

Annual Report for 2017

To the

Minister for Justice Charles Flanagan TD

From

Mountjoy Visiting Committee

May 24 2018

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## Section 1 Overview

1.1 The Visiting Committee in keeping with powers and duties defined under The Prisons (Visiting Committees) Act 1925 and Prison (Visiting Committees) Order 1925 present our Annual Report 2017 to the Minister for Justice and Equality. This report is a compilation of prisoner concerns, complaints and conditions in the prison reported to members of the Committee during 2017.

1.2 The Committee acknowledges the prisoners who spoke of their concerns, reported their grievances, and their wish for assistance, many of whom reported a complex life history with deprivation and disadvantage an underlying theme. A history of intergenerational drug abuse, illness, trauma and loss of education was frequently mentioned.

1.3 The Committee wish to acknowledge the support of the Governor, his management team and officers who welcomed the Visiting Committee and facilitated weekly visits in a courteous and professional manner. The Committee appreciated the easy access and availability of the Governor and senior staff at all times, who shared appropriate information and worked in supportive cooperation to find solutions to concerns raised on behalf of prisoners.

1.4 The Committee wish to acknowledge the general commitment, compassion and skill displayed by many officers in their interactions with prisoners. Many expressed concerns about the level of drug use, the unpredictable risks and dangers for vulnerable prisoners and the pervasive culture of intimidation and fear in some areas of the prison. The risk to officers themselves was also highlighted by management and staff. The Committee are concerned about the traumatic impact on prisoners and staff of pervasive substance abuse in the prison.

1.5 There have been a number of significant positive developments in Mountjoy throughout 2017 including new family friendly and comfortable facilities for visitors in both the Progression Unit and the main prison. The ongoing mental health training programme for all staff is positively spoken of by many staff. The opening of refurbished and redecorated landings and wings C and D providing much improved yard and recreational facilities has enhanced conditions and the environment for prisoners and staff.

1.6 The screening for drugs and random testing, in a number of areas, contributing to a reduction in drug availability has been greatly welcomed and is consistently spoken of with relief by prisoners. The vigilance and support from staff in this endeavour is acknowledged. The Visiting Committee heard reports and observed that these developments have had a positive impact on morale, with both staff and prisoners commenting positively on the reduced risks and a more stable and calm atmosphere.

1.7 The Committee heard widespread acknowledgement by prisoners of, crimes committed, acceptance of punishment and awareness of the negative impact of their life style on their own and lives of their families. Many spoke of their wishes for rehabilitation, a fresh start in education and the opportunity for change. The prevailing underlying theme was the extensive drug culture inside and outside prison, and the risks for themselves and their families in this context.

1.8 While many prisoners expressed an appreciation of opportunities for rehabilitation, treatment and education while in prison, a large number spoke of the day to day disruption, risk and feelings of frustration in the context of drug abuse. Issues raised included, bullying and intimidation, lack of drug

free accommodation in prison and the hopelessness of leaving prison to the very serious lack of drug free hostels and supported accommodation on discharge.<sup>1</sup>

1.9 A number of prisoners, who had successfully completed a drug treatment programme in prison with the assistance of the therapeutic team, spoke, at times with anger, of leaving prison without sufficient support and preparation in transition. Some reported benefit from Probation services while in prison and in the medium term following release, however the lack of services and longer-term drug free facilities was a cause of great concern and frequently contributed to a return to crime.

1.10 A further cause of serious concern reported on throughout 2017 by prisoners, observed by the Visiting Committee and mentioned frequently by staff, was the impact of staff shortages on all aspects of service to prisoners. While the recruitment of new staff is welcomed by all, due to retirement and other developments, the overall staffing numbers continue to be a matter of serious concern.

1.11 On many occasions, when on weekly visit, the Committee was told that school and workshops were closed due to staff shortages that staff normally facilitating attendance at school or providing supervision in workshops had been withdrawn to assist with other duties. This development was not occasional, it was a cause of serious concern throughout the twelve months of the year.

1.12 This staff shortage had a serious impact on prisoner's access to health services including, cancelled appointments both with external hospital appointments and health care staff on site. There were reports that on occasions visiting medical or dental staff were unable to deliver a much-needed service due to lack of necessary prison staff availability.

1.13 A further concern of staff shortage is in the area of nursing staff. With a steadily increasing population to of up to 700 prisoners, a High Support Medical Unit, new prisoners on committal on a daily basis and a large cohort of vulnerable prisoners in a geographically large campus, the staffing complement of one nurse on duty at night is considered inadequate. This concern was noted in 2016 Annual Report and there has been some increase in nursing staff since then. However, the issue of only one nurse on duty overnight needs to be addressed as a matter of urgency.

1.14 The need for an increasing number of prisoners to be on a Restricted Regime in the interests of personal security requested by them or considered necessary by prison management is an ongoing cause of concern for the Visiting Committee. The organisational skills required of staff ensuring that all prisoners get exercise and appropriate services such as meals, access to showers is well thought out and provided with efficiency. Further consideration might be given to an alternative approach of engagement with prisoners individually in order to motivate and encourage them to become involved in education and rehabilitation

1.15 Some prisoners in this protection cohort choose not to involve themselves in general prison activities. Others are reported to wish to avail of education and rehabilitation, however doing so may provide an element of risk from others. The segregation and separation of prisoners in the context of gang culture reflects events and developments in the community with its risk to safety. Opportunities for rehabilitation and education are severely limited in these circumstances.

1.16 The phenomenon of managing groups of prisoners with conflicting interests and history, in the opinion of the Visiting Committee requires solutions and study with reference to multidisciplinary

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<sup>1</sup> A. Eustace and A. Clarke (2016) Drug and alcohol treatment services for adult offenders in prison and in the community, March.

research and international standards. The Committee wish to acknowledge the great efforts by and challenges for management and staff to meet the needs of Restricted Regime prisoners.

1.17 The increasing number of prisoners serving a sentence for drug related crime, which reflects the escalating phenomena of drug abuse nationwide, is, a matter in need of urgent interdepartmental focus, research and planning.

1.18 The Visiting Committee continues to have serious concerns about the health and wellbeing of prisoners who have been diagnosed with a severe mental illness requiring treatment in a secure setting with treatment available from a specialised consultant led multi-disciplinary team.

1.19 A further area of concern for the Visiting Committee is the risk to the mental health of prisoners who spend long periods of up to 22 hours in their cell, isolated from human contact. It was noted in a High Court ruling in 2012 that prisoners in keeping with the European Convention have a right to bodily integrity and 'that this right encompassed a person's psychological wellbeing'. Staff have frequently spoken of prisoners who have very limited time out of cell becoming increasingly distressed, depressed and withdrawn. In some instances, staff reported feeling helplessness, inadequate and frustrated at the lack of solution for this group of prisoners and the impact of the conditions of their care on their mental health.

1.20 Family members and others visiting prisoners are considered vital to maintaining relationships, sustaining emotional wellbeing and contributing to optimism for rehabilitation and reconnecting on release. For children of prisoners the loss of contact with fathers can be traumatic and may have long term effects. The Visiting Committee welcomes the recent provision of a parenting group in the Progression Unit. Consideration of an education programmes for families, raising awareness of the risks associated with drug abuse such as intergenerational trauma, impact on mental health, threat and coercion in the community would benefit prisoners and families.

1.21 Many prisoners expressed concern to the Committee regarding family screened visits and the negative impact of this practice on children or elderly parents. The Committee have been made aware that illegal substances have entered the prison in the context of visiting and are mindful of the risk of coercion of family members. Management staff report that screened visits are a central aspect of the prevention and reduction of drugs entering the prison and is put into practice with due consideration for the prisoners' welfare and stability within the prison.

1.22 It is the right of every visitor to the prison whether family member or other to be treated with respect, courtesy and in a professional manner. In the latter part of the year there have been repeated reports to the Committee that prisoners' visitors felt demeaned and disrespected by their treatment by some staff at entry.

1.23 One of the major developments in Mountjoy in 2017 was the closure of the Training Unit and transfer of prisoners serving a life sentence to the Progression Unit. The plans for the further development of this Unit are welcome including, opportunities for prisoners to attend education and employment in the evening. Greater focus on rehabilitation and autonomy is welcomed by prisoners.

1.24 Some uncertainty and unease were expressed by prisoners, at the outset of the transfer regarding the level of preparedness of the wing which had been out of use for a number of years. With redecorating and some adjustments to the physical environment prisoners have been generally adapting. In the Progression Unit, where there is need for greater focus on linking with community-based agencies and rehabilitation, the change for staff has also been challenging. The level of autonomy and out of cell time freedoms appropriately afforded to this cohort of prisoners requires preparations and adjustments to old practices which, in an institutional setting can take time. Greater communication in advance of major changes may facilitate easier adjustment by prisoners and staff.

1.25 The value of single cell accommodation cannot be overstated, reflecting a commitment to the dignity and privacy of the person.

1.26 In January 2017, a young prisoner died at the Mater hospital. He had been admitted late in December 2016 from his cell at Mountjoy. His death was investigated by the Inspector of Prisons. We express our condolences to his family on his death.

## Section 2      Statutory Framework

2.1 A Visiting Committee is appointed to each Prison under the Prisons (Visiting Committees) Act 1925 and Prisons (Visiting Committees) Order 1925

Section 3 of the Act describes 'Duties and Powers of Visiting Committees'

3.—(1) Every visiting committee appointed under this Act shall conform to and observe such of the rules made by the Minister under this Act as shall apply to them, and, subject to such rules, it shall be the duty of every such visiting committee—

(a) from time to time and at frequent intervals to visit the prison in respect of which they are appointed and there to hear any complaints which may be made to them by any prisoner confined in such prison and, if so requested by the prisoner, to hear such complaint in private; and

(b) to report to the Minister any abuses observed or found by them in such prison; and

(c) to report to the Minister any repairs to such prison which may appear to them to be urgently needed; and

(d) to report to the Minister on any matter relating to such prison on which the committee shall think it expedient or shall have been requested by the Minister so to report.

(2) Every such visiting committee and every member thereof shall be entitled at all times to visit either collectively or individually the prison in respect of which they are appointed and shall at all times have free access either collectively or individually to every part of such prison.

2.2 The Committee report to the Minister as described in 3 (b)(c)(d) Act 1925

2.3 Under the current system appointment to Visiting Committees is by Ministerial/Government appointment.

### **Section 3 Visiting Committee Practice and Procedures**

3.1 The Mountjoy Visiting Committee under the Prison (Visiting Committees) 1925 Act amongst other duties has a duty *'to visit the prison...at frequent intervals...and to hear any complaints made to them by any prisoner confined in such prison'*.

Further duties include... *'to report to the Minister any abuses observed or found'*... The Committee independent of the prison system, provides objective scrutiny representing the citizens' perspective, listens to the complaints, monitors the conditions of treatment, and seeks to ensure prisoners' human rights are respected.

3.2 For a brief period during 2017 the Committee had five members. The Committee undertook weekly visits throughout the year to meet with prisoners, liaise with staff and review conditions in all areas of the prison. The Committee met monthly to review prisoners' concerns, pattern of complaints and reflect concerns raised by prisoners and by staff in relation to the treatment and care of prisoners.

3.3 The Governor joined the meeting on a regular basis and on other occasions the Committee met with his deputy. The Committee wishes to acknowledge that concerns they raised with the Governor and his management team were addressed with care, frequently with compassion for tragic family circumstances and concern for the needs of children. Solutions addressing the complaints raised were explored and feedback was consistently communicated in an open and direct manner. Some matters were not possible to solve within the walls of the prison and need system wide change and reform.

3.4 During 2017 up to 100 prisoners met with the Visiting Committee, of those 86 were met with for interview, the request generally being made through officer staff who had day to day contact with the prisoners around the landings.

3.5 An increasing number of prisoners approach Committee members when on regular walks on the landings in all wings. Some express a reluctance to approach officers or have their name and request recorded. Others present as somewhat isolated, withdrawn and vulnerable and when listened to on landings frequently recount feelings of anger, hopelessness, and depression. A large number reported they have struggled with substance abuse.

3.6 Notice of availability of Visiting Committee and how to access it is generally publicly available on each landing. The request is recorded in the Visiting Committee Book in the Chiefs office. Occasionally a verbal request is made by an officer on behalf of a prisoner. It is noted that in a number of instances, of a verbal request there is evidence of particular insight and understanding expressed by staff of the prisoner's personal often tragic human story.

3.7 During 2017 forty-eight (48) visits were undertaken to meet with prisoners; the practice was that two members of the Committee meet the prisoner who has sought to make a complaint. Generally, the meeting took place in an office, corridor in separate space from main group, or in very exceptional circumstances in a prison cell with due regard for secure care. Emphasis was placed on listening to the prisoner and their right to be heard in private with respect for the confidentiality of his personal circumstances. Officers were consulted regarding issues of safety and risk and appropriate advice was followed. The process of listening to the individual prisoner's concern, hearing the details of his perspective, acknowledging distress and loss was frequently positively spoken of by the prisoner on a subsequent feedback meeting.



3.8 A brief anonymised record of the concern was made of complaints for the purpose of records for the annual report and also for consultation with the Governor in seeking to address concerns raised. In circumstances where there was no change to the prisoners' circumstances they frequently expressed appreciation of direct feedback on the outcome of their complaint to the Visiting Committee and valued the communication.

3.9 Chief Officer, managers and staff generally facilitated meetings in a spirit of professionalism, courtesy and cooperation. Throughout 2017 it was the experience of members of the Visiting Committee that the response to concerns raised was cooperative and supportive. Empathy, concern and recognition of the impact of disadvantaged and traumatic background was increasingly spoken of by staff. An increasing level of concern was expressed by staff about the pervasive drug abuse and the inadequacy of the system to control the entry of drugs. Further concern was expressed about the impact of imprisonment on mental health particularly prisoners spending 22 hours alone in a cell.

3.10 Fifty-three (53) visits in total were undertaken by Committee members including attendance at awards ceremony for staff (1), retirement celebration (1), and attendance at Governor's Committee on Self Harm Prevention (3). Fifteen Committee meetings were held during 2017 and the average attendance was four.

## Section 4

### Concerns raised by prisoners

4.1 It has been the experience of the Committee that the informal interaction of members with prisoners during visits to landings can be very beneficial to prisoners that otherwise would not ask to meet the Committee through the formal channels. It is for this reason that the Committee feels it is a vital for members to walk freely throughout the prison on a regular basis. The Committee would like to acknowledge the prison staff and management who facilitated such visits.

4.2 Concerns raised by prisoners included a wide range of topics: duration locked in cell, mental health care, optician services, dental services, transfer, protection status, visiting, pre-release preparation, post, clothing loss, shop service, temporary release, complaint response and new accommodation due to relocation from the Training Unit.

Table 1 Prisoner Concerns during 2017

	Concern	Total
Daily Life	Complaint Response	6
	Recreation	5
	Laundry	1
	Shop Service	4
	Post	4
	Work	2
	Clothing Loss	3
	Drug-free Landings	2
	Visiting	7
	Visitors who are Deaf	1
Accommodation	Transfer from Training Unit	7
Health	Optical services	3
	Mental health services	2
Status	Compassionate Release	2
	Temporary Release	4
	Prison Transfer	10
	Protection Status	3
Release	Pre-release preparation and fear of homelessness	10
	Parole	4
Total		80

Source: Notes of members of the Visiting Committee 2017.

4.3 It was noted by the Visiting Committee that a possible breakdown in communication could have led to some of the complaints made by prisoners. Prisoners on occasions were uncertain or did not remember about the outcomes of complaints, in the absence of documented evidence of outcome of the complaint being communicated to them directly.

4.4 There were two themes on which the Visiting Committee received no complaints. These were food and reflects well on the catering service. The second was the mixing of remand prisoners with convicted prisoners, which is contrary to international standards.

4.5 The Visiting Committee regularly viewed the cleanliness of common areas of the prison during visits throughout the year. These areas included, shower facilities, toilets, washrooms and on occasion highlighted any issue found to management and/or prison staff. As appropriate. It was noted by the Visiting Committee that the general conditions of the prison continued to improve during 2017 with the opening of a number of refurbished cells and also the new workshops a distinct highlight.

## **Section 5 Prison Infrastructure.**

5.1 The Visiting Committee note the considerable improvements made in the physical structures in the prison during the year. This includes the reopening of refurbished accommodation in C Division, new workshops in D Division, school classrooms, open plan family visiting areas and the installation of an all-weather pitch. All accommodation in Mountjoy is now single cell with in-cell sanitation. A garden area, in which prisoners can develop horticultural skills has been put in place. In May, a new multipurpose classroom area was opened in D wing. The facility is finished to a high standard and can be used to offer a wide variety of activities to prisoners.

5.2 The value of single cell accommodation cannot be overestimated, reflecting a commitment to the privacy and dignity of the person.

5.3 The large-scale refurbishment of accommodation and the provision of additional workshop and school facilities present opportunity for a more rehabilitative prison regime. The Visiting Committee is persuaded that management and staff are committed to achieving greater emphasis on rehabilitation in the management of sentences.

5.4 The attainment of this objective is inhibited by staff shortages, which during 2017 led to delays in refurbished accommodation being occupied and frequent cancellation of school lessons. It is disappointing that the investment in modern, well-equipped workshops should be underutilised because of the requirement to redeploy staff to fill gaps in areas, which are considered by the prison to be of higher priority. The steadily increasing proportion of the prison population on restricted regimes, requiring greater numbers of staff to supervise even the most basic activities, exacerbates the position.

5.5 The Committee view the establishing of the Progression Unit in Mountjoy West as an extremely positive step towards the development of a more rehabilitative prison regime. It is the intention that only prisoners with enhanced status and not requiring protection will be accommodated in this area. An open plan visiting area suitable for family visits has already been provided at the location. It is suggested that further infrastructural development of this area should include facilities such as a communal dining area that would facilitate more normalised living.

5.6 The Training Unit on the Mountjoy campus was closed in June 2017 and the prisoners were transferred to B Wing of the Progression Unit. Prisoners in the Training Unit benefitted from a semi – open prison environment. The prison authorities have not found it possible to replicate that in the Progression Unit. The overall feeling among the transferred prisoners is that their conditions have been reduced both in terms of the quality of their accommodation and a more restrictive regime. The Committee understands that a major refurbishment of the base area of the B Wing is planned to improve conditions for these prisoners.

## **Section 6**

### **Rehabilitation, Training, Education and Integrated Sentence Management**

6.1 Integrated Sentence Management (ISM) system has a central role in providing the offender with an opportunity to use his sentence constructively, enabling him to return to the community with the skills and the mind-set to avoid re-offending. ISM is a prisoner centred approach in which the prisoner is assessed at an early stage of his sentence and is invited to follow a plan, tailored, to his particular needs and setting goals for his development for which he accepts responsibility to achieve. The plan is reviewed at intervals throughout the sentence and culminates with the development of a Community Integration Plan, approximately nine months prior to release. Designated ISM officers coordinate the process. As well as the initial assessment and periodic reviews of the prisoners progress their job requires liaison with other disciplines involved with the prisoner such as education, the probation service, in-reach services and other activities.

6.2 During 2017, there were, generally three staff members employed in the ISM role to service a population that at times exceeded 600 prisoners. The Committee is satisfied that the initial ISM processing does take place. However, in light of the large number of prisoners and the relatively small number of dedicated ISM staff, it is less certain that the performance of a prisoner throughout his sentence can be monitored and reported upon in sufficient detail to enable timely interventions to help prisoners to reach their rehabilitation objectives. A number of prisoners nearing the end of their sentences spoke to the Committee of feeling unprepared for the transition to life outside prison both in terms of their living arrangements and their employability.

ISM staff have a crucial role to play at this part of a prisoner's sentence in terms of liaising with in-reach Agencies who are tasked with facilitating re-integration with the community. The position is not helped by the shortage of staff in the prison as a whole, which results in frequent redeployment of ISM personnel on duties not concerned with their ISM role. The Committee believes that the ISM system is an important contributor to ensuring a rehabilitation emphasis on the way in which a prisoner serves his sentence. In view of the complexity and central importance of the system, the Committee believes, it should be better resourced.

6.3. An evaluation of the education qualification system could be considered. The Committee observed that in the four-month period from September to December 2017 there were 14 full day closures of the school and 32 half day closures due to prison officer resource limitations. There is a new emphasis on apprenticeships and vocational training. Training in skills relevant to the labour market and the particular needs of prisoners needs greater exploration.

6.4 In keeping with the IPS Strategic Plan 2016-2018 with its emphasis on rehabilitation, resettlement and integration opportunities, the Visiting Committee recommends that this be more visible on the ground in Mountjoy.

## Section 7 Health services for prisoners

7.1 It has been established in national and international research that the health needs of prisoners are complex and many have chronic poor physical health,<sup>2</sup> in the context of poverty, substance abuse and homelessness. Prisoners who present with poor mental health and intellectual disability are profoundly vulnerable in a system that is not adequately equipped or resourced to treat and meet the needs of this group of prisoners who may be seriously disturbed and depressed. Research by Professor S Fazel in Oxford found that one in seven male prisoners have a mental illness. Professor Harry Kennedy of the Irish Forensic Mental Health Service has established that up to 20% of male prisoners need treatment in a mental health residential service.

7.2 Judge Michael Reilly in his published Report on Health Needs of Prisoners 2016 recommended that an assessment of the health needs of prisoners should be undertaken as had been recommended by the Committee on the Prevention of Torture and has been completed in a number of prisons in Northern Ireland.

7.3 The Council of Europe on European Prison Rules 2006 recommended that...*the national health authority should also be responsible for providing healthcare in prison as is the case in a number of countries...*and WHO recommends that...*Health Ministers should provide and be accountable for health care services in prisons and advocate healthy prison conditions...*

Change in policy and practice is required to develop greater coordination between voluntary and State services and between various Departments of Government including housing, education and health in order to address the health needs of prisoners.

7.4 A small cohort of prisoners diagnosed with a severe mental illness at times are in need of, but are deprived of, treatment due to lack of availability of beds in a secure setting with specialist care. In this context a prisoner may be a danger to themselves and others due to illness but, remain untreated. This is a serious concern and needs to be urgently addressed.

7.5 The daily involvement of the National Specialist Forensic In-Reach Mental Health Team including, mental health social work and nurse and their focus on transition and reconnecting with community mental health services has had a significant positive impact on the wellbeing of prisoners discharged to a back-up service in the community. However, such a process needs greater coordination, support and specific funding from the health services.

7.6 The In-Reach Team received a HSE Special Recognition Award for their work preparing and reconnecting prisoners with appropriate services in the community. This Pre-Release Programme established therapeutic relationships with prisoners in custody, facilitated referral and succeeded in establishing attendance of released prisoners at follow up appointments in community mental health services. *Beyond the Walls: An Evaluation of Ireland's Pre Release Planning Programme for Sentenced Mentally Disordered Offenders using a process of action research* is due for publication.<sup>3</sup>

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<sup>2</sup> Fazel, S. Prof, Adrian J. Hayes, Katrina Bartellas, Massimo Clerici, Prof. Robert Trestman, (2016) Mental health of prisoners: prevalence, adverse outcomes, and interventions, *The Lancet Psychiatry*, Vol 3, (9) September, pp.871-881. There were 69 Deaf prisoners in all prisons in 2016 (CSO, *Census 2016*, Statbank profile 9).

<sup>3</sup> Dr. Damian Smith, Susan Harnett and Aisling Flanagan, *Beyond the Walls: An Evaluation of Ireland's First Pre-Release Planning (PREP) Programme for Mentally Ill Sentenced Prisoners using a process of action research*,

7.7 The multidisciplinary approach involving a consultant led In Reach Mental Health service, prison and nursing management, has been effective in developing internal policy and procedures with a focus on prevention of self harm and review of lessons learned from traumatic incidents. This process, chaired by the Governor, of coordination, communication and joint work between visiting health service and prison personnel is a model that is of significant benefit to prisoners.

7.8 Ongoing training for prison staff is essential in order to assist, in identifying vulnerable prisoners and to support staff in engaging, supporting and interacting with emotionally distressed individuals. Further staff training could provide support in developing greater understanding of background and context of illness and how best to establish supportive and safe interactions with vulnerable prisoners. It is essential that staff have support and sufficient opportunity to debrief following traumatic events all of which may have a major impact. Consideration needs to be given to opportunities to debrief with colleagues in order to prevent isolation and long-term impact.

7.9 The In reach Optical service is now established and available to prisoners, however there is a waiting list for this service.

7.10 Prisoner volunteers have come forward to become trained Listeners under a training programme from Samaritans Ireland. This peer to peer programme enables prisoners in distress to be visited by a 'listener,' from a similar background to himself and who may have overcome some of the life obstacles that other prisoners still struggle with. The Committee commends the work of the Samaritans and the prisoner volunteers.

7.11 A significant proportion of prisoners had Hepatitis C in 2017. Volunteer prisoners encouraged others to take up the offer of screening during 2017 and more than 200 agreed to be tested. This was a good response and the prisoner volunteers played a part in that success.

New Direct Acting Antiviral (DAA) medicines for the treatment of hepatitis C are available in Ireland since 2014. They show high rates of viral clearance (>90%) and fewer side effects than previous treatment regimens. A HSE National Hepatitis C Treatment Programme was established in 2016.

The Department of Health has published Guideline 15 which makes very specific recommendations for treatment for prisoners where indicated:

*Screening for HCV should be offered to all prisoners on entry to prison. Screening should be offered at a time at which it is most likely to be accepted by the prisoner, while also ensuring the early identification of infections in order to minimise the risk of transmission to others.*

*Those found to have HCV infection should be linked into specialist care and treatment should be facilitated while in prison.<sup>4</sup>*

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National Forensic Mental Health Service and Mountjoy Prison, Dublin, and Quality Network for Prison Mental Health Service.

<sup>4</sup> Department of Health (2017) National Clinical Effectiveness Committee, *Hepatitis C Screening Summary*, National Clinical Guideline No. 15. p.16. July.

## Section 8 Restricted Regime

8.1 The proportion of prisoners under a restricted protection regime rose during 2017. Ireland is unique in Council of Europe Member States in having high numbers of prisoners under special security regimes.<sup>5</sup> The proportion varied from 23 per cent to almost 30 per cent during April of 2017. However, the situation is more complex, in that all but a handful of prisoners have themselves asked to be separated from specific other prisoners belonging to gangs. In this regard the Irish Prison Service is obliged to and has the right to take measures to protect the life and safety of all prisoners.

8.2 The Visiting Committee has concern that individual prisoners on a prolonged restricted regime are susceptible to becoming divorced from reality and are at risk of developing mental and physical ill health. We note that out-of-cell time is closely and formally monitored, and that some prisoners decline to leave their cells for the two hours of guaranteed (under amended Prison Rules 2017) out-of-cell time and are effectively passive and reclusive.

8.3 The majority of protection prisoners are given an option to revoke their ‘voluntary’ status every month. We recommend that despite logistical issues, that more of the protection group would have access to and avail of meaningful activities such as school and sport on a more frequent basis, as well as fresh air and natural outdoor light.

Table 2 Mountjoy prisoners, reason under Prison Rules for restricted regime 2017

Period	Total Number restrict. regime	Rule 62 Order	Rule 63 Voluntary	Rule 63 Involuntary	Rule 64 Observation	Rule 67 Discipline	Other	Estimated % of all prisoners in Mountjoy
January	147	6	141	0	0	0	0	28
April	164	7	153	4	0	0	0	29.6
July	123	6	114	2	0	0	1	22.8
October	135	5	130	0	0	0	0	24.6

Source: Extracted from Irish Prison Service Statistical Information, Census, 2017

8.4 Table 2 shows that in October 2017, the majority of protection prisoners (130 men) were locked up for 22 hours a day whereas in January 2017, the out-of-cell hours were dispersed across a number of time durations. We have examined and noted the detailed entries in log books for some prisoners who benefit from 120 to 180 minutes a day outside their cell.

8.5 We have noted that the former UN Rapporteur Juan Mendez defined solitary confinement in 2010

*‘...as the physical and social isolation of individuals confined to their cells between twenty-two to twenty-four hours per day.’*

<sup>5</sup> Council of Europe SPACE (2018) *Prison Population Survey 2016*, Table 5.2, Strasbourg, March 20.



Table 3 Mountjoy prisoners, restricted regime and lock-up hours 2017

Period	Prisoners affected	23 hours	22 hours	21 hours	20 hours	19 hours
January	147	1	46	65	9	26
April	164	4	18	21	94	27
July	123	0	0	122	1	0
October	135	5	130	0	0	0

Source: Extracted from Irish Prison Service Statistical Information, Census, 2017

8.6 The Committee recommends that the Census of prisoners develop and publish an indicator of duration of restricted regime for prisoners in addition to the quarterly 'snapshot-in-time.' Internationally, prolonged restricted regime is considered a form of solitary confinement.

8.7 The Committee notes that some more vulnerable protection prisoners with particular needs benefit from understanding and support from Prison Officers.

## Section 9 Family Visiting

9.1 Facilities for visiting by family and friends improved significantly during 2017. A new style visiting room, refurbished with carpets and painting was opened adjacent to the Progression Unit. Prisoners can sit at round tables and speak with privacy to family and friends. Children can move freely around the room. The room is well lit with natural light. A long-term prisoner has been given the job of organising the tea and coffee. At the main prison a new arrangement of tables and seating has also been developed there, which individualises the visit. The Visiting Committee welcomes these new developments and hope that these reforms can continue for the needs of the 600+ prisoners. We would suggest that some toys are added to these two facilities.

During 2017 there were 51,200 visitors to Mountjoy male prison.<sup>6</sup> The Committee was informed that the increasing volume poses issues of overcrowding in the waiting rooms and waiting areas. The numbers are equivalent to almost 200 visitors per visiting day.

9.2 The Committee has been informed that some prisoners receive no visits. The reasons are diverse and include:

- The prisoner is from overseas and has no close relatives in Ireland (Vietnam, Albania, Lithuania)
- The prisoner's relatives live far away or are too frail to travel
- The prisoner had severe mental health difficulties and was socially isolated prior to committal
- Over time, the prisoner had lost touch or been rejected by family and friends
- Prior Court Barring Orders preclude some prisoners from being visited by some visitors.

Some isolated prisoners do receive and welcome visits from the Chaplaincy or from the Vincent de Paul or from health professionals.

9.3 We consider that the use of SKYPE or similar screen-based interactive programmes would reduce the isolation of some prisoners. It is being used in other prisons in Ireland.

9.4 Among the concerns expressed by prisoners have been the temporary suspension of visits by named persons, the use of screened visits for specific prisoners and the difficulty of phoning in to get an appointment. A number of prisoners were concerned at what they regarded as an overzealous searching of visitors and the manner in which some visitors have been screened.

9.5 Prisoners have reported to the Committee that their named visitors have been banned from visiting due to breaches of the visiting rules. We have followed up these concerns. The Committee is satisfied that such bans are of a fixed duration and that such visitors can write directly to the Governor outlining their view as to why the ban should be reduced in duration or lifted. Such letters are examined on an individual basis.

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<sup>6</sup> Regional Manager Prison Visitor Centres, 2018.

## **Section 10**

### **Parole**

10.1 A small number of long serving prisoners have asked the Committee about Parole or Temporary Release. The Committee are not in a position to answer these queries.

10.2 The Committee urges that clarification is brought to the rights of convicted non-EU nationals when they have no residency entitlement outside the prison or do not want/cannot be repatriated or extradited to countries with which Ireland has no judicial Agreements. This impacts on their ability to seek temporary release status or attend courses or job placements outside the prison.

## **Section 11 Media**

11.1 The European Code of Ethics for Prison Staff 2012 states that *‘Information of a confidential nature in possession of prison staff shall be kept confidential, unless the performance of duty or the needs of justice strictly require otherwise.’*

11.2 The Visiting Committee in their 2016 annual report noted an increasing number of media outlets reporting on prisoner and prison affairs. Concern about the nature and in many cases the detail in many of these reports had been brought to the attention of the committee by prisoners during 2016. Many prisoners had expressed the desire to serve their sentence in peace and also had concerns as to how publicising of this information affected their friends and family

11.3 The Visiting Committee want to note the reduction in these articles during 2017 and also want to note this topic was not brought to our attention by prisoners in 2017. However, the Committee continues to be concerned at the leaking of confidential information to the mass media.

## Section 12 Recommendations

12.1 The Visiting Committee recommends that there should be an urgent review of staffing to explore how available resources can be best used to ensure that workshops, education and other meaningful activities are available to prisoners on a five-day basis.

12.2 Contact with family members and, where it is in the child's interest, consistent contact with children to maintain family relationships should be encouraged and facilitated.

12.3 The searching of visitors should balance the dignity of the person with the need for a secure prison.

12.4 Pre-release care is fragmented; the Committee recommends that engagement between service providers, both statutory and voluntary to provide the supports to prisoners on release, be increased.

12.5 The increasing number of prisoners serving a sentence for drug related crime is a matter of serious concern. The Committee recommends that the proposed drug treatment unit is prioritised, that there is greater Interdepartmental support at Government level for community drug services, and that funding for local Drugs Task Force is increased.

12.6 During 2017 a small number of prisoners with a severe and enduring mental illness requiring treatment in a secure specialist setting were not receiving recommended therapeutic intervention. The Committee recommends that the gaps in forensic residential treatment facilities needs urgent resolution.

12.7 The Committee recommends that there is more than one nurse on night duty to meet the needs of the whole campus including emergencies.

12.8 The regime for restricted prisoners and vulnerable behaviourally disturbed prisoners needs reform. The Committee is concerned that the out-of-cell time of some prisoners on a restricted regime is so reduced that their rights are severely restricted, their mental health and psychological wellbeing is at risk and a number are becoming increasingly vulnerable.

12.9 The Committee recommends that the rights and status of foreign nationals on life sentence needs review and that step-down facilities appropriate to their specific needs are considered.

12.10 The Committee recommends an end to the practice of committal prisoners being in the same area/landing as other non-committal prisoners.<sup>7</sup>

12.11 The Committee recommends that the Prison Service and Prison management explore ways to normalise socialisation of enhanced prisoners by providing opportunities to have meals together.

12.12 The Committee recommends the greater availability of information in library, on in cell video, or leaflets on parole and other resettlement/rehabilitation services for prisoners.

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<sup>7</sup> Report on an Inspection of Mountjoy Prison by the Inspector of Prisons Judge Michael Reilly August 2009

12.13 In the context of risk to physical, emotional health and wellbeing of staff the Committee strongly recommends ongoing training, support and opportunity to debrief following traumatic incidents.

12.14 The Committee considers that ongoing training is essential in order to assist staff identify vulnerable prisoners, support staff in engaging, supporting and interaction with emotionally distressed individuals.

12.15 The Committee recommends that the IPS Census of prisoners publish an indicator of duration of restricted regime for prisoners in addition to the quarterly 'snapshot-in-time.'

12.16 Screening for HCV should be offered to all prisoners on entry to prison. Those found to have HCV infection should be linked into specialist care and treatment should be facilitated while in prison.

12.17 The Committee proposes that Mountjoy have a Strategic Plan for rehabilitation with which all those engaged with the prisoners can identify.

20.18 The Committee recommends that increased resources and funding is urgently made available for secure supported accommodation in the Community for prisoners following release, particularly vulnerable prisoners with intellectual disability or severe and enduring mental illness.