EUROPEAN COMMITTEE FOR THE PREVENTION OF TORTURE AND INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT (CPT)

COUNCIL OF EUROPE

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Response

of the Irish Government to the report of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) on its visit to Ireland

from 21 to 31 May 2024

The Government of Ireland has requested the publication of this response. The CPT's report on the 2024 visit to Ireland is set out in document CPT/Inf (2025) 22.

Strasbourg, 24 July 2025

Introduction

Background

The Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) made its eighth visit to Ireland from the 21st to the 30th May 2024 pursuant to Article 7 of the European Convention which established the CPT.

As is normal practice in the case of a periodic visit, the CPT wrote to the Irish Authorities on 27th March 2023 announcing that the CPT would include Ireland in its programme of periodic visits for 2024. On the 7th May 2024, the CPT indicated that the visit would begin on the 21st May 2024 and was expected to last 11 days. On 14th May 2024, the CPT made known the preliminary list of places it wished to visit.

The details of the visit, including the composition of the delegation, places visited, the CPT's recommendations, comments and requests for information are contained in its Report to the Irish Government. This report was adopted by the CPT on the 8th November 2024 and sent to Ireland on the 11th December 2024.

The response of the Irish Government to the recommendations, comments and requests for information contained in the report of the CPT is set out in this document. For ease of reference and reading, this response follows the format of the CPT's report.

Publication

The information gathered by the CPT in relation to its visit, its report and its consultations with the authorities concerned, is confidential. However, whenever requested to do so by the Government concerned, the Committee is required to simultaneously publish its report, together with the response of the Government. In the interests of openness, transparency and accountability, the Irish Government has decided to ask the CPT to simultaneously publish its report and the Government's response thereto.

Organisation of the response

In this document, Ireland has set out sequentially the context for each request and recommendation in the Report, summarising and quoting from the report in order to give context to the Committee’s specific requests and the response.

Response to the recommendations, comments and Requests for Information arising from the visit by the CPT to Ireland from 21 May to 30 May 2024.

I. INTRODUCTION

The Government of Ireland welcomes the acknowledgement of the progress on operational reforms achieved since the CPT's visit in 2019, despite the challenges faced by the Irish Prison Service (IPS), and the country, during the Covid-19 pandemic.

There have been a number of other significant developments since the 2019 visit including, in 2022, the Government approved the ***Review of Policy Options for Prison and Penal Reform 2022-2024***. This Review, which currently guides the State's penal policy recognises that rehabilitation and reintegration of offenders is a key goal of our penal system, that community-based sanctions are effective in this regard, and that imprisonment should only be used in the most serious cases or where the sentencing judge considers the offender cannot be safely managed in the community.

In common with many other countries post-Covid, and after a decade of successfully reducing our prison population, we are now experiencing significant challenges in prison capacity.

In response to the overcrowding crisis, a Department-led, cross-sectoral Prison Overcrowding Response Group (PORG) was established in 2023 to facilitate a coherent and targeted response to prison overcrowding. Several actions being implemented by the PORG focus on adopting more measures for the execution of sentences in the community;

- Progressing the Criminal Justice (Community Sanctions) Bill 2014, retaining the emphasis placed on prison as a sanction of last resort. A policy review of the Bill has been completed. The review is being considered in the context of advancing the publication of a revised draft of the Bill.

- Engagement between the Probation Service and the judiciary to encourage the use of the community service orders rather than the imposition of custodial sentences of 12 months or less. As a result of positive dialogue to date, commencing on the 3rd February 2025, all pre-sanction reports requested by the District Courts will include an assessment of suitability for community service and for restorative justice.

- Passing legislative amendments to increase the maximum limit of community service hours to 480 hours and to introduce a statutory obligation on the judiciary to consider community service as an alternative to custodial sentences of 2 years or less. Work is being progressed, with legislative amendments currently being drafted.

In April 2025, the Minister approved the publication of the Probation Service Community Service Implementation Plan, New Directions 2025-2027. It sets out a range of actions and targets to increase the uptake, consistency and availability of Community Service Orders.

Additionally, in 2023 the Department published its policy paper on restorative justice, 'Promoting and supporting the provision of Restorative Justice at all stages of the criminal justice system'. The Probation Service has now developed its own restorative justice action plan and this was published earlier this year. The plan has an objective of increasing Restorative Justice referrals and interventions by 10% each year of the plan.

Other significant developments include the ***High Level Taskforce on Mental Health and Addiction***

report which was published in September 2022 and the first ***Health Needs Assessment for the Irish Prison Service***, completed in 2023. Further information on the progress on implementation of these two initiatives is provided in the responses below.

While progress has been slower in some areas, as referred to earlier, the Covid-19 pandemic had a very significant impact in the period since the CPT visit in 2019. The IPS was very successful in its management of Covid-19 over the course of the pandemic and the period when restrictions were being lifted. There have been no deaths and infection numbers remained consistently low throughout.

The IPS developed a contract tracing system that has been recognised internationally as best practice by the WHO. Managing the risks and challenges faced in a prison context during the Covid-19 pandemic proved to be significant, particularly over such a protracted period of time. Following the confirmation of widespread restrictions due to Covid in March 2020, the prison population was reduced quickly over a 2 month period from 4,214 on 12 March, 2020 to 3,767 on 19 May 2020.

This was achieved through a number of measures which were implemented to reduce the occupancy in a number of prisons to a very manageable level, to support infection control and isolation measures.

Central to how Covid has been managed effectively within the prison system is the relationship of trust and mutual respect between prisoners and the staff of the prisons. Without that trust, the restrictions on movement and visits and access to services would almost certainly have led to disorder within the prison system. With that trust, prisoners not only accepted the restrictions, but played a key role in infection control responses.

The restrictions imposed by Covid-19 required the development of new ways of working to support prisoners. All prisoner support services adapted their working arrangements to respond innovatively to maximise opportunities for prisoner engagement by employing a combination of mediums including telephony, video-link and one-to-one contact, where deemed clinically necessary.

Post-Covid, and in recognition of the continuing challenges facing the IPS, funding for 2025 has been increased by €79m (18%), towards a total of €525m in funding, to increase prison capacity and tackle overcrowding. The Irish Prison Service aims to recruit 300 prison officers in 2025, in addition to the 271 prison officers recruited in 2024.

The IPS's capital budget has also increased to €53m in 2025 and this is focused on bringing additional prison spaces into the system. Since 2022, capacity across the prison estate has been increased by more than 300 new spaces. The IPS has delivered over 134 new prison spaces since 2024, with a further 100 to be added in 2025, in response to the urgent need for increased capacity in the short to medium term. The new Programme for Government (January 2025) commits to increasing the capacity of our prisons by 1,500 and IPS have already begun work to achieve this.

Furthermore, the Future Prison Capacity Working Group was established in the second half of 2024 to further consider future prison capacity needs and to make recommendations on the numbers and types of prison capacity needed out to 2035.

A. National Preventive Mechanism

Recommendation (Paragraph 10, Page 10)

The CPT recommends that the Irish authorities ratify the OPCAT and designate a fully resourced NPM as soon as possible; all the more pressing in light of the issues raised in this report. Notably, it recommends that the Irish authorities ensure rapid progress in the legislative scrutiny of the Bill and its passage to finalisation, and that additional funding or other resourcing be made available to the designated bodies to enable them to carry out the NPM mandate effectively.

Ireland's Response

The Irish Government has committed in its Programme for Government to enacting the Inspection of Places of Detention Bill to enable ratification of the Optional Protocol to the UN Convention on Torture (OPCAT).

The legislation will reform the Office of the Inspector of Prisons to take on the OPCAT role of NPM, to undertake inspections of all places of detention in the Justice sector. This will include prisons, Garda stations, the courts and vehicles used by the Irish Prison Service and Gardaí. Other Government Ministers will be enabled to appoint NPMs in the sectors for which they are responsible. The Irish Human Rights and Equality Commission (IHREC) has agreed to act as a co-ordinating body and will work with the NPMs and the CPT.

The Department of Justice is leading on the development of the necessary legislation for this multi-institution NPM model, the enactment of which will enable the ratification of the OPCAT. The General Scheme of the Bill was approved by Government in June 2022 and drafting of the provisions is currently under way with a view to publication of the Bill in 2025.

The Department of Justice continues to support the Inspector of Prisons in his statutory role and in preparations for the proposed new role of NPM for places of detention in the Justice sector. The budget for the Office of the Inspector of Prisons has been increased progressively from €700,000 in 2020 to €2,633,000 in 2024, including support for increased staffing levels and an expanded inspection programme.

In October 2023, the OIP successfully applied for funding under the European Commission's Technical Support Instrument for a project entitled "Technical support for building an effective National Preventive Mechanism under OPCAT: promoting cross-jurisdictional knowledge exchange and peer learning in the criminal justice field."

OIP is carrying out this 2-year project with the Council of Europe as implementing partner and the Cypriot Ombudsman (NPM of Cyprus) as project partner. Funds will flow from DG REFORM directly to the Council of Europe. The project was launched on 22 October 2024 in Dublin.

II. FACTS FOUND DURING THE VISIT AND ACTON PROPOSED

A. Prison establishments

Comment (Paragraphs 26 and 27, Page 13)

The overcrowding was acutely felt in units where there were prisoners held on restricted regimes, notably for protection reasons. Here, prisoners could be locked in their cells for between 21 and 22 (and, occasionally, even 23) hours per day and this could last for considerable lengths of time. This affected a significant portion of the Irish prison population. Indeed, the number of prisoners held on restricted regimes for protection reasons (Rule 63) had increased since 2019 and involved hundreds of prisoners locked in their cells (see Restricted Regimes section).

The cumulative effect of such conditions may well, in the CPT's view, amount to inhuman and degrading treatment.

Ireland's Response

The Irish Prison Service is aware of and maintains this issue under review. A working group is reviewing all prisoners on Rule 62 and Rule 63 to ensure that all necessary procedures are being followed. Work is underway to design a purpose-built mechanism into PIMS to assist with administration.

Comment (Paragraph 32. Page 14)

The Committee considers that, for every prison, there should be an absolute upper limit for the number of prisoners that can be held, in order to guarantee the minimum standard in terms of living space, namely 6m^2 per person in single cells and 4m^2 per person in multiple-occupancy cells (excluding the sanitary annex). Thus, whenever a prison in the Irish prison estate has reached that limit, no further persons should be admitted to that establishment.

Ireland's Response

The Irish Prison Service must accept into custody all people committed to prison by the Courts. As such, the Irish Prison Service has no control over the numbers committed to custody at any given time. Where the number in custody exceeds the maximum capacity in any prison, the IPS makes every effort to deal with this through a combination of inter-prison transfers and structured Temporary Release. The legislative basis for decisions on temporary release is set out in the Criminal Justice Act 1960, as amended by the Criminal Justice (Temporary Release of Prisoners) Act 2003.

Recommendation (Paragraph 34, Page 14)

In order to effect urgent change, the Committee recommends that the Irish authorities adopt more measures for the execution of sentences in the community, alongside the adoption of a systemic approach, involving dialogue and action taken with all relevant stakeholders in Ireland (including with the judiciary).

Ireland's Response

In line with the Committee of Ministers Recommendation No. R (99) 22, the Department of Justice Criminal Policy Division are combating prison overcrowding through the implementation of a series of actions. A Department-led, cross-sectoral Prison Overcrowding Response Group (PORG) was established in 2023 to facilitate a coherent and targeted response to prison overcrowding. With a strong emphasis on partnerships with relevant stakeholders, PORG membership comprises representatives from the Department of Justice, the Irish Prison Service, the Probation Service, the Courts Service, and An Garda Síochána.

Several actions being implemented by the PORG focus on adopting more measures for the execution of sentences in the community:

- Progressing the Criminal Justice (Community Sanctions) Bill 2014, retaining the emphasis placed on prison as a sanction of last resort. A policy review of the Bill has been completed and is now due to be brought before the Government.

- Engagement between the Probation Service and the judiciary to encourage the use of the community service orders rather than the imposition of custodial sentences of 12 months or less. As a result of positive dialogue to date, commencing on the 3rd February 2025, all pre-sanction reports requested by the District Courts will include an assessment of suitability for community service and for restorative justice.

- Passing legislative amendments to increase the maximum limit of community service hours to 480 hours and to introduce a statutory obligation on the judiciary to consider community service as an alternative to custodial sentences of 2 years or less. Work is being progressed, with legislative amendments currently being drafted.

In April 2025 the Minister approved the publication of the Probation Service Community Service Implementation Plan, New Directions 2025-2027. It sets out a range of actions and targets to increase the uptake, consistency and availability of Community Service Orders.

In 2023 the Department published its policy paper on restorative justice, 'Promoting and supporting the provision of Restorative Justice at all stages of the criminal justice system'.

In May 2025 the Probation Service published a three-year Action Plan 2025-27, 'Restoring Relationships: Repairing Harm and Empowering Voice through Restorative Justice' which has an objective of increasing Restorative Justice referrals and interventions by 10% each year of the Action Plan.

Request for Information/Recommendation (Paragraph 44, Page 16)

The CPT requests that the Irish authorities provide a copy of the outcome of the criminal investigation into Officer A, once concluded.

It recommends that the Irish prison authorities ensure that, if there is a reasonable suspicion of illegal and/or abusive behaviour, the prison officer(s) suspected is/are immediately removed from front-line direct contact with prisoners, until the investigation and/or criminal proceedings, are concluded.

Further, given that other prison officers were aware of these incidents, the CPT recommends that the Irish authorities strengthen the secure whistleblowing avenues available and raise awareness of these with prison staff.

Lastly, prison management should demonstrate increased vigilance by ensuring the regular presence of prison managers in detention areas, their direct contact with prisoners, effective

investigation of complaints made by prisoners, and improved prison staff training, including a transparent selection procedure and ongoing control and restraint training.

Ireland's Response

A copy of the outcome of the Criminal Investigation will be provided to the CPT once completed.

Allegations of ill treatment of prisoners by Irish Prison Service staff are dealt with under Circular 19/2016 Civil Service Disciplinary Code and are considered to be serious misconduct. Serious misconduct is misconduct which is sufficiently serious to warrant a sanction at the higher level, up to and including dismissal. Where concerns arise, protective measures are considered. Where necessary, such measures can include a staff member being placed off duty. Before a staff member would be placed off duty, full consideration is always given to alternative working arrangements, such as, assignment to different duties or location, enhanced supervision, training, etc.

In order to encourage and protect whistleblowers, the Irish Prison Service has developed and implemented a Protected Disclosures Policy, which is supported by a suite of related procedures. The Protected Disclosures Policy and procedures are regularly kept under review to ensure they align with best practice. In light of the CPT's recommendation, the Irish Prison Service will continue to raise awareness of whistleblowing avenues by rolling out further training and staff awareness initiatives as appropriate.

The Irish Prison Service College continues to provide training to new recruits and promoted grades in regard to the Disciplinary Code. The Irish Prison Service engage with and supports prison management and in particular those staff with the HR portfolio in the implementation of the Disciplinary Code. Ongoing support is also provided to management and staff in regard to the implementation of the Disciplinary Code.

In order to ensure greater visibility of promoted grades on prison landings, arrangements are being put in place to provide Chief Officers with administrative support.

Recommendation (Paragraph 57, Page 19)

The CPT recommends that the Irish authorities reiterate to prison officers that no more force than is strictly necessary should be used in bringing an agitated /aggressive prisoner under control.

Further, the CPT recommends that the Irish authorities ensure that custodial staff receive the clear message that excessive use of force, verbal abuse, and threats, as well as other forms of disrespectful or provocative or discriminatory behaviour vis-à-vis prisoners, are not acceptable and will be dealt with commensurate to the gravity of the act.

To this end, it is essential that all prison officers receive regular refresher training in the use of control and restraint techniques and that communication skills and de-escalation techniques be promoted among all prison officers.

The CPT also recommends that the IPS ensure that local prison managers improve oversight and accountability structures governing the use of force, including planned relocations, to establish regular oversight meetings, routine reviews of incidents and the use of local and global data to improve oversight and prevent abuse. It also recommends an increased use of CCTV.

Ireland's Response

The Irish Prison Service will publish a Spotlight on the intranet portal PRISM to remind staff that no more force than is strictly necessary should be used in bringing an agitated /aggressive prisoner under control. This Spotlight will also remind staff of the disciplinary sanctions associated with a finding of disproportionate use of force.

All Recruit Prison Officers are trained in Control and Restraint (C&R) with physical C&R assessments taking place on week 6 & week 10 of their training. In addition, all staff who use C&R techniques are currently provided with annual refresher training on these techniques.

The Irish Prison Service continues to develop and enhance oversight around use of force through policy development, improved recording and reporting and providing support with implementation to prison management.

Request for Information/Recommendation (Paragraph 64, Page 20)

The Committee recommends that the Irish authorities ensure that improved strategies and concrete measures are put in place to better prevent inter-prisoner violence and intimidation and ensure the safety of prisoners. Any injuries displayed by prisoners (on admission or following a violent incident) should be recorded in a detailed and comprehensive manner.

The CPT requests an update on the measures taken to better prevent inter-prisoner violence and intimidation.

Ireland's Response

The Irish Prison Service will develop and implement a strategy based on international best practice in relation to the systemic management of violence in custody.

The Community-Based Health and First Aid (CBHFA) programme in Irish prisons, active since 2009, and peer mediation initiatives have transformed prison environments through innovative inmate-led approaches. Both programmes emphasize reducing violence, harm, and conflict while fostering health, wellbeing, and a culture of non-violence.

In 2024, 119 CBHFA volunteers implemented 184 projects addressing issues like mental health, bullying, drug use, and suicide prevention. Workshops on violence prevention, mental health, and relapse and overdose prevention equipped inmates to support their peers, while psychological services and evidence-based therapies tackled underlying violence risks. These efforts, alongside the National Violence Reduction Unit (NVRU), have cultivated safer prison communities.

Similarly, Castlerea's peer mediation programme, launched in 2016, evolved from conflict awareness workshops to advanced mediation training, resulting in Ireland's first Mediators' Institute of Ireland (MII)-accredited inmates by 2019. Mediators have successfully reduced violence, resolved conflicts, and fostered trust among inmates and staff, with significant cultural change observed.

Both initiatives showcase the power of inmate leadership and collaboration with partners like the Red Cross, Education and Training Boards, and mediation experts. Together, they highlight strategic advancements in promoting peace, supporting rehabilitation, and creating healthier, safer prison environments across Ireland.

In addition, the NVRU based in the Midlands Prison accommodates the most complex, at-risk men in custody with a history of violence. It is a psychologically informed, co-led unit designed to reduce and manage violence. The Irish Prison Service is working on plans for a co-led, psychologically informed step-down unit from the NVRU which would have a hybrid feature, allowing for people who don't meet criteria for the NVRU but who require more intensive support. At the current time, all prisoners with a violent offence serving a sentence of two years or more and without post release supervision are pro-actively triaged by the Irish Prison Service Psychology Service. 255 prisoners were pro-actively referred under this initiative in 2024 and where they are willing to engage, they will be offered specific programmes which address underlying risk factors leading to violence.

A range of recommendations by the State Claims Agency (SCA) have also been implemented in recent years to address areas of risk assessment including, for example, the Governor's Committal Interview and a review of P19 guidelines.

Recommendation (Paragraph 72, Page 21)

The CPT recommends that, in the interest of justice, once a Category A investigation has been opened it should be continued even if the prisoner has moved out of the prison or has become non-contactable.

Ireland's Response

In terms of where the Prisoner Complaints System currently stands, in cases where a Governor believes that a situation has occurred which would, if reported, be classified as a Category A Complaint, the Governor shall initiate the investigation of such an incident as a Category A Complaint even in instances where the prisoner has declined or refused to make a complaint.

In situations where a prisoner withdraws a Category A or Category B Complaint, the circumstances of such withdrawal shall be investigated in accordance with the procedures associated with that particular category.

The current system states that the time limit for the investigation of such complaints should not, except in exceptional circumstances, exceed three months. If an investigation is not completed within three months an interim report shall be submitted to the Governor and the Director General of the Irish Prison Service documenting the progress made to date and the reasons why a time extension may be required to complete the report. The rationale behind the three-month timeframe is to avoid instances where evidence may be lost and/or relevant witnesses may be moved, transferred or released.

The current Prisoner Complaints System underwent a review by the Office of the Inspector of Prisons (OIP) in 2016 and work commenced to develop a new complaints system, taking into the account the recommendations of the OIP and the CPT. Development of a new Prisoner Complaints System was delayed due to the impact of the Covid-19 pandemic and work is ongoing on the proposed approach, in consultation with stakeholders. The recommendation to continue Category A investigations, even in the event of prisoners being moved or becoming non-contactable, is being taken into consideration. The Department of Justice and the IPS will provide an update to the CPT once the new Prisoner Complaints system is finalised.

Request for Information (Paragraph 74, Page 21)

The Committee requests a detailed update from the Irish authorities on the finalisation of the complaints system review process and its outcome. The Committee trusts that the basic principles surrounding complaints mechanisms as laid out in the 27th General Report of the CPT have been taken into account in the designing of the new system.

Ireland's Response

The current procedure was introduced by the Irish Prison Service in 2012. In 2016, the Office of the Inspector of Prisons published a review evaluation and analysis of the then new Prisoner Complaints System. The report proposed a number of recommendations and as a result of the review, the process to develop a new Prisoner Complaints System commenced. Unfortunately, this work was impacted by the Covid-19 pandemic and remains ongoing between stakeholders to establish the new system, taking into account the recommendations of the Inspector of Prisons, in line with the basic principles surrounding complaints mechanisms, as laid out in the 27th General Report of the CPT.

Recommendation (Paragraph 75, Page 21)

The CPT reiterates its recommendation that the Irish authorities invest in the necessary resources to ensure that the new prisoner complaints system is fair, efficient and effective. To this end, sufficient training must be provided to all the actors concerned and clear information about the system provided to prisoners.

Ireland's Response

The intention is that the Irish Prison Service will provide a comprehensive training and awareness raising package for the proposed new Prisoner Complaints System. In addition, it is intended that a detailed information and awareness raising campaign regarding the new system will be facilitated across the whole prison estate.

Request for Information/Recommendation (Paragraph 96, Page 25)

The CPT recommends that the Irish authorities ensure:

- **that an update is provided to the Committee on the specific timeframe and dates of the measures taken on the review of the management and regulation of the treatment of persons suspected to have ingested or concealed drugs within their body, along with confirmation of the operation of a more detailed and multi-disciplinary system of immediate, local (prison management) level, critical incident review and lesson-learnt policy.**

- **that a clear policy and comprehensive procedure is introduced on the identification of the causes of death of detained persons – including when the death occurs in (or on the way to) hospital.**

- **that a thorough and prompt investigation is carried out into every death in prison by an authority independent of the prison system to ascertain, inter alia, the cause of death, the facts leading up to the death, including any contributing factors, and whether the death might have been prevented. Further, whenever a person dies in prison (or soon after transfer from prison), an autopsy should be carried out and the prison's management and medical services should be informed of the content of any autopsy report outcome, in particular with a view to ascertaining whether there are lessons to be learned as regards operating procedures in respect of future similar episodes;**

- **inclusion of a copy of the autopsy reports in the files kept at local prison level, so that prison management can fully learn the lessons from a death and the certified cause;**

- **that while there may be highly exceptional cases in which, as prescribed by law, an independent authority may decide that an autopsy is not required. In this context, the prison administration should also take proactive measures to become a requesting party for all autopsies undertaken in respect of prisoners;**

- **an analysis should be undertaken of each death in prison to consider what general lessons may be learned for the prison in which the death occurred and whether in the case of self-inflicted death there are any systemic, nationwide measures that need to be taken. and the sharing of lessons learnt at national level;**

- **that a care plan is put in place for those prisoners who are mentally or physically ill, instead of being placed in a CSC, and ensuring swift transfer to hospital when needed;**

- **awareness raising among prison staff on the use of CSCs, the importance of the proper**

observation checks; and

- **sanctions should be established for any falsification of records.**

Ireland's Response

The Inspector of Prisons is a position established under the Prisons Act 2007 and is independent in the performance of his functions. He is responsible for investigating and preparing a report on each death of a person in the custody of the IPS and each death of a person who is within the first month of temporary release from prison.

The Irish Prison Service is actively taking steps to ensure the safety, insofar as is practicable, of prisoners who are suspected of concealing drugs internally. These steps include the issuing of a plain English information leaflet on the dangers of body packing (which can be translated into other languages) and offering a referral to hospital.

The Irish Prison Service is acutely aware that these prisoners are often the victims of coercion which complicates any approach taken. Following placement in a Close Supervision Cell (CSC) the prisoner will be reviewed by a member of the healthcare team to screen for any physical or mental illness. Following this, a decision will be made to develop a care plan or refer onwards to hospital if required. Prisoners who refuse to go to hospital will be subject to a combination of operational and healthcare monitoring under Rule 102 of the Prison Rules 2007. Any adverse incidents are now subject to a critical incident review which will identify lessons learned and positive practice.

Following an Inquest hearing, Irish Prison Service officials will request a copy of the Coroner's Report which will be scanned into the prisoner's PHMS File.

The Irish Prison Service has begun an engagement with the Chief State Pathologist to request that autopsy reports be forwarded on to prison healthcare teams as, under Irish Law, all deaths in custody are subject to a post mortem examination.

Immediately following a Death in Custody a critical incident review (hot debrief) takes place to establish the facts of the case and identify any urgent risks. Since the CPT's visit, a cold debrief process has been established where unexpected deaths in custody are reviewed within two weeks of the death, attended by a combination of local and national operational and healthcare management. Any recommendations made by this group are disseminated to all prisons.

To support this management of prisoners suspected of internal concealment, the CSC Standard Operating Procedure (SOP) has recently been revised and introduced by Irish Prison Service Operations, Healthcare and Prisons' Leadership Team. The Standard Operating Procedure clearly outlines applicable sanctions for all staff who falsify records.

Recommendation (Paragraph 108, Page 28)

The CPT recommends that the IPS and Limerick Prison offer Prisoner X, along with all the prisoners held on D1, a meaningful regime of purposeful regular activities and much more out-of-cell time and a transfer to another location within the prison offering adequate living conditions.

Recommendation (Paragraph 114, Page 28)

The CPT recommends that prisoners on protection, who have not committed any disciplinary offence, should not be de facto punished by being placed on a basic regime.

Comment (Paragraph 116, Page 29)

Further, the CPT recalls that confinement to a cell for 21 or 22 (or even 23 plus) hours per day may have an extremely damaging effect on the mental, somatic and social health of the prisoner. While pursuing their goal of ensuring that all prisoners can serve their sentences under safe conditions, the Irish authorities should minimise the negative effects of such segregation, especially where it continues for more than a few weeks (as in the majority of cases). Additional measures must be taken in order to provide them with appropriate conditions and treatment; access to activities, educational courses and sport should be feasible. The CPT underlined the need for change in 2019 and was disappointed to find a similar situation in 2024 in these respects.

Recommendation (Paragraph 117, Page 29)

The CPT reiterates its recommendation that the Irish authorities pursue their efforts to provide prisoners on protection for more than a short period (notably in Cloverhill, Castlerea, Mountjoy HSU, Limerick) with a range of purposeful activities, taking into consideration the above remarks.

Recommendation (Paragraph 118, Page 29)

Further, it reiterates its recommendation that all prisoners on protection be offered one hour a week of visits, under open conditions, unless a risk assessment indicates otherwise.

Overall, the CPT remains deeply concerned about the high number of prisoners held under increasingly long, restricted and poor regimes, often in poor conditions, and calls upon the Irish authorities to ensure the full implementation of its repeated recommendations made on this matter.

The Committee trusts that the IPS will remain vigilant in ensuring that the grounds used for involuntary Rule 63 do not de facto replace Rule 62.

Further, it recommends that a review of the use of involuntary Rule 63 is undertaken on a regular basis.

Ireland's Response

This response will address paragraphs 108, 114 (page 28), 116, 117, and 118 (page 29) together.

The number of prisoners on Rule 63 fluctuates daily and the length of time spent on Rule 63 varies greatly as the level of threat and perceived threat changes. Prisoners on Rule 63 may be permitted to mix with other prisoners on Rule 63 in different risk groups and therefore are not necessarily detained on '22-hour lock-up' or considered to be in 'solitary confinement'.

Prison rules 2007 specify visits of not less than 30 minutes duration. Out of cell time, regimes, services and family contact are offered to prisoners on Rule 63 insofar as is operationally feasible, but delivery is impacted by the current level of overcrowding across the estate.

As part of the ongoing review of the Prison Rules 2007, it is proposed that a prisoner's request to be kept separate from other prisoners will be subject to risk assessment by the relevant Governor. It is expected that this will result in a considerable reduction in the number of prisoners on Rule 63.

With regard to the incentivised regimes, privileges are afforded to prisoners based on their level of

engagement with services and behaviour. The objective is to provide tangible incentives to those in prison to participate in constructive activities and to encourage good behaviour, leading to a safer and more secure environment. Privileges vary between prisons and within different areas of a prison, depending on operational and infrastructure requirements. Placement on Rule 63 has no automatic or systematic impact on a prisoner's regime status.

In respect of the conditions of the cell on D1 in Limerick Prison, the Irish Prison Service are progressing the works required in this cell with a view to completing remedial works including cell painting and window and floor replacement. These works will be completed by Q3 2025. This area houses the most high security prisoners in Limerick Prison and the Irish Prison Service endeavour to provide as comprehensive a regime to each prisoner as is possible. The Governor has confirmed the availability of a gym on the landing, which is solely for the use of prisoners on D1. Prisoners accommodated on D1 have access to all services available within the Prison and these services are also available to the identified prisoner.

Recommendation (Paragraph 115, Page 29)

The CPT reiterates its recommendation that the Irish authorities significantly increase the length of time allowed on the telephone for all prisoners, as this is an essential part of prisoners well-being and has a clear role in helping reintegration efforts back into the community upon release.

Ireland's Response

All prisoners currently receive 6-minute outbound telephone calls per day. Due to the current levels of overcrowding, it is not possible to expand the existing offering due to ICT infrastructure and security resource requirements.

To support increased contact with family, prisoners are offered video-link calls of 15 minutes in duration. In addition, a project is underway to introduce inbound telephone calls for each prisoner of 10 minutes in duration. The introductory phase of this project will provide for two such calls per day.

Recommendation (Paragraph 122, Page 30)

The CPT recommends that the Irish authorities initiate a review of the quality and accuracy of the different databases, as well as the broader sharing of Rule 62 data across the whole Irish prison estate, to ensure greater transparency and accuracy, and to enable ready access to an overview of the situation.

Recommendation (Paragraph 130, Page 31)

The CPT reiterates its recommendation that the Irish authorities improve the regime on offer to prisoners held under Rule 62 in light of the above remarks.

Recommendation + Comment (Paragraph 131, Page 31)

CPT notes that there remain inconsistencies in the recording, and the checks were not systematically thorough, with sometimes disastrous consequences (see Deaths in Custody).

In light of this, the CPT recommends that the Irish authorities continue to make efforts to strengthen the review process for all Rule 62 placement and extension decisions, with access to all the information necessary, and any updated information or new developments, to make an informed decision.

The Committee also notes that several of its previous recommendations remain unimplemented in this regard, and it urges the Irish authorities to fully implement the recommendations listed

above.

Ireland's Response

This response will address paragraphs 122 (page 30), 130, and 131 (page 31) together.

The Irish Prison Service has established a Working Group to review the management of Rule 62 and the governance around its application. This will include the capacity to more consistently deliver a better regime for prisoners on Rule 62.

This group will also consider proposed revisions to the Rule, as well as the application of Rule 63 and the distinctions between Rule 62 and Rule 63. This will ensure more effective application, recording and reporting of Rules as well as more effective support and oversight from Irish Prison Service HQ.

Work is underway to design a purpose-built mechanism into PIMS to ensure more streamlined administration.

Recommendation (Paragraph 135, Page 32)

The CPT reiterates its previous recommendations that the Irish authorities ensure in their review and reform of the SOPs regulating the CSCs and SOCs, that the procedures and management of prisoners placed in such cells are clarified, and that the artificial distinction between the two types of cells is removed.

Recommendation (Paragraph 138, Page 33)

The CPT reiterates its recommendation that all prisoners placed in a CSC for longer than 24 hours be offered at least a daily shower and access to outside exercise. Further, staff should be attentive in ensuring that the CSCs and SOCs are not too cold at night and that prisoners are provided with sufficient blankets to keep warm.

Comment (Paragraph 141, Page 33)

Given that placement in a CSC is meant to be for security or operational reasons, the CPT calls upon the Irish authorities to stop the routine stripping naked of prisoners and placing them in a poncho in a CSC, as there is no systematic justification or rationale for this practice and considers that this may well amount to degrading treatment. This principle should be reflected in the new draft SOP regulating the use of CSCs.

Comment (Paragraph 142, Page 33)

Further, the CPT has repeatedly recommended that the Irish authorities ensure that there is no routine removal of a prisoner's clothing upon their placement in an SOC, and that there should be an amendment of the SOPs regulating SOCs to state that only where there is a risk of suicide by the prisoner concerned should their clothing be removed, and the prisoner provided with rip-proof bottoms and top.

The CPT has long stressed that, after placing a prisoner in an SOC, rip-proof clothing should only be provided where necessary, after an individual risk assessment. However, during the 2024 visit, the delegation found, once again, that prisoners placed in a CSC or SOC at all the prisons visited routinely had all their clothing removed (including at times their underwear) and were provided with small, thin fabric, rip-proof ponchos.

The CPT calls upon the Irish authorities to stop the routine removal of a prisoner's clothing upon

their placement in an SOC or a CSC, unless an individual risk assessment indicates otherwise. The new SOP should be clarified to state that only where there is a risk of suicide by the prisoner concerned should their clothing be removed, and the prisoner provided with rip-proof bottoms and top.

Recommendation (Paragraph 143, Page 34)

As was the case with the recording of Rules 62 and 63, there were also evident discrepancies between the local prison paper files and the PIMs electronic logs.

The CPT recommends that these be reviewed both centrally and locally, and rendered consistent.

Recommendation (Paragraph 144, Page 34)

Recorded officer checks at both Cloverhill and Limerick Prisons, at night, had been falsified, and only came to light when the prisoner had been found dead in the morning; no action had been taken by prison management to address this issue.

The Committee considers that that such practices can be considered as dangerous and poses a real threat to the prisoner's safety and the CPT recommends that there be a wholesale review of the use of CSC policy and safeguards.

Recommendation (Paragraph 147, Page 34)

The CPT reiterates its recommendation that a care and treatment plan be drawn up for all prisoners accommodated in an SOC, and that such a plan should include being monitored directly by a psychiatric nurse (one to one). The door to the SOC should be left unlocked during the day, with ready access to a shower and outdoor exercise, and increased access to chaplaincy and psychology services.

Recommendation (Paragraph 148, Page 34)

Overall, the CPT considers that the SOC system remains unfit for purpose for the management of those at risk of self-harm. It does not provide a care-oriented and therapeutic environment and, in many cases, only exacerbates the person's situation.

While policy work has been undertaken to review the use of these cells, and a new draft placement policy was underway for the SOCs , the CPT considers that the draft policy (SOP) on the use of SOCs remains insufficiently clear and it recommends that the draft policy be revised in light of the above comments.

Moreover, the CPT reiterates its recommendation that the Irish authorities should ensure that the integrity of data relating to all procedures surrounding the placement and stay of prisoners in CSCs and SOCs is guaranteed in accordance with the revised SOPs.

Ireland's Response

It is proposed to respond to paragraphs 135 (page 32), 138, 141, 142 (page 33), 143, 144, 147 and 148 (page 34) together as the recommendations are connected.

The Irish Prison Service accept these related recommendations generally speaking with a partial acceptance of the recommendation in paragraph 147.

In recent months further work has been completed regarding the SOC and the CSC SOP's. Both SOP's are being reviewed with the review process nearing completion. It is considered that the finalised SOPs will

address the CPT recommendations. At that point there will be a clear delineation between the use of both cells which will provide appropriate clarification. In addition, under the revised Prison Rules 2007 both cells will be separate legal entities. Clear signs will be available, also delineating SOC and CSCs.

Healthcare obligations in relation to CSCs include visiting the prisoner on a daily basis to assess for any physical and/or mental deterioration. Compliance with this will be assessed centrally via an audit of the relevant logbooks and/or review of CCTV footage. Healthcare obligations in relation to Safety Observation Cells (SOCs) includes two-hourly checks by nurses and a daily check by a doctor. This will be subject to the same oversight as outlined above with the CSC.

The new SOC SOP will provide a wider range of temperatures, taking winter and summer conditions into account, to ensure prisoner comfort.

In addition, under the new SOC SOP, prior to placement in seclusion every prisoner will be thoroughly risk assessed for suicidal ideation by a member of the healthcare team or a psychologist. They will only be placed in a SOC as a last resort when all other avenues have been exhausted. At that point, if it is deemed necessary to place someone in a SOC, safety clothing is considered an essential risk mitigator by the Irish Prison Service. Prisoners in SOCs will be risk assessed on a daily basis and every attempt made to allow the prisoner to wear regular clothes as soon as possible. Prisoners placed in CSCs may also be placed in safety clothing until such time as they have been assessed by healthcare staff as not representing a threat to themselves due to a healthcare condition.

Finally, and specifically in relation to paragraph 147, the Irish Prison Service accepts this recommendation in part. The Irish Prison Service are seeking to expand the alternatives to a SOC to ensure its use is a last resort. The Irish Prison Service are committed to submitting a business case via the annual budget to resource the prison service with sufficient psychiatric nursing staff to support people in custody suffering from a psychiatric condition. Following appropriate resourcing, whether a prisoner is monitored one to one by a psychiatric nurse, or a SOC door is left open would be based on decisions associated with the persons care plan as well as a risk assessment.

Request for Information + Recommendation (Paragraph 161, Page 36)

The CPT reiterates its recommendation that urgent measures must now be taken to ensure that prisoners do not have to sleep on a mattress on the floor and that they are provided with their own bed. Vulnerable prisoners should never have to sleep on a mattress on the floor.

The CPT wishes to be informed of the steps being taken to put an end to the practice of prisoners having to sleep on mattresses or camp-beds on the floor.

Recommendation (Paragraph 163, Page 36)

The CPT recommends that all prisoners must have their own bed, personal locker, a living space with appropriate furniture, and benefit from heating, artificial and natural light, ventilation and access to outdoor exercise, as well as from sufficient personal living space.

Ireland's Response

This response refers to both 161 and 163.

The Irish Prison Service agrees with but cannot currently implement this recommendation due to the level of overcrowding across the prison estate.

The new Programme for Government (January 2025) commits to increasing the capacity of our prisons by 1,500, and the Irish Prison Service have already begun work to achieve this. Since 2022, capacity

across the prison estate has been increased by more than 300 new spaces. The Irish Prison Service has delivered over 134 new prison spaces since 2024, with a further 100 to be added in 2025, in response to the urgent need for increased capacity in the short to medium term.

There was an increase of €79m (18%) in Budget 2025, towards a total of €525m in funding, to increase prison capacity and tackle overcrowding. The Irish Prison Service's capital budget of €53m in 2025 is €22.5m more than the original 2024 allocation, and this is focused on bringing additional prison spaces into the system.

Furthermore, the Future Prison Capacity Working Group was established in the second half of 2024 to further consider future prison capacity needs and to make recommendations on the numbers and types of prison capacity needed out to 2035.

Request for Information + Recommendation (Paragraph 162, Page 36)

Further, the CPT reiterates its recommendation that at Limerick male Prison (Units C and D) , Clover hill Prison (D1 Unit, and Units A, B and C), Castlerea (C Unit), Dachas Centre (Laurel, Maple and Rowan Houses) a programme of ongoing maintenance and refurbishment be undertaken and that efforts be urgently made to ensure that cells of approximately 11 m2 (including the sanitary facility) accommodate no more than two prisoners.

In addition, as recommended since the Committee's first visit to Ireland, toilets in multiple-occupancy cells should be fully partitioned up to the ceiling.

Finally, the CPT again requests an update from the Irish authorities of the definition of the minimum capacity per person in the Irish prison estate.

Ireland's Response

Large scale refurbishment works require vacant possession of areas to complete and decanting prisoners to facilitate extensive refurbishment is not operationally possible at present.

The Irish Prison Service are engaging with prison management to discuss options for cell painting and minor maintenance on a rotational basis. Works are subject to the ability to rotate prisoners within the landings.

It is not possible to introduce fully partitioned sanitary areas as this would significantly impact on the availability of living space within cells. Such partitions are being factored into all future cell design projects. Additional efforts to identify a modesty curtain to provide enhanced privacy have not been successful due to operational and prisoner safety issues.

The Irish Prison Service continues to work with relevant stakeholders to define and agree the minimum capacity per person across the Prison Estate.

The Future Prison Capacity Working Group recommends that guidelines should be established to define prison cell and accommodation standards to inform new prison capital projects. It can also be used as a guide for refurbishments taking into account the build constraints in modernising older parts of the estate. This work will be taken forward by the IPS and the Department of Justice in consultation with relevant stakeholders.

Recommendation (Paragraph 165, Page 37)

The CPT recommends that the dining room at Limerick female prison, having been designed with a servery, should be used for communal dining for all prisoners, subject to individualised risk-

assessment, that the playground be opened to children visiting their mothers and relatives and that the kitchenettes be put into use.

Ireland's Response

The referenced space in Limerick female prison was initially designed as a work and training space for women in custody. Given the current levels of overcrowding, the use of this space is being kept under review.

The play area is available to women in custody for family visits, social work visits, etc. Its usage is subject to child protection considerations, such as the adjacent yard being in use by other women.

Recommendation (Paragraph 166, Page 37)

The CPT urges the Irish authorities to create spaces, taking due account of individualised security risks, where prisoners can eat communally.

Ireland's Response

Due to overcrowding levels across the estate, it is not currently possible to explore the provision of communal dining in closed prisons. Communal dining is currently available to prisoners in Open Centres.

Revisions made to mealtimes throughout 2022 and 2023 have resulted in a more substantial meal being made available to prisoners later in the afternoon.

Recommendation (Paragraph 166, Page 37)

Access to storage in in female prisons was available in most cells, in all male prisons little to no lockable space was available. Across all prisons visited chairs and desks in multi occupancy cells most prisoners didn't not have access to the own chair and table resulting in meals being eaten on other's beds or the floor.

The CPT recommends that the Irish authorities remedy the deficiencies in material conditions relating to furniture and storage in cells.

Ireland's Response

Prison cells provide a countertop or fixed bench and chair(s) to allow for prisoner(s) use including the eating of meals. Such items are provided in line with the design capacity of the individual cell. In cells operating above their original design capacity, it is not possible to provide additional counter space or chairs as recommended as to do so would have a significant negative impact on available cell living space.

The proposal to provide individual lockable in cell storage space in male prisons can be considered in review of the design guidelines for future capital projects.

Recommendation (Paragraph 174, Page 38)

The CPT reiterates its recommendation that a sentence plan be drawn up for all prisoners, with particular attention paid to the needs of persons sentenced to life-imprisonment and other prisoners serving lengthy sentences. Such plans should be reviewed on a regular basis together with the prisoner concerned. To this end, the number of ISM coordinators allocated to each prison should be increased and their role protected from other duties.

Equally, in each prison visited, the number of vocational and purposeful work placements and activities should be significantly increased. Finally, as concerns the limited activities provided for women prisoners (such as cleaning and hairdressing), sentence plans should help prepare the prisoners for life upon release and consist of purposeful activities of vocational value, going beyond gender-stereotype.

Ireland's Response

The Irish Prison Service has a joint protocol with the Probation Service in relation to the assessment of people serving life sentences early in their sentence. These assessments inform annual life sentence, Governor-led reviews. These reviews will be placed on a nationally agreed policy basis in 2025 following finalisation of the Irish Prison Service's Life Sentence Policy.

The Irish Prison Service will seek further funding to appropriately resource ISM coordinators, and the Head of Prisoner Services will work closely with prisons to ensure the Regime Management Plan allows for maximum engagement with services, including ISM.

The completion of the work training review and the joint task review will establish the Work Training offering across the prison estate. From this, and engagement with Solas, the Education and Training Boards and any other relevant experts, a formal strategy can be developed to ensure work training opportunities align with the current labour market. The Irish Prison Service will ensure that this strategy is responsive to gender and gender-stereotyping.

Recommendation (Paragraph 182, Page 40)

The Committee recommends that the Irish authorities should build on this momentum concerning the reform of the women's prison estate, and put in place a strategy, including with legislative reform, to significantly reduce the number of women in custody, especially targeting those in pre-trial detention, for non-payment of fines, for non-violent offences and for short sentences. Custody for pregnant women and mothers of young children should only ever be used as a last resort for those women convicted of the most serious offences and who represent a danger to the community.

Ireland's Response

Work is ongoing to address the specific needs of female prisoners within the system. This includes the development of measures aimed at better supporting women on temporary release and also looking at measures which could be used as an alternative to prison, such as a bail support scheme. In addition, forthcoming amendments in the Civil and Criminal Law (Miscellaneous Provisions) Bill 2025 which will double the community service hours (from 240 to 480 hours) available as a sanction for certain lower level crimes, should result in a general reduction in persons imprisoned for short sentences.

In July 2024, a pilot supervised temporary release scheme for women in Limerick prison was commenced. The pilot was established for an initial 2-year period. Through this pilot programme a dedicated Probation Officer undertakes robust pre-release work with the women while they are in custody. They continue to work with the women when they are released back into the community during a specified period of time. It is proposed that action research will be conducted during the pilot to track outcomes and enable real-time adaptations and improvements while informing future roll-out across other prisons. It is hoped that following evaluation, this scheme can be further expanded.

In relation to pre-trial detention, work has commenced on the development of a pilot Bail Support Scheme for women which aims to provide an alternative to custodial remand.

Recommendation (Paragraph 187, Page 40)

The CPT recommends that all pregnant women be offered their own bed as a matter of principle.

Ireland's Response

The Irish Prison Service accepts this recommendation and has found no verifiable cases of the sleeping conditions for pregnant women described by the CPT.

Recommendation (Paragraph 190, Page 41)

The CPT recommends that the Irish authorities review the policy and conditions under which a mother and her child are kept at the Dóchas Centre as a matter of urgency. In particular, the Irish authorities should take measures to ensure that mothers and young children held in Irish prisons have a dedicated Mother and Baby Unit (separate from the Phoenix Unit) access to cooking and washing facilities and, if possible, a shared living area and kitchen, as well as indoor and outdoor areas where they can bond over play with their child in an appropriate, child-friendly environment.

Ireland's Response

The Irish Prison Service has a number of planned projects for the provision of additional cellular accommodation in the Dóchas Centre. The provision of dedicated mother and baby accommodation will be included in the design process for these projects.

Recommendation (Paragraph 191, Page 41)

The CPT considers that every effort should be made to meet the specific dietary needs of pregnant women prisoners, who should be offered a high protein diet, rich in fresh fruit and vegetables. Breastfeeding mothers should be provided with supplementary food according to existing guidelines for this category of woman.

The CPT recommends that measures be taken in order to ensure that this is the case in both female prisons.

Ireland's Response

The Irish Prison Service accepts this recommendation and will work with a third party to ensure the dietary needs of pregnant and breastfeeding woman in both female prisons, including the provision of supplementary food according to existing HSE guidelines.

Recommendation (Paragraph 193, Page 41)

The CPT recommends that the Irish authorities ensure that all prison officers at the Dóchas Centre receive training and refresher training in the use of control and restraint techniques and that communication skills and de-escalation techniques should be prioritised. Force, or the use of means of restraint, must not be used on a pregnant woman unless it is necessary to prevent her from harming herself, any member of her family or any other person.

In addition, pregnant women should not be placed at physical risk when force is used on another person. Force must not be used on a pregnant woman to secure compliance. Any force used on a pregnant woman must be appropriate, justified and proportionate; other less invasive and de-escalation techniques should always be resorted to first.

Request for Information (Paragraph 197, Page 42)

The CPT would like to receive information from the Irish authorities regarding steps to strengthen specific training, including an increased emphasis on de-escalation techniques, for staff and managers entrusted with the care of women prisoners in Ireland.

Ireland's Response

Irish Prison Service uniformed staff receive mandatory 'Control and Restraint' training, incorporating the appropriate use of 'Rule 93 -Use of Force' as part of basic training. Each staff member then receives CPD training on an annual basis to ensure compliance and skills competence, with a significant emphasis on de-escalation techniques, applicable to all cohorts of prisoner including pregnant women.

All recruit officers receive specific 'Working with women in Custody' training, irrespective of prison assignment. This training was also delivered to staff working in female prisons in March and May of 2024. Plans are currently underway to provide this training in a blended format allowing staff refresh of training locally.

Recommendation (Paragraph 201, Page 43)

The CPT recommends that the Irish authorities ensure that a significant increase in resources and investment in specialist services is undertaken to ensure that all prisoners who need specialist support services have prompt and regular access to these.

Ireland's Response

The Irish Prison Service has commissioned a review of service provision for the mental and physical wellbeing of women in custody in terms of equivalence of care to the community. Based on the outcome of this review, the Irish Prison Service will apply via the estimates process for additional resources required, including addiction nurses, psychologists, psychiatric nurses, social workers, addiction counsellors, therapeutic support associated with sexual victimisation and support for people in minorities including traveller-specific support.

Comment (Paragraph 205, Page 43)

The CPT urges the Irish authorities to rapidly invest in a greater number of local small open and semi-open step-down facilities with sufficient capacity to adequately support all the women prisoners who need this transitional step before being released into the community.

Ireland's Response

Following their Joint Service Strategy 2014-2016, 'An Effective Response to Women Who Offend', the Irish Prison Service and Probation Service have supported two key programmes that aim to support women in their transition returning from prison to their community. The Tús Nua service provides eligible women with safe housing and a positive environment. Similarly, the Outlook Programme provides a step-down facility that is a practical and cost-effective way to address the needs of eligible women leaving prison.

The Irish Prison Service has adopted programmes of early release including the Community Support Scheme and the Probation Supervised TR scheme to support the needs of women transitioning from prison to community.

The Irish Prison Service also supports delivery of the Outlook Programme. The vision of the Outlook Programme is to promote the rehabilitation and re-integration of women leaving prison and those who have accommodation needs requiring support in the community. The programme supports women serving sentences of imprisonment who pose a low risk to society to gradually re-integrate into the community. Following a referral and assessment process, women are moved from the Dóchas Centre to live at the Outlook Programme in order to progress their positive sentence management. The women the programme caters for are required to be drug free and have, in general, been convicted of one-off offences. The programme has capacity for 10 women.

In July 2024 of a pilot supervised temporary release scheme for women in Limerick prison was commenced. The pilot was established for an initial 2-year period. Through this pilot programme a dedicated Probation Officer undertakes robust pre-release work with the women while they are in custody. They continue to work with the women when they are released back into the community during a specified period of time. It is proposed that action research will be conducted during the pilot to track outcomes and enable real-time adaptations and improvements while informing future roll-out across other prisons. It is hoped that following evaluation, this scheme can be further expanded.

Request for Information + Recommendation (Paragraph 208, Page 44)

The Committee notes that there have been a number of previous health-care reviews over the past few years, and recommends that the most recent HNA's recommendations are urgently implemented by the Irish authorities.

Further, the CPT would appreciate being sent an update on concrete measures taken to date, as well as those underway, to implement the HNA recommendations, and the measures to formalise pathways between the IPS, the Department of Health and the HSE.

Ireland's Response

The Irish Prison Service Health Needs Assessment Report was jointly published by the Ministers for Justice and Health in May 2023. The report focused on proposals to strengthen and improve the Irish Prison Service's Healthcare Services. This is the first comprehensive health assessment undertaken for the Irish Prison Service.

Subsequent to publishing the HNA report, it was agreed by Government that a Steering Committee would be set up to monitor the implementation of recommendations. The group comprises of key stakeholders from the Department of Justice (chair), the Irish Prison Service, the Department of Health and the Health Service Executive.

The HNA 1st Progress Report was published in October 2024. The report outlines the progress to date on the development of recommendations as set out in the HNA, covering the period May 2023 to June 2024. The report is broadly divided into five sections:

1. Women's Health Services;
2. Mental Health Services;
3. Addiction and Substance Misuse;
4. Prisoner Categories with Specific Health Needs;
5. Strengthening and Providing Governance to IPS Healthcare Services.

The full report detailing the progress on recommendations up until June 2024, can be accessed on www.gov.ie. Key developments cited in the HNA 1st Annual Progress report include:

1. A locum female GP commenced in Limerick Female Prison three days per week and increased

to 4 days per week in July 2024.

2. Additional funding was received to recruit mental health nurses in the IPS.
3. Dual diagnosis service requirements are being mapped across the IPS.
4. The IPS is actively engaging with the HSE and Department of Health in relation to the 'Healthy Prisons' initiative which commenced in May 2024.
5. The Irish Prison Service have begun writing the action plan arising from the Health Needs Assessment.

There are 60 recommendations cited in the IPS Health Needs Assessment with a timeframe for completion of 36 months from May 2023. The Steering Committee have committed to report progress to the Minister for Justice and Minister for Health on a yearly basis and will continue to publish a progress report outlining the progress made each year.

An external consultant is currently engaged with IPS Healthcare and Psychology regarding drafting the action plan arising from a recommendation cited in the HNA. The action plan aims to draw in recommendations from other key external healthcare reports to amalgamate similar recommendations to produce a more efficient output.

In relation to the formalisation of pathways between the IPS, the Department of Health and the HSE, the IPS is currently engaging with the HSE in relation to each of the below recommendations as set out in the High Level Taskforce on Mental Health and Addiction (HLTF) and IPS HNA, on a phased basis:

a) Care Pathways: clear pathways for access to primary, community and mental health services, between the HSE and criminal justice agencies, are required.
b) Memorandum of Understanding: required to deliver a partnership approach that creates easy access to case management services that include counselling, key working, outreach, addiction, mental health assessment, homeless placement and housing advice so that mental health difficulties can be treated within social inclusion/primary care and prison settings.
c) Integrated Multi-agency Model of Case Management: should be further expanded to align with case management models in place in both the Probation Service and Irish Prison Service.
d) Case Management: HSE Social Inclusion Case Managers should begin engagement with prisoners at the earliest point prior to release to ensure continuity of care as the prisoner's release date may be brought forward for a number of reasons resulting in an earlier than anticipated release date.
e) Social Inclusion Case/Key workers: should be allocated to each Community Health Network to ensure coordination and access to pathways. Such case managers should work with the Probation Service, homeless services and others, as required, to support offenders in the community and those before, during and after custody.
f) Assertive Outreach Teams: should be expanded to make specialist mental health care and housing supports available to people experiencing homelessness, mental health difficulties and severe distress and to divert clients away from entering the criminal justice system."

Request for Information + Recommendation (Paragraph 209, Page 44)

While healthcare staffing was reasonable, there was backlog of 63 patients and taking up to two weeks (except urgent cases) to be seen.

The CPT recommends that access times to the GP should be reviewed and that, if delays continue, the hours of the additional part-time GP be increased to address this situation.

It would appreciate being sent an update on this matter.

Ireland's Response

The Irish Prison Service accepts this recommendation. There is a full-time locum doctor on site in Castlerea Prison since May 2024 and this has resulted in significant improvements on site. The current position is that there is no backlog of prisoners waiting to see the doctor. Prisoners are triaged by the nursing staff and anyone who needs to see the doctor will see the doctor on the day.

Recommendation (Paragraph 211, Page 44)

Three Psychologists attended both prisons but only one attended for two hours per week. One nurse on duty for both prisons at night.

The CPT recommends that the presence of a psychiatrist at Limerick Prisons be increased to enable regular clinical sessions for at least four days per week.

The CPT recommends that a second nurse should be on duty at night at Limerick Prison.

Ireland's Response

Irish Prison Service Healthcare and Workforce Planning will complete a nocturnal workload analysis to determine whether there is a requirement for more than one nighttime nurse in Limerick Prison.

In terms of a Psychiatry Service, the HSE / National Forensic Mental Health Service has been successful in securing funding for an in-reach psychiatry team at Limerick Prison including a Consultant, 2 x Nurses, 1 x Social Worker and 1 x Non Consultant Hospital Doctor.

The Irish Prison Service are awaiting HSE recruitment of the approved posts. There is currently a Senior Psychologist, and a Staff Grade Psychologist, whose resources are distributed across both prisons based on population and clinical need. There are two part time locum Psychotherapists assigned to the female prison with 1 day assigned to the male prison.

Recommendation (Paragraph 213, Page 45)

The CPT recommends that the Irish authorities further invest in increasing ready and regular access to these crucial specialist services (notably psychologists, rape crisis counsellors and substance use counsellors) for women prisoners held at the Dóchas Centre.

Ireland's Response

The Irish Prison Service accepts this recommendation and commits to ensuring that there are multiple specialist services in place for women in custody. The Irish Prison Service has commissioned a review of service provision for the mental and physical wellbeing of women in custody in terms of equivalence of care to the community. Based on the outcome of this review, the Irish Prison Service will apply via the estimates process for additional resources required, including addiction nurses, psychologists, psychiatric nurses, social workers, addiction counsellors, therapeutic support associated with sexual victimisation and support for people in minorities including traveler-specific support.

Recommendation (Paragraph 216, Page 46)

The Committee recognises that the presence of non-medical staff at the request of the healthcare professional may be warranted in exceptional cases. Such exceptions should be specified in the relevant regulations and should be limited to those cases in which, based on an individual risk assessment, the presence of prison staff of the same sex as the person being examined is

considered absolutely necessary, most notably to ensure the safety of the healthcare professional.

Moreover, an exception should only be permissible if other, less intrusive security measures are considered not to fully contain the perceived risks posed by the prisoner. As a possible alternative, consideration should be given to the setting up of a secure room or ensuring the presence in the room of additional healthcare personnel.

Another possibility may be the installation of a call system, whereby healthcare professionals would be in a position to rapidly alert prison custodial staff in those exceptional cases when a prisoner becomes agitated or threatening during a medical examination. The healthcare professionals concerned should be duly informed of any relevant prior behaviour on the part of the prisoner, the applicable rules and how to react in high-risk situations.

As such, the CPT recommends that the Irish authorities take measures, including by amending the relevant regulations, to ensure that the above-mentioned precepts are fully implemented in practice. In particular, as a general rule, all medical examinations/consultations of persons held in prisons should be conducted out of the sight and hearing of prison custodial staff, under conditions fully guaranteeing medical confidentiality.

Ireland's Response

It is the policy of the Irish Prison Service that save in exceptional circumstances, medical consultations take place out of hearing and out of sight of prison staff.

Recommendation (Paragraph 217, Page 46)

The CPT recognises that due account needs to be taken of security considerations, but the principle of confidentiality requires that all medical examinations of prisoners be conducted out of the hearing and – unless the doctor concerned requests otherwise in a particular case – out of the sight of prison officers. The CPT recommends that the principle of medical confidentiality be respected, taking due account of the above remarks.

Further, in the CPT's view, systematically conducting psychiatric consultations through plexiglass, without an individual security risk assessment, should be ended as a practice, as it does not enable a proper medical examination to be carried out or promote an adequate doctor-patient relationship.

Ireland's Response

The Irish Prison Service will seek the agreement of the National Forensic Mental Health Service (NFMHS) under the terms of our MOU to ensure that in reach service providers are only using plexi glass screens during consultations when it has been deemed appropriate through risk assessment to do so.

Recommendation (Paragraph 218, Page 46)

The CPT reiterates its recommendation that healthcare services in prison be provided with the means to access telephone interpretation services when required.

Ireland's Response

The Irish Prison Service can confirm that this contract is in place and this service is available to assist healthcare staff in providing care to foreign nationals in custody.

Recommendation (Paragraph 221, Page 47)

The CPT recommends that the Irish authorities should promote a trauma-informed and mental health needs-oriented intake screening for men as well as women (including screening for the risk for suicide, self-harm risk, their mental health needs, any prior trauma, etc.).

Ireland's Response

The Irish Prison Service's committal process is currently being reviewed. The Irish Prison Service is committed to promoting a trauma informed, mental health, addiction and neurodiversity needs-oriented intake screening for men as well as women (including screening for the risk for suicide, self-harm risk, their mental health needs, active or historic addiction, neurodiversity and any prior trauma, etc.). This will be informed predominantly by the mental health needs analysis, and will be also supported by scientific research evidence, national and international professional expertise and best practice in other jurisdictions, knowledge from stakeholders including lived experience voices and organisational data.

Recommendation (Paragraph 223, Page 47)

The CPT reiterates its recommendation that the Irish authorities review the existing procedures regarding the reporting of injuries, per Paragraph 77 of CPT/Inf (2020) 37.

Ireland's Response

The Irish Prison Service accepts this recommendation. The Irish Prison Service will ensure that all GPs and Locum Doctors who work across the estate will have the appropriate training to initiate prisoners who require maintenance opioid agonist therapy (OAT). The Irish Prison Service will also ensure OAT can be initiated in Portlaoise Prison which is the only closed prison without this service at present. Access within Open Centres remains under active review.

Recommendation (Paragraph 227, Page 48)

The CPT recommends that the Irish authorities increase their provision of opioid agonist therapy in Irish prisons and foresee initiation for all prisoners who need this, in line with equivalent services in the community.

Ireland's Response

The Irish Prison Service accepts this recommendation. The Irish Prison Service will ensure that all GPs and Locum Doctors who work across the estate will have the appropriate training to initiate prisoners who require maintenance opioid agonist therapy. The Irish Prison Service will also ensure OAT can be initiated in Portlaoise Prison which is the only closed prison without this service at present. Access within Open Centres remains under active review.

Recommendation (Paragraph 229, Page 49)

The CPT recommends that the Irish authorities continue to pursue vigorously the various strands of the new Drugs Strategy programme and notably to ensure an increase of resources for addiction and prevention services to be able to provide their services effectively and on a more regular basis throughout the Irish prison estate.

Ireland's Response

The Irish Prison Service accepts this recommendation. People in custody have access to a growing range

of medical and rehabilitative services, including methadone substitution treatment, counselling, psychological intervention, peer to peer support programmes, psycho-education and the Treatment and Rehabilitation Programme provided by Merchants Quay Ireland which is currently available in the Medical Unit in Mountjoy Prison. Treatment provided to people in custody who may be struggling with addiction is in line with the National Drug Strategy, the Irish Prison Service Drugs Strategy 2023-2026, the Health Needs Assessment and the High Level Task Force on the mental health and addiction challenges of persons interacting with the criminal justice system.

The Irish Prison Service spends in excess of €1 million per annum on addiction counselling support. Narcotics Anonymous and Alcoholics Anonymous provide groups across the estate. A recent collaboration between the Dublin North, North East Recovery College (DNNERC) and Recovery Academy Ireland has been created to implement the Recovery College to four prisons and a specialist unit through education, training and provision of workshops for people in recovery and people working with people in recovery.

The Irish Prison Service also intends to continue to build an integrated care model to address the dual diagnoses of addiction and mental illness in collaboration with the HSE and relevant community-based agencies. A module on 'Understanding Drugs in a Social Context' of the Addiction Studies course has been delivered in Cork Prison by the HSE South Addiction Services in conjunction with Adult Continuing Education and the School of Applied Social Studies at University College Cork (UCC) and is being rolled out over the next three years to four prisons. This module is part of the Diploma in Substance Misuse and Addiction Studies (DSMAS) Level 7 Programme at UCC. Whilst this course is an educational programme, it has been found to support early recovery and build 'recovery capital'.

The Irish Prison Service acknowledges that an estate wide addiction treatment strategy is required and to that end is engaging in national and international research on best practice approaches. Further, the Irish Prison Service intends to apply for additional resources via the estimates process to support the identification, assessment and treatment, including case management, of people with addiction issues.

Recommendation (Paragraph 243, Page 50)

Overall, the CPT reiterates its recommendation that the Irish authorities ensure that at the HSUs of Castlerea and Mountjoy Prisons:

- **a programme of structured purposeful activities is urgently developed for prisoners held on these units;**
- **steps are taken to ensure that all prisoners kept on these units are held in clean cells and provided with the necessary support to maintain their hygiene;**
- **occupational therapy sessions for the prisoners held on the HSU are introduced, as well increasing the provision of psychological, psycho-therapeutic and other relevant services;**
- **all prison staff responsible for these units have specific training in mental healthcare; and**
- **staff meaningful interaction with the vulnerable persons located on the HSU is increased.**

Ireland's Response

The Irish Prison Service accepts this recommendation. In relation to the HSU in Mountjoy (F1 and F2) a significant body of work has taken place since July 2024 including: All cells on F1 have been refurbished with 4 cells on F2 refurbished. The refurbishment works on the remaining 3 cells on F2 is nearing completion. Significant work has also been done to the inside and outside recreation areas including fixtures and fittings. The old kitchen area will be re-developed as a multi-purpose area with Work Training Officer support.

The Education Unit has commenced a timetable of activities to suit the client group. The Irish Prison Service has offered the position of Occupational Therapy Manager following a recent competition and

this individual when in post will support Occupational Therapy activity within the HSU in Mountjoy. Psychology and Psychiatry Services remain available. All staff working within the HSU in Mountjoy will be offered additional training support from clinical staff, similar to that on D2, Cloverhill Prison. The above work will be replicated in the HSE of Castlerea Prison.

Recommendation (Paragraph 249, Page 51)

The CPT recommends that Cells 5 and 6 on the Committals Unit should not be used for any type of accommodation, including committals and reiterates that mentally ill persons should not be held in the Committals Unit.

Ireland's Response

The Irish Prison Service is exploring a number of options that will address both the material conditions of the Committal Unit in the Dóchas Centre and will also address the needs of the women accommodated there. Consultation and engagement has commenced with a number of key stakeholders within the Prison Service, to ensure a considered plan is achieved that will provide a long-term solution to the issues highlighted in the Committal Unit.

In light of the CPT's recommendation, both cell 5 and cell 6 are no longer utilised as accommodation. They are utilised as committal cells only. New committals are assigned to these cells where no other cell is available, however, the prisoner is then accommodated in the general population the next day.

Recommendation (Paragraph 251, Page 51)

The CPT reiterates it recommendation that steps be taken to ensure that mentally ill prisoners do not have to sleep on mattresses on the floor in Wings D2 and D1 of Cloverhill Prison.

Ireland's Response

The Irish Prison Service agrees with but cannot currently implement this recommendation due to the level of overcrowding across the prison estate.

The Irish Prison Service has commenced work to progress an extension to D Wing in Cloverhill Prison which will deliver 190 prison spaces.

Recommendation (Paragraph 253, Page 52)

Again, the CPT recommends that the Irish authorities reinforce the mental health team at Cloverhill Prison urgently. There should be at least six mental health nurses, as well as an occupational therapist, a psychologist, a social worker and some administrative support.

Ireland's Response

The Irish Prison Service will seek funding for additional mental health resources as part of its next annual Estimates submission to the Department of Justice.

Recommendation (Paragraph 255, Page 52)

The CPT recommends that a programme of regular structured activities should be further increased for prisoners held on the D2 Unit.

Ireland's Response

The Regime on D2 landing is equivalent to the other Divisions in the prison.

The cohort of men on D2 suffer from enduring mental issues, psychosis, personality disorders etc. Outside of the Central Mental Hospital in Portrane, D2 Cloverhill is the largest facility that accommodates men with such psychiatric issues.

We have two Healthcare Assistants who assist with the men's personal hygiene/washing including the upkeep of their cells.

The ACO and staff encourage prisoners to avail of out of cell in the morning, afternoon and evening time. This is a generally well-established practice, and some may need to be escorted at times to prevent self-declared in-cell isolation periods. Getting out for fresh air exercise is always a priority for staff managing D2 in addition to mixing with others as it promotes a more social aspect of daily prison life.

There are occasions where some of the men are so unwell, they cannot mix with others and remain back in cell/on landing due to potential risk to others but also to allow for Prison In-Reach Courts Liaison Service interventions that may assist their ongoing detention period.

The exercise yard is connected to an indoor recreation hall to allow the men avail of indoor recreation during inclement weather and to watch TV. Indoor recreation/library is provided for in the evening where the men can watch 'movies' on a projector, play indoor games etc.
The Irish Prison Service has recently readvertised the role of Occupational Therapist to provide more meaningful and structured activities. In addition to the above, plans are well advanced for the building of a new wing where it is proposed to move the D2 cohort of men to the ground floor of the new wing where the layout/infrastructure will be more conducive to these men where it will provide additional areas for the men to be accommodated, some on their own due to presenting issues. There will be additional indoor recreation areas for these men along with a proposed sensory room. In this proposal, it envisaged that an Occupational Therapist Office/room will be located within this new wing. The Irish Prison Service is also aiming to recruit 300 prison officers in 2025, in addition to the 271 prison officers recruited in 2024, and will launch another recruitment campaign this summer.

Recommendation (Paragraph 257, Page 52)

The CPT recalls that prison must not become a solution for managing mentally ill homeless persons and it recommends that the Irish authorities put in place a comprehensive policy (that is, one that includes housing, welfare, primary care, mental healthcare, substance use) in order to tackle this issue.

Ireland's Response

In relation to managing mentally ill homeless persons, the HLTF report sets out a number of recommendations to addresses this matter. The establishment of a cross-agency pilot project known as the Community Access Support Team (CAST) is a significant recommendation arising from the HLTF report.

The pilot CAST project is currently being trialed in the Limerick Garda Division after officially launching in October 2024. This is a pilot partnership between An Garda Síochána and the Mental Health Services within the HSE. The pilot endeavours to establish an appropriate co-response approach to calls relating to mental health and situational trauma. This approach moves towards the shared goal of providing a compassionate and effective response to people in distress and will enhance diversionary practices for relevant individuals.

The dual-response model consists of crisis response and the establishment of a Multi-Agency Support Forum comprising of key agencies in the Limerick region which will facilitate a supportive, sustainable response to the individual in crisis. Under crisis response, when staff are not actively responding to

calls, they will be carrying out work associated with the project such as linking in with external agencies, outreach to homeless and addiction services, following up on previous call-outs and providing ongoing intervention based on need. There can be an overlap between homelessness and substance misuse which CAST aims to address.

The Probation Service is currently supporting the Department of Justice Research and Data Analytics Unit, who are conducting research on the intersection between homelessness and criminality, as per another HLTF recommendation. This research aims to measure the scale of overlap between the homeless and criminal justice sectors to develop a more informed response to the throughcare needs of those exiting custody, inclusive of the needs of minority groups, young persons and women.

The formalisation of care pathways between the HSE, IPS and other criminal justice agencies endeavours to provide access to primary, community and mental health services as recommended by the HLTF and HNA reports. The IPS is currently engaging with the HSE in relation to a range of recommendations designed to formalise care pathways through improved sustained engagement with key services. A number of these recommendations include:

- Memorandum of Understanding: required to deliver a partnership approach that creates easy access to case management services that include counselling, key working, outreach, addiction, mental health assessment, homeless placement and housing advice so that mental health difficulties can be treated within social inclusion/primary care and prison settings
- Social Inclusion Case/Key workers: should be allocated to each Community Health Network to ensure coordination and access to pathways. Such case managers should work with the Probation Service, homeless services and others, as required, to support offenders in the community and those before, during and after custody.
- Assertive Outreach Teams: should be expanded to make specialist mental health care and housing supports available to people experiencing homelessness, mental health difficulties and severe distress and to divert clients away from entering the criminal justice system.

Recommendation (Paragraph 258, Page 52)

The CPT reiterates its recommendation that urgent steps be taken, including of a legislative nature, to ensure that mentally ill homeless persons in prison, who the Courts are willing to bail, can be transferred rapidly to a psychiatric facility in the community to receive appropriate treatment.

Ireland's Response

The Department of Justice continues to work closely with colleagues in the Department of Health and HSE to progress the various recommendations of the HLTF and the IPS HNA. These reports examine issues relating to people with mental health illnesses who come in contact with the Criminal Justice system. The new Programme for Government, Securing Ireland's Future, commits to further implementing the recommendations of the HLTF to address the challenges of those imprisoned, and primary care support on release.

The formalisation of care pathways between the HSE, IPS and other criminal justice agencies endeavours to provide access to primary, community and mental health services as recommended by the HLTF and HNA reports. The IPS is currently engaging with the HSE in relation to a range of recommendations designed to formalise care pathways through improved sustained engagement with key services.

The Probation Service is currently supporting the Department of Justice Research and Data Analytics Unit, who are conducting research on the intersection between homelessness and criminality, in accordance with a recommendation of the HLTF. This research aims to measure the scale of overlap

between the homeless and criminal justice sectors to develop a more informed response to the throughcare needs of those exiting custody, inclusive of the needs of minority groups, young persons and women.

Recommendation (Paragraph 259, Page 52)

The CPT recommends that the Irish authorities invest in increasing the number of and access to psychologists, occupational therapists and social workers in all Irish prisons.

Ireland's Response

The Irish Prison Service accepts this recommendation and remains committed to increasing the number of, and access to, Psychologists, Occupational Therapists and Social Workers. The provision of Occupational Therapy will be prioritised in D2 in Cloverhill, the HSU and Open Centres. The Irish Prison Service will apply for additional resources via the next annual Estimates submission to the Department of Justice. The Irish Prison Service is committed to developing a Social Work service, initially in our female prisons, and expanding this throughout the prison estate as appropriate on a needs-led basis.

The Irish Prison Service is also aiming to recruit 300 prison officers in 2025, in addition to the 271 prison officers recruited in 2024, and will launch another recruitment campaign this summer.

Recommendation (Paragraph 261, Page 53)

The CPT recommends that the Irish authorities take measures to create additional step-down beds in the community, to provide additional secure beds in local psychiatric hospitals and to increase the provision of psychiatric low-security settings.

Ireland's Response

Our national Mental Health Policy Sharing the Vision 2020-2030 aims to improve all aspects of mental health care, including increasing bed capacity across the system. This includes the development of Intensive Care Rehabilitation Units (ICRUs), Psychiatric Intensive Care Units (PICUs) and additional capacity in many of the existing Approved Centres. The implementation of this objective is subject to additional resource allocation each year under the annual Budget process overall.

Recommendation (Paragraph 262, Page 53)

The CPT reiterates its recommendation that the staffing at all HSUs be reviewed in order to include the appropriate expertise to offer a structured programme of activities beneficial to the prisoners, in light of the above-mentioned remarks.

Ireland's Response

The Irish Prison Service accepts this recommendation and remains committed to increasing the number of, and access to, Psychologists, Occupational Therapists and Social Workers. The provision of Occupational Therapy will be prioritised in D2 in Cloverhill, the HSU and Open Centres.

The Irish Prison Service will apply for additional resources via the next annual Estimates submission to the Department of Justice. The Irish Prison Service is committed to developing a Social Work service, initially in our female prisons, and expanding this throughout the prison estate as appropriate on a needs-led basis.

Recommendation (Paragraph 264, Page 53)

The Committee recommends that the IPS helps local prison management to ensure a more robust leadership.

Ireland's Response

The Irish Prison Service provides direct support for prison management through the Workforce Planning Section on a continuous basis. The Irish Prison Service has also developed a leadership programme for prison managers, with Governor 3s undertaking a joint course with Scottish Prison Service and Northern Irish Prison Services colleagues and more senior managers undertaking the Public Protection Advisory Cross Border Group programme which is conducted with senior colleagues from across the wider civil and public service on the island of Ireland.

Request for information (Paragraph 266, Page 53)

It is evident that additional measures are required to ensure that prisons operate full regimes and services, including sentence management, with activities and services not being hampered by staff shortages due to escorting and other priority commitments. The CPT would like to be informed about the continued measures being taken to address this.

Ireland's Response

Resource allocation is reviewed on an ongoing basis by Irish Prison Service Workforce Planning. Each prison utilises a Regime Management Plan to manage staff shortages with the least impact on access to activities and delivery of services.

Nevertheless, the Irish Prison Service must present prisoners to court and facilitate prisoner hospital appointments/stays as required. To reduce the impact of these escorts requirements on prison operations, over 50 additional members of staff were assigned to the Prison Service Escort Corps (PSEC) in 2024.

The Irish Prison Service is also aiming to recruit 300 prison officers in 2025, in addition to the 271 prison officers recruited in 2024, and will launch another recruitment campaign this summer.

Recommendation (Paragraph 267, Page 54)

The CPT recommends that the six-minute limit be significantly increased and requests that the Irish authorities also provide the rationale for imposing this limit.

Ireland's Response

All prisoners currently receive 6-minute outbound telephone calls. Due to the current levels of overcrowding, it is not possible to expand the existing offering due to ICT infrastructure and security resource requirements.

To support increased contact with family, prisoners are offered video-link calls which are 15 minutes in duration. In addition, a project is underway to introduce inbound telephone calls for each prisoner of 10 minutes in duration. The introductory phase of this project will provide for two such calls per day.

Recommendation (Paragraph 268, Page 54)

The CPT requests that the IPS review the current practice across the prison estate and, if necessary, inform prison management and raise awareness with prisoners that calls to lawyers should not be subject to restrictions in length.

Ireland's Response

The Irish Prison Service will keep this recommendation under consideration in consultation with the Law Society.

Recommendation (Paragraph 269, Page 54)

The CPT recommends that visits should be allowed for an hour per week.

Ireland's Response

Family contact is always prioritised by prison management. Rule 35 of the Prison Rules 2007 provides for a minimum visit of 30 minutes per week. Due to current levels of overcrowding, the Irish Prison Service is not in a position to increase this.

Recommendation (Paragraph 270, Page 54)

The CPT was not convinced that sufficient efforts had gone into providing child-friendly visiting places in the male prisons, most notably at Castlerea Prison and the Committee recommends that this be addressed by the Irish authorities.

Ireland's Response

There is a Visitors Centre in Castlerea external to the main body of the prison. This centre offers a less austere environment for families and children, with a reading corner, bird box painting, colouring, bowling, and other interactive play opportunities.

The Visitors Centre in Castlerea Prison plays an important role in supporting families of those in custody. The Irish Prison Service National Family Connections Officer is engaging each prison to review Visitors Centre provision and develop an action plan to ensure best practice provision across the prison estate, including in Castlerea Prison.

Recommendation (Paragraph 271, Page 54)

The Committee recommends that all prisoners be able to receive visits from their visitors without physical separation, except in individual cases where there may be a clear security concern.

Ireland's Response

Prison staff manage visits on a dynamic basis, taking into account the infrastructure of the relevant visits areas, known risks associated with the prisoner, intelligence that has been made available, e.g. through our confidential helpline, and a prisoner's current level of regime. Prisoners who do not present risks and are on the standard or enhanced levels of regime are not generally separated from visitors.

Recommendation (Paragraph 278, Page 55)

The CPT recommends that the Irish authorities take steps to increase oversight, both locally at prison management levels and nationally, to ensure robust oversight and meaningful governance.

In particular, it recommends that prison management ensure that all data concerning disciplinary proceedings is recorded accurately and uploaded onto PIMS regularly to ensure central oversight.

Further, the CPT recommends that the investigation process and its analysis into alleged disciplinary infractions are recorded in detail. It also recommends that the appeals process be monitored and subject to regular oversight and review, and dip-sampling locally at prison leadership meetings, as well as nationally.

Ireland's Response

There are robust measures in place both locally and at HQ level into the management of P19 disciplinary reports. A prisoner has the right under the Prison Rules 2007 and Prisons Act 2007 to appeal any P19 disciplinary finding within 7 days. At that juncture a decision maker in Operations Directorate in Irish Prison Service HQ will review the P19 disciplinary report process and will engage with the hearing Governor to garnish some additional details around the due process. Once that is done the decision maker will make a decision to either uphold the prisoners appeal, part uphold it or refuse it. A letter is then issued to the prisoner advising them of the outcome. All documentation is then uploaded electronically to the Prisoners file on PIMS.

In addition, a prisoner can petition the Appeals Tribunal if they receive a sanction of loss of remission. The Irish Prison Service continues to engage with the Department of Justice to ensure a suitable Appeals Tribunal panel is in place.

B. Children Detention Establishments

Comment (Paragraph 280, Page 56)

The Committee invites the authorities to consider the possibility of extending the period during which young persons may continue to be detained at Oberstown after having turned 18 years old in order to allow the completion of a course of education or training, subject to an individualised risk assessment including consideration of the other young persons' best interest.

Ireland's Response

Oberstown is a children detention school whose function is to provide secure care and education to children – i.e. younger than 18 years of age - remanded or detained by the courts. Once a young person at Oberstown turns 18, the Children Act provides for their transfer to the adult prison service to complete the remainder of their sentence.

Notwithstanding this, the Act also permits a young person detained at Oberstown to remain there for up to six months after they turn 18, at the discretion of the Director. This provision may be applied to a young person who has less than six months of their sentence remaining, or to a young person who is engaged in a course of education or training at Oberstown. This latter category is included in recognition of the value to the young person of completing an education or training programme at Oberstown. Any consideration of an extension to the six-month period provided for in law would require careful examination of a range of factors.

Such a change could be expected to benefit the young person concerned, and to support their eventual reintegration. As such, it would appear well aligned with the overall objectives of the Youth Justice Strategy 2021-2027. As the Committee points out, in implementing such a change, the best interests of other young people detained in Oberstown would have to be considered in each case, and individualised risk assessments conducted. Such consideration and risk assessment would also be required at the policy level, as such a change would increase the numbers of detainees in Oberstown who were no longer children and the likely overall impact of this on Oberstown and on those detainees under the age of 18 would have to be carefully examined. Extending the age-range could also be expected to increase the overall numbers detained at Oberstown at any one time.

Any consideration of extending the age-range would need to include quantifying and planning for additional resources. Bearing these initial observations in mind, the relevant authorities are happy to take consideration of this option on board.

Request for Information (Paragraph 280, Page 56)

The delegation was informed that discussions were underway regarding possible changes to the current legislation and policy, especially as regards behaviour management and restrictive practices (see paragraph 299), to ensure their alignment with the CEHOP model of care and the Children's Rights Policy Framework. The CPT would appreciate being kept informed of the progress of this reform process.

Ireland's Response

Oberstown Children Detention Campus is Ireland's only designated children detention school. The use of restrictive practices at Oberstown is governed by Rule 9 of the Children's Rights Policy Framework, which is a formal set of rules made by the Oberstown Board of Management under section 179 of the

Children Act 2001, with the consent of the Minister.

Under Rule 9 of the Children's Rights Policy Framework, restrictive practices are used only where it is necessary to protect a young person (or persons) from harm, to prevent injury to staff, to prevent damage to property and to protect order and security on Campus. Restrictive practices are only used as an exceptional measure where other standard behaviour management approaches are ineffective or inadequate to respond safely to a young person's behaviour or to prevent risks associated with this behaviour. Staff at Oberstown may only use restrictive practices after they have carried out a full risk assessment, including a dynamic assessment, of a young person's needs and any underlying characteristics which may pose a risk to young people. Restrictive practices must interfere as little as possible with the rights of young people and be used proportionately to the risk identified and for the shortest time necessary. The application of Rule 9 is the subject of a detailed written procedures document.

Responding to the particular points raised by the Committee, the Committee may wish to note that the written procedures for the use of single separation specifically require that staff keep the young person fully informed regarding the plan for them during the separation period, explaining why they have been/continue to be separated. Any young person on single separation has opportunities to be heard throughout, including through engagement with the Advocacy Officer. The Advocacy Officer engages with the young person on separation to ensure that they have a good understanding of the reasons for the separation, its duration, and what steps the young person can take to enable it to be concluded. The Advocacy Officer supports the young person to take these steps if they wish to. Following use of single separation, staff, including the Advocacy Officer, examine the individual Behaviour Management Plan for the young person in question to see if any adaptations might be made that could help to reduce the likelihood of separation being required in the future. Young people on single separation are supported to contact their legal representative if they wish.

With respect to the broader issue of discipline at Oberstown, the authorities would not concur with the Committee's assertion that there is no formal disciplinary system at Oberstown. Rather, a system of discipline is maintained using a positive behaviour management approach. The Children's Rights Policy Framework aims to ensure that young people are supported to understand, develop and sustain good behaviour and sets out the agreed approaches to addressing non-compliance with expected norms. Rule 8 of the CRPF states that "Young people should be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes".

Under this approach, which is also the subject of detailed written procedures, young people are supported to good behaviour through individual Behaviour Management Plans. Where a young person needs additional support to achieve compliance with expected norms, an Individual Recovery Programme may be put in place for a given period. The procedures governing the use of Individual Recovery Programmes require that staff keep the young person fully informed regarding the Individual Recovery Programme for its duration; explaining and supporting them to understand the reasons they remain on the programme and what they need to achieve to progress. Where appropriate, staff must encourage the young person to have input to their Individual Recovery Programme and provide a copy of their Individual Recovery Programme on a daily basis.

Under section 221 of the Children Act 2001, the Minister may make regulations with respect to a range of matters, including the maintenance of discipline and good order generally in children detention schools. There is no intention at present to develop Ministerial regulations with respect to the use of restrictive practices or discipline in children detention schools. The Children's Rights Policy Framework and the policies and procedures underpinning it provide the necessary framework for the management of both discipline and risk at Oberstown. This framework is also the subject of regular independent inspection by HIQA and regular review by the Oberstown Board of Management.

Separately, broader consideration of the commencement of the provisions of the Children (Amendment) Act 2015 that relate to discipline (sections 18 and 19) is continuing, with work remaining to be done to determine how best the operation of these provisions can effectively support the positive approach to discipline embodied in the rules of the Children's Rights Policy Framework and the detailed procedures that flow from these. The authorities are happy to keep the Committee informed of progress in this matter.

Recommendation (Paragraph 281, Page 57)

The Committee recommends that the Irish authorities take appropriate steps to ensure that the operational capacity of special care units is sufficient to meet demand (see paragraph 310). Furthermore, the authorities should address the question of onward placement as a matter of high priority, including step-down progression.

Ireland's Response

An independent review of the current structure of Special Care is currently underway. This review will address key elements such as the service location, service configuration, onward placements and the supports available to staff. All stakeholders are committed to giving careful consideration to the review's findings in the future planning for the Special Care service. The report of the external review group is expected to be published in May 2025.

A Special Care Planning Group, which will examine the medium to long term future of the delivery of Special Care in the State, consisting of representatives of the Department of Children, Equality, Disability and the Child and Family Agency, has been established. This Group will focus on the recommendations of the independent review and will develop an implementation plan to progress agreed recommendations concerning the reform of Special Care, as well as considering other matters related to the future operation of Special Care.

Extensive engagements have been undertaken by all stakeholders to increase the ability of the Child and Family Agency to recruit and retain staff. In January of 2025 the Child and Family Agency advertised for a new grade in Special Care. It is envisaged that this new grade with its specific conditions designed to incentivise recruitment and retention will facilitate an increase in capacity and improve the service provision for both those in care and the experience of those working in the Special Care units. The Child and Family Agency are currently working to activate additional step-down onward placements for those exiting Special Care.

All matters relating to Special Care are being treated as a priority for the Agency and the Department.

Request for Information + Recommendation (Page 286, Page 58)

The CPT recommends that effective procedures be put in place to ensure that, whenever injuries are recorded which are consistent with allegations of ill-treatment made by the person concerned (or which, even in the absence of an allegation, are clearly indicative of ill-treatment), the record is systematically brought to the attention of the competent monitoring and prosecuting authorities (see also recommendation at paragraph 293). Furthermore, the CPT would like to receive detailed information regarding the guidelines and practice related to the provision of food and water to young persons during court escorts.

Ireland's Response

Department of Children, Disability and Equality:
The Children First Act 2015 places a legal obligation on certain people to report child protection concerns at or above a defined threshold to Tusla - Child and Family Agency. These mandated persons must also assist Tusla, on request, in its assessment of child protection concerns about children who have been the subject of a mandated report. All care staff in Oberstown are mandated persons. Oberstown has liaised with the regional Tusla Child Protection Advisory Officer to ensure that all allegations are referred to Tusla, and following this a single point of transfer was identified in Oberstown.

On foot of observations made in the 2024 HIQA Inspection Report, Oberstown initiated training to provide that all mandated persons may make a referral to Tusla. The 2024 HIQA report noted the effectiveness of the new oversight systems. A sample of child protection and welfare concerns were reviewed, and it was found they were dealt with appropriately.

HIQA also found that where young people raised concerns about their treatment by An Garda Síochána, and the young person consented, reports were made to the Garda Síochána Ombudsman Commission (now Fiosrú). (see 293 below).

With respect to the provision of food and water during court escorts, the practice is as follows: on departure from Oberstown children are provided with a packed lunch and pocket money. This allows the children to purchase snacks and treats *en route* if a stop is facilitated by An Garda Síochána. Oberstown will discuss the development of standard procedures on this matter with the Department of Justice.

An Garda Síochána:
The provisions of Garda Code Chapter 26.4 state the following:

(11) Meal Breaks during Escorts
a) The Member-in-Charge of the Sub-District where the court is sitting will arrange for the relief of the escorting member(s) for a reasonable period for a meal-break and arrange for local members to take over safe custody of prisoners during the absence of the escorting members.
b) In any case where the Member-in-Charge of the Sub-District in which the court is held considers that the length of the court sitting, or the distance to be travelled by the returning escort, is such as to warrant a second meal break, the Member-in-Charge will make appropriate arrangements.
c) The Member-in-Charge of the Sub-District in which the court is held will be responsible for the supply of meals to prisoners under escort by members of An Garda Síochána. Escorting members will not be detailed for this duty. District Officers will ensure strict compliance with this instruction.
d) Whenever it is necessary to stop for a meal-break, en route to or from the prison, the Sergeant or member in charge of the escort will ascertain from the Sergeant-in-Charge of the Station in the Sub-District where it is intended to have the meal if the cell accommodation is adequate for the number of prisoners being conveyed and if sufficient personnel are available to ensure the safe custody of the prisoners.
e) The local Gardaí shall be responsible for the safe custody of and the supply of meals to the prisoners during the temporary absence of the escort.

Recommendation (Paragraph 287, Page 58)

The CPT recommends that the Irish authorities pursue their efforts to create a healthy and appropriate environment at Oberstown which is conducive to the young persons' rehabilitation and well-being; for example, by making the conditions less carceral, providing safe furniture in

the rooms (tables and chairs), and encouraging room personalisation and decoration of common areas.

Ireland's Response

Oberstown is actively examining the feasibility of providing table and chairs in the bedrooms in the accommodation units. Oberstown will develop plans to safely encourage room personalisation and decoration of common areas of the Campus. The Department of Children, Disability and Equality will seek to ensure that sufficient financial resources are allocated to underpin these developments.

Regarding Ballydowd, the Child and Family Agency ensures that all actions regarding Special Care placements comply with the relevant regulations and standards. The staff is committed to their efforts in providing each child with the highest possible quality of life, care and support while residing in Special Care.

Furthermore, each Special Care centre in the State, including Ballydowd, is subject to the inspection of the Health Information and Quality Authority, which holds a statutory mandate to ensure that the safety and quality of children's residential services meet national standards and regulations. More broadly, the configuration of Special Care in the State is currently under consideration and an independent report has been commissioned by the Child and Family Agency to examine how the service can be improved, with a view to increasing the quality of care provided to those in Special Care. The existing three special care campuses, and the arrangements for those placed in each, is a key element of this review.

A Special Care Planning Group, which will examine the medium to long term future of the delivery of Special Care in the State, consisting of representatives of the Department of Children, Disability and Equality and the Child and Family Agency, has been established. This Group will focus on the recommendations of the independent review and will develop an implementation plan to progress agreed recommendations concerning the reform of Special Care, as well as considering other matters related to the future operation of Special Care.

Ballydowd will link with the other Special Care centres with similar designs to establish a group with a view to considering the inclusion of robust furniture including a desk.

Recommendation (Paragraph 288, Page 59)

The CPT recommends that the Irish authorities improve the conditions of the young persons' rooms at Ballydowd; for example, by equipping them with safe furniture (a table and chair) and by encouraging their personalisation.

Ireland's Response

The Child and Family Agency ensures that all actions regarding Special Care placements comply with the relevant regulations and standards. The staff is committed to their efforts in providing each child with the highest possible quality of life, care and support while residing in Special Care.

Furthermore, each Special Care centre in the State, including Ballydowd, is subject to the inspection of the Health Information and Quality Authority, which holds a statutory mandate to ensure that the safety and quality of children's residential services meet national standards and regulations. More broadly, the configuration of Special Care in the State is currently under consideration and an independent report has been commissioned by the Child and Family Agency to examine how the service can be improved, with a view to increasing the quality of care provided to those in Special Care. The existing three special care campuses, and the arrangements for those placed in each, is a key element of this review.

A Special Care Planning Group, which will examine the medium to long term future of the delivery of Special Care in the State, consisting of representatives of the Department of Children, Disability and Equality and the Child and Family Agency, has been established. This Group will focus on the recommendations of the independent review and will develop an implementation plan to progress agreed recommendations concerning the reform of Special Care, as well as considering other matters related to the future operation of Special Care.

Ballydowd will link with the other Special Care centres with similar designs to establish a group with a view to considering the inclusion of robust furniture including a desk.

Recommendation (Paragraph 289, Page 60)

The CPT recommends that the Irish authorities redouble their efforts to develop reintegration programmes for young persons in advance of their release, including opportunities for temporary leave in the community. Further steps should also be taken to increase the number of vocational places and work opportunities on offer at Oberstown.

Ireland's Response

Placement planning – equipping young people for reintegration into society following release – is the focus of individualised care provided at Oberstown. Oberstown offers young people a range of opportunities to develop vocational skills along with raising their awareness of employment and career opportunities.

The average age of the young people on campus is 16 years and a significant proportion of them have not regularly attended school for some time or received any vocational training before entering Oberstown. Therefore, Oberstown initially focuses on ensuring that the children receive individualised education planning to address gaps in their educational development.

Oberstown offers a range of vocational and skills training. This is supported by career guidance that helps young people in Oberstown to explore their skills, interests and strengths and link these to education, training, and employment opportunities. Opportunities for work experience while on temporary release or permitted absence include catering work experience and placements, forklift training, and warehousing skills and these programmes are expanding in 2025. Oberstown also provides individual employment mentoring and training in partnership with Way 2 Work, an independent organisation that provides training and employment programmes for young people, including those in care or detention. Oberstown also offers multiple on-site training opportunities including a coffee van, mechanics' workshops, industry skills certificates courses, Podcast and digital production skills, and employer partnerships.

Oberstown actively promotes community reintegration through partnerships with a range of independent organisations including Le Chéile and Candle Community Trust. YAP (Youth Advocate Programmes Ireland) provides intensive support for young people in Oberstown preparing to return to the community. YAP uses a strengths-based, needs-led approach, employing community-based advocates to work with young people and their families to support them to achieve their goals. In 2025, Oberstown is establishing a partnership with The Diamond Project, a support project for young people with experience of the criminal justice system, and their families, who are based in Dublin's North Inner City.

Comment (Paragraph 290, Page 60)

The CPT trusts that a sufficient staff presence is always guaranteed to avoid that young persons

be confined to their rooms during daytime over the weekend.

Ireland's Response

The Department of Children, Disability and Equality supports Oberstown's recruitment of new staff and retention of existing staff, to ensure safe conditions for the staff and the young people on campus. Oberstown is satisfied that there are sufficient numbers of staff on campus at weekends to facilitate normal activity and that children are at no stage confined to their rooms over the weekends.

In line with normal adolescent behaviours, rising time is generally later at the weekends with a standard 11am wake up time. Staffing in Oberstown is a matter of constant oversight to ensure that the staffing quota is maximised in the best interests of the children in Oberstown. Oberstown conducts regular roster reviews to ensure optimum use of the staff resource.

Comment (Paragraph 293, Page 60)

The CPT trusts that the record drawn up after the medical examination of a young person at Oberstown contains the description of the injury, the young person's allegation and the doctor's observations indicating the consistency between any allegations made and the objective medical findings. Further, injuries should be photographed and filed in the medical record of the young person and all types of injuries should be recorded in a special trauma register (see also recommendation at paragraph 286).

Ireland's Response

Oberstown can confirm that procedures related to the recording of injuries include all elements referred to by the CPT. All injuries, whether identified on arrival in Oberstown, or sustained in Oberstown, are recorded and maintained on the Health and Safety database. Regular reviews of this database are undertaken in order to inform procedures in Oberstown.

Injuries of a serious nature, as assessed by Oberstown medical staff, are photographed by the Health and Wellbeing team (nursing staff) and are retained on a child's individual medical file. Oberstown will consider the establishment of a "special trauma" recording category in the Health and Safety database.

Recommendation (Paragraph 296, Page 61)

The CPT recommends that the Irish authorities review the framework and practice regarding consent to treatment at Oberstown, ensuring that appropriate safeguards are in place, and that, except in emergency situations, consent for treatment is only given on a case-by-case basis, and after having duly considered the views expressed by the young person and parent/guardian concerned. Consent forms should contain a clear indication of the authorisation's period of validity and justification, along with the views expressed by the young person, depending on their maturity and mental capacity.

Ireland's Response

Oberstown adopted the consent procedures currently in operation on foot of recommendations from the Health Information and Quality Authority. Ongoing engagement with parents/guardian, where feasible, on medical treatment for children is undertaken.

Oberstown will re-examine the medical consent policy on foot of the Committee's recommendation to consider ways in which consent for non-emergency or non-routine elective treatment can be sought and

received from parents /guardians. This examination will take on board the Committee's observations regarding a clear indication of the authorisation's period of validity and justification.

Recommendation (Paragraph 297, Page 61)

The CPT recommends that adequate measures be taken to ensure that a physician (or healthcare manager) is assigned to Ballydowd Special Care Unit, ensuring the overall supervision of healthcare services in that institution and a regular presence therein.

Request for Information (Paragraph 298, Page 61)

The delegation learned that, as adequate services in Ireland were lacking for young persons with autism having heightened special needs, some young persons have had to be transferred to facilities abroad. The CPT wishes to receive the comments of the Irish authorities on this question, including on potential plans to fill this apparent service gap.

Ireland's Response

The Child and Family Agency runs the Assessment Consultation Therapy Service (ACTS), which provides assessments for those placed in Special Care. If the assessment outcome is found to warrant a referral to the juvenile mental health services, this referral is made promptly. A psychiatrist attends the unit once a week and attends the multidisciplinary team meetings, where expert advice and guidance can be given to ensure the care for each child placed in Special Care receives the highest quality of care.

The current structure of Special Care is being independently reviewed. The frequency and quality of engagement with external services is a key element for consideration in the review. The review has been concluded and the report of the external review group is expected to be published in May 2025.

A Special Care Planning Group, which will examine the medium to long term future of the delivery of Special Care in the State, consisting of representatives of the Department of Children, Disability and Equality and the Child and Family Agency, has been established. This Group will focus on the recommendations of the independent review and will develop an implementation plan to progress agreed recommendations concerning the reform of Special Care, as well as considering other matters related to the future operation of Special Care.

Recommendation (Paragraph 300, Page 63)

The CPT recommends that the Irish authorities take the necessary measures, at the legislative level, to adopt a comprehensive regulation on the application of restrictive measures which may be imposed at children detention schools, whether as disciplinary or preventive measures, in compliance with international standards. In particular, the regulations on separation should recognise the young persons' rights to information, to be heard, to receive legal assistance, to be represented, to receive a reasoned decision and to appeal.

Ireland's Response

Oberstown Children Detention Campus is Ireland's only designated children detention school. The use of restrictive practices at Oberstown is governed by Rule 9 of the Children's Rights Policy Framework, which is a formal set of rules made by the Oberstown Board of Management under section 179 of the Children Act 2001, with the consent of the Minister.

Under Rule 9 of the Children's Rights Policy Framework, restrictive practices are used only where it is

necessary to protect a young person (or persons) from harm, to prevent injury to staff, to prevent damage to property and to protect order and security on Campus. Restrictive practices are only used as an exceptional measure where other standard behaviour management approaches are ineffective or inadequate to respond safely to a young person's behaviour or to prevent risks associated with this behaviour. Staff at Oberstown may only use restrictive practices after they have carried out a full risk assessment, including a dynamic assessment, of a young person's needs and any underlying characteristics which may pose a risk to young people. Restrictive practices must interfere as little as possible with the rights of young people and be used proportionately to the risk identified and for the shortest time necessary. The application of Rule 9 is the subject of a detailed written procedures document.

The Committee may wish to note that the written procedures for the use of single separation specifically require that staff keep the young person fully informed regarding the plan for them during the separation period, explaining why they have been/continue to be separated. Any young person on single separation has opportunities to be heard throughout, including through engagement with the Advocacy Officer. The Advocacy Officer engages with the young person on separation to ensure that they have a good understanding of the reasons for the separation, its duration, and what steps the young person can take to enable it to be concluded. The Advocacy Officer supports the young person to take these steps if they wish to. Following use of single separation, staff, including the Advocacy Officer, examine the individual Behaviour Management Plan for the young person in question to see if any adaptations might be made that could help to reduce the likelihood of separation being required in the future. Young people on single separation are supported to contact their legal representative if they wish.

With respect to the broader issue of discipline at Oberstown, the authorities would not concur with the Committee's assertion that there is no formal disciplinary system at Oberstown. Rather, a system of discipline is maintained using a positive behaviour management approach. The Children's Rights Policy Framework (CRPF) aims to ensure that young people are supported to understand, develop and sustain good behaviour and sets out the agreed approaches to addressing non-compliance with expected norms. Rule 8 of the CRPF states that "Young people should be supported to understand and demonstrate norms of good behaviour that ensure long-term positive outcomes".

Under this approach, which is also the subject of detailed written procedures, young people are supported to good behaviour through individual Behaviour Management Plans. Where a young person needs additional support to achieve compliance with expected norms, an Individual Recovery Programme may be put in place for a given period. The procedures governing the use of Individual Recovery Programmes require that staff keep the young person fully informed regarding the Individual Recovery Programme for its duration; explaining and supporting them to understand the reasons they remain on the programme and what they need to achieve to progress. Where appropriate, staff must encourage the young person to have input to their Individual Recovery Programme and provide a copy of their Individual Recovery Programme on a daily basis.

Under section 221 of the Children Act 2001, the Minister may make regulations with respect to a range of matters, including the maintenance of discipline and good order generally in children detention schools. There is no intention at present to develop Ministerial regulations with respect to the use of restrictive practices or discipline in children detention schools. The CRPF and the policies and procedures underpinning it provide the necessary framework for the management of both discipline and risk at Oberstown. This framework is also the subject of regular independent inspection by the Health Information and Quality Authority and regular review by the Oberstown Board of Management.

Separately, broader consideration of the commencement of the provisions of the Children (Amendment) Act 2015 that relate to discipline (sections 18 and 19) is continuing, with work remaining to be done to determine how best the operation of these provisions can effectively support the positive approach to

discipline embodied in the rules of the CRPF and the detailed procedures that flow from these. The authorities are happy to keep the Committee informed of progress in this matter.

Comment (Paragraph 302, Page 63)

It was unclear to what extent young persons (and other young witnesses, if any) were properly debriefed following the application of physical restraint. The CPT trusts that young persons detained at Oberstown who are subject to or witness the application of physical restraint are properly debriefed after each incident.

Ireland's Response

Oberstown note the CPT understanding and acknowledgement of the use of restrictive practices in Oberstown from a procedures and staff engagement perspective. Oberstown reiterate that physical restraint is only used as a last resort. Oberstown engage with children at all stages in this process to ensure that children have a clear understanding of the process.

Section 7.3 of Oberstown's Physical Safety Intervention procedure deals with "aftercare" and it states "*Any use of a restrictive intervention may be traumatic for the person who experiences it. Appropriate emotional support should be provided to the young person in the direct aftermath of the episode. Staff should also offer support, if appropriate, to other young persons who may have witnessed the restraint of the person and that an in-person debrief with the young person who was subject to CPI Physical Safety Intervention should follow every episode of physical intervention*". This debriefing is undertaken by one or both of the Designated Liaison Person or Advocacy Officer.

Recommendation (Paragraph 304, Page 64)

The CPT recommends that the Irish authorities take urgent measures to ensure that appropriate and tailored training is provided to staff working in special care units on the management of aggressive behaviour, de-escalation techniques and the application of means of restraint. Such training should not only focus on instructing staff how to apply means of restraint but, equally importantly, it should ensure that staff understand the impact that the use of restraints may have on young persons and that they know how to care for a restrained young person.

Further, the authorities should take steps to ensure that An Garda Síochána officers are only called upon in well-defined and wholly exceptional cases.

In addition, the CPT recommends that the Irish authorities definitively end the practice of hiring external security staff to manage challenging behaviour by young persons in special care units.

Ireland's Response

All staff working in special care are trained in the Tusla approved method of Physical Restraint, known as the Therapeutic Crisis Intervention. This method of restraint is designed to safely hold a young person until they can regulate themselves. However, it is acknowledged that there are limitations in using this method; for some young people, particularly those with a larger physical size, it is not safe for social care staff to intervene in restraint. If a risk assessment indicates that a particular young person poses a significant danger when acting violently, the risk assessment may require staff to seek support from An Garda Síochána for safe intervention.

Tusla continues to review its method of physical intervention to support staff in dealing with challenging behaviour. In Tusla's review, it tries to balance the emotional needs of the young person and physically

contain their challenging behaviour.

Recommendation (Paragraph 307, Page 65)

The CPT recommends that the Irish authorities ensure that the separation of young persons or their removal from association – whatever form this may take – be applied only as a means of last resort and for the shortest time possible, and that the young persons concerned continue to be granted access to education, physical exercise and possibilities of prompt reintegration to the fullest extent reasonably possible.

Moreover, the authorities should invest the necessary efforts in ensuring that every instance of separation or removal from association is accurately recorded in a centralised register kept at each establishment, containing the measure's date, start and end times, duration, reasons for application, and periodic reviews.

Ireland's Response

Ballydowd:
Single Occupancy is covered by Tusla's policy on the use of Single Occupancy and is regulated by the Health Information and Quality Authority (HIQA). Notifications of restrictive practices are kept on individual registers and the use of certain restrictive practices is notified to HIQA on a quarterly basis.

An external review of Special Care has been commissioned, which will seek to address a range of practices in Special Care, as well as identifying training requirements for staff working in Special Care. The review has been concluded and the report of the external review group is expected to be published in May 2025.

A Special Care Planning Group, which will examine the medium to long future of the delivery of Special Care in the State, consisting of representatives of the Department of Children, Disability and Equalityand the Child and Family Agency, has been established. This Group will focus on the recommendations of the independent review and will develop an implementation plan to progress agreed recommendations concerning the reform of Special Care, as well as considering other matters related to the future operation of Special Care.

Oberstown:
Oberstown notes that the CPT report acknowledges that "*there appeared to be generally no excessive resort to 'single separation' and that "detailed documentation and the interviews with young persons attested to the constant efforts made by staff to reengage with a separated young person, with the aim of discussing the reasons for the imposition of the measure and ways to reintegrate the young person into the unit as soon as possible. While on separation, young persons had daily access to the unit's outdoor yard and, to the extent possible, to school classes*".

During the course of single separation, the child has access to the Advocacy Officer who ensures that the child is aware of why they are in single separation, what actions they can take to address behaviour and how long the separation will last. The Physical Safety Intervention procedure details the processes to be adhered to during single separation. Oberstown can confirm that it operates a centralised register of single separation.

Recommendation (Paragraph 308, Page 65)

The CPT recommends that the Irish authorities take steps to review the legal framework governing the continuation of young persons' detention in special care units.

Ireland's Response

The operation of the Special Care system is currently under independent review, as commissioned by the Child and Family Agency. It is recognised that Special Care permits a rolling detention for children by virtue of the provisions contained under Part IVA of the Child Care Act 1991, and it is expected that this will be considered within the context of the above mentioned review, and any arising recommendations. It is by no means the intention of the State to detain children in the care of the State, under Special Care, for any longer than is necessary.

While noting that the relevant Part IVA provisions permits the High Court to make determinations on whether ongoing care for a child in Special Care is required, the Child and Family Agency is currently working towards improving the range of residential care options outside of Special Care, which could facilitate the exit from Special Care of children who may be better served in an alternative residential setting.

Recommendation (Paragraph 309, Page 65)

Staffing levels at Oberstown were only partly satisfactory. The institution employed only 74 FTE out of 90 theoretical posts of social care workers, who were staff operating in direct contact with the young persons in the living units. This shortage may lead to a reduced availability of activities and unacceptable restrictions of movement (see paragraph 290), especially in situations in which staff also have to ensure the supervision of young persons requiring enhanced observation. The Committee recommends that the Irish authorities take concerted action to fill the above mentioned vacancies at Oberstown.

Ireland's Response

Oberstown is actively engaged in recruitment campaigns on an ongoing basis. In 2024, Oberstown hired 26 new staff, 13 of whom are associated with frontline services. Oberstown is operating a graduate student placement programme which, while in a pilot phase, is proving effective with high conversion rates. The Department of Children, Disability and Equality is aware of the challenges in recruiting social care workers and the impact of national supply shortages across various sectors. The Department will continue to support Oberstown in its recruitment and retention initiatives and practices.

Recommendation (Paragraph 310, Page 66)

The CPT recommends that the Irish authorities redouble their efforts to develop an effective recruitment strategy to fill the staff vacancies in special care units, including, as appropriate, a review of relevant employment regulations.

Ireland's Response

Extensive engagements have been undertaken by all stakeholders to increase the ability of the Child and Family Agency to recruit and retain staff. In January of 2025, the Child and Family Agency advertised for a new grade in Special Care. It is envisaged that this new grade with its specific conditions designed to incentivise recruitment and retention will facilitate an increase in capacity and improve the service provision for both those in care and the experience of those working in the Special Care units.

An independent review of the current structure of Special Care is currently underway. This review will address key elements such as the service location and the supports available to staff. The review has

been concluded and the report of the external review group is expected to be published in May 2025. All stakeholders are committed to giving careful consideration to the review's findings in the future planning for the Special Care service.

A Special Care Planning Group, which will examine the medium to long future of the delivery of Special Care in the State, consisting of representatives of the Department of Children, Disability and Equality and the Child and Family Agency, has been established. This Group will focus on the recommendations of the independent review and will develop an implementation plan to progress agreed recommendations concerning the reform of Special Care, as well as considering other matters related to the future operation of Special Care.

Recommendation (Paragraph 312, Page 66)

The CPT recommends that the Irish authorities review the practice related to the use of handcuffs on young persons detained at Oberstown in line with the principles of last resort and individualised risk assessment.

Ireland's Response

The Children's Rights Policy Framework operated by Oberstown requires that restrictive practices are only to be used in exceptional circumstances, for the shortest period of time necessary for the identified aim to be achieved, and in conjunction with the Campus risk management approach. All use of handcuffs in Oberstown is governed by a detailed procedures document; "Use of handcuffs on a young person under the care of Oberstown Process". This is a comprehensive description of the checks, balances, risk assessment and procedures that must be used when using handcuffs for children. The policy is cognisant not only of the environment within the Campus but also of the risks inherent in all the scenarios in which the children find themselves outside of the Campus.

Current practice operates on a case-by-case basis and is dictated by an individual risk assessment. However, Oberstown notes the concerns of the Committee, and in the context of the ongoing Health and Safety reviews, will continue to monitor all use of handcuffs.

Recommendation (Paragraph 314, Page 67)

The CPT recommends that all young persons detained at Oberstown, whether remanded or sentenced, be granted visits under open conditions, unless otherwise determined upon an individualised risk and needs assessment.

Ireland's Response

The Committee's acknowledgement of the liberal and flexible approach taken to visits by Oberstown is welcomed. For clarification, the current system is as follows: for children on remand, the first three visits are screened. This allows Oberstown to develop a knowledge of both the actions of the child and visitors in these circumstances and develop criteria for an individual risk assessment for the child. Subsequently, visits are unscreened unless the individual risk assessment dictates otherwise for safety or welfare reasons.

Children who are detained to Oberstown, following a period on remand, automatically have unscreened visits. However, in circumstances where the child detained has had no previous stays in Oberstown, three screened visits are undertaken in line with the process outlined above. Oberstown is satisfied that these processes are not only in the best interests of the child concerned but also for the safety of all other children and staff on the Campus.

Request for Information (Paragraph 315, Page 67)

It appears that young persons at Oberstown would not know how to complain confidentially to an independent outside body. It would also be preferable that the advocacy officer be independent from the management of the institution. The CPT invites the authorities to submit their comments on these remarks.

Ireland's Response

Oberstown notes that the Committee is aware of the breadth of processes available in Oberstown to ensure that children are aware of their rights in line with the UNCRC and Irish legislation. Oberstown is confident that ongoing engagement with children by staff and by the Children's Advocacy Officer ensures that children are aware of all avenues available to them to express grievances. Oberstown will, in collaboration with the children, update the wording of the information provided to children on arrival in Oberstown, to promote understanding of all avenues available to a child to make a confidential complaint to an independent outside body.

Oberstown noted revisions to the procedure for children to make complaints about members of An Garda Síochána following the transition from GSOC to Fiosrú. This procedure is the subject of ongoing discussion between Oberstown and Fiosrú; a meeting was held on 20 May and further follow-up will ensue.

Oberstown notes the Committee's preference that the Advocacy Officer be independent from the management of the institution. Recent Health Information and Quality Authority (HIQA) reports find that the voice of the child is genuinely heard in Oberstown and that each child has a strong awareness of their rights. HIQA has also highlighted the confidence the children have in the advocacy procedures operated in Oberstown. Oberstown and the Department are satisfied that the role of the Advocacy Officer, in representing the interests of the children, is in no way limited or constrained by the circumstances of their employment. However, Oberstown and the Department will discuss this matter with the Ombudsman for Children.

Request for Information (Paragraph 316, Page 67)

The Committee received information that Oberstown, unlike other residential facilities for young persons in Ireland, is not obligated to formally notify HIQA of significant events such as death of a young person, serious injury, allegations of misconduct, and the application of restrictive measures. The CPT invites the authorities to submit their comments on this aspect, including on potential reforms aimed at extending to Oberstown the notification requirement imposed on other young persons' residential facilities.

Ireland's Response

The Department of Children, Disability and Equality notes the comments of the Committee on this matter. Oberstown has a notifiable incidents policy in place. The significant events referred to by the Committee are encompassed in the policy. The Department and Oberstown will examine this issue in cooperation with HIQA and OCO.

C. Central Mental Hospital

Request for Information + Recommendation (Paragraph 323, Page 69)

The CPT encourages the authorities to take all necessary steps to make the Central Mental Hospital fully operational. The opening of the Intensive Care Rehabilitation Unit, for example, is likely to significantly reduce waiting times for admission to the hospital and increase the quality and cost-effectiveness of psychiatric care in Ireland.

The CPT would like to be kept informed of the schedule for the intended opening of the new hospital units and the category of patients which may be placed therein.

Ireland's Response

The HSE service plan (2025) is committed towards the full operation of the Central Mental Hospital (CMH) at 130 beds for 2025.The HSE, Department of Health & Department of Justice have commissioned a Sharing the Vision (StV) - Justice Work-Stream Group with membership across the National Forensic Mental Health Service (NFMHS), the Irish Prison Service (IPS) and the Probation Service which is tasked with monitoring the development of an ICRU (Intensive Care Rehabilitation Unit).

In the Sharing the Vision Justice Workstream, the advice was for a 30-bed, new, approved and designated mental health centre as part of the NFMHS but separate to the Central Mental Hospital. It is envisaged that the ICRU would meet the demands of those patients with a severe mental illness who have come into contact with the criminal justice or mental health services; and who exceed the demands of local approved centres but do not require conditions of high security. It is hoped to commence opening the Intensive Care Rehabilitation Unit beds in 2026.

Request for Information + Recommendation (Paragraph 324, Page 70)

The Committee encourages the authorities to fully implement the recommendations made by the 2022 High Level Taskforce on Mental Health and Addiction by expanding the offer of alternative step-down options for patients, including decentralised low-security forensic psychiatric units. The CPT wishes to be kept informed of the progress in the implementation of the recommendations from the Taskforce.

The authorities should also consider developing national programmes for accelerated discharge into appropriate settings (including residential facilities), focusing on patients' quality of life and life-skills support. In addition, the CPT wishes to be informed of the measures taken by the authorities to facilitate the assignment of homeless and foreign patients to local service providers.

Ireland's Response

Department of Justice Response:

The High-Level Taskforce on Mental Health and Addiction report was published in September 2022. The Taskforce was established to progress the Government's commitment to ensure the critical mental health needs and dual diagnosis treatments for those imprisoned are met and primary care supports are provided upon release in order to ensure public safety and better outcomes for those individuals.

The report outlines 61 recommendations for implementation. A Steering Committee was formed in order to monitor and support the implementation of these recommendations. The Steering Committee

comprises of officials from both the Department of Health and Department of Justice, led at Assistant Secretary level, who have regularly met since September 2022. The Committee are committed to providing a comprehensive update in respect of the implementation of recommendations on an annual basis.

The first progress report was published early in 2024 and outlines the development of the short-term recommendations of the High Level Taskforce covering the period September 2022 to September 2023. The report can be found on www.gov.ie.

Key progress achieved from September 2022 to September 2023 includes:

1. Opening of the new National Forensic Mental Health Service facility in Portrane in November 2022.
2. The Dual Diagnosis Model of Care was launched by the Health Service Executive on 23 May 2023.
3. The Crisis Resolution Services Model of Care was launched in May 2023.
4. Mental Health First Aid training will be rolled out to members of An Garda Síochána, with the Gardaí launching an initial 2-year partnership with Mental Health First Aid Ireland in July 2023.
5. The High-Level Taskforce recommendation that prisons should not be designated under the Criminal Law (Insanity) Act 2006 for the purpose of treating prisoners with a mental health condition has been completed and agreed.
6. Significant progress made in recruiting General Practitioners in the Irish Prison Service to meet the Health Needs Assessment recommendations.
7. The Probation Service has received funding to support increased capacity for delivering restorative justice interventions nationwide in 2024.
8. The Probation Service has conducted a review of community service operations, and an evaluation of Integrated Community Service is planned to commence in the first quarter of 2024.

The second annual progress report, covering the period September 2023 to September 2024, is currently being finalised with a view to publishing same shortly. The Steering Committee continue to meet on a quarterly basis to monitor and support the implementation of recommendations of the High-Level Task Force report.

In terms of expanding the offer of alternative step-down options for patients, the Irish Prison Service identified a suitable facility to provide care and accommodation for prisoners on their transfer back from the Central Mental Hospital, Intensive Care Rehabilitation Unit or an Approved Centre so they may maintain stability and continue to recover in advance of returning to the general prisoner population. The Irish Prison Service are focusing on a new build facility on the Mountjoy campus in the medium to long term. A new build facility will better equip the Irish Prison Service to provide a higher standard of care and custody to those who remain under psychiatric care following treatment in the Central Mental Hospital.

The development of formalised care pathways between the Irish Prison Service and wider healthcare systems, as recommended in both the Health Needs Assessment and High-Level Task Force reports, will consider clear pathways for access to primary, community and mental health services and also allow for accelerated discharge into appropriate settings. It also considers that HSE Social Inclusion Case Managers should begin engagement with prisoners at the earliest point prior to release to ensure continuity of care as the prisoner's release date may be brought forward for a number of reasons resulting in an earlier than anticipated release date.

A MOU between the IPS and the CMH was signed in early 2024 in order to deliver a partnership approach that creates easy access to case management services that include counselling, key working, outreach, addiction, mental health assessment, homeless placement and housing advice so that mental health difficulties can be treated within social inclusion/primary care and prison settings. The care pathways approach also provide Social Inclusion Case/Key workers should be allocated to each Community Health

Network to ensure coordination and access to pathways. Such case managers should work with the Probation Service, homeless services and others, as required, to support offenders in the community and those before, during and after custody. Work is also being progressed toward establishing Assertive Outreach Teams which should be expanded to make specialist mental health care and housing supports available to people experiencing homelessness, mental health difficulties and severe distress and to divert clients away from entering the criminal justice system.

Department of Health response:
The HSE has progressed the development of the Phoenix Unit in Dublin and Carraig Mor Unit in Cork as psychiatric intensive care units. There are court diversion schemes in Dublin and Cork – the two busiest courts in Ireland. A garda/nurse liaison scheme is commencing in Limerick in 2025.There are currently no HSE low secure units in development.

The National Forensic Mental Health Service has 6 hostels in the community with 1 additional hostel in development for 2026. The service has 53 patients living in residential or independent living facilities supported by two forensic community mental health teams.

The National Forensic Mental Health Service is mapping the patient pathways into the community in 2025 with a progression timeline for 2025 to 2030.

The HSE will continue to develop links and more integrated care between its various services such as Mental Health, Addiction, Primary Care or Social Inclusion with relevant authorities dealing with Homelessness.

Request for Information (Paragraph 325, Page 70)

The legislative framework governing mental healthcare was undergoing a reform process, as the Government published a bill in July 2024 to radically amend the Mental Health Act 2001. The bill is intended to substantially revise many key areas, such as the criteria for involuntary admission and detention, consent to treatment and the use of means of restraint (see paragraphs 345 and 354). The Committee would like to be kept informed of the progress of the reform on a regular basis.

Ireland's Response
The Department of Health will keep the Committee informed of how the Mental Health Bill is progressing in the future.

Recommendation (Paragraph 328, Page 71)

The CPT recommends that the Irish authorities, in close consultation with the Central Mental Hospital, review the restrictive practices, including daytime denied access to the patients' rooms and nighttime confinement, in accordance with the patients' individual risk assessments. If it is deemed essential for the safety of some patients that they be prevented from staying in their own bedroom during the day, a living room with a sufficient number of chairs should be set aside for relaxation.

Ireland's Response

The National Forensic Mental Health Service has removed nighttime confinement (NTC) from all medium secure wards in the Central Mental Hospital. The high secure wards retain NTC due to the individual risk assessments of the patients on these wards. The Central Mental Hospital has 60% of the wards with no NTC.

Patients in the Central Mental Hospital are afforded unrestricted access to their bedrooms during the day on the rehabilitation & Mental Health Intellectual Disability wards. There is limited access to bedrooms in the other wards where patients are acutely unwell and require high levels of staff interaction plus observation for their safe treatment and care. Individual patients on these wards are afforded full access to their bedrooms on a case by case basis as per their Individual Care Plan. Patients are encouraged & facilitated to attend therapeutic activities and engage in everyday lifestyle activities during the day.

All wards have a dining room, sitting room, TV area, time out room, external courtyard and general living area for their accommodation, where necessary additional chairs can be provided. There are sufficient chairs for relaxation with 20+ chairs in the living rooms.

Recommendation (Paragraph 329, Page 72)

The CPT recommends that the authorities review the security classification of patients at the Central Mental Hospital and accordingly allocate them to security-appropriate psychiatric units or facilities in compliance with the principle of the least restrictive care.

Ireland's Response

The National Forensic Mental Health Service is Ireland's only designated high and medium secure approved mental health centre providing acute, continuing care and rehabilitative mental health services to patients transferred from prison service, the Irish courts, and mainstream mental health services. The majority of patients are detained under the Criminal Law Insanity Act (2006) and are detained commensurate with their legal conditions.

The Central Mental Hospital designates each ward with a clinical and security function as per the National Forensic Mental Health Service Model of Care and these functions are reviewed as per individual patient needs and risks. The National Forensic Mental Health Service has mapped the clinical and risk dependencies of the patient cohort, in alignment with the legal status of the patient. If the patient profile changes the service is flexible to adjust to their needs. Patients move through the Central Mental Hospital and, in accordance with the principles of least restrictive care, are mapped for discharge to one of the National Forensic Mental Health Service community residences or alternative mental health service once agreed with the Department of Justice.

The National Forensic Mental Health Service remains committed to ensuring that the liberty of patients at the Central Mental Hospital is restricted only insofar as it is necessary and proportionate to their individually assessed treatment and security needs. We have clinical governance systems which offer oversight of patient placements within the Central Mental Hospital and their moves through levels of security within the hospital.

The planned opening of a further 10 beds (Sugarloaf) within the Central Mental Hospital to accommodate some of the longer stay patients presents an opportunity to adapt procedural and relational security measures on this unit to best align with the individually assessed security needs. This is only a partial solution and we would agree that there needs to be urgent planning for appropriate step down facilities for patients who do not require a high or medium secure environment but are in need of a long term low secure or high support residential placements.

While we endeavor to stratify the levels of security in a manner that is proportionate to patient care and security needs, we recognise that there is an inherent risk that the mix of security levels on the one campus presents an operational challenge and runs the risk that higher levels of security gain primacy in a way that for some patients may impose higher level restriction than are necessary.

By way of further evaluation of this problem, and as part of our iterative cycles of audit and quality improvement, the National Forensic Mental Health Service will complete an up-to-date audit of individual patients' security needs across the Central Mental Hospital campus. This will help identify where current restriction may be misaligned with patient need and inform how we can adapt procedural and relational security arrangements and clinical governance systems accordingly to operate as fully as possible on the principle of least restriction.

Recommendation (Paragraph 330, Page 72)

The CPT recommends that the authorities take measures to increase the opportunities for patients to benefit from leave, both within the hospital's grounds and in the community, including by authorising patients to associate with each other, unless individual security or other concerns prevail, and by streamlining the procedure to deal with requests for leave, ensuring that it is concluded within a reasonable time frame. Moreover, the Committee recommends that patients in the High Security Unit are also offered reasonable opportunities to benefit from ground leave.

Ireland's Response

The National Forensic Mental Health Service has a comprehensive policy and clinical governance system for the management of internal and external leave commensurate with clinical, risk and legal consideration for each patient. In 2024, group cultural leave to the community was introduced and in 2025 group leave to the Walled Garden will commence. Patients in the High Security Unit currently benefit from accompanied ground leave to the village centre as appropriate. The Central Mental Hospital also has a number of patients with unescorted ground and external leave. The National Forensic Mental Health Service will review and update policy and procedure relating to internal and external leave with a view to optimising access to the hospital campus and the community on an individually risk assessed basis for all patients.

Recommendation (Paragraph 332, Page 73)

The CPT trusts that nicotine replacement therapy is made available to all patients who need and consent to it, including patients in seclusion.

Ireland's Response

Nicotine replacement is currently made available to all patients in the Central Mental Hospital who need and consent to it as part of their individual care plan under the prescription of the Consultant.

Request for Information (Paragraph 333, Page 73)

The CPT has misgivings regarding the medication of choice for rapid tranquillisation, which did not appear to align with relevant international standards. The Committee wishes to receive the comments of the authorities on this point.

Ireland's Response

A Chief Pharmacist has commenced with the service in February 2025.

The National Forensic Mental Health Service is establishing a Drugs and Therapeutics Committee in Q2 2025, which is tasked with reviewing polypharmacy. Medication regimes continue to be reviewed and monitored as patients progress from acute care through the National Forensic Mental Health Service pathway and the majority of patients in our pre-discharge and community beds are on only one

antipsychotic.

Regarding the choice of antipsychotic medication, Zuclopenthixol acetate is used for rapid titration rather than rapid tranquillisation. The term ‘rapid titration’ is the preferred term because it more accurately describes the purpose of pharmacotherapy in the management of acute psychosis or psychosis with acute disturbance of behaviour. That purpose is to initiate a treatment strategy, which is designed to treat the positive symptoms of psychosis and restore reality testing with autonomous decision-making capacity.

Use of the word tranquilisation may lead to a confusion of purpose emphasising immediacy over long-term treatment. Initiating sedation as a primary goal does not recognise the need to treat those underlying mechanisms, which have been shown to respond to treatment strategies for psychosis. For instance, sedation can be achieved through antihistamine or GABA-ergic drugs or indeed a variety of other agents but there is risk of disinhibition with an increased risk of violence. The National Forensic Mental Health Service will undertake to review and audit current practice against best international standards to seek to ensure that policy and practice operate on an evidenced based approach that incorporate a robust evaluation of the risks and benefits in the choice of psychotropic agent(s) used in the treatment of patient with acute mental illness and associated behavioural disturbance.

In addition, for patients in an acute state, with an increased risk of violence, because Zuclopenthixol acetate has a longer half-life, its use can reduce the incidence of physical restraint for medication administration, thereby reducing risks to patient and staff. The prescription of Zuclopenthixol acetate when indicated facilitates the transition to Zuclopenthixol decanoate (depot medication). The National Forensic Mental Health Service does not routinely prescribe Lorazepam because of the associated risks of dependence and misuse which are of particular concern in a forensic psychiatric population. The National Forensic Mental Health Service Rapid Titration Policy is currently under review. Obviously, all prescriptions are preceded by a medical assessment which considers the patient’s medical history, findings on physical examination, recent investigation results, history of side effects or adverse reactions, and current and recently prescribed medication. Nursing management have attempted to increase Electro Cardio Gram monitoring. A mobile Electro Cardio Gram monitor was purchased for this purpose.

In addition to the above, the National Forensic Mental Health Service requested clarity on which medication specifically the CPT were referring to in their comment. The CPT responded in May 2025 expressing concern about the practice in a high-security service at Portrane, where patients were rapidly placed on depot antipsychotics (such as Zuclopenthixol acetate and decanoate) with little to no effort to offer less restrictive alternatives, such as oral medication, even on admission or during seclusion. They further commented that their experts were not familiar with any such practise in international guidelines and were mindful of the significant cardiovascular risk associated with the administration of such medications.

In response to the CPT's concern as outlined above, the National Forensic Mental Health Service clarified the following points:

1. **The use of the term rapid titration** – The CPT expressed concern with the use of the term rapid titration. While this terminology may be unfamiliar in some settings, a helpful comparator may be the widely recognised concept of dose loading, used in both psychopharmacology and physical medicine. This refers to the administration of an initial higher dose—a loading dose—to achieve therapeutic plasma concentrations more quickly, particularly for medications with longer half-lives. This strategy is distinct from rapid tranquillisation, which is primarily intended to achieve urgent sedation through injectable medication when oral options are unavailable or inappropriate.

2. **The use of Zuclopenthixol acetate for rapid titration**: Zuclopenthixol acetate and decanoate are antipsychotic medications designed not for tranquillisation, but for the treatment of psychosis and

mania, particularly in patients with severe, ongoing symptoms. Their primary role is to address underlying psychiatric illness, not merely to sedate or suppress behaviour.

- *Zuclopenthixol acetate* is a short-acting injectable antipsychotic with a delayed onset (clinical effect begins ~2 hours post-injection, peaks at ~24–36 hours, and lasts for 2–3 days). It is not suitable for immediate tranquillisation of acute agitation, as its sedative effect is too delayed for emergency calming. However, it is appropriate and effective for patients who cannot or will not take oral medication and who are expected to remain disturbed for an extended period. In such cases, it offers a safer and more sustainable alternative to repeated short-acting injections, helping to initiate therapeutic engagement while controlling symptoms of psychosis.

- *Zuclopenthixol decanoate* is a long-acting depot formulation used for maintenance treatment of chronic psychosis, particularly in individuals with a history of poor adherence. Its antipsychotic effect emerges gradually (peaking after several days and reaching steady-state after multiple injections). It is not used for rapid symptom control but is essential for long-term stabilisation and relapse prevention.

  These medications are used by clinicians at the Central Mental Hospital as part of a comprehensive treatment strategy, aimed at restoring reality testing, reducing psychotic symptoms, and preserving patient dignity—rather than simply sedating behaviour. The use of Zuclopenthixol, particularly in forensic or high-risk psychiatric settings, supports early engagement with antipsychotic treatment, ensuring patients receive the care they need when other routes (like oral medication) are not viable. While this strategy may not be widely used, that does not render it inappropriate. On the contrary, it represents a clinically supported pharmacological approach designed to ensure timely and effective treatment—particularly in cases of acute psychosis where rapid symptom relief is essential.

3. **Oral Medication**: Oral antipsychotic medication is always offered to acutely disturbed patients upon admission to the Central Mental Hospital. However, it is important to note that many of the patients admitted to our facility are severely unwell and often lack insight into their mental illness and treatment needs, which results in a frequent refusal of oral medication.

4. **Prolonged Period of Refusal**: Many of our patients have spent extended periods in prison while waiting for admission, during which oral medication was repeatedly offered but refused. This prolonged period of non-adherence can make it more challenging to engage patients in oral medication upon admission to the hospital.

5. **Individualised Treatment and Care**: The treatment and care provided at the Central Mental Hospital is individualised, with a comprehensive assessment of each patient's condition and needs conducted well in advance of admission. This ensures that the treatment approach is tailored to each patient's unique situation and are never based solely on the aim of achieving immediate sedation.

6. **Dignity and Sedation**: We do not believe that the use of medication for sedative purposes aligns with the principle of maintaining the patient's dignity. Sedating a patient without addressing the underlying severe mental illness is, in our view, incompatible with preserving dignity. Our primary goal is not sedation but the prompt alleviation of the acute symptoms of psychosis in order to restore autonomy and decision-making capacity.

7. **Restoring Dignity**: Following often long periods of acute psychotic illness, we believe that the most rapid alleviation of symptoms, such as through rapid titration of antipsychotic medication, is the most effective approach in restoring choice and dignity to patients. This approach expedites the recovery process and, ultimately, the patient's ability to regain control over their treatment and well-being.

8. **Reducing restrictive practise**. In some cases, medicating a patient becomes a necessary intervention to reduce their time in seclusion and alleviate the aggressive behaviour linked to untreated psychosis. We believe that strategies such as rapid titration can be particularly effective in these situations, as they help avoid the need for repeated physical restraint. By swiftly addressing the underlying illness, rapid initiation of treatment can significantly reduce a patient's time in seclusion, providing more effective symptom control and stabilising their condition. This approach not only reduces the distress caused by prolonged seclusion but also mitigates the risk of further escalation, ultimately protecting the patient's dignity and promoting a quicker path to recovery.

The National Forensic Mental Health Service believes that the objectives guiding the approach to treatment and care at the Central Mental Hospital align closely with those of the CPT, ensuring that practices uphold the dignity, rights, and well-being of patients while preventing any form of mistreatment or harm.

Recommendation (Paragraph 334, Page 73)

In principle, PRN medication was surrounded by appropriate safeguards and its administration was well documented. However, long-acting psychotropic drugs (depot and acuphase formulations) should not be used as PRN medication. The CPT recommends that the authorities review this type of prescription at the Central Mental Hospital.

Ireland's Response

The Central Mental Hospital view Acuphase and/or depot formulations as regular medication and not PRN. We agree that long acting and depot medication should not be prescribed on a PRN basis. These prescriptions may reflect a limitation in the current function of our new electronic prescribing system which is under refinement. This will be included as part of a review of prescribing in rapid titration/tranquillisation and remedied on the electronic prescribing system if required. Since the CPT visit a Chief Pharmacist has been appointed who will assist in addressing this issue

Recommendation (Paragraph 335, Page 74)

The CPT recommends that further steps be taken to broaden the availability and range of therapeutic and recreational activities available to patients, including patients in the High Security Unit. The authorities should further ensure that newly admitted patients receive psychosocial assistance promptly after hospitalisation, with regular follow-up sessions, and that all interventions are accurately recorded in the patients' files.

Ireland's Response

The CMH has recruited additional Psychology, Occupational Therapy and Social Work posts to facilitate broadening the recreational activities available to patients. Psychosocial programmes are available based on the patients' individual ICP including the high security wards. The CMH is progressing the new electronic clinical management system to monitor and measure patients' involvement in their therapy.

Request for Information (Paragraph 336, Page 74)

The CPT wishes to receive more detailed information on the system of required blood tests for patients treated with clozapine, including on the guidelines drawn up at the national or local level, and the training of nursing staff about the early signs of the potentially lethal side effects of this

medication.

Ireland's Response

The Central Mental Hospital has a primary healthcare team of a General Practitioner and 5 nurses who are specialists and monitor/support the ward-based teams in the administration of this medication. With regard to local protocol our policy for "Ordering, Prescribing, Storing and Adminstration of Medications" contains some guidance on this issue. The Central Mental Hospital utilises the UK Cloazaril monitoring guidelines as a benchmark for the prescribing, administration and monitoring of these medications and side effects.

With a view to standardising our approach and enhance our patient safety measures for clozapine prescriptions, the National Forensic Mental Health Service will develop more comprehensive local guidelines for the monitoring of potentially serious adverse outcomes including neutropenia and clozapine induced gastrointestinal, dysmotility and myocarditis.

Recommendation (Paragraph 337, Page 74)

The CPT recommends that the authorities take steps to remedy these gaps, in particular regarding the identification of risk factors for acute patients and of the objectives to be achieved for moving into less-secure units, as well as for discharge.

Ireland's Response

Discharge planning commences on acceptance of the patient into the Central Mental Hospital and is guided by the patient's recovery to the management of themself and by the ideal conditions overseeing their placement. The patients' Individual Care Plans are recovery focused and their road to discharge is discussed with them at key milestones from admission, ward rounds, 6 monthly case conferences, transfer to other wards and at the pre-discharge stage in advance of their discharge. Clinical, risk and legal factors are considered for all patients on an individual case basis. The Central Mental Hospital will address this recommendation with the Multidisciplinary Teams to look at approaches that may enhance this process & improve communication for the patient. Decisions for patient moves to lower level of security in the Central Mental Hospital are based on progress with recovery and reduction in risk. Currently our approach to assessing and quantifying progress is grounded in structured professional judgement (SPJ) tools and measured through the iterative appraisal and scoring of dynamic risk factors of the HCR -20 and SRAMM and programme completion and recovery items of the Dundrum toolkit 3 and 4. Reviewing changes in scores for these SPJ tools is an integral part of the care planning process. However, the National Forensic Mental Health Service will review current practice around care planning so the SPJ process is made more explicit and translated into achievable goals within Individual Care Plans so that patients have a clear guide as to what will lead to moves to lower level of restriction or discharge. To this end, it may also be helpful for the National Forensic Mental Health Service to develop information sheet for patients explaining in simple terms the process for moving to lower levels of restriction. We hope these measures will bring us into line with the Quality Network for Forensic Mental Healthcare standards: "*Patients have clear personalised outcomes identified in key recovery areas (if relevant) and understand which outcomes are pathway critical i.e. what they must achieve to progress to the next level of care*." (standard 21 QNSFMHS 2021)

Comment (Paragraph 339, Page 75)

Since March 2023, there was a metabolic clinic every two weeks, which is positive, though the service still lacked a dietician and a physiotherapist. A podiatrist and an optician were available as needed. Both the medical files and interviews with patients attested to the very good level of

somatic care provided to the hospital's patients, except for a three-week average wait for x-rays, which was reportedly longer than in the community. Patients who are wheelchair users would benefit from an occupational therapist with knowledge of physical disability. The CPT invites the Irish authorities to consider procuring the services of a dietician, a physiotherapist and an occupational therapist with knowledge of physical disability.

Ireland's Response

The NFMHS has agreed a SLA for the provision of a dietician and physiotherapist in the metabolic clinic for all patients. The provider has not been able to recruit a dietician due to the absence of a suitable candidate, so the physiotherapist and Consultant in Endocrinology are supporting the Central Mental Hospital in this need. There was no clinical need for an Occupational Therapist with knowledge of Physical Disability at the time of the CPT visit. The Central Mental Hospital has a full complement of Occupational Therapists but we continue to monitor this specialist area. Nursing have introduced the Malnutrition Universal Screening Tool (MUST) on all patients. An audit in November 2024 showed a 94% compliance rate with 100% of patients scoring a low level risk. A further audit is planned for Q3 2025.

Recommendation (Paragraph 340, Page 75)

The CPT recommends that the Irish authorities reinforce their efforts to recruit an adequate number of staff to fill the aforementioned vacancies, with special regard to the positions of pharmacist, psychologist and occupational therapist.

Ireland's Response

As of 17th February 2025, there are currently no vacancies in Occupational Therapy roles that need to be filled. Pharmacist Chief II role was filled from the24th February 2025, and another Senior Pharmacist role is going through due recruitment approval stages alongside two Senior Clinical Psychologists posts. Two replacement Assistant Psychologists commenced duty on 10th February 2025 and one replacement Assistant Psychologist is due to commence duty on the 24th February, 2025. Two more Psychology Assistant replacement posts are currently going through due recruitment approval stages. There were some staff vacancies in the Central Mental Hospital during the CPT visit and the HSE has been addressing these in the meantime.

Request for Information (Paragraph 341, Page 75)

The CPT would like to receive information from the Irish authorities on the long-term recruitment strategy of the National Forensic Mental Health Service and the related application of the moratorium to the Central Mental Hospital.

Ireland's Response

The Central Mental Hospital recognises that the recruitment and retention of staff in the National Forensic Mental Health Service is fundamental to achieving a sustainable safe and quality patient service. The HSE introduced a new Pay and Numbers Strategic (PNS) approach to workforce planning in January 2024. All services are required to submit new business plans for the development of services and positions through the annual service estimate process. A new Employment Control Framework is in place for the replacement of staff. The moratorium has delayed in part the culmination of the 170 beds, which includes the following: 130 beds with full operation of Central Mental Hospital in 2025 with beds increasing from 112 to 130, ICRU (Intensive Care Rehabilitation Unit- currently unopened with 30 beds) and CAMH (Child and Adolescent Mental Health Unit- currently unopened with 10 beds) and community services in the National Forensic Mental Health Service, but this delay should equally acknowledge the shortages in

the workforce market. The new PNS approach has focused services to work within a fixed Whole Time Equivalent ceiling with limited flexibility to address reactive short-term needs. A national service plan has been approved for the remaining wards in the Central Mental Hospital (18 beds), with a total of 45.5 Whole Time Equivalent posts approved for this purpose including establishment of a prison inreach team for Limerick prison. The service awaits primary notification approval in order to appoint these posts. The service has addressed the recruitment needs to incrementally address the National Forensic Mental Health Service service plan for the remaining beds in the Central Mental Hospital, the opening of new prison in-reach services, the planning for stepdown facilities in the community and the Intensive Care Rehabilitation Unit for the service estimates in 2025.

Request for Information (Paragraph 343, Page 76)

The delegation was concerned to learn that, due to a reform of the nursing training system, in the future there might no longer be nurses specifically trained for mental health. The CPT would like to receive further information on this potential development, and strategies to avoid a potentially detrimental impact on the quality of care in psychiatric settings.

Ireland's Response

Significant additional funding has been provided by Government in recent years to improve all aspects of mental health care in Ireland, in line with implementation of the national mental health policy Sharing the Vision 2020-2030 and our Suicide Reduction policy Connecting for Life. Further improvements to this key care programme are planned under the new Programme for Government over the coming years. This includes the provision as appropriate of additional mental health nurses to ensure high Quality and Safe care. There has been significant work recently under the recommendations of the Report of the Expert Review Body on Nursing and Midwifery. As part of the education recommendations, a review of the undergraduate curriculum was completed and for mental health nursing included to realign standards and requirements of the undergraduate nursing programmes to rebalance what is core and what is discipline specific to ensure that EU theoretical and practice instructions are met for the Intellectual Disability and Mental Health programmes. This does not mean that there will no longer be nurses specifically trained for mental health.

Recommendation (Paragraph 345, Page 76)

The Committee recommends that the Irish authorities clarify, by amending relevant legislation if necessary, the legal basis for the use of means of physical restraint and the related power to regulate it.

Ireland's Response

The Mental Health Bill 2024 proposes to substantially overhaul provisions related to the use of restrictive practices in mental health settings, replacing section 69 of the Mental Health Act 2001 with a suite of provisions for both adults and for children. The Bill proposes to set out a legal basis for the use of physical restraint for adults and for children, subject to strict criteria and safeguards.

Recommendation (Paragraph 346, Page 76)

The rules on the use of seclusion are silent on the possibility of secluded patients taking at least one hour of outdoor exercise on a daily basis, if their medical condition so permits. As regards mechanical restraint, the applicable rules do not dictate that a qualified member of staff be permanently present in the room; video surveillance is not a substitute for personal direct monitoring. Moreover, the requirement that persons should be mechanically restrained out of the

view of other patients should be explicitly specified.

The CPT recommends that the Rules Governing the Use of Seclusion and the Rules Governing the Use of Mechanical Means of Bodily Restraint be amended accordingly, and the necessary revisions reflected in all relevant policies and procedures adopted by the National Forensic Mental Health Service.

Ireland's Response

The revision of rules is a matter for the Mental Health Commission and outside the remit of the Central Mental Hospital. The Central Mental Hospital endeavours to ensure that patients get access to at least one hour of outdoor activity per day. The Central Mental Hospital has a policy for soft cuffs but has not used same. Patients in seclusion are monitored continuously by a RPN and CCTV is utilised to augment and not replace this observation. As indicated above, the Mental Health Bill 2024 proposes to substantially overhaul provisions related to the use of restrictive practices in mental health settings, replacing section 69 of the Mental Health Act 2001 with a suite of provisions for both adults and for children. The Bill proposes to set out a legal basis for the use of physical restraint for adults and for children, subject to strict criteria and safeguards.

Comment (Paragraph 347, Page 77)

In light of the lengthy duration of many instances of seclusion at the Central Mental Hospital, and in particular with reference to this case of extremely long seclusion, the Committee invites the authorities to consider the development of a Long Term Segregation policy, which would allow for patients to be secluded in the ward, under specific arrangements regarding risk management and individualised levels of restriction. This policy should make sure that a range of strong safeguards are guaranteed (see following paragraph), an appropriate programme of therapeutic activities developed (including access to fresh air and, possibly, leave outside the hospital), and meaningful human contact ensured.

Ireland's Response

The Central Mental Hospital recognises the duration of seclusions for a small cohort of patients who typically have been classified as "Violent and Difficult Prisoners" by the Irish Prison Service and/or those cases admitted to the Central Mental Hospital with complex mental disorder and violent behaviour. They pose a significant challenge to the safe management of the Central Mental Hospital and to standard treatment programmes. The Central Mental Hospital is engaged in a review process on the policy on long term segregation (LTS) and continues to plan based on individual needs. For example, the Central Mental Hospital has currently agreed a business case with the HSE to endeavour to address the case of the gentleman who has been secluded for over 2 years. The Central Mental Hospital has visited Broadmoor to compare learning from these cases. The Central Mental Hospital will review the LTS policy as recommended by the CPT in 2025.

Recommendation (Paragraph 348, Page 78)

The CPT recommends that records be properly maintained, with reasons for the initiation and continuation of seclusion exhaustively expressed. Adequate information should be provided to patients, in a manner adapted to their condition, about the reasons underlying the continuation of seclusion and, consequently, the conditions that patients need to satisfy in order for the measure to be ended. Furthermore, secluded patients should receive regular visits from psychologists or occupational therapists.

Ireland's Response

The National Forensic Mental Health Service policy re seclusion and reducing restrictive practice describes requirements for a Seclusion Care Plan including "a strategy for ending seclusion; indicating the criteria required for this to be reached". The National Forensic Mental Health Service will review processes for documenting and communicating this plan. The CMH has a new electronic clinical management system and we are working to ensure that all Mental Health Commission and best practice indices such as this information is included within this system. The Central Mental Hospital has addressed, and is continuing to address, with the Multidisciplinary Teams the importance of this communication and in a manner that is ongoing and a style that the patient can understand. All members of the Multidisciplinary Team have been, and will continue to be, encouraged to be actively involved in the management of restrictive practices alongside their medical and nursing colleagues. The Central Mental Hospital has addressed the absolute legal requirement for proper records within regulated timescales with all relevant colleagues. Line managers will continue to support this standard continuously.

Recommendation (Paragraph 349, Page 78)

The CPT recommends that measures are taken to improve the way in which secluded patients and nurses in the observation room can engage in meaningful communication. The CPT further recommends that more distractions be offered to patients kept in seclusion for long periods of time.

Ireland's Response

The Central Mental Hospital has reviewed this issue. New acoustic panels have been introduced to seclusion rooms to assist hearing & purposeful communication. The maintenance team are reviewing the intercom system and introducing videos and psychoeducation programmes through the visual screen. The Multidisciplinary Teams are being encouraged to utilise the secure anterooms and seclusion furniture to deliver psychosocial and medical assessments & interventions. A working group has begun to progress a Standard Operating Procedure for this. The National Forensic Mental Health Service has given consideration to retrofitting seclusion rooms with TVs and will seek to progress this if it is a feasible option.

Comment (Paragraph 350, Page 78)

The Committee trusts that the use of means of restraint such as handcuffs when transporting a patient to an external hospital or during a medical examination is only resorted to as a last resort option, when no lesser form of control is deemed effective to address the risks posed by unrestricted movement, and that this is assessed on a case-by-case basis.

Ireland's Response

The Central Mental Hospital is compliant with the Mental Health Commission rules on mechanical restraint. All nurses are trained in TMVA (Therapeutic Management of Violence & Aggression) including the safe and dignified manner of managing handcuffs and the legal and ethical principles of least restrictive care. All cases are based on an individual risk assessment at the time.

Recommendation (Paragraph 351, Page 78)

Patients would at times be cornered using a beanbag for a short period while they calm down. While the Committee considers this to be a potentially good and promising practice, it emphasises it being nonetheless a restriction on the patients' freedom of movement, which must be surrounded by adequate safeguards, including notification to a doctor, approval and recording.

The CPT recommends the consistent application of the policy on the use of physical restraints to all forms of restriction on the patients' freedom of movement.

Ireland's Response

It is unclear what the CPT means here by the term 'cornered'.

It is agreed that directing a patient to a corner and not allowing them to leave represents a form of restriction, additional to being in seclusion, but at a lesser level of coercion than physical restraint. The National Forensic Mental Health Service will review this to see where this can best be incorporated into our systems of monitoring restrictive practice.

Patients are offered a suite wherein a bean bag, low and high mattresses are available to suit their individual needs. The bean bag offers the patient an upright seated position during the seclusion. Some patients prefer the use of a bean bag during interviews, medication and to take to the external courtyard as a seat. Some patients find the bean bag a tactile release that they can use and we encourage if the patient is going to self-harm or be violent to others to utilise the bag as opposed to hurting themselves or others. The patient's movement is restricted by seclusion and we are compliant with the Mental Health Commission Rules on seclusion and code of practice on restraint. The use of soft furnishings is not a medical device or a restrictive practice. It is a humane process governed by registered mental health nurses recorded in the patients notes and should not require a medical prescription.

Recommendation (Paragraph 352, Page 79)

The CPT recommends that use of chemical restraint be regulated by clear rules and subjected to the same safeguards applying in Ireland to other means of restraint, including medical approval, review and oversight, recording in a centralised register, and reporting to an outside monitoring body.

Ireland's Response

The Central Mental Hospital would agree with a clear set of rules but this is a matter for the Mental Health Commission. The Central Mental Hospital does not use chemical restraint and finds this term pejorative. Doctors & nurses prescribe and administer medication to patients in the prevention and treatment of symptoms of mental disorder including associated violent behaviours. Medication is titrated according to the severity and immediacy of the symptoms and is not intended to sedate or restrain as a primary goal. Aggression, as part of the acute phase presentation, is common in schizophrenia and related psychoses especially in forensic populations. There is perhaps a debate about what constitutes pharmacological treatment versus chemical agents used with the sole purpose of restricting someone's liberty restraint (i.e. chemical restraint). As noted, the Mental Health Commission do not currently regulate this and the Mental Health Commission Seclusion and Restraint Reduction Strategy (Mental Health Commission 2014) states that "the commission does not regulate the use of involuntary medication as the use of medication in general is governed through existing primary and secondary legislation".

However, the National Forensic Mental Health Service recognises that there are inherent risks related to the pharmacological treatment of patients in the acute phase of schizophrenic psychosis and would welcome any reasonable safeguards or regulations that promote patient safety and autonomy.

The appointment of a pharmacist since the CPT visit will represent an opportunity for the National Forensic Mental Health Service to proactively monitor the use of rapid titration (/tranquillisation) as part of the governance structures overseeing pharmacotherapeutics. The Mental Health Bill 2024 does not, at this time, contain provisions related to the use of chemical restraint.

The Department of Health has noted the CPT comments and will bear these in mind in the future, in conjunction with the Mental Health Commission.

Request for Information (Paragraph 354, Page 79)

The CPT wishes to receive updated information on the ongoing reform progress, in particular in respect of the scope of applicability of the Assisted Decision-Making (Capacity) Act 2015 for issues of consent to treatment. It also wishes to be kept informed of the progress of the transitional review of the situation of the persons who had been deprived of their capacity under the system of wardship.

Ireland's Response

Department of Health:
The Mental Health Bill 2024 proposes to substantially overhaul consent to treatment provisions for people detained under the Bill or under the Criminal Law (Insanity) Act 2006. The new approach to consent to treatment will bring closer alignment with the Assisted Decision-Making (Capacity) Acts 2015 and 2022, allowing for the rights of involuntarily admitted people who lack decision-making capacity to access decision supports and substitute decision-making arrangements when making decisions around care and treatment.

Department of Children, Disability and Equality:
The Assisted Decision-Making (Capacity) Act 2015 (ADMC) provides for a suite of tiered decision support arrangements, depending on a relevant person's decision-making capacity. Such decision-making agreements can provide for personal welfare decisions, which includes decisions in respect of healthcare. However, in respect of consent to treatment, section 136 of the ADMC does not authorise any person to give consent to a patient's being given treatment if that treatment is regulated by Part 4 of the Mental Health Act of 2001.

The Department of Children, Disability and Equality is engaging with the Department of Health on the Mental Health Bill 2024, which will replace the existing 2001 Act with a more person-centric approach to mental health legislation. The Bill seeks to put in place a more robust framework in which mental health services will be delivered and regulated. The Bill provides for, inter alia, new consent to treatment provisions closer in alignment to the Assisted Decision-Making (Capacity) Acts 2015 and 2022. The inherent jurisdiction of the High Court to make orders for the care, treatment or detention of persons who lack capacity is unaffected by the ADMC.

In relation to the system of wardship, this was abolished by the ADMC and all existing wards of court must exit wardship by 26 April 2026, and most will move into the more rights-based supported decision-making arrangements available under the ADMC. Work is ongoing across all relevant stakeholders, including the Courts Service, the Decision Support Service (as a function of the Mental Health Commission) and the HSE to ensure that wards are supported throughout this discharge process.

Comment (Paragraph 357, Page 81)

The CPT calls upon the Irish authorities to review, as a matter of urgency, the legal basis for detention and the safeguards afforded to patients detained under the provisions of the 1871 Lunacy Regulation (Ireland) Act (wards of court) and the inherent jurisdiction powers of the High Court. New mental capacity legislation should follow the principles outlined in Recommendation R (99) 4 of the Committee of Ministers of the Council of Europe, ensuring that the personal autonomy of patients is respected to the extent possible.

Ireland's Response

The Assisted Decision-Making (Capacity) Act 2015 (ADMC) provides for a suite of tiered decision support arrangements, depending on a relevant person's decision-making capacity. Such decision-making agreements can provide for personal welfare decisions, which includes decisions in respect of healthcare. However, in respect of consent to treatment, section 136 of the ADMC does not authorise any person to give consent to a patient's being given treatment if that treatment is regulated by Part 4 of the Mental Health Act of 2001.

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Recommendation (Paragraph 358, Page 81)

Having reviewed several 'second' psychiatric opinions, the delegation often found them lacking in adequate depth of analysis and specificity. The CPT recommends, once again, that the Irish authorities amend the legislation and practice on consent to treatment accordingly, including by introducing appropriate procedures and safeguards for patients detained under the Criminal Law (Insanity) Act 2006.

Ireland's Response

As noted above, the Mental Health Bill 2024 proposes to overhaul consent to treatment provisions for people detained under the Bill and under the Criminal Law (Insanity) Act 2006.

The Mental Health Bill 2024 passed Second Stage in Dáil Éireann on 19th September 2024 and has been referred to the Select Committee on Health. Analysis is ongoing regarding consequential amendments to the Criminal Law (Insanity) Act 2006 and other related matters (including this issue).

Recommendation (Paragraph 359, Page 81)

The Committee wishes to receive detailed information on the possibility for patients to challenge the decisions of the Criminal Law Review Board before a judicial authority.

Request for Information (Paragraph 360, Page 82)

Interviews with staff and patients indicated that the Board held its hearings at the hospital, and that patients regularly attended the hearings in person, enjoyed legal aid, were offered an opportunity to make submissions, and were provided with a copy of the decision. Nevertheless, the Board's decisions appeared in most cases to be inadequately motivated. In

addition to being cursory, they often failed to give a meaningful account of the evolution of a patient's state of health.

Many of the patients perceived the hearings as a mere formality. In addition, the CPT is critical of the fact that patients' refusal to recognise or accept their mental illness was often considered a factor militating against discharge. The CPT would like to receive the comments of the Irish authorities on these questions

Ireland's Response

The Mental Health (Criminal Law) Review Board is a statutory independent body established under the Criminal Law (Insanity) Act 2006, as amended. The Board has a statutory obligation to review the detention of each patient at intervals of not greater than six months. The Board is responsible for reviewing the detention of patients who have been referred to the Central Mental Hospital, arising from a decision by the courts that they are unfit to stand trial, or where they have been found not guilty of an offence by reason of insanity. The Board also reviews the detention of prisoners who have been transferred to the hospital suffering from a mental disorder.

Under the Act, the Board has the power to order the continued detention of patients or to order either their conditional, or unconditional, discharge. When coming to its decision, the Board must have regard to the welfare and safety of the patient and to the public interest. The relevant sections of the 2006 Act are

- section 4 - accused person who are found unfit to plead at trial because of a mental disorder;
- section 5 – persons who are tried and found not guilty by reason of insanity; and
- section 15(2) person who have been found guilty but who are suffering from a mental disorder for which he or she cannot be afforded appropriate care or treatment within the prison in which they are detained.

The Board consists of a chairperson, currently a Judge of the Court of Appeal, two consultant psychiatrists and a counsellor/psychotherapist. The Board sits in a panel of three (chairperson, psychiatrist, and lay person). Patients reviewed by the Board are represented by a solicitor and are given a copy of their consultant's report, outlining their progress since their previous review, in advance of the current review hearing. Patients are actively encouraged to discuss their progress and ask questions of their consultant and the Board members. The patients are also asked for their view on the consultant's report. The decision of the Board has regard to the evidence given by the patient's consultant; any evidence/commentary the patient wishes to give the Board and to any legal submissions made by their solicitor.

As with any decision of an independent body, a patient may seek a judicial review of a decision made by the Board. The CPT may wish to note that the Board has been party to such proceedings.

In reviewing section 4 and 5 patients, the sole statutory criterion provided for in the legislation is whether or not the patient is still in need of in-patient treatment in a designated centre, here the CMH. While the statute provides for 6-monthly reviews, in practice reviews take place every 5 months.

In the case of each decision, except the first, the Board is concerned with reviewing the previous 5 month period, not the entire period since detention commenced. Some patients have had more than 40 reviews. It is inappropriate, impractical and repetitive to give an account at each review of a patient's entire mental health history which, in some cases, spans many decades. Such an account is in any event to be gleaned, if required, from a reading of all previous decisions.

Insofar as it is said that many patients perceive the hearings as a mere formality, it is difficult for the Board

to make any meaningful comment on an individual patient's perception without knowing the relevant facts and the basis for this perception. It is certainly true that the format adopted by the Board for hearings is usually the same for each review and, unfortunately, some patients fail to progress in relation to their mental disorder. Inevitably this may give an impression of the hearings being a formality but this is incorrect. More often than not, patients' complaints to the Board revolve around frustration concerning matters such as perceived delays in obtaining leave or aspects of their treatment and conditions with which they disagree. These are matters over which the Board has no jurisdiction.

Finally, the Board notes that the CPT is critical of the alleged fact that patients' refusal to recognize or accept their mental illness was often considered a factor militating against discharge. This criticism is misconceived. A central component in any patient's recovery from mental illness is the development of insight. Patients who are psychotic and often delusional will commonly insist that they are not suffering from mental illness. They sometimes claim, for example, that the voices they hear are real and not a manifestation of illness. The treatment and care of such patients is aimed at helping them develop an understanding that they are ill and this is critical to recovery. Accordingly, when a patient refuses to accept the diagnosis that they are mentally ill, this can frequently be a clinical indication that their recovery is incomplete and they continue to be in need of in-patient treatment.

The CPT criticism appears to imply that the Board will refuse to discharge a patient unless they accept that they are mentally ill. This is incorrect and appears to misunderstand both the function of the Board and the nature of mental illness. It must be emphasised that if a patient wishes at any time to challenge or dispute the evidence of their treating psychiatrist that they are suffering from a mental order as defined in the legislation, they are free to adduce such independent expert or other evidence as they wish for the Board's consideration. They are entitled to seek a review at any time and do not have to await the periodic review.

Recommendation (Paragraph 361, Page 82)

The CPT recommends that the Irish authorities develop a complaint form adapted to the special needs of the patients at the Central Mental Hospital and increase the visibility and accessibility of the information on how to submit a complaint, with inclusion of the possibility to provide independent advocacy service to assist patients in submitting complaints to internal or external bodies, as appropriate.

Irelands Response

The HSE has a policy on Your Service Your Say which was developed with service user engagement. The Central Mental Hospital implements this policy and has augmented the same with the introduction of patient advocates, community meetings and Area Management Team Walk about meetings with patient groups. A generic email address has also been set up "Complaints.NFMHS@hse.ie". In addition to the Master Complaints Log, a Unit Log Complaints Folder has been set up, containing a template for complaints for each ward in line with HSE Your Service Your Say and National Forensic Mental Health Service Policy.

Recommendation (Paragraph 362, Page 82)

The Committee encourages the Irish authorities to explore options to introduce unsupervised visits for patients, based on an individualised risk assessment.

Ireland's Response

The Central Mental Hospital will review this recommendation to ascertain current use of unsupervised visits in the context of unescorted/escorted leave in the community and within the Central Mental Hospital based on patient need and individualised risk assessment.