is they should be specific, measurable, achievable, realistic and time-bound. In line with the Recommendations Monitoring Policy[1], the Inspectorate monitors progress made in addressing recommendations. This is done through (i) IPS bi-annual self-assessment status updates on outstanding recommendations, and (ii) monitoring of progress made in implementing Action Plans as part of the Inspectorate's inspection and follow-up inspection process.

B. Training Unit and Mountjoy Men's Prison

1.4 Mountjoy Men's Prison is a closed medium security prison for adult men. It is the main committal prison for Dublin city, with a bed capacity of 755. The prison is comprised of the Main Prison, Medical Unit and the Progression Unit.

On 28 November 2022, there were 752 people in Mountjoy Men's Prison, including two people in the hospital. The Main Prison and Medical Unit accommodated 551 people (498 Main Prison and 53 Medical Unit), and the Progression Unit accommodated 199 people.

On this day, there were 35 people accommodated on mattresses on the floors of the prison, in both the Main Prison and the Progression Unit. Over the course of the inspection the prison bed capacity in Mountjoy Men's Prison (Main Prison, Medical Unit and Progression Unit) was between 99% and 101%.

[1] OIP (2021) Recommendations Monitoring Policy.

Of the total prisoner population in Mountjoy Men's Prison, 95% were serving a sentence.

In early December 2022, bed capacity in the prison was at 101%, and there were 102 people (11%) in the prison serving a sentence of less than 12 months; 44 people (6% of the population in the prison) were serving sentences of six months or less.

The prison recorded that 85% of prisoners were Roman Catholic. 4% were Christian, and no religion was provided for the remainder of the population.[2]

Mountjoy Men's Prison accommodated 63 foreign national prisoners (9%). The age of the prison population ranged from 19 to 65 (**Table 1**).

Table 1: Prisoner Ages in Mountjoy Men's Prison (Main Prison / Progression Unit / Medical Unit)

18 - 20	21 - 25	26 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71+	Total
11 (1%)	100 (14%)	131 (18%)	286 (40%)	142 (20%)	41 (6%)	9 (1%)	0 (0%)	720

1.5 Main Prison / Medical Unit

The Main Prison is comprised of four wings and three basement accommodation units. Of the 498 people accommodated in the Main Prison, 225 were "on protection" (Rule 63 - removal from the population on grounds of vulnerability); this was 46% of the Main Prison population. There were more than ten protection groups at any given time, resulting in operational challenges for prison staff, and reduced access to rehabilitation activities and services for people in prison.

Cell accommodation in the Main Prison was designed for single occupation; however, 28 people were accommodated with another prisoner on a mattress on the floor on 28 November 2022.

The Medical Unit is a stand-alone building located in the Mountjoy Men's Prison complex. It accommodates prisoners in the High and Low Support Units, and is designated as the National Drug Treatment Centre for the Prison Service (see, H & W section 4.72). The Drug Treatment Centre had not been operational for more than two years.

Of the 53 people accommodated in the Medical Unit, one person was on protection and nine people were under the care of a psychology team in the High Support Unit.

[2] This data was provided by the prison, and may not be accurate as the indicated total number of people (1017) exceeds the total number of people in the prison.

Progression Unit

1.6 The Progression Unit is comprised of three wings and accommodates people who have demonstrated good behaviour in prison. This Unit does not accommodate prisoners on restricted regimes. However, since the onset of the COVID-19 pandemic, one wing in the Progression Unit has been designated to accommodate new committals in quarantine under Rule 103 of the Prison Rules.

On 29 November 2022, of the 199 people accommodated in the Progression Unit, seven were accommodated with a mattress on the floor of another prisoner's cell.

People accommodated in the Progression Unit had increased access to rehabilitation activities and services than prisoners in the Main Prison and Medical Unit. The Progression Unit had a landing specifically designated for life-sentenced prisoners.

Training Unit

1.7 The Training Unit re-opened in July 2022 and is located in close proximity to Mountjoy Men's Prison within its own perimeter wall. It has been designated as a prison in its own right. The Training Unit has a capacity of 96. On 29 November 2022, 80 people were accommodated in the Training Unit; on 9 December 2022 this number increased to 87. Occupancy rates varied between 82 and 91% over the course of the inspection. The Training Unit accommodates prisoners above the age of 55, and operates a fairly open regime.

The Training Unit was equipped with cellular accommodation designed for end-of-life care, however, at the time of inspection these cells were not yet operational.

The Training Unit accommodated seven foreign national prisoners (8%), and people ranging in age from 50 to 84 (**Table 2**).

Table 2: Prisoner Ages in Training Unit

18 - 20	21 - 25	26 - 30	31 - 40	41 - 50	51 - 60	61 - 70	71+	Total
0	0	0	0	1 (1%)	34 (46%)	25 (33%)	15 (20%)	75

2 RESPECT & DIGNITY

2.1 In line with A Framework for the Inspection of Prisons (2020), the Inspectorate assesses how prisoners and staff experience *Respect and Dignity* in prisons. Drawing on national legislation and international standards, the Inspectorate evaluates performance across four themes:

A. Living Conditions: accommodation, hygiene and sanitation, clothing and bedding, out-of-cell time and meals and nutrition

B. Relationships & Interactions: prisoner relationships, staff relationships and prisoner-staff relationships

C. Non-Discrimination: experiences of fair and equal treatment

D. Information: access to information in the prison

A. Living Conditions

Accommodation

2.2 International standards require that all cellular accommodation align with minimum cell-size requirements.[3] Accommodation should provide decent sleeping and living conditions and the means to keep clean, which includes proper sanitation, including toilet and shower facilities, washing water, cleaning products, laundry, and personal hygiene products.[4]

Single-cell accommodation is considered to be international best practice, except for where it is preferable for prisoners to share accommodation.[5] In 2021, the Council of Europe's European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) expressed the view that all prisons should have a maximum occupancy number in order to guarantee the minimum standard of personal living space (4m² in multiple-occupancy cells).[6] Under the Prison Rules 2007-2020, the Minister for Justice can specify the maximum number of persons to be accommodated in a cell.[7]

National legislation and international standards provide that sentenced and remand prisoners should be accommodated separately; with the European Prison Rules 2020 setting out that exceptions to separate detention can be made to facilitate participation in organised activities, and where prisoners consent to sharing cells.[8]

Overcrowding

2.3 For the first time in a decade, Mountjoy Men's Prison was experiencing overcrowding at such a level that people in prison were required to sleep on mattresses on the floors of cells designed for single-occupancy.

[3] CPT (2015) Living Space per Prisoner in Prison Establishment: 6m² - single occupancy cell and sanitary facility, and 4m² per prisoner in multi-occupancy cells, with a fully partitioned facility.
[4] CPT (2021) A Decency Threshold for Prisons - Criteria for Assessing Conditions of Detention.
[5] European Prison Rules (2020), Rule 18(5).
[6] CPT (2021) 31st General Report.
[7] Prison Rules 2007-2020, Rule 18(2)(a).
[8] European Prison Rules (2020) Rule 18(8) and 18(9), and Prison Rules 2007-2020, Rule 71.

This was partly the result of the temporary closure of one wing in the Main Prison to facilitate refurbishment, and also due to an ongoing increase in the number of people committed to the prison.

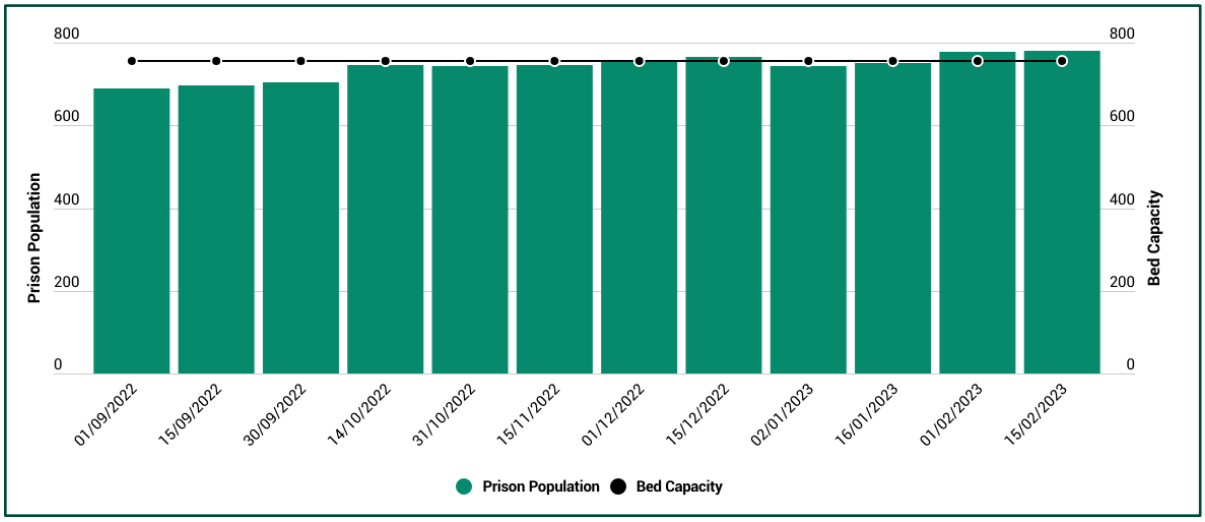
On 28 November 2022, 5% of cells in Mountjoy Men's Prison were holding more prisoners than their designed capacity and the prison was operating at 99% bed capacity. In May 2023, overcrowding continued to impact the prison, with the bed capacity at 107%.[9]

2.4 The reported IPS bed capacity for Mountjoy Men's Prison was 755, not including Special Observation cells. However, this did not account for the *real* operational bed capacity in the prison, which could be impacted by:

- decommissioning of cells for repair,
- movement of prisoners to areas of the prison based on their behaviour and medical or protection needs, and
- the designation of certain areas of the prison for prisoners who were engaged in work and/or on an Enhanced regime, or who required increased supervision or support.

2.5 Overcrowding in the prison had worsened in the months leading up to and after the inspection (**Figure 1**), and remains an ongoing concern with respect to Mountjoy Men's Prison and many other prisons across the estate.

Figure 1: Population and Bed Capacity, Mountjoy Men's Prison (September 2022 - May 2023)



2.6 By May 2023, the number of people sleeping on mattresses on cell floors had increased by 137% from the time of inspection; that is from less than 40 people on mattresses on the floor in November / December 2022 to 90 people just five months later.

2.7 **People in Mountjoy Men's Prison who were on restricted regimes (approximately half of the population in the Main Prison), and who were accommodated in double-occupancy single cells, experienced degrading treatment.**

[9] IPS (2023) Prisoner Population.

These people spent 20 hours or more each day in these conditions: they ate meals, used the toilet, made phone calls and slept in close proximity to each other for extensive periods of time.

2.8 Prison staff consistently raised concerns about overcrowding in the prison, and stated:

"Currently the prisoners on C1 and A1 are now doubled up due to overcrowding. This is demoralizing for the prisoners and unsafe for staff."

"Doubling up prisoners is wrong in all aspects, this should not be happening it is unfair."

"Overcrowding (prisoners sleeping on floors) cause[s] tensions in the prison and this leads to trouble."

"Prisoners sleeping on the floor in 2022 is a disgrace."

2.9 Overcrowding was identified by staff survey respondents (79%, 89 of 112) as the most significant problem impacting the prison. Prisoner survey respondents (44%, 76 of 173) ranked overcrowding as the second most challenging problem in the prison.[10]

2.10 On 23 December 2022, the Chief Inspector of Prisons wrote to the Minister for Justice to raise an issue of serious concern regarding the "accommodation of people on mattresses on the floors of cells designed for single occupancy" (Appendix D). Following this, the Chief Inspector met with the then Minister for Justice, Simon Harris TD, to discuss the Inspectorate's concerns about the impact of overcrowding on Mountjoy Men's Prison, as well as on other prisons across the estate. A further meeting was held with Minister Harris' successor, Minister Helen McEntee TD, on 11 July 2023, during which the Chief Inspector expressed his ongoing concerns about the negative impact of overcrowding on people living and working in prisons in Ireland.

2.11 In Q3 2023, the Irish Prison Service commenced installation of bunk beds in single cells in Mountjoy Men's Prison in order to provide beds for people sleeping on the floors of cells. Whilst acknowledging the good intentions behind the installation of additional beds in single cells, the Inspectorate wishes to emphasise that this cannot be a long-term response to the overcrowding crisis.

2.12 **The situation of overcrowding in Mountjoy Men's Prison is one part of a much larger prison estate-wide crisis which, in order to remedy, requires a renewed commitment to prioritisation of alternatives to imprisonment, including those set out in the 2022 - 2024 Review of Policy Options for Prison and Penal Reform.**[11]

Cell Accommodation

2.13 The average size of a single occupancy cell on A1 landing, inclusive of sanitary facility, was 8.01m^2. Twelve of these cells were occupied by two prisoners on this landing, resulting in less than 4m^2 of living space for each person (exclusive of sanitary facility); this fell short of the minimum living space standard established by the CPT.[12]

[10] The length of phone calls was ranked as the second most significant problem for people in Mountjoy's Men's Prison who responded to the OIP survey.
[11] Department of Justice (2022) Review of Policy Options for Prison and Penal Reform 2022-2024, pages 18-19.
[12] CPT (2015) Living Space per Prisoner in Prison Establishments.

Given the limited space in double occupancy single cells, mattresses were wedged at an angle next to the in-cell lavatories, which were not fully-partitioned and did not afford privacy to cell occupants. Floors were cold, wet near the sinks, and did not provide enough space for two people to move comfortably around the cell.

The condition of single cells occupied by one person was fair, as each cell had a sink and toilet, but no shower, and was not well-ventilated. The environment in double-occupancy single cells was poor, with two people occupying a space designed for one person.

Cells in the Main Prison and Progression Unit were not well-ventilated, and showers were shared on the landings.

2.14 In stark contrast to the situation in the Mountjoy Men's Prison, the accommodation in the newly refurbished Training Unit was very good. Prisoners were accommodated in single-occupancy cells that were clean and in good condition.

2.15 As an example of very good practice, people living in the Training Unit were permitted to carry room keys and to eat meals with fellow prisoners in a communal dining room. These practices promoted independent living skills and mirrored fundamental components of living in the community.

Accommodation of Convicted and Unconvicted Prisoners

2.16 The Prison Rules 2007-2020, Rule 71, sets out that, in so far as is practicable and subject to the maintenance of good order and safe and secure custody, unconvicted prisoners should be accommodated separately from convicted prisoners. In addition, Rule 18.8 (a) of the European Prison Rules (2020) outlines that in deciding to accommodate prisoners in particular prisons or particular sections of prisons, due account should be taken of the need to detain untried prisoners separately from sentenced prisoners.

People in Mountjoy Men's Prison were not accommodated according to their legal status. There was no policy in place to ensure that convicted and unconvicted prisoners were accommodated in distinct areas and/or cells in the prison.

Prison Environment

2.17 The general areas across the prison were not clean. The environment on the landings in the Main Prison was devoid of colour and in some areas of the prison, such as C-Base and D-Base landings, there was no natural light. However, in the Progression Unit the landings were well-lit, and sufficient to allow prisoners to grow vegetables indoors along the corridor.

There were many reports of an infestation of cockroaches and vermin across Mountjoy Men's Prison, which was an ongoing issue.[13] For people sleeping on floors, this was particularly disconcerting.

2.18 The Training Unit environment was open, spacious, well-lit and very clean. The outdoor areas were landscaped by prisoners, and there were works ongoing to create a garden area. The environment encouraged group participation, and was quiet and calm.

The living environment in the Training Unit was very good.

[13] Business Post (20 June 2023) Prison Service Warned to Deal with Cockroach Infestation Threat in Mountjoy kitchen.

2.19 Accommodation Assessment

Accommodation and conditions in the Training Unit were very good and conducive to a positive living environment.

By contrast, the accommodation in Mountjoy Men's Prison was overcrowded, which resulted in prisoners sharing single occupancy cells and sleeping on mattresses on the floors; this issue is of great concern to the Inspectorate and has become even worse in the months after the inspection.

When occupied by more than one person, the size of single cells did not meet minimum international human rights standards for personal living space; the practice of single cell accommodation in Mountjoy Men's Prison should be restored. For people on restricted regimes who experienced minimal amounts of out-of-cell time, their living conditions amounted to degrading treatment.

Unconvicted prisoners were not accommodated separately from sentenced prisoners in Mountjoy Men's Prison.

The overall conditions in Mountjoy Men's Prison did not provide a dignified and healthy living environment.

2.20 RECOMMENDATION

To the Minister for Justice:

Recommendation MDOJ22-1: The Minister for Justice should take urgent action to place an enforceable upper limit on the number of persons that can be committed to Mountjoy Men's Prison, as well as in all other prisons in Ireland.[14] This should be accompanied by determined action to implement the alternatives to imprisonment foreseen in the 2022-2024 Review of Policy Options for Prison and Penal Reform.

Request for Information MDOJREQ22-1: The Inspectorate would appreciate receiving detailed information about the work of the Department of Justice to implement the recommendations of the Review, including the work of the proposed "multi-stakeholder taskforce to address the current accommodation crisis"[15].

To the Minister for Justice and the Director General of the Irish Prison Service:

Recommendation MDOJ22-2 / DG22-1: In line with Rule 21 of the European Prison Rules (2020), the Minister for Justice and the Director General of the Irish Prison Service must ensure that every person in custody has their own bed and that cell occupancy is in line with CPT living space standards (4m^2 for each person, exclusive of sanitary facilities).

[14] Prison Rules 2007-2020, Rule 18(2)(a) and *(b): "The Minister may specify the maximum numbers of persons who may, in normal circumstances, be accommodated in cells or rooms belonging to such class as may be so specified" and in doing so will "have regard to the size of, and the availability of lighting, heating, ventilation and fittings in cells or rooms".
In 2021 the CPT considered there should be an absolute upper limit for the number of prisoners, in order to guarantee the minimum standard in terms of living space - see, CPT (2022) 31st General Report of the CPT, ¶102.
[15] Speech by Minister for Justice Minister Harris at the Prison Officer Association Annual Conference 2023 (28 April 2023).

Hygiene & Sanitation

2.21 The Prison Rules 2007-2020 and European Prison Rules 2020 provide that prisons should be equipped with the necessary cleaning supplies to allow prisoners to keep their cells clean and to ensure all areas of a prison are hygienic and sanitary.[16] In addition, as provided for in international human rights standards, prisoners should have privacy when using sanitary facilities and all parts of the prison should be properly maintained and clean at all times.[17]

2.22 While the practice of "slopping out" ended in Mountjoy Men's Prison in 2013, there remained concerns about the standard of hygiene and sanitation in the prison. In-cell sanitary facilities were not effectively partitioned from the remainder of the cell, and did not provide adequate privacy, particularly for people sharing single-occupancy designed cells. In October 2022, 17 of 749 people (2%) used the toilet in the presence of other prisoners; by April 2023 this had increased to 148 of 808 people (18%).

Conversely, all people in the Training Unit were accommodated in single occupancy single cells, and no person in the Training Unit was required to use the toilet in the presence of another. Hygiene and sanitation facilities in the Training Unit were very good; showers, toilets and sinks were generally well-maintained. There was good access to cleaning supplies in the Training Unit, which allowed prisoners to keep their living areas clean.

2.23 In Mountjoy Men's Prison, there were no showers in the cells, and people in prison shared showers on the landings. Some of these shower stalls were not equipped with a privacy screen. Not all showers were functional in the prison, and there were certain parts of the prison that had no hot water. However, repairs to the water system were ongoing during the inspection.

Over one-third of staff survey respondents (37%, 42 of 115) thought toilet facilities in the prison were poor.

2.24 Repairs to broken sanitation facilities, such as toilets and sinks, were not carried out expeditiously. For example, there was a broken toilet in a shared cell for a period of several days. During the time that the toilet could not be flushed, prisoners remained in a cell with a toilet smeared with excrement.

Record-keeping in relation to repair issues in the prison was poor. While fault and hazard forms were submitted by prison officers, there was no log to record the notification or when and if the work had been completed. Trades officers were often redeployed to other work and duties in the prison, and there was a lack of administrative support in this area. Prisoner survey respondents largely indicated they were provided with sufficient supplies to keep their living area clean (61%, 107 of 176), and 73% of staff respondents (85 of 116) indicated that prisoners were able to keep themselves clean.

The prison operated a Barbershop and some toiletries were available for prisoners to buy in the Tuck Shop, which included shaving gel (€4.44), a hairbrush (€4.54), nail clippers (€1.79) and razors (€8.05).

[16] Prison Rules 2007-2020, Rule 20 and European Prison Rules (2020), Rule 19.
[17] European Prison Rules (2020), Rule 19.1 and Rule 19.3.

2.25 Hygiene & Sanitation Assessment

Given the ongoing situation of overcrowding and the sharing of single-occupancy designed cells, there was an urgent need to ensure the privacy of prisoners when using sanitary facilities, such as toilets and showers in Mountjoy Men's Prison. The absence of privacy partitions for sanitary facilities, particularly in cells with double-occupancy, resulted in prisoners being held in degrading conditions.

There was good access to cleaning supplies in the prisons, which allowed prisoners to keep their living areas clean.

Delays to repairs of broken sanitation facilities impacted on the right to dignity for prisoners; fault and hazard record-keeping required improvement to track the expediency of repairs.

Hygiene and sanitation facilities in the Training Unit were very good; showers, toilets and sinks were generally well maintained.

2.26 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Recommendation DG22-2: The Director General of the Irish Prison Service should take steps to ensure that all multi-occupancy cells across the estate are equipped with fully-partitioned sanitary facilities.[18]

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-1: The standard of cleanliness and state of repair across the prison should be improved and properly maintained; this includes appropriate staffing of trades posts and comprehensive record-keeping to track and measure repair response times.

Clothing & Bedding

2.27 As provided for in the Prison Rules, 2007-2020, all people in prison should have access to clean and warm clothing.[19] The European Prison Rules (2020) set out that people in prison should be supplied with a bed as well as climate-appropriate bedding.[20] Bedding and clothing should be laundered on a regular basis.[21] The UN Mandela Rules (Rule 5.1) provide that the prison regime should seek to minimise any differences between prison life and life at liberty that tend to lessen the responsibility of prisoners or the respect due to their dignity as a human being.

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[18] With respect to other prisons in the estate, the Irish Prison Service has committed to "(work) on the design of a partition that meets appropriate security standards" with the intention being to "install the partitions once the design is completed." See, OIP Inspections Recommendation Database: Wheatfield Prison Recommendation WFCT4 and Arbour Hill Prison Recommendation ACHT7.
The CPT's minimum standard for personal living space in prison establishments includes 4m^2 of living space per prisoner in a multi-occupancy cell and fully partitioned sanitary facility. See European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) (2015) Living space per prisoner in prison establishments: CPT standards. The OIP re-emphasizes the State's obligations under Article 3 and Article 8 of the European Convention on Human Rights.

[19] Prison Rules 2007-2020, Rule 21.

[20] European Prison Rules (2020), Rule 21.

[21] Prison Rules 2007-2020, Rule 22: "Each prisoner shall be issued with separate bedding adequate for warmth and health, which shall be cleaned regularly", and that "A prisoner shall not be required to sleep without a mattress." However, the European Prison Rules (2020), Rule 21 states that: "Every prisoner shall be provided with a separate bed and separate and appropriate bedding".

Clothing

2.28 Upon committal to Mountjoy Men's Prison, prisoners were provided with a "kit" that included one set of clothing, comprising a tracksuit, shirt and a pair of underwear and socks. People in the prison were permitted to wear their own clothing; however, many people reported challenges in accessing these clothes. As a result, some people in the prison wore the same clothing they received on committal for periods of up to four weeks.

2.29 Some prisoners indicated they were unaware of the process to have their own clothing provided to them, or to have their clothing laundered or replaced. There were reportedly two ways to do this: (i) make a request to a prison officer to retrieve clothing from the lockers in the committal area of the prison; or (ii) prisoners were to deposit soiled clothing outside their cell which was then replaced with a new "kit". The Inspectorate was provided with conflicting detail in relation to the process for how prisoners were informed about these practices.

2.30 A new policy introduced during the COVID-19 pandemic prohibited the families of people in prison from delivering clothes to the prison in-person. Instead, families were required to pay to post personal items to their relatives in prison, often at great cost. This practice placed a disproportionate burden on families, and amounted to a form of socio-economic discrimination (section 2.72).

Bedding

2.31 As noted above (section 2.3), overcrowding in Mountjoy Men's Prison resulted in a situation where some prisoners were required to sleep on mattresses on the floors. This practice was unacceptable and not consistent with the European Prison Rules 2020, Rule 21, which requires that "every prisoner shall be provided with a separate bed and separate and appropriate bedding, which shall be kept in good order and changed often enough to ensure its cleanliness".

2.32 People who slept on the floor on mattresses rolled their mattresses up each morning and stored it on the ground under the bed or under counter space in the cell. Mattresses and bedding were stored on cold floors in close proximity to sanitary facilities each day.

Some prisoners and prison staff reported issues with the quality of bedding provided, particularly for those who slept on thin mattresses on cell floors. There were concerns raised about the provision of bedding to people when committed to the prison; some people were not provided with pillows, for example, or were provided with soiled bedding. Prison staff survey respondents indicated there was good access to bedding for prisoners.

2.33 **Clothing & Bedding Assessment**

Some prisoners were not aware of policies and practices in place to request and receive clean clothing, or their own personal clothing.

Overcrowding in the prison negatively impacted on access to beds in some parts of the prison. Mattresses provided to prisoners to sleep on cell floors were not appropriate as they were not sufficiently raised from the floor and exposed prisoners to unsanitary conditions on cell floors.

There were a number of mattresses and bedding materials in a poor state of repair.

2.34 RECOMMENDATION

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-2: Prison managers should conduct ongoing recorded audits of the availability of bedding, and where necessary, ensure the replacement of all mattresses, duvets and pillows. All prisoners should each have a clean duvet, sheet, pillow and pillowcase, as well as a sufficient number of towels to use across the course of the week's activities.

Out-of-Cell Time

2.35 The Prison Rules 2007-2020 provide that all prisoners should spend as much time out of their cells as is practicable to associate with other prisoners.[22] The Rules also state that each convicted prisoner should be engaged in authorised structured activity for a period of not less than five hours on each day of five days a week.[23] The CPT recommends that prisoners should be able to spend eight hours daily out of their cells engaged in purposeful activities.[24]

2.36 Generally, prisoners in the Training Unit were afforded much more out-of-cell time than people in Mountjoy Men's Prison. Positively, people accommodated in the Training Unit were provided with keys to their rooms and were able to leave their rooms throughout the course of the day and night (after 19:00, people in the Training Unit were limited in their movement to their prison units). Prisoners in the Training Unit had access to a range of recreational activities including snooker and pool tables in a spacious recreational room.

2.37 The different areas of Mountjoy Men's Prison had designated "unlock" periods, during which time, and dependent on staffing levels in the prison, prisoners were permitted to attend visits, yards, school, healthcare appointments and services available in the prison.

The timetable for general population prisoners offered up to six hours out-of-cell time each day, although this was impacted by reduced staffing availability. People engaged in essential work in the Main Prison, and those accommodated in the Progression Unit, were afforded an increased amount of out-of-cell time, with more access to purposeful activity on a daily basis.

2.38 The daily timetable for prisoners accommodated in the Medical Unit was similar to that of the Main Prison, although there were very limited opportunities to engage in purposeful activity as the school was not available to prisoners on a regular basis and essential work positions were limited to the roles of cleaners on the landings.

2.39 Prisoners on protection regimes, on A and B wings in the Main Prison, were offered far less out-of-cell time, as these prisoners were unlocked on a rotational basis;[25] this meant that, dependent on staffing resources and the number of protection groups in the prison at any given time, prisoners' access to out-of-cell time could be reduced.

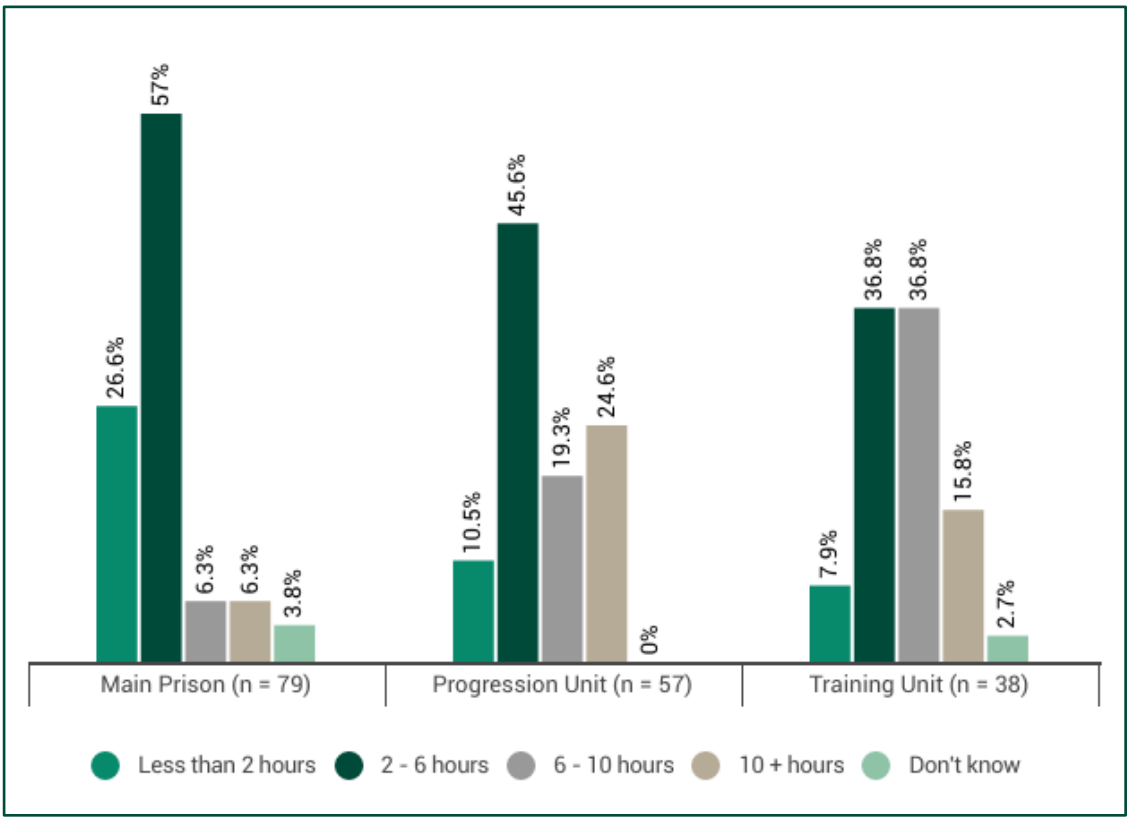
[22] Prison Rules 2007-2020, Rule 27(1).
[23] Prison Rules 2007-2020, Rule 27(3).
[24] As referenced by the CPT, in the 2015 Living Space per Prisoner in Prison Establishments, and the CPT's (2021) A Decency Threshold for Prisons-Criteria for Assessing Conditions of Detention.
[25] Rotational unlock is an operational practice implemented when staff resources do not allow for a full unlock. Under rotational unlock certain areas of the prison and/or groups of prisoners are given priority for unlock over others. Consequently, those not unlocked may experience disruption to services / activities.

Prisoners on protection regimes were limited to less than one hour each day in the yard, brief periods of time spent on landings collecting food and taking showers, and the rotational unlock limited access to other services and activities such as the gym and school.

Out-of-cell time for prisoners on protection was not sufficient to allow for effective meaningful human contact, and had an adverse impact on the wellbeing of people accommodated in these conditions.

2.40 The majority of prisoner survey respondents in Mountjoy Men's Prison indicated that on any day of the week they spent between two and six hours out of their cells (**Figure 2**), which did not meet the CPT standard for daily out-of-cell time.

Figure 2: Prisoner Reports of Out-of-Cell Time, Weekday (by Part of Prison) (%)
(n = 79, 57, 38)



2.41 Out-of-cell time record logs for those on a restricted regime were unreliable. Some record logs were pre-populated in advance of the time period recorded, and could not be relied upon to ascertain the *actual* out-of-cell time offered to and taken up by people in prison.

2.42 Out-of-Cell Time Assessment

Out-of-cell time for prisoners varied across Mountjoy Men's Prison and the Training Unit. While people in the Training Unit had good and consistent levels of daily out-of-cell time, for many people in the Main Prison, out-of-cell time was poor and inconsistent. Approximately half of the population in the Main Prison was accommodated under a restricted regime, which resulted in very limited daily out-of-cell time for these prisoners.

Given the unreliability of restricted regime records, it was not possible to ascertain the exact amount of out-of-cell time offered and taken up by prisoners.

Prisoners on protection regimes were particularly negatively impacted by limited out-of-cell time, often spending less than one hour in the fresh air each day, and being afforded very little engagement with purposeful activities.

2.43 RECOMMENDATION

To the Director General of the Irish Prison Service:

Recommendation DG22-3: In the ongoing review of the Prison Rules 2007-2020, consideration should be given to amendment of Rule 27(1)(a) to increase the minimum amount of out-of-cell time, in line with the CPT's *Decency Threshold for Prisons* (2021), which sets out a goal of at least eight hours out-of-cell time engaged in purposeful activities for people in prison.[26] Particular consideration should be given to safeguarding the minimum out-of-cell time for prisoners on restricted regimes.

Meals & Nutrition

2.44 Under the Prison Rules 2007-2020, Rule 23, the Governor of the prison is responsible for ensuring that prisoners receive good quality and varied meals.[27] In addition to this, international standards require that meals be served at reasonable intervals and at times reflective of mealtimes in the community.[28]

2.45 The Inspectorate commends the effort in the Progression Unit to ensure a dinner-sized meal was provided to prisoners as their last meal of the day. This practice better aligns with standards set out in the European Prison Rules (2020) and (Mandela Rules 2015) and is a good effort to promote practices that align with those in the community.

2.46 The practice of communal dining in the Training Unit was also commendable, and provided a positive environment for prisoners to engage in meaningful human contact.

2.47 Aside from in the Progression Unit, the largest meal of the day was served at 12:00, and a small meal was served at 16:00 in Mountjoy Men's Prison; this did not align with usual times at which meals are served in the community. Meals were served at close intervals, with no hot food served between 16:00 and 09:00 the next day.

2.48 The Inspectorate has recommended, on a systemic basis that all prisons in Ireland which do not already do so adopt a meal schedule that corresponds to meal times and intervals in the community. [29]

[26] See section 5.1.2 and Recommendation CKCT13 in OIP (2021) COVID-19 Thematic inspection of Cork Prison 31 May - 1 June 2021.
[27] Prison Rules 2007-2020, Rule 23.
[28] UN Mandela Rules (2015), Rule 22 and European Prison Rules (2020), Rule 22.4.
[29] See, OIP COVID-19 Thematic Inspection of Mountjoy Men's Prison (March 2021), Recommendation 3. See also, OIP. *Recommendations Inspection Online Database*, for other relevant recommendations in this area.

In 2021, the Inspectorate recommended that "scheduling around meal times be amended to ensure meals are served at reasonable intervals and at usual times: lunch (midday) and dinner (evening)." While the amendment to meal scheduling remains outstanding, and is the subject of pay discussions with the staff representation body, the Irish Prison Service committed to review and roll-out a revised menu in Q3 2023.[30]

2.49 Mountjoy Main Prison operated a bakery, prison kitchen and a staff mess. Prisoners in the Main Prison were assigned to work in the kitchen and bakery, and prisoners in the Progression Unit were granted temporary release on a daily basis to operate the staff mess, which was located outside the perimeter wall of the prison. Positions in each of these areas were limited and not accessible to the majority of prisoners.

At the time of inspection, prisoners in Mountjoy Men's Prison ate their meals in their cells, in very close proximity to unpartitioned sanitary facilities. Many prisoners in the Main Prison reported dissatisfaction with the variety and quality of food.

2.50 Meals & Nutrition Assessment

The Progression Unit's practice of serving meals to prisoners in line with the order in which they are served in the community was commendable; although the final meal of the day did not align with the time at which people generally eat dinner in the community.

Communal dining practices in the Training Unit contributed to positive outcomes for people in prison, both while in prison and while preparing for reintegration into the community.

Meal times and practices in Mountjoy Men's Main Prison and Medical Unit were not appropriate. People ate their meals in close proximity to sanitary facilities, and meals were not provided at times and intervals in alignment with the community.

2.51 RECOMMENDATION

To the Director General of the Irish Prison Service:

Repeat Recommendation MJCT3 (2021): Scheduling of meal times at Mountjoy Men's Prison should be amended to ensure meals are served at reasonable intervals and at times that correspond to those in the community.

B. Relationships & Interactions

2.52 Both the Prison Rules 2007-2020[31] and the European Prison Rules (2020) outline the importance of positive, respectful relationships between management, frontline prison staff and prisoners. Relationships are fundamental to the fostering of a prison context that treats "all prisoners with humanity and with respect for the inherent dignity of the human person".[32]

[30] IPS Action Plan, Recommendation MJCT3, See OIP Inspections Recommendation Database.
[31] Prison Rules 2007-2020, Rules 75(2) and 85(3), and European Prison Rules (2020), Rules 72.1 and 72.2.
[32] European Prison Rules (2020), Rule 72.1, 74 and 75.

Prisoner experiences of humanity, staff professionalism and help and assistance are fundamental to assessing the quality of prison life for people in prison. When prisoner perceptions of trust and fairness are elevated this leads to better outcomes in other areas, such as prison order.

Staff - Prisoner Relationships

2.53 Engagement between prisoners and staff in Mountjoy Men's Prison was generally good across the prison. More than half of prison staff survey respondents (56%, 67 of 120) reported that relationships between officers and prisoners were respectful and professional.

58% of prisoners who completed the survey (104 of 178) reported being treated fairly by prison officers. Additionally, 33% of prisoners surveyed (59 of 177) responded that they trusted prison staff in the prison.

2.54 Overcrowding in the prison posed significant challenges to the development and maintenance of positive relationships between prisoners and staff. Relations between prisoners and staff became strained at times, particularly when activities and services were curtailed. Frequent closures and delays in access to the school and other services caused tension between prisoners and prison officers. For example, earlier in 2022, prisoners protested against ongoing gym closures by causing damage to their cells.

2.55 A small number of prisoners reported negative experiences with members of prison staff, including instances where they considered that staff had bullied or ignored them, and/or communicated with them disrespectfully. Similarly, some members of staff reported they felt disrespected by people living in the prison.

2.56 In addition, prisoners indicated a sense of apprehension were they to raise a complaint about treatment in the prison. One prisoner reported for instance, that there was *"no way to complain because you become a target."* This was supported by prisoner survey results, which indicated that 63% (90 of 142) of respondents did not feel safe if they were to make a complaint in Mountjoy Men's Prison.

2.57 Unfortunately, given the large population, and periods of "lock-back", meaningful engagement between prisoners and prison officers, as well as with senior management, was limited. This hindered efforts to develop relationships and identify prisoners' needs.

2.58 Chief Officers were rarely present on landings, despite their operational leadership role in the prison, and spent a large amount of time carrying out administrative duties, due to a lack of administrative support.

Additionally, the Governor in Mountjoy Men's Prison did not carry out the daily Governor's Parade, and instead delegated this responsibility to an Assistant Chief Officer (Prison Rules 2007-2020, Rule 76). The absence of the Governor on the Governor's Parade meant that many prisoners felt they had no opportunity to raise grievances or engage with the Governor, as is their entitlement under Rule 55(1)).

2.59 In the Training Unit, relationships between prisoners and prison staff were respectful and positive. One prisoner captured the general consensus: *"for the first time in five months I have felt like a human again. There is a calming non aggressive way of prison here."*

Staff Relationships

2.60 Working relationships amongst operational staff ranked amongst survey respondents as the most positive element of working in Mountjoy Men's Prison. For many members of staff, positive relationships with fellow prison officers were of great value to their experience of working in the prison. One member of staff stated, for example, *"I enjoy the job and I feel part of a system that works well. Respect of staff for each other is clear to see and the working environment is generally good."*

Although many staff reported positive interactions with fellow staff, there were some reports of bullying and of being treated poorly by colleagues. In the year preceding the inspection there were three complaints made by staff against fellow staff members to prison management.

2.61 Many staff survey respondents indicated they looked forward to coming to work (53 of 111, 45%). However, some staff also reported feelings of low morale, particularly for those members of staff whose posts were often subject to redeployment.

2.62 There was a sense that Irish Prison Service Headquarters was not always sufficiently aware of the operational and practical demands inherent to working in the prison context. One member of staff claimed that: *"The prison's work is not understood by Longford HQ - there is a break in communication where it comes to resources […] (There is) a 'them and us' scenario instead of a team approach."*

For some staff this disconnect was a significant challenge, as captured by another member of staff, *"The gap between local management and HQ is often the source of great frustration and delays. It can be a very demoralising and difficult place to work because of this."*

2.63 Similar to prisoners, less than one-third of staff survey respondents (36 of 116, 31%) felt comfortable expressing work-related grievances in the prison. One member of staff stated, *"Reporting wrongdoing only gets you into trouble. No one cares, keep the head down and blinkers on. Anyone who tried to do anything good was punished."*

Prisoner Relationships

2.64 The "doubling-up" of cells and overcrowding in Mountjoy Men's Prison, in conjunction with a high proportion of prisoners on restricted regimes and limited access to a purposeful regime, increased the potential for a hostile environment amongst the prisoner population.

Despite this, there were some signs of good relationships between prisoners. For instance, some cellmates had devised ways to alleviate tension by rotating who would go to yard in order to allow each other to use the toilet privately. Prisoner survey respondents (61%, 44 of 72) reported they would speak to a fellow prisoner if they had a problem in the prison.

2.65 In the months preceding, during and following the inspection of Mountjoy Men's Prison there had been incidents of extreme violence amongst people in the prison.[33]

[33] Irish Times (4 August 2022) Gardaí Investigating if Personal Dispute Led to Killing of Robert O'Connor in Mountjoy Prison; and Irish Times (8 August 2023) Prisoner Critical After attack in Mountjoy Prison, Another Dies by Suicide.

2.66 There was evidence of negative interactions between prisoners in Mountjoy Men's Prison. Many prisoner survey respondents (66%, 83 of 125) indicated that they had heard of prisoners insulting other prisoners, and more than half of respondents reported having heard of incidents where prisoners robbed (61%, 76 of 125) or physically attacked fellow prisoners (61%, 76 of 125).

There were also reports from a small number of prisoner survey respondents (8%, 10 of 125) and a large number of prison staff (46%, 51 of 112) that they had heard of prisoners sexually assaulting fellow prisoners in Mountjoy Men's Prison.

2.67 Much of the tension and violence in Mountjoy Men's Prison was as a result of disputes between prisoners related to contraband. The culmination of overcrowding, limited access to services designed to address addiction and mental health issues and a high number of prisoners on protection regimes created a high-stress environment amongst the prisoner population.

2.68 Interactions amongst prisoners in the Training Unit were overall very positive. For example, prisoners congregated together in communal areas to participate in work and recreational activities, and also dined together. The environment was calm and was in stark contrast to the living conditions for prisoners in Mountjoy Men's Prison. The vast majority of prisoner survey respondents in the Training Unit had not heard of prisoners or staff insulting, robbing or attacking people in the Training Unit.

2.69 Relationships & Interactions Assessment

Engagement between staff and prisoners was generally good across the prison. However, disruptions to the prison regime, including closures of prisoner activities such as the gym, resulted in tensions amongst prisoners and prison staff.

There was insufficient presence of senior management on the prison's landings; this limited opportunities for prisoners and staff to engage with prison authorities. Prison staff enjoyed working together in general, but there were concerns about the ways in which poor behaviour was addressed and how management provided support to staff.

Both prisoners and staff expressed concern about raising complaints or grievances in the prison.

Relationships between prisoners in the Training Unit were positive, but in Mountjoy Men's Prison interactions amongst prisoners could be tense, sometimes leading to extreme levels of violence.

2.70 RECOMMENDATIONS

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-3: In line with Rule 75(3) and Rule 86(1)(b) of the Prison Rules 2007-2020, the Governor of the prison and all staff should maximise opportunities to interact with prisoners in a manner that is meaningful and supports their general welfare.

Recommendation MJ22-4: A Governor grade staff member should conduct the daily Governor's Parade; delegation of this function to Assistant Chief Officers should cease.

C. Non-Discrimination

2.71 Under Section 42 of the Irish Human Rights and Equality Commission Act 2014, the Irish Prison Service has a duty to eliminate discrimination and promote equality of opportunity for both prison staff and people in prison.[34] The Prison Rules 2007-2020 also set out a duty on the Governor of a prison to ensure the Rules "are applied fairly, impartially and without discrimination and that all persons to whom these Rules apply are made aware of these Rules and of the consequences of any breach of prison discipline under these Rules".

2.72 The aforementioned policy prohibiting families from delivering personal belongings to prisons (see, section 2.30) had a discriminatory impact on people who did not have the financial means to send items to prisoners through the postal system.

Prisons were directed to reverse this policy in the early stages of the inspection,[35] but while the policy was lifted, no additional staffing resources were put in place to accommodate the receipt of in-person packages. The impact of which resulted in a form of socio-economic discrimination in that people with lesser financial means were less able to afford the costs of posting packages to the prison.

2.73 While 48% of prisoners who responded to the survey (78 of 163) reported they did not feel discriminated against, 7% reported experiencing discrimination on grounds of disability (11 of 163), and 6% reported experiencing discrimination due to either their nationality, age or membership in the Traveller Community (10 of 163).

2.74 More than three-quarters of prison staff who responded to the staff survey indicated they did not consider that they were discriminated against or treated unfairly. However, 11% of prison staff survey respondents reported feeling discriminated against on grounds of gender.

2.75 A large number of prison staff survey respondents (73%, 80 of 110), were not entirely satisfied with their training in cultural awareness and sensitivity, and 62% (69 of 111) were not entirely satisfied with the training they received in human rights.

2.76 Non-Discrimination Assessment

Positively, nearly half of prisoners, and the vast majority of prison staff reported they had not experienced discrimination in the prison. However, a minority of prisoners did report discrimination on a number of grounds including age, nationality and ethnicity.

The policy requiring family members to post rather than hand-deliver packages to relatives in prison had a discriminatory impact on people of lesser financial means.

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[34] Irish Human Rights and Equality Commission Act 2014, Section 42, Prison Rules, 2007 -2020, Rule 75(5). See also, UN Mandela Rules (2015), Rule 2 and European Prison Rules 2020, Rule 13.
[35] Houses of the Oireachtas, Prison Service, Tuesday 29 November 2022.

2.77 RECOMMENDATION

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-5: In line with Section 42 of the Public Sector Duty, the prison should work towards eliminating all forms of discrimination within Mountjoy Men's Prison, with due consideration to, inter alia, (i) clear communication of staff obligations under the Duty, (ii) provision of reasonable accommodations to ensure accessibility, (iii) and means to allow for the expression of one's identity and beliefs.

D. Information

2.78 The Prison Rules 2007-2020, Rule 13, requires that all people in prison be provided with an information booklet which outlines their entitlements, obligations and privileges while in the prison. The European Prison Rules (2020) also require that prisoners be provided as often as necessary with information in a language they understand, about the regulations governing prison discipline and their rights and duties in the prison.[36]

The CPT previously recommended that Irish authorities take steps to ensure that foreign nationals and prisoners with reading and writing difficulties be provided with information on the regime in the establishment and on their rights and duties in a language they understand and that this information should be provided both in writing and orally.[37]

2.79 On 30 November 2022, there were no information or induction booklets provided to prisoners upon committal to Mountjoy Men's Prison. However, as of 8 December 2022, and in response to the inspection findings, booklets were being provided to people as they were committed.

2.80 Prisoner survey respondents differed in their awareness of the rules in the prison. More than half of prisoners in the Main Prison and Progression Unit responded that they did not feel the prison rules were explained to them in a manner and language they could understand, whereas in the Training Unit approximately 95% of survey respondents (37 of 39) felt the rules were explained in an understandable way.

2.81 Complaint forms were only available in English, and there was no mechanism by which prisoners who could not read or write could submit a confidential complaint. Similarly, committal forms were only available in English.

2.82 Unlike during the COVID-19 pandemic, when prisoners were regularly provided with information about the prison, there were no information leaflets provided to prisoners in the general population during Quarter 2 and Quarter 3 of 2022. However, there was information available to prisoners on landing bulletins about the Red Cross Prisoner Volunteer programme and the Samaritan's Listener Scheme.

2.83 Despite accommodating foreign national prisoners from non-English speaking countries (9% of the population), interpretation services were only employed in Mountjoy Men's Prison on four occasions over a span of six months.

[36] Prison Rules 2007-2020, Rule 13 and European Prison Rules (2020), Rule 30.
[37] CPT (2020) 37 Report to the Government of Ireland on the visit to Ireland from 23 September to 4 October 2019.

2.84 Information Assessment

At the outset of the inspection, the Irish Prison Service information booklet was not being distributed to new committals to Mountjoy Men's Prison (in contravention of the requirement set out in the Prison Rules 2007 - 2020, Rule 13), although this was rectified during the inspection.

There were no information materials available to prisoners in languages other than English.

While the majority of prisoner survey respondents in the Training Unit perceived that their rights had effectively been explained to them, this was not the case in Mountjoy Men's Prison.

2.85 RECOMMENDATION

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-6: All information materials and forms, including committal, complaints and resettlement documentation, should be readily available to people living in the prison, in all applicable languages spoken by people in custody. In addition, as is being developed in Cloverhill Prison, Mountjoy Men's Prison (and all committal prisons across the estate) should create an introductory committal video, sub-titled in the languages most commonly spoken by those committed to the prison.[38]

[38] CKCT5 (August 2021): In line with Section 42 of the Public Sector Duty, the Irish Prison Service must ensure that Foreign National and non-English speaking prisoners have equal access to provision of information.

3 SAFETY & SECURITY

3.1 In line with *A Framework for the Inspection of Prisons* (2020), the Inspectorate assesses how prisoners and staff experience *Safety & Security* in prisons. Drawing on national legislation and international standards, the Inspectorate evaluates performance across four themes:

A. Record-Keeping: the extent to which official records are accurately and effectively maintained

B. Regimes: how the prison responds operationally to safety and security issues

C. Complaints: the functioning of the prisoner complaints system, in line with Rule 57B of the Prison Rules 2007-2020

D. Disciplinary Processes: the manner by which discipline is carried out in the prison, and to what effect

A. Record-Keeping

3.2 As outlined under various provisions of the Prison Rules, 2007-2020, transparent and up-to-date record-keeping is essential to the safety and security of persons detained in a prison setting.[39] Reasons for the importance of record keeping are three-fold as it: (i) contributes to good management of the prison, (ii) guarantees the protection of the rights of persons in custody and (iii) enhances data management with a view to facilitating individualised care.[40]

All custodial records, including the electronic records maintained in the Prisoner Information Management System (PIMS), must be regularly updated including where relevant, with recent photographs. Records such as class officer journals and reports between Assistant Chief Officers, night guard books and other systems designed to reduce corporate risk are equally if not more important, where staff can find themselves involved in unsubstantiated allegations.

Accurate operational record-keeping of a contemporaneous nature is essential if safety and security are to be maintained by the prison.

3.3 Various records in the prison were maintained on electronic recording systems including, the Prisoner Information Management System (PIMS) and the National Incident Management System (NIMS). The medical records of prisoners were stored on a separate electronic recording system, the Prisoner Healthcare Management System (PHMS). There were also a number of paper-based record logbooks including: daily Class Officer journals, restricted regime logbooks, Prisoner Movement Logs, Use of Force forms, Night Guard books, Report books for landings, An Garda Síochána notification books and a Special Observation Cell logbook.

[39] Prison Rules, 2007-2020, Rules 4, 8, 10, 11, 14, 34, 55, 60, 62, 63, 64, 65, 78, 80, 83, 102, 105, 107. See also, UN Mandela Rules (2015), Rule 6 and European Prison Rules (2020) Rule 16A.1.
[40] See Association for Prevention of Torture, Files and Records, and UNODC (2008) Handbook on Prisoner File Management.

3.4 It was apparent that the staff in Mountjoy Men's Prison were experiencing genuine difficulties in ensuring that all relevant information systems remained appropriately updated. Senior Officers up to and including Chief Officer I level spent significant amounts of their time completing administrative tasks. This was due to under-resourcing in the prison's administration offices. Equally, administrative staff at junior grades were struggling with very heavy workloads of a complex and sensitive nature, such as verifying the validity of committal warrants.

3.5 The quality of record-keeping in the prison was poor, and has been a subject of concern for the Inspectorate for many years.[41] Deficient record-keeping manifested itself in a wide spectrum of areas, including the recording of serious incidents and complaints procedures.

Serious Incident Record-Keeping

3.6 Of significant concern to the Inspectorate was record-keeping in relation to serious incidents in the prison. Information regarding a number of serious incidents was not up-to-date on the National Incident Management System (NIMS). This was demonstrated by very poor record-keeping in relation to serious incidents. For example, the following incident occurred during the inspection.

3.7 A prisoner was found in his cell with serious injuries and according to an informal handover email between Assistant Chief Officers, he stated that he had fallen in his cell and had a suspected injury to his eye socket and fractured nose. The prisoner was seen by prison healthcare staff who requested his immediate transfer to the Mater Hospital, where he remained for the duration of the inspection. Given the nature and extent of his injuries, prison staff considered it most likely that he had been the victim of inter-prisoner violence. CCTV footage showed that a number of other prisoners had entered his cell prior to him being found with injuries.

3.8 Notwithstanding the gravity of this event, the records made of it by prison staff were minimal. The relevant Class Officer journal had only two entries:

> *"[Prisoner A] has to move to D1."*

This entry had been made on the day on which the prisoner was found with injuries but included no time or details of the circumstances that had led the Class Officer to record that, when or if, the prisoner returned from the Mater Hospital, he should be located on another landing.

> *"[Prisoner A] hospital."*

This entry was again dated on the day of the incident but contained no further times or details. Prison staff surmised that the transfer must have taken place between 14:00 and 16:40 purely based on numbers on the landing having been reduced by one during that time period.[42]

3.9 Despite prison staff clearly perceiving that the person concerned had been the victim of inter-prisoner violence, an Assistant Chief Officer carried out a very basic "protection review" in the immediate aftermath of the incident. The protection review recorded only that: *"prisoner states that he fell and does not need protection from any prisoner."*

[41] The incompletion of records and data integrity was an issue identified in the OIP (2021) COVID-19 Thematic Inspection of Mountjoy Men's Prison, and has also been raised as an issue of concern with respect to Death in Custody investigations, see Investigation Report into the Death of Mr A 2018 and Investigation Report into the Death of Mr K 2018.

[42] The Inspectorate was able to verify from other documentation held in the prison that the person concerned was actually transferred to the Mater Hospital at 16.36 on the relevant date.

3.10 It is essential that a full and accurate record be kept of serious events of this nature. This is important not only to protect prison staff against unfounded allegations, but also to ensure that the prison can fully discharge its duty to protect people from other prisoners who may wish to cause them harm. The records kept of such incidents must diligently note the time, date and all known surrounding circumstances that may assist in the identification of the perpetrators of an attack.

3.11 Serious incident record-keeping was poor, and led to deficiencies in the accuracy of the IPS National Incident Management System.

3.12 To ensure comprehensive and accurate record-keeping in relation to serious incidents, staff members should provide a full account of serious incidents on a National Incident Reporting Form (NIRF) so that it may be entered into the NIMS system by the prison's compliance unit; this was not being done regularly in Mountjoy Men's Prison.

Of the 13 NIRFs issued to staff for completion since the end of July 2022, only three had been returned and entered onto NIMS. Amongst the missing forms, was one in relation to an attack on a prisoner on 29 July 2022, in the course of which a prisoner lost his life.

3.13 The absence of thorough and up-to-date recording on NIMS raises concerns about the credibility of annual assault statistics for Mountjoy Men's Prison published by the Irish Prison Service.[43]

3.14 The shortcomings in the use of NIMS included the fact that compliance functions were not appropriately resourced in the prison. For example, only one part-time Clerical Officer was assigned to the function of updating NIMS, and this position had previously been unstaffed for extensive periods.

3.15 This significant recording deficit was acknowledged by prison management, and in the period since the inspection, Mountjoy Men's Prison has taken steps to improve the situation and the Chief Officer was able to confirm that all outstanding NIRF forms had been retrieved and entered on the system. **This effort to improve record-keeping, in particular serious incident recording should be sustained on an ongoing basis.**

Other examples of poor record-keeping practice included:

3.16

- Basic journals kept by Class Officers on landings contained limited detailed information. There was lack of consistency in approach; for example, only some prison officers provided written detailed information in handover reports.
- There were delays by prison staff in submission of Use of Force forms to prison management.
- On committal, the process for inputting of prisoner information resulted in duplication of work and was not efficient; this resulted in delays in prisoner information being input into the Prisoner Information Management System.

[43] Irish Prison Service, Yearly Statistics, *see* Table of Assaults on Prison Staff and Prisoners 2012-2021.

- There was poor practice in relation to the maintenance of Fault and Hazard Forms. There was no register to record the notification (and if/when the repair was completed), with no proper filing system in place.
- The recording system in relation to Governor's Parade was unclear. It was not possible to determine which prisoner requests to meet the Governor had been addressed by the Governor.

3.17 Record-Keeping Assessment

Overall, record keeping in Mountjoy Men's Prison, including of serious incidents in the prison, was poor.

Data on the electronic recording system was not kept up-to-date. Therefore, what was recorded on the NIMS system did not truly reflect the number of incidents in the prison. Poor record-keeping undermines the credibility of published statistics by the Irish Prison Service, such as those related to assaults and restraint interventions.

3.18 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Recommendation DG22-4: To ensure accurate and effective record-keeping, the Director General of the Irish Prison Service should review the organisation of compliance functions across the prison estate.

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-7: The Governor of Mountjoy Men's Prison must ensure that both electronic and paper-based record-keeping are comprehensive, accurate, timely and transparent in all key areas, in compliance with various provisions of the Prison Rules 2007-2020, and that ensuring good record-keeping is embedded in the prison amongst all staffing ranks.

B. Regimes

Restricted Regimes

3.19 As provided for under the Prison Rules 2007-2020, people in prison who are placed on a restricted regime must be appropriately accommodated to ensure their safety, as well as the safety of others.

Rule 63 of the Prison Rules provides for the protection of vulnerable prisoners:

> *A prisoner may, either at his or her own request or when the Governor considers it necessary, in so far as is practicable and subject to the maintenance of good order and safe and secure custody, be kept separate from other prisoners who are reasonably likely to cause significant harm to him or her.*

People accommodated on regimes that are particularly restrictive - that is 22 or more hours each day in their cell, with less than two hours of meaningful human contact - experience conditions of solitary confinement.[44]

People held in these conditions for periods in excess of 15 days experience *prolonged solitary confinement*, which has significant negative impacts on a person's health and wellbeing. The CPT makes clear that "special efforts should be made to enhance the regime of those kept in long-term solitary confinement, who need particular attention to minimise the damage that this measure can do to them." The imposition of solitary confinement should always be used as a last resort and should not be used for prisoners with physical or mental disabilities.[45]

In 2017, the Irish Prison Service committed to the elimination of solitary confinement across the prison estate.[46]

3.20 There were no prisoners on restricted regimes in the Training Unit at the time of inspection. However, a high proportion (43%) of prisoners in Mountjoy Men's Prison's Main Prison and Medical Unit were on a restricted regime. **Table 3** provides a breakdown of the number of prisoners on a particular restricted regime, as well as the relevant Rule applied by the prison, under the Prison Rules 2007-2020.

Table 3: Prisoners on Restricted Regimes (28 November 2022)

Restricted Regime	Numbers
Rule 62 - Removal on Grounds of Order	4 prisoners
Rule 63 - Protection of Vulnerable Prisoners	231 prisoners
Rule 64 - Special Observations	2 prisoners
Rule 80 - Special Monitoring of Prisoner	0 prisoners
Rule 103 - Recommendations of Prison Doctor	1 prisoner
Total Number on a Restricted Regime	238 prisoners

3.21 A significant proportion of prisoners were restricted from the general prisoner population in the Main Prison under Rule 63 - Protection of Vulnerable Prisoners. The Irish Prison Service census figures for October 2022 indicate that 237 people were on Rule 63, and locked in their cells for 22 hours a day.[47] On 28 November 2022, of the 498 prisoners in the Main Prison, 231 were on Rule 63 (46%).

3.22 Upon committal, the completion of a protection interview return form was used to determine an individual's need for protection, which required a rationale to be provided as to why the prisoner was to be accommodated under Rule 63.

[44] UN Mandela Rules (2015), Rule 44.
[45] UN Mandela Rules (2015), Rule 45.
[46] IPS (2017) Elimination of Solitary Confinement.
[47] IPS (2022) Census of Restricted Regimes October 2022

This form set out that prisoners with a protection status may experience delays with visits and may not be eligible for employment, education or access to the gym due to "operational difficulties associated with the regime".

3.23 The process to "sign-off" from voluntary Rule 63 protection was not sufficient, as it did not require a comprehensive assessment of why the protection status was no longer necessary. Instead, the form indicated that in electing to sign-off from protection the prisoner would not "hold the Governor nor any of his agents responsible should any harm come to me while in custody."

3.24 Given the large number of prisoners on protection in the prison, and the need to group different protection prisoners into smaller groups (some groups as small as two-to-three people), there was a significant negative impact on the ability of the prison to ensure access to purposeful activity for prisoners, as well as to maintain a good safety standard in the prison.

While some areas were identified as "green zones", where groups of protection prisoners mixed safely, this was not sufficient to guarantee all protection prisoners their legal entitlements. For example, some prisoners on protection received only 30 to 45 minutes of outside fresh air each day, rather than the one-hour legal entitlement.

3.25 Basic rights, such as a minimum of two hours out-of-cell time, one-hour outdoors in the fresh air and access to activities should be guaranteed to everyone deprived of their liberty. Elective placement on Rule 63, for fear that Mountjoy Men's Prison could not ensure the safety of the people under its care, should not have a punitive impact on prisoners.

3.26 There was no evident strategy in place in Mountjoy Men's Prison to reduce the high proportion of prisoners on protection.

3.27 The practice of placing prisoners on protection should be based on a comprehensive and ongoing individualised risk assessment. Efforts should be made to employ strategies, such as the use of restorative justice / conflict mediation practices, to ease tensions across groups of prisoners, and to work towards reducing the number of protection groups.

3.28 In line with domestic law and international human rights standards, all prisoners, irrespective of their status should be able to have a <u>minimum</u> two hours out-of-cell time each day with an opportunity to engage in meaningful human contact.[48]

3.29 In 2020, the Inspectorate recommended to the Irish Prison Service that it "should set a target to reduce the numbers of prisoners held in protection in Mountjoy Prison," and "should improve the regime for protection prisoners and make every effort to safeguard their mental health by maximising opportunities for social interaction with other prisoners, staff and visitors."[49] Unfortunately, the situation for prisoners on protection regimes had not improved by December 2022.

3.30 Rule 64 of the Prison Rules 2007-2020 provides criteria for the use and monitoring of prisoners in Special Observation Cells.

[48] <u>Prison Rules 2017 Amendment</u>, Rule 27.
[49] Office of the Inspector of Prisons (2020) <u>Report on the Investigation into the Death of Mr K</u> (2018).

Special Observation Cells[50] comprise:

i. Close Supervision Cells (security measure): used to manage prisoners who pose an immediate threat of serious harm to self and/or others; require 15-minute observation checks by a prison officer; placement in a CSC is imposed by the prison Governor; a medical doctor and Governor are to visit every 24 hours; extensions to placement in a Close Supervision Cells after five days require approval from Director General of the Irish Prison Service.

ii. Safety Observation Cells (healthcare measure): used when prisoners pose an immediate threat of serious harm to themselves and/or others arising from a healthcare condition; requires 15-minute observation checks by prison officer; placement in a SOC is directed by a medical doctor or nurse only; nurse is to review patient every two hours and a medical review by medical practitioner every 24 hours; following 24 hour period the Governor, upon consultation with medical practitioner/nurse can extend for up to four 24-hour periods, after which they must conduct a medical review every 24 hours (maximum 120 hours); after 120 hours the Governor must obtain written authorisation from the Irish Prison Service Director General to continue accommodation in a SOC.

From July to September 2022, 65 prisoners were placed in Close Supervision Cells, for between one and 14 days, and four prisoners were placed in Safety Observation Cells for between one and five days.

Prison staff carried out the required 15-minute checks in all Special Observation Cells, and recorded same in the appropriate log books.

In 2019, the CPT recommended that the Irish Prison Service do away with an "artificial distinction" between CSC and SOC cells.[51] The Inspectorate concurs with this view.

Restricted Regimes Applied without a Rule

3.31 The reception / committal area of the prison was used as an area for "informal punishment" of some prisoners. This practice was not provided for in the Prison Rules 2007-2020, yet it appeared standard practice in the Main Prison. Prisoners accommodated in the prison were removed from the landings on a temporary basis and detained in the reception area. They could be removed for a variety of reasons, including incidents relating to violence, searches, or damage to property.

3.32 These prisoners were often detained in the reception area for a number of hours, with no record kept of their movement from a landing to the reception area. While in the reception area, prisoners had no access to services and activities, and were not provided with out-of-cell time or access to the yard or gym.

3.33 While this practice is not provided for in the Prison Rules 2007-2020, it should at a very minimum, have in place necessary safeguards, including clearly recorded documentation of prisoner movements. Moreover, **people placed on restricted regimes, must at all times be afforded procedural safeguards, including imposition of a Rule to ensure segregation from the general population is documented and reviewed.**

[50] IPS. Close Supervision Cell SOP (2019), and Safety Observation Cell SOP (2019).
[51] CPT (2020) Report to the Government of Ireland, CPT/Inf (2020) 37, pages 35-36.

3.34 In the course of the inspection, senior management in Mountjoy Men's Prison committed to limit this practice and to ensure that in the event a prisoner is temporarily relocated to the reception area this will be recorded in the prisoner movements tab on PIMS.

Solitary Confinement

3.35 Between July and September 2022, 59 prisoners experienced solitary confinement (22 hours or more a day in-cell, without meaningful human contact) for periods of between one and 14 days. In the same period, 13 prisoners experienced *prolonged* solitary confinement ranging from 16 to 92 days.

At the time of inspection, three prisoners were being held in prolonged solitary confinement for periods in excess of 70 days; two of these men were on the waiting list for transfer to the Central Mental Hospital.[52]

3.36 Given that prolonged solitary confinement is known to have adverse impacts on the mental and physical health of people who experience it,[53] more efforts should be made to ensure people in these conditions are afforded opportunities to interact with other people and to engage with services and activities in the prison.

3.37 All efforts should be made by prison management, Irish Prison Service Headquarters and the Department of Justice to ensure prisoners are not subjected to prolonged periods of solitary confinement.

3.38 Restricted Regimes Assessment

Due to a very high number of people on restricted regimes, Mountjoy Men's Prison faced significant operational challenges in ensuring access to basic rights and services for its prisoner population.

Nearly half of prisoners in the Main Prison were on Rule 63 protection and had limited access to out-of-cell time, activities and services. The safeguards around the removal of prisoners from protection were not adequate.

The reception/committal area was being used for informal punishment of prisoners, despite no legal provision to allow for this practice. There were instances where prisoners were effectively placed on a restricted regime without the procedural safeguards of the application of a restricted regime Prison Rule.

Despite the Irish Prison Service's 2017 commitment to eliminate solitary confinement across the prison estate, the practice was ongoing in Mountjoy Men's Prison. Prolonged solitary confinement was imposed on prisoners, in contravention to the prohibition of such a practice set out in the UN Mandela Rules (2015).

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[52] Over the course of inspection, one of the two men was transferred to the Central Mental Hospital.
[53] CPT (2011) Solitary Confinement of Prisoners.

3.39 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Recommendation DG22-5: The Director General of the Irish Prison Service should take immediate action to implement the 2017 Policy for Elimination of Solitary Confinement, and in line with Rules 43 and 44 of the UN Mandela Rules (2015), should with immediate effect, cease the practice of prolonged solitary confinement.

Recommendation DG22-6: The Director General of the Irish Prison Service should set out and make public a strategy to reduce the number of people accommodated under Rule 63 of the Prison Rules 2007-2020. This strategy should consider implementation of alternative measures, such as conflict mediation and restorative justice practices, to reduce prisoner tensions and concerns for safety. As part of this strategy, a review of the mechanisms by which prisoners sign-on and off protection should be conducted to ensure these processes are comprehensive and risk-assessed.

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-8: The practice of relocating prisoners to the reception area on a temporary basis, should be reviewed, particularly to ensure compliance with the Prison Rules 2007-2020 and assurances of procedural safeguards.

Prisoner and Staff Safety

Violence

3.40 Overcrowding in Mountjoy Men's Prison had the potential to exacerbate violence, particularly as people were sharing close quarters and experiencing reduced access to activities, services and out-of-cell time. Incidents of prisoner violence occurred in the prison, often as a result of conflict in relation to contraband.

There were 31 prisoner-on-prisoner assaults reported between January and November 2022. In addition, there were 27 reported assaults by prisoners on members of prison staff, three attempted assaults, seven threats of assault, three sexual harassment/misconduct allegations and one threat of rape and assault. In that same time period, four alleged staff assaults and three sexual assaults on prisoners were also reported.

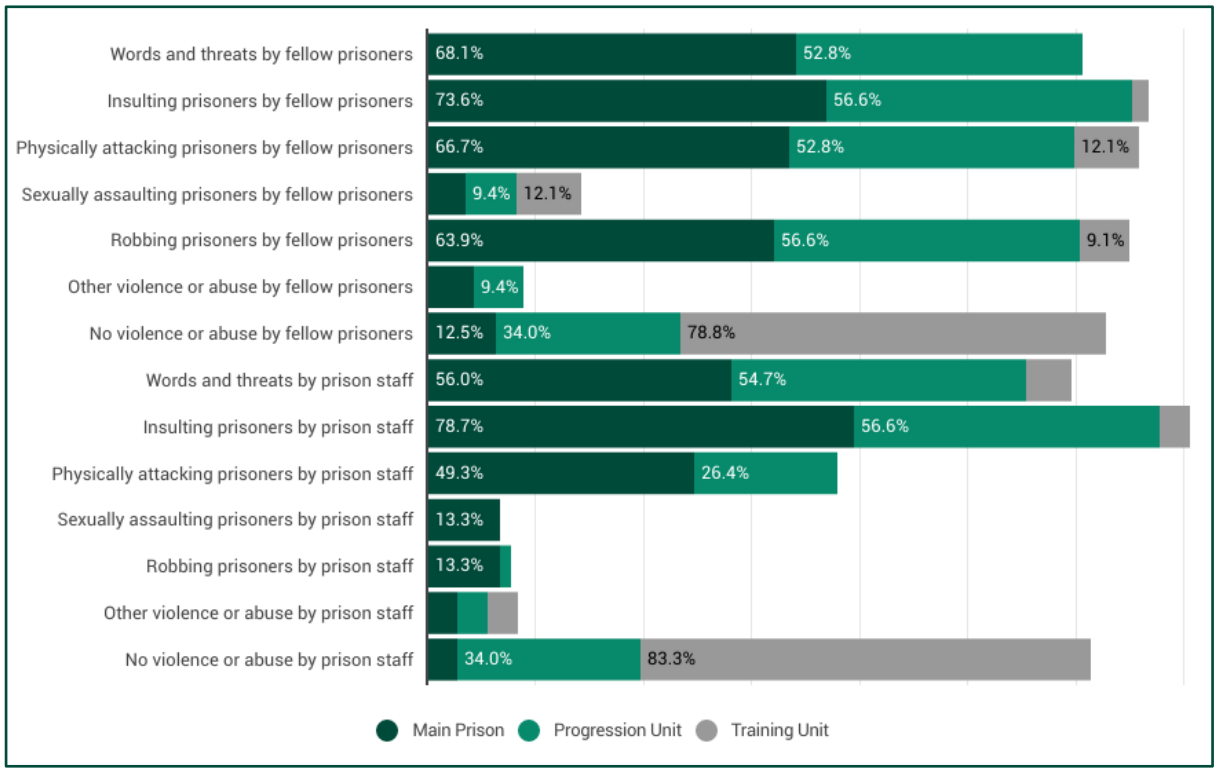
3.41 There were no prisoners monitored for bullying between January and November 2022. However, there were a small number of incidents recorded related to bullying and conflict between members of staff. **The prison had no strategies in place to address bullying and violence amongst prisoners.**

3.42 Prisoner and staff survey respondents alike reported hearing about incidents of violence and assault in Mountjoy Men's Prison (**Figures 3** and **4**).

Figure 3: Prisoner Reports of Violence, by part of prison (%)

(Prisoner violence: n = 125 - Mountjoy Men's Prison; n = 33 - Training Unit)

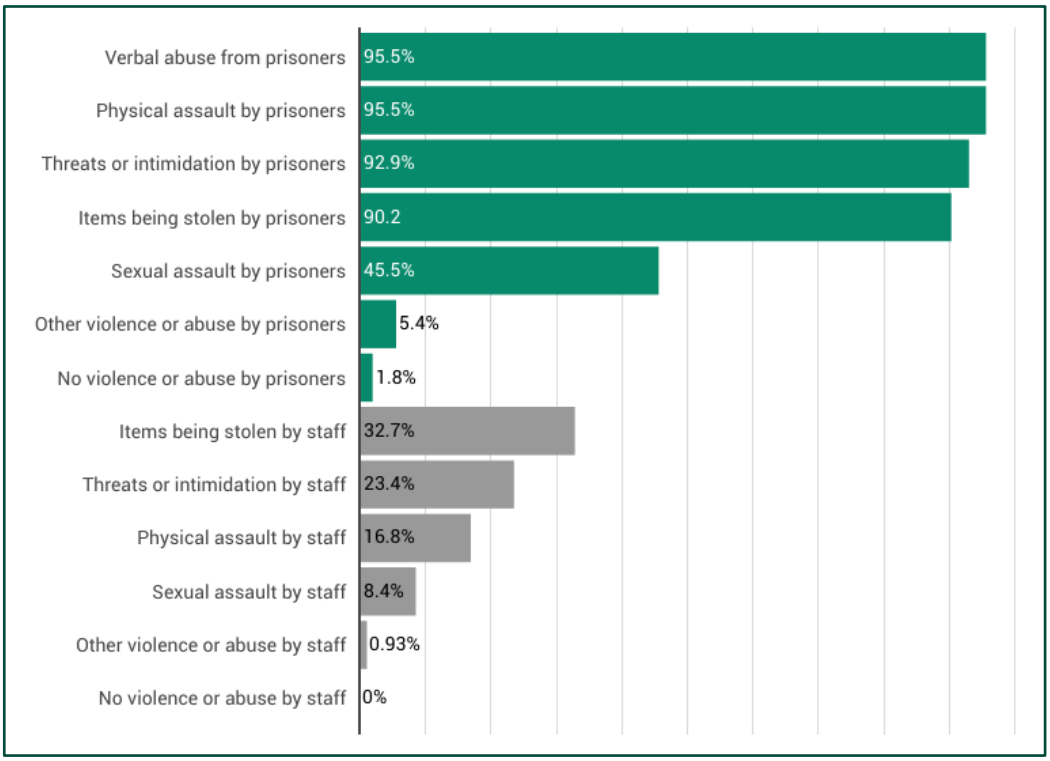
(Staff violence: n = 128 - Mountjoy Men's Prison; n = 36 - Training Unit)



3.43

Figure 4: Staff Reports of Violence, by part of prison (%)

(Prisoner violence: n = 112, Staff violence: n = 107)



3.44 Of 138 prisoner survey respondents, 65 (47%) indicated they felt safe in Mountjoy Men's Prison. However, 38% (53 prisoners) reported that they did not feel safe "from being injured, bullied or threatened by other prisoners in prison". One prisoner indicated that *"safety was a big issue"* in the prison, and another explained he was *"traumatized by the experience in the prison"*.

In contrast, the vast majority of prisoner survey respondents in the Training Unit (98%, 39 of 40) did feel safe in the prison.

3.45 There was evidence of a reluctance on the part of prisoners to report violence in the prison. Some prisoners did not feel it was beneficial to them to raise a formal complaint in the prison (section 2.56), and others indicated they would not report serious incidents in the prison to prison authorities, whether these were carried out by prisoners or by prison staff.

A reluctance to report serious incidents is of concern to the Inspectorate. Not only does this mean that violence in the prison could go unreported, but it also has implications for the reliability of the data on the prevalence of violence and assault in Mountjoy Men's Prison.

Contraband

3.46 Contraband has posed an ongoing challenge for safe and secure custody in Mountjoy Men's Prison. In the six months leading up to the general inspection, the prison had seized weapons, phones, and narcotics from prisoners.

Many prisoners in Mountjoy Men's Prison experienced problems with addiction, both prior to entering and while in the prison; this resulted in a demand for prohibited substances behind the prison walls. Indeed, prisoner survey respondents indicated that "drug problems" were amongst the most significant problems in the prison, and prison staff respondents identified "drug issues" as the second biggest challenge in the prison (second only to overcrowding).

3.47 Implementation of the Government's *Reducing Harm, Supporting Recovery 2017-2025* strategy, which advocates a health-led approach to narcotic addiction, was lacking in Mountjoy Men's Prison.[54]

Addiction support was very limited in the prison, despite the Medical Unit being designated as the National Drug Treatment Programme centre; however, at the time of inspection, the drug treatment programme had been non-operational in the Unit for more than two years.

3.48 In the absence of an effective addiction and recovery treatment programme, Mountjoy Men's Prison placed priority on combatting the prevalence and availability of contraband in the prison by employing an operational security approach to identify and attempt to minimise the pathways by which prohibited substances entered the prison.

3.49 One example of a measure taken to prevent prohibited substances from being brought into the prison was the implementation of the 2020 "OSG Security Screening Procedures" Standard Operating Procedure, which had the objective of detecting prohibited substances on people visiting friends and family members in prison.

While relatives of people in prison were subjected to prohibited substance swabs, prison staff entering the prison were not similarly required to undergo the swab process.

[54] Gov.ie, *Reducing Harm, Supporting Recovery 2017 - 2025*.

3.50 Prisoner and Staff Safety Assessment

Many people accommodated in Mountjoy Men's Prison did not feel safe, whereas the majority of people in the Training Unit did feel safe.

Mountjoy Men's Prison did not have a strategy in place to address bullying in the prison.

Mountjoy Men's Prison prioritised an operational-security approach to addressing the presence of contraband in the prison, with limited alternative health-led interventions available in the prison. The drug treatment programme in the prison had long been non-existent.

The absence of a health-led approach was inconsistent with the broader Government Reducing Harm, Supporting Recovery 2017-2025 strategy.

Staffing

3.51 The European Prison Rules (2020) establish that prison management must ensure prisons operate at consistently high standards and are adequately staffed in order to maintain a safe environment.[55] Prison staff should be deployed in a fashion that enables a minimum guaranteed level of safety and security, while ensuring access to rehabilitation activities for people in prison.

International standards set out that all frontline staff working in prisons should have, maintain and improve their knowledge and professional capacity, and that prison administration should ensure continuous provision of in-service training courses. In particular, staff who work with specific groups of prisoners, for example foreign national prisoners, women or mentally ill prisoners, must be given specific training for their specialised work.[56]

Moreover, alongside the role played by prison staff in direct contact with people in prison, there is a vital requirement for administrative staff to ensure the smooth running of policies and procedures.

Regime Management

3.52 The ordinal structure of posts within the Regime Management Plan[57] (RMP) rendered many prison officers vulnerable to redeployment, in particular frontline prison staff who facilitate rehabilitative activities. Throughout the general inspection, many parts of the prison were not fully operational. As the Inspectorate previously highlighted in relation to Mountjoy Men's Prison[58], staffing practices in the prison impacted negatively on prisoners' basic access to services and facilities.

3.53 The ways in which the operationalisation of the RMP impacted on the prison included:

- The redeployment of prison staff to duties such as court escorts impacted on prisoners' access to quality healthcare services.

[55] European Prison Rules (2020), Rule 83
[56] European Prison Rules (2020), Rule 81.2 and 81.3, UN Mandela Rules (2015), Rules 75.1, 75.3
[57] The Regime Management Plan (RMP) sets out the daily running and resource management in a prison by prioritising prison officer posts. The post numbers indicate the priority of the position. The higher the post number the less likely the prison officer assigned to the post will be redeployed. For example, Post 1 (Main Gate) will never be redeployed, while the post of a Work Training Officer may be lower on the RMP and therefore, more likely to be redeployed or cut. Priority one tasks on the RMP included: catering, clinical, security, escorts, supervision, observation, relief cover and staff breaks. Lower priorities on the RMP included full healthcare services and structured activities.
[58] OIP and Department of Education (2023) Thematic Inspection Report on Education and Work Training (April-June 2022).

- A gym in the Main Prison was closed for six consecutive days during the period of the general inspection.
- The school in the Medical Unit was fully-closed for prisoners, and had been since before the Thematic Inspection carried out by the Inspectorate in May 2022.
- The school in the Main Prison experienced frequent closures. When open, there were significant delays in prisoners being escorted to the school, resulting in a reduction of access time for prisoners.
- The library in the Main Prison, which was located in the school, was closed in tandem with school closures.
- The only two available workshops in the Progression Unit and Main Prison were frequently closed.
- The redeployment of certain prison officer posts, particularly posts related to rehabilitative activity, had a significant negative impact on staff morale. For example, of the three Integrated Sentence Management officers (whose role is to support prisoners in developing and carrying out a sentence plan), at least one officer was redeployed on a daily basis. Prisoner engagement with external services was also reduced due to staff availability.

3.54 At the time of the inspection, the Inspectorate found that **the Regime Management Plan in Mountjoy Men's Prison was not enabling optimal deployment of available prison staff**. The functions that promote prisoner rehabilitation were not being prioritised in the prison's Regime Management Plan. The closure of prisoner-facing facilities, such as gyms and schools primarily negatively impacted on people in prison; however, it was also an additional stressor for frontline prison staff.

3.55 Both staff and prisoners spoke to the Inspectorate about the ongoing issues with staff availability in the prison. While the Inspectorate acknowledges that staffing availability was impacted by factors such as the number of officers being redeployed to support the PSEC (Prisoner Service Escort Corps) as well as by sick leave, **functions related to prisoner well-being and rehabilitation were not sufficiently prioritised in the prison**. It was also clear that because of how the Regime Management Plan operated, there was a huge loss of engagement hours with prisoners at the end of each quarter.

Staffing

3.56 Mountjoy Men's Prison was experiencing a number of staff vacancies, including managerial and prison officer vacancies at the time of inspection. Also, prison officer numbers had been reduced in Mountjoy Men's Prison to support the opening of the Training Unit. There were also staff vacancies in the Training Unit including two Assistant Chief Officer's, one Officer, and one Nurse Officer.

There was a significant administrative workload shouldered by a very small administrative team in the prison. This team carried out essential tasks, such as calculation of sentences. As a result of inadequate levels of administrative support, Chief Officers, who ideally should be present in areas occupied by prisoners in order to exercise their line management responsibilities, were instead burdened with administrative tasks.

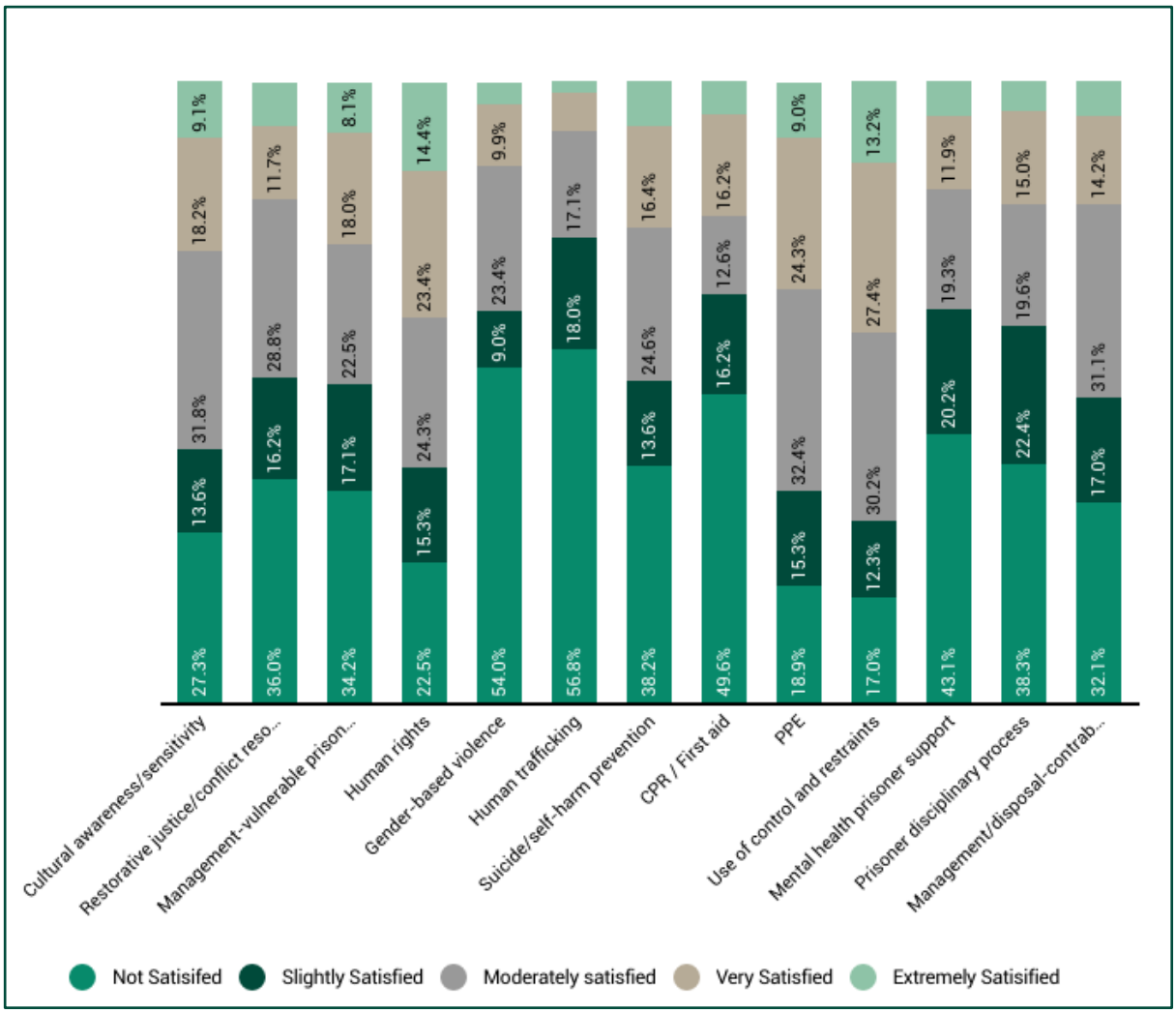
Overall, the prison needed more administrative support to ensure compliance with its administrative and record-keeping functions.

Prison Officer Training

3.57 In December 2022, 26% of frontline prison officers assigned to Mountjoy Men's Prison were Recruit Prison Officers, all of whom had recently completed the required training period at the Irish Prison Service Training College. The training curriculum did not include modules on First Aid, and had a very limited period of in-prison training prior to assignment to a prison.

3.58 A large number of staff survey respondents working in Mountjoy Men's Prison did not feel they were adequately trained (**Figure 5**). In particular, they identified CPR/First Aid, gender-based violence and human trafficking as areas in which they were unsatisfied with the level of training they had received.

Figure 5: Staff Reports of Training Satisfaction Levels (%)
(n = range between 106 and 111 respondents)



3.59 Staffing Assessment

Staffing practices and operationalisation of the Regime Management Plan had an adverse impact on the fulfilment of the basic rights of people in prison. Functions related to prisoner well-being and rehabilitation, such as access to education and healthcare, were not sufficiently prioritised in Mountjoy Men's Prison.

The prison required more administrative support to carry out its legal functions, including the calculation of sentences.

Operational prison staff did not feel adequately trained in key areas, including CPR/First Aid and much of the frontline staff positions were occupied by new recruits to the Irish Prison Service.

3.60 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Recommendation DG22-7: The Inspectorate recommends that the Director General of the Irish Prison Service commission a review of the operationalisation and impact of the current Regime Management Plan in Mountjoy Men's Prison. The review should assess the capacity of the RMP to deliver requisite standards of safety and security while also ensuring fulfilment of prisoners' entitlements, as enshrined in the Prison Rules 2007-2020 and international human rights standards. Appropriate action is required to ensure the staffing of key prisoner facing facilities such as the gym, school and library is ring-fenced.

Recommendation DG22-8: The Director General of the Irish Prison Service and the Governor of the Irish Prison Service Training College should consult with frontline prison staff to identify their training needs, and provision should be made to allow for continuous professional development on a structured basis. In identifying training needs, account should be taken of the need to ensure staff working with specific groups of prisoners receive the requisite training in those areas.

To the Mountjoy Men's Prison:

Recommendation MJ22-9: The Director General of the Irish Prison Service and the Governor of Mountjoy Men's Prison should ensure the complement of administrative staff assigned to the prison is sufficient to support the clerical needs of the prison. All administrative staff should receive training, on an ongoing basis, to ensure their knowledge-base is appropriate to the administrative tasks assigned to them.

C. Complaints

3.61 The European Committee for the Prevention of Torture (CPT) sets out that the principles of a strong prisoner complaints system must include: availability, accessibility, confidentiality/safety, effectiveness, and traceability. In order to be effective a complaints system must be perceived to be fair as well as independent from the agency responsible for persons deprived of their liberty.[59]

The UN Mandela Rules (2015), Rule 57.2 and the European Prison Rules (2020) Rule 70.9 require that complainants must not be subjected to negative consequences, including reprisal or intimidation as a result of raising a complaint. As part of a complaints system, it is important that prisoners are facilitated to effectively participate in the complaints process, which includes being provided with practical information about complaints procedures.[60]

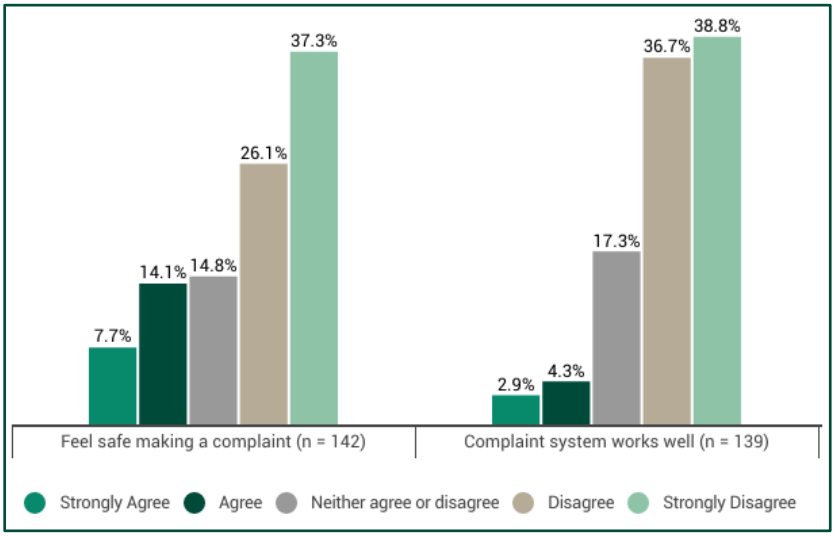
While the Inspectorate does not investigate individual complaints, under Rule 57(B) of the Prison Rules 2007-2020, it does play a role in the oversight of the prisoner complaints system.

For many years, the Office of the Inspector of Prisons has deemed the Irish Prison Service Complaints System to be unfit for purpose.[61]

3.62 In addition to its role in the oversight of prisoner complaints, the Inspectorate also receives and responds to confidential correspondence from prisoners under Rule 44 of the Prison Rules 2007-2020. All people in prison custody are entitled to send and receive letters from the Inspectorate in confidence.

3.63 There were clear deficiencies in the operation of the prisoner complaints system in Mountjoy Men's Prison.

3.64 **Figure 6: Prisoner Reports on Complaints System, Mountjoy Men's Prison**
(n = 142; 139)



[59] CPT (2018) Complaints Mechanisms.
[60] European Prison Rules (2020), Rule 70.1, 70.4 and 70.6.
[61] OIP (2020) Annual Report 2020, pg. 24; OIP (2021) Annual Report 2019, pg. 42; and OIP (2018) Annual Report 2018, pg. 14; and OIP (2016) Review, Evaluation and Analysis of the Operation of the present Irish Prison Service Prisoner Complaints Procedure.

Prisoner confidence in the complaints system was very low. While 75% of staff survey respondents (82 of 109) indicated they thought the complaints process functioned well, many prisoner survey respondents in Mountjoy Men's Prison reported that they did not feel safe making a complaint and did not think the complaint system worked well (**Figure 6**).

3.65 While many people in the Training Unit reported feeling safe in making a complaint (77%, 30 of 39), people in Mountjoy Men's Prison largely reported (63%, 90 of 142) not feeling safe if they were to make a complaint. Similarly, about half of prisoner survey respondents (51%, 19 of 37) in the Training Unit felt the complaints system worked well, while 76% (105 of 139) in Mountjoy Men's Prison did not think the complaints system worked well.

Prisoners in Mountjoy Men's Prison reported that despite having submitted complaints a number of months prior to the inspection, they had not received a response or update on the status of their complaint. In other instances, prisoners indicated they had made the same complaint numerous times because they had not received a response to a previous complaint.

3.66 The Inspectorate continues to have serious concerns about the Irish Prison Service Complaints System. While the Department of Justice and Irish Prison Service have indicated a new approach to prisoner complaints is in development,[62] with legislation currently in draft form, there remains a duty on the Irish Prison Service and on prison Governors to ensure people in custody are afforded their right to raise complaints and to have them promptly investigated.

3.67 Complaints Assessment

There was clear evidence that the complaints system was not working effectively, particularly given prolonged delays in investigation of complaints and a lack of communication provided to prisoners about the status of their complaints.

While the majority of people in Mountjoy Men's Prison reported that they did not feel safe in making a complaint, and reported that the complaints system did not work well, many people in the Training Unit who completed the survey did feel safe making a complaint and reported that the complaints system worked well.

3.68 RECOMMENDATION

To the Minister for Justice:

Recommendation MDOJ22-3: The Minister for Justice should take all possible measures to ensure the prompt review and adoption of the draft Statutory Instrument to amend the Prison Rules 2007-2020 Rule 57B. The amended Rule should take into account the requirements of a well-functioning complaint system, which includes independence, expediency and the opportunity for independent appeal.

[62] In September 2022, the Irish Prison Service provided to the Inspectorate an update on the status of the new prisoner complaints system: "The Irish Prison Service have engaged with the Department of Justice and the Office of Parliamentary Council on the drafting of new legislation to give effect to the new Prisoner Complaints Process. The process is ongoing and the Irish Prison Service is awaiting the outcome of the drafting process." (See, Inspections Recommendation Database – Midlands Prison Recommendation MDCT7).

D. Disciplinary Processes

3.69 International human rights standards provide that disciplinary procedures should be mechanisms of last resort. Alternative restorative mechanisms should be used to resolve disputes in the prison.

Prisoners charged with disciplinary offences should be informed promptly in a language they understand, have adequate time and facilities to prepare their defence, be allowed to defend themselves or be provided with legal assistance, request the attendance of witnesses, and have the free attendance of an interpreter if so required. The severity of any punishment imposed shall be proportionate to the offence committed.[63]

Disciplinary Processes

3.70 While more than 500 P19s were issued to prisoners in Mountjoy Men's Prison between June and October 2022, there were no P19s issued in the Training Unit during that same time period.

Sanctions imposed for upheld disciplinary sanctions included cautions and prohibitions on participation in specific activities, such as evening recreation and reductions in family contact.

The Inspectorate observed P19 hearing processes, at which a prison Governor reviewed the P19 allegation and determined, if the P19 was upheld, a responding disciplinary action. Upon observation, P19 hearings, and subsequent outcomes, were balanced and fair.

3.71 There were some procedural fairness issues surrounding the process of the issuing of P19s. In the event of an incident, all prisoners involved were issued a P19 form by prison staff. In effect, the issuing of P19s in this manner operated as a surrogate incident recording system, whereby the investigation into and gathering of detail surrounding the incident was conducted after the incident was recorded through the issuing of P19s.

In practice, this meant the onus was placed on victims of incidents to prove a case for a P19 issued to them to be unfounded. Regardless of whether or not a P19 disciplinary sanction was upheld, the record that a P19 had been issued to them remained. Such a practice has potential implications for prisoners as they progress in their sentences and seek to engage with internal and external services and agencies, such as the Parole Board. Although a "not upheld" outcome is positive, frequent "not upheld" P19s may depict a prisoner in a negative light when being considered for opportunities in the prison and beyond.

3.72 The P19 discipline process should be reviewed and revised so as to no longer operate as a surrogate incident recording system. People in prison should not be issued with a P19 without due cause.

3.73 RECOMMENDATION

To the Director General of the Irish Prison Service & Governor of Mountjoy Men's Prison:

Recommendation DG22-9 / MJ22-10: The Director General of the Irish Prison Service and the Governor of Mountjoy Men's Prison should ensure a clear demarcation between an incident recording system and the P19 (disciplinary sanction) recording system.

[63] European Prison Rules 56.1, 56.2, 59, 60.2 and UN Mandela Rules (2015) Rules 36, 38 (1), 39(2) and 41.

4 HEALTH & WELLBEING

4.1 People living in prison should have access to a standard of healthcare equivalent to that in the outside community.[64] It follows that prisoners should not be constrained to live in conditions which are "detrimental to their health", "make their health deteriorate" or have "no or poor access to health care services".[65]

Primary healthcare for people living in prisons should take account of their distinctive needs, including a higher prevalence of mental illness, substance abuse disorders, infectious diseases, and intellectual disabilities, that require targeted service provisions and management strategies.[66] Prisons also accommodate an over-representation of marginalised people whose pre-existing health inequalities have often led to them being in generally poor health and/or having chronic untreated diseases.[67]

4.2 The general inspection of Mountjoy Men's Prison and the Training Unit included an assessment of the health of people in the prison, including the health services available to them and factors that could affect their health. This assessment was carried out in line with the healthcare standards established by the European Committee for the Prevention of Torture (1993), the Council of Europe Recommendation on Ethical and Organisational Aspects of Healthcare in Prison (1999) and the Irish Prison Service Healthcare Standards (2011).

In addition, the assessment of *Health & Wellbeing* in Mountjoy Men's Prison is rooted in the "Availability, Accessibility, Acceptability and Quality (AAAQ)" Healthcare Assessment Framework, as set out by the United Nations Committee on Economic, Social and Cultural Rights General Comment Number 14 on the Right to the Highest Attainable Standard of Health.[68]

Unconvicted prisoners have distinct healthcare rights to that of sentenced prisoners as provided for under Irish law. Unconvicted prisoners have the right to access private healthcare[69]. Where an unconvicted prisoner requests to be provided with medicine, equipment or access to facilities as prescribed by a registered general practitioner or registered dental practitioner, the Governor should arrange for its provision. An unconvicted prisoner in receipt of private healthcare or provision of medicine or equipment is required to pay the expenses themselves.[70]

4.3 Drawing on national legislation and international standards, the Inspectorate evaluates *Health & Wellbeing* performance across four themes:

A. Healthcare Resources: available healthcare services and staffing, prison environment and healthcare technologies and infrastructure

B. Healthcare Delivery: healthcare services available to prisoners, waitlists to access services, equivalence and continuity of care, barriers to access, staff training, and measures taken to address the needs of the prisoner population

[64] UN Mandela Rules (2015) Rule 24.1; CPT. (1993) Health Care Services in Prisons; Danish Institute Against Torture - Dignity (2021) Monitoring Health in Places of Detention: An Overview for Health Professionals.
[65] Danish Institute Against Torture (Dignity) (2021) Monitoring Health in Places of Detention.
[66] Kennedy, HG et al (2004) Mental Illness in Irish Prisoners. National Forensic Mental Health Service.
[67] WHO Regional Office for Europe (2023) Status Report on Prison Health in the WHO European Region 2022.
[68] UN CESCR. General Comment No. 14 on the Right to the Highest Attainable Standard of Health.
[69] Rule 73, Prison Rules, 2007.
[70] Rule 74 Prison Rules, 2007

C. **Healthcare-Informed Decision-Making:** healthcare input into operational decision-making, healthcare assessments on committal and in relation to isolation

D. **Patient Experience**: patient-centred considerations in provision of healthcare services, patient voice on experience of healthcare engagement and confidentiality assurances

A. Healthcare Resources

4.4 International standards outline the importance of aligning medical services in prisons with the general health administration in the community, with an emphasis on the integration of prison healthcare with national health policy.[71] Prison authorities are responsible for safeguarding the health of prisoners in their care. This includes ensuring every prison has access to the services of at least one qualified General Practitioner,[72] and that prisoners also have access to qualified psychiatrists, psychologists, dentists, opticians and other specialists.[73] In addition, prison medical units should be equipped with appropriate medical equipment[74] suited to the needs of the prisoner population, including technologies to support the delivery and administration of healthcare services.

In Ireland, the provision of healthcare in prisons remains the responsibility of the Department of Justice, rather than the Department of Health. The Minister for Justice is responsible for making arrangements related to the provision of primary healthcare services in each prison.[75] In addition, the Minister may be involved in decision-making in respect of the number of approved posts for doctors and nurses, as well as the provision of other healthcare services in prisons.[76]

Healthcare Services & Staffing

4.5 Healthcare services available in Mountjoy Men's Prison included general practice and nursing, pharmacology, psychology, psychiatry and addiction and drug use treatment.

4.6 As is the case for all prisons in Ireland, general practice and nursing healthcare services and staffing were provided for by the Irish Prison Service; the Health Service Executive (HSE) did not operate or oversee these healthcare services in the prison. Staffing shortages could not be addressed by drawing upon HSE staff, and the regulatory body designated to assess healthcare quality in the community, the Health Information and Quality Authority (HIQA), did not carry out oversight of primary healthcare services in Mountjoy Men's Prison.

4.7 The staffing complement for in-prison healthcare services available to people in Mountjoy Men's Prison at the time of inspection is set out in **Table 4**.

[71] European Prison Rules (2020), Rules 40.1 and 40.2.
[72] European Prison Rules (2020), Rules 41.1.
[73] European Prison Rules (2020), Rules 41.5. In addition, see European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) (1993) Health Care Services in Prison and European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (2017) Inspection of a Prison Medical Service by a CPT Doctor Checklist.
[74] CPT (2017) Inspection of a Medical Service by a CPT Doctor-Checklist
[75] Prison Rules 2007-2020, Rule 99(1).
[76] Prison Rules 2007-2020, Rule 99(2-5).

Table 4: Mountjoy Men's Prison / Training Unit Multidisciplinary Primary Care Team

Healthcare Staff	Description
General Practice	2 Full-time GPs: Main Prison/Medical Unit 2 Part-time GPs: Progression Unit 1 Part-time GP: Training Unit (.6 WTE, and on other days when Mountjoy Men's GP complement is full) *GP service available 24 hours (Off-site cover after hours)*
Nurses	Mountjoy Men's Prison: • 1 Chief Nurse Officer, 24 Full-time / 2 Part-time nurses • Weekdays per day: 8-9 nurses assigned from 8am-5pm (1 nurse for the Medical Unit), 4 nurses from 5pm-8pm, 1 from 8pm-8am and on weekends Training Unit: 4 Nurses
Dentist	2 Dentist (.6 WTE) 2 Dental Nurses (.6 WTE) *No dental surgery in Training Unit; ad hoc dental clinic*
Pharmacists	5 staff: employed for dispensing medication, as part of the opioid replacement programme, across the Mountjoy Prison Campus (including Dóchas Centre)
Psychologists	*(Mountjoy Men's Prison only)* 1 Senior Grade Psychologist 3 Staff Grade Psychologists 2.5 Assistant Psychologists
Consultant Psychiatrist	1 Part-time (.4 WTE) *(Mountjoy Men's Prison only)*
Psychiatry Registrar	1 Full-time *(Mountjoy Men's Prison only)*
Nurses - Community Forensic	2 Full-time *(Mountjoy Men's Prison only)*
Social Worker Mental Health Forensic	1 Part-time (.6 WTE) *(Mountjoy Men's Prison only)*
Addiction Medicine	*(Mountjoy Men's Prison only)* 1 Part-time Consultant 3 Full-time Counsellors 1 Addiction Nurse

4.8 The Mountjoy Men's Prison Psychiatry in-reach team and the part-time Addiction Consultant were funded by the Health Service Executive.

4.9 In addition to care provided by the in-prison primary care team and mental health services, the prison also offered external, including secondary/tertiary level (hospital-based) healthcare. External services available to prisoners included: Chiropody, Dental treatment, Hepatology, Ophthalmic health services, Palliative Care and Physiotherapy.

Prisoners were referred to hospital-based services as needed, including Dermatology, Emergency Medicine, Gastroenterology, Orthopaedics, Pain Clinics and Surgery, many of which are based at the Mater Hospital, located immediately across the road from the prison.

Environment

Physical Setting & Infrastructure

4.10 The July 2022 re-opening of the Training Unit as a centre for older prisoners (aged 50 years and over) created a social and physical environment that was more suitable to meet the needs of older prisoners and their vulnerabilities.

The Training Unit was clean, and afforded prisoners access to open green spaces which contribute to the overall physical and mental well-being of people in the prison.

On the ground floor of the Training Unit there were two rooms specially designed for end-of-life care; although these were not yet available for use.

The Training Unit healthcare facility had been newly refurbished, and provided a clean, organised and welcoming environment in which to receive care.

4.11 The general physical environment in Mountjoy Men's Prison was much poorer, as areas of the prison were overcrowded, and the physical infrastructure was devoid of colour or stimulation. Ventilation was poor in the cells, and there was no exercise equipment available for prisoners to use in the yards (see, section 5.32).

While prisoners were able to grow small vegetable plants on some of the landings in the Progression Unit, there was no natural light available to prisoners accommodated in cells in the basement areas of the Main Prison.

4.12 The healthcare unit for Mountjoy Men's Prison was located in the Main Prison, and was not adequate in size to meet the needs of healthcare personnel and patients who visited healthcare services.

There was a lack of a designated office space for general practitioners, as well an insufficient number of lockable drawers for staff personal belongings. Additionally, there was inadequate space for the storage of medical equipment in the infirmary.

The facility on B-base designated for in person addiction counselling sessions required an upgrade, and more facilities for provision of addiction services were needed in the Medical and Progression Units.

4.13 The primary healthcare team had access to the same formulary of medications as was available in the community, and timeframes to obtain results of blood and radiological tests (once organised) were also similar to that in the community.

4.14 Vulnerable patients, for example, those with an intellectual disability, were accommodated on a long-term basis in the Medical Unit, which had the advantage of offering an environment with more support, but had the disadvantage of limited opportunities for schooling, recreation, and full involvement in the larger prison community.

There was a lack of long-term options for assisted living for certain vulnerable groups of prisoners, such as those with intellectual disabilities. There were limited numbers of beds in use for such prisoners in the Medical Unit. One member of the Healthcare Team estimated that there were *"20 to 30 prisoners with some degree of intellectual difficulty currently in the Main Prison who could possibly benefit from additional supervision/support in self-care".*

4.15 There was an insufficient number of patient beds in the Medical Unit to meet high demand amongst the prisoner population. Given that the Medical Unit was intended to house the National Drug Treatment Programme, the limited number of beds fell far short of being able to address prisoners' addiction support needs, and at the time of inspection this Unit was not being used to facilitate drug treatment programmes (see section 4.72).

4.16 There were challenges in obtaining and sharing information between healthcare teams in the community/hospital and prison, in particular in relation to mental health. This was as a result of the Prisoner Healthcare Management System (PHMS) and the psychology record system not being sufficiently linked, which resulted in disjointed referral processes and an unnecessary duplication of work

4.17 The structure of healthcare staff duties was similar to the way in which prison officers' duties were structured, and this was a challenge for providing consistent care. For example, nurses from the Main Prison could be redeployed to cross cover other areas of the prison such as the Training Unit and the Dóchas Centre, as well as other prisons in the Dublin area; sometimes at short notice and with little or no orientation when working in an alternate prison for the first time.

4.18 **The allocation of prison officers to escort prisoners to healthcare appointments was problematic,** and caused issues including:

i. delays and cancellations of General Practitioner and mental health appointments,
ii. reductions in the number of available healthcare appointments,
iii. rescheduling of hospital-based appointments,
iv. late cancellation of specialist clinics such as the optician clinic, and
v. an inability to support initiatives such as chronic disease management and preventive care clinics.

Any of the above had the potential to negatively impact on the clinician-patient relationship and patient healthcare outcomes.

This problem was exacerbated at certain times of the year, for example, near the end of a quarter when staff hours were exceeded, during periods of high demand for holidays, during periods of staff illness and when the courts service was busier resulting in prison officers being redeployed to court escort services.

Technologies

4.19 Healthcare professionals benefited from an environment that allowed for independent clinical decision-making in the interest of patients and an electronic records system, the Prisoner Healthcare Management System (PHMS), which included areas to accommodate entries by different healthcare teams as well as prompts and templates to facilitate evidence-based care. Members of the healthcare team had opportunities to familiarise themselves with other working environments, including a tour of the National Forensic Mental Health Service (NFMHS) Portrane Campus.

There were also training opportunities in areas such as addiction medicine, dermatology, mental health, and pain medicine

4.20 Positively, healthcare staff used digital tablets to facilitate tele-health for prisoners on COVID-19 restricted regimes, and also had access to important medical equipment around the prison, including the presence of an AED device on each landing in the Main Prison and Medical Unit, and basic equipment for the treatment of minor injuries and to facilitate routine dental and ophthalmic care.

4.21 However, **there was no access to an ECG machine in Mountjoy Men's Prison healthcare facility.** An ECG machine is a crucial and core piece of equipment, both in community and hospital settings, and is particularly essential in the prison setting given the risks of cardiac arrhythmia in those taking methadone and antipsychotic therapies.

4.22 **In addition, there was insufficient access to phlebotomy services for sub-acute and chronic medical conditions.** As with access to ECGs, phlebotomy services are a crucial and core requirement to monitor patients for side effects of medications, for example, metabolic derangement with antipsychotics, toxicity with lithium, low blood count with risk of death of infection with clozapine. This was particularly needed in the Medical Unit, which was likely to have the highest concentration of patients on psychotropic medications requiring blood test monitoring.

There were no cryotherapy services available in the prison, which would assist in treating the commonly occurring condition of warts.

There was no access to physiotherapy in the prison. There was a lack of facilities to perform minor procedures.

The patient population would benefit from in-prison collaborations with specialties such as old aged care, public health nursing and specialist nursing in certain chronic disease like diabetes, inflammatory bowel disease, and wound care.

4.23 **There were insufficient administrative staff available to the healthcare team.** For example, there was one medical secretary for the entirety of Mountjoy Men's Prison as well as the adjoining women's prison, the Dóchas Centre.

More administrative support was needed, in part, because prisoner-patients have much less ability to participate in advocacy for their healthcare needs. There was also a lack of personal assistants for more senior staff and administrative PHMS coding support.

4.24 Healthcare Resources Assessment

Key technologies and healthcare services were lacking in Mountjoy Men's Prison, including the lack of an ECG machine, physiotherapy and phlebotomy services.

There was insufficient allocation of prison officers to ensure escorts of prisoners to healthcare appointments, and to support initiatives to further develop healthcare services and enhance the social environment of the prison.

There was a need for additional administrative support staff for healthcare providers.

4.25 RECOMMENDATIONS

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-11: Efforts should be made to enhance prioritisation of healthcare provision by ring-fencing in the Regime Management Plan the positions of prison officers allocated to specific healthcare units to ensure transport of prisoners to appointments and to support initiatives to further develop the healthcare system and optimise the social environment.

Recommendation MJ22-12: Shortfalls in the complement of healthcare staffing, particularly in the areas of general practice, nursing, psychology and addiction services, as well as in administrative support for healthcare services, should be immediately addressed in order to provide better healthcare outcomes for people in Mountjoy Men's Prison.The healthcare team in Mountjoy Men's Prison should also have access, or increased access to, ECG, phlebotomy and physiotherapy services.

Request for Information MJ22REQ-1: The Inspectorate would appreciate receiving confirmation that the end of life care rooms in the Training Unit are now available for use.

B. Healthcare Delivery

4.26 Primary health care must be available to people in prison whenever needed. Access to secondary health care and hospital care, upon advice of a prison doctor, should be guaranteed by employed or contracted specialists, particularly psychiatrists, and by fully-equipped hospitals whenever needed. Appropriate arrangements must be in place for immediate medical care at any time in emergency situations. Unimpaired access to healthcare in prisons implies that prison managers and administrations should ensure appropriate health care professionals are available in prison, and good communication and co-operation takes place with health care professionals and hospital facilities outside prisons.[77]

4.27 Healthcare staff described a number of existing initiatives to support their well-being, including: the availability of training opportunities (though more were requested), a platform for career development using the Personal Performance Management System, access to a Staff Support Officer, access to an Employee Assistance Program and a generally positive functional relationship within and between healthcare teams and prison officers.

[77] Council of Europe (2019) Organisation and Management of Health Care in Prison Guidelines, pg. 22.

Primary Healthcare

General Practice

4.28 Wait time in Mountjoy Men's Prison to attend an appointment with a General Practitioner was reported by the prison to be between one and three days from the point of request. In the Training Unit, the wait time to see a General Practitioner was up to one day.

In Mountjoy Men's Prison, there were 1179 general practice appointments held over the period of 24/09/2022 - 28/11/2022, ranging from five to 37 patients per day; this was an average of 18 patients each day. General Practitioners also performed non-patient-facing work, such as renewal of medications.

However, given inconsistencies in General Practitioner coding practices, the figures noted above may not be an entirely accurate record of the totality of the number of patient appointments and tasks carried out by the General Practitioners.

In the Training Unit there were 228 General Practice appointments provided over the period of 24/09/2022 - 28/22/2022.

4.29 Over the dates of the inspection, there were a number of days in which only one General Practitioner was available for the Main Prison (with a population of more than 500 people), with no absence cover provided for the other General Practitioner. When there were two General Practitioners present in the Main Prison, they were able to split tasks such as reviewing urgent and acutely unwell patients, assessing new committals, and attending to scheduled appointments.

General Practitioners reported delays with non-urgent chronic disease reviews due to a heavy workload, as well as periodic unavailability of prison officers to bring prisoners to General Practitioner appointments.

4.30 Access to attend an appointment with a General Practitioner differed, and was dependent on where patients were accommodated across the areas of the prisons.

For instance, while 92% (35 of 38) of people in the Training Unit reported they could see a General Practitioner within 48 hours of making a request, only 17% (24 of 138) reported similarly in Mountjoy Men's Prison. Many prisoner survey respondents (44%, 61 of 138) in Mountjoy Men's Prison reported more than one week wait time to see a General Practitioner.

Nursing

4.31 Nursing staff attended the landings three times each day to dispense medication in Mountjoy Men's Prison, which provided opportunities for prisoners to engage with nurses during these periods.

4.32 There was an insufficient complement of nursing staff in Mountjoy Men's Prison and the Training Unit. There were four nurses in the Training Unit. In Mountjoy Men's Prison daily nursing numbers could be reduced from ten to between five and seven in the Main Prison, and from two to one nurse in the Medical Unit. There was one nurse assigned each night in Mountjoy Men's Prison, whereas previously four or five nurses reportedly covered the Main Prison, Medical Unit and Progression Unit each night.

A member of staff stated, *"It is becoming commonplace that nurses are expected to provide a healthcare service with staffing levels as low as three or four some days. There is only one nurse on nights for the entire complex spread out over three different buildings."*

4.33 Inadequate nurse staffing numbers resulted in negative outcomes for patient care. For example, a nursing officer reported having to delay phlebotomy requests by one to two days due to a high clinical workload.

Given the lack of available nursing staff, healthcare staff relied heavily on prison officers to update them on patient concerns.

4.34 Limited healthcare staffing during night periods was a significant concern to the Inspectorate, particularly in relation to prisoner safety, including the risk of death in custody.

Without the support of an available colleague, healthcare staff working at night lacked the possibility to consult with a colleague and/or to draw upon their assistance, for example when performing CPR. They also experienced challenges in managing multiple emergencies, late committals and subacute or chronic presentations if occurring simultaneously in different locations. Insufficient night healthcare staffing also meant that staff lacked on-site peer support for immediate debriefing (for example, post management of self-harm, suicide, self-poisoning, violence) or to discuss a clinical case

4.35 With respect to accessing nursing care, approximately half of prisoner survey respondents in Mountjoy Men's Prison (48%, 57 of 118), indicated they could see a nurse on the same day a request was made to see one; 69% (81 of 118) reported they would be seen within a period of 48 hours.

In the Training Unit 81% (29 of 36) of prisoner survey respondents reported they could see a nurse the same day as requested.

Preventive Healthcare

4.36 Given that many prisoners, particularly those who come into frequent contact with the criminal justice system, rely on prisons to provide primary healthcare services, it is essential that a preventive care programme be embedded into the routine healthcare service offered in the prison.

4.37 In Mountjoy Men's Prison, there was a general inability to facilitate preventive health visits with General Practitioners due to workload pressures and availability of medical and custodial staff.

Strategies to implement preventive care programmes, for example provision of patient information to recognise significant disease, afternoon general practice clinics and display of health promotional material on noticeboards were reportedly hampered in their effectiveness by insufficient prison staff availability to escort prisoners to extra clinics, as well as reliance on locum medical cover and insufficient administrative support.

4.38 In relation to harm reduction, initiatives such as provision of condoms and needle exchange programmes had reportedly not been instituted due to a belief that such practices could encourage behaviours of concern rather than help prevent harm. Evidence internationally does not support this approach.

For example, the World Health Organisation (WHO) has noted that health protection in prison involves the reduction of hazards in the prison environment which include the availability of harm reduction services. Given the commonality of drug use and sexual activity in prisons, the WHO recommends that health intervention packages include harm reduction interventions such as condoms and lubricants, needle and syringe programmes, opioid agonist maintenance therapy and naloxone for overdose management.[78] Furthermore, the European Monitoring Centre for Drugs and Drug Addiction notes "prisons can be a core setting for engaging with people who inject drugs and who may have been hard to reach in the community, allowing the provision of harm reduction, counselling, testing and treatment services before they return to the community".[79]

The approach to harm reduction in Mountjoy Men's Prison at the time of inspection did not sufficiently align with international standards in the area of harm prevention in prison settings.

4.39 Some preventive care strategies were observed, for example active use of healthcare noticeboards in the Training Unit, mental health interventions for those at risk of self-harm and the availability of guidelines and templates on the Electronic Medical Record to assist prevention and detection of infectious diseases.

Self-help initiatives were available for prisoners, such as access to physiotherapy exercises on digital platforms. There were also prisoner-led initiatives, such as the hand hygiene training led by the Red Cross volunteers.

4.40 Systematic screening, for example cancer screening was limited. Healthcare staff reported that a lack of availability of prison officers to escort prisoners to avail of testing precluded such care. An exception was in the Training Unit, which had a programme in place to screen for both bowel and prostate cancer.

Visits for chronic disease review, preventive health visits such as smoking cessation, blood pressure and cholesterol monitoring for prisoners were generally deprioritised due to high clinical workload and insufficient prison staff availability to escort prisoners to appointments. These shortcomings must be addressed.

Dentistry

4.41 Wait times to attend the dental surgery in Mountjoy Men's Prison were contingent on classification as either an "in pain" or "not in pain" patient. Urgent cases were reportedly seen within a two-to-three day period, after having first been assessed and initially treated by the General Practitioner.

[78] WHO (2021) The WHO Prison Health Framework –A Framework for assessment of prison health performance, and WHO (2021) Recommended Package of Interventions for HIV, Viral Hepatitis and STI prevention, Diagnosis, Treatment and Care for People in Prisons and Other Closed Settings.
[79] European Monitoring Centre for Drugs and Drug Addiction (2023) Prisons and Drugs: Health and Social Responses.

The Training Unit did not have a dedicated dental clinic. Given the needs of the population, all of whom are over the age of 50 years, there was a need to ensure regular access to dentistry for this cohort.

4.42 More than a quarter of prisoner survey respondents (32%, 36 of 113) in Mountjoy Men's Prison indicated they had not seen a dentist while in the prison, with an additional 40% (45 of 113) reporting it took at least one month to see a dentist.

Specialist / External Healthcare Service

4.43 Wait times for in-reach and external healthcare services were variable, and in some instances could be significant.

The waiting time to attend an appointment with a chiropodist was several months. Only four chiropody clinics were facilitated for Mountjoy Men's Prison over the course of 2022. Chiropody was organised for prisoners in the Training Unit once there were enough people on the wait list.

Optician appointment wait times ranged from weeks to months, with four clinics also held for Mountjoy Men's Prison in 2022. The Training Unit operated a similar wait list for optician appointments as it did for chiropody.

4.44 Despite a patient population, particularly in the Training Unit, prone to musculoskeletal injury and symptoms, an in-reach physiotherapy with outpatient physiotherapy was not readily available.

4.45 Hospital-based specialty clinics had variable wait times, with specialty and clinical urgency determining need. Significant wait times for hospital-based clinics mirrored the experience of the general community.

4.46 When prisoners were not facilitated to attend external appointments, they were reportedly rescheduled as non-attendance by hospital systems. Given the generally long waiting lists for outpatient clinics affecting most public hospitals, this could potentially cause increased delays for prisoners, meaning that they are unduly disadvantaged in their access to care.

Mental Healthcare

4.47 Mental healthcare services were provided to people in Mountjoy Men's Prison by psychology and psychiatry teams. These teams were responsible for the care of more than 750 prisoners, including a small cohort of prisoners with high mental health support needs in the High Support Unit in the Medical Unit.

The prisoner population had a high level of pre-existing trauma, with a requirement for long duration of psychological therapy.

Prisoner survey respondents (65%, 108 of 166) indicated the prisons were not equipped to support people with mental health needs. Similarly, prison staff survey respondents (58%, 65 of 112) reported that the quality of mental health services for prisoners was poor.

Many members of prison staff survey respondents (63%, 69 of 109) did not feel well trained to address the mental healthcare needs of people in the prison.

One member of staff stated, *"officers are meant to deal with prisoner issues, and are not properly trained.... are we healthcare workers or prison officers???"*

Another staff member stated, "*There is a great deal of psychological distress among prisoners. I wonder whether the introduction of a community-based mental health programme, involving training of staff and prisoners and the establishment of a social network of peer support (…) would be possible."*

4.48 There were no psychology, psychiatry or addiction support services available to people in the Training Unit.

Prisoners in Mountjoy Men's Prison could access psychiatry, psychology and addiction services by way of general practice referrals, nurse referrals, flags raised at multi-disciplinary team meetings, prison officer referrals and prisoner self-referrals.

Prisoners could also access mental health supports, including Merchants Quay Ireland and peer listeners in the prison.

4.49 Approximately a quarter of prisoner survey respondents in Mountjoy Men's Prison (24%, 32 of 131) indicated they could see a mental health worker within a one month period of making such a request. In the Training Unit, 83% of prisoners reported they had not seen a mental health worker.

Psychology

4.50 The wait time for prisoners in Mountjoy Men's Prison to access psychology services was many months, although there was room to prioritise individuals to receive more urgent appointments dependent on clinical need.

4.51 At the time of inspection there were 61 prisoners who had access to a psychologist in Mountjoy Men's Prison; this was only 8% of the prisoner population.

There were 282 people in Mountjoy Men's Prison on the waitlist to access Psychology services: 193 people in the Main Prison (39% of prisoners); 19 people in the Medical Unit (36% of prisoners); and 70 people in the Progression Unit (35% of prisoners).

Taken together, **38% of the population in Mountjoy Men's Prison was on the waitlist to access a psychologist.**

4.52 The complement of psychology healthcare staff was not sufficient to meet the needs of the population of prisoners in Mountjoy Men's Prison.

The lack of psychological care for people in the Training Unit was not conducive to supporting prisoners to rehabilitate and progress towards community re-integration.

4.53 Prisoners who spent a long time on a waiting list to receive mental health services in the prison may not be seen by a mental health specialist prior to their release from prison. There did not appear to be any mechanism to give credit to them in the community for the time already spent waiting to be seen by mental health services while in prison.

4.54 In February / March 2023, as part of its *Thematic Inspection: An Evaluation of the Provision of Psychiatric Care within the Irish Prison System*, the Inspectorate found that three of the five psychologist posts in the prison were vacant, leaving the Senior Psychologist and one Staff Grade Psychologist (supported by two full-time and one part-time Assistant Psychologists) to cater for the needs of 780 prisoners.

Psychiatry

4.55 At the time of the General Inspection in November / December 2022, there were 25 people on the waitlist for psychiatry services. Of these, 20 were to be seen in the prison, and five were awaiting admission for periods of up to and over one year to the National Forensic Mental Health Service hospital.

4.56 An assessment of psychiatric care for people in Mountjoy Men's Prison was carried out by the Inspectorate in February - March 2023, as part of its *Thematic Inspection: An Evaluation of the Provision of Psychiatric Care in the Irish Prison System.*[80]

This inspection found, with respect to Mountjoy Men's Prison, that:

- A majority of prisoners accommodated in special units (high support unit, low support unit and challenging behaviour unit) required the level of care normally provided in a secure psychiatric in-patient environment, a level which could not be satisfactorily provided to the men in their current custodial setting.
- Some people in Mountjoy Men's Prison had waited over one year to be admitted to the National Forensic Hospital
- Consultant psychiatry available to the prison was not sufficient to meet the needs of the prisoner population
- HSE in-reach forensic mental health nurse input to Mountjoy Men's Prison was insufficient to meet the needs of the large numbers of prisoners with serious mental disorders in the prison.

4.57 In addition to systemic recommendations arising from the *Thematic Inspection: An Evaluation of the Provision of Psychiatric Care in the Irish Prison System*, the Inspectorate recommended the following actions be taken specifically in relation to Mountjoy Men's Prison:

- The consultant psychiatrist input to Mountjoy Men's Prison should be substantially increased (Recommendation ID MHT5).
- The specialist forensic mental health nurse input should be increased in Mountjoy Men's Prison by at least 50% (Recommendation ID MHT6).
- It was also recommended that a particular prisoner (Prisoner A), who in Q1 2023 was accepted for treatment at the CMH, be transferred there without any further delay (MHT16).

The Inspectorate recommended liaison with the HSE regarding the above, and that these steps should occur as a matter of urgency.

[80] OIP (2023) Thematic Inspection: An Evaluation of the Provision of Psychiatric Care in the Irish Prison System, submitted to the Minister for Justice on 21 August 2023.

Suicide and Self-Harm

4.58 The 2011 Irish Prison Service Health Care Standards - Health Care Standard 3: Mental Health Services[81] sets out a recommended approach to the provision of mental health care in the prisons. This includes that within the prison there should be "appropriate implementation of, a) promoting and protecting mental health, b) policy on preventing self-injury among prisoners and, c) relevant mental health legislation".

4.59 Between January 2022 and the time of the inspection, there were 35 suicide attempts and incidents of self-harm recorded in Mountjoy Men's Prison, 13 of which involved multiple attempts by four individual prisoners. These incidents occurred largely in the Main Prison, with one incident occurring in the Progression Unit. There were no incidents recorded in either the Medical or Training Units.

4.60 Prison staff survey respondents (76%, 83 of 109) considered efforts in the prison to prevent and manage risk of suicide to be effective; however, 52% (57 of 110) did not feel adequately trained in suicide and self-harm prevention.

4.61 With regard to the prevention of adverse clinical events, the Irish Prison Service Health Care Standards mandates that incidents are documented in a patient's medical record and reported to the IPS Healthcare Directorate by e-mail where it will then be stratified according to seriousness and any further investigation/management carried out if needed. In 2004 and again in 2011, the Healthcare Directorate stated plans for the facilitation of Clinical Risk Management at a local level. However, there was no local clinical incident reporting and management designate at Mountjoy Men's Prison.

4.62 Injuries sustained during violent incidents in the prison were recorded on prisoners' electronic medical records. However, on review of some cases of violent incidents involving prisoners, the Inspectorate observed that these forms were not always completed by prison officers. Injured prisoners were medically examined by nurses and General Practitioners, and referred to Emergency Departments when required.

4.63 In relation to food refusal, the prison operated a hunger strike protocol which was commenced upon refusal to eat for a period of 24 hours. When food refusal is conducted as a form of protest, for example ''hunger strike", the prison has a duty of care and must also respect the person's decision to refuse food.[82] The Protocol stipulated daily review of the prisoner by a General Practitioner, daily weight and vitals measurement and referral to hospital if medical staff are concerned about the prisoner. It also stipulated that prison officers complete daily logs of eating and of the prisoner's condition.

A review of case records confirmed medical staff compliance with same. However, there was limited documentation in the prison officers' logs about the prisoners' daily food consumption/refusal.

[81] Irish Prison Service. (2011) Healthcare Standards.
[82] Nelson Mandela Rules (2015); CPT. (1993) Health Care Services in Prisons

Addiction

4.64 The 2011 Irish Prison Service Health Care Standards - Health Care Standard 9: Drug Treatment Services[83] sets out a recommended approach to provision of drug treatment services in prisons, which is to "provide clinical services for the assessment, treatment, and care of substance misusers comparable to those available in the community, and which are appropriate to the prison setting".

The Standard provided guidelines in relation to the use of opioid substitution therapy, for example methadone, including the need for specialist input, its administration in the morning to allow monitoring of effect, use of patient contracts, drug screens, criteria to guide appropriateness of initiation/ continuation, random drug screens and the need for regular reviews by the medical team.

In addition to the 2011 Standard, the Irish Prison Service also sets out its objectives and practices on drug treatment in the 2006 Keeping Drugs out of Prisons - Drugs Policy and Strategy[84] and the 2012 Irish Prison Service Clinical Drug Treatment and Policies Manual (this document was under review by the Irish Prison Service at the time of inspection).

4.65 Drug use and substance addiction is common in most Irish prisons. In its 2011 report on Ireland, the Council of Europe's Committee for the Prevention of Torture (CPT) stated:

> "detoxification programmes with substitution programmes for opiate dependent patients should be combined with genuine psycho-socio and educational programmes. The setting up of a drug-free wing in prisons for certain categories of prisoners, inter alia, those having completed treatment programmes prior to or during imprisonment, might also be considered".[85]

4.66 Wait times to access addiction support services in Mountjoy Men's Prison were extremely lengthy, and as a result there was not an effective drug treatment or addiction support service operating in the prison.

The wait time to access an Addiction Counsellor was more than three years, with the longest wait time dating to June 2019.

To see an Addiction Nurse, the wait time was more than one year, with the longest wait time at the time of inspection dating to April 2021.

Finally, the wait time to see an Addiction Psychologist was nearly three years, with the longest wait time dating to December 2020.

Given the longstanding challenge Mountjoy Men's Prison has had with contraband in the prison, and the fact that approximately 70% of all people who enter the prison system have an addiction issue,[86] **the lack of addiction support services for people in the prison is particularly egregious.**

[83] Irish Prison Service. (2011) Healthcare Standards.
[84] Irish Prison Service (2006) Keeping Drugs out of Prisons. Drugs Policy and Strategy.
[85] CPT (2011) Report to the Government of Ireland on the visit to Ireland.
[86] Irish Times (2 February 2017) More than 70% of Prisoners 'Have Addiction Issues'.

Further exacerbating this issue were instances where Addiction Nurses were removed from the roster to help fill temporary staff shortages in general prison nursing.

4.67 At the time of inspection there were 180 prisoners on the waitlist to see an Addiction Counsellor, 214 prisoners on the waitlist to see an Addiction Nurse, and 26 prisoners on the waitlist to see an Addiction Psychologist.

Given that multiple requests to see a General Practitioner or Nurse (up to five) can be made by an individual prisoner, these numbers could be over-representative; steps should be taken to ensure accurate record-keeping of wait list numbers, including a mechanism by which it is not possible to re-refer people to a service to which they are already referred.

Regardless, **the number of people on waitlists to access addiction services in the prison was recorded as more than 400 prisoners, which is approximately half of the entire population in Mountjoy Men's Prison.**

4.68 Patients availing of addiction services in Mountjoy Men's Prison were linked into the Addiction Counselling services either at the committal stage, informally on landings, or through their Class Officer and via the Addiction Nurse.

The caseload of each full-time counsellor was approximately 30 clients who were serviced during five sessions each day. Mountjoy Men's Prison had an opioid replacement programme for prisoners suffering with opioid use, which was delivered through an addiction service comprising of an addiction specialist consultant, psychologist, counsellor, and pharmacists. At the time of inspection, there were 195 prisoners on methadone-replacement programmes; they were not being seen by addiction psychiatry services.

4.69 Prisoners raised concerns about the inadequacy of addiction support services in the prison. One prisoner stated*: "there should be more addiction counsellors in the prison as people are waiting over a year to see one*". Another person in prison said it *"takes too long to see an addiction counsellor, 18 months and still waiting*".

The vast majority of prisoner survey respondents (78%, 102 of 130) in Mountjoy Men's Prison had either not seen an addiction counsellor, or were waiting more than one month to see one.

Nearly half of prison staff survey respondents (45%, 49 of 109) indicated that the quality of drug addiction services in the prison was poor.

Drug Treatment

4.70 Two replacement medications were reportedly used in the prison: methadone, an oral syrup, and suboxone, a sublingual tablet, with the majority of prisoners being on methadone provided through a 21-day detoxification programme.

Medication administration was performed by dedicated pharmacists who were employed independently of the Irish Prison Service. All medications were administered in dedicated areas, with one medication station per landing, in a secured room with a protective clear screen between the prisoner and pharmacist/nurse.

4.71 At the time of committal doctor review, prisoners underwent a medication review by the General Practitioner, and were often taken off addiction-prone medications or those at a high risk of abuse, which were then substituted with medications less likely to have such side effects, for example replacing tramadol with ibuprofen. There were complaints raised by several prisoners around transitioning from substances to replacements.

4.72 Although prisoners had access to methadone treatment under the care of a designated doctor and pharmacist, prisoners no longer participated in the Drug Treatment Programme (DTP) as this had ceased since the COVID-19 pandemic. The DTP, which had a 9-bed capacity, served as a national centre to assist prisoners to remain drug-free after opioid detoxification.[87] Under this programme, participants are assessed by an addiction nurse and if suitable, admitted to the Medical Unit for the 8 - 12 week programme which includes psychoeducation. At the time of the inspection visit, no prisoners were engaged in the DTP. In addition, there was no access to a waiting list for DTP. There were plans to open a waiting list at the next clinical meeting in order to initiate the resumption of the DTP in February 2023.

Nevertheless, when the DTP was active some years ago, there were extensive wait lists for prisoner participation. One prisoner reported he had been through the methadone detoxification programme four times, whilst awaiting a place on the DTP programme.

4.73 Members of the healthcare team reported instances where the methadone detoxification programme had been repeated up to six times by prisoners, due to the long waitlist to join methadone maintenance clinics post release from prison. There was also a group of prisoners who could be excluded from maintenance clinics when they were released direct from the court.

4.74 Prisoners were given a supply of naloxone on release, an opioid-reversal agent which can be used in case of an overdose.

There was suboptimal communication at points of transfer of care, including lack of a mechanism to expedite access to mental health and addiction services upon release to the community. This was a particular issue for those who may have already waited a considerable period for access whilst in prison.

4.75 Healthcare Delivery Assessment

Positively, there was a multi-disciplinary approach for the regular review and management of prisoners with complex psychiatric/medical needs, involving both healthcare and senior custodial staff.

There were inadequate staff levels across a number of healthcare teams. There was insufficient nursing cover at night, with staff concerns relating to patient and staff safety. Staff required additional training in the provision of cardiopulmonary resuscitation (CPR). There was underdeveloped service provision for preventive care, chronic disease management and health promotion.

Given the high support needs of people in the care of Mountjoy Men's Prison, the addiction services available to them were far from optimal. Approximately half of the population was awaiting addiction support, and the Drug Treatment Programme had not been operational for many years.

[87] Extract: Dáil Éireann Debate, Wednesday – 11 May 2022. Prison Service. Tithe An Oireachtas. 2023.

There were long wait times for some appointments, for example mental health services - psychologists and addiction counsellors.

Prison staff reported feeling ill-equipped to manage prisoners' mental health issues, with requests for more training in responding to mental illness, suicide and self-harm.

There was suboptimal communication at points of transfer of care, including lack of a mechanism to expedite access to mental health and addiction services upon release to the community. This was a particular issue for those who may have already waited a considerable period for access whilst in prison.

There was a high quality of care and broad range of services available in the Training Unit for older prisoners, including a preventive screening programme for cancer. However, despite the healthcare needs of the demographic, there was no, or limited access, to regular dental clinics physiotherapy and psychology services.

4.76 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Recommendation DG22-10: The Irish Prison Service should develop strategies to improve transfer of information between community healthcare services and the prison, including mechanisms by which those who have been released are able to maintain their wait list slot to access mental health and addiction services.

Recommendation DG22-11: The Director General of the Irish Prison Service should endeavour to facilitate greater collaboration with hospital outpatient systems. The Irish Prison Service should develop alternative pathways for rescheduling appointments in circumstances where prisoners are unable to attend outside of their control, so that they may be seen at the next available appointment where appropriate. Additionally, use of virtual systems for certain consultations should be considered.

To the Governor of the Prison:

Recommendation MJ22-13: The Drug Treatment Programme formerly provided for in the Medical Unit, should recommence immediately, with a view to ensuring that the environment is conducive to achieving positive outcomes. The capacity of the programme should be expanded, and measures should be taken to ensure the programme is suited to the needs of the people in Mountjoy Men's Prison.

Recommendation MJ22-14: The screening programme at Mountjoy Men's Prison should be enhanced including by making provision for it to be adequately resourced by both healthcare and custodial escort staff.

Request for Information MJREQ22-2: The Inspectorate requests an update on the current situation in Mountjoy Men's Prison as regards the issues raised in the recommendations made in the Thematic Report on the Provision of Psychiatric Care in the Irish Prison System, specifically MHT5, MHT6, and MHT16.

To the Governor of the Training Unit:

Recommendation TU22-1: Given the healthcare needs of people in the Training Unit, a number of healthcare services should be made accessible, in particular regularly scheduled dental clinics, psychology and in-reach and outreach physiotherapy.

C. Healthcare-Informed Decision-Making

4.77 Healthcare professionals working in prisons play a key role in assessing and informing decision-making relevant to individual prisoners, including at points of heightened vulnerability, such as on committal to the prison and when separated from the general prisoner population.

Upon committal, it is the responsibility of the prison doctor to examine a prisoner on the day of his or her admission for the purpose of diagnosis of any physical or mental illness, isolation on medical grounds, determination of a prisoner's fitness to work, the noting of any physical or mental health conditions, any indication of a prisoner's injuries and the recording of any prescribed medication.[88] If a doctor is unavailable for a committal assessment, in exceptional circumstances, it is the responsibility of the nurse to conduct a preliminary committal screening.[89]

According to the Prison Rules 2007-2020, if a prisoner is removed from the general population and isolated on grounds of order (Rule 62), the Governor must inform the prison doctor who should keep the individual under review.[90] A prisoner who is placed in a Special Observation Cell for medical reasons (Rule 64), referred to as "Safety Observation", should be examined by a prison doctor as soon as possible. If a prison doctor advises against the decision made by the Governor to accommodate an individual in a Special Observation Cell, then reasons for the Governor's decision should be recorded.[91]

The Governor of a prison should implement recommendations made by a prison doctor, in particular when the doctor determines there is a serious threat to the health of a prisoner and makes a recommendation on medical grounds.[92]

Prison doctors also have a duty to communicate with the Governor of a prison on any aspect of the prison environment or regime that may be harmful to the physical or mental health of any prisoner, any group of prisoners, any prison officer or anyone working or visiting a prison.[93]

In situations where medical professionals are involved in decision-making related to the isolation of a prisoner, the World Medical Association (2019)[94] recommends that physicians should not participate in the decision making processes which determine whether an individual is "fit" to undergo solitary confinement.

[88] Prison Rules 2007-2020, Rule 11(1)(a-f).
[89] Prison Rules 2007-2020, Rule 11(2).
[90] Prison Rules 2007-2020, Rule 62(7).
[91] Prison Rules 2007-2020, Rules 63 (3-4)
[92] Prison Rules 2007-2020, Rule 103(1).
[93] Prison Rules 2007-2020, Rule 104.
[94] World Medical Association (2019) Statement on Solitary Confinement.

Further, the CPT states that "A prison doctor acts as a patient's personal doctor. Consequently, in the interests of safeguarding the doctor/patient relationship, he should not be asked to certify that a prisoner is fit to undergo punishment".[95]

The role of medical personnel includes a particular focus on the health of prisoners in solitary confinement, including visiting them daily, as well as a duty to inform the director of the prison when continued solitary confinement would put a prisoner's physical or mental health seriously at risk".[96]

Healthcare Input

4.78 Healthcare professionals in Mountjoy Men's Prison displayed a passion to provide optimal healthcare for the patients in their care. In addition, there appeared to be a productive and collegial relationship within and between healthcare staff and prison officers.

4.79 The healthcare team participated in multi-agency (MAMS) meetings, which were used to review prisoners with particularly complex needs, such as prisoners awaiting transfer to the NFMHS and prisoners who engaged in self-harm behaviours. These meetings were attended by a prison Governor, Chief Nurse Officer, Integrated Sentence Management officer, Chaplain, Addiction Service, General Practitioner, and members of the psychiatry team. As an example, one such meeting reviewed in detail the care of a patient due for imminent release, but who had shown signs of deliberate self-harm and suicidal ideation. This was a good practice.

4.80 However, there was limited input by the healthcare team into the provision of appropriate bedding, hygiene, food, exercise and purposeful activities for prisoners. An exception to this was prisoners being supported by the general practice team to input into specific dietary plans.

4.81 Barriers to healthcare staff well-being and professional development impacted on their capacity to deliver healthcare services to prisoners, and included:

- A number of senior staff reported working very long hours, covering multiple roles with the attendant risk of a significant impact on their own health and welfare.
- Healthcare staff shortages resulted in nursing officers having to cross-cover different assignments, reportedly without sufficient notice or orientation e.g. when assigned to other prisons; this has contributed to feelings of "burn out" for some staff.
- Lack of sufficient input by healthcare staff into further customisation of the PHMS.
- Staff felt they could benefit from receiving more training in mental health, suicide/self-harm prevention and CPR, as well as on the PHMS.

Committal Assessments

4.82 At the time of inspection, the initial contact point for new committals to Mountjoy Men's Prison was a temporary Portakabin, which had been brought into service during the COVID-19 pandemic. Prisoners were screened by a committal prison officer and a member of the healthcare team.

[95] CPT (1992) Third General Report – Health Care Services in Prisons, (CPT/Inf (93)12) ¶73.
[96] European Prison Rules (2020), Rules 43.2 and 43.3.

The content of the committal interview carried out by the healthcare team member, including sensitive medical information disclosed by prisoners, was clearly audible by the committal officer and other prison staff present in these premises. This meant that medical confidentiality was not being respected (see section 4.90).

4.83 Screening was carried out at the point of committal, and was underpinned in practice by the 2011 Irish Prison Service Health Care Standards - Health Care Standard 1: Health Assessment on Initial Reception into Prison from the Community.[97] This Standard provides that all prisoners undergo a health care assessment on arrival to the prison by a nurse initially, and then by a doctor within 24 hours; this practice was confirmed upon discussion with healthcare staff.

The Standard also describes a programme of activities for completion by both the nurse and the doctor, which is supported by the PHMS that prompts staff to collate relevant information.

4.84 Referrals to the psychiatry clinic could be made via the Prisoner Healthcare Management System (PHMS). The Psychiatry team also reviewed committal medical records to proactively identify those who may benefit from their services. New committals were also seen by the Integrated Sentence Management (ISM) officers who, amongst other roles, flagged prisoners of concern to nursing staff for review by addiction services.

4.85 Additional initiatives in the Training Unit included an assessment of a nursing dependency score, COVID Symptoms check and a systematic review process of medical records (prescribed number of charts reviewed each night shift) to ensure that any gaps in care were identified and addressed.

4.86 Although some elements of good practice at the point of committal were evidenced, the failure to respect medical confidentiality was a concern, and prisoners were not provided with information to take with them relating to their healthcare entitlements and the healthcare services available to them, nor were documents provided to prisoners in relation to patient information.

4.87 Assessment of Healthcare-Informed Decision-Making

Regular multi-agency meetings across the health services were beneficial to ensure a holistic approach to prisoner care.

There were limited opportunities for healthcare input into the general well-being of people in custody.

Although elements of good committal practice were observed, medical confidentiality was not being respected and prisoners were not provided with sufficient information regarding their healthcare entitlements.

[97] Irish Prison Service (2011) *Healthcare Standards*.

D. Patient Experience

4.88 All patients in prison should be treated with the same respect and dignity as any patient who is not in a prison.[98] Many prisoners, including women, prisoners with disabilities, ethnic monitories, foreign national prisoners, LGBTIQ+ prisoners and elderly prisoners, have needs that require special healthcare considerations.[99] These considerations may take account of cultural or ability needs, and as such all healthcare services provided to prisoners should be free from discrimination, promote equality of opportunity and treatment and should protect the human rights of people to whom healthcare services are provided.[100]

Patients should be encouraged to participate in decision-making about their own healthcare and information should be provided to facilitate patients to make informed healthcare decisions.[101]

Medical consultations should respect the privacy of prisoners (i.e., these consultations should take place out of sight and hearing from others).[102] Requests made by prisoners to access healthcare consultation should be on a confidential basis and without selection barriers by non-medical staff. Information on how to access medical consultation and on the organisation of health care should be provided to every newly admitted person, preferably in written form.[103]

Confidentiality

4.89 In general, appropriate initiatives were in place to maintain confidentiality across the healthcare service in Mountjoy Men's Prison. These initiatives included:

- Medical consultations occurred within the Infirmary in private rooms equipped with an examination bed and privacy screen.
- In keeping with standards set out by the CPT,[104] prison officers stood outside either partially open or fully closed doors dependent on the security risk. If a more personal assessment was needed, the nursing officer would reportedly gain assistance from another healthcare staff member and examine the patient with a fully closed door to maintain the prisoner's dignity, whilst ensuring staff safety.
- Access to the Prisoner Healthcare Management System (PHMS) was restricted, and was not accessible by operational Irish Prison Service staff.
- Healthcare staff regularly logged out of computer desktops containing electronic medical records when not in use by healthcare staff. Healthcare staff also shielded monitor screens from view when prison officers were nearby.
- The healthcare team used signed consent forms to allow external access to individual medical records.

4.90 Despite these good practices, there were two areas during which concerns for the protection of prisoner confidentiality and personal data were identified:

[98] Prison Rules 2007-2020, Rule 100(1)(c).
[99] WHO (2014) Prisons and Health, pgs 151-171.
[100] European Prison Rules (2020) Rule 40.3, and *see* Irish Human Rights and Equality Commission Act 2014, Section 42(1).
[101] Prison Rules 2007-2020, Rule 100(1)(e) and Rule 100(1)(f)
[102] Prison Rules 2007-2020, Rule 11(7).
[103] Council of Europe (2019) Organisation and Management of Health Care in Prison Guidelines, pg. 22.
[104] CPT (1993) Third General Report – Health Care Services in Prisons, (CPT/Inf (93)12).

1. There was a practice in the prison that required prisoners seeking a healthcare appointment to first disclose their symptoms to nursing staff while on the landings. In doing so, prisoners were put in a position where their medical symptoms and conditions could be overheard by other prisoners on the landing.

2. The committal facility, which was a temporary structure was not suited for committal intake due to data protection and confidentiality concerns. The nurse-led committal health screening was observed to take place in a location in which the content of the conversation between the nurse and prisoner could easily be heard, within, and even just outside the building.

   This practice is contradictory to the Standards of Practice[105] for health assessment on initial reception into prison from the community, which states that "sufficient time and adequate privacy" be provided. This was particularly concerning given that the room used to carry out committal health screenings is shared with prison officers who carry out initial registration. This meant there was the possibility for prisoners to overhear committal health screening and registration processes.

Patient Voice

4.91 Many patients, 69% (93 of 134) in Mountjoy Men's Prison believed the care they received in the prison was not of good quality. They expressed frustration with lengthy waitlists, and subsequent limited access to healthcare services. For example:

"Lack of mental health in all prisons. Waiting 7 months for a psychiatrist and no response, no psychology no addiction counselling."

"Medical service is inconsistent. Hospital prescriptions are not followed. Specialists appointments are not synchronised by medics."

I have been waiting on mental health services since I came in 12 months.

Only 17.5% (23 of 131) of prisoner survey respondents in Mountjoy Men's Prison thought prison officers took an interest in their health.

4.92 On committal to Mountjoy Men's Prison the top-three most pressing issues facing prisoners were concerns related to healthcare and access to services. These were identified by prisoner survey respondents as:

1. Problems getting medication: 40% (56 of 140 survey respondents)
2. Getting access to services: 35.7% (50 of 140 survey respondents)
3. Mental health problems: 33.6% (47 of 140 survey respondents)

4.93 In the Training Unit, the vast majority of prisoner survey respondents (81.6%, 31 of 38) felt that prison officers took an interest in their health. In addition, prison survey respondents in the Training Unit (94.8%, 37 of 39) indicated the healthcare they received in the prison was of good quality.

[105] Irish Prison Service. (2011) *Healthcare Standards*, Section 1.2.1.

4.94 Patient Experience Assessment

There was a lack of privacy afforded to new committal prisoners which led to breaches of medical confidentiality. In addition, prisoners were required to disclose healthcare issues on prison landings and in doing so were not ensured medical confidentiality.

Prisoner survey respondents reported significant challenges with access to healthcare provision in Mountjoy Men's Prison In contrast, prisoner survey respondents in the Training Unit reported high levels of satisfaction with healthcare services.

4.95 RECOMMENDATION

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-15: The use of a temporary Portakabin structure to conduct the health care screening aspect of the committal process should be brought to an end. Healthcare screening should only take place in premises that enable medical confidentiality to be fully respected, which means out of the hearing and, unless the member of health care staff explicitly requests otherwise, out of the sight of prison staff.

5 REHABILITATION & DEVELOPMENT

5.1 The Inspectorate assesses how prisons support people living in prison to rehabilitate and re-integrate into the community. Drawing on national legislation and international standards, the Inspectorate evaluates the prison's *Rehabilitation and Development* performance across three themes:

- **A. Purposeful Activity:** provision of and access to work training, library services, and exercise in the prison
- **B. Education:** assessment of teaching and learning conducted by the Department of Education Inspectorate
- **C. Contact:** prisoner experiences of meaningful human contact in prison, and with family and relatives

5.2 People in Mountjoy Men's Prison and the Training Unit valued opportunities for rehabilitation in the prison. However, prisoner and staff survey respondents reported that a lack of access to rehabilitation programmes was one of the top five challenges in the prison.

While more than half of prisoner survey respondents in the Progression Unit and Training Unit thought that the available education, work training and other activities in the prison would be beneficial to them upon release, only 25% of prisoners in the Main Prison shared this sentiment.

Positively, three-quarters of prison staff who responded to the staff survey stated that they believed that prisoner rehabilitation was an important part of their work.

A. Purposeful Activity

5.3 The Prison Rules 2007-2020, Rule 27(3) set out that, in so far as is practicable, prisoners must be provided with five hours of structured activity on each of five days in a week. In defining "structured activity" the Prison Rules include work, vocational training, education or "programmes intended to increase the likelihood that a prisoner, when released from prison, will be less likely to re-offend or better able to re-integrate into the community."

The concept of "structured activity" as referred to under Irish law[106] does not fully capture the potential impact that engagement with purposeful activity can have for people in prison. The notion of "purposeful activity" goes further and, alongside the aim of preparing people for re-integration into the community, promotes active community engagement by people in custody. Purposeful activity should benefit prisoners during their period of imprisonment, as well as support their rehabilitation and reintegration outcomes. The CPT has proposed that "a wider definition of purposeful activity should be developed on the basis that purpose is defined by the impact on an individual, rather than the nature of the activity and as such a wider range of formal and informal, individual and group activities can be considered purposeful.[107]

[106] Prison Rules, 2007-2020, Rule 27(1).
[107] CPT (2022) Report to the United Kingdom 2021, ¶51.

Incentivised Regimes

5.4 Engagement with purposeful activity directly relates to the IPS Incentivised Regimes Policy, which designates prisoners as being on either a Basic, Standard or Enhanced regime.[108] The different regime levels correspond to prisoners' weekly phone call allocation, their cell assignment in the prison and their weekly gratuity rate.

The Incentivised Regime Policy allows for flexibility in application across prisons, and defines engagement with services as:

> "regular participation in education activities under the auspices of the prison education centre, work/training activities under the auspices of the Industrial Manager or equivalent and/or offender programmes and/or activities under the auspices of the Psychology and/or Probation Services or approved in-reach services. Certified attendance at activities outside the prison as part of an agreed programme will also confer eligibility."

While the Irish Prison Service Incentivised Regimes Policy does not allow for prisoners to be penalised if prison operations result in prisoners not being able to attend a scheduled activity, it does make clear that: "prisoners on waiting lists for structured activity will not be eligible for the enhanced regime." Where access to activities is limited in a prison, there is a subsequent impact on access to the Enhanced regime, and therefore on access to family contact and gratuity payments.

5.5 In Mountjoy Men's Prison, 46.8% of prisoners (352) were on the Enhanced regime, 43.4% (326) were on the Standard regime and 9.8% (74) were on the Basic regime.

In the Training Unit, 95% of prisoners were on the Enhanced regime and 5% were on the Standard regime.

Work Training

5.6 The Prison Rules 2007-2020 provide that work training activities should be available to prisoners in order to ensure that individuals can effectively reintegrate into the community.[109] Work should be viewed as a positive element of the prison regime and prisoners should have the opportunity to choose the type of employment with which they would like to engage.[110] The 2020 European Prison Rules and 2015 UN Mandela Rules establish that a systematic programme of work should be in place, and that prisoners have the opportunity to work.[111] Work should increase opportunities to earn a living after release.[112]

Essential Work

5.7 In May 2022, the Office of the Inspector of Prisons assessed work-training provision in Mountjoy Men's Prison as part of a thematic inspection carried out in partnership with the Department of Education Inspectorate.[113]

[108] The IPS Incentivised Regimes Policy (2012) provides for differentiation of privileges between prisoners according to their level of engagement with services and quality of behaviour.
[109] Prison Rules 2007-2020, Rule 27(2).
[110] European Prison Rules (2020), Rule 26 6
[111] European Prison Rules (2020), Rule 105.1 and UN Mandela Rules (2015), Rule 96.1
[112] European Prison Rules (2020), Rule 26.3
[113] Office of the Inspector of Prisons in partnership with DE Inspectorate (2022) Thematic Inspection on Education & Work Training..

At the time of the General Inspection of Mountjoy Men's Prison, in November/December 2022, the Irish Prison Service was developing an Action Plan to address recommendations made by the Inspectorate.

Unfortunately, many of the recommendations made in relation to Mountjoy Men's Prison as a result of the thematic inspection in May 2022 remained unaddressed at the time of the General Inspection in November/December 2022.

5.8 Similar to the situation in May 2022, there was limited access to work training in all areas of Mountjoy Men's Prison in November/December 2022.[114] Essential work production areas included catering (kitchen, bakery and staff mess), laundry, industrial cleaning (which included cleaning on landings) and waste management; all of which operated in the prison on a daily basis.

5.9 Across Mountjoy Men's Prison there were 210 work-training places: 120 of which were available to prisoners in the Main Prison, 80 in the Progression Unit, and ten in the Medical Unit on a daily basis (as of 28 November 2022). This meant that in total 24% of the prisoner population in the Main Prison, 40% of the prisoner population in the Progression Unit and 19% of prisoners in the Medical Unit had access to work training places.

5.10 In response to a previous recommendation made by the Inspectorate to increase access to work training, in particular for prisoners on protection (Rule 63) and prisoners in the Medical Unit, the Irish Prison Service stated "There is an opportunity for employment as cleaners and librarians (Medical Unit only) and for Protection landings (subject to resources)."

However, in late 2022, prisoners on protection regimes continued to engage in work training on a limited basis, which was mainly confined to work on the landings. This did not provide for meaningful work opportunities, nor did it allow for prisoners to choose the type of work they wished to participate in, in line with Rule 26.6 of the European Prison Rules.

5.11 While 71% of prisoner survey respondents (27 of 38) in the Training Unit reported being engaged in work in the prison, only 38% of survey respondents in the Main Prison (31 of 81) reported participating in work. Of the 62% of Main Prison survey respondents not engaged in work, 52% (26 of 50) indicated they had signed-up but did not get assigned to work.

5.12 The external timetable structure for completion of work training courses impacted on the ability to offer some courses to prisoners. Prisoners were waitlisted for engagement on these courses based on their release dates to ensure they were relevant and beneficial to the prisoner upon release.

5.13 Despite a recommendation made to the Irish Prison Service to develop and adopt a Work Training policy or strategy, **no Work Training policy or strategy was in place at the time of the November / December 2022 General Inspection.**

[114] Office of the Inspector of Prisons in partnership with DE Inspectorate (2022) Thematic Inspection on Education & Work Training, pp.42-44 and pp.48-49.

5.14 Low gratuity levels had a negative financial impact on prisoners and their families. Prisoners engaged in essential work were provided with an "Approved Working Gratuity", which was established in 2012 at €3.50 each week. The maximum weekly gratuity amount a person in prison could earn was €18.90 (€15.40 "Enhanced Gratuity" + €3.50 AWG), which was only available to prisoners on the Enhanced incentivised regime who also carried out essential work in the prison. The lowest amount of weekly gratuity was €6.65 each week for prisoners on the Basic regime.

In the Main Prison, 83 of 499 people (17%) received the €18.90 gratuity, as did seven people (13%) in the Medical Unit, 89 people in the Progression Unit (43%) and 48 people in the Training Unit (60%).

Gratuity levels had not been reviewed since 2012, despite an increase in inflation.[115] With respect to the 2022 Education and Work Training Thematic Inspection, the Inspectorate recommended to Irish Prison Service Headquarters that: "*The Irish Prison Service should review and update its Prisoner Gratuities and Private Cash Policy to ensure it aligns with Rule 28.4 and Rule 105.4 of the revised European Prison Rules."* In February 2023, the Irish Prison Service committed to review the Prisoner Gratuities and Private Cash Policy and update the Inspectorate as appropriate, with a completion timeline of Quarter 3 2023.

Workshops

5.15 Only one workshop, a fabric workshop, was available to prisoners in the Main Prison. While it facilitated access to work training for a small number of prisoners, the workshop was frequently closed. For example, over the period of October to December 2022, the fabric workshop was only open on 14 out of 37 days.

Over the same period, the only available workshop in the Progression Unit, the industrial skills workshop, was only opened on ten out of 37 days. All of the other workshops that had previously been available in the prison, such as construction and joinery, remained completely closed over the same 37-day period.

5.16 People accommodated in the Medical Unit did not have access to any workshops, and only a small number were engaged in essential work within the confines of the prison landings.

5.17 The new barista course, which was a collaborative initiative between work training and the school in the Progression Unit, was in final stage plans and due to be operational in the Main Prison before end of 2022. This initiative is very welcome, as are the driving simulator and horticulture initiatives, as they afford prisoners opportunities to gain relevant skills that may benefit them on their release from prison.

In providing an update to the Inspectorate on its progress to implement a previous recommendation, Mountjoy Men's Prison senior management reported that courses made available to prisoners were identified based on the current job market, with business plans submitted to the Care and Rehabilitation Directorate of the Irish Prison Service. However, there were limited examples of these opportunities available within the prison, with the exceptions of the driving simulator and barista courses which were offered to a small number of prisoners.

[115] See, OIP (2023) Education and Work Training Thematic Inspection Report, section 2.21.

Collaboration and Benefits for Release

5.18 In relation to the Training Unit, initiatives such as the Men's Shed provided opportunities for men in the prison to engage communally and also make items such as art frames, benches and pallet art, as well as to help restore furniture. This type of work provided people in the Training Unit with a sense of purpose, achievement, and fulfilment

5.19 In order to promote best outcomes for people in prison, rehabilitation programmes and services should actively collaborate to identify and carry out prisoner initiatives.

5.20 While 55% of prison staff rated the quality of vocational training for prisoners as good, some staff raised concerns about the capacity of the prison to provide rehabilitation opportunities to people in custody, particularly given closures of workshops and the Main Prison school, as well as limited access to services. Members of staff stated:

> *"There are no workshops open, which would give prisoners pride in new skills, purpose in their day, kill the boredom which would in turn keep them away from the drugs, due to boredom. No school, no drug treatment, Psychology and Psychiatry services seriously lacking, waiting list is a disgrace. We're supposed to rehabilitate, we're causing more problems."*

> *"Irish Prison is not about rehabilitation. It's about keeping them quiet when inside. There is not enough regime or discipline to aid prisoners learning genuine coping skills for the outside."*

> *"Prisoners should have workshops open and more choice. There isn't enough employment or workshop facilities. Workshops, school and gyms are closed regularly due to staff shortages. This directly affects the mental well-being of prisoners."*

5.21 In December 2022, the Inspectorate recommended to Irish Prison Service Headquarters, with respect to the Dublin-area prisons inspected that year, that education and prison management teams, with the assistance of the Education and Training Board, should work more closely to further align the educational and training programmes with the needs of the students and requirements of future employers.[116]

The Inspectorate considers that increased collaboration between the prison and education services is necessary to foster and promote an effective rehabilitation programme in Mountjoy Men's Prison.

5.22 Work Training Assessment

Over half of prisoner survey respondents in the Progression Unit and Training Unit felt that the education and work activities completed in the prison would be of benefit to them upon their release from custody. However, many prisoners in the Main Prison did not feel these activities would be of benefit upon their release, as there were limited work training opportunities available in the prison.

Prisoners engaged in essential work were inadequately compensated, and the 2012 IPS Prisoner Gratuity and Private Cash Policy required review and updating.

[116] IPS (2023) Recommendation Action Plan in Response to Education and Work Training Thematic Inspection Report (April – June 2022), Rec ID HQEDWT15.

Workshops were frequently closed, often on a long-term basis, and staff trained to facilitate work training were often redeployed to posts that were not focused on prisoner engagement and rehabilitation.

There were some good work training initiatives across Mountjoy Men's Prison and Training Unit, including the Men's Shed, barista course, SafePass course and driver simulator course; however, they were available to a very limited number of the people living in the prison.

There had been no improved access or provision of work training in the Main Prison or Progression Unit since the Inspectorate's Thematic inspection in May 2022.

5.23 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Repeat Recommendation HQEDWT5 (2022): The Irish Prison Service should review and update its Prisoner Gratuities and Private Cash Policy to ensure it aligns with Rule 28.4 and Rule 105.4 of the revised European Prison Rules.

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-16: The Regime Management Plan with respect to Mountjoy Men's Prison should be thoroughly reviewed in order to ensure that prisoner-facing posts that facilitate involvement in purposeful activity are more appropriately prioritised. [See also HQEDWT4]

Repeat Recommendation (Progression Unit) MJPUEDWT1: In line with Rule 111 of the Prison Rules 2007-2020, the Governor of Mountjoy Prison should ensure that all prisoners in the Progression Unit have access to a structured programme of training.

Repeat Recommendation (Progression Unit) MJPUEDWT4: The Mountjoy Prison Governor should expand work training activity and ensure the option of accredited certification is available for people in custody in the Progression Unit, with a particular focus on people who do not already have a certification and/or vocational experience.

Repeat Recommendation (Main Prison) MJMEDWT2: The Governor of Mountjoy Prison should take all necessary action to guarantee that all prisoners, in particular prisoners on protection, are provided with a minimum of five hours of purposeful activity for five days per week, in line with Rule 27(3) of the Prison Rules 2007-2020. Mountjoy Prison should work towards the CPT's recommended minimum eight hours out-of-cell time for prisoners engaged in purposeful activities.

Repeat Recommendation (Main Prison) MJMEDWT4: The Governor of Mountjoy Prison should ensure facilitation of certification for prisoners in all work training activities, with particular focus on protection prisoners and prisoners in the Medical Unit who have little to no opportunity to access and achieve vocational certification.

Library

5.24 Under Rule 110(6) of the Prison Rules 2007-2020, a library and information centre should be provided for in each prison. There should be regular access to a wide range of informational, educational and recreational resources catering for the needs and interests of prisoners. Furthermore, Rule 110(7) states that each prisoner shall be entitled to avail of the library service at least once a week and "be actively encouraged to make use of it". Rule 28.5 of the European Prison Rules (2020) sets out that "Every institution shall have a library for the use of all prisoners, adequately stocked with a wide range of both recreational and educational resources, books and other media."

5.25 Prisoner access to the library in the Main Prison was limited, as it was contingent on the opening of the school and the availability of a prison officer.[117] Access in the Progression Unit, however, was better due to the location of the library on the prison landings and the designation of prisoners to the running of the library.

There was no library available in the Training Unit, although books were freely displayed in areas accessible to prisoners.

5.26 In November 2022, there were a total of 117 visitors to the Main Prison library. The days in which the library was open aligned with prisoner engagement with external groups which were facilitated in the library. The library was very rarely opened in the evening to allow prisoners to attend during the evening out-of-cell period.

5.27 The prison library service was connected to the community and was underpinned by a Service Level Agreement between Dublin City Library and the Irish Prison Service; in line with Rule 28.6 of the Revised European Rules which provides that, "the prison library should be organised in co-operation with community library services". Librarians assigned to the prison were limited to core functions and were supported by prisoners acting as librarian assistants to issue, return or re-issue books.

5.28 In February 2023, Irish Prison Service Headquarters and the Governor of Mountjoy Men's Prison provided an Action Plan to address challenges with library access in the prison. A recent review of library services included recommendations to ensure "book stock will be held on landings as an alternative for prisoners having limited library access. Prisoners will be able to change and loan books from this stock on a consistent basis."[118]

5.29 **Library Assessment**

Access to the library in the Main Prison was limited as it was contingent upon the school being open and a school officer being available to open the library. This was not in line with Rule 110 (7) of the Prison Rules, 2007 which states that prisoners should be able to avail of a library service at least once a week.

The location of the library in the Progression Unit assisted in increasing access for prisoners.

The Training Unit did not have a library, although books were made available across the prison.

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[117] OIP (2023) Thematic Inspection on Education and Work Training, paragraph 2.16.
[118] IPS (2023) Recommendation Action Plan in Response to Education and Work Training Thematic Inspection Report (April – June 2022), Recommendation ID MJMEDWT3.

5.30 RECOMMENDATIONS

To the Governor of Mountjoy Men's Prison:

Repeat Recommendation (Main Prison) MJMEDWT3: In line with Rule 110 of the Prison Rules 2007-2020, the library should be consistently open, and prisoners who do not attend school should be facilitated to access library services on a consistent basis.

Repeat Recommendation (Progression Unit) MJPUEDWT3: In line with Rule 110 of the Prison Rules 2007-2020, the Mountjoy Prison Governor should ensure that all prisoners in the Progression Unit are able to access library services on a consistent basis.

Exercise

5.31 The Prison Rules 2007-2020 require that prisoners should be provided with ample opportunities for outdoor exercise, at a minimum one hour per day, and alternative indoor exercise arrangements should also be available.[119] Access to exercise is a fundamental right, with the CPT highlighting access to one hour of outdoor exercise as a key component of a minimum decency threshold.[120] Access to outdoor exercise is also crucial for the mental and physical well-being of prisoners who have limited access to natural light and fresh air, with few chances to socialise.[121]

Yards

5.32 There were 15 exercise yards in Mountjoy Men's Prison, not all of which were open on the days of the inspection. Exercise yards in the prison were bleak, grey and dirty; there was no greenery in the yards. They did not contain any benches and there was no shelter from inclement weather. If it began to rain, prisoners who had chosen to take exercise were not permitted to return to their cells. As a result, some prisoners choose not to go outdoors. There were no amenities provided in the yards, such as exercise equipment. However, an astro-turf yard was available to some prisoners accommodated in the general prisoner population.

5.33 Prisoners on protection (Rule 63) had limited access to exercise in the yards. One large yard in the Main Prison, which was designated for prisoners on protection, had been closed since March 2022. A roster system was in place that permitted six of eight protection prisoner groups to access the yard on a daily basis.

One of the small yards was closed at the time of inspection due to an incident that had occurred during the inspection. The closure of this yard meant that some protection prisoners only received a maximum of 45 minutes a day of outdoor exercise.

The allocation of time for outdoor exercise for the majority of prisoners on protection did not meet the statutory legal requirement of Rule 32 (1) of the Prison Rules 2007-2020: *"Each prisoner not employed in outdoor work or activities shall be entitled to not less than one hour of outdoor exercise in the open air each day, provided that having regard to the weather on the day concerned, that it's practicable."*

[119] Prison Rules 2007-2020, Rules 32(1), 32(2), and European Prison Rules (2020) Rule 27.
[120] CPT (2021) A Decency Threshold for Prisons-Criteria for Assessing Conditions of Detention.
[121] Association for the Prevention of Torture, Outdoor Exercise.

5.34 **The conditions of Mountjoy Men's Prison's exercise yards were very poor.** One small yard used by prisoners in on A wing of the Main Prison had no lighting or shelter and the toilet conditions were filthy, as previously identified by the Inspectorate in 2021.[122] Toilets and sinks were blocked and broken, and there were many reports of the presence of rats in the yards. As the toilet facilities were extremely unsanitary and reportedly used for consumption of narcotics, some prisoners resorted to urinating outside in the yards, some of which stank of urine.

5.35 In contrast to the yards in Mountjoy Men's Prison, people in the Training Unit had access to a large outdoor courtyard and garden area, which was green, bright and encouraged activity and engagement. Visitors could make tea and coffee when attending the prison, and men could walk freely around the grounds.

Recreational Areas

5.36 Of the recreational areas available to prisoners in the Main Prison and Medical Unit all were of a poor standard. They contained only basic furnishings and limited activities were on offer to prisoners. For example, one recreation room contained a phone, a fixed table and chairs and a television on the wall. Another recreation room contained two fixed tables and some fixed chairs. The only activity available and provided to prisoners in these areas was a deck of grubby playing cards.

5.37 The conditions in Mountjoy Men's Prison were in stark contrast to a spacious recreation area available to men in the Training Unit. The recreation area in the Training Unit was big, bright and airy and contained soft furnishings.

There was an indoor exercise area and activities such as pool, table tennis, a television and books. Prisoners in the Training Unit also had opportunities to participate in a book club and a bridge club.

Gyms

5.38 Gyms observed across the prison were in good condition, and contained a wide variety of gym equipment. However, frequent gym closures, over many months in Mountjoy Men's Prison, had led to frustration amongst prisoners.

5.39 Between October and December 2022, the gym in the Medical Unit was only open for 14 of 37 days. The gym in the Progression Unit operated 20 full days and two partial days out of 37.

One gym designated for prisoners on protection in the Main Prison was open 17 full days and two partial days of the 37 days.

The gym for the general prisoner population was open for 18 full days and one partial day out of 37 days.

Due to a lack of regular access to the gyms, some prisoners had created informal exercise space on the landings.

[122] Office of the Inspector of Prisons. (2021) COVID-19 Thematic Inspection of Mountjoy Men's Prison. p. 38

5.40 The Park Run, which allowed people from outside of the prison to register and do the Park Run in tandem with prisoners from the Progression Unit, was a positive initiative. However, access to this activity was limited to a very small number of prisoners, and prisoners not partaking in the event (which was the vast majority) were locked in their cells until 10:00, until the completion of the event.

5.41 Access to exercise for prisoners did not meet Rule 32(2) of the Prison Rules 2007-2020 which establishes that "in so far as practicable, each prisoner shall be permitted to have access to, and the use of, indoor space and equipment, suitable for physical recreation, exercise or training, and shall be provided with appropriate instruction where necessary."

5.42 Exercise Assessment

Exercise conditions in the Training Unit were an example of good practice in terms of the quality of space available to prisoners, such as the recreational area and the outdoor courtyard which was bright and airy.

In contrast, yards and recreational areas available to people in Mountjoy Men's Prison were bleak, in poor condition, devoid of colour and lacked exercise equipment and some stank of urine.

Access to the gym was consistently curtailed, and was a source of much frustration for prisoners.

5.43 RECOMMENDATIONS

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-17: The Governor of Mountjoy Men's Prison must ensure that all prisoners, irrespective of their regime status should have access to, at minimum, one-hour outdoor exercise in accordance with Rule 32(1) of the Prison Rules 2007-2020. This includes the re-opening of the large yard for protection prisoners on B-wing. The Governor must also ensure regular, frequent and equitable access to gym equipment for prisoners.

Recommendation MJ22-18: The Governor of Mountjoy Men's Prison should improve the environment, including green space and cleanliness, and amenities available in yards and recreation areas across Mountjoy Men's Prison. Efforts made to improve conditions should be made in consultation with prisoners and prison staff.

B. Education

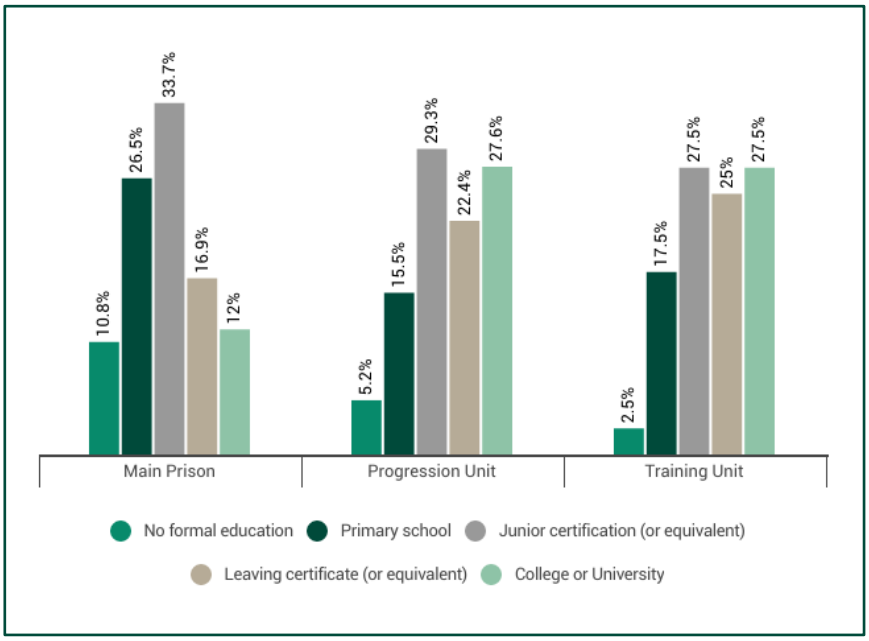
5.44 International human rights standards, such as the Universal Declaration of Human Rights, establish a right to education for everyone.[123] Access to systematic education programmes in prison is provided for under the European Prison Rules (2020) and Irish law.[124] Appropriate facilities for education and training should be available, accessible, and being utilised. Prisoners should be encouraged to access educational opportunities and where necessary, receive extra assistance to do so.[125] Barriers to participation should be identified, analysed, and addressed to ensure equal access to education for everyone.

The Office of the Inspector of Prisons collaborated with the Department of Education Inspectorate in May 2022 to assess the quality of education provision in Mountjoy Men's Prison.[126]

5.45 At the time of the General Inspection in November / December 2022, prisoner survey respondents reported the following education levels (**Figure 7**).

Figure 7: Prisoner Reports - Education Levels, (by Part of Prison) (%)

(n = 83, 58, 40)



5.46 Each area of the prison was equipped with a school facility. The school in the Main Prison was shared between the general prisoner population and protection prisoners. Teachers associated with the Main Prison also worked with people accommodated in the Medical Unit on an *ad hoc* basis. The school in the Medical Unit had been closed for an extensive period of time and the school in the Progression Unit was the main activity centre for prisoners.

At the time of inspection, the Training Unit school was not fully operational. However, there were some activities such as choir practice operating in classrooms.

[123] UDHR (1948) Article 26.
[125] European Prison Rules (2020), Rule 106 and Prison Rules 2007-2020, Rule 110.
[126] Education and Work Training Report, Chapter 5(B).

5.47 The Progression Unit school was regularly open (with only five closures in six months). However, the Main Prison school was often closed and inaccessible to people in prison. This school was open in the morning and afternoon periods on the first day of the general inspection. In the months leading up to the inspection, the school in the Main Prison experienced numerous closures. For example, in September 2022 the school experienced ten full days of closures and eight days of partial closures. In October 2022, the school experienced 2 full days of closures and 13 days of partial closures.

Both the Main Prison and Progression Unit schools frequently experienced a reduction in daily engagement time. For example, on one afternoon a school opened at approximately 14:20 (instead of the scheduled 14:00 start time) and prisoners returned from the school to the Progression Unit at 15:45 (rather than the scheduled 16:00 finish).

5.48 The unique number of students who attended the Main Prison school on 28 November 2022 was 128 of 498 (26% of the population). The number of students who attended the school in the Progression Unit on the 28 November 2022 was 48 of 199 (24% of the population).

5.49 Prisoner survey respondents reported varied experiences of engagement with the school. While the majority of prisoner survey respondents in the Main Prison (75%, 60 of 80) and Progression Unit (80%, 46 of 57) reported engagement with the school, only 50% of respondents (19 of 38) in the Training Unit reported similarly; however this level of engagement may have been attributed to the older demographic cohort in the Training Unit, as well as the recent re-opening of the Training Unit where the school was not yet fully operational.

5.50 Given that work training opportunities were limited in the prison (particularly workshops leading to certification), daily engagement with the school was the only form of purposeful activity for many prisoners.

5.51 Engagement with the school was identified as one of the five main positive things in the prison by staff and prisoner survey respondents. However, **regular closures of the school impacted on student progression, including an increased length of time to complete courses.** Closures also impacted on completion of assignments, as students could not print out their education materials to review in their cells if they had no access to the school.

5.52 Prisoners on protection were not provided with equal access to the school. When opened, prisoners in the general population were timetabled to attend school over five sessions a week. Some protection prisoners were only timetabled to attend school twice a week, while others were timetabled three times a week for either morning or afternoon sessions. Sessions could reportedly be as short as 30 to 45 minutes.

5.53 Education Assessment

Many prisoners participated in the school and prisoner survey respondents rated the school as one of the top five positive things in the prison. However, frequent disruptions to schedules and school closures impacted on prisoners' access to education.

In addition, prisoners on protection regimes had very limited access to school, some with as little as two sessions per week. These sessions could also be impacted by closures resulting in no access to education for some weeks.

5.54 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Repeat Recommendation HQEDWT13 (2022): In the prisons where there are significant issues in relation to student access to the school, teachers are faced with a more challenging work environment. The challenges are due to having to deal with the unpredictability of the opening of the school, the erosion of the start and finishing times, the inaccessibility of accommodation and resources, and difficulties in providing outreach support for the most vulnerable students. While it is accepted and understood that safety and security are prioritised, a plan should be developed and put in place, to ensure that the teachers are facilitated to do their work without impediment, for as much of the school day as possible.

Repeat Recommendation HQEDWT14 (2022): It is recommended that further access to technology for learning should be provided for students in their cells. IT is currently being used successfully as a learning tool in prisons in other jurisdictions, this experience could be researched by IPS and ETBI as a potential support to implementing this recommendation.

Repeat Recommendation HQEDWT15 (2022): The schools included in this thematic inspection of education and their respective prison management teams, with the assistance of the CDETB, should work more closely together to further align the educational and training programmes with the needs of the students and requirements of prospective employers.

C. Contact

5.55 Maintaining relationships, inside and outside of prison, is essential for prisoners' wellbeing and also successful re-integration into the community upon release from prison.

International human rights standards and national legislation set out requirements for how contact is to be promoted and maintained for people in prison, with the objective being to ensure a minimum level of meaningful engagement for prisoners with other people in prison and with family and friends outside of prison.

Meaningful Human Contact in Prison

5.56 The Irish Prison Rules 2007-2020 provide that all people in prison should have access to daily meaningful human contact, which is defined as "interaction between a prisoner and another person of sufficient proximity so as to allow both to communicate by way of conversation".[127]

[127] Prison Rules 2007-2020, Rules 27(1) and 27(4).

As provided for under Irish law, all prisoners should have at a minimum two hours out-of-cell time with an opportunity during that period for meaningful human contact.[128]

The University of Essex and Penal Reform International[129] have expanded on this to provide a better sense of what may be considered meaningful human contact in the context of the prison:

Meaningful human contact:

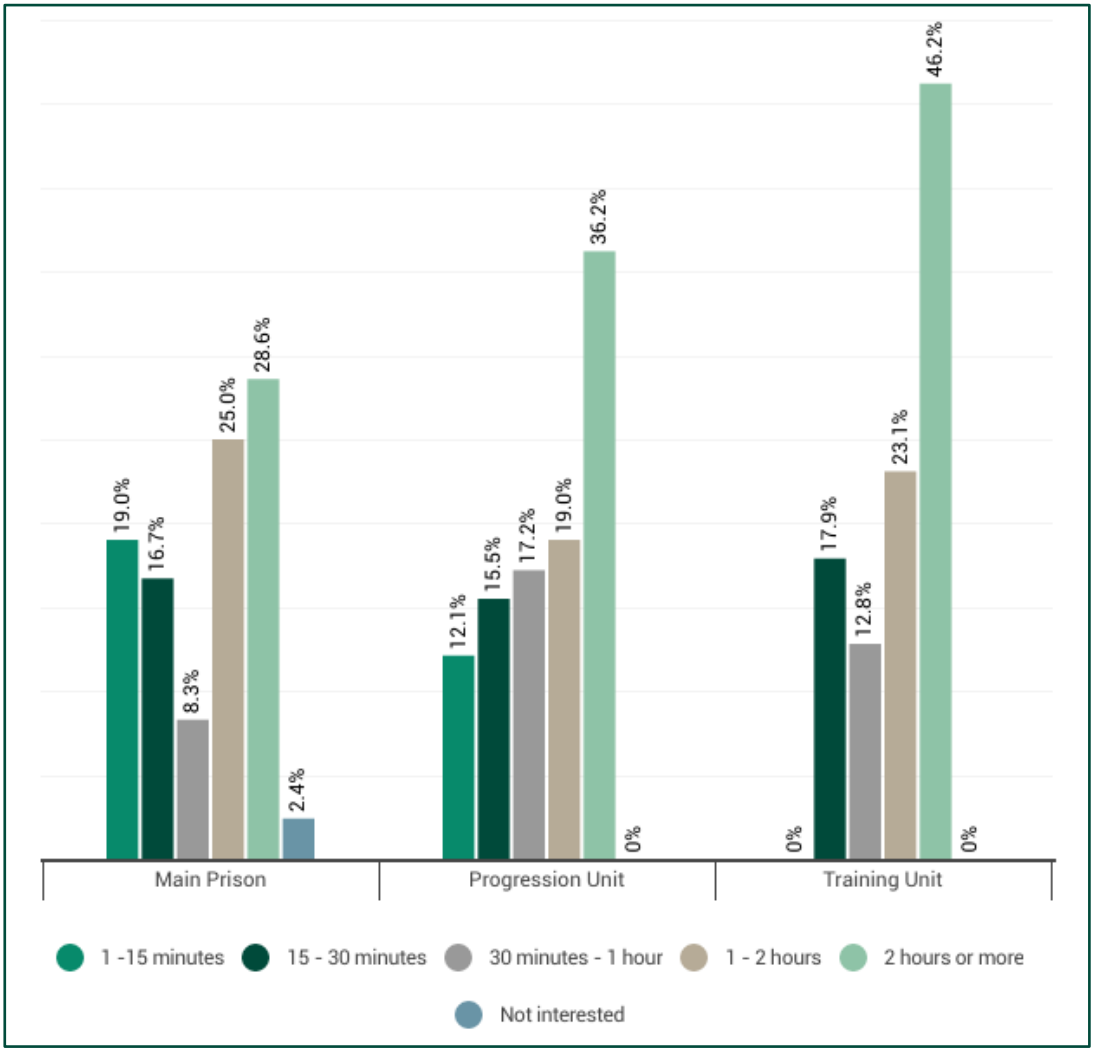
- may be provided by prison or external staff, individual prisoners, family, friends, or a combination;
- is carried out directly, face-to-face, allowing for social interaction;
- must not be limited to interactions related to criminal investigations or medical necessity;
- does not include when prison staff deliver a food tray, mail or medication to the cell door; and
- does not include situations where prisoners are only able to communicate by shouting at each other through cell walls or vents.

It follows that meaningful human contact cannot simply be equated with out-of-cell time, but rather an assessment of meaningful human contact should consider engagement with staff, prisoners and family or friends that is face-to-face, substantive and is not purely transactional.

[128] See S.I. 276/2017 – Prison (Amendment) Rules 2017 Meaningful human contact is defined in the legislation as interaction between a prisoner and another person of sufficient proximity so as to allow both to communicate by way of conversation.
[129] Essex Paper 3 Initial Guidance on the Interpretation and Implementation of the UN Nelson Mandela Rules (2017).

5.57 Access to meaningful human contact reported by people in prison who responded to the survey varied across Mountjoy Men's Prison and the Training Unit (**Figure 8**).

Figure 8: Prisoner Reports of Access to Meaningful Human Contact, by part of prison (%)
(n = 84, 58, 39)



5.58 Whereas nearly half (46%) of prisoners in the Training Unit reported they had two or more hours of meaningful human contact each day, only 29% of people in the Main Prison and 36% in the Progression Unit reported similarly. With respect to the Progression Unit, which is by design intended to encourage increased engagement, the amount of meaningful human contact reported is particularly low.

Taken together, 65% of people in Mountjoy Men's Prison and the Training Unit (119 of 182) who responded to the survey reported engaging in two hours or less of meaningful human contact each day.

5.59 Prisoner survey respondent reports of access to meaningful human contact contrasted starkly with requirements set out in Rule 27(1) of the Prison Rules 2007-2020, which states that *all* prisoners are entitled to two hours out-of-cell time and *"shall have an opportunity during that time for meaningful human contact, including, at the discretion of the Governor, contact with other prisoners."*

5.60 There were spaces and forums available to prisoners in the Training Unit which allowed for meaningful engagement, such as the communal dining area and the recreational area.

However, there were limited spaces available for prisoners, particularly for prisoners on protection, to engage in meaningful contact in the Main Prison, given daily limited out-of-cell time. The high number of prisoners on protection in the Main Prison, as well as the composition of small sub-groups of protection prisoners, limited the amount of meaningful interaction prisoners on protection had each day. These small protection groupings also posed operational challenges for prison staff in ensuring that *all* prisoners received a minimum level of daily meaningful human contact. There were limited meaningful interactions observed by the Inspectorate between prison officers and prisoners on the landings.

The Inspectorate recommends that all staff maximise opportunities to interact with prisoners in a manner that is meaningful and supports their general welfare.

5.61 Meaningful Contact in Prison Assessment

Despite the unwinding of COVID-19-related restrictions, and a recommendation made by the Inspectorate in 2021 that: "Mountjoy Men's Prison develop and implement measures designed to mitigate the impact of restrictions imposed on prisoner exercise and interactions by Rule 32A of the Irish Prison Rules (…),[130] there remained challenges in ensuring all prisoners in Mountjoy Men's Prison were afforded a sufficient amount of meaningful human contact on a daily basis.

Across Mountjoy Men's Prison many prisoners were not engaging in a minimum of two hours of meaningful human contact each day.

Family Contact

5.62 The European Convention on Human Rights, Article 8, highlights the importance of the right of all people to a private and family life; this right is retained upon committal to prison. For people in prison, a core element of their capacity to re-integrate into society upon release from prison is their ability to maintain relationships with their family members.

International human rights law and standards also set out rights for the children of people in prison, which include the right to have their best interests protected, the right to development, the right to have their views respected and the right to maintain personal relations and have direct contact with their parents on a regular basis.[131]

[130] OIP (2021) COVID-19 Thematic Inspection of Mountjoy Men's Prison 1-4 March 2021.
[131] See UN Convention on the Rights of the Child and Council of Europe, Recommendation CM/Rec(2018)5 of the Committee of Ministers to member States concerning children with imprisoned parents.

5.63 People in Mountjoy Men's Prison were facilitated to engage in family contact through weekly visits (either in-person or video link), brief phone calls and censored correspondence. The amount of family contact each prisoner was permitted each week was dependent on their regime in the prison (see, section 5.5), which was in turn dependent on prisoner engagement with activities in the prison. In the event that there were not enough activities available in the prison for prisoner engagement, prisoners were unable to progress to a higher regime level and therefore had less opportunities for family contact.

Calls

5.64 The Prison Rules 2007-2020, Rule 46(2) sets out that convicted prisoners, subject to the availability of facilities, shall be entitled to make not less than one telephone call per week to a member of their family or to a friend. For unconvicted prisoners, this entitlement is increased to no less than five telephone calls each week (Rule 46(4)).

5.65 In addition to a solicitor, people in prison were permitted to make calls to persons listed on their call list, with all calls lasting a maximum of six minutes. Calls to family and friends ranged from three calls a week to two calls a day depending on the prisoner's regime.

The main issue raised by prisoner survey respondents (50%) was that "phone calls were not long enough".

5.66 There was no in-cell phone provision in Mountjoy Men's Prison or the Training Unit. **The Inspectorate welcomes plans for in-cell phones to be provided in Mountjoy Men's Prison in 2023**.[132]

5.67 As connections with family and friends are essential to the successful and positive re-integration of people in prison into the community upon release,[133] the Inspectorate considers **the phone call length and frequency of phone calls in Mountjoy Men's Prison, the Training Unit and all other prisons in Ireland, should be reviewed and increased.**

Visits

5.68 The Prison Rules 2007-2020, Rule 35(1) establishes that convicted prisoners "shall be entitled to receive by prior appointment not less than one visit from relatives or friends each week of not less than 30 minutes duration." Rule 35(3) sets out that unconvicted prisoners "shall be entitled to receive 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."

5.69 With the implementation of COVID-19 restrictions and amendments to the Prison Rules, since the beginning of March 2020, people in prison had not received their entitlement to a weekly visit for many months, as was originally provided for under Rule 35 of the Prison Rules 2007-2020.[134] At the time of the General Inspection, prisoners were permitted one in-person visit every two weeks, with alternative access to a video call every second week.

[132] Irish Examiner, 19 June 2022, Landline phones being installed in every prison cell in Ireland, *Irish Examiner.*
[133] Phonecalls have been found to improve family relationships. See section on the Prison Policy Initiative Research roundup: The positive impacts of family contact for incarcerated people and their families.
[134] Rule 35(1) of the Prison Rules, 2007 states "Subject to the provisions of these Rules, a convicted prisoner who has reached the age of 18 years shall be entitled to receive by prior appointment not less than one visit from relatives or friends each week of not less than 30 minutes in duration."

The absence of weekly in-person visits was a deep source of frustration expressed by many prisoners.

5.70 The quality of visits varied across Mountjoy Men's Prison and the Training Unit. For example, the conditions of the visit facilities in the Main Prison did not allow for open engagement with children. However, the visiting conditions in the Training Unit were very good, and included refreshments for visitors.

5.71 There were a number of obstacles surrounding the experience of booking and engaging in a visit:

i. The phone visit booking system was reportedly not fully operational and visitors often rang multiple times to arrange a visit. While an online booking system was in place, this did not support the needs of certain groups of visitors, such as those with literacy needs.

ii. Some family members did not have an official form of identification such as a passport or a driver's licence. A Public Service Card was not accepted as an official form of identification to participate in a visit, and resulted in family members being declined visits.

iii. In a number of instances, family members were refused entry to an in-person visit due to sensitive swabbing procedures. The impact of the current swabbing procedure deterred some family members from visiting.

5.72 With respect to the visitor swabbing procedure, visitors to Mountjoy Men's Prison encountered challenges with the ION scanner and swab procedure, which, as set out in the "OSG Security Screening Procedure", required all visitors to the prison to be "swabbed" for prohibited substances using an ION scanner prior to attending their visit. Prison staff were not required to undergo the swab procedure.

As part of this process, visitors who tested positive for prohibited substances were required to answer a questionnaire and consent to a pat down search. In the event that the physical search did not recover prohibited substances, the visitor was to be offered a screened visit (behind a partition) or the option of rescheduling their visit. The SOP did not allow for visitors to be swabbed more than once.

However, there were only two screened visit areas available in Mountjoy Men's Prison, and as a result these were not offered to visitors who had tested positive for prohibited substances but where these substances had not been located on their person. The only option provided to visitors was to reschedule the visit for another day.

5.73 Both prison staff and visitors reported that the scanner was excessively sensitive and not fit for purpose. Given the sensitivity of the swab procedure, relatives of people in prison informed the inspection team that they had taken to purchasing new clothes and changing their clothing upon arrival to the prison. Refusal of visits resulted in great emotional and financial costs for the families of prisoners, many of whom had taken time off work and travelled great distances to visit with their family member in prison.

The Irish Prison Service Operations Directorate issued direction to all prisons in October 2021 that the Governor of the prison (or their designate) may permit entry of any visitor to the prison. However, in the event of a positive swab, where the prison overrules the SOP, the direction to do so must be documented and transmitted to the Operations Directorate in Irish Prison Service Headquarters

Prison management was aware of the ongoing issue with visits and the ION scanner swabs, and in the course of the inspection issued an instruction to allow screened visits in circumstances where prohibited substances and materials were not recovered during a pat down search. Given the limited number of screened visit facilities, this was a less than ideal solution.

5.74 A review of the "OSG Security Screening Procedure" is required, so that where it is not possible to identify prohibited substances or materials on a visitor, the visitor should be permitted to engage in an ordinary visit with their relative in prison, as is their entitlement under the Prison Rules 2007-2020, Rule 35.

5.75 On 12 December 2022, three days after the conclusion of the on-site inspection visit, the Irish Prison Service announced the return of regular weekly in-person prison visits.[135] In-person visits were to be in place four days each week on a "trial basis" and would be reviewed to assess demand between in-person visits and video calls. In addition, video calls were also scheduled to occur on two days of each week. This is a very welcome development.

Also very welcome was the return of enhanced visits on 12 December 2022, which afforded a more open visit experience for prisoners on an Enhanced' regime.

5.76 Despite entitlements set out in the Prison Rules to ensure unconvicted prisoners be facilitated to received one visit per day of not less than 15 minutes, unconvicted prisoners in Mountjoy Men's Prison received the same weekly visit entitlement of 30 minutes as that afforded to convicted prisoners. This is completely unacceptable.

Correspondence

5.77 The Prison Rules 2007-2020, Rule 43, sets out that prisoners are entitled to send and receive letters from family and friends. Unconvicted prisoners, in addition, are entitled to send letters to other persons, as is necessary for the purpose of managing their affairs. Prisoners can send up to seven letters each week without cost.

5.78 Prisoners reported delays in sending and receiving post, and in some instances indicated that post had not been received.

Families of prisoners were not permitted to drop in postal packages to the prison, as was the practice prior to the imposition of COVID-19 restrictions. This added to the financial burden for families of prisoners, and had the impact of discriminating against persons with lower socio-economic means (see, section 2.73).

[135] Irish Prison Service, Entitlement to Weekly Physical Visits Restored in all Prisons.

On the first day of inspection (28 November 2022), in response to a Parliamentary Question, the Minister for Justice indicated that a reminder would issue to all prisons regarding the need to accept prisoner property from families during visits to the prison.[136] While prison management acknowledged that the restriction on receipt of packages at the prison was lifted, there was a lack of staffing availability to ensure that this could be facilitated.

5.79 Family Contact Assessment

Positively, weekly in-person visits returned to the prison in the days following the inspection.

Family contact in the prison could be improved as frequency and length of calls were limited, particularly for prisoners on lower regime levels. In this respect, the prison should find ways to further encourage and promote family contact such as the rollout of in-cell phone provision and the adoption of Cork's Prison's family call-in initiative.

The current policy on visitor screenings requires review as it: (i) allowed for inconsistency in application across prisons, (ii) did not account for the over-sensitivity of the ION scanner used to screen visitors; and (iii) disproportionately infringed on prisoners' rights to receive not less than one visit from relatives or friends each week.

Further, prison staff were not screened for contraband using the ION scanner swab process, although prison visitors were required to undergo this procedure.

5.80 RECOMMENDATIONS

To the Director General of the Irish Prison Service:

Recommendation DG22-12: The Director General of the Irish Prison Service, and in particular the Operations Directorate, should review the 2020 "OSG Security Screening Procedure" to ensure the current contraband-detection and visitation procedures are suitably positioned to meet the needs of the prison while also considering and prioritising the rights of prisoners to receive visits, as is their entitlement under Rule 35 of the Prison Rules 2007-2020.

Recommendation DG22-13: In order to facilitate and strengthen the right to family contact, the Irish Prison Service should increase the length of phone calls.

Recommendation DG22-14: The Irish Prison Service should review the application in practice of the Prison Rules 2007-2020, Rules 35(3) and 46(4) across the prison estate, to ensure the rights of unconvicted prisoners are fulfilled, particularly with respect to telephone calls and visits.

[136] Houses of the Oireachtas, Prison Service, Tuesday 29 November 2022.

6 RESETTLEMENT

6.1 The Prison Rules 2007-2020, Rules 61 and 75, establish a role for the Governor to advise and assist prisoners to prepare for release from prison.[137] As part of this responsibility, the Rules set out that

> "The Governor shall co-ordinate the delivery of all services to prisoners and ensure, in so far as is practicable, the preparation and implementation of sentence management plans incorporating plans for their reintegration into society. The Governor shall endeavour to ensure that the persons engaged in the delivery of such services and the preparation and implementation of such plans co-operate with one another in such delivery, preparation and implementation."

Similarly, Rule 85, sets out that prison officers have a duty to conduct themselves in such a manner as to contribute to the rehabilitation and reintegration into the community of people in prison.

6.2 Drawing on national legislation and international standards, the Inspectorate evaluates the prison's *Resettlement* performance across two themes:

A. Preparation for Release: provision of in-prison pre-release supports such as sentence planning and management, including engagement with services

B. Release: utilisation of early release schemes and the prison discharge process

A. Preparation for Release

6.3 Prisoners sentenced to more than one year of imprisonment are eligible for sentence planning supports provided by Integrated Sentence Management (ISM) officers. The role of the Integrated Sentence Management (ISM) officer is to (i) prepare a sentence plan for newly committed prisoners serving a sentence over one year, and (ii) develop a sentence plan for individuals preparing for release.

The sentence plan is referred to as the Personal Implementation Plan (PIP), which is a yearly sentence plan. Various services input into an individual's PIP, including education, psychology and resettlement services. The objective of the PIP is to set out goals for prisoners to accomplish over the course of their imprisonment.

6.4 As of 28 November 2022, 136 people in the Main Prison, 86 people in the Progression Unit and 20 people in the Medical Unit had a PIPs plan. Overall, prisoners had at least some level of engagement with Integrated Sentence Management officers.

6.5 However, the PIP process was not operating to its potential in Mountjoy Men's Prison for a number of reasons:

[137] Prison Rules 2007-2020, Rules 58 and 61.

- Prisoner engagement with Integrated Sentence Management officers was not adequate. There were only three ISM officers for a population of over 700 prisoners, and these posts were redeployed on a frequent basis. For example, 58 days (39%) ISM engagement days were lost in Quarter 3 of 2022 due to redeployment.
- Input by service providers was not carried out in a manner sufficient to progress the PIP. A PIP was only active for a period of 12 months and if recommendations, such as engagement with a particular service were not implemented, the PIP was placed "on hold". Extensive waitlists, such as an up to three-year waitlist to engage with particular psychology services, impacted on PIP progress.

6.6 In addition to developing PIPs, ISM officers also prepared Community Integration Plans (CIPs) as part of preparation for a prisoner's release from prison. As of 28 November 2022, 74 prisoners in the Main Prison, ten prisoners in the Medical Unit and 29 prisoners in the Progression Unit had a CIP plan.

6.7 In total, there were 350 prisoners on the waiting list for Personal Implementation and Community Integration Plans.

6.8 Given extensive services waitlists and the redeployment of staff, there was limited opportunity for prisoners to engage with and provide input into their Personal Implementation Plans and Community Integration Plans. Furthermore, there was no evidence of recorded engagement between ISM officers and Class Officers on landings, who may be best situated in their day-to-day relationship with prisoners to ensure the delivery and the implementation of PIPs.

6.9 Preparation for Release Assessment

While there were three ISM officers designated to facilitate the sentence management of prisoners, this was not adequate to meet the needs of the prisoner population. Further, long waitlists and redeployments of staff impacted negatively on the ability of prisoners to progress in their Personal Implementation and Community Integration Plans.

6.10 RECOMMENDATION

To the Governor of Mountjoy Men's Prison:

Recommendation MJ22-19: In line with Rule 75(6) of the Prison Rules 2007-2020, the Governor of Mountjoy Men's Prison, and all operational and service staff, should coordinate to ensure the timely and effective preparation and implementation of prisoner sentence and community reintegration plans.

B. Release

Early Release Schemes

6.11 The Criminal Justice (Temporary Release of Prisoners) Act 2003 allows the Minister for Justice to release persons from custody temporarily for a number of reasons, including assessing the person's ability to reintegrate into society upon release, as well as preparing them for release upon the expiration of their sentence of imprisonment.[138]

The Minister for Justice may justify the release of a prisoner on health grounds or other humanitarian grounds.[139] Prisoners on remand are not eligible for Temporary Release.

In addition to Temporary Release, there are other forms of structured early release programmes available to prisoners, including the Community Return Scheme (CRS) and the Community Support Scheme (CSS).

6.12 Between the period of 1 June 2022 to 31 October 2022, 419 people were on some form of release programme (**Table 5**).

Table 5: Temporary, CRS and CSS Releases from Mountjoy Men's Prison, 1 June 1 2022 and 31 October 2022

Movement Reason	Total
Community Return Scheme	50
Community Support Scheme	37
Compassionate	8
Hospital / Medical	2
Pre-release / Resocialisation	290
Residential Treatment	8
Section 24 Removal from State	2
Section 39 Request from AGS	10
Take-up Employment	4
Work Outside Prison / Work Party	8
Grand Total	**419**

6.13 The Community Return Scheme (CRS) and Community Support Scheme (CSS) were early release programmes developed in partnership with the Probation Service, and had the objective of placing people in the community prior to the end of their sentence.

The aim of the CSS was to alleviate overcrowding and to address recidivism by prisoners serving short sentences. The eligibility criteria for the Community Support Scheme was initially for prisoners serving sentences of between three to 12 months.

[138] Irish Statute Book, Criminal Justice (Temporary Release of Prisoners Act) 2003.
[139] See section 2(1)(b) (i.) (ii.)

However, in June 2023, the Minister for Justice broadened the criteria to include prisoners serving sentences of between three and 18 months.[140]

The Community Return Scheme was originally applicable to prisoners serving sentences of more than one year and less than eight years. Those selected and participating were granted renewable temporary release having served at, or over, 50% of their sentence, with a condition of their release being to undertake community service supervised by the Probation Service.[141]

The Minister for Justice approved a change to the eligibility criteria of Community Return in mid-2023, which broadened access to Community Return for those serving sentences up to, and including 18 months. It also allowed prisoners serving a sentence of between three and five years to be considered eligible for the Community Return Scheme at the halfway stage of their remitted sentence.[142]

6.14 In total, during the period of 1 June to 31 October 2022, 50 people were released from Mountjoy Men's Prison on the Community Return Scheme and 37 were released under the Community Support Scheme.

6.15 On 13 December 2022, there were 20 individuals in custody approved by Mountjoy Men's Prison for the Community Return Scheme, however **because there were not sufficient Probation Service resources available to supervise these eligible prisoners they had not been permitted to finish their sentence under the scheme.**

The key factors impacting on Probation Service capacity included: (i) a new agreement which resulted in a reduction on the caseload of Probation Officers, (ii) difficulties in recruiting Probation Officers, and (iii) resignations and retirements of Probation Officers.

As a result, prison management determined whether these individuals were ready for release without structured support, or if they were to remain in custody while awaiting a place on the programme.

The absence of available Probation Service supervision resulted in continued imprisonment of people deemed eligible for release, and subsequently exacerbated the continuing issue of overcrowding in the prison.

6.16 The Inspectorate welcomes the Government commitment[143] to coordinate with the Irish Prison Service and the Probation Service to review the Community Return and Community Support programmes. The objective of the review will be to "identify innovative, effective interventions and new supervision modalities to maximise early release from custody to improve rehabilitation, resettlement and rehabilitation outcomes for people in custody".

6.17 Discharge from Prison

The Prison Rules 2007-2020, Rule 61, establishes basic release provisions to be ensured by the Governor of the prison, which include:

[140] This was confirmed in a letter from the Minister for Justice to the Chief Inspector of Prisons following an Immediate Action Notification (IAN) for Cloverhill Prison subsequent to inspection, received on 26 June 2023.
[141] Gov.ie, What Community Return is.
[142] This was confirmed in a letter from the Minister for Justice to the Chief Inspector of Prisons following an Immediate Action Notification (IAN) for Cloverhill Prison subsequent to inspection, received on 26 June 2023.
[143] Department of Justice, Criminal Justice Policy Review of Policy Options for Prisons and Penal Reform 2022-2024.

- sufficient means for travelling to a person's destination within the State
- provision of suitable clothing for people who have inadequate, or no clothing of their own
- subsistence of an amount determined by the Governor as appropriate for the circumstances

6.18 In total, 24 respondents to the survey expected to be released within the three month period following the inspection. Issues raised by respondents in relation to release included concerns about:

- lack of support to obtain a medical card or to arrange transport, housing and benefits;
- challenges in ensuring continued engagement with ongoing education or training programmes; and
- employment prospects in the community.

6.19 There were limited supports available to individuals in custody who required accommodation upon their release. The only housing referral option available to unhoused people on release from prison was emergency accommodation, such as hostels.

People in prison, particularly those who had become drug free while in prison, reported fears of staying in a hostel environment potentially in the presence of active drug users.

Given a shortage of authority housing and the short-term nature of hostel accommodation placements, people released from Mountjoy Men's Prison could be released into situations where they were not living in sustainable accommodation.

6.20 Release Assessment

The Community Return Scheme and Community Support Scheme were not being maximised for use due to external resourcing and capacity issues, particularly in relation to supervision by the Probation Service.

There were limited housing supports available to persons leaving custody, which had a negative impact particularly for people who had become drug free prior to leaving prison.

6.21 RECOMMENDATION

To the Director General of the Irish Prison Service:

Recommendation DG22-15: In collaboration with the Probation Service, the Irish Prison Service should prioritise reviewing the operation in practice of the Community Return and Community Support schemes, particularly because these programmes are central to the Government's strategy to alleviate overcrowding in prisons.

APPENDIX

A. OIP Previous Recommendations Status Update

Inspection Recommendations

Rec ID	Recommendation	IPS Action Plan	Action Required / Owner	Timeline	IPS Details of Action Taken (1 September 2022)	OIP Assessment Nov / Dec 2022
MJCT1 (Vaccine Info) *Focus Area: Respect & Dignity*	Mountjoy Men's Prison should endeavour to embark on a robust and timely information campaign intended to provide consistent and research-informed information about the effects and side-effects of the COVID-19 vaccines (particularly those that will be administered to prisoners).	The Irish Prison Service has enhanced prisoner communications since the outbreak of Covid-19. Specific information "question and answers" literature on the Covid-19 vaccine have been developed by the IPS Vaccination Committee and provided to prisoners via cell drops. The Irish Prison Service has also introduced a new Prisoner Information TV Channel, to provide information and learning support for prisoners. Bespoke Covid-19 Vaccination Videos have been developed and are shared with prisoners via the Prisoner TV Channel. The IPS, via the Red Cross Volunteers, conducted an attitudes survey of prisoners on the Covid-19 vaccine to inform vaccine roll out.	The IPS will continue to provide updated information to prisoners on Covid-19 related issues, including the vaccine. --- Vaccine Committee; Communications; Prison management	In place and will be reviewed and augmented on an ongoing basis	The Irish Prison Service vaccination committee developed a comprehensive Questions and Answers document to provide information to prisoners on the Covid-19 vaccine. In addition, the Irish Prison Service Communications Unit developed a Q&A video with content provided by Healthcare which was published in all prison TV channels. As a result of the action, and collaboration with the Ambulance Service, the Irish Prison Service has achieved the highest prisoner vaccination rate in Europe.	**COMPLETE** The prison provided information materials to prisoners about COVID-19 vaccines. Information was aired on the prisons TV channel.

MJCT2 (COVID Quar/Iso Info) *Focus Area: Respect & Dignity*	In line with Rule 54 of the Nelson Mandela Rules, the Irish Prison Service should ensure that written and oral information is provided to prisoners upon entering quarantine and on an ongoing basis over the course of quarantine. This information should be designed to assist newly committed prisoners in adapting to quarantine, and should clearly outline what they can expect while in quarantine. The information should be provided in a language and form that can be understood by the prisoner; this may require the assistance of interpreters. Prisoners should be provided with ongoing opportunities to raise questions and to be informed of all matters necessary to adapt to quarantine and prison life in general.	The Irish Prison Service provides a comprehensive Prisoner Information Book to all new committals to prison. The Book is printed in several languages and gives basic information about regimes and services within prisons. A bespoke booklet titled "Covid-19 – Living in Cell" was developed by the Red Cross Volunteers to provide detailed information to prisoners on isolation/quarantine and gives specific information on the Covid-19 testing process.	The Irish Prison Service will continue to review the information for new committals on an ongoing basis. Prison management will ensure that this booklet is given to all new committals --- Corporate Services; Prison Management Prison management	In place and will be reviewed and augmented on an ongoing basis In place	A 'Living in Cell' booklet has been provided throughout the covid-19 pandemic and has been updated on a number of occasions to reflect latest procedures. The booklet is circulated via the Covid-19 prison liaisons group. The document is developed in collaboration with the Prison Red Cross Volunteers and is approved by NALA. A new recording studio has been introduced in Loughan House and it is proposed that future communications will be broadcast via the Prisoner TV Channel. The Service continues to provide a comprehensive Prisoner Information Booklet to all new committals which is available in up to 7 different languages.	**COMPLETE** Prisoners were not provided with written information about the quarantine process upon committal. However, prison authorities stated that prisoners in quarantine were verbally informed of how long they would be in quarantine. As of December 2022, Mountjoy Men's Prison no longer quarantined committal prisoners.

Rec ID	Recommendation	IPS Action Plan	Action Required / Owner	Timeline	Details of Action Taken (1 September 2022)	OIP Assessment Nov / Dec 2022
MJCT3 (Food – Scheduling) *Focus Area: Respect & Dignity*	In line with the Nelson Mandela Rules, Rule 22 and European Prison Rules, Rule 22.4, the Inspectorate recommends that the scheduling around meal times be amended to ensure meals are served at reasonable intervals and at usual times: lunch (midday) and dinner (evening).	In 2019, the Irish Prison Service introduced a pilot alteration to the schedule of meal times in Castlerea and Mountjoy Prison (Progression Unit). The purpose was to examine the impact of providing the main daily meal in the evening. The results of the pilot were positive and the IPS decided, in 2019, to roll out this meal schedule to all prisons. However, the roll out of this initiative has been prevented due to industrial relations issues. The current prison day is structured in prisons to take account of the need to open cells on a landing basis due to Level 5 restriction. In Mountjoy the meals times are: Breakfast – 8.10am; Lunch – 11.40 - 12.20; Evening meal- 3.40 – 4.20 Prisoners are released from cells to collect meals at the servery on a rotational/landing basis to prevent the mixing of larger group of people. The return to divisional unlock, following the lowering of the restriction level, will result in a return to more normal meal time schedule.	IPS will continue to engage with the staff representative association with regard to the alteration of the existing prisoner meal schedule IPS C & R The IPS will reintroduce divisional unlock when Level 5 restrictions are eased. Prison Management	Ongoing TBC	An alteration to the prison of the main meal was completed in Castlerea Prison and the Mountjoy Prison Progression Unit. The Irish Prison Service has identified the review of prisoner mealtimes as a priority action in the Public Service Agreement 2021/2022 and continues to engage with the staff representative association in this regard. The Irish Prison Service will continue to engage with the staff representative association with regard to the alteration of the existing prisoner meal schedule.	**ONGOING** Mealtimes in the Progression Unit reflected the sequence of meals (breakfast, lunch, dinner) in the community. However, mealtimes in the Main Mountjoy Prison did not reflect the sequence of meals (breakfast, dinner, lunch) in the community. Further, meals were served at close intervals (12:00 and 16:00). IIn December 2022, Mountjoy Prison provided the following update to the OIP: *National Group Recommendations on Meal Times has been completed and a New Menu Cycle incorporating the Group's recommendations will be introduced across the Prison Estate in April 2023.*
MJCT4 (Food - options) *Focus Area: Respect & Dignity*	As recommended by the Inspectorate in the "Ameliorating the Impact of Cocooning on People in Custody – A Briefing " Report, prisoners under COVID-19 related restricted regimes should be "informed about what (food) is on offer and asked which portions they do and do not want."	The provision of meals in prisons represents a significant logistical challenge. The IPS operates a 28-day menu cycle to ensure a balanced diet is provided to people in custody. Certain dietary needs are met on request including a vegetarian option or options for religious reasons, such as halal options. It is not possible to provide for personal choice or menu options for meals as this would require significant additional resources. Portion control measures are followed in the distribution of food to ensure prisoners are provided with the required food portion. Consideration is being given to the use of a tri-compartment food tray for the provision of certain meal type which have a meat potato and vegetable offering.	The IPS will trial the use of alternative food trays for prisoners in quarantine/ isolation to allow for better segregation of foods. The use of these trays will be reviewed and rolled out to other locations if successful. --- IPS Care & Rehab	End May 2021	Multi-compartment food boxes have been sourced are available for use in prisons if required. As the serving of meals has returned to pre pandemic processes multi-compartment boxes are not required.	**COMPLETE** The practice of cocooning as a measure to prevent COVID-19 was no longer practiced by the Irish Prison Service.

Rec ID	Recommendation	IPS Action Plan	Action Required / Owner	Timeline	Details of Action Taken (1 September 2022)	OIP Assessment Nov / Dec 2022
MJCT5 (Church access) *Focus Area: Respect & Dignity*	The Inspectorate recommends that the Irish Prison Service, in consultation with the Chaplaincy Service, consider innovative strategies for maximising use of the large church facilities. This would allow for socially distanced engagement with religious services, as well as other services such as psychology and addiction counselling.	Infection control measures, such as the cessation of religious services, are introduced based on guidelines published by Government. The Irish Prison Service will commence the reintroduction of religious services in line with the guidance set out by Government in the Covid-19 Resilience and Recovery – The Path Ahead. The return of religious services will be considered by Government, as part of the next stage of easing restrictions, to be announced on 4th May 2021. The prison chapels are not suitable locations for the delivery of confidential services such as Chaplaincy and Psychology.	Prison management will facilitate the streaming of religious services through the Prisoner TV Channel. --- Prison management NPHET	End April 2021 4 May 2021	All prison chapels have been returned to full capacity (October 2021) in line with Government and public Health guidance.	**COMPLETE** Social distancing, as a COVID-19 preventive measure, was no longer in place in Mountjoy Men's Prison.
MJCT6 (Training - Human Rights) *Focus Area: Respect & Dignity*	The Inspectorate urges Mountjoy Men's Prison and the Irish Prison Service to address the specific matters outlined in Section 2.4, and to consider in a more general sense the training and culture required in the prison to ensure that such behaviours are never acceptable and the risk of re-occurrence is mitigated.	The incident referred to in section 2.4 is unacceptable. It should be noted that the entry referred to represents one entry in a journal of which there are 192 daily journals in operation within the prison. The remark made was an isolated incident is not viewed as representative of the views of the workforce within the prison. All journals are reviewed by prison management and signed by Governors and Chief Officers.	Mountjoy Prison management have reminded staff of the need to ensure that all official journals are completed in a professional manner. Prison management will continue to review journals on a regular basis and will address any issues that arise. --- Prison Mgmt; Corporate Services (E,D&I Lead)	Complete	Mountjoy Prison management have reminded staff of the need to ensure that all official journals are completed in a professional manner. Prison management will continue to review journals on a regular basis and will address any issues that arise. The introduction of digitalisation will form a central component of the next Irish Prison Service Strategic Plan.	**ONGOING** The OIP found mainly positive staff-prisoner interactions in the prison. However, almost one-third of prison staff respondents to an OIP inspection survey reported they were dissatisfied with the level of training received on cultural competency.

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MJCT7 (Reduce Pop) *Focus Area: Safety & Security*	With concern for the increase in the prison population in recent months, the Inspectorate recommends that the Irish Prison Service engages with the Department of Justice to maximise all opportunities available for reducing the prison population.	In March 2020 the Irish Prison Service took decisive action to reduce the prison population to ensure effective infection control measures. The Irish Prison Service has continued to maintain the prison population at or below 3,800 to ensure safe custody. The IPS has completed an assessment of the prison estates to determine a "Covid-19 Capacity" for safe custody levels. The IPS has engaged with the Department of Justice to examine potential solutions to manage the prison population in a way that ensures effective infection control measures. In addition, the Criminal Justice Efficiencies Group has tasked data analysts from across the sector with examining the potential impacts on prison numbers over the next 12 months. It should be noted that, while temporary release is judiciously used to regulate prison numbers, not all prisoners are suitable for temporary release and the overriding concern when deciding on temporary release is public safety.	In consultation with the Department of Justice the IPS will introduce a new Covid-19 Capacity in all prisons. The IPS will continue to review the Prison Population Management Plan and will introduce new measures to address prison overcrowding as necessary Data analysis on the impact of increased committals to be completed ---- Operations Directorate Criminal Justice Efficiencies committee	April 2021 Ongoing	The Minister for Justice has published the Review of Penal Policy which includes actions to reduce reoffending and incorporate the principle of imprisonment as a last resort. The Training Unit has reopened in July 2022 providing an additional 96 prisoner spaces. An additional 90 male spaces and 22 female spaces are due to come on stream in late Q4 2022/Q1 2023 with the opening of new prisoner accommodation in Limerick Prison for male and female prisoners. (Subject to the availability of staffing resources).	**ONGOING** Mountjoy Men's Prison was overcrowded, at 105% capacity. At the time of inspection, 39 prisoners were sleeping on mattresses on the floors. There were a number of cases in which two persons were accommodated in single-occupancy cells. The size of the cells in which prisoners were sharing living space did not meet the CPT's minimum living space requirements. A number of suitable candidates for early release programmes such as Community Return and Community Support Schemes were not placed on these programmes, due to a lack of capacity by the Probation Service to supervise people in the community.
MJCT9 (Vaccines) *Focus Area: Health & Wellbeing*	The Inspectorate recommends that the Irish Prison Service continues its ongoing efforts to lobby for the prioritisation of COVID-19 vaccinations for people living and working in prisons.	The IPS continues to engage with the relevant Departments and agencies with regard to access to the Covid-19 vaccine in line with the grouping published by the Government.	The IPS will continue to engage with the appropriate agencies with regard to access to the Covid-19 vaccination. --- IPS Care & Rehabilitation; NICT	Ongoing	A bespoke Prison Vaccination Programme was introduced in April 2021 resulting in over 80% of prisoners being vaccinated; the highest prisoner vaccination rate in Europe. The Irish Prison Service continues to engage with the Health Authorities regarding the provision of vaccines including the booster vaccine. On 9 June 2022 almost 2,000 booster vaccines had been administered and over 9,000 vaccinations have been administered in total.	**COMPLETE** The Irish Prison Service vaccination programme has been successful. There was a high vaccination rate among prisoners in Mountjoy Men's Prison.

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MJCT10 (Conditions - Phone Repair) *Focus Area: Health & Wellbeing*	In line with Rule 24.1 of the European Prison Rules, and in order to mitigate the impact of restrictions imposed on family contact by Rule 36A, the OIP recommends that every effort be made to promptly identify, prioritise and repair faulty phones.	The Irish Prison Service has enhanced the availability of telephones to allow prisoners to continue to keep in contact with friends and families. Additional entitlement to phone calls have also been granted. Given the importance of family contact Mountjoy Prison trades staff ensure that broken handsets are repaired as soon as possible. Unfortunately it is the case that telephones get damaged, due to vandalism, and every effort is made to ensure that damaged phones are repaired in a timely manner. In 2020, 31 repairs were carried out to telephones.	Telecommunications equipment will be continuously assessed and replaced if faulty. --- Prison management	Complete	Mountjoy Prison management continues to monitor the phones and Trades staff ensure that any damaged or faulty phones are repaired or replaced as soon as possible.	**ONGOING** Phones on the landings were functional, however, there were some phones in the yard in need of repair.
MJCT11 (Mail - Timely Delivery) *Focus Area: Health & Wellbeing*	The OIP recommends that all postal communications are collected / delivered to prisoners in a timely manner, and to ensure that all class offices are adequately stocked with paper, pens and envelopes that are proactively distributed to people in prison.	The censors' resources have been enhanced during the pandemic to prevent a backlog in post, a daily report is provided to the dedicated governor to allow monitoring of post. There are currently no delays being experienced in the distribution of post to prisoners.	The IPS is piloting the use of correspondence for prisoner communications in Mountjoy Prison (and Midlands Prison). If successful, consideration will be given to rolling out fully within Mountjoy Prison, and to other locations across the estate, which will allow for a more timely distribution of correspondence. -- Prison Mgmt	End Q4 2021	E-correspondence has been rolled out in Mountjoy Prison, Cloverhill Prison and Midlands Prison.	**ONGOING** There were lengthy delays (sometimes months) with regard to prisoners receiving their post.

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MJCT12 (COVID Showers) *Focus Area: Health & Wellbeing*	In line with the European Prison Rules Rule 19.4, prisoners in quarantine/ isolation must be permitted to shower, if not daily, at least two times in a seven day period.	Due to the structural age of Mountjoy Prison, cells are not equipped with showers and, due to current Infection control restrictions, showering while in quarantine is not feasible due to the high risk it poses to prisoners and staff. The cells do however facilitate in cell sanitation. All prisoners confined to their cell for the purpose of quarantine have access to hot water and soap to maintain adequate hygiene. This is in line with 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. The Irish Prison Service continues to review infection control measures on a weekly basis and any change to infection control measures is made in line with the Government decisions on the easing of restrictions, and in consultation with Public Health.	The provision of showers during the quarantine period is under active consideration in light of reducing levels of community transmission. IPS C&R / HR	Ongoing	The Irish Prison Service introduced a new Standard Operating Procedure (10/08/2022) setting out the correct procedures for the showering of prisoners in quarantine/isolation. It was agreed to allow prisoners up to 2 showers in a seven day period.	**COMPLETE** The Irish Prison Service introduced a new Standard Operating Procedure (10/08/22) setting out the correct procedures for the showering of prisoners in quarantine/isolation. As of December 2022, Mountjoy Men's Prison no longer quarantined committal prisoners.
MJCT14 (COVID Contact) *Focus Area: Health & Wellbeing*	Two hours of meaningful human contact (as defined in section 5.3) must be facilitated each day for people in quarantine/isolation.	A critical infection control measure introduced by the Irish Prison Service has been the segregation of new committals from the general population for the purposes of quarantine. Prisoners in quarantine have restricted out of cell time, in accordance with Rule 32A of SI 250/2020 Prison Rules 2020. So far 53 prisoners, committed to custody from the community, have tested positive with Covid-19. There have been no prison based Covid-19 outbreaks, as a result of a new committal, due to the infection control measures introduced. All new prisoners are tested on day 1, with a 2nd test completed on day 7. If negative, and not symptomatic, prisoners exit quarantine after 8 days. The majority of quarantine prisoners have not required 14 days isolation. Prisoners in quarantine/isolation are managed in line with IPS national protocols developed by the Emergency Response Planning Team. Prisoners in quarantine/isolation have their door opened on a minimum of 2 occasions per day and are visited by the class officer, the Governor, medical staff, Chaplains. Restrictions on physical contact are necessary for infection control measures. A minimum of 1 hour continuous out of cell time is facilitated however, in general, prisoner receive more than 1 hour when numbers in isolation allow.			Throughout the pandemic every effort was made to ensure all prisoners could continue to have meaningful contact with others. Prisoners who were confirmed as Covid-19 positive or suspected as having Covid-19 were isolated, in line with Standard Operating Procedures, to prevent the spread of infection. This is in line with action taken in the community. The Irish Prison Service introduced video visiting technology to allow prisoners to communicate with family and friends when physical visits were suspended. This option has been retained as an additional communication tool to support family contact. In-cell telephones were introduced in all locations as a temporary measure during the pandemic however, a major project to install in-cell telephones in all cells across the prison estate on a permanent basis has been commenced.	**ONGOING** As of December 2022, Mountjoy Men's Prison no longer quarantined committal prisoners. People who tested positive for COVID-19, or who refused a COVID-19 test, continued to be isolated from the prison population. During this period of isolation, they were not provided with two hours of meaningful human contact each day.

					As a result in-cell telephones have been installed in is complete in Castlerea, Cloverhill, Midlands, Cork and Limerick prisons. The Service anticipates the completion of in-cell telephony to the Dóchas Centre, Portlaoise and Wheatfield Prisons by the end of this year. Subject to the availability of necessary resources, the Service intend to provide in-cell telephony in Arbour Hill and Mountjoy Male prison in 2023. While physical visits were suspended for periods during 2020 and 2021 (for infection control reasons) the Irish Prison Service ensured that suspension of physical visits was lifted as soon as it was deemed safe to do so. The Service has continued to unwind restrictions on physical visits with visits now permitted every fortnight and no restrictions on capacity. It is expected to return to weekly visits in Q3 2022 subject to available resources.	
Rec ID	**Recommendation**	**IPS Action Plan**	**Action Required / Owner**	**Timeline**	**IPS Details of Action Taken** (1 September 2022)	**OIP Assessment** Nov / Dec 2022
MJCT15 (COVID Fresh Air) *Focus Area: Health & Wellbeing*	Prisoners in quarantine/isolation must have at least one hour in the open air each day.	All prisoners in isolation/ quarantine receive a minimum 1 hours open air exercise per day. All exercise takes place in the open air as landing recreation areas are currently closed for infection control purposes.	Prison Management	Complete	It was not possible to allow prisoners in isolation or quarantine out of cell time to prevent the spread of infection. The Irish Prison Service continued to review the Standard Operating Procedure for quarantine and isolation throughout the pandemic. This included the reduction of the isolation period in line with guidance from the Health Authorities. As a result all new committals are now tested on day one of committal and, if the return a negative test, they may enter general population on day 4.	**COMPLETE** As of December 2022, Mountjoy Men's Prison no longer quarantined committal prisoners. People who tested positive for COVID-19, or who refused a COVID-19 test, continued to be isolated from the prison population.

Rec ID	Recommendation	IPS Action Plan	Action Required / Owner	Timeline	IPS Details of Action Taken (1 September 2022)	OIP Assessment Nov / Dec 2022
MJCT16 (COVID Mental Health) *Focus Area: Health & Wellbeing*	Measures must be taken to mitigate the detrimental effects of isolation or quarantine, including psychological support during and after quarantine/isolation in order to assist prisoners in coping with the impact of COVID-19 and subsequently imposed restrictive measures.	A Covid outbreak-specific mental health protocol has been developed by the IPS Psychology Service. The approach incorporates a three-tiered layered care model which includes preventative, enhanced and acute mental health care interventions. It includes the use of tablets to proactively engage people on significantly restrictive measures, where required. The initiative is being piloted in Cloverhill Prison with committals in the coming weeks.	The use of tablet computers for video link with psychology to be trialled in Cloverhill and rolled out across the estate if successful. --- C & R / Psychology	End June 2021	A Covid outbreak-specific mental health protocol has been put in place by the IPS Psychology Service.	**COMPLETE** The IPS developed a COVID-19 specific mental health protocol, in line with the Action Plan. However, at the time of inspection there was an extensive waiting list to access psychology services in Mountjoy Men's Prison, which hindered capacity to provide enduring mental health support to people in prison.
MJCT17 (Activities/ Services - Equal Access) *Focus Area: Rehab & Dev*	The inequity in out-of-cell time for non-protection prisoners should be addressed, not by reduction of out-of-cell time, but by determining ways to increase the out-of-cell time for prisoners currently receiving less time.	Similar to the community the Covid-19 infection control measures have resulted in restricted prisoner movements. The IPS accepts that the introduction of enhanced infection control measures has impacted on the regime offered to prisoners on a daily basis and has resulted in reduced out of cell time in many areas. This is a regrettable consequence of the implementation of measures aimed at protecting the health and safety of prisoners. Efforts are already made to ensure that prisoners receive maximum out of cell time whilst restricting contact amongst prisoners. Due to Level 5 restrictions all prisoners are unlocked by landing from cells. This results in prisoners being unlocked on a rotational basis. In order to facilitate exercise some prisoners are unlocked on the reserve period which is shorter than other periods. Unlock on the reserve period is rotated amongst landings resulting in a fair distribution of out of cell time amongst groupings. The return to divisional unlock with the easing of restrictions will result in a return to more normal unlock periods. The average out pf cell time for non-restricted regime prisoners in Mountjoy is 4 hours per day.	Prison management will continue to maximise out of cell time for all prisoners Prison management will reintroduce divisional unlock when it is deemed safe to do -- Prison Mgmt		Full prison unlock has been restored in all locations which has enhanced out of cell time for prisoners.	**ONGOING** Prisoners on Protection (Rule 63) continued to have limited out-of-cell time. There were no strategies in place to increase out-of-cell time for protection prisoners. Some protection prisoners had less than one hour of outdoor exercise each day, in contravention of Rule 32(1) of the Prison Rules 2007-2020.

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MJCT18 (Education-Tablets) *Focus Area: Rehab & Dev*	To meet the education needs of prisoners (EPR 28.1), which include facilitating more substantive engagement with education (and other services), the IPS should make tablets available for prisoner use. These tablets could be pre-loaded with education materials.	The Irish Prison Service is developing an in-cell learning strategy to enhance learning from prison cells. A new prisoner TV Channel has been developed and is being rolled out across the estate. This allows for the broadcasting of local and national information and for the provision of educational material. CDETB have developed a substantial quantity of audio-visual course materials to be viewed on the TV channel and will provide accompanying supporting hard copy documentation to facilitate blended learning.	An in-cell technology plan is being developed to enhance learning capacities for prisoners and increase information and learning for those confined to cell. Care and Rehabilitation Directorate are examining technology solutions to allow prisoners to access educational materials on the education network from within cells. -- IPS C&R	Q4 2021 Q2 2021	The Irish Prison Service is reviewing the enhanced use of technology to facilitate in-cell learning. A new Prisoner TV Channel has been introduced and is supporting in-cell learning. The Service is engaging with other prison services who have enhanced use of in-cell technology with a view to enhancing in-cell learning and service provision. This action remains under review.	**ONGOING** Digital tablets were not in use to support the education for prisoners. The manner in which prison staff were deployed in the prison inhibited prisoner access to education.
MJCT19 (Library) *Focus Area: Rehab & Dev*	In line with Rule 110 of the Irish Prison Rules, Mountjoy Men's Prison should think proactively about how library services might be improved to encourage participation. Given the increased time that people are now required to remain in their cells, there is additional need to ensure people are able to avail of library services.	Prison management are engaging with the library services with a view to enhancing service provision.	Prison Management	End Q2 2021	Access to prison libraries have been restored however, closures of libraries may be experienced in line with the prison Regime Management Plan. The Local Government Management Agency has commissioned a review of Prison Libraries and the Report of the group is to be published in Q3 2022.	**ONGOING** The library in the Main Prison was located in the school, which experienced frequent closures. School prison officers were not tasked with opening the school library.
MJCT20 (Mitigate COVID-19 Rule Amendments) *Focus Area: Rehab & Dev*	In line with the requirement to ensure "meaningful human contact", the Inspectorate recommends that Mountjoy Men's Prison develop and implement measures designed to mitigate the impact of restrictions imposed on prisoner exercise and interactions by Rule 32A of the Irish Prison Rules; this should be done in consultation with prisoners and staff working in the prison.	See reply to MJCT17	Prison management will continue to maximise out of cell time for all prisoners Prison management will reintroduce divisional unlock when it is deemed safe to do so		The introduction of rotational or landing unlock resulted in reduced out of cell time for prisoners during certain periods of restrictions in 2020 and 2021. As part of the unwinding of prison restriction divisional unlock was reintroduced in July 2021 across the estate.	**ONGOING** There were ongoing issues with regard to access to exercise, such as frequent gym closures. For many prisoners, particularly those on protection regimes, there were limited opportunities to engage with activities and services.

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MJCT21 (ISM) *Focus Area: Resettlement*	In line with the Mandela Rules and the European Prison Rules, the Irish Prison Service should strengthen, operationalise and broadly apply the Integrated Sentence Management process so that all prisoners are actively engaged and contributing to their sentence and re-integration plan.	Mountjoy Prison has had a reduced capacity to co-ordinate the ISM programme due to vacancies. A competition to fill these vacancies is completed and all 3 ISM posts in Mountjoy are expected to be filled shortly and an increase in ISM hours introduced. To further support the development of the ISM function in all prisons a new centralised recording database for ISM interviews and prisoner multi-disciplinary sentence management plans is currently at the user acceptance testing phase of implementation. This database will provide the resources necessary to improve oversight and reporting in relation to the ISM function at Mountjoy. A proof of concept project is also underway to examine the potential to introduce mobile devices for ISM Coordinators to improve their prisoner face-to-face contact times. The results of this trial are expected in Q3 2021.	ISM officers to be appointed and assigned to Mountjoy Prison IPS C&R / HR	End Q2 2021	The Irish Prison Service secured funding in the 2022 Estimates process to facilitate the purchase of Tablet computers for use by ISM co-ordinators. Enabling works are required out to facilitate the necessary technical access to support same and work is underway in this regard. It is hoped that the necessary enabling work will be completed when technical components have been delivered and are installed. Delivery has been delayed due to global supply chain issues however it is anticipated that the necessary components will be delivered in November at which point enabling works will be progressed.	**ONGOING** While prisoners were aware of, and had contact with Integrated Sentence Management (ISM) officers, there were only 3 ISM officers in the prison. The ISM officers were frequently redeployed, resulting in loss of engagement opportunities with prisoners. ISM officers had not yet been provided with digital tablets to carry out their work.

B. List of Repeat and New Recommendations

Each recommendation carries a recommendation code. The code is comprised of the action owner for the recommendation (for example: 'MDOJ' = Minister for Justice, 'DG' = Director General of the Irish Prison Service, 'MJ' = Governor of Mountjoy Prison), the year the recommendation was first made, and the chronological recommendation number from that inspection activity. For example, MDOJ22-1 is a recommendation made to the Minister for Justice in 2022, and the first such recommendation. Where a recommendation has been previously issued and is then repeated, this has been indicated in the table.

Rec. Code	Recommendation
Minister for Justice	
MDOJ22-1	The Minister for Justice should take urgent action to place an enforceable upper limit on the number of persons that can be committed to Mountjoy Men's Prison, as well as in all other prisons in Ireland. This should be accompanied by determined action to implement the alternatives to imprisonment foreseen in the 2022-2024 Review of Policy Options for Prison and Penal Reform.
MDOJ22-2 *(also made to IPS DG, see DG22-1)*	In line with Rule 21 of the European Prison Rules (2020), the Minister for Justice and the Director General of the Irish Prison Service must ensure that every person in custody has their own bed and that cell occupancy is in line with CPT living space standards (4m2 for each person, exclusive of sanitary facilities).
MDOJ22-3	The Minister for Justice should take all possible measures to ensure the prompt review and adoption of the draft Statutory Instrument to amend the Prison Rules 2007-2020 Rule 57B. The amended Rule should take into account the requirements of a well-functioning complaint system, which includes independence, expediency and the opportunity for independent appeal.
IPS Director General	
DG22-1 *(also made to Minister for Justice, see MDOJ22-2)*	In line with Rule 21 of the European Prison Rules (2020), the Minister for Justice and the Director General of the Irish Prison Service must ensure that every person in custody has their own bed and that cell occupancy is in line with CPT living space standards (4m2 for each person, exclusive of sanitary facilities).

DG22-2	The Director General of the Irish Prison Service should take steps to ensure that all multi-occupancy cells in across the estate are equipped with fully-partitioned sanitary facilities.
DG22-3	In the ongoing review of the Prison Rules 2007-2020, consideration should be given to amendment of Rule 27(1)(a) to increase the minimum amount of out-of-cell time, in line with the CPT's Decency Threshold for Prisons (2021), which sets out a goal of at least eight hours out-of-cell time engaged in purposeful activities for people in prison. Particular consideration should be given to safeguarding the minimum out-of-cell time for prisoners on restricted regimes.
Repeat Rec.: MJCT3 (2021)	**Repeat Recommendation:** Scheduling of meal times at Mountjoy Men's Prison should be amended to ensure meals are served at reasonable intervals and at times that correspond to those in the community.
DG22-4	To ensure accurate and effective record-keeping, the Director General of the Irish Prison Service should review the organisation of compliance functions across the prison estate.
DG22-5	The Director General of the Irish Prison Service should take immediate action to implement the 2017 Policy for Elimination of Solitary Confinement, and in line with Rules 43 and 44 of the UN Mandela Rules (2015), should with immediate effect, cease the practice of prolonged solitary confinement.
DG22-6	The Director General of the Irish Prison Service should set out and make public a strategy to reduce the number of people accommodated under Rule 63 of the Prison Rules 2007-2020. This strategy should consider implementation of alternative measures, such as conflict mediation and restorative justice practices, to reduce prisoner tensions and concerns for safety. As part of this strategy, a review of the mechanisms by which prisoners sign-on and off protection should be conducted to ensure these processes are comprehensive and risk-assessed.
DG22-7	The Inspectorate recommends that the Director General of the Irish Prison Service commission a review of the operationalisation and impact of the current Regime Management Plan in Mountjoy Men's Prison. The review should assess the capacity of the RMP to deliver requisite standards of safety and security while also ensuring fulfilment of prisoners' entitlements, as enshrined in the Prison Rules 2007-2020 and international human rights standards. Appropriate action is required to ensure the staffing of key prisoner facing facilities such as the gym, school and library is ring-fenced.
DG22-8	The Director General of the Irish Prison Service and the Governor of the Irish Prison Service Training College should consult with frontline prison staff to identify their training needs, and provision should be made to allow for continuous professional development on a structured basis. In identifying training needs, account should be taken of the need to ensure staff working with specific groups of prisoners receive the requisite training in those areas.
DG22-9 *(also made to the Governor of Mountjoy, see MJ22-10)*	The Director General of the Irish Prison Service and the Governor of Mountjoy Men's Prison should ensure a clear demarcation between an incident recording system and the P19 (disciplinary sanction) recording system.

DG22-10	The Irish Prison Service should develop strategies to improve transfer of information between community healthcare services and the prison, including mechanisms by which those who have been released are able to maintain their wait list slot to access mental health and addiction services.
DG22-11	The Director General of the Irish Prison Service should endeavour to facilitate greater collaboration with hospital outpatient systems. The Irish Prison Service should develop alternative pathways for rescheduling appointments in circumstances where prisoners are unable to attend outside of their control, so that they may be seen at the next available appointment where appropriate. Additionally, use of virtual systems for certain consultations should be considered.
Repeat Rec: HQEDWT5 (2022)	**Repeat Recommendation:** The Irish Prison Service should review and update its Prisoner Gratuities and Private Cash Policy to ensure it aligns with Rule 28.4 and Rule 105.4 of the revised European Prison Rules.
Repeat Rec.: EDWT13 (2022)	**Repeat Recommendation:** In the prisons where there are significant issues in relation to student access to the school, teachers are faced with a more challenging work environment. The challenges are due to having to deal with the unpredictability of the opening of the school, the erosion of the start and finishing times, the inaccessibility of accommodation and resources, and difficulties in providing outreach support for the most vulnerable students. While it is accepted and understood that safety and security are prioritised, a plan should be developed and put in place, to ensure that the teachers are facilitated to do their work without impediment, for as much of the school day as possible.
Repeat Rec.: EDWT14 (2022)	**Repeat Recommendation:** It is recommended that further access to technology for learning should be provided for students in their cells. IT is currently being used successfully as a learning tool in prisons in other jurisdictions, this experience could be researched by IPS and ETBI as a potential support to implementing this recommendation.
Repeat Rec.: EDWT15 (2022)	**Repeat Recommendation:** The schools included in this thematic inspection of education and their respective prison management teams, with the assistance of the CDETB, should work more closely together to further align the educational and training programmes with the needs of the students and requirements of prospective employers.
DG22-12	The Director General of the Irish Prison Service, and in particular the Operations Directorate, should review the 2020 “OSG Security Screening Procedure” to ensure the current contraband-detection and visitation procedures are suitably positioned to meet the needs of the prison while also considering and prioritising the rights of prisoners to receive visits, as is their entitlement under Rule 35 of the Prison Rules 2007-2020.
DG22-13	In order to facilitate and strengthen the right to family contact, the Irish Prison Service should increase the length of phone calls.
DG22-14	The Irish Prison Service should review the application in practice of the Prison Rules 2007-2020, Rules 35(3) and 46(4) across the prison estate, to ensure the rights of unconvicted prisoners are fulfilled, particularly with respect to telephone calls and visits.
DG22-15	In collaboration with the Probation Service, the Irish Prison Service should prioritise reviewing the operation in practice of the Community Return and Community Support schemes, particularly because these programmes are central to the Government’s strategy to alleviate overcrowding in prisons.

Governor of Mountjoy Men's Prison	
MJ22-1	The standard of cleanliness and state of repair across the prison should be improved and properly maintained; this includes appropriate staffing of trades posts and comprehensive record-keeping to track and measure repair response times.
MJ22-2	Prison managers should conduct ongoing recorded audits of the availability of bedding, and where necessary, ensure the replacement of all mattresses, duvets and pillows. All prisoners should each have a clean duvet, sheet, pillow and pillowcase, as well as a sufficient number of towels to use across the course of the week's activities.
MJ22-3	In line with Rule 75(3) and Rule 86(1)(b) of the Prison Rules 2007-2020, the Governor of the prison and all staff should maximise opportunities to interact with prisoners in a manner that is meaningful and supports their general welfare.
MJ22-4	A Governor grade staff member should conduct the daily Governor's Parade; delegation of this function to Assistant Chief Officers should cease.
MJ22-5	In line with Section 42 of the Public Sector Duty, the prison should work towards eliminating all forms of discrimination within Mountjoy Men's Prison, with due consideration to, inter alia, (i) clear communication of staff obligations under the Duty, (ii) provision of reasonable accommodations to ensure accessibility, (iii) and means to allow for the expression of one's identity and beliefs.
MJ22-6	All information materials and forms, including committal, complaints and resettlement documentation, should be readily available to people living in the prison, in all applicable languages spoken by people in custody. In addition, as is being developed in Cloverhill Prison, Mountjoy Men's Prison (and all committal prisons across the estate) should create an introductory committal video, sub-titled in the languages most commonly spoken by those committed to the prison.
MJ22-7	The Governor of Mountjoy Men's Prison must ensure that both electronic and paper-based record-keeping are comprehensive, accurate, timely and transparent in all key areas, in compliance with various provisions of the Prison Rules 2007-2020, and that ensuring good record-keeping is embedded in the prison amongst all staffing ranks.
MJ22-8	The practice of relocating prisoners to the reception area on a temporary basis, should be reviewed, particularly to ensure compliance with the Prison Rules 2007-2020 and assurances of procedural safeguards.
MJ22-9	The Director General of the Irish Prison Service and the Governor of Mountjoy Men's Prison should ensure the complement of administrative staff assigned to the prison is sufficient to support the clerical needs of the prison. All administrative staff should receive training, on an ongoing basis, to ensure their knowledge-base is appropriate to the administrative tasks assigned to them.

MJ22-10 *(also made to IPS DG: DG22-9)*	The Director General of the Irish Prison Service and the Governor of Mountjoy Men's Prison should ensure a clear demarcation between an incident recording system and the P19 (disciplinary sanction) recording system.
MJ22-11	Efforts should be made to enhance prioritisation of healthcare provision by ring-fencing in the Regime Management Plan the positions of prison officers allocated to specific healthcare units to ensure transport of prisoners to appointments and to support initiatives to further develop the healthcare system and optimise the social environment.
MJ22-12	Shortfalls in the complement of healthcare staffing, particularly in the areas of general practice, nursing, psychology and addiction services, as well as in administrative support for healthcare services, should be immediately addressed in order to provide better healthcare outcomes for people in Mountjoy Men's Prison. The healthcare team in Mountjoy Men's Prison should also have access, or increased access to, ECG, phlebotomy and physiotherapy services.
MJ22-13	The Drug Treatment Programme formerly provided for in the Medical Unit, should recommence immediately, with a view to ensuring that the environment is conducive to achieving positive outcomes. The capacity of the programme should be expanded, and measures should be taken to ensure the programme is suited to the needs of the people in Mountjoy Men's Prison.
MJ22-14	The screening programme at Mountjoy Men's Prison should be enhanced including by making provision for it to be adequately resourced by both healthcare and custodial escort staff.
MJ22-15	The use of a temporary Portakabin structure to conduct the health care screening aspect of the committal process should be brought to an end. Healthcare screening should only take place in premises that enable medical confidentiality to be respected, which means out of the hearing and, unless the member of health care staff explicitly requests otherwise, out of the sight of prison staff.
MJ22-16	The Regime Management Plan with respect to Mountjoy Men's Prison should be thoroughly reviewed in order to ensure that prisoner-facing posts that facilitate involvement in purposeful activity are more appropriately prioritised. [See also HQEDWT4]
Repeat Rec: **MJPUEDWT1 (2022)**	**Repeat Recommendation**: In line with Rule 111 of the Prison Rules 2007-2020, the Governor of Mountjoy Prison should ensure that all prisoners in the Progression Unit have access to a structured programme of training.
Repeat Rec.: **MJPUEDWT4 (2022)**	**Repeat Recommendation**: The Mountjoy Prison Governor should expand work training activity and ensure the option of accredited certification is available for people in custody in the Progression Unit, with a particular focus on people who do not already have a certification and/or vocational experience.

Repeat Rec.: MJMEDWT2 (2022)	**Repeat Recommendation**: The Governor of Mountjoy Prison should take all necessary action to guarantee that all prisoners, in particular prisoners on protection, are accommodated with an absolute minimum of five hours of purposeful activity for five days per week, in line with Rule 27(3) of the Prison Rules 2007-2020. Mountjoy Prison should work towards the CPT's recommended minimum eight hours out-of-cell time for prisoners engaged in purposeful activities.
Repeat Rec.: MJMEDWT4 (2022)	**Repeat Recommendation**: The Governor of Mountjoy Prison should ensure facilitation of certification for prisoners in all work training activities, with particular focus on protection prisoners and prisoners in the Medical Unit who have little to no opportunity to access and achieve vocational certification.
Repeat Rec.: MJMEDWT3 (2022)	**Repeat Recommendation**: In line with Rule 110 of the Prison Rules 2007-2020, the Governor of Mountjoy Prison should ensure the library is consistently open, and that prisoners who do not attend school are facilitated to access library services on a consistent basis.
Repeat Rec: MJPUEDWT3 (2022)	**Repeat Recommendation**: In line with Rule 110 of the Prison Rules 2007-2020, the Mountjoy Prison Governor should ensure that all prisoners in the Progression Unit are able to access library services on a consistent basis.
MJ22-17	The Governor of Mountjoy Men's Prison must ensure that all prisoners, irrespective of their regime status should have access to, at minimum, one-hour outdoor exercise in accordance with Rule 32(1) of the Prison Rules 2007-2020. This includes the re-opening of the large yard for protection prisoners on B-wing. The Governor must also ensure regular, frequent and equitable access to gym equipment for prisoners.
MJ22-18	The Governor of Mountjoy Men's Prison should improve the environment, including green space and cleanliness, and amenities available in yards and recreation areas across Mountjoy Men's Prison. Efforts made to improvement conditions should be made in consultation with prisoners and prison staff.
MJ22-19	In line with Rule 75(6) of the Prison Rules 2007-2020, the Governor of Mountjoy Men's Prison, and all operational and service staff, should coordinate to ensure the timely and effective preparation and implementation of prisoner sentence and community reintegration plans.
TU22-1	Given the healthcare needs of people in the Training Unit, a number of healthcare services should be made accessible, in particular regularly scheduled dental clinics, psychology and in-reach and outreach physiotherapy.

Requests for Information

No.	Information Request	Action Owner
MDOJREQ22-1	The Inspectorate would appreciate receiving detailed information about the work of the Department of Justice to implement the recommendations of the Review, including the work of the proposed “multi-stakeholder taskforce to address the current accommodation crisis” .	Minister for Justice
MJ22REQ-1	The Inspectorate would appreciate receiving confirmation that the end of life care rooms in the Training Unit are now available for use.	Governor of Mountjoy Men’s Prison
MJREQ22-2	The Inspectorate requests an update on the current situation in Mountjoy Men’s Prison as regards the issues raised in the recommendations made in the Thematic Report on the Provision of Psychiatric Care in the Irish Prison System, specifically MHT5, MHT6, and MHT16.	IPS / HSE

C. Letter to the Minister on the Situation of Overcrowding in Prisons (23 December 2022)

Oifig An Chigire Príosún
Office of the Inspector of Prisons

Mr Simon Harris TD
Minister for Justice
Department of Justice
51 St Stephen's Green
Dublin 2

23 December 2022

Via email: EXMcHugh@justice.ie

Re: Issue of concern arising from a full inspection of Mountjoy Prison for Men

Dear Minister Harris,

First, allow me to warmly congratulate you on your recent appointment as Minister for Justice. I am very much looking forward to working with you as you take on the many challenges of this great Office of State.

As you may be aware, the Inspectorate of Prisons recently completed an unannounced full inspection of Mountjoy Men's Prison in Dublin, from 28 November to 9 December 2022. This was the first unannounced full inspection of an Irish prison for many years and it heralds the beginning of the Inspectorate's programme of regular inspections of all prisons in Ireland.

The purpose of this letter is to formally bring to your attention as Minister an issue of serious concern arising out of that inspection, namely the accommodation of people on mattresses on the floors of cells designed for single occupancy. The size and design of many of these cells meant that mattresses had to be wedged at an angle next to the in-cell lavatories. At the time of the inspection, an average of some 38 men per day were being kept in these conditions, often with minimal out-of-cell time. These conditions of detention could be considered degrading.

Of course, the root cause of this problem is the rising number of people being held in prison in Ireland, and I understand that Mountjoy Prison for Men is not the only establishment in which the Irish Prison Service is currently unable to offer a bed to everyone in its custody.

Projected rises in the prison population suggest that unless urgent action is taken, such as imposing an enforceable ceiling on the number of people who can be held in each prison, the dramatic situation observed by my team in Mountjoy Prison for Men will become a grave problem for the prison system as a whole.

Consequently, I should be most grateful to learn of any measures that your Department may be envisaging to manage the number of people being held in prisons in Ireland in a manner that respects their basic human rights.

I remain at your entire disposal should you consider that it would be useful for us to meet to discuss this issue in greater depth.

Yours sincerely, and with compliments of the Season,

Mark Kelly
Chief Inspector of Prisons

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