Prison Life Index: A MCDA tool for evaluating state prison policies

Encourage public debate on the defense of the fundamental rights of detainees through the provision of reliable and accessible information



The document contains:

- a short presentation of the project
- a list of the members of the consortium that is overseeing the project
- links to videos and articles in the media
- a scientific article submitted to a journal
- the report submitted to the Council of Europe on Ireland

1. Presentation

In various fields, such as human development (United Nations Development Program), democracy (The Economist Intelligence Unit), perception of corruption (Transparency International), climate change, and more, indices have been developed to aggregate large quantities of data and reflect complex phenomena. These indices make it easier to interpret the data and can be used to challenge citizens and support policies towards reform. However, despite the existence of indices in various fields, there is currently no indicator that can be used to evaluate the national prison policies. That's why this project aims to develop the Prison Life Index, which is the first index to evaluate the effectiveness of prison policies and to promote reforms that can improve the lives of incarcerated individuals by comparing the real prison life with the standards set by international institutions.

The final evaluations of the Prison Life Index will be determined by cross-referencing indicators related to the living conditions of prisoners. These indicators are categorized into five categories that represent the main aspects of life in detention:

- 1. "Being Connected" evaluates the opportunities for prisoners to stay in touch with family and friends and maintain their social connections.
- 2. "Being Active" evaluates the opportunities for prisoners to engage in physical activities, work and vocational training, and participate in cultural and religious activities.
- 3. "Being Protected" evaluates the measures to protect prisoners from violence, abuse, and other forms of mistreatment.
- 4. "Eating, Sleeping, Washing" evaluates the quality and availability of food, accommodation, and sanitary facilities.
- 5. "Caring" evaluates the access to medical care, mental health services, and other forms of support for prisoners.

By using the Prison Life Index, policymakers and other stakeholders can identify areas for improvement in prison policies and conditions of detention, leading to better outcomes for both prisoners and society as a whole.

To address the lack of transparency and absence of data in the prison environment, the Prison Life Index had to innovate in its methodology and content: it is a world first in data collection and dissemination. The methodology is based on the latest developments in index construction research: the Prison Life Index builds on existing data to produce new information. To evaluate public policies, the index mobilizes an innovative scientific approach at the crossroads of statistics, mathematics, economics and multi-criteria decision support techniques. The development of the index and its methodology have thus aroused great interest among academics and scientific organizations such as the CNRS. The construction and validation of its methodology will give rise to numerous exchanges within the European scientific community, and more widely between the scientific community and civil society.

The index uses quantitative and qualitative data. It is based on the main international instruments on detention, including the United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) and the United Nations Rules for the Treatment of Prisoners and Noncustodial Measures for Women Offenders (Bangkok Rules) adopted by the United Nations. These texts are recognized by States as the reference rules in this area. The index will also refer to relevant international conventions such as the International Covenant on Civil and Political Rights, the

Convention against Torture and Other Inhuman or Degrading Treatment or Punishment, the International Covenant on Civil and Political Rights.

The construction of the Prison Life Index is also informed by the jurisprudence of regional human rights courts, the output of UN committees, and other sources such as the reports of mechanisms for monitoring places of deprivation of liberty. The different interpretations raised by these sources will shed light on the evolution of the law. This tool will enable prisoners, their families and anyone working in prisons to publicize the conditions of detention; citizens to compare and evaluate the results of public policies in order to take part in the public debate; and people who make decisions or act in the area of prisons to obtain information in order to take action on the policies and practices of imprisonment.

2 - Stakeholders

Prison Life Index Consortium:

The Prison Life Index is developed by an interdisciplinary consortium of individuals and organizations from the voluntary sector, academia, public administration and consulting :

- The permanent team of Prison Insider
- Marion Bayard, consultant
- Bernard Bolze, founder of the International Prison Observatory and Prison Insider, former controller of the « Contrôleur général des lieux de privation de liberté »
- Samantha Enderlin, criminologist and general manager of APCARS (reintegration association)
- Bénédicte Fischer, deputy director of the CERDAP2 (Center for Studies and Research on Diplomacy, Public Administration and Politics) of Sciences Po Grenoble and Grenoble Alpes University
- Jean Lainé, professor in economices at the LIRSA (Interdisciplinary Research Laboratory in Action Sciences) at the Conservatoire national des arts et métiers
- Brice Mayag, assistant professor in computer science at the LAMSADE at the University of Paris-Dauphine
- Meltem Öztürk, professor in computer science at LAMSADE, Paris-Dauphine University
- Philippe Pottier, former director of the École nationale d'administration pénitentiaire (ENAP)
- Remzi Sanver, DR CNRS in economics, LAMSADE
- Damien Scalia, head of the Research Center for Criminal Law at the Free University of Brussels

Scientific Group.

A doctoral student is devoting three years of research to the construction of the Prison Life Index. Her work will lead to the defense of a thesis in economics conducted in co-supervision with the "Laboratoire interdisciplinaire de recherches en sciences de l'Action" (CNAM) and Lamsade. The construction process of the Prison Life Index is documented and made public. In addition to the consortium and the scientific group, an advisory committee meets every six months. It has an advisory and federating role. Its members include Penal Reform International, the Institute for Crime & Justice Policy Research, the Fédération des Barreaux d'Europe and the European Criminal Bar Association.

3. Communication:

Videos:

- **Mettre des mots sur la prison :** presentation of Prison Insider / Prison Life Index / The testimony of Murielle Ferrari, a former prisoner : <u>Mettre des mots sur la prison YouTube</u> :
- Lola Martin (our doctorale student) on France 3 : <u>Le Prison Life Index sur France 3</u>
 région
- Others videos: Prison Life Index YouTube

Articles on the media:

Several journal articles : <u>le Monde</u>, Le Progrès , Media Cité, Dalloz, Le Post : <u>Prisons : un indice mondial pour monitorer la torture et les mauvais traitements - L-Post (lpost.be)</u>

The project was mentioned by the Council of Europe as part of our participation in the NPM Forum (page 10/11): 1680a4e34d (coe.int)

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Abstract

Building a composite index (CI) is a delicate work implying a series of decisions which consequences will determine the scope of the tool. This is especially true for the very first steps of this construction: the definition of the theoretical framework and the selection of relevant indicators, usually referred to as the construction of the model. However, the literature seems to focus more on the other aspects, quite often eluding those first critical steps or considering it self-evident. How to ensure the soundness of those tools when the values that they convey are not even clearly expressed? How to ensure the completeness of the model according to the reality that it ought to synthetise when it's a highly complex or abstract one? Each of these steps involves hypotheses and presuppositions that must be explained and evaluated with care. In this article, we seek to identify a coherent method that will fit that very purpose. Our primary hypothesis, following recent work, is that conceiving CIs as potential decision problems is a relevant approach. It allows to solicit the Multi Criteria Decision Aiding theory, that is rich in modelling methodologies – such as Ralph Keeeney's Value Focused Thinking. Using a real-life application, the construction the Prison Life Index, we try to show the relevance of those primary hypothesis by displaying the model of the index and summarizing the stage of its construction. This adapted methodology can guide index builders in the determination of a model that comprehensively fits its intended purpose and that isn't overly dependent on available data.

Keywords: composite indicator, modelling, prison, value focus thinking, international norms, multicriteria decision aiding

1 Introduction

In this article, we present the model of the Prison Life Index (PLI) and the methodology used to define it. The PLI is a composite indicator (CI) designed to evaluate the results of national prison policies based on the standards for detention conditions set by international organisations. For the conception of a composite indicator, its modelling and the definition of its goals are the ultimate phases. When an indicator addresses a societal issue, such as the PLI, values must be the guiding principle for defining and modelling it. A deep effort must be put, early on, into specifying these values. Unfortunately, many CIs are defined in terms of data availability without any prior serious reflection on the values. The modelling phase is often done in an opaque way, without the use of a clear and reproducible methodology. In this paper, we want to stress that the modelling phase of a CI is as important as the choice of aggregation parameters or the availability and the quality of data. We believe that CIs should be value-guided instead of data-guided, as it is commonly the case. A data-guided modelling may prevent the decision makers from asking questions about what is essential (ethical and moral values), may restrict them to only focusing on the existing data and hence, may reflect only a part of their values. In order to avoid such inconveniences, the conception of PLI is based on Multi Criteria Decision Making (MCDA) techniques (BannaeCosta1996[2]; Grecoandal2019 [12]). The modelling step follows the principles of Value-Focused Thinking (VFT), a methodology proposed by Ralph Keeney (Keeney1992[13]). To our knowledge, R. Keeney is the first researcher to have put values in the centre of a decision process. In this paper we hope to show that the modelling steps of his method, initially designed for choice problems, are also meaningful and adapted for composite indicators. The value-guided modelling requires obviously a deeper and more time-consuming study than a data-guided modelling ¹. For instance, the model presented in this article is the result of a year of collective pluri-disciplinary work (initiated by the non-profit organisation Prison Insider and framed by two public research laboratories) ².

The present article contribution is twofold:

¹Of course we also believe that data play an important role in value-guided modelling. A deep investigation has to be conducted on their availability and reliability but this has to be done once the CI model is defined with respect to the values. The data should not be the starting point.

²The LAMSADE (Laboratory for Analysis and Modelling of Systems for Decision Aiding) is

²The LAMSADE (Laboratory for Analysis and Modelling of Systems for Decision Aiding) is a joint laboratory of Paris Dauphine Université and the French National Centre for Scientific Research, hosting scholars from a variety of disciplines (informatics, mathematics, economics.) The LIRSA (Interdisciplinary research centre in action-oriented sciences) is a pluridisciplinary research laboratory and is part of the National conservatory of arts and crafts (Le Cnam, Paris).

- The presentation of the *PLI* model, comprehensible, reproducible and acceptable model which we expect to be as complete as possible and representing as best as possible the values of the involved stakeholders and standards.
- The presentation of its modelling methodology. Doing this, we hope to underline the relevance of MCDA techniques for index building, starting by the very first steps: the definition of the problem (what is to be measured) and the construction of the model.

Our article is organised as follows: we present the general characteristics of CIs and the initial constraints set in the implementation of the PLI. We then justify and present the method selected to build the model of our CI and show the concrete application. We end by discussing the advantages and shortcomings of this method.

2 Developing a composite indicator to evaluate prison conditions in the world

2.1 Choosing a composite indicator to evaluate prison conditions in the world

CIS are tools designed to catch the public's attention (KelleySimmons2020[15]) and are perceived as communication tools and/or pragmatic action (DialgaLe2014[10]; BeaumontTowns2021[4]). They are the result of a compromise between the need for scientific exactitude, information available at reasonable cost (SaisanaTarantola2002[27]) and the necessity of being intelligible (Paruoloal2013 [20]; Saltelli2007[28]). In the recent years, CIs have become widely popular (Grecoandal2019 [12]) and have been adopted by policymakers, global institutions, civil society organisations to evaluate countries' and entities performances in different domains such as the economy. A striking development in the recent years is the insistent calling for the creation of specific indicators suitable to evaluate the respect of human rights at a global level – (UNCHR, 2012 [32]). We have chosen to define a CI to evaluate life in prisons since the characteristics of CI fit the needs previously identified. The PLI is being developed in a desire to alleviate an important economic and social problem which is the absence of clear and centralised information about the conditions of incarceration of individuals. The objectives of the PLI are to make prison systems readable and accessible to all, and enable action for better respect of the fundamental rights of prisoners.

2.2 Determining initial constraints

Composite indicators are aggregations of several indicators representing different dimensions of the same object/system (SaisanaTarantola2002[27]). Even though the definition might be variable according to authors (Grecoal2019[12]), composite indexes are generally composed of the following notions: a concept,

whether it is a system or phenomenon measured or evaluated, a model (or modelling) expressing the different dimensions of such concepts by a series of selected variables and an aggregation model leading to the final results (see Figure 1).

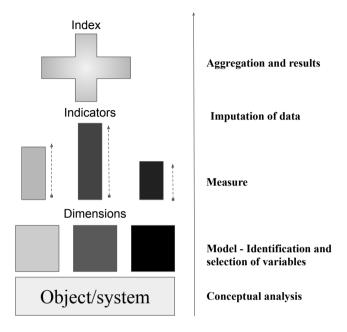


Fig. 1 Composition of an index - Adapted from Boulanger Figure 1. From concept to index - (Boulanger 2008[7])

Naturally, a CI has to satisfy some properties in order to be acceptable and useful. For instance the *Handbook on Constructing Composite Indicators of the Organisation for Economic Cooperation and Development (OECD2008[18])* and *Indicators for Human Rights Based Approaches to Development in UNDP Programming: A Users' Guide of the United Nations Development Program (UNDP2006[31])* recommend to have meaningful, understandable, reliable ³ and robust ⁴ indicators.

Besides these properties, we have identified others specific to our study framework. These properties that we defined through interviews and collective meetings are not often put forward in the literature:

³The quality and availability of data must be checked carefully.

⁴Both the selected data and the weighting and aggregation formula should be selected according to the theoretical framework and tested through sensitivity and robustness analysis ensuring the soundness of the model.

- No ranking: The aim of the index is not to compare countries. Its purpose is to provide an absolute and not a relative evaluation of a country (Roy1985[25], BanaeCosta1996[2]). Such an evaluation must also allow tracking a country's evolution over time.
- Non-compensability between some dimensions of rights: We believe that some dimensions, such as health, security, and sociability must not compensate for one another. For instance, a prison with a functioning medical care system can not compensate for high insecurity.
- No pre-existing data: Very little comparable data exists throughout the world regarding prison conditions. There are even fewer calculated with consistency and reliability. Because of this, it was decided that the PLI will not directly rely on such a pre-existing dataset but will seek to collect its own data, mainly through evaluations of experts.

We have also some constraints for modelling phase:

- The model will be based on the perspective of individuals: The aim of the index is to give a viewpoint on prison life and not general information about the overall penitentiary systems across the world. The index will not use available structural data such as the number of prisons in a given country, the size of the prison, etc. Instead, the results displayed will focus on the prisoners' perspectives and their experience of daily life. The dimensions of the *PLI* will reflect the key aspects of life in detention: being connected to one's loved ones and society, being protected from any form of physical of psychological violence, having access to proper food, accommodation and hygiene conditions, having access to healthcare and being able to stay active through work, education or diverse activities.
- The model will be based on values: This constraint is more generally the results of all the previous ones. The index aims at being a comprehensive description of prison life. Its model should have a descriptive value and will be based on ethical and moral values rooted in standards and in the defence of human dignity.

In this article, we focus on the first steps of index-building which are the definition of the theoretical framework (term used by OECD2008[18]) and the construction of the model by the determination of its components and selection of relevant indicators. In the following section, we examine the modeling methodologies most commonly used and introduce a new method.

3 Why to use Value Focused Thinking to model our problem?

3.1 Using MCDA for modelling

3.1.1 Absence of a clear modelling methodology for CIs

There are a large number of manuals aimed at professionals, administrators, the media or more generally the general public explaining how to construct a "good" CI. Some are produced directly by international organizations facing the increasing number of CIs in public policy and broad political discourse (Merry2016[17]; KelleySimmons2020[15]) such as the Organization of Economic Cooperation and Development (OECD2008)[18], the Council of Europe (CoE2005[9]), the United Nations Human Rights Office (UNHRO2012[32]) or the United Nations Development Program (UNDP2006[31]). The aim of those tools is the uniformisation of index-building methodologies. The designers of those manuals state the importance of basing the indicators on solid conceptual foundations so as not to reduce the exercise of index-building to the random establishment of a list of possibilities. But they do not propose any clear or reproducible methodology to do so. This tendency can also be observed in the literature addressing index-building. The question of the selection of the method used to build the model is sometimes simply evaded (DialgaLe2014[10]; Grecoal2019[12]; ElGibarial2019[11]) or quickly mentioned as an important step (Saisana Tarantola 2002 [27], Saltelli 2007 [28]) or even problematic (Barclayal2018[3], Booysen2002[6]). As a result, although the building of the model is identified as a crucial process, embodying how the evaluated object/system is conceptualised, we have identified no clear modelling methodology through this literature review.

3.1.2 MCDA perspective

The absence of modelling methodology, the constraints presented in subsection 2.2 and our wish to put values in the centre of the model, directed us to the choice of the MCDA techniques for the conception of *PLI*.

MCDA can be defined as "the activity of people using models to help to obtain elements of responses to the questions asked by stakeholders in a decision process" (RoyBouyssou1993[26]). It is a "scientific process aiming to frame decision-making problems and develop a comprehensive assessment of alternatives" (Cinellial2022[8]). As shown in recent work (see for e.g. ElGibarial2019[11]), MCDA has been increasingly used to build indicators, especially when their aim is to evaluate complex and abstract realities. Indeed, MCDA focuses in providing transparent and coherent support for the comprehension of complex situations that might hold conflictive objectives (Kpoumiéal2012[16]). Not only the construction of a composite indicator is a delicate work implying a series of decisions and choices when combining

Table 1 Correspondence between the initial constraints of the PLI and MCI	λC
techniques' characteristics	

Constraint	MCDA Solution
No ranking	MCDA techniques allow the construction of models that
	evaluate a given object/system according to its charac-
	teristics. As previously mentioned, even though they are
	commonly used to make a choice or a rank, there are also
	methods designed in order to evaluate an object/system
	in an absolute way, which is the main concern of ordinal
	classification problems (problematic of sorting).
Non-compensatory	Many techniques in MCDA adopt a non-compensatory
$aggregation \ model$	approach. The absence of compensability between criteria
	is commonly identified when eliciting decision-makers' pref-
	erence. As an example, the pairwise comparison approaches
	such as ELECTRE methods provide the possibility of
	defining vetoes, which can be used to avoid compensations.
No pre-existing data	We cannot build our model with existing data - since data
	on prisons is not always available and/or of good quality.
	For this reason we decided to use expert evaluations for dif-
	ferent attributes of our model. These qualitative evaluations
	will be aggregated in different steps of the model. Quali-
	tative expert evaluations are generally ordinal data, they
	must be used very carefully. For instance, they cannot be
	aggregated by a simple weighted sum, as it is often done
	for CIs. MCDA has some specific methods designed for the
	aggregation of ordinal data and allows to manipulate them
	without any loss of information or without doing inappro-
	priate manipulations like using a weighted sum with ordinal
	scores (Grecoal2016[?]).

criteria (Beckeral2016[5]) but MCDA techniques seem highly suitable in multidimensional frameworks when aggregating single indicators into a composite one (SaisanaTarantola2005[27]).

Our hypothesis is not only that MCDA techniques are fit to design indexes that are meaningful, comprehensive, understandable, reliable and robust but that they are particularly adapted in the cases of the initial constraints as described in subsection 2.2 as described in Table 1 below 5 .

We still have two constraints left from subsection 2.2: The model will be based on the values and the perspective of individuals. As we will explain in the next sections, the Value-Focused Thinking methodology, proposed by Keeney (Keeney1992[13]) for MCDA, perfectly meets these two constraints. We start by presenting Value-Focused Thinking as it is designed for decision making.

⁵Remark that the decision to use expert evaluations for different attributes of our model has important consequences on the data collection, for instance on the framing of the expert interview procedure which must be done with a high level of vigilance to decrease the subjectivities. This brings advantages and disadvantages that we hope to discuss in detail in a next article which will be dedicated to data collection and aggregation.

3.2 Value Focused Thinking as a potential modelling methodology

We are looking for a systematic method that will allow us to synthesise the points of view of a number of decision-makers (10 people) and that is adapted for a multi-dimensional context involving complex problems. This method should allow the reflection of the ethical and social values of the decision-makers, related to conditions of detention. Finally, it should be able to take into account the desirable properties identified through our literature review (meaningful, acceptable, reliable, robust, etc.). We believe that VFT is the perfect answer to these needs. In this respect, we rely on the work of Rousval and Bouyssou (RousvalBouyssou2008[24]) that previously used R. Keeney's VFT to build a tool of multi-criteria aiding evaluation in the context of the transport and environmental field (see also Rousval2005[23].)

VFT was thoroughly theorised in the landmark book Value Focused Thinking. A Path for Creative Decision-Making (Keeney1992[13]). The method focuses on a philosophy of decision making that can use the techniques of the Multi Attribute Value Theory/Multi Attribute Value Theory. However, it seeks to reverse most of the methods theorised so far by focusing not on the existing alternatives but on the values of the decision maker. VFT is a method designed to articulate the values held by the decision-maker by identifying and structuring objectives qualitatively. VFT is widely used in complex problem situations (VeraoBelderrain2022[33]) and is an important application and research area notably in MCDA (Parnellal2013[19]) for its capacity to model the problem and decision maker's objectives (Alencaral 2017[1]). VFT has numerous applications and the theory is continuously developed by authors throughout the world (Parnellal2013[19].) The review led by Parnell (Parnellal2013[19]) and completed by Verão and Belderrain (VeraoBelderrain2022[33]) identifies that the main applications of VFT are in the domain of environment and energy efficiency, information and communication, military, education and risk analysis. We schematized Keeney's as follows⁶:

- Creation of the initial list of objectives: The VFT method is used in complex situations holding many implications. The first step consists in drawing up a first list of objectives by identifying the decision context, the relevant values of the decision-maker (DM) and eliciting the related objectives. An objective is the statement of something that the DM wants to achieve in the given decision context. It articulates, in a coherent way, the values that the analysis must have taken care to detail during the first stage. This need for clarification arises naturally from the process that follows the initial listing of values.
- Categorization of objectives and organisation of a logical structure: There are two categories of objectives, fundamental objectives and means objectives. An objective is said to be fundamental when it is

⁶There are a variety of ways of structuring VFT in the litterature, as shown by Verao and Belderrain (VeraoBelderrain2022[33]). However, we choose a breakdown close to the structure proposed by R.Keeney (Keeney1996[14]).

an essential motive of interest for the decision situation. Means objective describes the way in which any fundamental objective can be achieved. This categorization is followed by a *structuration* process, since some objectives are more important, or broader, than others in the identified decision context. The **objective structure**, a fundamental hierarchy of objectives, allows the meaning and all the implications of the strategic objective to be expressed as well as its consequences on the nature of the decision to be taken. The **objective network**, a means-ends network, expresses how to get there. Once those networks are completed, it is necessary to use them both synergistically and to connect them: "the possible consequences in terms of the achievement of fundamental objectives are calculated based on the objectives network" (Keeney1992[13], p.91.)

- Determination of related attributes An attribute measures the degree to which an objective is achieved by providing a measurability. In general, so-called constructed attributes involve the determination and description of several distinct levels of impacts that clearly indicate the extent to which the associated objective is achieved. It is essential that the descriptions of these levels of impacts are unambiguous for all parties affected by the decision. They therefore generally correspond to subjective scales or indicators. These attributes, whatever their form is, must have a series of qualities: measurability, operationality, and understandability.
- Use of objectives to create an alternative and identification of a worthwile decision opportunity. Once these attributes have been determined, R. Keeney undertakes the construction of a value model using an additive utility to identify the "best" alternatives. In this article, we are only interested in the modelling phase of VFT which corresponds to the previous three steps.

As a conclusion, VTF allows a formalisation of the objectives by structuring them in a hierarchical tree as can be observed in Figure 2. The objectives at the highest level are more abstract and complex, when the objectives at the lowest level are concrete and measurable through attributes. This disposition is close to the model of a CI where a concept is expressed by its components that are themselves measured by indicators.

We propose to VFT use it as a way to assist index-conceptors. This is possible since VFT offers enough flexibility to be adapted to our context. Many composite indices are constructed from existing data, which constrains them in their exercise of conceptualization. They draw from existing databases in order to approximate a reality (see the *Human Development Index*, for example.) We call such CIs data-guided indexes. We wish to take a different approach and build a CI from identified values in a transparent, explicable and clear way. We want to propose a model which illustrates the standards related to prison conditions throughout the world by creating a value-guided index.

In the following section, we will show how we applied VFT in our context.

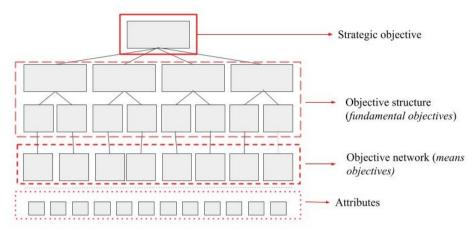


Fig. 2 Hierarchy of objectives according to VFT

4 Applying Value Focused Thinking to model the Prison Life Index

4.1 Values and context as core elements of the conceptual analysis

In the spirit of VFT, we first proceeded to the identification of the values and a clear delimitation of the decision context of our index. These steps were conducted through collective and individual interviews with the decision-makers during the first few months. After each interview, the results were written until a final document defining the general characteristics of the *PLI* was drafted and approved by consensus in plenary session.

4.1.1 Identification of the decision-maker

The first step is to define the framework and setting. It concerns decision makers, analysts and experts of our project. Table 2 below presents these three categories of participants.

4.1.2 Definition of the context and object/system

The first task is to define the context which will act as a framework in R. Keeney's methodology. This was done over the course of several interviews. Collective interviews were preferred over individual ones, as the main objective here was to build consensus on one of the most crucial points of the collective work. The decision context⁷ is defined as "evaluation of prison conditions throughout the world."

⁷For the purpose of this article, we voluntarily use R. Keeeney's exact vocabulary, including the expression "decision context" even if we specified that we are more in an "evaluation context" than a "decision context".

Status	Stakeholders
Decision maker	- Prison Insider's permanent team
	- An interdisciplinary consortium of 10 members : researchers (pub-
	lic and criminal law, computer sciences and mathematics), a former
	member of national penitentiary administration and members
	active in civil society organisations (CSOs) working on prisoners'
	rights. Our DMs are collectively interviewed during plenary ses-
	sions to identify their common values, as the VFT methodology
	suggests. Their expertise is also solicited in the construction of
	the structure of objectives which relies on their knowledge and
	expertise on prisons throughout the world.
Analysts	Researchers from the LIRSA and LAMSADE laboratories. They
	provide expertise, lead and coordinate the interviews with the
	consortium and Prison Insider's team
Experts	A pool of 170 individual experts participate in the PLI:
	- 20 experts were consulted during the modelling process to provide
	knowledge and critical perspective

Table 2 Stakeholders and their status in the PLI

Once the contexts are defined and agreed upon, we draw on this first step to identify common values between the decision-makers.

- 150 experts will be solicited during the data collection

4.1.3 Identification of values

In our case, even if there are many decision-makers, they share common values regarding our decision context. The identification of values was done in two steps. First, we integrated the discussion about values within the broader question of the definition of the contexts of the project. We rapidly identified that the values shared by the decision-makers within this context could be categorised in two main categories: ethical values and methodological values.

- The ethical values revolve mainly around the concepts of human rights and dignity of all humans
- The methodological values revolve around the idea that the *PLI* should balance four necessities which are appeal to a broad audience (1), be methodologically sound (2), create consensus (3) and be transparent (4)

4.2 Creation of an objective structure as the model of the PLI

4.2.1 Identification of a series of objectives and categorisation of objectives

Going back to the decision context ("evaluate prison conditions") and the values defined during the first stages as well as the object/system - we identified that the ethical values could be operationalised into fundamental objectives ("what does it mean") and the methodological values into means objectives ("how to do it").

Indeed, when we used the techniques proposed by R. Keeney (Keeney1996[14]) to elicit the objectives, we observed that they mixed transversal methodological aspects (be transparent, be acceptable for all countries of the world, avoid compensation between non-compensable fundamental rights such as the right to live and the right to see one's family) that could be transformed in means objectives and both descriptive/normative aspects (to meet the minimum standards, prison life should mean the ability of staying connected to the exterior world, being protected from any type of harm, having access to comprehensive healthcare) that could be transformed into fundamental objectives. This categorization in two types of objectives as advised by R. Keeney is followed by the organisation in logical structures. The objective structure of fundamental objectives will constitute the modelling of our index. This is where VFT and index building meet.

4.2.2 Structuration of the objective structure through specification

Starting from the decision context and the objectives already identified, the group identified through "hard thinking" (Keeney1992[13]) five main dimensions that represented the key aspects of life in detention:

- 1. Eating, sleeping, showering
- 2. Having access to medical care
- 3. Being protected from physical and psychological harm
- 4. Being able to maintain connections with the outside world, especially one's family
- 5. Being active

Those five dimensions denote the characteristics of the fundamental objectives as defined by R. Keeney (Keeney1992[13]). Neither of them is more important than the other, all are essential in the sense that they represent central aspects of life, in general, an even more life in detention. They are perfectly understandable and, with a thorough effort of definition, they avoid redundancy.

4.2.3 Development of the objective structure for each fundamental objective

The VFT methodology allowed us, at first, to work independently on each fundamental objective, i.e. dimensions. We created groups composed of the members of the consortium and of the research team to work on the creation of the structure of each dimension. Each group was constituted according to the expertise of the members. The VFT method was presented during a plenary meeting to familiarise the members of the consortium. Each group was provided with the same instructions. Their work was accompanied and guided by the presence of a member of the scientific team, both during the sessions and in subsequent exchanges. The instructions can be summarised as such:

- To meet at least three times for two hours sessions over the course of several months
- To create a hierarchical structure where each level is semantically connected to the higher level
- To work downwards until easily measurable objectives are identified, that cannot be deconstructed further

Each of the five groups presented the result of their work at the following plenary meeting, with general discussion leading to further re-adjustments. The object of this article is to present the methodology and its end result rather than detail the entire process. We present in Table 3 below one example from the working group that tackled the dimension "Eating, sleeping, showering" (see the following tables).

Table 3 Definition of the dimension "Eating, sleeping, showering"

Leading	What is the definition of the dimension?
question	
Proposed answer	This dimension refers to the material conditions and satisfaction of the most basic yet essential needs of any individual: food, water, accommodation, personal hygiene. Prisoners often depend almost on the administration for the satisfaction of these needs. They provide exper- tise, lead and coordinate the interviews with the consortium and Prison Insider's team
Leading question	What are the important elements regarding material conditions in detention ?
Proposed answer	Having access to decent food and water, having somewhere decent to sleep, being able to shower in decent conditions, and having access to running water.
Leading	Is there a hierarchy between those dimensions? Are they redundant with
question	others? Why is this objective important (following the causal relationship identified by Keeney1996[14])?
Proposed	Three central dimensions that we identified are: food and water, accom-
answer	modation and personal hygiene. They are clearly not redundant. They are important because they constitute essential material conditions to have a dignified life. This leads to the determination of the three main sub-dimensions defining the dimension "Eating, sleeping and showering": Food, Accommodation and Personal hygiene.
Leading	What do you mean by this objective? (Structuring objectives, according
question	to Keeney (Keeney1996))
Proposed	For each of the three-sub dimensions, we obtained the following organisa-
answer	tion:
	Food: "1. Prisoners have access to portable water" and "2. Prisoners have
	access to food".
	Accommodation: "1. Prisoners benefit from sufficient living space per person", "2. Prisoners can sleep in good conditions" and "3. The premises
	are in good condition, clean and accessible". Personnal hygiene: "1. Adequate sanitation facilities allow prisoners
	to maintain their personal hygiene", "2. Prisoners have access to toilet articles" and "3. Prisoners have access to clothing".

Through these two stages we used VFT to define each dimension, that is to say we constructed the objective structure for each of the fundamental objectives defined through the preliminary work. Each structure is composed by the dimension (here **Eating**, **sleeping and showering**), a serie of sub-dimensions (here **Food**, **Accommodation and Personal hygiene**) and their corresponding indicators which are the most precise branches of the structure⁸. This leds us to define a first version of the modelling of the *PLI*, that still needed to be consolidated and for which we needed to specify the attributes.

4.3 Consolidating the model

This additional step does not exist in R. Keeney's method. It was added specifically to fit the purpose of building the PLI. Once the work of the sub-groups was presented and put in common during a plenary meeting, it was determined that two further steps were necessary to validate the final model:

- Verification of the model obtained with respect to the minimum international standards: the work on all dimensions appealed heavily to the knowledge and experience of the members of the consortium who defined the subdimensions and attributes using the VFT techniques. However, since one of the methodological values identified was the acceptability and the universality of the model, we decided to confront the modelling obtained to the existing set of international standards regarding prison conditions as defined by international organisations such as the United Nations (UN) and the International Labour Organisation (ILO).
- Input by external experts and desk research: although the members of the consortium are the ultimate decision-makers in our model, a need for external audit on specific questions such as the situation of minors in detention (whether they are detained or not), women incarcerated and access to mental health treatment was identified.

In the following subsections, we will provide some details on these two points.

4.3.1 Systematic review of standards and of our model

According to Scalia and Lessene, "several soft law instruments have been drafted to guide States when depriving a person of their liberty and for such persons to be treated humanely" (ScaliaLessene2019[30], see also Scalia2015[29]). This set of international normative instruments constitutes what must be considered the international minimal standards in terms of detention. It was decided that the PLI should not include any dimension, sub-dimension or indicator that was not explicitly cited in those international minimal standards in terms of detention for three main reasons.

⁸Please note that not all the dimensions are built symmetrically. Some structures have more levels than the branch we display. To see the complete model, please see Annex 7.

The introduction of such international norms are an interesting addition to the use of VFT to define the model of the PLI. On one hand, we are still talking about values since those norms technically could be defined as the highest level of international consensus around minimal standards in regard to prison conditions. On the other hand, it introduces the possibilities of an evaluation since the model of the PLI, defined through international standards, will define what prison life should be like according to international standards.

The first step was to constitute the corpus. We identified 37 international texts that all had an international scope, that were conceived under the bosom of an international organisation such as the UN or the ILO and that could be applied to life in detention. The complete set of texts are accessible in Appendix A. Additional sources have moreover allowed us to understand how the rights and standards defined by international standards are exercised and materialised in practice. The full list of the 30 additional sources as well as the justification of their selection can be found in Appendix B.

The **second step** was to check if every dimension, sub-dimension and indicator identified in the model of the PLI could correspond to a norm of the corpus.

The conclusion of this verification exercise shows the relevance of the use of VFT to build the model of the PLI:

- No standard relevant to prison conditions appeared to have been missing during the process of construction (present in the corpus but not in the model)
- However, some indicators in the model didn't seem to be backed by any of the norms identified in the selected corpus (present in the model but not in the corpus). This was the case for only a few of them, such as "the right to receive parcels" and "the right to connect to the internet." According to the logic defined earlier, they were not kept in the model.

The result of this review is displayed in Table 7 available in Appendix C where we provide the corresponding international norms for each node of our model.

4.3.2 Input by external experts and desk research

After pooling the work of the various groups, a period of consultation with external experts was launched. This need was identified by the consortium after a general validation of the model. Some technical points seemed to require additional input. These points have been identified and experts called upon accordingly. The model was submitted to these identified external experts so that they could judge it according to their specific cutting-edge domain. When experts raised reservations on the model, we proposed to work from their suggestions and submit the proposed changes to collective validation. The consortium meetings in plenary then discussed and validated these specific parts of the model, and the issues and questions that require an external evaluation. Specific needs for expertise that were identified are:

• Expertise on prison for specific sub-dimensions of the PLI such as health-care (including psychiatric and psychological care), activities or on specific populations such as women, minors or LGBTIQ+ prisoners

On another hand, the necessity of testing the model on a diverse range of countries was raised. Indeed, prison systems vary consequently across the world.

We met with 30 experts through collective and individual interviews. The details are accessible in the table 8 available in the Appendix D.

The results of the interviews validated the vast majority of the model. Several modifications or additions were suggested on specific questions. The result of the test evaluation was conclusive.

4.4 Presentation of the final model of the PLI

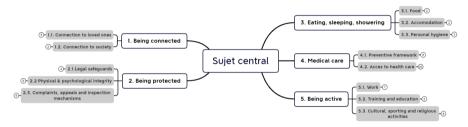


Fig. 3 Final dimensions and sub-dimensions of the Prison Life Index

The complete list of indicators per dimensions as well as the association international standard are accessible in the Appendix D of this article where each sub-dimension of Figure 6 is also divided into specific indicators.

4.5 Definition of the attributes - towards the evaluation

After having solidified and validated the model, we have identified five dimensions and their respective sub-dimensions and indicators (see Figure 6 and Appendix C). The final step of our work, aligned with R. Keeney's, is to determine for each of the indicators a series of attributes that will allow further data gathering. This is all the more relevant that we have already identified that the data that will be used in the frame of the PLI will be provided mainly from the evaluation of experts. For each indicator, the leading question was "how would you measure the success of this objective?" There again, we used the international standards as well as the additional sources identified during the previous stage to guide our thinking. We also made the strong methodological hypothesis that we could identify a common framing for all the indicators of the model. This was obtained through incremental work with the consortium, after having reviewed all the relevant international standards and additional

sources for each indicator. We also tested with some experts the feasibility to obtain such evaluations for some countries. A common frame was identified as follows:

- Normative framework is the right protected by a normative framework?
- The right in practice can the right be exercised in practice?
- Potential restriction do restrictions exist and if so, are they proportionate?
- Discrimination is the practice of the right the same for all without any form of discrimination?

For each indicator, an evaluation guide was built according to the four identified categories. This evaluation guide displays all the relevant attributes of the indicators. The Table 4 displayed below shows a concrete example though the indicator 3.1.1.: "Prisoners have access to drinking water".

Table 4 Stages of determination of attributes of the indicator 3.1.1.

Stage 1 – Identification of relevant standards and additional sources	
Standard identified : Nel-	Every prisoner shall be provided by the prison adminis-
son Mandela Rule n°22	tration at the usual hours with food of nutritional value
	adequate for health and strength, of wholesome quality and
	well prepared and served. Drinking water shall be available
	to every prisoner whenever he or she needs it.
Additional source identified	Meals and drinks/water are provided at regular intervals
: Association for the Pre-	
vention of Torture, Moni-	
toring Immigration Deten-	
tion - Practical Manual,	
rule 4.4.2	
Additional source identified	Drinking water shall be available to every prisoner whenever
: Association for the Pre-	he needs it.
vention of Torture, Moni-	
toring Place of Detention -	
A practical guide	
Stage 2	- Construction of the evaluation guide
Normative framework	- The right is recognized at the national level
	- The right is enshrined in the prison regulations
The right in practice	- Water is available whenever prisoners need it
	- Prisoners have access to sufficient water
	- The water is drinkable
Potential restrictions	- Access to water cannot be restricted as a disciplinary sanction
Discrimination	- Prisoners can have access to drinking water free of charge
2 tool thittiation	- The right to access drinking water is respected throughout
	the territory (including in peripheral areas or areas with
	strong constraints)
	- Prisoners benefit from this right, without any discrimi-
	nation, in particular towards: women, prisoners subject to
	a stricter detention regime, people with disabilities, foreign
	people, people from ethnic and/or religious minorities, LGB-
	TIQ+ people, minors, prisoners on remand, people with
	mental disorders

Following this methodology, a first version of the model is successfully determined for each of the five dimensions. In the table below, we summarise the correspondence between the composition of an index, the VFT methodology and the different stages of the development of the PLI.

Table 5 Summary of the correspondence between the composition of an index, the VFT methodology and the different stages of the development of the Prison Life Index

Models of composite indicators (according to J.M. Boulanger[7])	Value Focused Thinking (Keeney1992[13])	Prison Life Index
Concept / theoretical framework	Values, Decision context and objects	International Standards, Evaluation of prison conditions around the world
Dimensions	Fundamental objectives and objectives network	5 dimensions: Eating, sleeping, showering / Medical care / Protec- tion / Being connected / Being active and each categories' own hierarchy of objectives
Indicators	Lowest objectives and their attributes	For each indicator: Normative framework, The right in practice, Potential restriction, Discrimination

5 Discussion

5.1 Advantages

We identified several advantages of our approach:

A model guided by values and transparency

Indexes are not purely descriptive tools. They illustrate the values of their designers, their political and social conception of a given phenomenon (Merry2016[17]; Prieural2021[21]). They adopt a normative perspective, and even prescriptive when they offer evaluations (KelleySimmons2020[15]). Yet these underlying assumptions are not always expressed and the assumptions and values of the index builders risk being hidden by the technological aspects of such tools. With VFT, we have identified a method that makes it possible to position oneself transparently and clearly in relation to the values of decision-makers.

A comprehensive model: how to describe life in prison

VFT is a step-by-step method. It allows the analyst to identify starting values and fundamental objectives, then to deduce the structure of the model from this. This funnel-shaped method makes it possible to gradually identify the different components through analysis. It ultimately allows us to obtain a model that represents reality in a relatively comprehensive way.

A disaggregated model

The hierarchical model is built around 5 dimensions. Each of these have their own unit and own indicators. Each one represents their own decision problem. The dimensions are therefore independent (in terms of preference). This is obtained thanks to VTF.

A pooling of knowledge about prisons in the world

The modelling work of the PLI has attracted a very large number of diverse experts and is nourished by current knowledge and productions on prison conditions throughout the world. This fed into the work with the consortium. It was made possible thanks to the collaboration with a specialised NGO, Prison Insider. As such, we hope that the index has made it possible to accumulate as much knowledge as possible and will make it possible to process all the information available. This work was also the occasion for a systematic organisation of international standards relating to prison conditions. As can be seen in appendix C, we have organised them in such a way that they offer a thematic and global vision. This shows the interconnection, complementary and sometimes overlapping of these standards.

A collective and pluridisciplinary working methodology

We have adopted a pluridisciplinary approach since the beginning of the project, soliciting experts from a wide variety of fields and betting on the complementarity of knowledge and backgrounds (political sciences, sociology, public administration, criminology, statistics, civil society, etc.) The application of VFT to the construction of the PLI shows its ability to build solid consensus amongst the stakeholders by identifying and sharing common values.

5.2 Shortcomings

Like all approaches, the ours has also some shortcomings:

A long-term task

The model and the method that we present in this article are the fruit of a year and a half of work and brought together more than 50 international experts. This temporality is understood by the incremental dimension of the method which allows a progressive enrichment of the analysis. In the case of the PLI, it must also be understood as necessary for the construction of a consensus which can only be established over time and as the fruit of the exchange of points of view. This obviously raises questions: what would have happened if no form of consensus had been reached? It also interrogates the question of the reproducibility of this method and the incentive to use it in other contexts.

Need to conduct data collection

The PLI model was not limited to available data. There is very little quantitative, reliable and comparable data available on the conditions of detention throughout the world. We select experts according to their capacity to process existing knowledge to offer an evaluation. No country has ever collected as such the data that we have identified as necessary. Thus, in a new phase of our work, we must collect this data for a certain number of countries in order to produce a pilot version. It is a long, expensive and extremely difficult task. Poor quality data could compromise the interest of the index. This represents a real methodological and economic challenge. We are currently undergoing a series of exercises to test evaluation techniques and developing interview techniques to retrieve expert evaluations in a consensual manner. The issue here is to monitor the variability of evaluations according to the different perceptions

of individuals. The subjectivity of experts' evaluation will be a real challenge for the construction of PLI.

The limits of a synthetic representation

Many realities are diluted in the model. If the data is collected on prisons in general, our assessments will for example not be able to specifically isolate the situation of women or minors. If we want to take their specific situation into account in the assessments, we will have to re-collect the data.

6 Conclusion

In this article, we have showed why the choice of Value Focused Thinking was a relevant choice in view of the objectives that we had set ourselves. We believe that this method is coherent for building index models that can be meaningful and comprehensive, understandable, reliable and robust (qualities that we identified in the introduction of this article) and we have tried to show why. We hope that the final model of the PLI comes as close as possible to reality and offers a model that makes sense to capture the multi-dimensionality and complexity of the concept being evaluated. The purpose of this article is also to show that the method is reproducible and adaptable to each index, from the moment it is considered as a decision problem. It allows the construction of very complex and multidimensional indices, each dimension of which can be identified as a decision-making sub-problem. Each dimension can be read on its own and has an intrinsic meaning. We believe that this method is particularly suited to human rights and development indicators that are guided by international norms and standards. Those types of indexes represent, to quote J.M. Boulanger (Boulanger2008[7] a "scientific challenge and a democratic issue." The United Nations has called several times for the development of research around these tools and has produced a manual for constructing the human rights indicators that we have used in this article (UNHRO2012[32] RosgaSatterthwaite2008[22].) Finally, we have tried to show the interest of MCDA for the construction of composite indices, in line with recent work. Conceiving indices as decision-making problems provides understanding and tools for analysis and construction. The next step is the definition of our aggregation operators. As we already mentioned we are looking for non-compensatory methods. We hope to use some preference elicitation techniques with our decision makers in order to find the decision parameters of these operators (weights, thresholds, etc.). We are trying to develop evaluation techniques for our final attributes for which we need the experts' evaluations. We face a number of challenges here also: how to minimise the subjectivity, how to obtain consensus evaluations (for each of the five dimensions of our model, a number of experts will give their evaluations), we also have to take into account the heterogeneity of prisons at the territorial level.

7 Annexes

7.1 Appendix A - List of international norms used to build the model of the Prison Life Index (table 6)

Table 6: List of international norms used to build the model of the $Prison\ Life\ Index$

General standards	
Name	Abbreviation
CO29 - Forced Labour Convention, 1930 (No. 29),	CO29
International Labour Organisation	
CO87 - Freedom of Association and Protection of the	CO87
Right to Organise Convention, 1948 (No. 87), Interna-	
tional Labour Organisation	
Universal Declaration of Human Rights, 10 December	UDHR
1948, General Assembly resolution 217 A (III)	
CO98 - Right to Organise and Collective Bargain-	CO98
ing Convention, 1949 (No. 98), International Labour	
Organisation	
C100 - Equal Remuneration Convention, 1951 (No. 100),	C100
International Labour Organisation	
C105 - Abolition of Forced Labour Convention, 1957	C105
(No. 105), International Labour Organisation	
C111 - Discrimination (Employment and Occupation)	C11
Convention, 1958 (No. 111), International Labour Orga-	
nization	
International Convention on the Elimination of All	AFRD
Forms of Racial Discrimination, 21 December 1965, Gen-	
eral Assembly, resolution 2106 A(XX), entry into force:	
4 January 1969, in accordance with Article 19	
C138 - Minimum Age Convention, 1973 (No. 138),	C138
International Labour Organisation	
International Covenant on Civil and Political Rights,	ICCPR
16 December 1966, General Assembly resolution 2200 A	
(XXI), Entry into force: 23 March 1976, in accordance	
with article 49	
International Covenant on Economic, Social and Cul-	ICESCR
tural Rights, 16 December 1966, General Assembly,	
resolution 2200 A (XXI), entry into force: 3 January	
1976, in accordance with article 27	
Convention on the Elimination of All Forms of Dis-	DAW
crimination against Women, 18 December 1979, General	
Assembly, resolution 34/180, entry into force: 3 Septem-	
ber 1981, in accordance with article 27(1)	

Declaration of Basic Principles of Justice for Victims of	JVCAP
Crime and Abuse of Power, 20 November 1985, General	
Assembly, resolution $40/34$	
Convention against Torture and Other Cruel, Inhuman	CAT
or Degrading Treatment or Punishment, 10 December	
1984, General Assembly, resolution 39/46, entry into	
force: 26 June 1987, in accordance with article 27 (1)	
Principles on the Effective Prevention and Investiga-	EASE
tion of Extra-legal, Arbitrary and Summary Executions,	
24 May 1989, Economic and Social Council, resolution	
1989/65	DDMIN
International Convention on the Protection of the Rights	PRMW
of All Migrant Workers and Members of Their Families,	
18 December 1990, General Assembly, resolution 45/158,	
entry into force: 1 July 2003, in accordance with article	
87(1) Driving for the protection of persons with montal ill	PPPMI
Principles for the protection of persons with mental ill-	PPPMI
ness and the improvement of mental health care, 17	
December 1991, General Assembly, resolution 46/119 C182 - Worst Forms of Child Labour Convention, 1999	C182
(No. 182), International Labour Organization	C162
Principles on the Effective Investigation and Documen-	EIDT
tation of Torture and Other Cruel, Inhuman or Degrad-	
ing Treatment or Punishment, 4 December 2000, General	
Assembly, resolution 55/89 annex	
Optional Protocol to the Convention against Torture	OPCAT
and other Cruel, Inhuman or Degrading Treatment	
or Punishment, 18 December 2002, General Assembly,	
resolution A/RES/57/99, entry into force: 22 June 2006	
International Convention for the Protection of All Per-	PAPED
sons from Enforced Disappearance, 20 December 2006,	
General Assembly, resolution A/RES/61/177, entry into	
force: 23 December 2010, in accordance with article 39(1)	
Convention on the Rights of Persons with Disabilities,	CRPD
13 December 2006, General Assembly, A/RES/61/106,	
entry into force: 3 May 2008, in accordance with article	
45(1)	
United Nations Principles for Older Persons, 16 Decem-	UNPOP
ber 1991, General Assembly, resolution 46/91	
Principles for the protection of persons with mental ill-	PPPMI
ness and the improvement of mental health care, 17	
December 1991, General Assembly, resolution 46/119	

The Yogyakarta Principles, Principles on the application of international human rights law in relation to sexual orientation and gender identity, International Panel of Experts in International Human Rights Law and on Sexual Orientation and Gender Identity, 26 March 2007 The Yogyakarta Principles plus 10, Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression	YP YP10
and Sex Characteristics to Complement the Yogyakarta Principles, International Panel of Experts in Interna- tional Human Rights Law and on Sexual Orientation and Gender Identity, 10 November 2017 Standards regarding condition of incarceration	on
Principles of Medical Ethics relevant to the Role of Health Personnel, particularly Physicians, in the Protection of Prisoners and Detainees against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, 18 December 1982, General Assembly, resolution 37/194	PME
Body of Principles for the Protection of All Persons under Any Form of Detention or Imprisonment, 09 December 1988, General Assembly, resolution 43/173	PAP
Basic Principles for the Treatment of Prisoners, 14 December 1990, General Assembly, resolution 45/111	ВРТР
United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules), 17 December 2015, General Assembly, resolution 70/175	NMR
Basic Principles on the Use of Force and Firearms by Law Enforcement Officials, 07 September 1990, Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offender	BPUF
Basic Principles on the Role of Lawyers, 07 September 1990, Eighth United Nations Congress on the Prevention of Crime and the Treatment of Offenders	BPRL
United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders with their Commentary (the Bangkok Rules), 21 December 2010, General Assembly, A/RES/65/229	BKR
United Nations Standard Minimum Rules for the Administration of Juvenile Justice (The Beijing Rules), 1990	BR

United Nations Rules for the Protection of Juveniles	LHR
Deprived of their Liberty, 14 December 1990, General	
Assembly, resolution 45/113	

7.2 Appendix B – List of additional sources used to build the model of the *Prison Life Index*

- United Nations Offices (United Nations Office on Drugs and Crime, World Health Organisation, Joint United Nations Programme on HIV/AIDS)
- World Health Organisation, Tuberculosis Control in Prisons: A Manual for Program Managers, Geneva, 2000
- United Nations Office on Drugs and Crime (UNODC), A Framework for Effective National Response, New York, 2006
- **UNODC**, Handbook on prisoner file management, Criminal Justice Handbook Series, New York, 2008
- **UNODC**, Handbook on Prisoners with special needs, Criminal Justice Handbook Series, New York, 2009
- **UNODC**, Handbook for prison leaders, A basic training tool and curriculum for prison managers based on international standards and norms, Criminal Justice Handbook Series, New York, 2010
- **UNODC**, Handbook on strategies to reduce overcrowding in prisons, Criminal Justice Handbook Series, New York, 2013
- **UNODC**, Handbook on Women and Imprisonment, Criminal Justice Handbook Series, 2nd edition, with reference to the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (The Bangkok Rules), New York 2014
- World Health Organisation, Prison and Health, Edited by: Stefan Enggist, Lars Møller, Gauden Galea and Caroline Udesen, 2014

UNODC, Handbook on Dynamic Security and Prison Intelligence, Criminal Justice Handbook Series, New York, 2015

- **UNODC**,, Handbook on the Management of High-Risk Prisoners, Criminal Justice Handbook Series, New York, 2016
- ${\bf UNODC},$ Roadmap for the Development of Prison-based Rehabilitation Programme, Criminal Justice Handbook Series, Vienna, 2017
- UNODC, Assessing compliance with the Nelson Mandela Rules, A checklist for internal inspection mechanisms, Criminal Justice Handbook Series, New York, 2017
- Joint United Nations Programme on HIV/AIDS (UNAIDS), Update on HIV in prisons and other closed settings, Geneva, 2021

• Other sources

Association for the prevention of torture (APT)// -APT, Monitoring Places of Detention: a practical guide, 2004

- -APT, Women in detention: a guide to gender sensitive monitoring, 2014
- -APT, Monitoring Immigration Detention Practical manual, 2014
- -APT, Balancing security and dignity in prisons : a framework for preventive monitoring, 2015
- **-APT**, Towards the Effective Protection of LGBTI Persons Deprived of Liberty: A Monitoring Guide, 2019
- ${f -APT}$, Older persons in detention : a framework for preventive monitoring, 2021

International Committee of the Red Cross (ICRC) - ICRC, Water, Sanitation, Hygiene and Habitat in Prisons, 2013

- ICRC, Children in detention, 2014
- $\mathbf{ICRC},$ Health Systems and Needs Assessment in Prisons Practical Guide and Toolkit, 2015
- $\mathbf{ICRC},$ Health Care in Detention: Managing Scabies Outbreaks in Prison Settings, 2015
- ICRC, Towards Humane Prisons : A Principled and Participatory Approach to Prison Managing and Design
- ICRC, Ageing and Detention
- ICRC, Safety and Dignity in strict detention regimes
- ICRC, Health promotion in detention through peer-based interventions
- ICRC, Sexual violence in detention
- ICRC, Dignity in detention

Institute for Crime and Policy Research (ICPR)

 $\boldsymbol{\text{-ICPR}},$ A Human Rights Approach to Prison Management: Handbook for Prison Staff, 2019

Penal Reform International

- \mathbf{PRI} , Guidance Document on the Nelson Mandela Rules. Implementing the United Nations Revised Standard Minimum Rules for the Treatment of Prisoners, 2018

7.3 Appendix C - List of all the indicators of the PLI and corresponding norms (table 7)

NB: The abbreviations used are displayed in Table (Appendix B)

Table 7: List of all the indicators of the PLI and corresponding norms

1. Being connected	NMR 3 ; NMR 88 ; NMR 106 ;
	NMR 107 ; LHR 59 ; BKR 4 ; BKR
	26; BKR 44 ; PAP 20 ; PRMW 44

1.1. Connection to loved ones	UDHR 16.3 ; ICCPR 23 ; ICESCR
	23; BKR 26
1.1.1. Prisoners can exchange letters and	NMR 58 ; PAP 15 ; PAP 19 ; LHR
e-mails with their loved ones	59 ; LHR 61
1.1.2. Prisoners can talk with their loved	PAP 15 ; PAP 19 ; LHR 59 ; LHR
ones on the phone	61
1.1.3. Prisoners can receive visitors	NMR 58.1; NMR 58.2; NMR 59;
	NMR 60 ; PAP 19 ; RLH 60 ; BKR
	4; BKR 27; BKR 28; BKR 43;
	BKR 44 ; PRMW 17.5 ; YP 9
1.1.4. Prisoners may be granted leave for	RLH 59; BKR 45
urgent family reasons	
1.1.5. Measures are in place to guarantee	RLH 29 ; BKR 2.2 ; BKR 49 ; BKR
the best interests of the young children of	50; BKR 52.1; CRC 3; CRC 9;
prisoners	CRC 19
textit1.2. Connection to society	NMR 88
1.2.1. Prisoners have access to information	ICCPR 19; NMR 63; NMR 117;
and various media	RLH 62; CRC 17
1.2.2. Prisoners who have retained their	UDHR 21.3 ; ICCPR 25 ; DAW 7
right to vote may vote	
2. Protection	UDHR 3 ; NMR 1 ; CAT 1 ; CAT 2
2.1. Access to legal rights	NMR 41
2.1.1. Prisoners can access a legal counsel-	NMR 41; NMR 53; NMR 54;
lor whenever they need	NMR 61; NMR 88.2.; NMR 92.1
	; NMR 120.1 ; BPRL ; CRC 37.d
2.1.2. Prisoners are able to notify a third	NMR 62; PRMW 16; NMR 68;
party in the event of detention, transfer,	NMR 69 ; NMR 70 ; LHR 22 ; LHR
serious illness or injury (families, diplo-	56
matic representation)	
2.1.3 Prisoners each have a confidential	NMR 7; NMR 8; NMR 9; BKR
file in the official, complete and up-to-date	2.1.; BKR 3; LHR 19; LHR 20;
registers	LHR 21
2.1.4 Prisoners have access to the rules	NMR 54; NMR 55; BKR 2.1.;
of procedure of the place they are being	LHR 24
detained in	
0 0 D1 · 1 0 1 1 · 1 · 1	
2.2 Physical & psychological integrity	
2.2 Physical & psychological integrity 2.2.1. There is a comprehensive preventive	

2.2.1.1 Public regulation details the structure of a proportionate and appropriate disciplinary system	UDHR 11.1; NMR 39.1; NMR 37; NMR 43; NMR 44; NMR 47; NMR 48; NMR 50; NMR 51: NMR 52.1; NMR 73; CAT 16; BKR 20; BKR 22; BKR 23; BKR
	24 ; YP 10 ; LHR 26 ; LHR 63 ; LHR 64 ; LHR 68 ; LHR 69
2.2.1.2. Prisoners in different categories are placed in separate establishments and wards	NMR 11 ; ICCPR 10.2 ; NMR 89 ; NMR 112.1 ; NMR 93.1. ; BKR 40 ; LHR 28 ; LHR29 ; LHR 30 ; NMR 109 ; PRMW 17 ; YP 9
2.2.1.3. The prison staff ensures the safety of prisoners	CAT 10; NMR 12.2.; NMR 40; NMR 74.3; NMR 75; NMR 76; NMR 81; NMR 82.3; LHR 65; BKR 29; BKR 31; BKR 33; YP 9; LH 71; LHR 82; LHR 83; BPUF
2.2.2 The preventive measures are effective	
2.2.2.1. Prisoners are not subjected to physical harm	ICCPR 6; NMR 1; JVAP 18 - 21; CRPD 10; CRPD 15: CRPD 17; YP 4-5; YP 10; PAPED
2.2.2.2. Discipline is applied in a proportionate way	UFF 15; UFF 16; NMR 36; NMR 38.1; NMR 38.2.; NMR 41; NMR 45.1; NMR 49; NMR 82.1.; BKR 21; BKR 22; BKR 23; LHR 66; LHR 70
2.2.2.3 Prisoners are not subjected to abusive, cruel, inhuman or degrading treatment	UDHR 5 ; ICCPR 7 ; CRC 37 ; YP 18 ; LHR 55 ; LHR 67
2.3. Complaints, appeals and inspection measures	
2.3.1. Inspection measures are in place	EIDT
2.3.1.1. Internal or administrative inspections are regularly carried out by the central administration	EASE 2 ; CRC 19 ; BKR 25.3
2.3.1.2. External inspections are regularly carried out by independent bodies	CAT 10 - 14 ; OPCAT ; NMR 83.1. ; NMR 84.1 ; NMR 85.1 ; BKR 25.3 ; LHR 72 - 74 ; YP 9
2.3.2. The complaints and appeals system is effective	UDHR 8 ; ICCPR 2.3.3. ; NMR 41.1. ; NMR 57.1. ; EASE ; YP 28 ; JVCAP
2.3.2.1. In the event of an offence committed against a prisoner, the response of the institution is effective	NMR 56 ; BKR 25 ; LHR 75 ; YP 10

2.3.2.2. Prisoners, their legal counsel or	UDHR 10 ; ICCPR 14 ; NMR 71.1
their family can file a complaint	; LHR 76 ; CRPD 13
3. Eating, sleeping, showering	NMR 4.1. ; NMR 42
3.1. Food	
3.1.1. Prisoners have access to drinking	NMR 22 ; NMR 114 ; LHR 37
water	
3.1.2. Prisoners have access to food	NMR 22
3.2. Accomodation	
3.2.1. Prisoners have sufficient living space	NMR 12 ; NMR 113 ; LHR 33
per person	
3.2.2. Prisoners can sleep in good condi-	NMR 21 ; NMR 33
tions	
3.2.3. The spaces are in good condition,	NMR 13; NMR 17; LHR 31 - 32;
clean and accessible	BKR 42.2. ; CRPD 9
3.3. Hygiene	
3.3.1. Suitable sanitation facilities allow	NMR 15 ; LHR 34 ; NMR 16 ; BKR
prisoners to maintain their personal	5
hygiene	
3.3.2. Prisoners have access to toiletries	NMR 18; NMR 36
3.3.3. Prisoners have access to clothing	NMR 18 ; NMR 20 ; NMR 115 ;
	LHR 36
4. Medical care	O PLAN THEO TOODD 10
4. MEGICAL CALE	Constitution WHO; ICCPR 12;
4. Medical care	BPTP 9; NMR 4.1.; NMR 24;
4. Medical care	
4.1. Preventive measures	BPTP 9; NMR 4.1.; NMR 24;
	BPTP 9; NMR 4.1.; NMR 24;
4.1. Preventive measures	BPTP 9; NMR 4.1.; NMR 24;
4.1. Preventive measures 4.1.1. A disease transmission risk reduction	BPTP 9; NMR 4.1.; NMR 24;
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it pos-	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases 4.1.1.3. Equipment and infrastructure lim-	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases 4.1.1.3. Equipment and infrastructure limiting the risk of disease and infection trans-	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases 4.1.1.3. Equipment and infrastructure limiting the risk of disease and infection transmission is available 4.1.1.4. Vaccination programs are organised	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18 WHO
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases 4.1.1.3. Equipment and infrastructure limiting the risk of disease and infection transmission is available 4.1.1.4. Vaccination programs are organ-	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases 4.1.1.3. Equipment and infrastructure limiting the risk of disease and infection transmission is available 4.1.1.4. Vaccination programs are organised	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18 WHO
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases 4.1.1.3. Equipment and infrastructure limiting the risk of disease and infection transmission is available 4.1.1.4. Vaccination programs are organised 4.1.2. Prisoners receive a medical examina-	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18 WHO NMR 30; BKR 6; BKR 8 - 9; LHR 50
4.1. Preventive measures 4.1.1. A disease transmission risk reduction program is in place 4.1.1.1. Prisoners have access to health awareness and information programs 4.1.1.2. Screening programs make it possible to diagnose people with contagious diseases 4.1.1.3. Equipment and infrastructure limiting the risk of disease and infection transmission is available 4.1.1.4. Vaccination programs are organised 4.1.2. Prisoners receive a medical examination upon incarceration	BPTP 9; NMR 4.1.; NMR 24; NMR 42; DAW; YP 17 WHO; BKR 17; BKR 38 WHO: NMR 30; BKR 18 WHO NMR 30; BKR 6; BKR 8 - 9;

4.2.2.1. General care is readily available	NMR 24.1 ; NRM 25.2 ; NRM 27 ;
	NRM 31 ; NRM 42 ; NRM 118
4.2.2.2. Health workers are professional and	, ,
independent	
4.2.2.2.1. Health workers have received ade-	NMR 24.2
quate training and report to the public	1111111 2 112
health authority	
4.2.2.2.2. Health staff act fully indepen-	NMR 25.2 ; NMR 27.2 ; NMR 31
dently and in accordance with the rules of	; NMR 32 ; NRM 33 ; NMR 34 ;
the ethics of the medical profession	NMR 46; NMR 46.3; PME
4.2.2.3. Adequate health services are pro-	TWIIL 40 , TWIIL 40.9 , TWIL
vided	
4.2.2.3.1. There is properly equipped health	NMR 24.1 ; NMR 25
room in prison	Timit 24.1 , Timit 25
4.2.2.3.2. Hospital facilities are available if	NMR 27
needed	INIVIIL 21
4.2.3. Access to specialised care is available	
4.2.3.1. Specialised care is readily available	NMR 24.1 ; NRM 25.2 ; NRM 78.1
4.2.3.1. Specialised care is readily available	; NRM 109.3 ; NRM 27 ; NRM 31
	'
4020 H 1/1 1 6 1 1	; NRM 42 ; NRM 118
4.2.3.2. Health workers are professional and	
independent	NMD 04.0
4.2.2.2.1. Health workers have received ade-	NMR 24.2
quate training and report to the public	
health authority	NICE OF C. NICE OF C. NICE OF
4.2.2.2.2. Health workers act fully indepen-	NMR 25.2 ; NMR 27.2 ; NMR 31
dently and act in accordance with the rules	; NMR 32 ; NRM 33 ; NMR 34 ;
of the ethics of the medical profession	NMR 46; NMR 46.3; PME
4.2.2.3. Adequate health services are pro-	
vided	
4.2.3.3.1. There are spaces for specialised	NMR 24.1 ; NMR 25
care in prison	
4.2.3.3.2. Hospital facilities are available if	NMR 27
needed	
4.2.4. Prisoners with special needs have	LHR 49 ; LHR 51 ; LHR 51.1 ; LHR
access to the necessary care	52 ; ICCPR 24 ; CRC 24
4.2.4.1. People starting or continuing a	YP 9 ; YP 17
gender transition journey can access the	
necessary care	
4.2.4.2. Elderly prisoners can access the	UNPOP 12 - 14 ; UNPOP 17
necessary care	
4.2.4.3. Children can access the necessary	LHR 49 ; LHR 51 ; LHR 51.1 ; LHR
care	52 ; ICCPR 24 ; CRC 24

4.2.4.4. Women can access the necessary	NMR 28 ; BKR 7 ; BKR 10 ; BKR
care	11; BKR 33.2; BKR 34; BKR 39
	; BKR 48.1
4.2.4.6. People with communicable diseases	NMR 24.2 ; FENR ; TCP ; BKR
can access the necessary care	14; HIVP
4.2.4.7. People with addictions can access	BKR 15 ; LHR 54
the necessary care	21110 19 , 211110 01
4.2.4.8. People with mental illnesses or psy-	NMR 109.1; NMR 110; BKR 12;
chiatric disorders can access the necessary	BKR 13 ; BKR 16 ; PPPMI
care	
4.2.4.9. People with disabilities can the	CRPD 12 ; CRPD 17 ; CRPD 25
access necessary care	, ,
4.2.5. Continuity of care is ensured	
4.2.5.1. The continuity of care that started	NMR 24.2
before arrival in prison is ensured	
4.2.5.2. Upon arrival in prison, an individ-	NMR 26
ual medical file is opened	
5. Being active	RBK 4.2.; RBK 42.1; RBK 42.3;
or zomg doore	RBK 42.4
5.1. Work	
5.1.1. Prisoners are not subjected to forced	UDHR 4 ; ICCPR 8 ; C029 2 ; C105
labour	; NMR 116; DAW 11; CRC 32;
	LHR 67; PRMW 11
5.1.1.1. Yes	,
5.1.1.1.1. All prisoners who wish to can	UDHR 23.1 ; ICESCR 6 ; BPTP 8
have access to a job	; NRM 96 - 97 ; NMR 116 ; LHR
	43 ; CO138 1 - 2 ; CRPD 27 ; YP
	12; CO182
5.1.1.1.2. Prisoners who work shall receive	ICESCR 7; NMR 103; PAP 8;
fair remuneration and are free to use at	NMR 116 ; CO100 2 ; LHR 45 ;
least a portion of their earnings	NMR 46
5.1.1.1.3. Prisoners work in good conditions	ICESCR 7 ; LHR 44 ; PRMW 54 -
	55 ; CO27 2 ; NMR 100; NMR 102
	; UDHR 24 ; NMR 96.2 ; NMR 102
	; NMR 14 ; NMR 101 ; PRMW 28
	; UDHR 22 ; ICESCR 9 ; NMR 101
	; PRMW 27 ; ICCPR 22 ; ICESCR
	8; CO87 2; CO98; PRMW 26:
	YP 13
5.1.1.1.4. Prisoners have access to a diversi-	ICCPR 10 ; NMR 98 - 99 ; LHR 43
fied range of skilled jobs that are not more	; LHR 45
dangerous or arduous than work outside	
the prison	
5.1.1.2. No	

5.2. Training and education	DAW 10 ; BKR 37
5.2.1. Prisoners have access to training	ICESCR 6; NMR 98; NMR 78.1;
	NMR 92 ; LHR 42 ; LHR 45 ; BKR
	37; PRMW 43; PRMW 45
5.2.2. Prisoners have access to education	UDHR 26 ; ICESCR 13 ; NMR 104
	; BKR 37; LHR 38-40; CRC 28-29
	; PRMW 30 ; PRMW 45 ; CRPD
	24; YP 16
5.3. Cultural, sports and religious activities	BKR 42.1
5.3.1. Prisoners spend at least an hour	NMR 23 ; CRPD 30
every day outside	
5.3.2. Prisoners have access to cultural	
activities	
5.3.2.1. Prisoners have access to a library	NMR 64 ; LHR 41 ; CRDP 30
5.3.2.2. Prisoners can participate in cul-	UDHR 27.1 ; ICESCR 15 ; BPTP 6
tural activities	; CRC 30 - 31 ; PRMW 31 ; PRMW
	43.1; NMR 105; CRDP 30; YP 26
5.3.3. Prisoners have access to physical and	NMR 23 ; LHR 47
sports activities	
5.3.4. Prisoners can practice their religion	UDHR 18 ; ICCPR 18 ; ICESCR
	18; BPTP 3; NMR 2; NMR 65-
	66; CRC 14; LHR 38; PRMW 12
	; YP 21

Transversal : International Convention on the Elimination of All Forms of Racial Discrimination / Convention on the Elimination of All Forms of Discrimination against Women / Convention on the Rights of the Child / International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families / Convention on the Rights of Persons with Disabilities / Convention on the Rights of Persons with Disabilities / United Nations Principles for Older Persons / The Yogyakarta Principles / The Yogyakarta Principles + 10 / United Nations Rules for the Protection of Juveniles Deprived of their Liberty

7.4 Appendix D - Table of complementary experts' interviews (table 8)

Table 8: Table of complementary experts' interviews

Theme of expertise and main topic of interview	Occupation of interviewee
Expertise on prison	

Identify the specific issues related to access to psychological and psychiatric care in detention General discussion around the issues of access to healthcare in detention and analysis of the model through a perspective from West Africa Identification of specific issues related to COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and former member of National Prevention Mechanism Researcher Professional and member of a professional and member of a public monitor-ing body Researcher
General discussion around the issues of access to healthcare in detention and analysis of the model through a perspective from West Africa Identification of specific issues related to COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards
General discussion around the issues of access to healthcare in detention and analysis of the model through a perspective from West Africa Identification of specific issues related to COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Researcher Professional and member of a public monitoring body Researcher
to healthcare in detention and analysis of the model through a perspective from West Africa Identification of specific issues related to COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and member of a public monitoring body Researcher
Identification of specific issues related to COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and member of ing body Researcher
Identification of specific issues related to COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and member of ing body Researcher
Identification of specific issues related to COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and researcher Professional and member of a public monitoring bedy Researcher
COVID-19 and its influence in detention on access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards researcher Professional and member of ing body Researcher
access to healthcare analysis of the model through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and member of ing body Researcher
through a perspective from the United States of America General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and member of ing body Researcher
General discussion around the issues of access to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Professional and member of a public monitoring body Researcher
to healthcare in detention and analysis of the model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards ber of a public monitoring body Researcher
model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards ing body Researcher
model through the perspective of a member of a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards ing body Researcher
a public monitoring body Determine how to evaluate the quality of activities in detention based on international standards Researcher
Determine how to evaluate the quality of activities in detention based on international standards Researcher
activities in detention based on international standards
Analyse the concept of "forced labour" in Researcher
detention and identify the dimensions of "good
conditions of work"
Identify the international standards related to Researcher
unionisation in detention and social protection
Identify influence of architecture of prison con-
ditions
Identify the specific issues related to the situa- Lawyer and CSO
tion of pre-trial detainees
Identify the specific issues related to the sit- Researcher and former
uation of minors accompanying their parents member of public peni-
(without being technically prisoners them- tentiary administration
selves)
Identify the specific issues related to the situa- CSO and expert in the
tion of detained minors monitoring of prisons
Identify the specific issues related to the situa- Researcher and mem-
tion of LGBTIQ+ prisoners ber of a prison staff
training center
Identify the specific issues related to the situa- Researcher
tion women prisoners
Identify the specific issues related to the situa- CSO
tion minor detained women
Identify the specific issues related to the situa- Researcher
tion of women with children in detention
Expertise on CIs

Discussion with the designer of an influent	CSO
international CI	
Discussion around the issue of the political role	Researcher
of CI	
Discussion around the specific issue of aggrega-	Researcher
tion techniques and their influence in the design	
of the model	
Discussion around the specific issue of method	Researcher
of selection of experts	
Discussion around the availability of data on	Researcher and data
prison conditions in France	scientist
Discussion around the availability of data on	Researcher and data
prison conditions the region of the Council of	scientist
Europe	
Discussion around the availability of data on	Researcher
prison conditions in the world	
Country specific expertis	se
Test-evaluation on Central Africa	Researcher and trainer
	for penitentiary admin-
	istration professionals
Test-evaluation on Belgium	Researcher (1) and
	CSO members (2)
Test-evaluation on Chile	Researcher (2)
Test-evaluation on France	Researcher (2) and
	CSO members (2)
Test-evaluation on Switzerland	Researcher and mem-
	ber of a public monitor-
	ing body

References

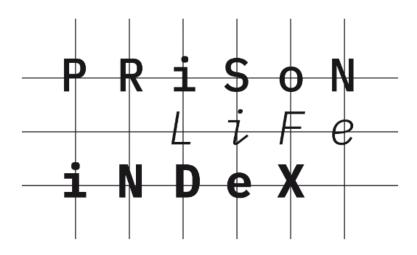
- [1] Alencar M, Priori J, Alencar L (2017) Structuring objectives based on value-focused thinking methodology: Creating alternatives for sustainability in the built environment. Journal of Cleaner Production 156(1):62–73
- [2] Bana E Costa C (1996) Les problématiques de l'aide à la décision : vers l'enrichissement de la trilogie choix-tri-rangement. RAIRO Operations Research Recherche Opérationnelle 30(2):191–216
- [3] Barclay M, Dixon-Woods M, Lyratzopoulos G (2018) The problem with composite indicators. BMJ Qual Saf 28(4):338-344

- 34 Modelling the Prison Life Index with Value Focused Thinking Methodology
 - [4] Beaumont P, Towns A (2021) The ranking game: a relational approach to country performance indicators. International Studies Review 0:1–28
 - [5] Becker W, Paruolo P, Saisana M, et al (2016) Handbook of uncertainty quantification, Springer International Publishing, chap Weights and importance in composite indicators: mind the gap, pp 1–30
 - [6] Booysen F (2002) An overview and evaluation of composite indices of development. Social Indicators Research 59(2):115–151
 - [7] Boulanger F (2008) Sustainable development indicators: a scientific challenge, a democratic issue. SAPIENS 1.1.
 - [8] Cinelli M, Kadzinski M, Miebsa G, et al (2022) Recommending multiple criteria decision analysis methods with a new taxonomy-based decision support system. European Journal of Operational Research 302(2):633 – 651
 - [9] CoE (2005) Concerted development of social cohesion indicators: Methodological guide
- [10] Dialga I, Le T (2014) Developpement d'indices composites et politiques publiques : interactions, portee et limites methodologiques Working paper
- [11] El Gibari S, Gómez T, Ruiz F (2019) Building composite indicators using multicriteria methods: a review. Journal of Business Economics 89(1):1–24
- [12] Greco S, Ishizaka A, Tasiou M, et al (2019) On the methodological framework of composite indices: A review of the issues of weighting, aggregation, and robustness. Social Indicator Research 141(1):61–94
- [13] Keeney R (1992) Value Focused Thinking. A path for creative thinking. Harvard University Press
- [14] Keeney R (1996) Value-focused thinking: Identifying decision opportunities and creating alternatives. European Journal of Operational Research 92
- [15] Kelley J, Simmons B (2020) The Power of Global Performance Indicators. Cambridge University Press
- [16] Kpoumie A, Damart S, Tsoukias A (2012) Integrating cognitive mapping analysis into multi-criteria decision aiding, working paper
- [17] Merry S (2016) The seductions of quantification. measuring human rights, gender violence, and sex trafficking p 272 p.

- [18] OECD (2008) Handbook on constructing composite indicators. methodology and user guide
- [19] Parnell G, Hughes D, Burk R, et al (2013) Invited review-survey of value focused thinking: Applications, research development and areas for future research. Journal of Multicriteria Decision Analysis 20
- [20] Paruolo P, Saisana M, Saltelli A (2013) Ratings and rankings: voodoo or science,. Journal of the Royal Statistical Society 20:609 634
- [21] Prieur M, Bastin C, Mekouar M (2021) Mesurer l'effectivité du droit de l'environnement. des indicateurs juridiques au service du développement durable p 265 p.
- [22] Rosga A, Satterthwaite M (2008) The trust in indicators : measuring human rights Working paper
- [23] Rousval B (2005) Aide multicritère à l'évaluation de l'impact des transports sur l'environnement
- [24] Rousval B, Bouyssou D (2009) De l'aide multicritère à la décision à l'aide multicritère à l'évaluation. un cadre et une application aux transports et à l'environnement. Cahiers du LAMSADE 293:1–68
- [25] Roy B (1985) Methodologie multicritere d'aide à la decision. Economica
- [26] Roy B, Bouyssou D (1993) Aide multicritere à la decision, methodes et cas. Economica
- [27] Saisana M, Tarantola S (2002) State-of-the-art report on current methodologies and practices for the composite indicator development. Institute for the Protection and Security of the Citizen
- [28] Saltelli A (2007) Composite indicators between analysis and advocacy. Social Indicator Research 81:65–77
- [29] Scalia D (2015) Droit international de la detention: des droits des prisonniers aux devoirs des etats, p 518p.
- [30] Scalia D, Lessene GP (2019) Droit international de la privation de liberte p 354 p.
- [31] UNDP (2006) Indicators for human rights based approaches to development in undp programming: A users' guide
- [32] UNHRO (2012) Human rights indicators. a guide to measurement and implementation

Social Indicators Research

- 36 Modelling the Prison Life Index with Value Focused Thinking Methodology
- [33] Verao R, Belderrain N (2022) A problem structuring method framework for value focused thinking. EURO Journal on Decision Processes 10



Final analysis

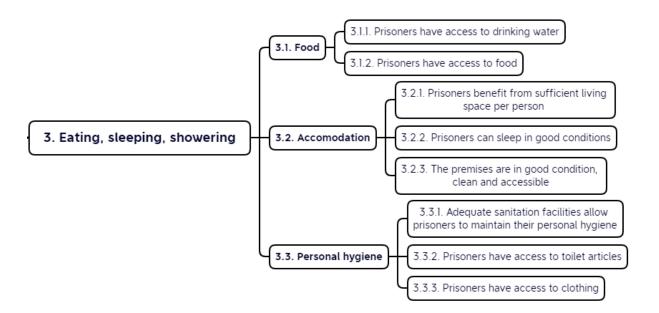
Pilot evaluation: Ireland

Eating, sleeping, showering	
Food	
Accommodation	
Personal hygiene	
Medical care	
Preventive framework	6
Access to health care	
Being protected	10
Legal safeguards	11
Physical & psychological integrity	12
Complaints, appeals and inspection mechanisms	13
Being connected	15
Connection to loved ones	15
Connection to society	17
Being active	18
Work	18
Training and education	19
Cultural, sporting and religious activities	20

Eating, sleeping, showering

International standards recognise the right for prisoners to benefit from decent living conditions. States must provide every prisoner access to food and drinking water, accommodation, infrastructures and services to guarantee personal hygiene.

In Ireland, the right of prisoners to decent material conditions is subject to occasional violations (overall evaluation: B).



Food

In Ireland, the right of prisoners to access food is subject to occasional violations.

Overall evaluation of the sub-category: B

Indicator	Evaluation
Prisoners have access to drinking water	A
Prisoners have access to food	В

Prisoners have access to **drinking water** and food prepared within the prison.

Dinner is usually served around 4 p.m., which is earlier than the usual hours within the general population. As a result, prisoners wait up to 16 hours between dinner and breakfast. Prisoners are allowed to buy a limited range of food items with their own money at the prison shop.

Accommodation

In Ireland, the right of prisoners to have a decent living space is subject to frequent violations.

Overall evaluation of the sub-category: B

Indicator	Evaluation
Prisoners benefit from sufficient living space per person	С
Prisoners can sleep in good conditions	С
The premises are in good condition, clean and accessible	В

The Irish Prison Rules <u>do not set</u> a **minimal living space** per person. During its visit in 2019, the European Committee for the Prevention of Torture <u>considered</u> that if "the cellular accommodation in the prisons visited can generally be considered of a good standard for prisoners held in a single occupancy cell, (...) it is less good in multiple-occupancy cells (...)" In October 2022, the Irish Prison Service reported that 2,231 out of 4,254 prisoners <u>were held in multiple occupancy cells</u>. Multiple occupancy cells are not always originally conceived to hold more than one person. <u>Cloverhill Remand prison</u>, where most of the prisoners on remand are detained, <u>tends</u> to be chronically overcrowded. Some prisoners sleep on additional mattresses placed on the floor. Overcrowding can be locally <u>observed</u> in other prisons.

The **premises** are generally clean: in every prison, several prisoners are designated to undertake the cleaning tasks. The general condition

of the building may vary from prison to prison. The Irish Penal Reform Trusts <u>notes</u> issues regarding accessibility for prisoners with disabilities and ageing prisoners.

Personal hygiene

In Ireland, the right of prisoners to guarantee their personal hygiene is submitted to occasional violations.

Overall evaluation of the sub-category: B

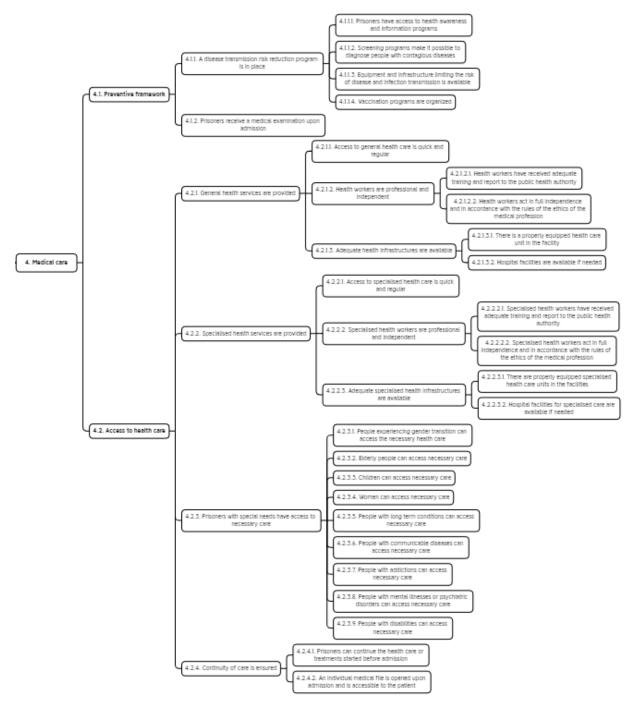
Indicator	Evaluation
Adequate sanitation facilities allow prisoners to maintain their personal hygiene	С
Prisoners have access to toilet articles	А
Prisoners have access to clothing	А

Sanitation facilities are mostly accessible, but the installations lack privacy. In 2022, the Irish Prison System reported that 50.3% of the prison population have to use the toilets in the presence of others due to the absence of fully partitioned toilet facilities in multiple occupancy cells. 0.7% of the prisoners, mainly in Portlaoise prison, do not have toilet facilities in their cells. They have access to a bucket when they cannot use the outside toilets and they manually empty it when the cells are open during the day. Privacy issues are also observed in communal shower facilities lacking curtains. Some prisoners face difficulties in accessing regularly the showers, such as those isolated in restricted regime who might not have access to showers for several days in a row.

Prisoners have access to **toilet articles** free of charge. They can wear their own **clothes**. When needed, the administration provides them with clothes appropriate to the temperature.

Medical care

International standards recognise the right of prisoners to access health care and to enjoy good physical and mental health. States must implement a preventive framework and provide access to both general and specialised care. Prisoners with special needs should be able to access the most appropriate treatment and care commonly available in the community.





Preventive framework

In Ireland, the right for prisoners to access a comprehensive preventive framework is compliant with international standards.

Overall evaluation of the sub-category: A

Indicator	Evaluation
A disease transmission risk reduction programme is in place	А
Prisoners have access to health awareness and information programmes	А
Screening programmes make it possible to diagnose people with contagious diseases	А
Equipment and infrastructure limiting the risk of disease and infection transmission is available	А
Vaccination programmes are organized	А
Prisoners receive a medical examination upon admission	А

In prison, the likelihood of exposure to infectious diseases <u>is</u> <u>increased</u> due to poor ventilation and the generalisation of multiple occupancy cells. People with addictions are overrepresented in the daily admissions to prison in Ireland. As <u>noted</u> by the Irish Prison Reform Trust, "this exacerbates difficulties for the implementation of any control strategy."

A comprehensive transmission risk reduction programme is in place. This is notably the work of the Irish Red Cross which runs a Community Based Health and First Aid <u>programme</u> in Irish prisons. Prisoners can thus be certified as Irish Red Cross volunteers and peer-to-peer educators regarding **health awareness and information programmes**.

Screening programmes are organised upon entry and through optional mass screenings. These target hepatitis B and C, HIV, scabies infections and tuberculosis. When prisoners are diagnosed with an infectious disease, they can be **isolated** in appropriate infrastructures. **Vaccination** available in the community is offered in prison through vaccinations programmes.

Every prisoner <u>undergoes</u> upon arrival an **initial examination** by a register nurse following an admission checklist focusing on somatic elements, screening of infectious diseases and mental health issues. The Committee for the Prevention of Torture <u>notes</u> that this first examination lacks screening and recording for injuries. This can be an issue when trying to identify evidence of ill-treatment. Prisoners are then referred to a medical practitioner in the following 24 hours. Official interpretation services are not provided in Irish prisons. Prisoners who do not speak English can encounter difficulties to communicate with the healthcare staff, especially upon arrival.

Access to health care

In Ireland, the right for prisoners to access health care is... (pending).

Overall evaluation of the sub-category: (pending)

Indicator	Evaluation
General health services are provided	А
Access to general health care is quick and regular	А
Health workers are professional and independent	A
Health workers have received adequate training and report to the public health authority	А
Health workers act in full independence and in accordance with the rules of the ethics of the medical profession	А
Equipment and infrastructure limiting the risk of disease and infection transmission is available	А
There is a properly equipped health care unit in the facility	А
Hospital facilities are available if needed	A
Adequate health infrastructures are available	A
Specialised health services are provided	N/A

Prisoners with special needs have access to necessary care	N/A
Continuity of care is ensured	А
Prisoners can continue the health care or treatments started before admission	А
An individual medical file is opened upon admission and is accessible to the patient	А

General health services are provided in every prison. The access to general health care in Irish prison <u>has considerably progressed</u> over the past years. During its visit in 2019, the Committee for the Prevention of Torture <u>deemed</u> that there was "very good access to health care in (Irish) prisons." A medical practitioner is present every day as well as nurses during day and night.

Health workers must be registered as medical practitioners or nurses. They report to the Executive clinical lead of the Irish Prison Service led by a public health specialist. The practitioners are deemed to be independent and to be able to act in full clinical independence despite this administrative affiliation.

Continuity of care is ensured in detention by the health workers that can contact health workers treating a patient prior to their incarceration. A medical file, separate from the individual administrative file of each prisoner, is kept and regularly updated.

For the indicators "Specialised health services are provided" and "Prisoners with special needs have access to necessary care", the interviews with the experts were not conclusive enough to set evaluations. Some information calls for confirmation and more investigation is necessary to finalise the evaluations. The comprehensive health needs assessment for Irish prisons, expected to be published in 2023, will provide good insight.

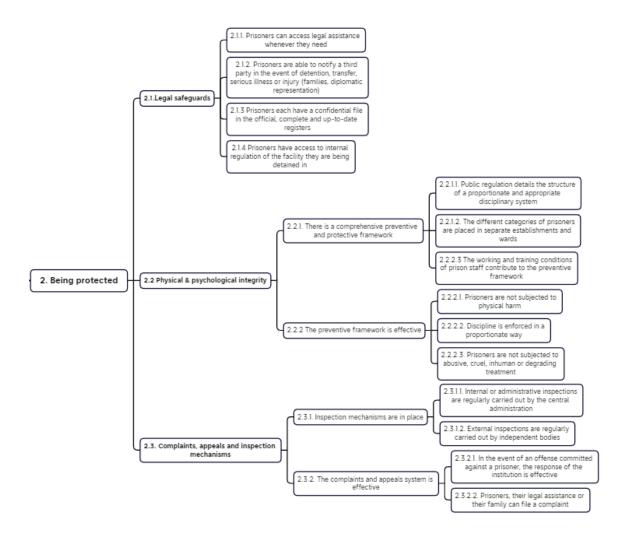
Critical issues were identified. A critical number of prisoners presenting mental illnesses or psychiatric disorders are present in Irish prisons. Dr. Susan Finnerty, of the Inspector of Mental Health Services, writes in a report of 2021 that "while the number of mentally ill people in prison waiting for a bed in the Central Mental Hospital is rising, there are insufficient rehabilitation, low-secure and community facilities at the other end for people to move on to

when their high- and medium- secure needs have been met. This thus exacerbates the unethical lack of access for urgent high-secure therapeutic care and must be seen as a failure of our system." Prisoners with mental illnesses or psychiatric disorders tend to be isolated as a last resort, due to lack of trained personnel and health workers and the scarcity of infrastructures. The prevalence of people with history of substance abuse also leads to specific needs and challenges.

Being protected

International standards state that Prisoners' physical and psychological integrity must be respected. This starts with the total and absolute prohibition of any type of torture and ill treatment under any circumstances. States must provide functioning and efficient safeguards, complaint, inspection and appeal mechanisms.

In Ireland, to be right of prisoners to be protected is subject to frequent severe violations (overall evaluation: C-).



Legal safeguards

In Ireland, the right of prisoners to be protected by legal safeguards is subject to occasional violations.

Overall evaluation of the sub-category: B

Indicator	Evaluation
Prisoners can access legal assistance whenever they need	В -
Prisoners are able to notify a third party in the event of detention, transfer, serious illness or injury (families, diplomatic representation)	В
Prisoners each have a confidential file in the official, complete and up-to-date registers	В
Prisoners have access to internal regulation of the facility they are being detained in	В

In Ireland, prisoners benefit from the legal safeguards identified by the *Prison Life Index*. Occasional violations are noted, however. No systematic official service of **interpretation** is provided to foreign prisoners. Informal accommodation is provided, by officers or prisoners translating, for example. This leads to varying situations of discrimination across the country.

Each prisoner entering detention <u>is provided with</u> a pack containing, amongst other things, a prisoner booklet with limited **information** especially regarding their rights. Prisoners with disabilities or prisoners who cannot read <u>have to rely</u> on the help of others to access this information.

Every prisoner <u>has the right</u> to meet with their **lawyer** when they ask for it. The actual implementation of this right is not always met. Lawyers can encounter difficulties in accessing their client, due to the unavailability of prison officers to facilitate the visits.

Each prisoner has an **up-to-date confidential record** held in the official registers, containing important information including the length of their sentence. Some errors in the maintenance of registers have been identified. In July 2021, a court ruling <u>led</u> to the recalculation of 50 people's sentences.



Physical & psychological integrity

In Ireland, prisoners' right to physical & psychological integrity is subject to occasional violations.

Overall evaluation of the sub-category: B (partial evaluation)

Indicator	Evaluation
There is a comprehensive preventive and protective framework	В
Public regulation details the structure of a proportionate and appropriate disciplinary system	А
The different categories of prisoners are placed in separate establishments and wards	В
The working and training conditions of prison staff contribute to the preventive framework	В
The preventive framework is effective	N / A
Prisoners are not subjected to physical harm	N/A
Discipline is enforced in a proportionate way	N/A
Prisoners are not subjected to abusive, cruel, inhuman or degrading treatment	А

A comprehensive preventive and protective framework is in place.

Most prisoners on remand are held in <u>Cloverhill Remand</u> prison (Dublin). Those who are held in other prisons are not systematically **separated** from convicted prisoners. Women are held in <u>Mountjoy Female prison</u> (Dublin) also known as the Dochàs center and in a specific wing of <u>Limerick</u> prison (currently under renovation.)

Prisoners that <u>are considered</u> at risk (<u>Prison rules</u>, #63) are **isolated** in specific cells from 19 to 23 hours a day. This placement is often on a voluntary basis. Prisoners request it on grounds of protection. This restricted regime prevents isolated prisoners from participating in most of the activities offered in any prison. Prisoners can also be isolated on grounds of order (rule #62), for medical reasons (rule

#64) or for disciplinary reasons (rule #67). The majority of isolation cases is done on the ground of rule #63.

Ireland has one of the most favourable <u>ratios</u> of **staffing** to prisoner listed by the Council of Europe. Staffing issues, however, <u>are</u> <u>widespread</u> due high demand for prison escort. This shortage <u>leads</u> to the regular suspension of various activities (cultural, educational, visits of lawyers) that are not deemed essential to security.

Members of the surveillance staff must follow a **training** course on "safe, secure and humane custody". The higher certificate in Arts in Custodial Care is <u>delivered</u> jointly by the Irish Prison Service and Waterford Institute of Technology. Training updates are not regular nor systematic.

The **preventive framework** seems to be effective. Abusive, inhuman or degrading treatments on prisoners from members of the staff is rare. During its visit in 2019, the Committee for the Prevention of Torture noted that "as regards inter-prisoner violence and intimidation, which in the past has been a notable concern for the Committee, the findings of the 2019 visit show that the progress noted in 2014 has been sustained. Considerable efforts are made within each of the prisons visited to ensure that prisoners are protected from other inmates who wish to cause them harm." Deaths in custody are investigated by the Office of the Inspector of Prison. The interviews with the experts were not conclusive enough to set evaluations for these three subcategories, more investigation is necessary to finalise the note.

Complaints, appeals and inspection mechanisms

In Ireland, prisoners' access to effective mechanisms of complaints, appeals and inspections is subject to regular severe violations.

Overall evaluation of the sub-category: D -

Indicator	Evaluation
Inspection mechanisms are in place	E
Internal or administrative inspections are regularly carried out by the central administration	E

External inspections are regularly carried out by independent bodies	Е
The complaints and appeals system are effective	В
In the event of an offense committed against a prisoner, the response of the institution is effective	В
Prisoners, their legal assistance or their family can file a complaint	В

To this day, Ireland has **not ratified** the Optional Protocol for the Convention against Torture. The country does not have a National Preventive Mechanism.

Two types of external inspection mechanisms co-exist in Ireland: the Office of the Inspectorate of Prisons and the Prison Visiting Committees. Both institutions are classified by the Irish Prison System as independent prison monitoring mechanisms. They do not, however, have the means to effectively conduct their tasks as inspection mechanisms. The publication of their reports is subject to the approval of the Department of Justice. Their resources are insufficient. The members of the Prison Visiting Committees are appointed by the Department of Justice through a process that is not transparent. Until very recently, the Office of the Inspector of Prisons did not produce reports of a comprehensive nature. The reports from the Prison Visiting Committees vary in length, quality and scope of investigation from prison to prison.

There is no Ombudsman for prisons.

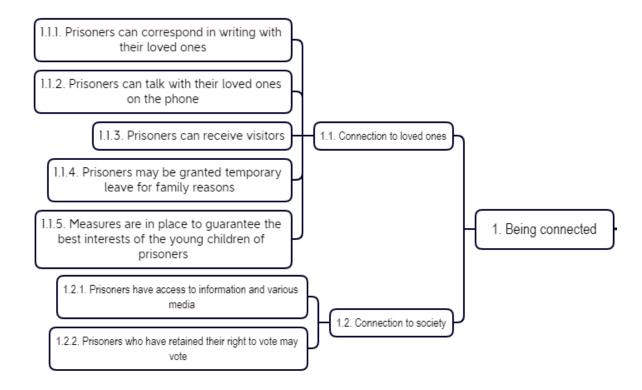
A **complaint system** exists for prisoners. In 2019, the Committee for the Prevention of Torture <u>deemed</u> that this system "could not be considered fit for purpose" in all cases".

Being connected

International standards recognise the right of prisoners to maintain connection with the outside world. States must provide the conditions for prisoners to maintain connections with their loved ones and more generally with society.

See category 'being protected' for the communication with the prisoners' legal assistance or external monitoring bodies.

In Ireland, the right of prisoners to be connected is subject to occasional violations (overall evaluation: B).



Connection to loved ones

In Ireland, the right of prisoners to be connected with loved ones is subject to occasional violations.

Overall evaluation of the sub-category: B

Indicator	Evaluation
Prisoners can correspond in writing with their loved ones	А
Prisoners can talk with their loved ones on the phone	А
Prisoners can receive visitors	С
Prisoners may be granted temporary leave for family reasons	В
Measures are in place to guarantee the best interests of the young children of prisoners	В

The normative framework is in compliance with international standards regarding the right to correspond in writing, to call one's loved ones, to receive visitors and to be granted temporary leave.

In practice, the right to receive **visitors** is subject to violations. Booking visits is hard, especially in the bigger prisons such as <u>Midlands</u> (Portlaoise), <u>Mountjoy</u> (Dublin) and <u>Limerick</u> prisons. The availability of visit slots during the evenings or the weekends is scarce. In Mountjoy Prison, the Prison Visiting Committee <u>reports</u> that prisoners' families have been subjected to degrading treatment at the moment of entering the facility. The conditions of visiting rooms vary greatly across the territory. Hygiene, privacy and suitability for visiting children remain insufficient in several prisons. In <u>Cloverhill Remand prison</u> and <u>Mountjoy prison</u> (Dublin), some prisoners are separated from their loved ones by a screen during visits.

Prisoners have the right to be <u>granted</u> temporary **release** for compelling family reasons or for other reasons. The decision to grant this release lies with the prison governors. Reasons for rejection can be unclear or perceived as arbitrary.

Children can stay with their mothers in prison until up to twelve months of age according to the <u>Rule 17</u> of the Irish Prison Rules. In practice, children and their mothers are admitted only in the <u>Mother and Baby unit</u> of the <u>Dochàs center of Mountjoy Female Prison</u> (Dublin), one of the two prisons where women can be detained in Ireland. Women held in the Limerick prison that are allowed to stay with their children must be transferred to Dublin.



Connection to society

In Ireland, the right of prisoners to be connected with society is in compliance with international standards.

Overall evaluation of the sub-category: A

Indicator	Evaluation
Prisoners have access to information and various media	А
Prisoners who have retained their right to vote may vote	А

Prisoners have access to information mainly through in-cell <u>television</u>, newspapers and the radio. The television is free of charge. Newspapers can be received through paid subscription and radio bought directly through the prison shop.

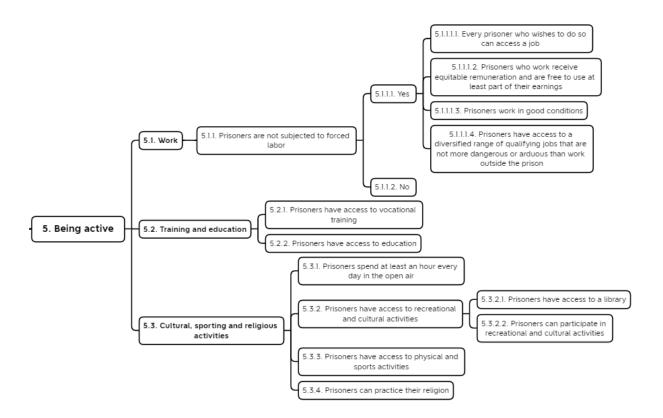
All prisoners in Ireland retain their right to vote. The 2006 <u>Electoral (Amendement) Act</u> allowed prisoners to cast their ballots by postal vote. Before the introduction of this measure, only prisoners on temporary release or parole could <u>vote</u>. Despite this evolution that effectively allows every prisoner to vote, their participation in general elections <u>is considerably lower</u> than the general participation.



Being active

International standards recognise the right for prisoners to access activities. States must provide a full programme of constructive activities organised outside of their cell. These include training, education and a variety of cultural, sports and spiritual activities. This also includes access to work under fair and decent conditions.

In Ireland, the right of prisoners to be active is subject to frequent severe violations (overall evaluation: C-)



<u>Work</u>

In Ireland, the right for prisoners to work in decent conditions is subject to frequent severe violations.

Overall evaluation of the sub-category: C -

Indicator	Evaluation
Every prisoner who wishes to do so can access a job	D
Prisoners who work receive equitable remuneration and are free to use at least part of their earnings	E
Prisoners work in good conditions	С
Prisoners have access to a diversified range of qualifying jobs that are not more dangerous or arduous than work outside the prison	А

The <u>Prison Rule</u> #28 defines **work** as all the tasks carried out by the prisoners within the facility and for the prison's operational functioning, such as running the laundry, cooking, cleaning, gardening. Prisoners are not allowed to be employed nor paid by external entities.

The **opportunity to access to work** depends on prisoners' detention regime and the length of their sentence. Prisoners under more restrictive regimes <u>are not offered</u> any job.

The offer varies from prison to prison. It is frequent for prisoners to wait several months before being offered a job.

Workers receive an increase in the daily **allowance**¹(gratuity) provided to all prisoners. This amount <u>does not exceed</u> @3.50 per week in any case. No other salary is paid. Prisoners can use their income to purchase goods from the prison shop.

Working days can last up to eight hours. Prisoners have at least one day of rest per week.

Training and education

In Ireland, the right for prisoners to access training and education is subject to frequent severe violations.

Overall evaluation of the sub-category: C -

Indicator	Evaluation
Prisoners have access to vocational training	C-
Prisoners have access to education	В

The provision of **vocational training** in Irish prisons varies across the country. Most training programmes are not recognised by accredited qualifications.

Prisoners have good access to **educational training**, particularly second level education, with a wide range of subjects. Third level education is harder to access.

Staffing problems <u>have a major impact</u> on both vocational and educational training, resulting in frequent cancellation of classes. Prisoners with disabilities or those under restrictive regimes are excluded from training due to mobility or security reasons.

Cultural, sporting and religious activities

In Ireland, the right for prisoners to cultural, sporting and religious activities is subject to occasional severe violations.

Overall evaluation of the sub-category: B -

Indicator	Evaluation
Prisoners spend at least an hour every day in the open air	А
Prisoners have access to recreational and cultural activities	С
Prisoners have access to a library	Α
Prisoners can participate in recreational and cultural activities	С
Prisoners have access to physical and sports activities	А
Prisoners can practice their religion	B-

Prisoners generally spend at least one hour a day in the open air.

Libraries are easily accessible, either through direct access or through an officer's guidance. There is a lack of accessible books for disabled and foreign prisoners.

Cultural activities are offered but are infrequent. They are heavily impacted by staffing problems, and regularly cancelled.

Prisoners have access to gyms and outdoor equipment.

Prisoners under restrictive regimes cannot <u>take part</u> in cultural and sports activities. Prisoners with disabilities also have difficulties accessing them.

Prisoners can practice their religion. A chaplaincy service is provided in all prisons, but some positions are often vacant. Chaplains provide "pastoral and spiritual care to any prisoners who wish to avail of the service." Prisoners can also directly consult a representative of their religious community. This process is more difficult for members of religious minorities, for whom the waiting time is longer.