

IRISH PRISONS AND COVID-19: ONE YEAR ON

March 2021 marked the anniversary of Ireland's pandemic response and the introduction of the first COVID-19 restrictions in Irish prisons. While the Irish Prison Service, prison staff and prisoners are to be commended for working together to keep the number of COVID cases in Irish prisons low to date, there is no doubt that the pandemic has had a devastating impact on people in prison.

One year on, this briefing outlines what we have learned from the prison response and the steps that are now required in order to meet human rights obligations and address the effects of COVID-19 on people in prison and their families.

While the principles contained in our [Irish prisons and COVID-19: Proposed Measures](#) April 2020 briefing still apply, IPRT here examines the actions that need to be taken now and into the future, under the following headings:

1. **Reducing the prison population** 📊
2. **Access to healthcare** 🏥
3. **Easing of restrictions in prisons** 🚪
4. **Preparing for release** 👤
5. **Accountability** 🗣️

Context

- The State has a duty of care to protect the health of the prison population (UN Mandela Rules, Penal Reform International 2020, SPT 2020, WHO 2020, Inspector of Prisons 2016). This will also help preserve the health and safety of staff (CPT 2020).
- The State must take into account the rights of persons deprived of their liberty, their families and detention/healthcare staff when taking measures to combat the pandemic (SPT 2020).
- People in prison should enjoy the same standards of healthcare available in the outside community, without discrimination on the grounds of their legal status (WHO 2020).
- The prohibition of torture, cruel, inhuman or degrading treatment cannot be derogated from, even during exceptional circumstances (SPT 2020).
- Prisons, and in particular poor prison conditions such as overcrowding, cell-sharing and a lack of access to proper hygiene standards, are high-risk environments for the transmission of infectious diseases such as COVID-19 (Coker 2020).
- Prison populations disproportionately experience complex health problems with higher levels of compromised health, ill-health and chronic conditions (WHO 2019). At one point, 52% of the population in Ireland's main female prison were cocooning not due to their age but mainly because of their chronic health needs (IPRT 2021, Irish Independent 2021, IPS Feb 2021).
- Mental ill-health is disproportionately experienced by the prison population. The prevalence of mental illness among sentenced prisoners in Ireland is estimated to be 27% (males) and 60% (females) (Kennedy et al 2005).
- Despite a relatively low number of confirmed COVID-19 cases in prison, the impact on day-to-day regimes has been harsh (Irish Times 2021, OIP & MU 2020). People in prison have experienced severely reduced contact with families, lack of purposeful activity, limited access to education/work/training and long hours spent in cells. While conditions have varied on COVID-19 related restricted regimes, some prisoners have not had access to a shower for a 14-day period and others in medical isolation may not even have had access to exercise or fresh air (IPRT 2021).

Lessons learned are key to future success

For all its challenges, the COVID-19 pandemic has also brought unprecedented opportunities for reform. IPRT has identified 10 lessons from the response to the pandemic, which may assist and guide progressive penal reform in the future. These are discussed in detail in our annual *Progress in the Penal System* report (IPRT 2021), but we set out here five of the key lessons learned:

1. **Strong leadership and political will can make penal reform a reality:** The process and speed by which the right decisions were taken and implemented by the Irish Prison Service (IPS) and the Department of Justice (DoJ) in the early stages of the pandemic should be noted and replicated in all future decision-making on penal matters.
2. **Penal moderation is possible:** At the outset of the pandemic, there were over 4,200 people in custody in Ireland. Through the efforts of the IPS and the DoJ, the prison population was reduced by approximately 10% to 3,807 people in the space of one month (with no compromise to public safety).
3. **Prison health is public health:** A positive outcome of the pandemic was recognition of the continuum between prison health and public health, and between prisons and the community. This should continue to be recognised, particularly when looking at vaccination.
4. **Confinement has negative consequences for physical and mental health:** The protection of physical health must not come at the cost of mental health. Mitigating against the negative health impacts of COVID-19 measures and developing mental health crisis plans must now be a priority, along with increased mental healthcare provision as restrictions ease.
5. **Collaboration and community engagement benefits everyone:** Early pandemic responses demonstrated what can be achieved through a joined-up approach across agencies and community-based organisations. This should be replicated in the future in order to achieve the best possible outcomes for those leaving prison and the wider community.

1. Reducing the Prison Population

A guiding principle of penal reform is that, when a person is sentenced to a term of imprisonment, the deprivation of their liberty is the punishment. Further restrictions imposed in prison (as has been the case during the pandemic) can therefore be viewed, and experienced, as a disproportionate level of punishment (IPRT 2021).

Prison overcrowding makes it extremely difficult to maintain proper infection control measures (PRI 2021) and results in longer hours in cell. Lower prison numbers will allow for single-cell accommodation, make it easier for authorities to reduce and manage outbreaks of COVID-19 (IPRT 2021), and facilitate access to regimes. Therefore, all efforts should be made to keep the prison population as low as possible.

1.1 Sentencing practices

The impact of a custodial sentence is undoubtedly heavier than normal during the pandemic. It is only right that courts therefore take into account the harsher conditions in prison when making sentencing decisions. In England & Wales, the Court of Appeal has confirmed that the impact of COVID-19 on prison life is a factor which can properly be taken into account when deciding whether or not to suspend a sentence (*R v Manning* [2020]). Further cases in [Scotland](#) and [Northern Ireland](#) have considered this point, but to date there has been little discussion in the Irish courts. IPRT encourages those engaged in sentencing decisions in the courts to have regard to these UK case authorities.

1.2 Pre-trial detention

Increasing rates of remand (pre-trial) detention must be addressed and reversed, with urgency. Since 2017, there has been a 21% increase in the average number of people held on remand (IPS 2019) and we have seen a particular increase in the number of people detained on remand for relatively low-level offending (such as public/social code offences) (*Irish Times* 2020). IPRT calls on the DoJ to investigate the reasons behind this increase so as to address it in the long-term. In the short-term, the DoJ should develop bail support schemes which would help people comply with bail conditions and avoid the need to remand them in custody (IPRT 2015). This might include, for example, extending an age-appropriate scheme similar to the existing Bail Supervision Scheme (currently used in respect of children on remand) to young adults aged 18-24.

1.3 Early release

At the outset of the pandemic, the prison population was reduced by 10% through the release of prisoners serving sentences of less than 12 months and/or with less than six months left on their sentence. Other measures should now be taken to reduce the prison population, including:

- the statutory bar on temporary release for certain drugs and firearms offences should be removed (SRPP 2014) and access to temporary release should be based on an individual's current risk and not simply the type of offence they committed (OIP & MU 2020);
- both standard and enhanced remission periods should be increased by amending the Prison Rules 2007 (Justice Committee 2013); and
- consideration should be given to expanding access to both Community Return and Community Support Scheme programmes (Justice Committee 2018).

Given the likely surge of cases we can expect to see once the courts are back up and running, with the attendant risk of a sudden increase in the prison population, it is imperative that action is taken now and the above measures are seriously considered in order to avoid this outcome.

1.4 Parole

Commitments from the Minister for Justice to implement the Parole Act 2019 and have the new Parole Board fully operational by July 2021 (PQ 2021) must be met. It is crucial that the new statutory Parole Board is independent in its decisions and that new members fulfil the eligibility criteria set out in section 10(5) of the Parole Act 2019 and have sufficient and appropriate expertise and experience to carry out their role.



Recommendations:

1. The courts should consider the impact of COVID-19 on prison life when making sentencing decisions.
2. The Department of Justice should explore all possible measures to reduce the use of pre-trial detention and reduce the prison population.
3. The Minister for Justice must fulfil her promise to establish the new statutory Parole Board by July 2021.

2. Access to Healthcare

Continuity of care between prison and public healthcare plays a vital role in addressing health inequalities (WHO 2007). The experience of the pandemic in 2020, which required the State to act to prevent outbreaks in all settings so as to protect the wider community, more broadly shows the benefits of a joined-up healthcare approach and investment in prison healthcare (Caruana 2020). This focus on improving prison healthcare must continue during, and beyond, the current crisis.

2.1 Vaccination

The State must implement public health guidance in line with international human rights standards, including the right to life and right to health (Amnesty 2021). There is a further “*heightened duty of care*” to protect the lives of individuals deprived of their liberty by the State (HRC 2018). If we want to protect ourselves and each other from COVID-19, no one can be left behind in the delivery of vaccines.

The prison population has disproportionately poor health and high rates of chronic disease: at one point, more than half of women in the Dóchas Centre were cocooning, mainly because of their chronic health needs. Coupled with the particular environmental challenges posed by prisons and the potential for prison outbreaks to contribute to spread in the community, there is a strong case for prioritising prisoners and prison staff for vaccination (Uni of Oxford 2020, Politico 2021, UCL 2021).

Prisoners should at a minimum receive parity of access (Gulati et al 2020, WHO 2021). Nobody should be delayed access to vaccination because they are imprisoned, and people in prison who fall within priority groups for vaccination (DoH 2021) should at least be vaccinated at the same time as those groups in the community (as is happening in the UK (CCJS 2021)). The physical and mental health impacts of continued COVID restrictions in prison further supports the need for speedy vaccination of the prison population.

Given the flow of prisoners through the prison system, a clear strategy backed up by the necessary resources for ensuring continuity of care between prison and the community is needed. This strategy will need to address how first and second doses of the vaccine will be tracked as well as the plan for communicating with prisoners and families about the vaccine roll-out.

2.2 Mental health

Isolation and loneliness during the pandemic has severely impacted the mental health and wellbeing of people in prison. At the same time, COVID-19 has resulted in a reduction of psychology and addiction services in prison (PQ 2021). This is particularly concerning given the already high rates of mental illness among the prison population (Kennedy et al 2005).

For some, COVID-19 isolation requirements have felt like solitary confinement or additional punishment (OIP & MU 2020) and indeed some of the measures imposed effectively amount to solitary confinement. Research finds that solitary confinement can cause long-term harm to those with pre-existing mental health problems (IPRT 2018). The UN Committee against Torture has previously recommended to Ireland that solitary confinement of prisoners with psychosocial disabilities should be abolished (UNCAT 2017).

Pro-active and robust measures must be taken to mitigate the negative consequences of these isolation measures, both in the short and long term. These should include:

- prioritising prisoners for vaccination so as to allow a lifting of COVID restrictions;
- ensuring access to support services both inside and outside the prison (e.g. through in-cell phone access);
- diversifying the activities provided to those in isolation;
- ensuring continuous healthcare assessments during periods of isolation;
- developing long-term mental health crisis plans for individuals; and
- ensuring access to long-term mental health supports, which will require appropriate staffing of in-prison addiction and mental health services.

Given the difficult circumstances under which prison officers have been working over the past year, additional supports should also be offered to staff to ensure their well-being.

2.3 Physical health

Physical health and mental health are interlinked. UK research has found that prisoners have struggled to access basic healthcare, such as GP services, during the pandemic (EP:IC 2021). The IPS has a heightened responsibility to individuals in its care and a duty to provide medical treatment to those in prison and protect prisoners' physical and mental health (PRI 2020). The IPS must ensure prisoners' continued access to essential healthcare services and must not allow COVID restrictions to inhibit this.

The IPS should further keep under review measures which might mitigate the significantly reduced out-of-cell time and its impact on prisoners' physical health e.g. by providing activities specifically focused on physical movement and exercise.

2.4 Conditions in Quarantine

IPRT is aware that some prisoners, while in quarantine, have been deprived of access to a shower for up to 14 days (IPRT 2021). This not only adversely affects prisoners' ability to maintain good hygiene, but denies them basic entitlements guaranteed by the Irish Prison Rules 2007 (rule 25(2)) and the revised European Prison Rules (rule 19(4)). The situation must be rectified immediately, with all prisoners provided access to regular showers regardless of their quarantine status. Prisoners must also be provided with hygiene products necessary for the maintenance of health and cleanliness.



Recommendations:

4. **Government should consider prioritising prisoners and prison staff for vaccination. At a minimum, Government must ensure that prisoners receive parity of access to the vaccine.**
5. **The Irish Prison Service should take all measures necessary to address the negative impacts of the pandemic on prisoners' mental and physical health.**
6. **The Irish Prison Service must act to ensure all prisoners, including those in quarantine, are provided with regular showers and access to all necessary hygiene products.**

3. Easing of Restrictions in Prison

All international human rights bodies are clear: any restrictive measures introduced in response to COVID-19 in prisons must be clinically necessary, proportionate to risk and time-limited (HRC 2020). Restrictive measures in prisons should be subject to regular review and “*must be lifted as soon as they are no longer required*” (CPT 2020). It is crucial that the IPS plans and puts in action measures to ease COVID related restrictions as soon as, and whenever, it is possible to do so.

3.1 Publication of plans for easing of restrictions

The IPS has developed a “5 stage Framework for Living With Covid-19 in line with the National Framework published by the Government” (IPS 2021, DoJ 2021). Publication of the Framework would support transparency, reassure prisoners and their families, and outline how restrictive measures in prison relate to public health advice. The IPS should further consider consulting support staff and families about resuming physical visits (an approach taken by the Scottish Prison Service (SPS 2020)).

3.2 Access to out-of-cell time and regimes

COVID-19 restrictions have resulted in significantly longer lock-up hours for all prisoners, with reduced access to normal prison regimes. In some prisons in 2020, the general population received just five hours of out-of-cell time, with those subject to restricted regimes (both COVID and non-COVID related) in lock-up for even longer periods of time (IPRT 2021). One person cocooning for health reasons reported being locked in their cell for a period of 30 consecutive hours (OIP & MU 2020).

Increased out-of-cell time and access to exercise and education (including via remote learning in cell) must be a priority and included as a core part of the framework for unwinding restrictions. This is crucial in order to protect the long-term physical and mental health of prisoners. IPRT also calls on the IPS to publish the number of days prisoners are held on restricted regimes and the exact number of hours of out-of-cell time provided to the general prison population.

3.3 Access to services

While access to some services has been maintained, prisoners’ access to community-based services that support reintegration (including drug rehabilitation services) have not been adequately facilitated during the COVID-19 emergency. Social/link workers have reported heavy restrictions on access to clients in prison throughout the pandemic, which is further exacerbated by inadequate video calls and lengthy delays in written correspondence (IDPC 2021). Unsurprisingly, services report that these restrictions have led to a deterioration in the mental health and wellbeing of their clients.

Resuming in-person visits with community-based services should be a priority for the IPS. Where it is not possible to resume in-person professional visits, the IPS must properly facilitate remote contact. Details of how contact with service providers will be facilitated should be included in the IPS published framework for easing restrictions. Prompt arrangement of remote contact for prisoners who need to speak with their lawyer should also be guaranteed.

3.4 Access to the outside world

The planned roll-out of in-cell telephones across the prison estate would undoubtedly assist in maintaining prisoners’ communication with the outside world (IPS 2021). Sufficient resources must be committed to this initiative to make it a reality. The IPS should also consider introducing in-cell tablets as part of e-learning developments and in order to allow prisoners continued access to education.

Backlogs in processing prisoners’ postal correspondence must also be addressed: all prisoners have a right to correspondence with friends and family and delays in processing post during the pandemic causes significant distress to those affected (IPRT 2021).

3.5 Family visits

It has now been a year since most children with a parent in prison have seen their parent in person. The lack of in-person visits has undoubtedly impacted children’s relationships with their parents as well as children’s mental and physical health, and risks hampering future reunification and resettlement after prison (Uni of Oxford 2021). In-person family visits must recommence as soon as possible, in line with public health guidance and other residential settings (HPSC 2021).

Once resumed, visits should be permitted for at least 30 minutes (per Prison Rules 2007) and consideration given to increasing the length of physical visits wherever possible. In the meantime, efforts should be made to increase the duration of video calls with families to a minimum of 30 minutes (IPRT 2020).

When restrictions on physical visits were eased briefly in summer 2020, families expressed particular difficulties with the limit of bringing only one child per fortnightly visit (IPRT 2020). The Joint Committee on Human Rights (England & Wales) has concluded that *“the Government must not impose blanket restrictions on visiting rights. In order to comply with Article 8 ECHR, they must ensure that any restriction on visiting rights is necessary and proportionate in each individual case.”* (UK Joint Committee on Human Rights 2020). IPRT calls on the IPS to remove this blanket limit on the number of children permitted to attend when in-person visits resume.

3.6 Resumption of physical visits for particular groups

IPRT invites the IPS to consider resuming in-person visits as soon as possible, and even under the current high level of restrictions¹, for people with disabilities who experience difficulties communicating via phone or video call. This was an issue identified for prisoners with hearing problems even before the outbreak of COVID-19 (IPRT 2020).

Consideration should also be given to resuming in-person visits for children detained in Oberstown with immediate effect. As one child noted in the recent HIQA inspection of the Detention Centre, *“Not having visitors is really hard. Zoom calls are not enough and can be annoying.”* (HIQA 2021).



Recommendations:

7. Publish the IPS ‘Framework for Restrictive Measures for Living with Covid-19’ without delay.
8. Increase out of cell time and access to education and exercise for all prisoners.
9. Publish figures on the number of days prisoners are held on restricted regimes and the number of out-of-cell hours provided to the general population in each prison.
10. Take action on improving visits and contact with the outside world, as outlined above.

¹ As of the date of publication, Ireland is at Level 5 restrictions (the highest level) of the government’s ‘COVID-19 Resilience and Recovery 2021: The Path Ahead’ framework.

4. Preparing for release

Over a year after the pandemic was declared, people leaving prison are being released into a changed world, where masks, social distancing and infection control measures are expected to be in place for the foreseeable future. People in prison may have particular concerns about their release, due to rates of transmission of COVID-19 in the community ([Irish Times 2020](#)). Many community organisations are reporting poor mental health among clients coming out of prison during the pandemic. Combined with the fact that the rehabilitative purpose of imprisonment has been vastly diminished as a result of COVID-19, there is a greater risk than normal that those leaving prison will struggle to adjust to life in the community. Pro-active measures must be taken to support this transition.

4.1 Structured release planning

At the outset of the pandemic, we saw impressive inter-agency working to improve structured release planning and ensure people did not exit prison straight into homelessness ([IPRT 2021](#), [LSE 2020](#)). One year on, it remains crucial that the IPS, Probation Service and community organisations continue to work together, and measures adopted in March 2020 which allowed for this focused and efficient inter-agency planning should remain in place.

The rehabilitative focus of prisons must not be forgotten during the pandemic. The IPS must support the work of Integrated Sentence Management (ISM) Coordinators, by ensuring ISMs have access to individuals due for release during this period of ongoing COVID-19 restrictions. It is crucial that prisoners continue to be facilitated in progressing through sentence plans, and are able to fulfil recommendations made by bodies such as the Parole Board. Facilitating prisoners' contact with community-based services and families (see 3.3-3.5 above) would further help ensure people have proper support networks in place when they leave prison.

4.2 Probation practices

COVID-19 has posed significant challenges for the Probation Service ([PBNi 2020](#), [Alvey 2020](#)) and service users. Individuals engaged in probation services have reported “*their feelings of being ‘more isolated’ than usual*” and fears of relapsing into “*old coping mechanisms’ such as alcohol/substance abuse*” ([Alvey 2020](#)). This is particularly concerning given the already high prevalence of mental health difficulties among people subject to Probation Service supervision ([Power 2021](#)).

A Northern Ireland review of operational and practice changes made in response to COVID-19 found that digital tools could enhance services in future, but that they should not replace face-to-face contact ([PBNi 2020](#)). IPRT invites the DoJ to carry out a review of how the Probation Service and community sanctions regimes have operated during the pandemic. This review should look to identify new opportunities for innovative ways of working, and could inform the Criminal Justice (Community Sanctions) Bill 2014 and wider plans to reform the role of the Probation Service ([DoJ 2021](#)).



Recommendations:

11. IPS must ensure ISM Coordinators' access to individuals due for release during COVID-19, and continue to facilitate prisoners in progressing through their sentence.
12. The Department of Justice should review how the Probation Service and community sanctions regimes have operated during the pandemic and consider what additional supports might be provided to people coming out of prison at this time.

5. Accountability

Prisons are closed institutions, in which the State exercises exceptional control over the individuals detained. This makes external scrutiny of prisons, through monitoring, inspection and proper complaints mechanisms, absolutely crucial to the protection of human rights within the prison estate. Never has this been more important as during the past year, when COVID-19 restrictions have made prisons – already difficult to scrutinise from the outside – even more impenetrable.

5.1 Inspection

The lack of published prison inspection or monitoring reports in Ireland during the first year of the pandemic has been a major gap in accountability. IPRT accordingly welcomes the Inspector of Prisons programme of COVID-19 Thematic Inspections, commenced in March 2021 ([OIP 2021](#)). These prison inspections must be safely facilitated by the IPS, regardless of the level of restrictions in prisons. Publication of these inspection reports should further be prioritised by the Minister for Justice, so as to address the accountability gap and allow timely responses to any issues raised.

IPRT further calls on the Minister for Justice to fulfil the Government's promise to ratify and implement the Optional Protocol to the Convention against Torture (OPCAT) by December 2021 ([PfG 2020](#)). In particular, the existence of a National Preventive Mechanism (NPM) would have provided additional human rights protections and safeguards to people in all detention settings during the pandemic.

5.2 Complaints

The shortcomings of the current prison complaints system have been repeatedly highlighted ([OIP 2020](#), [CPT 2020](#), [OIP 2016](#)) and prisoners continue to lack access to a fully independent complaints and appeals mechanism ([IPRT 2021](#)). In the current circumstances, when prisoners have even more limited contact with the outside world, it is more important than ever that they have access to a robust complaints system in which they have confidence. This can also promote increased safety for prison staff, by reducing tensions in prison.

A new prison complaints system was due to be introduced before the end of 2020 ([PQ 2020](#)) but it has yet to be commenced ([PQ 2021](#)). Urgent steps must be taken, and any required resources allocated, to ensure this system is introduced as promised and without further delay. Given that the Office of the Ombudsman's jurisdiction will only extend to prisons 12 months after the new internal prison complaints system has been implemented, the need for urgent action is clear.

5.3 Publication of data

There is a dearth of information and data relating to Irish prisons. Examples already outlined in this briefing include the lack of clarity around the vaccination strategy for Irish prisons and the lack of data on the length of time people are held on restricted regimes. Further gaps include the following:

- Data on the extent to which prisoners have access to outdoor exercise and meaningful human contact during their out-of-cell time is not collated or published.
- Regular up-to-date figures on the number of family visits (physical and video) conducted per prison is not currently published.
- Figures on the number of COVID-19 cases in Irish prisons are not routinely provided (as compared to the UK, where HM Prison and Probation Service and the Scottish Government are publishing weekly/monthly data ([HMPPS 2021](#), [Scottish Government 2021](#))).

Finally, the DoJ has not updated its COVID-19 information page since 13 November 2020 ([DoJ 2020](#)): this must be urgently rectified, with up-to-date information relating to the COVID situation in prisons published by the Department on a regular basis.

5.4 Parliamentary oversight

Parliamentary oversight is an important tool in promoting human rights and supporting public confidence in the justice system. During the pandemic, however, we have seen a notable absence of human rights analysis of COVID related legislation. This is, in part, due to the absence of any structure in the Oireachtas for formal engagement with human rights and equality norms ([IHREC 2021](#)).

IPRT is particularly concerned by amendments made to the Prison Rules in July 2020, which allow a Governor or the Director General to suspend or restrict or modify entitlements to physical exercise, recreation, training and visits ([Prison \(Amendment\) Rules 2020](#)). These amendments have no sunset clause and they appear to have received very little scrutiny before they were brought into force. This lack of consultation or parliamentary oversight is extremely regrettable, and IPRT invites the Minister for Justice to repeal these amendments as soon as possible (and no later than the same time as other COVID-related regulations are repealed).

We also echo the Irish Human Rights and Equality Commission's call for the establishment of a Joint Oireachtas Committee on Equality, Human Rights and Diversity, which would (a) review all primary legislation adopted as part of the COVID-19 response and (b) report to the Houses of the Oireachtas on all Ministerial regulations ([IHREC 2021](#), [IHREC 2020](#)).

At the very minimum, existing Oireachtas Committees should examine the effects of COVID-19 on the criminal justice system.



Recommendations:

- 13. Minister for Justice must publish the Inspector's COVID-19 Thematic Inspection Reports once submitted and without delay.**
- 14. Minister for Justice and the Department must take urgent steps, and provide sufficient resources, to ratify OPCAT and implement the new prison complaints system.**
- 15. Department must improve data collection and publication in number of areas.**
- 16. Minister for Justice must repeal the Prison (Amendment) Rules 2020 as soon as possible.**
- 17. Government should consider establishing a Joint Oireachtas Committee on Equality, Human Rights and Diversity. In the meantime, existing Committees must examine the effects of COVID-19 on the criminal justice system as part of their work.**

Conclusions

While the full effects of the pandemic on the criminal justice system cannot yet be known, we can act now to minimise the harmful impact of the restrictions imposed and seize the opportunities for progressive penal reform that have arisen.

The pandemic has shown us what can be achieved when there is leadership and political will. Let us use what we have learned over the past year to end our historic overreliance on prison and build a fairer and more humane penal system that better protects the whole community.



RECOMMENDATIONS

IRISH PRISONS AND COVID-19: ONE YEAR ON



Reducing the Prison Population

1. The courts should consider the impact of COVID-19 on prison life when making sentencing decisions.
2. The Department of Justice should explore all possible measures to reduce the use of pre-trial detention and reduce the prison population.
3. The Minister for Justice must fulfil her promise to establish the new statutory Parole Board by July 2021.

Access to Healthcare

4. Government should consider prioritising prisoners and prison staff for vaccination. At a minimum, Government must ensure that prisoners receive parity of access to the vaccine.
5. The Irish Prison Service should take all measures necessary to address the negative impacts of the pandemic on prisoners' mental and physical health.
6. The Irish Prison Service must act to ensure all prisoners, including those in quarantine, are provided with regular showers and access to all necessary hygiene products.

Easing of Restrictions in Prisons

7. Publish the IPS 'Framework for Restrictive Measures for Living with Covid-19' without delay.
8. Increase out of cell time and access to education and exercise for all prisoners.
9. Publish figures on the number of days prisoners are held on restricted regimes and the number of out-of-cell hours provided to the general population in each prison.
10. Take action on improving visits and contact with the outside world, as outlined above.

Preparing for Release

11. IPS must ensure ISM Coordinators' access to individuals due for release during COVID-19, and continue to facilitate prisoners in progressing through their sentence.
12. The Department of Justice should review how the Probation Service and community sanctions regimes have operated during the pandemic and consider what additional supports might be provided to people coming out of prison at this time.

Accountability

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