

Report on an announced inspection of
**Hydebank Wood Young
Offenders Centre**
18 – 22 February 2013

October 2013



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Northern Ireland
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**Hydebank Wood Young
Offenders Centre**

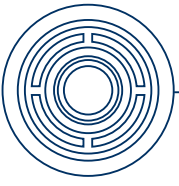
18 -22 February 2013

**by the Chief Inspector of Criminal Justice in Northern
Ireland, Her Majesty's Chief Inspector of Prisons, the
Regulation and Quality Improvement Authority and the
Education and Training Inspectorate**

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October 2013







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List of abbreviations

ACE	Assessment, case management and evaluation
CAB	Challenging anti-social behaviour
CJI	Criminal Justice Inspection Northern Ireland
EMIS	Egton medical information system
ETI	Education and Training Inspectorate for Northern Ireland
HBW	Hydebank Wood
HMIP	Her Majesty's Inspectorate of Prisons
ICT	Information and communications technology
IEP	Incentives and earned privileges
IP	In-possession medication
NIPS	Northern Ireland Prison Service
NPM	National Preventive Mechanism
OMU	Offender Management Unit
OPCAT	Optional protocol to the United Nations Convention against torture and other cruel, inhuman or degrading treatment or punishment
PE	Physical education
PPANI	Public Protection Arrangements Northern Ireland
PREPS	Progressive regimes and earned privileges scheme
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SIR(s)	Security information report(s)
SOP	Standard Operating Procedure
SPAR	Supporting prisoners at risk
YOC	Young Offenders Centre



Chief Inspectors' Foreword

This announced inspection of Hydebank Wood Young Offenders Centre (YOC) was led by HM Inspectorate of Prisons (HMIP) on behalf of Criminal Justice Inspection Northern Ireland (CJI), and was supported by CJI Inspectors, the Education and Training Inspectorate for Northern Ireland (ETI) and the Regulation and Quality Improvement Authority (RQIA). The inspection was based on the four internationally-recognised tests of a healthy prison – safety, respect, purposeful activity and resettlement.

Hydebank Wood is Northern Ireland's main young offender facility holding just over 180 young men, although arrangements are complicated by sharing the site with women prisoners (Ash House). In recent years, the lack of continuity in management has been a significant feature which might, in part, have contributed to some disappointing findings at this inspection. Across the range of healthy prison tests we assessed, only in resettlement work were outcomes for prisoners reasonably good. Outcomes in other tests were not sufficiently good or poor. However, the implementation of our previous recommendation ensuring that 17-year-olds would no longer be sent to Hydebank Wood was a commendable improvement.

The overall safety of the institution was a concern. Most prisoners reported feeling safe but many felt victimised by other prisoners or staff. There had been inertia in developing a robust approach to violence reduction, and more needed to be done to challenge poor behaviour effectively. Lessons had not been fully learned from recent deaths in custody, and although self-harm incidents were low, attitudes to this issue were sometimes complacent. Care provided to the most vulnerable could be improved.

The management of security was reactive and arrangements often lacked proportionality, although disciplinary procedures were generally fair. Use of segregation had reduced but the facility and regime were poor. Recorded use of force was not high but systems to ensure accountability for its use were weak. We had limited confidence in the prison's approach to tackling what was perceived locally to be a drug problem, or in supporting those with drug issues.

The prison was clean and physical conditions were mostly reasonable. We observed some very good staff-prisoner interactions but others which suggested disengagement and indifference on the part of some staff. The promotion of equality lacked any sophistication even in priority areas. Discrepancies in outcomes and perceptions between Protestant and Catholic prisoners were not well understood or effectively challenged. In our survey, Catholic respondents were more negative than others about a wide range of issues. Faith provision was valued by prisoners. Health care had improved but still had a way to go to provide good outcomes in all areas. Provision for mental health had also improved, although services to support prisoners who self-harmed needed to be better. Prisoners disliked the food and food handling was poor. The menu cycle did not provide the opportunity to have a balanced diet.

Most prisoners spent too long locked in their cells and lacked opportunity to spend time in the open air. There was significant regime slippage, frequent and unpredictable lock-downs, and activities were often cancelled at short notice, all of which was fundamentally disrespectful. Management and leadership of learning and skills were poor and coordination needed to be improved. There were not enough activity places, and what was available was poorly utilised. It was of particular concern that only a small number of prisoners accessed work or education regularly, and that levels of attainment and accreditation were low. The curriculum was too narrow and was not matched to the needs of prisoners, employers or the local labour market. Quality assurance and self-evaluation arrangements were weak and had not identified sufficiently the aspects of the provision that were



underperforming. Too many prisoners with low levels of literacy and numeracy did not have their needs met. However, we found that the library was excellent, the gym offered some good opportunities, and relationships between teachers and prisoners were good.

Strategic management of resettlement had improved. There was a detailed strategy and the offender management unit was well established, with every prisoner allocated a sentence manager. Coordination of lifer case management – which remained the responsibility of Maghaberry Prison – was poor and there had been no annual lifer reviews since 2011. The working-out scheme was underused with only a few prisoners involved in the past year. The home leave scheme was working well and public protection arrangements had improved. An appropriate range of offending behaviour programmes was offered, and Parole Commissioners' requirements were being met.

The Northern Ireland Prison Service (NIPS) funded a range of voluntary groups to assist prisoners and their families with practical matters, such as accommodation, benefits and substance misuse. There was a good visitor centre and parenting courses.

To conclude, it would be wrong to see this as anything other than a concerning report. Pockets of good practice were evident but, in general, progress was slow and issues to be addressed were fundamental. The prison needs to reassert its key purpose in addressing the needs of vulnerable young men. Their needs should be put first and the prison organised in a way that prioritises their safety, develops mutual respect, and helps them to acquire the skills and resources to enable a sustainable resettlement. We have made a number of recommendations that should assist that process.

Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland
October 2013

Nick Hardwick
HM Chief Inspector of Prisons

October 2013



Fact page

Task of the establishment

To accommodate male young offenders between the ages of 18 and 21.

Number held

171.

Certified normal accommodation

253.

Operational capacity

322.

Date of last full inspection

29 October – 2 November 2007 (short follow-up, 21 – 25 March 2011).

Brief history

Hydebank Wood was opened as a category C young offenders centre in 1979. In June 2004 women prisoners previously held at Mourne House, HMP Maghaberry, were transferred to Ash House which was then designated as a prison for women offenders. The establishment was given the title of Hydebank Wood Young Offenders Centre and Prison. The practice of holding male juvenile offenders between the ages of 16 and 17 in the centre ceased on 1 November 2012.

Short description of residential units

There are four residential units for male offenders: Beech, Cedar, Elm and Willow. Cedar has five landings, Beech and Elm four and Willow three with approximately 16 cells on each landing. Hydebank Wood does not differentiate between sentenced and remand prisoners. Work on refurbishing Elm and Willow houses is ongoing.

- Beech House had 90 spaces in single and double occupancy cells. Beech 1 was the committal landing and Beech 2 the assessment and induction landing. Beech 3 was used to accommodate prisoners who had difficulty mixing with the general population.
- Cedar House had 74 spaces in single and double occupancy cells. Cedar 3 and 4 held young male adults on the enhanced regime and Cedar 5 was a low supervision landing that accommodated up to 10 young male adults.
- Elm House had 89 spaces in single and double occupancy cells. The care and supervision unit was on the ground floor and had eight cells.
- Willow House could accommodate 58 in single and double occupancy cells.

Acting governor

Dave Kennedy.

Escort contractor

Prisoner Escorting and Court Custody Service, NI Prison Service.

Health service commissioner and providers

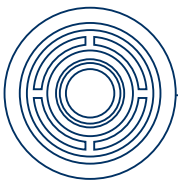
South Eastern Health and Social Care Trust.

Learning and skills providers

Northern Ireland Prison Service.

Independent Monitoring Board chair

Sadie Logan.



Healthy prison summary

Introduction

HP1 The inspectorates who participated in this inspection are all independent, statutory organisations which report on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

HP2 All inspections carried out by HMIP and CJI contribute to the UK's response to its international obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment and conditions for detainees. HM Inspectorate of Prisons is one of several bodies making up the NPM in the UK.

HP3 All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

Safety prisoners, particularly the most vulnerable, are held safely;

Respect prisoners are treated with respect for their human dignity;

Purposeful prisoners are able, and expected, to engage in activity that is likely to benefit them; and

Resettlement prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the National Offender Management Service.

• **outcomes for prisoners are good against this healthy prison test.**

There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

• **outcomes for prisoners are reasonably good against this healthy prison test.**

There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

• **outcomes for prisoners are not sufficiently good against this healthy prison test.**

There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.



• **outcomes for prisoners are poor against this healthy prison test.**

There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

HP5 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be checked for implementation at future inspections;
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines; and
- **examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

Safety

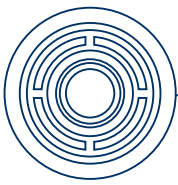
HP6 Reception and first night arrangements were reasonable but too many prisoners felt unsafe on their first night. Induction was appropriate but often delayed. Most prisoners generally felt safe but too many reported feeling victimised. Care for prisoners at risk was inadequate, and there was no formal peer support scheme. Security arrangements were not always proportionate and were poorly coordinated. Many prisoners did not find that the PREPS (progressive regimes and earned privileges scheme) motivated them to behave well. Use of force was not excessive but too few staff were trained. The segregation unit provided a poor environment and regime, but its use and length of stay had reduced and relationships were reasonable. Substance misuse services were poorly coordinated and varied in quality. Outcomes for prisoners were not sufficiently good against this healthy prison test.

HP7 All young men continued to be unnecessarily handcuffed during their journey to the prison and, in our survey¹ aspects of the transfer and escort procedure were rated worse than the comparator. In spite of this, we found reception procedures to be reasonable. Prisoners received good information and support on arrival. Induction procedures were comprehensive but not always delivered in a timely way.

HP8 In our survey, more prisoners than the comparator reported feeling unsafe on their first night. Thirty-eight per cent, against the comparator of 26%, said they had been victimised by staff, and prisoners who considered themselves to have a disability were far more likely to say they had felt unsafe. Violence reduction had not been tackled in a robust manner: the monitoring of incidents and links with security were poor, investigations were superficial, and very few suspected bullies were challenged or monitored. More needed to be done to encourage positive behaviour.

HP9 The number of prisoner-on-prisoner assaults was comparable with similar establishments, although, in our survey, more prisoners than the comparator said they had been assaulted and intimidated. A very good mediation service had been developed but was not used enough. Beech 3 provided protection for vulnerable young men, but progression from this small unit was difficult and the overall regime was poor.

1 Inspection methodology: There are five key sources of evidence for inspection: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections, we use a mixed-method approach to data gathering, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of procedure were rated worse than the comparator. In spite of this, we found reception procedures to be reasonable. Prisoners received good information and support on arrival. Induction procedures were comprehensive but not always delivered in a timely way.



- HP10 The suicide and self-harm policy did not reflect the needs of the current population. The investigation of two self-inflicted deaths had identified areas for concern which had still not been adequately addressed. Levels of self-harm were low and serious incidents were investigated, but some staff demonstrated very complacent attitudes. An effective case conference was held each week to discuss vulnerable prisoners. Other aspects of care were less well developed. Observation cells and anti-ligature clothing were used less frequently than previously, but there was no formal peer support scheme and options for supervision remained limited. Most supporting prisoners at risk (SPAR) forms had not been completed adequately: there was little detail on assessments or triggers for prisoners' feelings. Action plans rarely included clear targets. Attendance at reviews was reasonable but daily entries in files were generally poor.
- HP11 There was no formal policy for the safeguarding of adults but some support was offered through safer custody.
- HP12 There were pockets of good dynamic security, but many procedures remained underdeveloped. Security meetings were poorly attended and links with other areas were poor. The flow of information into the department was inconsistent and we were not confident that security information reports (SIRs) were always processed efficiently and promptly. Security objectives were not properly set following analysis of intelligence, and key threats were not adequately identified and acted upon. Risk management systems were generally weak and resulted in over-restrictive security measures in some areas. The belief that there was a drug problem in the establishment was widespread. The mandatory drug testing positive rate was not high, but testing did not take place consistently each month.
- HP13 Some prisoners remained on the progressive regimes and earned privileges (PREPs) basic level for too long, and only 46% of prisoners in our survey said the scheme encouraged them to change their behaviour, against the comparator of 55%. Catholic prisoners had been consistently over represented on the basic level.
- HP14 The number of formal adjudications was not high and records of hearings showed that they were conducted fairly. All hearings were audio recorded. The number of incidents necessitating the use of force was not high. Most reports demonstrated that force was used as a last resort but a few records did not show that the extent of force used was justified. Information to help identify trends and patterns was not used effectively. Fewer than a third of prison officer grades had received up-to-date control and restraint training.
- HP15 The segregation environment and regime were poor. Relationships between staff and prisoners were reasonable. Use of segregation had significantly reduced and the average length of stay was short.
- HP16 There was little strategic planning to tackle drugs. Most prisoners were positive about psychosocial services but there were gaps in provision, and they were poorly integrated. There were also significant delays in the availability of services and a lack of high intensity interventions.



Respect

- HP17 The condition of cells and communal areas was acceptable and outside areas were good. Staff-prisoner relationships were courteous, with some exceptions. The management of equality and diversity and analysis of outcomes were weak, and there had been little serious effort to understand why Catholic prisoners were less positive about many issues, and to explore systematically whether outcomes for them were worse. Faith services were good and valued by prisoners. Complaints were reasonably well managed. Health care services had improved but outcomes were not good enough. Only 15% of prisoners thought that the food was good but the shop was more popular. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP18 Cells and communal areas were clean but some were in need of repair, and some shower facilities were poor. The applications process was well managed, but there was no facility to make a confidential application.
- HP19 In our survey, 78% of prisoners said that staff treated them with respect, against the comparator of 66%. We observed varied interactions, ranging from very good engagement to indifference. The majority of prisoners did not have a personal officer.
- HP20 The strategic management of equality and diversity was weak and some key departments did not routinely attend equality and diversity meetings. They were attended by external and prisoner representatives. The agenda did not cover all relevant diversity issues. Monitoring and analysis of equality and diversity issues were also weak, and discrepancies in outcomes for Protestant and Catholic prisoners were not well understood. In our survey, Catholic prisoners rated many areas more negatively than Protestant prisoners. There was little information for prisoners about protected groups or the support available. Prisoner consultation and support concerning diversity issues was poorly developed. Prisoners who considered themselves to have a disability rated many aspects of prison life more negatively than those without disabilities. There were good faith services, and most prisoners said their religious beliefs were respected, although Catholic prisoners were less positive than Protestants about this.
- HP21 Complaint forms were freely available and responses were prompt and typed. Some complaints had not been fully responded to and quality assurance needed improvement.
- HP22 More prisoners than the comparator rated access to legal services positively. There was a bail service and private facilities for legal visits.
- HP23 Health care services had improved and some good initiatives had been introduced, although these were not yet delivering effective outcomes for prisoners. Progress in the delivery of some services had been hampered by staff shortages. Health care facilities were generally satisfactory but some on Elm and Willow units were poor. Some resuscitation equipment and emergency drugs were out of date.
- HP24 In our survey, 28% of prisoners said that it was easy to see a doctor and 43% a nurse, against respective comparators of 43% and 62%. Data collection was not sufficiently robust to determine if timescales were met and variations in the nurse triage procedure could result in unacceptable delays. Nurses were working outside their scope of practice. The monitoring and implementation of chronic disease management clinics had been hampered by the departure of trained staff. A range of health promotion information was available, but screening was limited. Dental services were generally good, waiting lists were not extensive and urgent cases were seen quickly.



- HP25 Regular checks on prisoners who had in-possession medications were not undertaken and medication could be stopped without the offer of supervised administration. Some aspects of medication management were not compliant with regulations.
- HP26 The structure of mental health services had improved but there was a lack of collaboration with and feedback to primary health care nurses. Caseloads appeared low and we were concerned that referral criteria were too restrictive. Services did not always reflect community provision and the support offered to prisoners who self-harmed needed improvement.
- HP27 In our survey, only 15% of prisoners said the food was good, and food-handling arrangements were very poor. The menu cycle was repetitive and did not provide a balanced diet. Self-catering arrangements on the enhanced landing were very good. Fifty-eight per cent of prisoners said that the shop provided a wide enough range of goods to meet their needs.

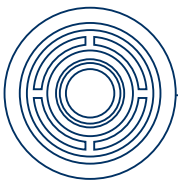
Purposeful activity

- HP28 The regime was regularly curtailed, which had a significant effect on time out of cell and access to purposeful activity. There was poor access to outside exercise. Management and leadership of learning and skills were poor and needed better coordination. There were too few activity places and these were not fully used. Levels of attainment and accreditation were low and use of data to improve standards was poor. The library was excellent and the gym provided good opportunities. Outcomes for prisoners were poor against this healthy prison test.
- HP29 There was significant slippage and unpredictable lockdowns in the regime, and most prisoners spent too long locked in their cells. Prisoners had very limited access to outside exercise.
- HP30 There was no strategic approach to the provision of learning and skills. Leadership and management required improvement to ensure that available capacity was used fully to meet need. Quality assurance and self-assessment in education and training were weak and were not underpinned by use of available data. Underperformance in education provision had not been identified.
- HP31 The quality of teaching, training and learning was variable. There were not enough opportunities for purposeful activity and too few prisoners were employed in challenging and realistic work activities. The curriculum had continued to diminish and did not meet the needs of prisoners, employers or the local labour market. Provision for prisoners with low levels of literacy and numeracy was poor. Relationships between teachers and prisoners were good. The learning and skills component of custody and sentence plans needed to be strengthened.
- HP32 There was too little accredited vocational training to develop employment skills. The small quantity of existing vocational training was of a good quality and at the right level to engage prisoners, for example, opportunities for work-based projects in painting and decorating and brickwork.
- HP33 The library was a welcoming and well-used resource. It was well maintained and provided a very good range of contemporary, recreational and diverse reading material.
- HP34 Physical education facilities were good, well maintained and well used. Relationships between instructors and prisoners were excellent. More effective links were needed between PE, learning and skills and health care. Outdoor adventure activities needed to be re-established, subject to staff qualifications and security risk assessments.



Resettlement

- HP35 Strategic management of resettlement had improved but there was still no up-to-date needs analysis. Offender management was good, and public protection had improved but internal communication was still inadequate. Support for indeterminate sentence prisoners needed improvement. Provision in the reintegration pathways was generally good, but inadequate learning and skills provision prevented some sentence planning targets from being met. Prisoners knew how to get support. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP36 The development of resettlement had been hampered by a lack of continuity in senior management, although offender management had improved. The resettlement policy was not based on an up-to-date needs analysis nor did it reflect the whole population. The offender management unit (OMU) and residential staff were not well integrated. A good range of voluntary sector organisations delivered resettlement services.
- HP37 Every prisoner had a sentence manager and sentenced prisoners received a good quality service. Offender Management Unit (OMU) files were very good, although some resettlement plans were too vague and aspirational. Reintegration pathways were well managed, although some elements of resettlement were undermined by poor learning and skills provision. Most OMU work was driven by Parole Commissioner requirements which, we were told, curtailed the time that OMU staff could devote to prisoners' resettlement needs.
- HP38 Engagement with community public protection agencies had improved: monthly public protection meetings were effective, with full consideration of victims and individual plans which were proportionate to risk. Information about public and child protection was not communicated fully to key areas of the prison, such as visits. Lifer case management was poorly coordinated and files were still held at Maghaberry Prison. There had been no annual lifer reviews since 2011.
- HP39 Resettlement needs were assessed on arrival and appropriate referrals made to providers. Prisoners were also seen before release to ensure that they had no outstanding needs. The home leave scheme worked well, but the working out scheme was underused.
- HP40 The housing worker provided good support to sentenced prisoners and had reasonable links with local hostels and housing providers. Few prisoners had been released with no address in the previous 12 months. The development of employment and vocational skills was limited by the inadequate learning and skills provision. The focus on enhancing prisoners' educational attainment was very limited, particularly in basic skills.
- HP41 There were good links with community health services and Ad:ept substance misuse workers delivered pre-release relapse prevention and overdose awareness sessions. Links between Ad:ept and other community-based projects on release were very good.
- HP42 NIACRO workers assisted prisoners with finance, benefit and debt issues. Prisoners were not able to open a bank account, although work was being undertaken to address this.
- HP43 A family liaison officer saw most new arrivals to establish need and provide information about services. Families were referred to the NIACRO family links service which provided practical support. Visitors found it difficult to book visits over the telephone. The visits experience was reasonable. Child-centred visits were good and a variety of parenting courses were offered.
- HP44 There were an appropriate range of offending behaviour programmes, and work with prisoners in denial of their offence.



Main concerns and recommendations

HP45 Concern: The suicide and self-harm policy had not considered the specific needs of prisoners. While levels of self-harm were not high, the care provided was inconsistent and some aspects were poor. Most support documents were poor, and aspects of individualised care planning were underdeveloped. There was no formal peer support scheme, and not all those who needed input from mental health workers received it.

Recommendation: Supporting prisoners at risk (SPAR) procedures should be improved with an emphasis on individualised care plans, regular staff engagement, less use of observation cells and greater involvement in activity, including a peer support scheme and input from mental health workers.

HP46 Concern: Security information, including the use of intelligence, needed to be improved and better used to inform local strategies, particularly on safety. Security meetings were not well attended and links to other important areas of the prison, such as violence reduction, drug strategy and residence, needed to improve.

Recommendation: Security procedures should be improved to ensure that prisoners are kept safe, all aspects of the regime are proportionate and dynamic security is maintained.

HP47 Concern: Catholic prisoners in our survey were more negative than Protestant respondents on a range of key outcomes. The prison's own monitoring also identified poorer outcomes for them in some key areas, such as the proportion on the basic incentives level, but this analysis was extremely limited. We saw little or no effective action to understand the reasons for these poorer perceptions, or action to provide reassurance or to identify and address poorer outcomes.

Recommendation: The prison should scrutinise the reasons why perceptions in a range of areas were worse for Catholic than for Protestant prisoners, and take appropriate action to address any systemic or problematic issues or concerns.

HP48 Concern: The advertised core day was regularly curtailed for a variety of often spurious reasons. This resulted in prisoners spending far too long locked up in their cells, but also affected their ability to attend scheduled regime activities and access outside exercise.

Recommendation: The prison should deliver the advertised core day consistently and not routinely curtail it, unless there is a substantive reason to do so.

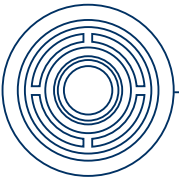
HP49 Concern: Leadership and management of learning and skills were poor, and there was little strategic direction to the development of provision. Opportunities were limited, and the quality and accreditation for many was poor, as was development of essential literacy and numeracy skills. The learning and skills provision neither met the needs of the population nor did it adequately support work to prepare prisoners for release back into the community and to live offending-free lives.

Recommendation: The quality and effectiveness of the leadership and management of learning and skills provision should be improved significantly to ensure that prisoners are offered an appropriate range of purposeful activity, including a strong focus on the development of their essential skills of literacy and numeracy, which enhances their employability and also contributes to reducing the likelihood of their reoffending.

Section



Inspection report



CHAPTER 1:

Safety



Courts, escorts and transfers

Expected outcomes:

Prisoners transferring to and from the prison are treated safely, decently and efficiently.

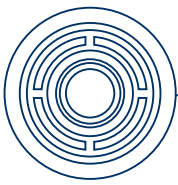
- 1.1 Prisoners experienced short journeys to and from court. All prisoners were handcuffed throughout the journey. The court video link was well used.
- 1.2 Prisoners experienced short journeys to and from court; the longest journey was about two hours. Escort staff informed the prison of their estimated arrival time and if they were bringing any new committals.
- 1.3 In our survey, only 42% of prisoners, against the comparator of 63%, said they were well treated by escort staff and 73%, against 85%, that they felt safe on the journey. Prisoners were routinely handcuffed to and from reception and throughout their journey, and vans had no seat belts. Information leaflets were available at courts, but few prisoners said they had received any information in advance.
- 1.4 Only 33% of prisoners in our survey said that vans were clean, against the comparator of 62%, although vans that we looked at were clean. Property and private cash did not accompany unsentenced prisoners to court and had to be collected if they were released. The video link was well used for court appearances.

Recommendations

- 1.5 **Restraint for prisoners under escort should only be used if justified by a risk assessment.**
- 1.6 **Property and private cash should accompany unsentenced prisoners to court.**

Housekeeping point

- 1.7 Prisoners should receive information about Hydebank Wood at court.



Early days in custody

Expected outcomes:

Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.8 The main reception area, showers and search area were clean and well maintained. Holding rooms had televisions and were bright and well decorated. There was up-to-date information on notice boards. All new committals were admitted to Beech 1, where the communal areas were clean and cells were prepared with induction packs.
- 1.9 The main reception area, showers and search area were clean and well maintained. Holding rooms had televisions and were bright and well decorated. There was up-to-date information on notice boards. There were adequate facilities to interview prisoners in private. Prisoners were offered a hot drink and a shower and were moved through reception quickly.
- 1.10 The interactions between staff and prisoners that we observed were businesslike and good natured. However, in our focus groups and survey, prisoners were critical of the reception process – only 49% of respondents said they were treated well there against the comparator of 59%. There was no evidence of a trend in complaints about reception procedures, and the most recent annual report of the Independent Monitoring Board (IMB) said that staff dealt sensitively with prisoners, even at the busiest periods.
- 1.11 Prisoners were allowed to make a telephone call and were seen by the chaplaincy and support agencies, such as Opportunity Youth, soon after their arrival. There was no Insider (prisoner peer supporter) on the committal landings but there was evidence that new arrivals had seen Insiders during their first few days in custody.
- 1.12 If there was a late committal, day staff occasionally remained to conduct the induction interview, but otherwise the prisoner was not interviewed by night custody officers, and was locked in a cell, placed on 15-minute observations and interviewed the following morning. In our survey, significantly more prisoners than the comparator reported feeling unsafe on their first night at the prison.
- 1.13 There was a first night policy, which we saw in operation. Prison procedures were explained and prisoners were given a good first night booklet, with DVDs in cells for those who had difficulty reading. There was a comprehensive induction programme but recent staff shortages had resulted in prisoners being moved to other landings before they had completed it. In our survey, 77% of prisoners said they had been on an induction course, against the comparator of 90%.

Recommendations

- 1.14 **All prisoners should receive a full committal interview and appropriate information on their first night on the committal landing, whatever their time of arrival.**
- 1.15 **Managers should investigate why many prisoners felt unsafe on their first night, and take action to address any concerns. All new prisoners should undertake the full induction programme before moving to a residential unit.**



Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.16 There was no effective strategy to challenge bullying and antisocial behaviour. Investigations were superficial. More needed to be done to protect vulnerable prisoners. There was a good mediation service but it was not used enough.
- 1.17 In our survey, most prisoners reported feeling safe and this was significantly better than at our inspection in 2007. In contrast, 38% reported being victimised by staff, which was significantly higher than the comparator of 26% and disabled prisoners were far more negative about general feelings of safety. The safer custody coordinator was responsible for the young offender centre and Ash House. A safer custody steering group chaired by the governor met each month but shift patterns prevented the coordinator from attending consistently. Links with the security department were poor.
- 1.18 There had been considerable inertia in developing a robust approach to violence reduction suitable for a young adult population. Tensions from the community were imported into the centre and there was no opportunity to defuse conflict by transferring prisoners to another establishment. The anti-bullying policy and procedures dated September 2005 were still in operation, although we had criticised this at previous inspections. Staff did not challenge poor behaviour effectively.
- 1.19 Data provided indicated an average of five to six prisoner-on-prisoner assaults reported each month, which was comparable with similar establishments. However, monitoring of violent incidents was poor with no analysis of the underlying reasons.
- 1.20 In our survey, more prisoners than the comparator reported being assaulted and intimidated by other prisoners. There had been no prison safety survey in recent years and, although focus groups had been asked about safety in June 2012, the findings had not been analysed.
- 1.21 Most investigations of incidents were superficial. During 2012, there had been 39 investigations involving 61 prisoners and cases against 52 had been found to be unsubstantiated. There was no record of the outcomes of substantiated cases. Very few suspected bullies were challenged and denials by alleged perpetrators were accepted without thorough enquiry. The safer custody meeting had acknowledged that this left victims vulnerable and that prisoners had little confidence in the procedures. There was no record that any prisoner was monitored as a potential bully. Only new staff received any relevant training in violence reduction. We had previously raised concerns about the protection of vulnerable prisoners and this had been a significant issue in the death of a prisoner in 2011. Beech 3 landing now provided a degree of protection for a range of vulnerable prisoners, including those charged or convicted of sex offences. The landing could accommodate 16 people and held 13 at the time of the inspection. Bullying arising from the mixed population on the unit was difficult to manage: staffing levels were inadequate and staff were often deployed who did not regularly work there. There was no progression from the unit for prisoners and the regime was poor. Most prisoners were reluctant to attend activities off the unit.



- 1.22 A very good restorative justice conference service had been developed. Three staff had been trained in mediation and the log for restorative justice conferences indicated that this service had been used on 64 occasions during 2012. The security department managed a list of 'keep apart' (prisoners who were known to have enemies in the establishment) and efforts were being made to reduce this conflict through mediation.

Recommendations


- 1.23 **An effective strategy should be developed to challenge bullying and antisocial behaviour and should be implemented by trained staff, including developing better links with other relevant key prison departments.**
- 1.24 **The safety and regime of vulnerable prisoners on Beech 3 should be enhanced through improved governance and staffing.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 1.25 Care provided to many prisoners at risk was inadequate and procedures to support prisoners at risk (SPAR) needed improvement. Observation rooms and anti-ligature clothing were used less than at the previous inspection, but this needed further improvement by staff engagement and peer support. Concerns highlighted from the last death in custody investigation needed to be addressed.
- 1.26 There was a NIPS suicide and self-harm prevention policy dated 2011 and a local safer custody strategy dated May 2012, but neither reflected the needs of the population. Areas of concern identified following a self-inflicted death in May 2011 had still not been adequately addressed.
- 1.27 An average of 10 self-harm incidents involving four to five prisoners were recorded each month. Data on self-harm collated by health care were inadequate. Serious incidents were investigated to identify learning points.
- 1.28 An effective multidisciplinary case conference meeting was held each week to discuss vulnerable prisoners, including those subject to SPAR procedures. The meeting was not always attended by health care and we had some concerns about the attitude towards self-harm of some health care staff (see section on health care). Care planning had improved and action points were drawn up following discussion.
- 1.29 Observation cells were used on average four to five times a month, less than at the time of the previous inspection. Most prisoners were held on average for just over one day. Prisoners could call the Samaritans from the observation cells, but the televisions in the cells were not working. There was no use of constant engagement by an assigned member of staff or a formal peer support scheme. Anti-ligature clothing was used two or three times a month and was monitored at the safer custody meeting.

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- 1.30 An average of 16 SPAR forms were opened each month involving 13 prisoners. Most documents were opened for about five days, although a few prisoners had had several documents opened in succession, suggesting that some underlying issues were not addressed.
- 1.31 SPAR documents varied in quality. Assessments provided little detail and some action plans did not contain clear targets. Reviews were attended by staff from a range of disciplines and more young people than previously attended, but health care staff did not attend routinely. Reviews were not often conducted by the same case manager and most daily entries in files consisted of just factual descriptions. There had been little training other than for new staff and about 90 staff had not received applied suicide intervention skills training. All staff carried an anti-ligature knife and some attention had been given to emergency responses (see main recommendation HP45).
- 1.32 A number of external agencies had been used to support prisoners, including bereavement support and counselling services. Samaritans visited each week and had delivered sessions to prisoners on emotional awareness, bullying and self-harm. Prisoners could call the Samaritans from portable telephones on each unit.

Safeguarding (protection of adults at risk)

Expected outcomes:

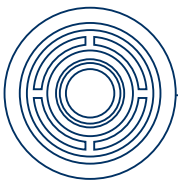
The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- 1.33 There was no formal safeguarding policy for adults and links with local partnerships for adult safeguarding had not been established. The needs of some vulnerable adults were identified. There was an established policy which gave guidance to staff on reporting malpractice.
- 1.34 There was no formal safeguarding policy for adults. Most staff considered safeguarding to be associated primarily with young people and child protection (see section on public protection). There were no formal links with the Department of Health, Social Services and Public Safety or with regional and local partnerships for adult safeguarding in Northern Ireland. The needs of some vulnerable prisoners were identified by referrals to a weekly safer custody meeting at which prisoners finding it difficult to cope with custody were discussed. Care planning took place at this meeting but there was very poor identification of people with disabilities (see section on equality and diversity). There was an established whistle-blowing policy for staff to report malpractice internally and to external agencies.

Recommendation

- 1.35 **The governor should initiate contact through the Department of Health, Social Services and Public Safety with regional and local partnership arrangements for safeguarding adults.**

² We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000).




Security

Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- 1.36 Some aspects of dynamic security were reasonable, but many procedures, including the use of intelligence to inform local strategies, were underdeveloped. Security meetings were poorly attended and communication between the security department and the rest of the establishment was not effective. The flow of information into the department was inconsistent and we were not confident that information was always processed promptly. Risk management systems were generally weak, and resulted in some over-restrictive security measures. Drug testing programmes were inconsistently delivered. Diverted medication and cannabis were the main drugs used by prisoners.
- 1.37 Overall, links between the security department and other areas of the establishment, such as violence reduction and drug strategy committees, were weak and the sharing of intelligence was poor. The flow of information into the security department was inconsistent and we were not confident that security information reports (SIRs) were always processed efficiently. The security department received about 38 SIRs a month, which was significantly lower than at other similar establishments. We were not confident that intelligence was communicated directly to other areas of the prison to enable residential managers to make informed decisions about prisoners or take necessary action (see main recommendation HP46).
- 1.38 Risk management systems were generally weak and resulted in over-restrictive security measures in some areas. For example, a free-flow prisoner movement system had recently been introduced which only a few prisoners were trusted to use. The whole establishment was locked down whenever an alarm bell was activated. All prisoners were strip-searched entering and leaving the prison and were handcuffed in cellular vans during escorts regardless of any perceived risk. Security categorisation was, for the most part, meaningless with no discernible difference in regime for category B and C prisoners.
- 1.39 There was no local security strategy and little to indicate that key threats specific to the security needs of the prison were identified or acted on.
- 1.40 Security meetings were held monthly, but attendance was poor, particularly by managers from key areas of the establishment, including the residential units. The standing agenda was incomplete and did not include an analysis of SIRs or any other information. Monthly security objectives were agreed without appropriate consideration of intelligence or reports from other areas of the prison (see section on violence reduction).
- 1.41 The random and suspicion drug testing programmes were inconsistently delivered, with testing officers frequently redeployed to other duties.
- 1.42 For the six months to January 2013, the random mandatory drug testing positive rate on the young prisoner units was 4.8%. However, these figures were not complete because there had been no testing during September and October 2012. Over the same period, there had been 20 drug finds on the young prisoner units. There was a widespread belief among prisoners and staff we spoke to that there were problems with the diversion of prescribed medications, although this was not reflected in our survey.



The poor approach to managing security information was impeding the prison's ability to understand and address this issue. Dynamic security was mixed; we observed some good interactions and staff who were knowledgeable about prisoners in their care (see staff-prisoner relationships) but this was very mixed.

Recommendation

- 1.43 **Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision.**

Incentives and earned privileges

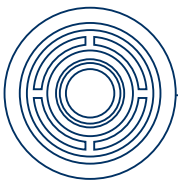
Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

- 1.44 Some prisoners had been on the basic regime for too long. There were discrepancies in outcomes for Catholic and Protestant prisoners which had not been investigated. Pay rates were determined by regime level, which was not appropriate.
- 1.45 In our survey, 50% of prisoners said that they had been treated fairly in their experience of the progressive regimes and earned privileges scheme (PREPS), and 46% said the scheme had encouraged them to change their behaviour.
- 1.46 At the time of the inspection, 19 prisoners were on the basic regime, with five on the regime for between 38 and 124 days, which was excessive. During the last six months, only one Protestant had been on basic for more than 28 days, compared with 15 Catholics, but nothing had been done to identify the reasons for this (see main recommendation HP47). Total numbers on basic had increased since our last inspection, by about 50%. The reasons for the rise were not well understood. Prisoners were paid according to their PREPS regime level rather than on the job they were doing, which was inappropriate.

Recommendations

- 1.47 **The basic regime should be reviewed to ensure that individual support for prisoners addresses behavioural issues, and where necessary prisoners are removed from the scheme in a timely and consistent way.**
- 1.48 **Prisoners doing the same job should receive the same rate of pay.**



Discipline

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Prisoners understand why they are being disciplined and can appeal against any sanctions imposed on them.

1.49 Records of hearings showed that proceedings were conducted fairly and punishments were consistent. All hearings were audio recorded. Force was only used as a last resort but governance was underdeveloped.

Disciplinary procedures


- 1.50 There had been 476 adjudications in the previous six months, a reduction of 20 hearings since the first six months of 2012. All hearings were audio recorded, which was positive. The records showed that hearings were conducted fairly and there were full investigations of charges. Punishments were fair and there were clear examples of adjudicating governors dismissing cases due to a lack of evidence or anomalies in the process.
- 1.51 There were good procedures and practices to support prisoners through adjudications and advise on the appeals process. There were no adjudication standardisation meetings to monitor the standard of hearings or analyse information to identify trends or patterns. However, a punishment tariff had been published and was used consistently.

Recommendation

1.52 **There should be adjudication standardisation meetings to monitor the standard of adjudication and help identify trends.**

The use of force

- 1.53 Records of incidents demonstrated that force was used as a last resort but there were a few examples where written accounts by officers did not show that the extent of force used was justified. Governance was underdeveloped and information was not used to identify trends and patterns. It was unacceptable that more than two-thirds of operational staff had not completed up-to-date control and restraint training.
- 1.54 Given the size and nature of the prison, incidents involving the use of force were not excessive at 49 in the previous six months. About a third had not involved full use of control and restraint locks. These findings were similar to the previous inspection. Spontaneous and planned intervention was reasonably well organised and carried out, and proper authority was recorded.
- 1.55 We were told that a monthly use of force committee had been set up to monitor the extent of the use of force and address issues based on an analysis of information about incidents. In reality, although the governor met the security administration support worker to scrutinise records of most incidents, there was no detailed analysis of information to help identify trends or emerging patterns. There were no links with the violence reduction strategy team and little to suggest that information was used to inform minimisation strategies. Incidents were not discussed at the monthly security committee or safer custody meetings.

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- 1.56 There were protocols to govern the use of special accommodation ('dry cells'), including levels of observation. Only a governor grade could authorise its use following an immediate risk assessment (see section on segregation).

Recommendations

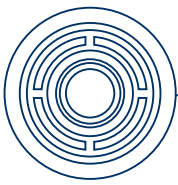
- 1.57 **All prison officers should have up-to-date training in control and restraint.**
- 1.58 **The structure of the use of force committee should be improved, links with the security department and safer custody committee developed, and information about use of force used to inform violence and minimisation strategies.**

Segregation

- 1.59 The environment and regime in segregation were poor. The central corridor was narrow and cramped, landings were worn and there was a general lack of facilities. Most cells were grubby and some had graffiti. The two special cells (dry cells) were particularly stark and small, but rarely used. One had been converted to a small interview room.
- 1.60 At the time of our inspection, four prisoners were in segregation, which reflected the average of about 20 a month in the previous six months. The average stay was about three days, a significant reduction compared with the first six months of 2011 when the number of those segregated was a third higher and the average length of stay was 10 days. About 80% of stays in segregation were for punishment following adjudication.
- 1.61 Governance of segregation was good and there was a distinct strategy setting out the management arrangements and expected working practices of the unit.
- 1.62 Relationships between staff and prisoners were very good and to some extent mitigated the poor environment. Officers dealt with volatile prisoners with patience, using high levels of care. Reviews of longer-stay prisoners were timely and well attended. Planning to return prisoners to normal location was being developed, and there were care plans for all longer-stay residents. There was evidence that staff supported prisoners as well as they could, but resources were limited and the daily regime was poor. There was a basic daily activity programme, including showers and exercise, but in reality prisoners spent almost the whole day locked in their cells with nothing worthwhile to do.

Recommendation

- 1.63 **The environment and regime in the segregation unit should be improved, and include purposeful activity.**



Substance misuse

Expected outcomes:

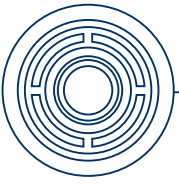
Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- 1.64 Leadership and coordination of services was poor and the strategy was not based on a local analysis of needs. Most prisoners with drug and alcohol problems were positive about the support they were offered but there was no use of peer mentors or dual diagnosis provision.
- 1.65 The drug and alcohol strategy was dated August 2011. There was no evidence that it had been informed by an analysis of local needs, and there was no action plan. Drug strategy meetings had been absorbed into the safer custody meeting, which was not regularly attended by clinical drug service managers, health care or security.
- 1.66 Overall, there was little strategic leadership or oversight or a coordinated approach to addressing the four key principles in the drug and alcohol strategy: supply reduction, demand reduction, harm reduction and throughcare. This was, in part, due to poor communication between the establishment and the two providers of substance misuse services.
- 1.67 At the time of the inspection no young men were receiving opiate substitution treatment, although a few had in the past. Alcohol detoxification was also provided although the prison could not give us the number of prisoners who had received this treatment.
- 1.68 Twenty-three young men were engaged with the Ad:ept psychosocial service and were largely positive about their treatment, although there were concerns about waiting times. Comprehensive assessments took place within the first 20 working days and one-to-one work was started within two or three weeks. This delay was excessive given the relatively low caseloads of about 15 for each worker.
- 1.69 Low intensity, harm reduction-based, one-to-one psychosocial interventions addressing both drugs and alcohol were of good quality. A basic accredited drug and alcohol awareness group programme was also available. The group work programme Prison Addressing Substance Related Offending (P-ASRO) was delivered to the young adults.
- 1.70 There was no higher intensity drug recovery wing or coordinated intervention to support young adults when this was the appropriate action to take, although Ad:ept workers could provide one-to-one support to this end. It was positive that external facilitators from Alcoholics Anonymous ran weekly sessions. There was no peer support or mentoring scheme, although Ad:ept held a focus group twice a year.
- 1.71 No dual diagnosis service was available. Young men told us that the mental health team would not work with them if they had drug or alcohol problems.



Recommendations

- 1.72 **Meetings at which drug strategy is discussed should involve all relevant departments and service providers to improve communication and the coordination of services.**
- 1.73 **There should be a fully integrated multidisciplinary addictions team to deliver timely and effective clinical and psychosocial drug and alcohol services, including group work, based on a full needs assessment.**
- 1.74 **The establishment should repeat its substance use needs analysis annually to ensure that service provision matches current prisoner need, and reflect this in an up-to-date strategy that contains action plans and performance measures.**
- 1.75 **A dual diagnosis service should be developed for young men who experience mental health and substance-related problems.**





Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 The Hydebank Wood complex was set in a pleasant campus site. It was in good order and mainly well maintained, although some units were in need of refurbishment. Shower facilities were mixed in quality and some were poor. Cleaning materials were readily available and there was good access to laundries. Prisoners complained about the cost of telephone calls. Responses to request and complaint forms were prompt. Prisoners complained about delays in accessing stored property.
- 2.2 Outside areas were pleasant and well presented. The accommodation in Beech and Cedar was more spacious and brighter than that in Elm and Willow. Cells and communal areas were clean but in some of the residential houses, particularly Willow and Elm, showers were dirty and in a poor state of repair with flaking paint. There was some graffiti but it was not widespread. Prisoners had good access to showers. In our survey, 85% of respondents said they were normally able to shower every day against the comparator of 70%.
- 2.3 Cleaning materials were readily available. All prisoners could wear their own clothes, and access laundry facilities. Bedding issued by the prison was in a reasonable state, although some was discoloured. In our survey, only 41% of respondents said they normally received clean sheets every week, against the comparator of 75%, although during the inspection they were readily available and prisoners did not report problems.
- 2.4 There were telephones fitted with privacy hoods on all wings. Many prisoners we spoke to complained about the cost of telephone calls. Mail procedures were satisfactory. Notices displayed in communal areas were up-to-date and accessible.
- 2.5 Application forms were available in the communal areas and response rates were good. In the year to January 2013, nearly 90% of requests were answered on time. Prisoners could submit a request to retrieve items from their stored property but told us that this process could be slow.
- 2.6 We found that fire hoses were locked at night, which was inappropriate even though keys were available.



Housekeeping points

- 2.7 The procedures to retrieve stored property should be timely and meet the needs of prisoners.
- 2.8 Fire hoses should not be locked at night.

Staff-prisoner relationships

Expected outcomes:

Prisoners are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.9 Most landing staff engaged reasonably well with prisoners. Interaction during association was limited in some areas but friendly in others. More than three-quarters of survey respondents said that staff treated them with respect, but fewer than the comparator said they had a member of staff they could turn to for help.
- 2.10 In our survey, 78% of respondents said that staff treated them with respect, against the comparator of 66%, and was also significantly improved from our 2007 inspection. However, only 63%, against 71%, said there was a member of staff they could turn to if they had a problem. Our observations were also mixed; we saw some staff interacting with prisoners in a professional and friendly manner, but we also heard some dismissive comments by staff about prisoners, and rarely heard them using prisoners' first names.
- 2.11 Staff entries in wing files were primarily about observed behaviour relating to the PREPS process. Landing staff did not contribute to sentence planning and there was no personal officer scheme.
- 2.12 There was a prisoner forum but it was poorly attended by prisoners and by partner agencies, for example, health care, learning and skills, and probation. Issues raised by prisoners were recorded and action taken where appropriate and this was reported back at the next meeting.

Recommendations

- 2.13 **Staff should regularly check on the progress of prisoners and use this knowledge to contribute effectively to sentence planning and maintaining dynamic security.**
- 2.14 **Prisoner forums should be attended consistently by partner agencies and a wider cross-section of prisoners, and should deliver more productive outcomes.**



Equality and diversity

Expected outcomes:

The prison demonstrates a clear and coordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic³ are recognised and addressed: these include race, equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

2.15 The strategic management of equality and diversity was weak. Equality and diversity meetings were not always attended by key stakeholders, and not all the protected groups were discussed. Monitoring and analysis of equality and diversity were also weak, and discrepancies in outcomes for Protestant and Catholic prisoners were not investigated. There was under-recording of disability and support was poor, and adapted cells were not accessible to those with poor mobility. There was little information for prisoners about protected groups or the support available.

Strategic management

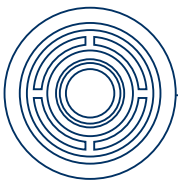
2.16 The strategic management of equality and diversity was weak, and some key departments did not routinely attend the monthly equality and diversity meeting, although there was regular external and prisoner representation. The agenda did not cover all the relevant diversity issues.

2.17 An equality and diversity manager and a discipline officer were allocated day-to-day responsibility for work in the area but had only limited facility time. New officer recruits received equality and diversity training but, despite our previous recommendations, existing staff had no similar training. This was particularly relevant given that 90% of staff were Protestant while over half the prisoner population were Catholic. The ratio of male to female staff with prisoner contact was appropriate.

2.18 Monitoring and analysis of equality and diversity were weak, and discrepancies in outcomes for Protestant and Catholic prisoners were not well understood. Section 75 equality monitoring (Northern Ireland Act, 1998) indicated that outcomes for Catholic prisoners were more negative on some issues, notably basic level PREPs (see the incentives and earned privileges section) but in practice monitoring was very limited and did not cover many key outcomes. In our survey, Catholic respondents were far more negative than Protestants about a range of important issues (see main recommendation HP47). Monitoring also did not include all the protected groups. The corporate equality and diversity action plan was reviewed at meetings, but there was no local action plan.

2.19 Discrimination complaints were submitted through the general complaints system. Eleven discrimination complaints had been received at Hydebank Wood and Ash House between August 2012 and January 2013 but there appeared little clarity about what constituted a diversity complaint. The equality and diversity manager dealt with discrimination complaints, unless there was an allegation against staff, when they were referred to a governor. Scrutiny arrangements for discrimination complaints were poor.

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).



- 2.20 There were no formal links between equality and diversity and safer custody staff, and no systems to identify prisoners who had been found guilty of a racially aggravated offence or an incident of racist bullying to enable risk assessments to be completed.

Recommendations


- 2.21 **The terms of reference for the equality and diversity meeting should include all the protected characteristics. All staff, including the equality and diversity manager, should receive regular refresher training focused on the Northern Ireland context.**
- 2.22 **The discrimination complaints process should include criteria for what constitutes equality and diversity discrimination, as well as robust scrutiny arrangements.**
- 2.23 **Information about prisoners who have committed a racially aggravated offence or been involved in racist bullying should be collated and used in cell-sharing risk assessments.**

Housekeeping point

- 2.24 The prison should develop a local equality and diversity action plan, which should be reviewed at each equality and diversity meeting.

Protected characteristics

- 2.25 At the time of the inspection, there were three black and minority ethnic prisoners and three Irish Travellers, Gypsy or Romany prisoners. There were no specific consultations with them.
- 2.26 A comprehensive, corporate foreign national policy covered the three prisons in Northern Ireland. At the time of the inspection, six foreign nationals were held, none solely on immigration grounds. One could not read or speak English, and interpreting services were used routinely and a record kept. There was no list of staff and prisoners prepared to interpret routine, non-confidential matters.
- 2.27 Foreign national prisoners could make a free 10-minute weekly telephone call unless they had more than £30 in their accounts or received domestic visits. The UK Border Agency held quarterly surgeries, where prisoners were seen individually. The establishment had links with Embrace Northern Ireland, a church group that assisted asylum seekers.
- 2.28 In our survey, 27% of respondents considered themselves to have a disability, but there were none on the local disability register. Only 47% of these prisoners said they had felt safe on their first night, against 70% of respondents without a disability, and they were also more negative about a range of other key outcomes. Two cells on Beech and Cedar wings had been adapted for prisoners with disabilities, but they were up a flight of stairs and so not accessible to those with poor mobility. Support for this group was particularly poor.
- 2.29 Staff said they were aware of at least three prisoners who were gay or bisexual. We spoke to these prisoners who felt frustrated that there was very limited support in the establishment for them, although one had been given the contact details of two appropriate external organisations.



2.30 The prison held young men aged 18 and over, with the oldest aged 22. The prison had previously held juveniles, and staff were familiar with safeguarding procedures.

Recommendation

2.31 **There should be consultation or one-to-one support for all protected groups to ensure their needs are addressed.**

Housekeeping point

2.32 The prison should investigate the reasons for the under-reporting of disabilities by prisoners.

Faith and religious activity

Expected outcomes:

All prisoners are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and resettlement.

2.33 Faith provision was good but significantly fewer Catholics than Protestants prisoners felt that their religious beliefs were respected. There was good pastoral support and effective links with external organisations.

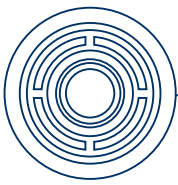
2.34 Faith provision was good, and there was daily monitoring of prisoners' religious activity to ensure that provision met need. The small chaplaincy worked part time and was led by a Catholic chaplain. Minority faith leaders came to the prison as required. In our survey, 69% of prisoners said it was easy to see a chaplain and attend faith services, but only 54% of Catholic prisoners felt their religious beliefs were respected against 80% of Protestants.

2.35 Christian services took place on Sundays but the chapel was not routinely open to prisoners on other days. The multi-faith room was small and functional. The Muslim chaplain saw Muslim prisoners individually on their wings. Services for vulnerable prisoners were held on their unit. Chaplains maintained an extensive list of religious artefacts that could be bought by or for prisoners. All major faith and cultural events were celebrated.

2.36 Faith study groups included the Sycamore Tree restorative justice course and a three-day Kainos (Christian charity) programme, with continuous follow-up. There was good pastoral support for prisoners, including bereavement counselling from Cruse bereavement support, practical support for prisoners and their families from the St Vincent de Paul Society Christian charity, and official prison visitors.

Recommendation

2.37 **The establishment should investigate why fewer Catholics than Protestants feel that their religious beliefs are respected.**



Housekeeping point

2.38 The prison should review the number of hours that chaplains need to undertake their duties.

Complaints

Expected outcomes:

Effective complaints procedures are in place for prisoners, which are easy to access, easy to use and provide timely responses. Prisoners feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.39 Complaints were handled quickly but not all were investigated thoroughly or concluded properly, and quality assurance was not robust. There was no evidence that senior managers routinely analysed complaint statistics or took action to address issues.
- 2.40 Complaint forms were freely available and prisoners understood the process, including complaints to the Ombudsman. In our survey, 24% of prisoners said complaints were dealt with fairly, against 8% at the 2007 inspection. However, 28%, against the comparator of 14%, said they had been prevented from making a complaint – which increased to 37% of Catholic prisoners compared with 17% of Protestants.
- 2.41 Some prisoners said they had little faith in the system, and they were not routinely consulted about it. Unlike the rest of the UK, there were no confidential access envelopes to enable prisoners to make complaints to the governor.
- 2.42 Complaints and responses were typed, and most responses were respectful and focused. However, not all were investigated thoroughly or concluded, including some relating to staff and some that had been referred to the police. Quality checking of responses by senior managers was inadequate.
- 2.43 Complaints were not monitored by numbers upheld or refused, or by protected characteristic of the complainant. Data on number, wing, topic, gender, and timeliness of response were published in monthly decency performance measure reports, and the equality and diversity manager included a similar summary in his reports, with the addition of breakdown by religion. There was no evidence that senior managers routinely analysed complaint statistics or took action to address issues.

Recommendation

- 2.44 **Senior managers should quality check complaints robustly to ensure they are thoroughly investigated and concluded, and analyse complaint statistics and address any issues identified.**

Housekeeping point

- 2.45 Prisoners should be consulted about the complaints process to monitor and improve confidence in the system.



Legal rights

Expected outcomes:

Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.

2.46 Prisoners said that they had good access to legal services. A bail service operated and there were suitable private facilities for legal visits.

2.47 In our survey, significantly more respondents than the comparators said it was easy to see their solicitor, attend legal visits and get bail information. Queries about bail hostels were directed to a housing rights worker employed by the Housing Rights Service and based in the prison two days a week. A few up-to-date legal reference volumes were held in the library. Legal visits could be booked five days a week and took place in suitable private facilities.

Health services

Expected outcomes:

Prisoners are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which prisoners could expect to receive elsewhere in the community.

2.48 There had been improvement in health services and some good initiatives had been introduced, but these were not yet fully delivering effective outcomes for prisoners. Facilities were mixed and some resuscitation equipment was out of date. Prisoners had delays in seeing health care professionals. Staffing issues were impacting on services. Dental services were good, but in-possession medications arrangements were inadequate. Mental health services had improved but referral criteria were too restrictive.

Governance arrangements

2.49 South Eastern Health and Social Care Trust (SEHSCT) provided the health services. Strategic and operational forums had been restructured, and local governance was assisted through joint senior management meetings. Senior health care staff had some concerns about the lack of collaborative working, although other staff felt that this was improving. Information-sharing protocols were not fully developed.

2.50 The prison health care strategy 2010-15 had not been finalised. A draft health needs assessment had been completed. Data collection required improvement, notably the breakdown and monitoring of self-harm incidents, to identify those at risk and make appropriate referral to the mental health team.

2.51 Most health care staff had transferred to SEHSCT on 1 April 2012, and some staff were seconded to the Trust until 31 March 2013. Some appointments were still pending. Staff told us that progress in delivering some health care services had been hampered by staff shortages.



- 2.52 Induction programmes for nurses needed improvement so that newly employed primary care nurses were better equipped for the responsibility of the post, particularly assessment for referral to the mental health team. Nurses told us they felt that life support training should be at the higher intermediate level. The uptake of mandatory training was poor, and staff appraisals and clinical supervision required improvement.
- 2.53 A key/associate worker model was in place (someone who coordinates patient care). There was evidence of good staff interactions with prisoners but health care staff did not wear name badges.
- 2.54 Health care facilities were generally satisfactory but the health care room for Elm and Willow units was not fit for purpose. A ligature risk assessment had been under-taken, however this was no longer applicable as there was no longer an inpatient unit. Nursing staff still undertook prison officer duties which was of particular concern at night when only one member of staff was on duty.
- 2.55 Separated prisoners occupied part of the health care accommodation, reducing the availability of facilities and affecting the delivery of life skills programmes.
- 2.56 There was good communication with relevant agencies in the management of communicable diseases.
- 2.57 Safety checks identified out-of-date resuscitation equipment and emergency drugs. Defibrillators were accessible, but safety checks on defibrillators for which the Northern Ireland Prison Service was responsible had not been recorded.
- 2.58 The occupational therapist had introduced some good initiatives but a lack of appropriate facilities had hampered progress. We were informed that a range of mobility aids and equipment was available, although it was unclear whether this was always made available to prisoners who needed it.
- 2.59 A health care leaflet explaining how to access services was provided to new arrivals. This was clearly written, but only available in English. Complaints about health services were reviewed to identify trends and patterns.

Recommendations

- 2.60 **There should be information-sharing protocols to enable the efficient and confidential sharing of relevant information.**
- 2.61 **Data collection to inform the health needs assessment should be improved and used to finalise a prison health care strategy.**
- 2.62 **Induction programmes for nurses should be improved to ensure they are equipped for the responsibility of the post.**
- 2.63 **Nursing staff should not undertake prison officer duties.**
- 2.64 **The health care room which serves Elm/Willow units should be refurbished.**
- 2.65 **Safety checks on resuscitation equipment and drugs should be monitored, and safety checks on defibrillators under the responsibility of the Northern Ireland Prison Service should be recorded.**



Housekeeping points

- 2.66 Prisoners should be able to identify staff by their name badges.
- 2.67 The occupational therapist should be given appropriate facilities.
- 2.68 The health care leaflet should be available in a range of languages.

Delivery of care (physical health)

- 2.69 Committal records indicated that an initial health care assessment was completed within 24 hours. The full 72-hour assessment was not available or only partially completed. A project to engage staff in improving systems of work and quality of delivery had started to review the committal pathway.
- 2.70 In our survey, only 28% of respondents, against the comparator of 43%, said that it was easy to see a doctor. Data collection on access to health care needed improvement. There were variations in the nurse triage process which could result in unacceptable delays and needed review. At times there was the potential for nurses to work outside their levels of competence, and inconsistencies were noted in referral to GPs. We asked to see the four-week triage lists but these could not be provided. A drop-box system was to be introduced for self-referral.
- 2.71 We examined a sample of care records on EMIS (Egton Medical Information System). Some entries were poor and not all interventions were recorded, while others were comprehensive and gave a good account of care provided. Health care records were not audited regularly.
- 2.72 Clinics for the monitoring and implementation of chronic diseases had been affected by the departure of specialist nurses, and screening was limited. Hepatitis B vaccinations were offered on committal and 'flu vaccination clinics were held routinely. Tetanus vaccine was available on request but barrier protection was not available. There was a range of health promotion information.
- 2.73 A range of waiting lists was centrally managed. Referral to the genitourinary medicine services had been frequent and turnaround times for appointments were good.

Recommendations

- 2.74 **A full health care assessment should be completed within 72 hours of committal.**
- 2.75 **The collection of data on access to health care professionals should be improved to avoid unacceptable delay.**
- 2.76 **Nurses should work within their competency framework.**
- 2.77 **Data should be collected on prisoners with lifelong conditions and care should be provided by nurses with the relevant skills and competency.**

Housekeeping points

- 2.78 The quality of recording on EMIS should be improved and there should be regular audits of health care records.
- 2.79 Prisoners should have access to barrier protection.



Pharmacy


- 2.80 A community pharmacy provided the pharmacy service. Monthly dispensing data were reviewed by the senior pharmacist. There were clear lines of accountability for safe and secure handling of medicines through strategic meetings and the operational forum. There were appropriate arrangements for managing adverse incidents involving medications. The full capability of EMIS was not used to retrieve data on medicines management.
- 2.81 There were up-to-date policies, standard operating procedures (SOPs) and patient group directions, but only SOPs for controlled drugs were audited.
- 2.82 On committal, prisoners were risk assessed for in-possession (IP) medication and an IP risk assessment form was completed. Some reviews of initial assessments were not recorded and did not accurately reflect risk.
- 2.83 There had been work to reduce the number of divertible medications that were held in possession, for example through supervised administrations. In our survey, 46% of prisoners said that they received medications, 63% of whom said that they held these in possession.
- 2.84 There were no regular checks on prisoners who had IP medications. It was inappropriate that prisoners who were deemed for some reason no longer suitable for receiving their medications in-possession were not always offered the alternative of supervised administration. There were no notices to inform prisoners of the availability of patient information leaflets.
- 2.85 Records for the disposal of medicines were not maintained, although these medicines were at risk of diversion and needed to be closely monitored. Treatment room audits were carried out infrequently. An audit in January 2013 had shown that date checking had not been completed. The maintenance of accurate stock balances for emergency stock, discretionary and extended discretionary list medicines had not been monitored.
- 2.86 Controlled drugs subject to safe custody requirements were administered via a supervised swallow. Records were appropriately maintained and stock balances were accurate. There was a quarterly management of controlled drugs audit. Stock reconciliation checks were not carried out at all shift handovers.

Recommendations

- 2.87 **There should be a robust audit tool to measure compliance with the standard operating procedures, and a monthly treatment room audit which includes date and stock control checks.**
- 2.88 **In-possession forms should be monitored for accuracy. Compliance checks should be completed and reviews recorded. The policy on noncompliance with in-possession medication should be reviewed.**

Housekeeping points

- 2.89 There should be a clear record of all medicines disposals.

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- 2.90 Accurate medications stock books should be maintained and records of emergency stock medicines and discretionary medicines should be checked.
 - 2.91 Controlled drug stock reconciliation checks should be completed at each shift handover.
 - 2.92 Notices should be displayed to inform prisoners of the availability of patient information leaflets.
 - 2.93 EMIS should be used to collect a wider range of data on medicines management.

Dentistry

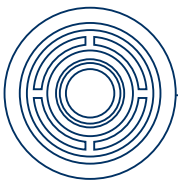
- 2.94 Dental services were generally good, waiting lists were not long, and urgent cases were seen the next day. The Department of Health, Social Services and Public Safety target, November 2012, for compliance with HTM 01-05 (health technical memorandum on decontamination of reusable dental and medical instruments) had not been achieved. A legionella risk assessment was required for water lines in the dental surgery. Any problems with compliance with Control of Substances Hazardous to Health regulations were addressed immediately.

Recommendation

- 2.95 **There should be compliance with the health technical memorandum on decontamination of reusable dental and medical instruments (HTM 0105), and a legionella risk assessment.**

Delivery of care (mental health)

- 2.96 Mental health services provided by a multidisciplinary team had improved and included mental health nurses. The patients care pathway had a tiered approach intended to reflect community mental health service provision. There was a focus on the 'talking therapies' and group work, but there was a lack of procedural guidance and clear governance.
- 2.97 New referrals and casework were discussed at weekly team meetings. Decisions were made on care planning, treatment options and discharge, but no records were taken. Administrative support, office and consultation facilities were not provided.
- 2.98 In our survey, 55% of prisoners said that they had mental health problems, against the comparator of 21%. Mental health nurses only screened committal assessments. Initial liaison between mental health and primary care staff to enhance understanding of the mental health service was good practice. More collaborative work was needed to involve mental health nurses in the committal process and provide feedback to primary health care nurses.
- 2.99 Caseloads appeared low and there were very strict referral criteria; prison officers could no longer make a referral. Review appointments were informal and records of contact were sometimes sparse. Prisoners with a dual diagnosis were not always appropriately referred. There was a high level of personality disorder, and mental health nurses needed training in this. There was a need for social work support to enhance liaison between prisoners and community services.
- 2.100 The service did not fully reflect the community mental health service model. There was no scope for fast tracking prisoners, crisis work or an intensive short-term home treatment model. Prisoners who self-harmed were assessed by primary care professionals, but there were no procedures for joint working and



onward referral. We observed complacency on the part of some staff to managing self-harm, and urgent improvement was needed in the support offered to prisoners who self-harmed (see suicide and self-harm section).

- 2.101 The mental health team only contributed to the SPAR review of prisoners on their caseload rather than an individual needs basis. More collaborative working was needed in this area. There was good attendance by prisoners at 'living well behind the door' groups (focused on stress and anxiety management and coping with prison life) in the health care centre and Beech 3 landing.
- 2.102 Prisoners told us that excessive lock downs affected their mental state and could cause suicidal thoughts. Treatment plans were disrupted and improvement in communication was needed between mental health and discipline staff.
- 2.103 Not all patient contacts were electronically recorded and what records existed were brief. There were no formal individual care programmes, and discharge planning from the mental health service needed improvement. Prisoners were not familiar with their management plan and risk assessments, and did not sign care plans.

Recommendations

- 2.104 **The criteria for referral to the mental health service should ensure that there are no undue delays in prisoners using mental health services, including after serious cases of self-harm.**
- 2.105 **Mental health staff should be involved in committal assessments.**
- 2.106 **There should be improved communication and collaboration between mental health staff and GPs, consultant psychiatrist, primary care and discipline staff.**
- 2.107 **Multidisciplinary team decisions should be shared with the patient, all contacts with prisoners receiving mental health care should be documented, and patients should sign care plans and assessments to demonstrate partnership working.**

Housekeeping points

- 2.108 The mental health team should have adequate administrative support and office and consultation facilities.
- 2.109 Information on and access to mental health services should be available to prisoners on committal and on the landings.
- 2.110 Patients' notes should clearly reflect their individual pathways through the mental health service, and provide information on the time of review appointments.

Good practice

- 2.111 There was initial liaison between mental health and primary care staff to enhance understanding of the mental health service.



Catering

Expected outcomes:

Prisoners are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

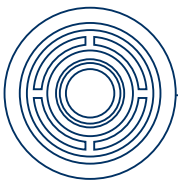
- 2.112 Only 15% of prisoners said that the food was good. The menu was repetitive and did not offer the recommended five portions of fruit and vegetables a day. Food handling arrangements on wings were poor. Catering facilities for prisoners on Cedar 5 were very good.
- 2.113 The kitchen was clean and well organised, and the most recent environmental health inspection had awarded the highest rating of five stars.
- 2.114 In our survey, only 15% of prisoners said the food was good. The three-week menu cycle was repetitive, and did not offer the recommended five portions of fruit and vegetables a day. Dietary options were indicated, and there were separate menus for minority groups. The main religious and cultural events were celebrated with appropriate meals.
- 2.115 The catering manager attended monthly prisoner consultation forums. Questions in the most recent food survey in November 2012 had allowed little scope to suggest improvements. A new improved survey had recently been distributed with higher response rates but had not yet been analysed. There were no food comments books, and only three food complaints had been received in the last six months.
- 2.116 Few wing staff and prisoners had completed food hygiene training, and food handling procedures at wing serveries were poor. Managers carried out infrequent checks of serveries. Meals were served at appropriate times, and prisoners dined communally unless staffing levels dropped. The kitchen for enhanced prisoners on Cedar 5 was very good, enabling prisoners to cook for themselves.

Recommendations

- 2.117 **The menu should be less repetitive, and should include at least five portions of fruit and vegetables a day.**
- 2.118 **Wing serveries should conform to the relevant food and safety hygiene regulations.**

Housekeeping point

- 2.119 The prison should introduce food comments books or other methods of receiving feedback about the food.



Purchases

Expected outcomes:

Prisoners can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

- 2.120 New arrivals could place a tuck shop order if they had money but those without were not offered an advance. Prisoners could buy items that were not on the published shop list, but were unfairly penalised by a fee on some catalogue orders.
- 2.121 In our survey, 58%, of prisoners against the comparator of 41%, said that the shop sold a wide enough range of goods to meet their needs. Prisoners arriving with money could place an order on the day of arrival but an advance was not offered to those who had no money.
- 2.122 The shop was managed in-house and mistakes were quickly rectified. Prisoners could buy items not on the shop list, such as CDs, and food had recently been purchased from a Chinese supermarket to meet the needs of Chinese prisoners. Many prisoners found items expensive and there was insufficient choice of non-branded goods. There were no hobby items on the list but prisoners had access to an extensive hobby catalogue in the shop.
- 2.123 Prisoners' families were expected to bring clothes from home, but prisoners who did not have regular visits could buy from catalogues four times a year. Prisoners were charged £1 on catalogue orders of £10 or less, which was unfair.
- 2.124 Changes were made to the shop list following annual prisoner surveys and consultation meetings.

Recommendations

- 2.125 **New arrivals without money should be offered a repayable advance to make a purchase from the shop.**
- 2.126 **Prisoners should not be charged a fee on catalogue orders.**

CHAPTER 3:

Purposeful activity



Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.⁴

- 3.1 There was significant slippage in the regime and most prisoners spent too long locked in their cells. Prisoners needed more access to outside activities.
- 3.2 The published regime allowed for 9.5 hours out of cell on weekdays and 7.5 hours at weekends. In the preceding three months, according to the prison's data, time out of cell had averaged between 5.2 and seven hours (see main recommendation HP48).
- 3.3 We found evidence of late unlocks on Mondays, when staff meetings took place. During two roll checks we found that nearly all prisoners were unlocked, but if staffing levels dropped, or there was an alarm, prisoners were locked in their cells. This was a very regular occurrence with over 3,000 hours of time out of cell lost in the previous three months, mainly due to staffing issues (see also paragraph 1.38).
- 3.4 In our survey, only 7% of prisoners said they went out on exercise three or more times a week, and 15% said they went on association more than five times a week.

Recommendation

- 3.5 **Prisoners should be given the opportunity of outside exercise daily.**

⁴ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.



Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

3.6 Learning and skills provision was inadequate. Management and leadership of learning and skills were poor and coordination needed to be improved. There were not enough activity places and those available were poorly used. Levels of attainment and accreditation were too low, particularly in the critical areas of literacy and numeracy. The quality of teaching, training and learning required improvement in more than half the lessons. The use of data to inform the self-evaluation process and to drive up standards was poor. The library and associated book clubs were excellent. Too few prisoners were engaged in challenging work activities, and the opportunities for them to gain work-related qualifications were poor.

3.7 The Education and Training Inspectorate (ETI) made the following assessments about the learning and skills and work provision:

Achievements of prisoners engaged in learning and skills and work:	Inadequate
Quality of learning and skills provision:	Inadequate
Leadership and management of learning and skills and work activities:	Inadequate

Management of learning and skills and work

- 3.8 Learning and skills provision was under review and in a state of flux. This was adversely affecting the depth, quality and outcomes of the learning and skills provided, which failed to meet the needs of prisoners adequately. Staffing levels were too low and much more needed to be done to enhance the effectiveness of the curriculum and improve outcomes for prisoners.
- 3.9 There was no coherent, strategic approach to the provision of learning and skills. There was not enough purposeful activity for all prisoners and too few were employed in appropriately challenging or realistic work activities. The leadership and management of learning and skills were inadequate at all levels and there was a lack of clarity in the leadership and management of vocational training. There was not enough use of data to monitor performance, too little robust evaluation of the quality of teaching and learning, and action to promote improvement was taken much too slowly.
- 3.10 Quality assurance and self-evaluation arrangements were weak and had not identified underperformance. The self-evaluation process was not underpinned by a robust use of data to identify and address weaknesses.
- 3.11 Links between learning and skills and other key services, such as the offender management unit and resettlement, were not well developed, and the learning and skills contribution to custody and sentence plans needed to be strengthened and more closely monitored (see main recommendation HP49).



Recommendations

- 3.12 **The quality assurance and self-evaluation arrangements should be strengthened, particularly through more effective collation, analysis and use of data.**
- 3.13 **The learning and skills contribution to custody and sentence plans should be strengthened and more closely monitored.**

Provision of activities

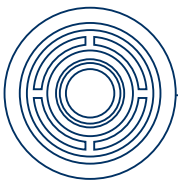
- 3.14 The curriculum for learning and skills was much too narrow. It did not reflect employment opportunities in the labour market and continued to reduce in scope because of staffing issues. There were significant gaps in provision, for example, at the lower levels of literacy and numeracy and in the opportunities for prisoners to achieve higher level qualifications in education and vocational training. Provision for prisoners who already had qualifications was unsatisfactory, and inadequate for those who could not regularly attend the learning and skills centre (see main recommendation HP49).
- 3.15 Prisoners did not have enough purposeful activity. There were just 40 places in vocational training, although they were never fully used. Just over half the vocational training activities led to accredited qualifications, but only at level 1. In addition, there were just under 40 orderly jobs, most of which were on the landings. Not enough prisoners were involved in suitably challenging work with the opportunity to acquire a qualification at a level acceptable to outside employers.
- 3.16 The education and training capacity was significantly underused. Far too much learning time was lost each day due to the persistent late arrival of prisoners for morning and afternoon sessions. With the exception of recreation classes such as ceramics and pottery, very few learning and skills classes were working close to capacity.
- 3.17 There was limited provision of English for speakers of other languages (ESOL), but it was satisfactory.

Recommendations

- 3.18 **The curriculum should be broadened significantly to meet the needs, interests and aspirations of prisoners and prepares them for employment on release.**
- 3.19 **The number of prisoners engaging regularly in purposeful activities should be increased.**
- 3.20 **Prisoners should arrive at learning and skills and work activities on time to maximise their learning and work time.**

Quality of provision

- 3.21 The learning and skills centre was welcoming and well maintained, and there were good, supportive relationships between prisoners and staff. Most prisoners participated well in the lessons. The accommodation and resources for vocational training were good.
- 3.22 The quality of the teaching, training and learning varied considerably: about 40% of it was good, 33% satisfactory and 25% required significant improvement, which was concerning. The less successful lessons were characterised by a slow pace of learning, insufficient challenge for prisoners and too much time spent completing uninspiring worksheets, which hampered progress. There were unnecessary interruptions to



lessons from other prisoners randomly walking in. The quality of literacy work in the book clubs was excellent.

- 3.23 Training in the vocational workshop focused at the right level to engage prisoners. Opportunities for suitable work-based projects in painting and decorating and brickwork were well exploited. Too little vocational training, however, was accredited, which reduced the options for prisoners' future employability.
- 3.24 Recreational courses such as art, cookery and ceramics were popular with prisoners: lessons were active and purposeful and attendance was good. Prisoners' artwork was used effectively to enhance the prison environment. While the range of information and communication technology (ICT) courses had increased, it was still limited and the quality and pace of learning were too low.

Recommendations

- 3.25 **The quality of teaching, training and learning should be improved to engage all prisoners more effectively.**
- 3.26 **The number and quality of work activities should be improved.**

Education and vocational achievements

- 3.27 The needs of many prisoners with clearly identified low levels of literacy and numeracy were not met (see main recommendation HP49). There was low attendance at literacy sessions, and the transitory nature of the staffing resulted in a lack of coherence and progress. Attendance at numeracy sessions was generally poor with few opportunities for prisoners to engage in activities other than completion of worksheets. Prisoners with good prior qualifications in literacy and numeracy were unable to progress further.
- 3.28 Outcomes for prisoners were variable. In money management, ICT and preparation for employment they achieved accredited outcomes. In education, not enough use was made of information from the initial assessment to identify prisoners' learning needs, set targets and track progress. Consequently, the achievements of prisoners in literacy and numeracy were inadequate and their standard of work was poor. Only a few prisoners achieved accredited vocational qualifications.

Library

- 3.29 The library was a very good facility which was well used by prisoners. It was an inclusive, welcoming resource that was well maintained, with a very good range of contemporary and recreational reading matter. There was a good range of novels and non-fiction, complemented with easy-reads and foreign-language texts. There was a small number of up-to-date legal reference volumes and daily newspapers and some magazines.
- 3.30 The library was promoted across the prison, valued by prisoners and the levels of borrowing were high. However, there was virtually no access to the internet (see recommendation 4.36) and not enough access to the library at weekends.

Recommendation

- 3.31 **The library should be open at weekends.**



Physical education and healthy living

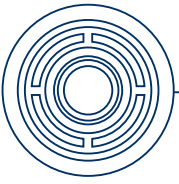
Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.32 PE was promoted well and prisoners had access to good facilities that were well used and managed. There was a wide range of well-maintained fitness equipment. There were excellent working relationships between PE staff and prisoners, but there were no effective links with the learning and skills and health care departments.
- 3.33 Physical education was promoted well throughout the prison. Induction to PE was clear and prisoners were encouraged to make good use of the facilities, including at weekends. There was a well-established routine for ensuring that places for each session were filled.
- 3.34 Prisoners had good access to PE facilities and the accommodation was good. Staff encouraged prisoners to engage in activities other than football and weight training. The fitness suite included a range of cardiovascular machines, free weights and resistance machines. Cardiovascular equipment was also located across residential areas. A well-used outdoor synthetic pitch complemented the indoor sports facilities.
- 3.35 PE activities were led by an acting senior officer, supported by four PE instructors. The PE staff had excellent working relationships with prisoners and offered them good support and advice on training programmes and the proper use of equipment. Staff needed to gain the necessary qualifications to re-introduce a range of outdoor and adventure activities, subject to security risk assessments. There were no effective links between the PE department and learning and skills and health care to develop prisoners' understanding of the importance of maintaining a healthy lifestyle.

Recommendations

- 3.36 **PE staff should achieve the qualifications required to re-introduce a range of outdoor and adventure activities, subject to security risk assessments.**
- 3.37 **The PE department should develop effective working arrangements with the learning and skills and health care departments to develop prisoners' understanding of the importance of maintaining a healthy lifestyle.**



CHAPTER 4:

Resettlement



Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 Strategic management of resettlement had improved, although there was still no local needs analysis or NIPS resettlement policy. The governor of the offender management unit and the heads of probation and psychology formed a cohesive management team which worked well together and with other disciplines.
- 4.2 We recommended in 2011 that offender management unit (OMU) communication structures should be reviewed and that strategic and operational meetings should have distinct terms of reference. This had been done and we saw minutes of regular meetings which demonstrated a more coherent approach to OMU business. However, the development of resettlement had been hampered by a lack of continuity in senior management.
- 4.3 The OMU was well established and its structure and model of delivery were appropriate to fulfil its purpose. It comprised a co-located team of prison officers, chaplains, psychologists, probation officers and voluntary sector agencies whose involvement was codified in service level agreements. Most OMU work was driven by Parole Commissioner requirements, such as delivering programmes, compiling dossiers and attending hearings. We were told that these activities curtailed the time that OMU staff could devote to prisoners' resettlement needs. The OMU structure and model of delivery was appropriate. Although it had lost some staff due to cuts, it was better protected from staff redeployment than most other areas of the centre.
- 4.4 The *Resettlement Strategy Hydebank Wood Prison and Young Offenders' Centre 2011-14* set the policy framework for resettlement. It outlined how services were to be delivered, in the context of background research, legislation, roles and responsibilities. The strategy still contained nothing specific about life-sentenced prisoners or SMART (specific, measurable, achievable, realistic and time-bound) objectives, omissions which we pointed out at the 2011 inspection.



- 4.5 OMU and residential staff were not well integrated, and there was little sense of a whole-prison approach to resettlement starting on prisoners' arrival. Many residential staff were unclear about their responsibilities to support resettlement which they viewed as an OMU responsibility. OMU staff and the new custody officer recruits were well trained and supervised, but there was little resettlement training for other residential staff.

Recommendations


- 4.6 **The resettlement strategy should be strengthened by incorporating a needs analysis, reference to life sentence prisoners and SMART (specific, measurable, achievable, realistic and time-bound) targets.**
- 4.7 **All residential staff should be trained to provide support for prisoners' resettlement.**

Offender management and planning

Expected outcomes:

All prisoners have a sentence plan based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Prisoners, together with all relevant staff, are involved in drawing up and reviewing plans.

- 4.8 Offender management work had improved. The approach to offender management comprised sentence planning for sentenced prisoners and resettlement planning for remand prisoners. Sentence plans generally addressed risks and needs, while resettlement plans focused mainly on social needs, such as relationships, accommodation and benefits, which might be a problem post release.
- 4.9 All new committals were expected to attend a resettlement board within four weeks of arrival, and most did so. At that stage the sentence or resettlement plan was prepared and prisoners confirmed that they were involved in preparing their plans. In our survey, 90% of sentenced prisoners said they had a sentence plan against the comparator of 64% and 33% at the 2007 inspection. Sixty-four per cent of prisoners who had an offender manager said that their manager visited them, against the comparator of 37%.
- 4.10 Sentence plans and resettlement plans were reviewed every six months. Some plans were well focused, but most contained aspirations such as 'maintain enhanced status' and 'remain drug free' rather than targets to reduce risk or enhance personal development.
- 4.11 All prisoners, including those on remand, were allocated a sentence manager, which was commendable. Most attention was paid to sentenced prisoners (on DCS and ECS sentences plus recalls). Nearly all prisoners in our focus groups said they knew their sentence manager and most said they had good working relationships.
- 4.12 Offender management procedures were reasonably good, but they were seriously undermined by poor purposeful activity outcomes. Prisoners said that the activities in their plans were usually very slow to start and/or frequently interrupted by staff absences and regime restrictions. While other services – mostly delivered by voluntary sector organisations – were good, they could not offset the lengthy, unpredictable lockup periods or poor learning and skills provision.

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- 4.13 Each prisoner had a weekly personal timetable but this was not grounded in reality. Sentence plans often did not inform allocation to activities or decisions about regime status. Self-motivated prisoners could achieve well, but they were in a minority; and, while sentence managers had a motivational role, they were reluctant to encourage prisoners into activities that might not be delivered.
- 4.14 The home leave board worked well. Prisoners participated in board meetings which focused on balancing risk management with resettlement opportunities: 75 applications had been granted and 27 refused over the past year. Five resettlement leaves had also been approved. Only three prisoners had been on a working out scheme, though Cedar 5 prisoners had escorted town visits at weekends.
- 4.15 OMU files were well structured and easy to follow. They contained appropriate information from all relevant agencies and demonstrated that the primary focus was on assessing and managing risk.

Recommendations

- 4.16 **All sentence plans should be individualised and have meaningful targets.**
- 4.17 **The working out scheme should be extended.**

Public protection

- 4.18 The Prison Service was a named participant in Public Protection Arrangements Northern Ireland (PPANI) which was placed on a statutory footing in 2008. The establishment had become more engaged with the PPANI since the previous inspection. A monthly PPANI meeting was held at the prison, convened and administered by the NIPS and chaired by the Probation Board. Governors were routinely involved and other NIPS personnel participated as necessary.
- 4.19 PPANI minutes demonstrated that prison staff were providing useful intelligence about prisoners' conduct and relationships. Timescales to formulate risk management and resettlement plans were particularly tight for recalled prisoners (there were 16 recalls at the time of the inspection) and for remand prisoners who were discharged at court or received short sentences.
- 4.20 At the time of the inspection, there were 14 prisoners within scope of the PPANI. Their plans included risk assessments and regular reviews. There was good consideration of victim issues, and the plans that we saw were individual and proportionate to risks posed by the prisoners. Prisoners subject to the PPANI, and those who met risk of serious harm criteria, told us that they were aware of their status and were involved in decisions about restrictions.
- 4.21 Safeguarding the needs of children was not promoted well enough in the prison: information about public protection and child protection was not well communicated to key areas, such as visits. Partner agencies were unaware of the status of the NIPS Safeguarding Children Framework and Guidance (revised August 2012) and were unsure if it was fully implemented.



Recommendation

- 4.22 **All relevant staff should be made aware of the Northern Ireland Prison Service Safeguarding Children Framework and Guidance, which should be fully implemented.**

Categorisation

- 4.23 Initial categorisation took place immediately following sentencing and was based on standard criteria, which included threats to the public and to prison security and history of violence. Security staff assessed the prisoner and assigned him to one of four security categories, of which he was informed. All cases were reviewed after 60 days by a panel of staff, including governors, representatives from the sentence management team, the security manager, psychologists and health care professionals. All cases were reviewed annually thereafter.
- 4.24 In reality, security categorisation had little impact on the prisoner's day-to-day regime. Hydebank Wood was the only young offender prison in Northern Ireland so young men were unable to move to other establishments to progress their sentence, and there was no differential in access to prison services or facilities for those with higher security categories, (apart from the small number of category D prisoners who had better access to the prison grounds (see also paragraph 1.38).

Indeterminate sentence prisoners

- 4.25 There were two life-sentenced prisoners at the time of the inspection and one prisoner detained at the Secretary of State's pleasure. They understood the indeterminate nature of their sentences and expected to transfer to Maghaberry Prison by their 24th birthday.
- 4.26 In 2011 we had recommended that lifer liaison officers should be appointed. The Prison Service believed that the amalgamation of the lifer management unit with Maghaberry OMU would help lifer management at Hydebank Wood. However, following the amalgamation in February 2012 there had been no improvement at Hydebank Wood, and coordination of lifer management was poor with no lifer files held in the prison. Lifers were not differentiated from other prisoners, their regime remained very limited, and they had had no annual reviews in 2012.
- 4.27 Prisoners potentially facing life sentences were not formally identified and supported in the establishment. The number of potential lifers was unclear, but those whom we interviewed said that someone, usually their sentence manager, had discussed their prospects in the event of conviction and a life sentence.

Recommendation

- 4.28 **Indeterminate sentence prisoners should be managed by the offender management unit at Hydebank Wood.**



Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are met prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

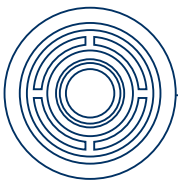
4.29 The accommodation needs of prisoners were assessed soon after arrival, and they were ably supported by an experienced housing rights worker. Only a few prisoners improved essential skills while in prison. Appropriate links with potential employers were limited. There were good links with community health services, but not with social services. There were good quality pre-release substance misuse relapse prevention and overdose awareness sessions. Prisoners knew where to get help with financial issues but were unable to open a bank account. They were well supported by a NIACRO adviser. The family liaison officers saw most, but not all new arrivals and established their need. The visits experience was reasonable. Prisoners recognised that offending behaviour programmes were an important component of risk reduction and decisions about release.

Accommodation

- 4.30 In our survey, over a quarter of prisoners said that they arrived with housing problems and 59%, against the comparator of 37%, said that they knew who to contact for help with accommodation. There had been no population needs analysis to identify the accommodation needs of prisoners.
- 4.31 Sentence managers, some of whom had received housing rights training, assessed the accommodation need of prisoners whom they could refer to an experienced housing worker from the Housing Rights Service, a voluntary organisation based in the OMU. The adviser had good links with the Northern Ireland Housing Executive (the local authority housing provider), hostels and accommodation providers. She provided information, advocacy and support on housing matters and responded to individual applications from prisoners. A pre-release interview identified any unmet need.
- 4.32 Social housing was limited and prisoners were often accommodated in a variety of hostels, some of which provided support for up to two years. Hostel places were only confirmed on the day of release, which was an understandable source of anxiety for prisoners. No prisoner had been released without an address since April 2012.

Education, training and employment

- 4.33 Outcomes from the initial assessment of prisoners' education and training needs were included in their sentence plan. However, clear, achievable targets for improvement, particularly in literacy and numeracy, were not set for prisoners with identified deficits in their learning. While links between offender services and learning and skills had been established, they needed to be strengthened to encourage greater participation in learning and skills and monitor progress against targets.
- 4.34 NIACRO provided an appropriate range of courses and services to improve the job search skills and employability of prisoners nearing the end of their sentence, but these services were adversely affected by the low number of prisoners who had reached an appropriate level of skill in literacy, numeracy and ICT while in prison (see main recommendation HP49). In addition, very few prisoners achieved accredited work-related skills.



- 4.35 Opportunities for prisoners to undertake job search activities were limited by poor access to the internet. Few prisoners benefited from links with potential employers, such as a work placement, prior to release, and information and advice on careers was inadequate. As a result, prisoners were ill informed about potential career pathways or continuing education or training on release.

Recommendations

- 4.36 **Prisoners should have better access to the internet to improve their job search skills.**
- 4.37 **There should be more opportunities for prisoners to acquire work-related skills and participate in suitable work placements before release.**

Health care

- 4.38 Health care staff had good links with community health services. Prisoners who had been at the establishment for more than one month were given a letter for their GP and seen by a nurse a few days before their discharge.
- 4.39 The mental health multidisciplinary team adhered to promoting quality care and discharge protocols for prisoners with complex mental health needs. The occupational therapist provided outreach support when required following discharge. There was no contact with community social services, who did not contribute to records of prisoners' histories.

Recommendation

- 4.40 **Community social services should be asked to contribute to detailed social histories where appropriate.**

Drugs and alcohol

- 4.41 Links between Ad:ept services in the establishment and the organisation's community-based projects across Northern Ireland were very good. Three community workers were available to make pre-release prison visits to help with accommodation and substance misuse-related support and referrals.

Finance, benefit and debt

- 4.42 In our survey, 28% of prisoners, against the comparator of 19%, said they had arrived with money worries and 60%, against 46%, knew where to get help with benefit advice. There had been no analysis to identify the finance, benefit and debt needs of prisoners.
- 4.43 Sentence managers assessed the financial needs of prisoners and could refer them to an experienced NIACRO worker based in the OMU, available two days a week. The adviser saw all new arrivals to assess their financial situation and provide information, advice and advocacy on financial issues. She saw all prisoners prerelease to address any unmet need, and could make appointments at benefits offices on release.
- 4.44 A budgeting course for prisoners had been withdrawn due to lack of interest. Prisoners were unable to open a bank account, although work was in progress to address this.



Recommendation

4.45 Prisoners should be assisted to open a bank account.

Children, families and contact with the outside world

- 4.46 Trained family liaison officers aimed to see all new arrivals to provide information about the services available and establish need. However, pressure on staffing levels had made this increasingly difficult.
- 4.47 Prisoners with children could apply for child-centred visits, which took place in a private room and provided an opportunity for a two-hour visit with limited supervision. This was a good facility, which was used most days of the week, but it had no visitors' toilet. Barnardo's ran parenting courses, which were sometimes used to help prisoners prepare for child-centred visits.
- 4.48 New arrivals could have their first visit the day after arrival, but the visits booking line was often engaged, making it difficult to book. The capacity for visits was adequate for the population.
- 4.49 NIACRO ran the visitors' centre and were very welcoming, especially to first-time visitors. They provided help and advice on the wide range of services provided through their Family Links initiative, which included visitor consultation and the assisted prison visits scheme.
- 4.50 The visits room was reasonable, and visitors could buy refreshments from a NIACRO trolley service. Family days were occasionally facilitated in the main visits room, but these were becoming less frequent following budget cuts.
- 4.51 Prisoners who were primary carers were not offered additional letters or incoming telephone calls. Release on temporary licence was used to encourage family ties.

Recommendation

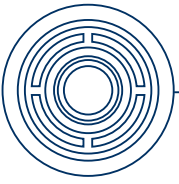
4.52 Prisoners who are primary carers should be offered additional free letters and should be able to receive incoming telephone calls from their dependants.

Good practice

- 4.53 The availability of child-centred visits and several parenting courses for prisoners was impressive.

Attitudes, thinking and behaviour

- 4.54 The range and scope of offending behaviour programmes had increased since our last inspection. 'Safer Lives' had been introduced, which was designed for sex offenders, and existing programmes, such as enhanced thinking skills, had been adapted for prisoners with learning disabilities. Work was taking place with prisoners who were in denial of their offences and programmes were delivered to individual prisoners who were unsuitable for a group, or if a group was not scheduled. A total of 42 young men had completed accredited offending behaviour programmes at Hydebank Wood in 2012-13.
- 4.55 In our survey, 45% of prisoners said it was easy to access offending behaviour programmes and 73% said they had been involved in programmes. In exceptional circumstances, for example unexpected release at court, arrangements could be made to deliver programmes in the community.



CHAPTER 5:

Recommendations, housekeeping points and good practice



The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

To the governor

- 5.1 Supporting prisoners at risk (SPAR) procedures should be improved with an emphasis on individualised care plans, regular staff engagement, less use of observation cells and greater involvement in activity, including a peer support scheme and input from mental health workers. (HP45)
- 5.2 Security procedures should be improved to ensure that prisoners are kept safe, all aspects of the regime are proportionate and dynamic security is maintained. (HP46)
- 5.3 The prison should scrutinise the reasons why perceptions in a range of areas were worse for Catholic than for Protestant prisoners, and take appropriate action to address any systemic or problematic issues or concerns. (HP47)
- 5.4 The prison should deliver the advertised core day consistently and not routinely curtail it, unless there is a substantive reason to do so. (HP48)
- 5.5 The quality and effectiveness of the leadership and management of learning and skills provision should be improved significantly to ensure that prisoners are offered an appropriate range of purposeful activity, including a strong focus on the development of their essential skills of literacy and numeracy, which enhances their employability and also contributes to reducing the likelihood of their reoffending. (HP49)

Recommendation

To the governor and PECCS, NIPS

- 5.6 Restraint for prisoners under escort should only be used if justified by a risk assessment. (1.5)

Recommendations

To the governor

Courts, escorts and transfers

- 5.7 Property and private cash should accompany unsentenced prisoners to court. (1.6)



Early days in custody

- 5.8 All prisoners should receive a full committal interview and appropriate information on their first night on the committal landing, whatever their time of arrival. (1.14)
- 5.9 Managers should investigate why many prisoners felt unsafe on their first night, and take action to address any concerns. All new prisoners should undertake the full induction programme before moving to a residential unit. (1.15)

Bullying and violence reduction

- 5.10 An effective strategy should be developed to challenge bullying and antisocial behaviour and should be implemented by trained staff, including developing better links with other relevant key prison departments. (1.23)
- 5.11 The safety and regime of vulnerable prisoners on Beech 3 should be enhanced through improved governance and staffing. (1.24)

Safeguarding (protection of adults at risk)

- 5.12 The governor should initiate contact through the Department of Health, Social Services and Public Safety with regional and local partnership arrangements for safeguarding adults. (1.35)

Security

- 5.13 Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.43)

Incentives and earned privileges

- 5.14 The basic regime should be reviewed to ensure that individual support for prisoners addresses behavioural issues, and where necessary prisoners are removed from the scheme in a timely and consistent way. (1.47)
- 5.15 Prisoners doing the same job should receive the same rate of pay. (1.48)

Discipline

- 5.16 There should be adjudication standardisation meetings to monitor the standard of adjudication and help identify trends. (1.52)
- 5.17 All prison officers should have up-to-date training in control and restraint. (1.57)
- 5.18 The structure of the use of force committee should be improved, links with the security department and safer custody committee developed, and information about use of force used to inform violence and minimisation strategies. (1.58)
- 5.19 The environment and regime in the segregation unit should be improved, and include purposeful activity. (1.63)



Substance misuse

- 5.20 Meetings at which drug strategy is discussed should involve all relevant departments and service providers to improve communication and the coordination of services. (1.72)
- 5.21 There should be a fully integrated multidisciplinary addictions team to deliver timely and effective clinical and psychosocial drug and alcohol services, including group work, based on a full needs assessment. (1.73)
- 5.22 The establishment should repeat its substance use needs analysis annually to ensure that service provision matches current prisoner need, and reflect this in an up-to-date strategy that contains action plans and performance measures. (1.74)
- 5.23 A dual diagnosis service should be developed for young men who experience mental health and substance-related problems. (1.75)

Staff-prisoner relationships

- 5.24 Staff should regularly check on the progress of prisoners and use this knowledge to contribute effectively to sentence planning and maintaining dynamic security. (2.13)
- 5.25 Prisoner forums should be attended consistently by partner agencies and a wider cross-section of prisoners, and should deliver more productive outcomes. (2.14)

Equality and diversity

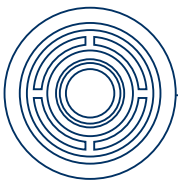
- 5.26 The terms of reference for the equality and diversity meeting should include all the protected characteristics. All staff, including the equality and diversity manager, should receive regular refresher training focused on the Northern Ireland context. (2.21)
- 5.27 The discrimination complaints process should include criteria for what constitutes equality and diversity discrimination, as well as robust scrutiny arrangements. (2.22)
- 5.28 Information about prisoners who have committed a racially aggravated offence or been involved in racist bullying should be collated and used in cell-sharing risk assessments. (2.23)
- 5.29 There should be consultation or one-to-one support for all protected groups to ensure their needs are addressed. (2.31)

Faith and religious activity

- 5.30 The establishment should investigate why fewer Catholics than Protestants feel that their religious beliefs are respected. (2.37)

Complaints

- 5.31 Senior managers should quality check complaints robustly to ensure they are thoroughly investigated and concluded, and analyse complaint statistics and address any issues identified. (2.44)



Health services

- 5.32 There should be information-sharing protocols to enable the efficient and confidential sharing of relevant information. (2.60)
- 5.33 Data collection to inform the health needs assessment should be improved and used to finalise a prison health care strategy. (2.61)
- 5.34 Induction programmes for nurses should be improved to ensure they are equipped for the responsibility of the post. (2.62)
- 5.35 Nursing staff should not undertake prison officer duties. (2.63)
- 5.36 The health care room which serves Elm/Willow units should be refurbished. (2.64)
- 5.37 Safety checks on resuscitation equipment and drugs should be monitored, and safety checks on defibrillators under the responsibility of the Northern Ireland Prison Service should be recorded. (2.65)
- 5.38 A full health care assessment should be completed within 72 hours of committal. (2.74)
- 5.39 The collection of data on access to health care professionals should be improved to avoid unacceptable delay. (2.75)
- 5.40 Nurses should work within their competency framework. (2.76)
- 5.41 Data should be collected on prisoners with lifelong conditions and care should be provided by nurses with the relevant skills and competency. (2.77)
- 5.42 There should be a robust audit tool to measure compliance with the standard operating procedures, and a monthly treatment room audit which includes date and stock control checks. (2.87)
- 5.43 In-possession forms should be monitored for accuracy. Compliance checks should be completed and reviews recorded. The policy on non-compliance with in-possession medication should be reviewed. (2.88)
- 5.44 There should be compliance with the health technical memorandum on decontamination of reusable dental and medical instruments (HTM 01-05), and a legionella risk assessment. (2.95)
- 5.45 The criteria for referral to the mental health service should ensure that there are no undue delays in prisoners using mental health services, including after serious cases of self-harm. (2.104)
- 5.46 Mental health staff should be involved in committal assessments. (2.105)
- 5.47 There should be improved communication and collaboration between mental health staff and GPs, consultant psychiatrist, primary care and discipline staff. (2.106)
- 5.48 Multidisciplinary team decisions should be shared with the patient, all contacts with prisoners receiving mental health care should be documented, and patients should sign care plans and assessments to demonstrate partnership working. (2.107)



Catering

- 5.49 The menu should be less repetitive, and should include at least five portions of fruit and vegetables a day. (2.117)
- 5.50 Wing serveries should conform to the relevant food and safety hygiene regulations. (2.118)

Purchases

- 5.51 New arrivals without money should be offered a repayable advance to make a purchase from the shop. (2.125)
- 5.52 Prisoners should not be charged a fee on catalogue orders. (2.126)

Time out of cell

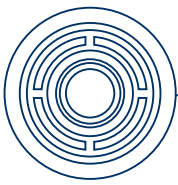
- 5.53 Prisoners should be given the opportunity of outside exercise daily. (3.5)

Learning and skills and work activities

- 5.54 The quality assurance and self-evaluation arrangements should be strengthened, particularly through more effective collation, analysis and use of data. (3.12)
- 5.55 The learning and skills contribution to custody and sentence plans should be strengthened and more closely monitored. (3.13)
- 5.56 The curriculum should be broadened significantly to meet the needs, interests and aspirations of prisoners and prepares them for employment on release. (3.18)
- 5.57 The number of prisoners engaging regularly in purposeful activities should be increased. (3.19)
- 5.58 Prisoners should arrive at learning and skills and work activities on time to maximise their learning and work time. (3.20)
- 5.59 The quality of teaching, training and learning should be improved to engage all prisoners more effectively. (3.25)
- 5.60 The number and quality of work activities should be improved. (3.26)
- 5.61 The library should be open at weekends. (3.31)

Physical education and healthy living

- 5.62 PE staff should achieve the qualifications required to re-introduce a range of outdoor and adventure activities, subject to security risk assessments. (3.36)
- 5.63 The PE department should develop effective working arrangements with the learning and skills and health care departments to develop prisoners' understanding of the importance of maintaining a healthy lifestyle. (3.37)



Strategic management of resettlement

- 5.64 The resettlement strategy should be strengthened by incorporating a needs analysis, reference to life sentence prisoners and SMART (specific, measurable, achievable, realistic and time-bound) targets. (4.6)
- 5.65 All residential staff should be trained to provide support for prisoners' resettlement. (4.7)

Offender management and planning

- 5.66 All sentence plans should be individualised and have meaningful targets. (4.16)
- 5.67 The working out scheme should be extended. (4.17)
- 5.68 All relevant staff should be made aware of the Northern Ireland Prison Service *Safeguarding Children Framework and Guidance*, which should be fully implemented. (4.22)
- 5.69 Indeterminate sentence prisoners should be managed by the offender management unit at Hydebank Wood. (4.28)

Reintegration planning

- 5.70 Prisoners should have better access to the internet to improve their job search skills. (4.36)
- 5.71 There should be more opportunities for prisoners to acquire work-related skills and participate in suitable work placements before release. (4.37)
- 5.72 Community social services should be asked to contribute to detailed social histories where appropriate. (4.40)
- 5.73 Prisoners should be assisted to open a bank account. (4.45)
- 5.74 Prisoners who are primary carers should be offered additional free letters and should be able to receive incoming telephone calls from their dependants. (4.52)

Housekeeping points

Courts, escorts and transfers

To PECS, NIPS

- 5.75 Prisoners should receive information about Hydebank Wood at court. (1.7)

Residential units

- 5.76 The procedures to retrieve stored property should be timely and meet the needs of prisoners. (2.7)
- 5.77 Fire hoses should not be locked at night. (2.8).



Equality and diversity

- 5.78 The prison should develop a local equality and diversity action plan, which should be reviewed at each equality and diversity meeting. (2.24)
- 5.79 The prison should investigate the reasons for the under-reporting of disabilities by prisoners. (2.32)

Faith and religious activity

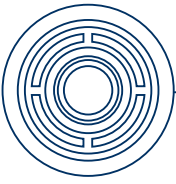
- 5.80 The prison should review the number of hours that chaplains need to undertake their duties. (2.38)

Complaints

- 5.81 Prisoners should be consulted about the complaints process to monitor and improve confidence in the system. (2.45)

Health services

- 5.82 Prisoners should be able to identify staff by their name badges. (2.66)
- 5.83 The occupational therapist should be given appropriate facilities. (2.67)
- 5.84 The health care leaflet should be available in a range of languages. (2.68)
- 5.85 The quality of recording on EMIS should be improved and there should be regular audits of health care records. (2.78)
- 5.86 Prisoners should have access to barrier protection. (2.79)
- 5.87 There should be a clear record of all medicines disposals. (2.89)
- 5.88 Accurate medications stock books should be maintained and records of emergency stock medicines and discretionary medicines should be checked. (2.90)
- 5.89 Controlled drug stock reconciliation checks should be completed at each shift handover. (2.91)
- 5.90 Notices should be displayed to inform prisoners of the availability of patient information leaflets. (2.92)
- 5.91 EMIS should be used to collect a wider range of data on medicines management. (2.93)
- 5.92 The mental health team should have adequate administrative support and office and consultation facilities. (2.108)
- 5.93 Information on and access to mental health services should be available to prisoners on committal and on the landings. (2.109)
- 5.94 Patients' notes should clearly reflect their individual pathways through the mental health service, and provide information on the time of review appointments. (2.110)



Catering

5.95 The prison should introduce food comments books or other methods of receiving feedback about the food. (2.119)

Examples of good practice

5.96 There was initial liaison between mental health and primary care staff to enhance understanding of the mental health service. (2.111)

5.97 The availability of child-centred visits and several parenting courses for prisoners was impressive. (4.53)

Section



Appendices



Appendix 1: Inspection team

Criminal Justice Inspection Northern Ireland

Brendan McGuigan	Chief Inspector
Tom McGonigle	Inspector
Dr Ian Cameron	Inspector

HM Inspectorate of Prisons

Martin Lomas	Deputy Chief Inspector of Prisons
Sean Sullivan	Team leader
Joss Crosbie	Inspector
Rosemarie Bugdale	Inspector
Paul Fenning	Inspector
Gordon Riach	Inspector
Jeanette Hall	Inspector
Laura Nettleingham	Senior research officer
Alissa Redmond	Research officer
Annie Crowley	Research officer

Specialist inspector

Paul Roberts	Substance use
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Inspectors from the Regulation and Quality Improvement Authority

Inspectors from the Education and Training Inspectorate

Appendix 2: Prison population profile

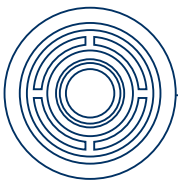
Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

Status	Number of prisoners	%
Sentenced	113	66.08
Unsentenced	57	33.33
Detainees (Immigration warrant)		
Fine defaulters	1	0.58
Total	171	100

Sentenced	Number of prisoners	%
Young offender determinate cust sent (DCS)	76	66.67
Young offender sentenced	26	22.81
Young offender extended cust sent (ECS)	8	7.02
Young offender lifer	2	1.75
Young offender fine defaulter	1	0.88
Young offender S.O.S.P.	1	0.88
Total	114	100

Sentence	Number of prisoners	%
Less than 6 months	14	12.28
6 months to less than 12 months	17	14.91
12 months to less than 2 years	13	11.4
2 years to less than 4 years	28	24.56
4 years to less than 10 years	38	33.33
10 years and over (not life)	1	0.88
Life/indeterminate	3	2.63
Total	114	100

Length of stay (Unsentenced)	Number of prisoners	%
Less than 1 month	16	28.07
1 month to 3 months	23	40.35
3 months to 6 months	10	17.54
6 months to 1 year	5	8.77
1 year to 2 years	3	5.26
2 years to 4 years		
4 years or more		
Total	57	100



Main alleged offence	Number of prisoners	%
Burglary/robbery/theft	64	37.43
Other offences against the person	52	30.41
Other offences	18	10.53
Drug offences	10	5.85
Sex offences	8	4.68
Motoring offences	8	4.68
Murder	7	4.09
Criminal damage	4	2.34
Total	171	100

Age	Number of prisoners	%
18 years to 20 years	139	81.29
21 years to 29 years	32	18.71
Total	171	100
Youngest prisoner	18	
Oldest prisoner	22	
Average age	20	

Home address	Number of prisoners	%
NFAs	12	7.02
Establishment address	0	0
Null or unmappable postcodes	5	2.92
Valid postcodes	154	90.06
Total population	171	100
<= 10 miles	0	0
10 – 20 miles	37	21.64
20 – 50 miles	73	42.69
> 50 miles	44	25.73
Total	154	

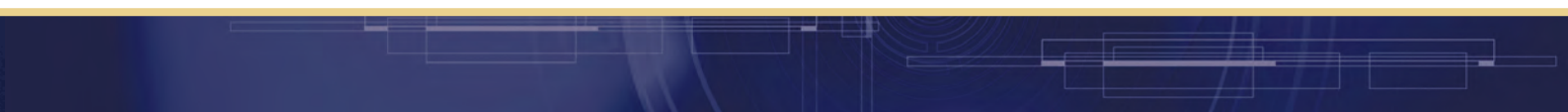
Nationality	Number of prisoners	%
British – Northern Ireland	125	73.1
British	25	14.62
Irish	10	5.85
Foreign national	6	3.51
British - England	2	1.17
British – Scotland	1	0.58
British – Wales	1	0.58
Northern Irish	1	0.58
Total	171	100

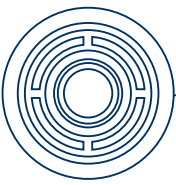


Ethnicity *(and nationality)	Number of prisoners	%
White	163	
British –Northern Ireland	123	75.46
British	25	15.34
Irish	8	4.91
British – England	2	1.23
British – Scotland	1	0.61
British – Wales	1	0.61
Lithuanian	1	0.61
Northern Irish	1	0.61
Portuguese	1	0.61
Irish Traveller	3	
Irish	2	66.67
British – Northern Ireland	1	33.33
Asian or Asian British	2	
British – Northern Ireland	1	50
Chinese	1	50
Black or Black British	1	
Zambian	1	100
Mixed/multiple ethnic groups	2	
Lithuanian	2	100
Total	171	

* Ethnicity – this is prisoners’ self-declared affiliation to a particular group based on common ancestry, race or distinctive culture

Religion	Number of prisoners	%
Roman Catholic	94	54.97
Presbyterian	27	15.79
Nil	26	15.2
Church of Ireland	12	7.02
Other	4	2.34
Christian	2	1.17
Free Presbyterian	2	1.17
Church of England	2	1.17
Atheist	1	0.58
Methodist	1	0.58
Total	171	100





Breakdown of community background figures of staff

GRADES	PROTESTANT	CATHOLIC	NON-DETERMINED	MALE	FEMALE
Prison grades	216 (81.8%)	23 (8.7%)	25 (9.5%)	186 (70.4%)	78 (29.5%)
General Service grades YOC & Ash House	40 (70.7%)	15 (27.3%)		14 (25.4%)	41 (74.5%)
TOTAL	256 (80.25%)	63 (19.75%)		200 (62.7%)	119 (37.3%)



Appendix 3: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the young adult population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Choosing the sample size

The baseline for the sample size was calculated using a robust statistical formula provided by a government department statistician. Essentially, the formula indicates the sample size that is required and the extent to which the findings from a sample of that size reflect the experiences of the whole population.

At the time of the survey on 21 January 2013, the young adult population at Hydebank Wood was 158. The sample size was 106. Overall, this represented 67% of the young adult population.

Selecting the sample

Respondents were randomly selected from a P-NOMIS young adult population printout using a stratified systematic sampling method. This basically means every second person is selected from a P-NOMIS list, which is printed in location order, if 50% of the population is to be sampled.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Six respondents refused to complete a questionnaire.

Interviews were carried out with any respondents with literacy difficulties. Two respondents were interviewed.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 78 respondents completed and returned their questionnaires. This represented 49% of the young adult population. The response rate was 74%. In addition to the six respondents who refused to complete a questionnaire, 13 questionnaires were not returned and nine were returned blank.

Comparisons

The following documents detail the results from the survey. Data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.



Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.

The following analyses for young adults have been conducted:

- The current survey responses in 2013 against comparator figures for all young adults surveyed in young offender institutions. This comparator is based on all responses from young adult surveys carried out in 13 young offender institutions since April 2008.
- The current survey responses in 2013 against the responses of young adults surveyed at Hydebank Wood in 2007.
- A comparison within the 2013 survey between the responses of Catholic and Protestant young adults.
- A comparison within the 2013 survey between the responses of young adults who consider themselves to have a disability and those who do not consider themselves to have a disability.
- A comparison within the 2013 survey between the responses of young adults under the age of 21 and those over 21.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in young adults' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and that of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from those shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey summary

Section I: About you

Q1.2	How old are you?		
	Under 21	62	(81%)
	21 – 29	15	(19%)
	30 – 39	0	(0%)
	40 – 49	0	(0%)
	50 – 59	0	(0%)
	60 – 69	0	(0%)
	70 and over	0	(0%)
Q1.3	Are you sentenced?		
	Yes	40	(52%)
	Yes - on recall	5	(6%)
	No - awaiting trial.....	13	(17%)
	No - awaiting sentence	17	(22%)
	No - awaiting deportation.....	2	(3%)
Q1.4	How long is your sentence?		
	Not sentenced.....	32	(42%)
	Less than 6 months	5	(7%)
	6 months to less than 1 year	5	(7%)
	1 year to less than 2 years.....	7	(9%)
	2 years to less than 4 years.....	12	(16%)
	4 years to less than 10 years.....	8	(11%)
	10 years or more.....	0	(0%)
	ICS/ECS	2	(3%)
	Life.....	5	(7%)
Q1.5	Do you hold UK citizenship?		
	Yes	60	(85%)
	No.....	11	(15%)
Q1.6	Do you understand spoken English?		
	Yes	76	(100%)
	No	0	(0%)
Q1.7	Do you understand written English?		
	Yes	74	(99%)
	No.....	1	(1%)
Q1.8	What is your ethnic origin?		
	White - British	31	(40%)
	White - Irish	44	(57%)
	White - other	1	(1%)
	Black or black British - Caribbean...	0	(0%)
	Black or black British - African.....	0	(0%)
	Black or black British - other.....	0	(0%)
	Asian or Asian British - Chinese	0	(0%)
	Asian or Asian British - other	0	(0%)
	Mixed race - white and black Caribbean	0	(0%)
	Mixed race - white and black African	0	(0%)
	Mixed race - white and Asian	0	(0%)
	Mixed race - other	0	(0%)

Asian or Asian British - Indian	0 (0%)	Arab	1 (1%)
Asian or Asian British - Pakistani	0 (0%)	Other ethnic group	0 (0%)
Asian or Asian British - Bangladeshi	0 (0%)		

Q1.10 What is your religion?

None.....	4 (5%)	Buddhist	0 (0%)
Church of Ireland	2 (3%)	Hindu	0 (0%)
Catholic.....	43 (57%)	Jewish.....	1 (1%)
Protestant.....	24 (32%)	Muslim	0 (0%)
Presbyterian	1 (1%)	Sikh.....	0 (0%)
Methodist	0 (0%)	Other	0 (0%)
Other Christian denomination.....	0 (0%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/straight.....	73 (99%)
Homosexual/gay.....	1 (1%)
Bisexual	0 (0%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes	20 (27%)
No	54 (73%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	0 (0%)
No	71 (100%)

Q1.14 Is this your first time in prison?

Yes	24 (32%)
No	51 (68%)

Q1.15 Do you have children under the age of 18?

Yes	16 (21%)
No	61 (79%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

Less than 2 hours	51 (66%)
2 hours or longer	19 (25%)
Don't remember.....	7 (9%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

My journey was less than two hours	51 (66%)
Yes	1 (1%)
No	19 (25%)
Don't remember	6 (8%)

Q2.3 On your most recent journey here, were you offered a toilet break?

My journey was less than two hours	51 (66%)
Yes	2 (3%)
No.....	21 (27%)
Don't remember.....	3 (4%)

Q2.4	On your most recent journey here, was the van clean?	
	Yes	24 (32%)
	No	43 (58%)
	Don't remember.....	7 (9%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	55 (73%)
	No	17 (23%)
	Don't remember.....	3 (4%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well.....	5 (6%)
	Well	27 (35%)
	Neither.....	28 (36%)
	Badly	11 (14%)
	Very badly	4 (5%)
	Don't remember.....	2 (3%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you).	
	Yes, someone told me.....	62 (82%)
	Yes, I received written information	4 (5%)
	No, I was not told anything.....	8 (11%)
	Don't remember	2 (3%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	47 (63%)
	No	25 (33%)
	Don't remember.....	3 (4%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	Less than 2 hours	62 (83%)
	2 hours or longer	1 (1%)
	Don't remember.....	12 (16%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	49 (67%)
	No	20 (27%)
	Don't remember.....	4 (5%)
Q3.3	Overall, how were you treated in reception?	
	Very well.....	10 (13%)
	Well	27 (36%)
	Neither.....	20 (27%)
	Badly	13 (17%)
	Very badly.....	4 (5%)
	Don't remember.....	1 (1%)
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you) .	
	Loss of property	1 (1%)
	Housing problems	20 (27%)
	Physical health	12 (16%)
	Mental health	32 (43%)

Contacting employers	3 (4%)	Needing protection from other prisoners	7 (9%)
Contacting family	13 (17%)	Getting phone numbers	17 (23%)
Childcare	0 (0%)	Other	4 (5%)
Money worries	21 (28%)	Did not have any problems	24 (32%)
Feeling depressed or suicidal	27 (36%)		

Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?

Yes	28 (39%)
No	19 (27%)
Did not have any problems	24 (34%)

Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you).

Tobacco	61 (82%)
A shower	69 (93%)
A free telephone call.....	56 (76%)
Something to eat.....	50 (68%)
PIN phone credit	48 (65%)
Toiletries/basic items.....	48 (65%)
Did not receive anything.....	3 (4%)

Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you).

Chaplain	29 (40%)
Someone from health services	52 (71%)
A Listener/Samaritans.....	29 (40%)
Tuck shop/canteen	37 (51%)
Did not have access to any of these	21 (29%)

Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you).

What was going to happen to you	40 (58%)
What support was available for people feeling depressed or suicidal	45 (65%)
How to make routine requests (applications).....	42 (61%)
Your entitlement to visits.....	44 (64%)
Health services	43 (62%)
Chaplaincy	39 (57%)
Not offered any information.....	13 (19%)

Q3.9 Did you feel safe on your first night here?

Yes	47 (65%)
No	19 (26%)
Don't remember	6 (8%)

Q3.10 How soon after you arrived here did you go on an induction course?

Have not been on an induction course.....	17 (23%)
Within the first week	26 (35%)
More than a week	25 (34%)
Don't remember.....	6 (8%)

Q3.11 Did the induction course cover everything you needed to know about the prison?

Have not been on an induction course.....	17 (23%)
---	----------

Yes	27 (36%)
No	17 (23%)
Don't remember	13 (18%)

Q3.12 How soon after you arrived here did you receive an education ('skills for life') assessment?

Did not receive an assessment.....	14 (19%)
Within the first week	4 (5%)
More than a week	39 (53%)
Don't remember	16 (22%)

Section 4: Legal rights and respectful custody

Q4.1 How easy is it to:

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	16 (22%)	23 (32%)	14 (19%)	14 (19%)	2 (3%)	4 (5%)
Attend legal visits?	22 (30%)	33 (45%)	10 (14%)	3 (4%)	0 (0%)	5 (7%)
Get bail information?	12 (17%)	18 (25%)	11 (15%)	14 (20%)	3 (4%)	13 (18%)

Q4.2 Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?

Not had any letters	17 (24%)
Yes	32 (46%)
No	21 (30%)

Q4.3 Can you get legal books in the library?

Yes	22 (31%)
No	10 (14%)
Don't know	40 (56%)

Q4.4 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	64 (88%)	9 (12%)	0 (0%)
Are you normally able to have a shower every day?	63 (85%)	11 (15%)	0 (0%)
Do you normally receive clean sheets every week?	30 (41%)	40 (55%)	3 (4%)
Do you normally get cell cleaning materials every week?	64 (90%)	7 (10%)	0 (0%)
Is your cell call bell normally answered within five minutes?	49 (67%)	15 (21%)	9 (12%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	45 (62%)	28 (38%)	0 (0%)
If you need to can you normally get your stored property?	33 (45%)	28 (38%)	13 (18%)

Q4.5 What is the food like here?

Very good.....	1 (1%)
Good	10 (14%)
Neither.....	17 (23%)
Bad	26 (36%)
Very bad.....	19 (26%)

Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?		
	Have not bought anything yet/ don't know	1	(1%)
	Yes	43	(58%)
	No	30	(41%)
Q4.7	Can you speak to a Listener at any time if you want to?		
	Yes	34	(46%)
	No	13	(18%)
	Don't know	27	(36%)
Q4.8	Are your religious beliefs respected?		
	Yes	47	(64%)
	No	13	(18%)
	Don't know/N/A.....	14	(19%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?		
	Yes	52	(69%)
	No	2	(3%)
	Don't know/N/A.....	21	(28%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend.....	11	(15%)
	Very easy	34	(46%)
	Easy	17	(23%)
	Neither.....	4	(5%)
	Difficult.....	0	(0%)
	Very difficult.....	3	(4%)
	Don't know	5	(7%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes	39	(54%)	
	No	12	(17%)	
	Don't know	21	(29%)	
Q5.2	Please answer the following questions about applications: (If you have not made an application please tick the 'not made one' option).			
		Not made one	Yes	No
	Are applications dealt with fairly?	30 (42%)	17 (24%)	24 (34%)
	Are applications dealt with quickly (within seven days)?	30 (47%)	19 (30%)	15 (23%)
Q5.3	Is it easy to make a complaint?			
	Yes	47	(68%)	
	No	8	(12%)	
	Don't know	14	(20%)	

**Q5.4 Please answer the following questions about complaints:
(If you have not made a complaint please tick the 'not made one' option).**

	Not made one	Yes	No
Are complaints dealt with fairly?	20 (27%)	13 (18%)	41 (55%)
Are complaints dealt with quickly (within seven days)?	20 (29%)	26 (37%)	24 (34%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	19 (28%)
No	50 (72%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	24 (34%)
Very easy	6 (8%)
Easy	15 (21%)
Neither.....	10 (14%)
Difficult.....	12 (17%)
Very difficult.....	4 (6%)

Section 6: Progressive regimes and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the progressive regimes and earned privileges (PREP) scheme? (This refers to enhanced, standard and basic levels).

Don't know what the PREP scheme is	9 (13%)
Yes	36 (50%)
No	25 (35%)
Don't know	2 (3%)

Q6.2 Do the different levels of the PREP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels).

Don't know what the PREP scheme is	9 (13%)
Yes	33 (46%)
No	27 (38%)
Don't know	3 (4%)

Q6.3 In the last six months have any members of staff physically restrained you (C&R)?

Yes	10 (14%)
No	64 (86%)

Q6.4 If you have spent a night in the segregation and separation unit (SSU) in the last six months, how were you treated by staff?

I have not been to the SSU in the last 6 months	42(60%)
Very well.....	4 (6%)
Well	6 (9%)
Neither.....	7 (10%)
Badly	2 (3%)
Very badly.....	9 (13%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	Yes	56 (78%)
	No	16 (22%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes	46 (63%)
	No	27 (37%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes	30 (41%)
	No	43 (59%)
Q7.4	How often do staff normally speak to you during association?	
	Do not go on association	4 (6%)
	Never	4 (6%)
	Rarely	11 (15%)
	Some of the time	23 (32%)
	Most of the time	21 (30%)
	All of the time	8 (11%)
Q7.5	When did you first meet your personal (named) officer?	
	I have not met him/her	18 (26%)
	In the first week	17 (24%)
	More than a week	21 (30%)
	Don't remember	14 (20%)
Q7.6	How helpful is your personal (named) officer?	
	Do not have a personal officer/I have not met him/her	18 (27%)
	Very helpful	14 (21%)
	Helpful	16 (24%)
	Neither	6 (9%)
	Not very helpful	6 (9%)
	Not at all helpful	7 (10%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	Yes	27 (38%)
	No	45 (63%)
Q8.2	Do you feel unsafe now?	
	Yes	8 (12%)
	No	61 (88%)

- Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you).**
- | | | | |
|---------------------------|----------|------------------------------|---------|
| Never felt unsafe | 45 (65%) | At mealtimes..... | 3 (4%) |
| Everywhere | 10 (14%) | At health services | 4 (6%) |
| SSU..... | 3 (4%) | Visits area | 5 (7%) |
| Association areas..... | 5 (7%) | In wing showers | 4 (6%) |
| Reception area | 5 (7%) | In gym showers | 8 (12%) |
| At the gym..... | 8 (12%) | In corridors/stairwells..... | 6 (9%) |
| In an exercise yard | 2 (3%) | On your landing/wing..... | 5 (7%) |
| At work | 5 (7%) | In your cell..... | 4 (6%) |
| During movement | 9 (13%) | At religious services | 2 (3%) |
| At education | 6 (9%) | | |
- Q8.4 Have you been victimised by other prisoners here?**
- | | |
|-----------|----------|
| Yes | 18 (27%) |
| No | 49 (73%) |
- Q8.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you).**
- | | |
|---|----------|
| Insulting remarks (about you or your family or friends)..... | 11 (16%) |
| Physical abuse (being hit, kicked or assaulted) | 9 (13%) |
| Sexual abuse..... | 0 (0%) |
| Feeling threatened or intimidated | 11 (16%) |
| Having your canteen/property taken | 6 (9%) |
| Medication..... | 2 (3%) |
| Debt..... | 3 (4%) |
| Drugs..... | 4 (6%) |
| Your race or ethnic origin..... | 2 (3%) |
| Your religion/religious beliefs | 4 (6%) |
| Your nationality | 3 (4%) |
| You are from a different part of the country than others..... | 3 (4%) |
| You are from a traveller community | 0 (0%) |
| Your sexual orientation | 1 (1%) |
| Your age | 0 (0%) |
| You have a disability..... | 1 (1%) |
| You were new here | 8 (12%) |
| Your offence/crime | 4 (6%) |
| Gang related issues | 2 (3%) |
- Q8.6 Have you been victimised by staff here?**
- | | |
|-----------|----------|
| Yes | 26 (38%) |
| No | 43 (62%) |
- Q8.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you).**
- | | |
|---|----------|
| Insulting remarks (about you or your family or friends)..... | 16 (23%) |
| Physical abuse (being hit, kicked or assaulted) | 7 (10%) |
| Sexual abuse..... | 0 (0%) |
| Feeling threatened or intimidated | 11 (16%) |
| Medication..... | 4 (6%) |
| Debt..... | 0 (0%) |
| Drugs..... | 1 (1%) |
| Your race or ethnic origin..... | 2 (3%) |
| Your religion/religious beliefs | 11 (16%) |
| Your nationality | 9 (13%) |
| You are from a different part of the country than others..... | 4 (6%) |
| You are from a traveller community | 1 (1%) |

Your sexual orientation	1 (1%)
Your age	0 (0%)
You have a disability.....	1 (1%)
You were new here.....	5 (7%)
Your offence/crime	4 (6%)
Gang related issues	0 (0%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised.....	33 (52%)
Yes	10 (16%)
No.....	21 (33%)

Section 9: Health services

Q9.1 How easy or difficult is it to see the following people?

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	5 (7%)	9 (12%)	11 (15%)	8 (11%)	24 (33%)	16 (22%)
The nurse	5 (7%)	12 (16%)	19 (26%)	6 (8%)	21 (29%)	10 (14%)
The dentist	11 (15%)	6 (8%)	14 (20%)	10 (14%)	20 (28%)	10 (14%)

Q9.2 What do you think of the quality of the health service from the following people?

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	6 (8%)	6 (8%)	10 (14%)	5 (7%)	12 (17%)	33 (46%)
The nurse	6 (8%)	13 (18%)	16 (22%)	12 (16%)	11 (15%)	15 (21%)
The dentist	12 (17%)	11 (15%)	14 (19%)	9 (13%)	14 (19%)	12 (17%)

Q9.3 What do you think of the overall quality of the health services here?

Not been	4 (6%)
Very good.....	4 (6%)
Good.....	13 (18%)
Neither.....	8 (11%)
Bad	18 (25%)
Very bad.....	24 (34%)

Q9.4 Are you currently taking medication?

Yes	33 (46%)
No.....	39 (54%)

Q9.5 If you are taking medication, are you allowed to keep some/all of it in your own cell?

Not taking medication.....	39 (55%)
Yes, all my meds	14 (20%)
Yes, some of my meds	6 (8%)
No.....	12 (17%)

Q9.6 Do you have any emotional or mental health problems?

Yes	39 (55%)
No.....	32 (45%)

Q9.7	Are you being helped/supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?	
	Do not have any emotional or mental health problems	32 (44%)
	Yes	19 (26%)
	No	22 (30%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	46 (64%)
	No	26 (36%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	30 (42%)
	No	42 (58%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	11 (15%)
	Easy	7 (10%)
	Neither.....	5 (7%)
	Difficult.....	4 (6%)
	Very difficult.....	15 (21%)
	Don't know	29 (41%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	1 (1%)
	Easy	3 (4%)
	Neither.....	3 (4%)
	Difficult.....	4 (6%)
	Very difficult.....	32 (45%)
	Don't know	28 (39%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	5 (7%)
	No	67 (93%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	4 (6%)
	No	65 (94%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not/do not have a drug problem.....	25 (37%)
	Yes	26 (38%)
	No	17 (25%)
Q10.8	Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?	
	Did not/do not have an alcohol problem.....	42 (60%)
	Yes	18 (26%)
	No	10 (14%)

Q10.9 Was the support or help you received, while in this prison, helpful?

Did not have a problem/did not receive help.....	36 (51%)
Yes	26 (37%)
No	8 (11%)

Section II: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
Prison job	8 (11%)	6 (8%)	18 (25%)	7 (10%)	24 (33%)	9 (13%)
Vocational or skills training	11 (15%)	5 (7%)	29 (40%)	7 (10%)	15 (21%)	5 (7%)
Education (including basic skills)	8 (11%)	7 (10%)	38 (54%)	6 (8%)	9 (13%)	3 (4%)
Offending behaviour programmes	17 (24%)	4 (6%)	28 (39%)	12 (17%)	6 (8%)	4 (6%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you).

Not involved in any of these.....	17 (25%)
Prison job	33 (48%)
Vocational or skills training.....	21 (30%)
Education (including basic skills)	35 (51%)
Offending behaviour programmes.....	18 (26%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	20 (29%)	29 (43%)	13 (19%)	6 (9%)
Vocational or skills training	18 (28%)	29 (45%)	6 (9%)	11 (17%)
Education (including basic skills)	13 (20%)	39 (59%)	9 (14%)	5 (8%)
Offending behaviour programmes	16 (28%)	26 (45%)	8 (14%)	8 (14%)

Q11.4 How often do you usually go to the library?

Don't want to go	7 (10%)
Never	22 (31%)
Less than once a week	15 (21%)
About once a week.....	19 (27%)
More than once a week	8 (11%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

Don't use it	16 (24%)
Yes	36 (55%)
No	14 (21%)

Q11.6	How many times do you usually go to the gym each week?	
	Don't want to go	14 (20%)
	0.....	9 (13%)
	1 to 2.....	30 (42%)
	3 to 5	16 (23%)
	More than 5	2 (3%)
Q11.7	How many times do you usually go outside for exercise each week?	
	Don't want to go	4 (6%)
	0.....	46 (67%)
	1 to 2	14 (20%)
	3 to 5	2 (3%)
	More than 5	3 (4%)
Q11.8	How many times do you usually have association each week?	
	Don't want to go	1 (1%)
	0.....	11 (15%)
	1 to 2	22 (31%)
	3 to 5	26 (37%)
	More than 5	11 (15%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.).	
	Less than 2 hours	19 (27%)
	2 to less than 4 hours.....	12 (17%)
	4 to less than 6 hours.....	17 (24%)
	6 to less than 8 hours.....	11 (15%)
	8 to less than 10 hours.....	2 (3%)
	10 hours or more.....	3 (4%)
	Don't know	7 (10%)

Section 12: Contact with family and friends

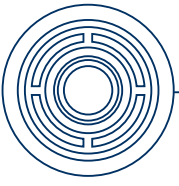
Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	Yes	39 (57%)
	No.....	30 (43%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes	25 (35%)
	No.....	46 (65%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes	23 (32%)
	No.....	48 (68%)


Q12.4	How easy or difficult is it for your family and friends to get here?	
	I don't get visits	4 (6%)
	Very easy	14 (19%)
	Easy	20 (28%)
	Neither	8 (11%)
	Difficult.....	18 (25%)
	Very difficult.....	8 (11%)
	Don't know	0 (0%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced.....	32 (44%)
	Yes	31 (43%)
	No.....	9 (13%)
Q13.2	What type of contact have you had with your offender manager since being in prison?	
	Not sentenced/N/A	41 (58%)
	No contact.....	11 (15%)
	Letter.....	2 (3%)
	Phone.....	0 (0%)
	Visit.....	19 (27%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	34 (53%)
	No.....	30 (47%)
Q13.4	Do you have a sentence plan?	
	Not sentenced.....	32 (45%)
	Yes	35 (49%)
	No.....	4 (6%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/not sentenced.....	36 (51%)
	Very involved.....	7 (10%)
	Involved.....	10 (14%)
	Neither.....	7 (10%)
	Not very involved.....	5 (7%)
	Not at all involved.....	5 (7%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced	36 (43%)
	Nobody.....	11 (13%)
	Offender supervisor.....	7 (8%)
	Offender manager	14 (17%)
	Named/personal officer	8 (10%)
	Staff from other departments.....	7 (8%)

Q13.7	Can you achieve any of your sentence plan targets in this prison?			
	Do not have a sentence plan/not sentenced.....	36	(52%)	
	Yes	28	(41%)	
	No	2	(3%)	
	Don't know	3	(4%)	
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?			
	Do not have a sentence plan/not sentenced.....	36	(52%)	
	Yes	5	(7%)	
	No	19	(28%)	
	Don't know	9	(13%)	
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?			
	Do not have a sentence plan/not sentenced.....	36	(52%)	
	Yes	13	(19%)	
	No	15	(22%)	
	Don't know	5	(7%)	
Q13.10	Do you have a needs based custody plan?			
	Yes	12	(18%)	
	No	26	(39%)	
	Don't know	29	(43%)	
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?			
	Yes	11	(17%)	
	No	54	(83%)	
Q13.12	Do you know of anyone in this prison who can help you with the following on release? (please tick all that apply to you).			
		Do not need help	Yes	No
	Employment	13 (21%)	23 (37%)	27 (43%)
	Accommodation	17 (27%)	28 (44%)	19 (30%)
	Benefits	13 (21%)	30 (48%)	20 (32%)
	Finances	13 (22%)	18 (31%)	28 (47%)
	Education	15 (26%)	18 (32%)	24 (42%)
	Drugs and alcohol	17 (25%)	32 (48%)	18 (27%)
Q13.13	Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?			
	Not sentenced.....	32	(44%)	
	Yes	21	(29%)	
	No	19	(26%)	





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