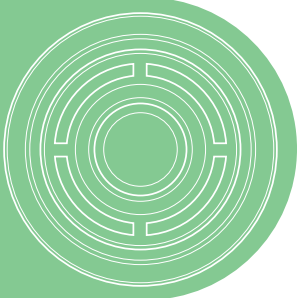


Report on an unannounced inspection of
**HYDEBANK WOOD
SECURE COLLEGE**

9-19 May 2016

October 2016



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SECURE COLLEGE**

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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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and Justice Functions) Order 2010) by the Department of Justice.

October 2016



Contents

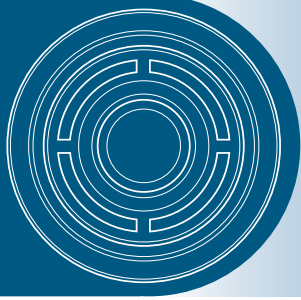
List of abbreviations	4
Chief Inspectors' Foreword	5
Fact page	8
About this inspection and report	9
Executive summary	12
Inspection Report	
Chapter 1: Safety	21
Chapter 2: Respect	31
Chapter 3: Purposeful activity	44
Chapter 4: Resettlement	49
Chapter 5: Summary of recommendations and housekeeping points	57
Appendices	
Appendix 1: Inspection team	63
Appendix 2: Progress on recommendations from the last report	64
<i>Appendices available to view at www.cjini.org</i>	
Appendix 3: Prison population profile	73
Appendix 4: Summary of prisoner questionnaires and interviews	77

Prisoner survey responses can be obtained directly from the CJI website - www.cjini.org



List of abbreviations

AD:EPT	Alcohol and Drugs: Empowering people through Therapy
BMC	Belfast Metropolitan College
CJI	Criminal Justice Inspection Northern Ireland
C&R	Control and Restraint
DoJ	Department of Justice
ECS	Extended Custodial Sentence
ESOL	English for Speakers of Other Languages
ETI	Education and Training Inspectorate
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
ICS	Indeterminate Custodial Sentence
IMB	Independent Monitoring Board
MDT	Mandatory Drug Test
NIPS	Northern Ireland Prison Service
NMC	Nursing and Midwifery Council
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
PDM	Prisoner Development Model
PDP	Personal Development Plan
PDU	Prisoner Development Unit
PE	Physical Education
PECCS	Prisoner Escort and Court Custody Service
PPANI	Public Protection Arrangements Northern Ireland
PREPs	Progressive Regime and Earned Privileges scheme
PRISM	Prison Record Information System Management (computer system used by NIPS)
PSNI	Police Service of Northern Ireland
PSST	Prisoner Safety and Support Team
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Supporting Prisoners at Risk



Chief Inspectors' Foreword

Hydebank Wood is Northern Ireland's main facility for holding young adults aged 18 to 24 years, although the site is shared with women held in Ash House. This unannounced inspection of Hydebank Wood Secure College 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).

This report should be read in the context of continuing challenges in Northern Ireland where dissident groups constitute a real and present threat to the staff who work in the Northern Ireland Prison Service (NIPS), including Hydebank Wood and Ash House. This was recently evident with the tragic murder of officer Adrian Ismay in March 2016 who was a member of staff at the prison.

The inspection used HMIPs' Expectations criteria, which focus on four internationally recognised tests of a healthy prison – safety, respect, purposeful activity and resettlement. At our last inspection of Hydebank Wood in February 2013 we found that while resettlement work was reasonably good, there were disappointing outcomes in safety, respect and purposeful activity.

Leadership had been inadequate and the prison lacked a clear purpose. Hydebank Wood Secure College was opened by the Northern Ireland Justice Minister on 13 April 2015, with a main focus on providing those held with enhanced opportunities to improve their educational and vocational skills.

Overall this is an encouraging inspection where outcomes for young men have improved in three of our four healthy prison tests. The change in function of Hydebank Wood to a secure college had resulted in a major shift in the ethos of the institution. The focus was now clearly on providing educational and learning opportunities to break the cycle of reoffending and enhance opportunities within the prison, and on release, to enable the young men to live a more purposeful life free from offending.



The campus also contained a variety of 'normalising' features, including the pleasant external environment, enhanced landings, *The Cabin* café and a tuck shop, which further supported this ethos. This new approach was starting to show promising results in terms of the young men developing confidence, self-esteem, educational abilities and transferable skills and we were optimistic that the aims and ethos of the secure college had the potential to meaningfully improve outcomes.

The population of Hydebank Wood was unusually complex given the age of those held. A total of 81% told us they arrived with a problem and far more than we normally see reported having a disability or health issue. Over half reported having mental health difficulties and around double the comparators in England and Wales said they had drug or alcohol dependency issues. Given these levels of need and disadvantage, it was reassuring that most staff adopted a caring and supportive approach, while still challenging poor behaviour when required. These strong relationships underpinned much that was positive and progressive about Hydebank Wood.

Nevertheless, more young men than at our previous inspection told us they felt unsafe. Those we spoke to told us that the increased availability of drugs and concentrations of young men with very challenging behaviour were leading to bullying and intimidation. There were early signs that new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects) were entering the prison, further adding to safety concerns. Work to address problems with drugs

remained under-developed and needed to be improved as a priority to ensure those held were kept safe, and could maximise the opportunities presented to them by the secure college approach. In addition, violence reduction work needed to be more co-ordinated to ensure the challenges faced were better understood, and effectively addressed.

Partnership work was extensive; the developing relationship with Belfast Metropolitan College (BMC) was key to the progress already made. A huge range of innovative and beneficial relationships had been fostered with a variety of external organisations, many of whom actively supported work around learning and skills and resettlement. This needed to be fully integrated into a business plan outlining how Hydebank Wood would develop in the future and how the various strands of provision delivered by the NIPS and BMC would be embedded to achieve the aims stated. Work around risk reduction, risk management and resettlement continued to be a strength of the institution but needed to be better integrated with learning and skills provision.

Overall we found that outcomes for the young men at Hydebank Wood had improved significantly since our last inspection. The mixing of the women and the young men on the single site remained a challenge, but managers had become less risk adverse and this had broadened the opportunities available to all. We commend the NIPS and local managers for their bravery and the single-minded determination to change the demotivated and directionless institution we found at our last visit, to one with a drive to innovate and improve, with a clear ethos of rehabilitation.

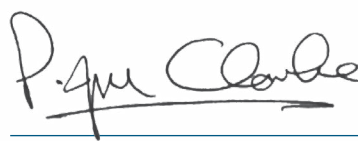
Much has been achieved in a short space of time, but a great deal of hard work is still needed if Hydebank Wood is to fully achieve its aims. It will need ongoing support from the NIPS to maintain the momentum gained; to take the institution to the next level in terms of outcomes for those held; and to benefit of the wider community of Northern Ireland.



Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland

October 2016

Criminal Justice Inspection
Northern Ireland
a better justice system for all



Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
in England and Wales

October 2016





Fact page

Task of the establishment

To accommodate male young offenders between the ages of 18 and 24.

Prison status

Public.

Department

Department of Justice Northern Ireland (DoJ).

Number held

100 on 10 May 2016.

Certified normal accommodation

254.

Operational capacity

134 (two units were closed).

Date of last full inspection

18–23 February 2013.

Brief history

Hydebank Wood was opened as a category 'C' young offenders centre in 1979. On 1 November 2012, the establishment stopped holding male juvenile offenders between the ages of 16 and 17 and from 28 May 2016, it was given 'secure college' status, holding sentenced and remand young men. Women prisoners have been housed in Ash House, a stand-alone residential unit within Hydebank Wood site since 2004. Work on refurbishing Elm and Willow Houses had been completed.

Short description of residential units

There were four residential units for young men: only two, Beech and Cedar, were being used.

Beech: four landings providing 78 spaces.

Beech 1 was the committal landing; and

Beech 2, 3 and 4 were used for the general population.

Cedar: five landings, providing 87 spaces.

Cedar 1 held those who found it difficult to mix with the general population;

Cedar 2 held young men vulnerable for various reasons including the nature of their offence;

Cedar 3 and 4 accommodated young men on the enhanced regime; and

Cedar 5 was a low supervision landing for 10 young men.

Elm: four landings providing 89 spaces; they were not being used. There were eight rooms in the segregation unit on the ground floor of Elm.

Willow: three landings providing 58 spaces but it was also closed.

Name of governor/director

Austin Treacy.

Escort contractor

In-house Northern Ireland Prison Service – Prisoner Escort and Court Custody Service (PECCS).

Health service provider

South Eastern Health and Social Care Trust (SEHSCT).

Learning and skills providers

Belfast Metropolitan College (BMC).

Independent Monitoring Board chair

Brian Doherty.



About this inspection and report

HMIP is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention. CJI is an independent statutory Inspectorate, established under the Justice (Northern Ireland) Act 2002, constituted as a non-departmental public body in the person of the Chief Inspector. CJI was established in accordance with Recommendation 263 of the Review of the Criminal Justice System in Northern Ireland of March, 2000.

All inspections carried out by HMIP and those prison inspections jointly carried out with CJI contribute to the UK's response to its international obligations under the Optional Protocol to the UN 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 of and conditions for detainees. HMIP and CJI are two of several bodies making up the NPM in the United Kingdom.

The ETI is a unitary Inspectorate, and provides independent inspection services and information about the quality of education, youth provision and training in Northern Ireland. It also provides inspection services for CJI, of the learning and skills provision within prisons, in line with an agreed annual Memorandum of Understanding and an associated Service Level Agreement.

The RQIA is a non-departmental public body responsible for monitoring and inspecting the quality, safety and availability of health and social care services across Northern Ireland. It also has the responsibility of encouraging improvements in those services. The functions of the RQIA are derived from The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

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.

All Inspectorate of Prisons and CJI reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison. The tests are:

Safety	prisoners, particularly the most vulnerable, are held safely;
Respect	prisoners are treated with respect for their human dignity;
Purposeful activity	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.



Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the NIPS.

- **Outcomes for prisoners are good.**
There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **Outcomes for prisoners are reasonably good.**
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.**
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.**
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.

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 reviewed for implementation at future inspections.
- **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.

Five key sources of evidence are used by Inspectors: 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 and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Since April 2013, all our inspections in Northern Ireland have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

This report

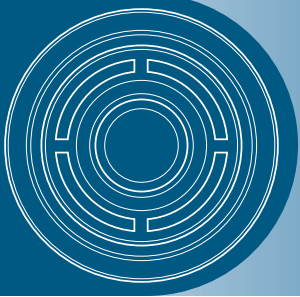
This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations: Criteria for assessing the treatment of prisoners and conditions in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Chapter 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.

Appendix 1 details the Inspection team and Appendix 2 lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the prison population profile and findings from the survey of prisoners and a detailed description of the survey methodology can be found in Appendices 3 and 4 respectively. This material can be obtained directly from the CJI website – www.cjini.org.

Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.¹ Again, this material can be obtained directly from the CJI website – www.cjini.org.

¹ The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.



Executive summary

Safety

Not all young men felt safe when being transported to the secure college. Support during the young men's early days was generally good. More young men than last time told us they had felt unsafe, which was likely to have been linked to the availability of drugs. Some aspects of work with people who self harmed needed improvement but day-to-day care was generally good. Some issues implicated in deaths in custody had not been adequately dealt with. Security arrangements had improved and 'free flow' (which allows prisoners to move about the prison unescorted) was working well. The Progressive Regimes and Earned Privileges scheme (PREPs) was well managed and adjudications conducted fairly. Use of force was high and paper work was poor. The segregation environment and regime were poor but reintegration planning meant stays were short. Substance misuse provision and supply reduction strategies needed strengthening.

Outcomes for prisoners were not sufficiently good against this healthy prison test.

At this inspection in February 2013 we found that prisoners in Hydebank Wood were not sufficiently good against this healthy prison test. We made 20 recommendations in the area of safety. **At this follow-up inspection we found that four of the recommendations had been achieved, eight had been partially achieved and eight had not been achieved.**

Fewer young men than the comparator said they felt safe while being transported to the secure college, but most journeys were relatively short. Reception and first night procedures were generally good. Induction processes remained comprehensive, but they were not always completed promptly and were frequently cancelled.

In our survey, young men reported that they felt more unsafe than at the last inspection. This was likely to have been related to an increase in the availability of illicit drugs and associated bullying. However, recorded levels of violence were not excessive. A new anti-bullying policy had been introduced and responses to allegations of bullying were tailored to the individual. The standard of investigations had improved and a number of young men found to have been perpetrators of bullying had been identified and their behaviour addressed. The college needed a more strategic approach to understand the nature of the challenge, and address poor behaviour. Cedar 2 provided valuable support and protection for vulnerable young men and most occupants felt safe there. Cedar 1 catered for young men who had difficulty integrating and a pilot project, supporting education and providing mentoring, had had promising results with some of the most marginalised young men in the population.

A significant number of those responding to our survey said they had mental health or emotional well-being problems. Completed Supporting Prisoners at Risk (SPAR) documents (case management arrangements for the management of those at risk of self-harm) had improved but issues remained about their quality and completeness, and the availability of therapeutic interventions. It was very positive, however, that those on a SPAR document were encouraged to attend work and education. Observation cells and strip-clothing were used too often. There was still no Listener scheme (in which prisoners are trained by the Samaritans to provide confidential emotional support to fellow prisoners) for those in crisis or on a SPAR document. Appropriate action was taken to address those with more complex longer-term problems, although it was not always recorded. There had been one self-inflicted death since our last inspection, and mechanisms were not robust enough to address the Northern Ireland Prisoner Ombudsman's recommendations to ensure they were implemented and embedded.

Staff attending multi-disciplinary safety and support meetings discussed those with longer-term issues, including those with adult safeguarding needs. We found no evidence that adult safeguarding referrals had ever been made.

Security risk management had improved and many unnecessary restrictions had been lifted. The college had a local security strategy and there was evidence that key threats were being identified. Some gaps remained, however; for example, use of intelligence was not fully developed, and strategic links with the safety and support department were not strong enough. Elements of dynamic security had improved following the introduction of a purposeful and predictable regime and good staff-prisoner relationships supported them. Initiatives to limit the drug supply were weak. There is a joint initiative with the Police Service of Northern Ireland (PSNI) in an attempt to deter drugs being brought through visits. The young men and staff said drugs, including synthetic cannabis (a man-made drug that mimics the effects of cannabis but is much stronger with no discernible odour and cannot be detected by drug tests) and illicit medication, were easily available. Random Mandatory Drug Testing (MDT) positive rates were not excessive but when refusals were included, it did point to significant concerns about the illicit use of drugs.

The PREP scheme was well managed and used strategically to encourage good behaviour. The enhanced accommodation in Cedar House was popular and young men considered it an incentive.

Disciplinary hearings were conducted fairly and had been moved to late in the afternoon so activities would not be disrupted. Overall, use of force had increased since the last inspection but most interventions were low key. Aspects of governance had improved but much important paperwork was incomplete, and some forms were missing. Accounts from officers often lacked sufficient detail and did not assure use that force was always used as a last resort. Three quarters of staff had not completed up-to-date control and restraint (C&R) training.

The segregation unit environment and regime were poor but relationships between staff and young men were very good and reintegration arrangements were effective.

The strategic approach to drugs and alcohol remained poor. Psychosocial services were good, but little intensity provision was available. Specialist clinical addiction services did not meet the needs of the population, primarily due to staff shortages and commissioning issues. The integration between clinical and psychosocial services remained weak.



Respect

Accommodation was mixed but the unit for enhanced level young men was very good. The outside areas and overall appearance of the secure college was very good. Staff-prisoner relationships were strong and had moved on considerably since our last inspection. The management of equality and diversity work needed further development, but outcomes were generally equitable. Faith provision was good. The management of complaints needed attention. Some appropriate legal support was provided. Healthcare had improved overall, but aspects of mental health provision were inadequate. The food was good and the tuck shop and *The Cabin*, the college's cafe, were excellent. **Outcomes for prisoners were reasonably good against this healthy prison test.**

At the last inspection in February 2013 we found that outcomes for prisoners in Hydebank Wood were not sufficiently good against this healthy prison text. We made 30 recommendations in the area of respect. **At this follow-up inspection we found that 13 of the recommendations had been achieved, nine had been partially achieved, seven had not been achieved and one was no longer relevant.**

External areas were very attractive and well maintained and efforts had been made to improve the overall appearance of the secure college. The poor accommodation in Willow and Elm houses had been refurbished and was no longer being used. The standard of accommodation remaining was mixed; accommodation for enhanced level young men in the Cedar House unit was very good, but other landings were dark and cramped. Cleanliness was not good enough in some areas of Beech House. Young men were now responsible for their own laundry. In most cases this worked well, but not everyone managed the task effectively.

Significant progress had been made to improve the staff culture and provide young men with better opportunities to improve their circumstances. The interactions we observed were consistently positive and in some cases outstanding. Staff generally showed an interest in the welfare of those in their care.

The promotion and management of equality and diversity needed improvement and there was no external scrutiny. The monitoring and analysis of equality and diversity data needed to be more transparent. Previous disparities in outcomes for Catholic young men were not evident from our focus groups or survey. There were no routine meetings with individuals or small minority groups but good relationships ensured the needs of most minority groups were met. Faith provision and pastoral care were good but we were not confident all young men found it easy to attend corporate worship.

Although most replies to complaints were reasonably good, some were superficial and did not demonstrate that sufficient investigation had taken place. A few were particularly dismissive. We were not confident that complaints against staff were always dealt with adequately and too many said they had been prevented from making a complaint.

Young men could exercise their legal rights freely but we were concerned for a small number who had been held on remand by the courts for considerable periods.

Corporate governance of healthcare was good and a prison reform team drove improvements. The compilation of serious adverse incident reports had improved. Healthcare facilities and infection control were good except in Beech House. Some resuscitation equipment was missing or out of date. The management screening, vaccinations and chronic diseases was good. A range of health promotion activities was in place but staff shortages had hampered progress, for example there was no Band 6 manager responsible for this area of work in place. Despite negative survey responses, we found that General Practitioners (GPs) could be seen within a reasonable timescale. Waiting lists were well managed.

We saw some good initiatives in medicines management. However, we observed inadequate supervision at the treatment hatches which created a risk of bullying and diversion. Medication which should have been administered under supervision was being given in-possession at night, and monitoring checks were not taking place. Dental services were generally good; waiting lists were not excessive and urgent cases were seen promptly. Oral health promotion was exceptional.

Mental health assessment at committal needed to be better. The service did not fully meet the needs of those with learning disabilities, autism spectrum, post-traumatic stress disorder or personality disorders and waiting times for urgent mental health assessments were too long. Care for those on a mental health caseload was generally good, but review planning needed to be improved. The wider criminal justice and health care systems needed to provide alternatives to custody for young men at risk.

Young men had mixed views about the food, but catering had improved significantly and overall it was good. The introduction of self-catering in some units and access to the college's café *The Cabin* was impressive. Young men could buy a suitable range of reasonably priced items at the tuck shop, which was excellent.

Purposeful activity

Time out of cell was good and nearly everyone had meaningful purposeful activity. Evening association was frequently curtailed. Learning and skills provision had progressed considerably since the last inspection. There was a clearer vision of how it would be developed. Innovative initiatives were underway and a broad range of effective practice identified. Much of it was not yet fully embedded, however sequencing needed to improve and a greater range and more accredited activities should have been offered. Some accommodation was unsuitable. Nevertheless, young men were beginning to show more positive attitudes towards learning. **Outcomes for prisoners were reasonably good against this healthy prison test.**

At the last inspection in February 2013 we found that outcomes for prisoners in Hydebank Wood were poor against this healthy prison test. We made 13 recommendations in the area of purposeful activity. **At this follow-up inspection we found that two of the recommendations had been achieved, eight had been partially achieved and three had not been achieved.**



The core day offered good time out of cell for nearly everyone, although the frequent curtailment of association meant all but those on the landings for prisoners on the enhanced level of the PREPS had their time out of their cells reduced. Lockdowns were imposed fairly but were not always predictable. Nevertheless, the working day was prioritised and delivered in line with the institution's ethos of supporting learning and skills.

Hydebank Wood college senior management was innovative and committed to providing quality learning and skills provision that focused on supporting progression. An effective partnership had been established with the BMC. Joint planning between the college and BMC was at an early stage of development and potential benefits had not yet been fully realised. The process of scheduling learning and skills activities sometimes led to changes in groups of learners, which had a negative impact on learning. The system needed to be refined further. The learning and skills accommodation was not sufficiently good and the physical resources to support learning and training were limited.

Nearly all young men were involved in purposeful work activities, but too few were accredited. More work roles needed to be linked to apprenticeships offering progression and opportunities for successful resettlement.

A broader, better quality education curriculum than previously was available and there were more opportunities for young men to attain accredited qualifications. Participation levels and attendance were good. An appropriate curriculum, underpinned by support from external agencies, was provided to build their confidence so they could participate in the main learning and skills provision. Access to the curriculum was largely inadequate for the small number of vulnerable young men. The introduction of the early initial assessment process to identify literacy and numeracy needs was positive. More work was required to address the literacy and numeracy skills of the small number currently below entry level. The secure college engaged and supported well the small number of at risk young men, who at times were reluctant to participate in activities.

The quality of the teaching, training and learning was good or better than previously in 77% of the sessions observed; just over 40% were very good. Most of the construction-related provision had important areas for improvement. Innovative and effective practice was observed in areas such *The Cabin*, the gardens, hospitality, industrial cleaning, recycling, furniture restoration and animal care. Links with external agencies were also effective. Literacy and numeracy skills provision was good overall, a noteworthy improvement since the previous inspection; one-to-one provision for literacy and numeracy was particularly effective. Provision of English for Speakers of Other Languages (ESOL) was not sufficient.

Relationships were mostly good or better. Staff focused well on meeting the pastoral needs of the young men, who were beginning to develop more positive attitudes to learning and progression.

While the range of accredited learning had been extended, it remained somewhat insufficient and did not provide adequate opportunities for progression to higher levels. Outcomes attained in literacy and numeracy had improved. While accredited achievements remained generally low, they were improving.

The library supported learning and the development of literacy, personal and social skills. It offered a range of opportunities, including sign language, life skills, reading development and discussion groups.

Physical education facilities were good and well maintained, but they were not used sufficiently, particularly those outdoors. The take-up had increased since the introduction of open gym sessions. While the gym offered some good opportunities, its contribution to learning, skills and the well-being of the young men was underdeveloped.

Resettlement

An impressive range of community agencies and groups supported resettlement. Temporary release was used extensively. The Prisoner Development Unit (PDU) provided good support but quality assurance of high risk cases needed to be better and sentence plans needed to include learning and skills targets. Most work was up to date and reasonable. Reintegration planning was good as was the support offered in the resettlement pathways. **Outcomes for prisoners were reasonably good against this healthy prison test.**

At the last inspection in February 2013 we found that outcomes for prisoners in Hydebank Wood were reasonably good against this healthy prison test. We made 11 recommendations in the area of resettlement. **At this follow-up inspection we found that six of the recommendations had been achieved, four had been partially achieved and one had not been achieved.**

The secure college had a clear focus on identifying and addressing resettlement needs and a wide range of third sector and community organisations worked in partnership to support resettlement. Temporary release was used extensively to support resettlement planning.

Sentence co-ordinators were well motivated, had reasonable caseloads and had received a range of appropriate training. Most young men staying more than two months had a personal development plan (PDP). PDPs had improved but learning and skills targets were not included. Levels of contact were relatively good and most case work was also good, although quality assurance processes were not sufficiently effective, which was a particular concern in the highest risk cases. Public protection arrangements were proportionate and staff had a good understanding of them. Reports were thorough and on time. Child safeguarding arrangements were sound. The new security categorisation process was more meaningful than previously and supported resettlement planning effectively.

Reintegration planning was generally good but the process needed to be speeded up for those with short stays. Workers from voluntary agency Housing Rights provided a valuable service and had good links with accommodation providers. Few young men were released without an address and efforts were made with providers to source accommodation.



High quality external work placements had been established with a range of supportive employers; as a result, an increasing number of young adults benefited from employment outside the prison and some retained their employment on release.

Discharge planning in primary health care was being formalised. Work had started on developing a palliative and end-of-life care pathway. Further work was required to ensure that regional protocols with community providers in all Trusts provide seamless discharge for those with mental health problems.

An appropriate range of pre-release substance misuse interventions were offered to those involved with drug services, but most young men were not, which meant they were left without any harm reduction advice, putting them at risk.

Reasonable support was offered to those with debt problems, and benefits advice was available, as was support to open bank accounts.

Family work was strong, and an impressive range of outside agencies provided support, information, relationship counselling and parenting courses. Skype and email were available. Visits were reasonably good, searching was appropriate and respectful and visitors said staff were polite. Extended family visits, in an attractive room, were available.

The range of offending behaviour programmes was good and one-to-one work was available.

Main concerns and recommendations

Concern: *The work of the safety and support and security departments was not sufficiently integrated to ensure the broad range of safety challenges at Hydebank Wood were clearly understood, and addressed in a strategic way. Better safety data collection, analysis and use were required to drive improvements in the safety of the institution.*

Recommendation 1

Integration between key departments should be improved as should data collection on bullying and indications of violence in order to drive a more strategic and integrated approach to the reduction of bullying and anti-social behaviour.

Concern: *Young men and staff reported that illicit drugs including new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects) and diverted prescribed medicines, were easily available. Those who responded to our survey were also much more likely than the comparator to say they had arrived at Hydebank Wood with a drug or alcohol problem and that they had developed a problem with drugs at the prison. The strategic approach to drugs and alcohol, including supply reduction remained poor. Access to specialist clinical assessment, support and some of prescribing for those with drug and alcohol dependency was inadequate and unsafe. Overnight monitoring during the first five-day stabilisation period did not take place, which was poor and there was no access to group work or high intensity psychosocial support for substance misuse issues.*

Recommendation 2

A more strategic, multi-disciplinary approach to substance misuse dependency is needed. The strategy should be informed by a needs assessment of the population and result in an action plan that ensures that those dependent on drugs or alcohol have prompt access to specialist support, including those that address links to offending behaviour.

Concern: *The developing relationship between Hydebank Wood and BMC had resulted in a much better range of purposeful activity for the young men held, but it still needed to be developed further. The relationship was in its early stages and had not yet reached its full potential. Activities needed to be scheduled to ensure greater continuity in learning and a broader range of options were required, including more accredited provision.*

Recommendation 3

Joint planning between Hydebank Wood and BMC management teams should be further developed to ensure all young men benefit fully from high quality, well-planned learning and skills and work provision that supports efforts to reduce their likelihood of future reoffending.



Inspection Report



Safety

Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Young men and women still regularly shared transport to the prison, which was not appropriate. Most journeys were relatively short, but drinking water was not available on the vans.
- 1.2 We observed new arrivals being asked how they had been treated before they were admitted to the secure college. Staff informed us that complaints about escort staff treating them poorly were unusual. All new committals arriving at the prison from court were routinely cuffed throughout their journey in the van and when they were taken into reception; they were removed at the front desk. This was disproportionate and decisions to handcuff a young man should have been based on an individual risk assessment. Only 65% of young men said they felt safe on their most recent journey to the establishment, which was lower than the comparator of 81%. Property and private cash still did not accompany individuals on remand.
- 1.3 Good use continued to be made of the video link facilities for court appearances.

Recommendation

- 1.4 **Handcuffs should only be used for young men under escort within the prison when a risk assessment deems it necessary.**

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.

- 1.5 The reception area was clean, bright and well maintained. The holding rooms contained TVs and there was no evidence of graffiti. Up-to-date helpful information about the services available was on display.
- 1.6 All new arrivals were subject to a full search and most said it was carried out respectfully. Newly admitted young men were encouraged to take a shower soon after they arrived in reception.
- 1.7 The interactions we observed between staff and young adults being admitted were professional and friendly. Interviews were carried out in private and new arrivals were offered something to eat and a hot drink.
- 1.8 A 'buddy' system to support new arrivals was in place, but because of the small number of admissions, we did not see them at work. The secure college had a list of 'buddies' who were trained in peer support on whom staff could call, along with a timetable showing when they were available.
- 1.9 Reception procedures were usually completed promptly and new admissions were taken to the first night centre. They were issued with clean bedding, toiletries and tobacco. The first night landing had recently been relocated to Beech1. New admissions were offered a phone call when they arrived on the landing. First night cells we reviewed were in reasonable condition.
- 1.10 We were informed that late arrivals were rare, and that there were always sufficient staff in the first night area to carry out the initial induction interview. The frequency of staff observations of new arrivals was not fixed and depended on their assessed risk level.
- 1.11 Only 64% of respondents to our survey said they felt safe on their first night, compared with 77% at similar establishments. We were informed that focus groups had been used to try and establish the reasons why some young men felt unsafe on arrival, but no clear explanation emerged.
- 1.12 Ninety-two per cent of young adults said they had been on an induction course, which was more than at the previous inspection (77%). The induction programme lasted a week and was comprehensive. It involved individual and group input from both core and specialist staff, covered all relevant areas and included a tour of the establishment. We were told that sessions were not always completed promptly and were quite often cancelled because of staff shortages. We found written material about how the secure college was run in different areas; however, none of it was up to date or comprehensive and most new admissions did not receive helpful written information.

Recommendation

- 1.13 **All new admissions should be provided with clear written information about how the prison is run.**

Bullying and violence reduction

Expected outcomes:

Everyone feels and is 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.

- 1.14 Young men expressed concern in the survey about safety. A total of 61% said they had felt unsafe at some time, which was higher than in 2013 and compared with similar establishments; 27% felt unsafe at the time of the survey, up from 11% in 2013. Much of this was likely to have been related to the increased availability of illicit drugs and associated bullying, and 38% in our survey said they had been victimised by other prisoners. A prison survey completed in June 2015 also highlighted concerns about safety.
- 1.15 However, recorded levels of violence were low and in the previous six months there were 13 inmate-on-inmate assaults, down from 43 in the same period in 2014-15 and from the rate in 2013. There had been three assaults on staff in the previous six months. Data showed 47 adjudications for fights in the previous six months, but it was not clear how fights were distinguished from assaults. There was no evidence of data being collected on unexplained injuries.
- 1.16 A new anti-bullying policy was introduced in March 2015. There had been 12 reports of bullying by 26 alleged perpetrators and 12 victims in the previous six months, which was lower than at the 2013 inspection, but concerns had been raised at the safety and support steering meeting that incidents of bullying were not being recorded. The standard of the investigations had improved since 2013 and a number of bullies had been charged or relocated to another area. Victims had received support and staff understood their circumstances. Responses to allegations of bullying were tailored to the individual.
- 1.17 Overall, data on indicators of violence were not accurate enough and the secure college was not monitoring or analysing them sufficiently. Links with other departments, particularly security, were not developed enough (see Executive Summary main concerns and recommendations).²
- 1.18 The restorative justice conferencing service provided at the 2013 inspection had closed but management intended to reintroduce an extended programme.

² See also Criminal Justice Inspection Northern Ireland, The safety of prisoners held by the Northern Ireland Prison Service. A joint inspection by Criminal Justice Inspection Northern Ireland and the regulation and Quality Improvement Authority. [Internet]. 2014 [cited 2016 June 8]. Available from: <http://www.cjini.org/CJNI/files/67/677ac123-4a48-43c3-8170-c2c73d2282a4.pdf>

- 1.19 Cedar House landing 2 provided young adults who were vulnerable because of their offence with valuable support and protection and most occupants felt safe there. However, the young men needed a fuller regime of work and education. Landing 1 catered for those who had difficulty integrating and a pilot project supporting education and providing mentoring had led to promising results with some of the most marginalised in the population.

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.

- 1.20 The suicide and self-harm policy had not changed since the last inspection and did not reflect all the needs of the population³. A large number of those surveyed and more than the comparator said they had mental health or emotional well-being problems. There were 57 incidents of self-harm involving 26 young men in the previous six months – a similar level to 2013.
- 1.21 Observation cells had been used 24 times in the previous six months, and in 50% of cases anti-ligature clothing was used: concerns had been raised about the proportionality of this at the safety and support steering meeting, but there was no evidence that the matter was being dealt with. Inspectors were not confident these measures were used as a last resort.
- 1.22 The case management of those at risk of self-harm through the SPAR documents had improved since the last inspection but issues remained about their quality and completeness. Care plans focused on protective measures rather than on a more proactive approach to address underlying issues and provide therapeutic interventions. Nevertheless, we found many officers displayed a caring attitude for those in crisis and it was good that those on SPAR documents were encouraged to attend work and education.
- 1.23 There was still no Listener scheme (in which prisoners are trained by the Samaritans to provide confidential emotional support to fellow prisoners) or other formal peer support scheme for those in crisis or on SPAR documents. Young adults found it difficult to access the Samaritans on the dedicated mobile phones because the signal was poor.
- 1.24 Multi-disciplinary safety and support meetings discussed those with more complex longer-term problems and were well attended. Issues identified were appropriately dealt with, but follow-up action was not recorded.

³ See also Criminal Justice Inspection Northern Ireland, op. cit.

- 1.25 Since the last inspection, one young man had died post-release as a result of an incident in custody. An action plan existed but mechanisms were not robust enough to address the Northern Ireland Prisoner Ombudsman's recommendations and ensure they were implemented and embedded throughout Hydebank Wood.

Recommendation

- 1.26 **SPARs should outline both protective factors and the underlying causes of vulnerability and young men involved in the process should have a range of therapeutic intervention available to them and access to Listeners.**

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.⁴

- 1.27 A draft safeguarding policy for Hydebank Wood had been produced in collaboration with representatives from the SEHSCT. At the time of the inspection, it was awaiting approval from the Trust. Since the previous inspection working relationships between the prison and the SEHSCT had become closer and regular meetings now took place. Local adult safeguarding partnerships were responsible for all safeguarding in Northern Ireland, but the NIPS was not formally represented.
- 1.28 The safeguarding policy described how existing policies and processes ensured that the establishment complied with its duty of care to all individuals at risk. The policy was comprehensive and specified how referrals should be made to the relevant community-based authority where an adult safeguarding concern arose. However, most staff we spoke to had a limited understanding of the general principle of safeguarding and we found no evidence that the referral procedure had ever been followed.
- 1.29 Effective short-term multi-disciplinary work was undertaken with the small number of young men considered complex safeguarding cases within the secure college and overseen through the weekly safety and support meeting.

Recommendation

- 1.30 **Key staff should be trained in identifying adult safeguarding concerns and setting up a referral process to local authorities in young men's home areas.**

4 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.

- 1.31 Risk management systems had improved significantly since the last inspection and there was now little evidence that the prison was risk averse when allocating activity spaces to young men. The college had a local security strategy and there was evidence that key threats were being identified. The 'free-flow' system now allowed all young adults unobtrusive but supervised movement to education and other activities during the beginning and end of the planned day. They could also attend appointments outside main movement times within the secure campus under appropriate supervision.
- 1.32 The use of risk assessments had improved since the last inspection and many unnecessary security practices, such as excessive use of full searches and locking down the whole establishment whenever an alarm bell was activated had been ended.
- 1.33 Some aspects of information management were good. The flow of information into the security department had improved and the number of security information reports had doubled since the last inspection. Security staff processed and categorised information promptly and it was effectively disseminated to other areas, which allowed for a swift response to immediate security issues.
- 1.34 Security committee meetings were held every month, given a high priority and attendance had improved since the last inspection. However, there remained some gaps and strategic links with the safety and support department were not strong enough. Although security objectives were agreed and information-sharing was improving, the use of intelligence to help inform necessary strategies, such as drug supply and violence reduction, was insufficient (see also paragraph 1.14). Important elements of dynamic security were in place. There had been some good joint work with the PSNI.
- 1.35 Relationships between staff and young men were good and the interactions we observed indicated that most staff knew the personal circumstances of those in their care. The regime was purposeful and predictable and most young adults were unlocked for most of the day. There was also extensive CCTV cover in the grounds, which provided extra supervision when prisoners went to activities.
- 1.36 In our survey, more young men than at similar prisons said other prisoners had victimised them because of medication (11% against 2%) and that they had developed a problem with drugs (16% against 7%) and diverted medication (18% against 4%) since they had been in the secure college. The new supply reduction strategy was not sufficiently comprehensive and was not linked to an action plan (see paragraph 1.57). Young men and staff we spoke to reported high levels of drug availability, including synthetic cannabis (a man-made drug that mimics the effects of cannabis but is much stronger with no discernible odour and cannot be detected by drug tests).

- 1.37 The random MDT positive rate for the six months to April 2016 was 8%, but combined with a refusal rate of 10% for the same period this suggested drugs were easily available. The random MDT programme was too predictable and no weekend testing took place. Too many requested suspicion drug tests were not completed. The majority of positive drug tests were for cannabis, but the testing would not have picked up synthetic cannabis. Referrals to substance misuse services occurred consistently for young men who refused or failed a drug test. The MDT testing facilities were appropriate.

Recommendation

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

Progressive regimes and earned privileges⁵

Expected outcomes:

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

- 1.39 The PREP scheme policy document had been reviewed. It described how young men could progress through the levels and standards of expected behaviour. All young adults had signed compacts.
- 1.40 During the inspection, most young men (52%) were on the standard level, while 42% were on the enhanced regime, which was relatively high. Only six young adults (5%) were on the basic level, which was lower than at the last inspection when there were nine. Generally PREPS was well managed and there was evidence that it was being used strategically to manage the young men's behaviour. We also saw it being used to reward and encourage good behaviour as well as to apply sanctions.
- 1.41 Most prisoners were not on the basic regime for long and they were usually promoted to standard within a week or two. However, there were a few cases where young men spent over a month on the basic level due to their behaviour. Reviews were held every week and prisoners could incrementally earn back privileges for complying with the rules.
- 1.42 The scheme offered different levels of access to private cash, visits and time out of cell, which seemed reasonable. There were three residential units in Cedar House for young men on the enhanced level; they were popular with the young adults, who regarded them as a meaningful incentive. In our survey, more than half of respondents (59%) said the scheme had encouraged them to change their behaviour.

⁵ In the previous report, incentives and earned privileges were covered under the healthy prison area of respect. In our updated Expectations (Version 4, 2012) they now appear under the healthy prison area of safety.

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.

Disciplinary procedures

- 1.43 There had been about 450 adjudications in the previous six months, slightly fewer than over a similar period prior to the last inspection (476). As at the previous inspection, there was a corporate direction on punishments tariff for all prisoners, regardless of their sex or age. A pro-forma had been introduced to ensure all other options were considered before issuing a formal charge. This had led to a reduction of 40% in adjudications. The adjudication backlog had significantly reduced by 75%.
- 1.44 All hearings were audio recorded, which was good; they were conducted late in the afternoon so that young men's daily activity schedules were not disrupted. Records of hearings we examined and those we attended, showed that proceedings were conducted fairly and demonstrated that young adults were given the opportunity to explain their version of events. On the whole, punishments were fair and some examples showed that adjudicating governors dismissed cases due to a lack of evidence.
- 1.45 The adjudicating governor explained the appeals process to all young men directly after the formal hearing and residential officers went through it again when they left the adjudication room. We found no evidence of unofficial or collective punishments.

Good practice

- 1.46 *Holding adjudications in the late afternoon meant they did not interfere with the young men's attendance at activities.*

The use of force

- 1.47 Use of force had increased since the last inspection and although most incidents were not serious, the number was too high. There had been 80 incidents involving force in the previous six months which was significantly more than the number found over a similar period prior to the last inspection (49).
- 1.48 Formal monitoring arrangements for incidents were improving and good links to the security committee and the senior management team had been established. Incidents were discussed at monthly use of force committee meetings, chaired by the head of residence, and the governor and deputy governor reviewed some video-recorded incidents.

- 1.49 However, some aspects of oversight were not effective. The analysis of data to identify patterns or trends was underdeveloped and was not being used effectively to help reduce the number of incidents. We found that some use of force forms had not been processed properly or completed and some were missing altogether. Accounts from officers often lacked sufficient detail and failed to assure us that force was always used as a last resort. It was unacceptable that 75% of operational staff had not completed up-to-date C&R training.

Recommendation

Senior managers should scrutinise all use of force incidents, including officers' paperwork, emerging issues should be dealt with promptly and prison officers should have up-to-date training in control and restraint.

Segregation

- 1.50 The segregation unit remained poor. The single corridor was clean but narrow and there was a lack of natural light, which made the environment dismal. Cells were reasonably clean but graffiti was scratched into walls and burned on to ceilings.
- 1.51 During the inspection, six young men were segregated; four of them were waiting for an investigation of the same violent incident, one had received cellular confinement as punishment following adjudication and one was segregated to ensure the good order of the college.
- 1.52 About 90 young adults had been segregated in the six months prior to inspection. Although the number was not particularly high in the context of a young prisoner population, they represented an increase since the last inspection when about 80 young men had been segregated during a similar period.
- 1.53 Governance of segregation was good and, as at the last inspection, there was a distinct strategy setting out the management arrangements and expected working practices of the unit.
- 1.54 Relationships between staff and the young men in the unit were very good. We saw officers interact well with them; they clearly had an appropriate interest in their welfare. Although the basic daily routine included showers, a 30-minute exercise period and access to a phone, the young adults spent nearly all day locked in cells without anything meaningful to do.
- 1.55 Planning to address the young men's individual needs was very good and there was evidence that changes in their behaviour were monitored and problems addressed. Regular case conferences took place; they were well attended and clearly focused on the needs of individual young adults. Most returned to the main part of the secure college promptly, usually within a few days.

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.

- 1.56 The secure college's strategic approach to drugs and alcohol, including supply reduction, remained inadequate. A 2014 draft drug and alcohol strategy, which the secure college produced jointly with the SEHSCT, had not been implemented. The 2016 strategy was not based on a needs assessment, lacked an action plan and did not incorporate all relevant aspects, such as new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), treatment or young men's specific needs (see paragraph 1.36). Drug and alcohol issues were not comprehensively discussed in any college forum (see Main concerns and recommendations).
- 1.57 In our survey more young adults than the comparator said they had a problem with drugs (58% against 28%) and alcohol (28% against 15%) on arrival. The SEHSCT's draft treatment-specific needs assessment had no input from the young men in the establishment.
- 1.58 The SEHSCT provided clinical drug treatment services and *Start360* ran the alcohol and drug support service known as AD:EPT. AD:EPT workers saw all new arrivals on induction. All referrals were prioritised based on their need, waiting times were reasonable and 14 young men (14% of the population) were using the service. An appropriate range of low- and medium-intensity one-to-one support, including counselling, was provided, but there was a lack of high intensity provision. New psychoactive substances awareness sessions started during the inspection. Seven young adults had completed a group Building Skills for Recovery programme (a group-based offending behaviour programme addressing substance abuse issues), but it only ran once a year mainly due to low demand. Care planning was mainly good. Alcoholics Anonymous and Gamblers Anonymous provided regular input, but there were no substance misuse peer supporters. Feedback from service users informed development of the psychosocial service.
- 1.59 The young men had poor access to the clinical team, which was exacerbated by staffing shortages; however the impact was minimal because opiate dependence was rare. No young adults had received opiate substitution treatment in the previous six months and 12 young men had completed alcohol detoxification through the primary health care department, although they did not generally see a GP or specialist. The lack of dedicated stabilisation facilities and overnight monitoring meant that severe alcohol withdrawals or over-sedation overnight could have been overlooked. Integration with AD:EPT was badly affected by the clinical team's staffing issues.
- 1.60 The same consultant psychiatrist provided psychiatry and addiction services to the college, which ensured continuity for those with a dual diagnosis for substance misuse and a mental health issue.



Respect

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 is pleasant and quiet. Elm and Willow Houses are now fully refurbished. External areas remained clean, the grounds were extremely well maintained and efforts had been made to improve the overall appearance of the secure college. Young men were not required to share cells. We welcomed the fact that the cramped and poorly lit cells in the Elm and Willow houses were no longer used. The standard of the remaining accommodation was mixed.
- 2.2 It was inappropriate that young men mixed with the female population in Ash House; we received anecdotal accounts of them verbally abusing and intimidating women prisoners. Appropriate steps were taken to ensure proper supervision when the two populations were mixing, but the risks were obvious and arrangements needed ongoing review and scrutiny to ensure they remained appropriate.
- 2.3 Conditions on Cedar House landing 4 were good and young men located there had just been given access to their own cooking facilities. The best accommodation was on landing 5, where telephones had been installed in the rooms and young adults had their own keys. The living conditions there resembled good quality student rooms. By contrast, the accommodation in Beech House was poor; cells were badly equipped, dirty and untidy. Cleaning materials were available on the landings, but the young men had few opportunities to clean their cells because they spent too long locked up during association compared with their counterparts in Cedar House. In our survey only 54% of young adults said they could get access to cleaning materials every week, fewer than at the last inspection (90%). They said access to showers had also got worse – only 54% of young men said they could have a shower every day, fewer than at the previous inspection (85%) and compared to similar establishments (81%). The communal showers and toilets in Cedar House were adequate, but the facilities in Beech House were poor – many of them shared toilets and showering areas were grubby and untidy.

- 2.4 Young men could wear their own clothing and now did their own laundry using facilities on the landings. In most cases this worked well, but not all young adults could manage this task on their own and there was no organised support. Conditions in some of the laundry rooms were chaotic and disorganised and we received a number of complaints from staff and young men that there were not enough washing machines to cope with the demand.
- 2.5 Staff said that there were occasional delays in the delivery of mail, but we received no complaints from young men about the arrangements. The application system, used for domestic requests, such as changing telephone numbers or obtaining property generally worked efficiently.

Recommendations

- 2.6 **All living conditions should be clean and tidy.**
- 2.7 **The arrangements for monitoring and managing the interactions between young men and women held at Hydebank Wood needed ongoing scrutiny and periodic formal review.**
- 2.8 **Adequate laundry facilities should be available as should assistance in using them for those who require it.**

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 Significant progress had been made to create a culture that was positive and respectful and to provide young men with better opportunities to improve their circumstances. The interactions we observed between staff and young adults generally reflected this and what we saw was consistently positive and, in a few cases, outstanding. Officers frequently showed an interest in the welfare of the young men and often tried to be helpful. Examples of constructive interaction could regularly be seen in the college's café *The Cabin* and the tuck shop, where the relaxed ethos helped create an everyday environment.
- 2.10 Separate discussion forums involving the young men covered each of the residential areas. Forums in Cedar and Beech Houses did not take place regularly and records of these discussions lacked detail; staff seemed to take control of discussions rather than listening to the young adults. There was scope to improve discussions so they became more participative and inclusive, in line with a college ethos.

Recommendation

- 2.11 **Discussions within forums involving young men should be improved so that they are more participatory and inclusive.**

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and co-ordinated 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 characteristic⁶ 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.

Strategic management

- 2.12 The promotion and management of equality and diversity needed improvement and further development. Young men's representatives met prior to a monthly equality and diversity meeting to identify concerns they wished to raise. Few young adults attended consistently enough for them to build their experience or develop enough confidence to raise equality and diversity issues. There was no guidance or training for this role.
- 2.13 Several young men had attended the initial part of the equality and diversity meeting, which could have been restructured to be more inclusive. Not all key departments attended regularly. Meetings were chaired by the deputy governor and included the equality and diversity co-ordinator, who managed this area under the auspices of the safety and support department. An equalities officer from the NIPS attended. A representative from the Independent Monitoring Board and chaplaincy participated in meetings, but there was no external scrutiny or consultation with experienced practitioners.
- 2.14 No clear statement outlined the terms of reference of the equality and diversity meeting and the standing agenda did not include all protected groups falling under section 75 of the Northern Ireland Act 1998. Over the previous three months there had been no recorded discussions about sexual orientation and no recognition of the problems of homophobia. There was little evidence of a strategic approach to disability, in particular mental health, in partnership with the healthcare department, despite these concerns being significant among the population.

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

- 2.15 An NIPS foreign national prisoner strategy from 2014-16 covered all key areas. Notices about the introduction of an early removal scheme for Northern Ireland had been published in May 2016. Some limited celebrations of diversity had included the Chinese New Year and Holocaust Memorial Day. Draft guidelines had been produced in April 2016 for managing transsexual young adults and staff displayed some understanding of the issues.
- 2.16 A NIPS corporate equality and diversity improvement plan for 2012-15 had been drawn up. It provided comprehensive practice notes on the service's obligations to promote equality and outlined how equality and diversity teams should operate, including in areas such as consultation with external agencies. The current equality and diversity action plan dated March 2015 included outstanding issues from 2014.
- 2.17 Monitoring of equality and diversity data included outcomes for young adults by religion, race and age and covered key areas, such as the PREP scheme, adjudications, complaints and home leave applications and decisions. There appeared no consistent patterns to demonstrate unfair treatment and outcomes were generally equitable. Previous disparities in outcomes for Catholics were not evident from our focus groups or survey. There was a wide display of football emblems around the grounds representing teams and community alliances, an important statement about inclusivity. Outcomes from data monitoring and analysis lacked transparency and was not disseminated among staff and young men.
- 2.18 Complaints about discrimination were handled through the general complaints system and processed under five main headings: discrimination; harassment; racial; disability; and verbal abuse. Residential senior officers investigated complaints, which were overseen by the equality and diversity co-ordinator. Young adults had submitted 10 complaints in the previous six months. Most related to feeling unsafe rather than alleged discrimination. One from a young man from a minority ethnic group was handled well, as was a complaint about homophobic comments. Complaints about staff were referred to the deputy governor.
- 2.19 Staff received initial equality and diversity training but there was no refresher training. A total of 72 (35%) of staff across the college had not had any training in equality and diversity.

Recommendation

- 2.20 **The strategic management of equality and diversity should have a multi-disciplinary approach and more involvement from and a greater focus on the young men. Monitoring data should be clearly explained and publicised and external practitioners should be consulted in line with the NIPS equality and diversity improvement plan.**

Protected characteristics

- 2.21 There were few diverse groups within the population: 93% were white; four identified as foreign nationals, two as Travellers and two were registered to non-Christian traditions. All young adults who disclosed that they had a disability, or were a foreign national or Traveller on committal were interviewed by a safety and support officer to identify any specific needs.

- 2.22 There were no routine meetings with individuals or small minority groups but the small number on landings and good relationships ensured the needs of most minority groups were met.
- 2.23 None of the foreign national young men were being held solely on immigration matters. The Home Office held surgeries twice a year or when requested. All young adults, regardless of their nationality, had access to Skype. It was located in the visits area and had been used on 16 occasions in 2016. It was not promoted well enough and was not as accessible as it could have been. Face-to-face interpreting services had been used for committal interviews and explaining immigration correspondence. In addition, the telephone translation service was used well. A new NIPS telephony contract allowed many foreign nationals to make international phone calls at reasonable rates, whilst this was not available for all countries of origin, it had reduced rates for calls made.
- 2.24 In our survey 31% of young men said they had a disability, compared with 10% (10) recorded on the electronic prison record system, known as the prisoner record information system management (PRISM), most relating to mental health. There were still problems confirming data about disability with the healthcare department. Young men in our survey who said they had a disability did not indicate any adverse outcomes compared with those who had no disability but more were prescribed medication. Where required personal emergency and evacuation plans were completed by the fire officer. Two cells on Beech House landings 1 and 4 and one cell on Cedar House landing 1 were adapted for wheelchair users.

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.

- 2.25 Faith provision remained good. The chaplaincy included four part-time and one managing chaplain – all from Christian faiths, which reflected the population; 83% of young men were registered as Christian. An Imam had visited two young adults who were registered as Muslim. When required, the team drew on the support from the Belfast Faith Centre. Visits from other chaplains were arranged when required. A range of religious texts and artefacts was available from the chaplaincy.
- 2.26 There was a large well-equipped chapel and a small but adequate multi-faith room. Weekly services for Catholics and Protestants were held and prayers and Holy Communion offered on Cedar House landings 1 and 2, where attendance at corporate worship was difficult. Fewer young men than when we last inspected said it was easy to attend corporate worship. Chaplains had received complaints from young adults about staff failing to facilitate their attendance. There were few opportunities for faith groups outside corporate worship although a one-day retreat had taken place in 2015.

- 2.27 Only 42% of young men said they saw a chaplain on committal which was lower than the comparator but we were confident that all new committals were seen.
- 2.28 Pastoral care was good and included bereavement support and counselling through the bereavement charity CRUSE and practical and financial support through the St Vincent de Paul Society which also arranged visits. The chaplaincy had good links with families. The managing chaplain attended key policy groups, including safety and support and equality and diversity meetings. There were plans to develop links to church communities through Skype to enable young adults to feel part of funerals and other family religious services they were unable to attend.

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.

- 2.29 Complaints forms were accessible and the young men understood the process. There had been 123 complaints in the six months prior to the inspection, many of which related to minor matters.
- 2.30 Quality assurance processes were in place and some complaints were discussed at senior management team meetings. A senior manager checked a sample of about 20% of responses each month. Although the quality of most replies was good, a smaller, but significant, number were superficial, and did not demonstrate that sufficient investigation had taken place. A few were particularly dismissive.
- 2.31 We were not confident that complaints about staff were always dealt with properly and there were examples of a few that did not reflect a full investigation of the facts. We also saw replies that promised a full investigation of a complaint but were not followed through.
- 2.32 Too many young men claimed they had little confidence in the complaints system. In our survey only a third of respondents said that it operated fairly and 35% (more than the comparator) said they had been prevented from making a complaint. There were still no confidential access envelopes so prisoners could make complaints directly to the governor.

Recommendation

- 2.33 **Managers should ensure young men receive respectful responses that address the issues raised; complaints processes should be implemented consistently and those against staff should be adequately investigated.**

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.

- 2.34 Most responses to questions in our survey associated with legal rights were more positive than the comparator: for example, more young men said they could communicate with legal representatives, attend legal visits and get bail information. Legal visits took place six days a week. There were sufficient appointment slots and the facilities provided privacy. Young adults had access to an appropriate range of legal texts in the library.
- 2.35 PDP co-ordinators provided appropriate support and asked about any outstanding legal matters; where required they would make a bail hostel application and liaise with solicitors.
- 2.36 We were concerned that some young men we met had been held on remand for considerable periods due to delays in court processes – one for over two years. The reasons for the delays were beyond the control of the prison.

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.

Governance arrangements

- 2.37 The SEHSCT provided all primary and mental health services. The third health needs assessment had not been implemented because of delays in it being agreed. The SEHSCT's corporate governance was good. A prison reform project and a new senior management team drove service improvements. Health managers were receiving training to review risk assessments as some were out-of-date. Some key staff regularly failed to attend local strategic and operational forums, which reduced the efficacy of these meetings. Serious adverse incidents were monitored, although we observed the Trust's monthly performance report needed to be reviewed, as there were variations in the reporting of incidents and dental services were not reporting on waiting times.
- 2.38 Permanent middle grade support was needed for the operational nurse manager. For example, the acting Band 7 was returning to their permanent post in another prison and the acting Band 6s were only present for a three-month period which may be increased by the Trust. Service delivery and consistency of staffing in the houses was adversely affected by ongoing staff recruitment and retention issues. Retention of staff had been affected by the attitude of some staff and the challenges and demands of working with this client group.

- 2.39 Most health staff were positive about line management support and we observed a more open culture that encouraged discussion; however, we noted that not all staff had embraced these changes. Health staff's access to training, supervision, appraisal and preparation for renewing their registration with the Nursing and Midwifery Council (NMC) was generally good. Some new health staff said they had received insufficient time shadowing more experienced staff during induction, although the SEHSCT was developing a more robust induction programme. Health staff had access to an adult safeguarding policy and training.
- 2.40 Effective communication and continuity of care was supported by a lunchtime meeting of health staff, who also discussed lessons learned from incidents. Overall collaborative working between health staff, the prison and relevant external agencies had improved, although information-sharing policies and procedures had not been finalised.
- 2.41 Healthcare facilities were good except for the treatment room in Beech House, which did not meet required infection control standards and was poor.
- 2.42 Appropriate resuscitation equipment was distributed across the healthcare rooms; however we found some expired or missing items despite daily recorded checks being undertaken. Prison staff could access defibrillators across the prison; however they had to break the glass to get a key which slowed access. We were unable to check this equipment as no master key could be provided.
- 2.43 Staff shortages had restricted health promotion work, although some positive activities had occurred in recent months. The young men had good access to vaccinations and support for blood borne viruses. Prison healthcare staff have accessed a bursary from the Burdett Trust (an independent charitable trust) and put together a research proposal to improve sexual health in young adults at Hydebank Wood which was a promising initiative. A smoking cessation pilot was to commence in June 2016.

Recommendations

- 2.44 **Health service delivery should be informed by a current health needs assessment.**
- 2.45 **Details of investigations into adverse incidents and any lessons learned should be published promptly and the Trust monthly performance report reviewed to improve data collection.**
- 2.46 **There should be sufficient permanent well-trained and motivated health care staff to provide consistently all required health services.**
- 2.47 **Current regularly reviewed information-sharing policies and procedures should be implemented to support effective collaborative working.**
- 2.48 **All clinical areas should comply fully with relevant infection prevention and control standards.**

- 2.49 **Emergency resuscitation equipment should be in good order and an effective monitoring system should be in place.**

Delivery of care (physical health)

- 2.50 All new arrivals received an initial health assessment and a more in-depth assessment within 72 hours. However, the committal process needed to be reviewed to standardise it with healthcare services in the other prisons.
- 2.51 In our survey fewer young men than the comparator reported that it was easy to see the GP and nurse and only 23% said the overall quality of health services was good, against a comparator of 55%. Some young men we spoke to said that access to GP services was delayed and that the quality of health provision was poor; we found that GPs could be seen within a reasonable timescale. The SEHSCT planned to explore the reasons for these views further and develop peer support services.
- 2.52 Waiting lists were well managed and the SEHSCT waiting time targets were generally met, although nurses needed training in the PRISM system to make the booking of triage assessments more efficient. Overall the management of chronic diseases was good, although further work was needed on EMIS (Egton Medical Information System) and medical markers to ensure the latter were being correctly recorded. A GP-led review of some chronic diseases, screening and medication prescribing had informed service improvements and generated some positive patient outcomes. There was no inpatient facility.
- 2.53 The lack of available NIPS staff occasionally affected the timeliness of routine and emergency external hospital appointments. At our last inspection the SEHSCT planned to introduce a suturing policy to reduce the need to send young men to hospital, but it had still not been implemented. Curtailed evening association and prioritisation of the working day had at times hampered the provision of, and access to, healthcare.

Recommendations

- 2.54 **Young men should have access to external hospital appointments within community-equivalent waiting times.**
- 2.55 **The provision of healthcare should not be hampered by prison regimes.**

Pharmacy

- 2.56 The administration of medications was good, but health reception procedures sometimes led to short delays in newly arrived young adults receiving important medication.

- 2.57 We observed some good medicines management initiatives. Prescribers used a Northern Ireland prison formulary (medications used to inform prescribing). A significant reduction in the number of prescriptions issued for hypnotic medicines was noted. Drug interactions and alerts were appropriately managed and arrangements for controlled drugs were good. Medicines were stored securely. Except for some controlled drugs, no records were kept of the disposal of medicines at high risk of being misused or traded. The SEHSCT pharmacists provided advice on medicines and carried out medication reviews for the young men. Pharmacy staff monitored prescribing patterns and took appropriate action if required.
- 2.58 In-possession medication risk assessments were completed during the reception health screening. Prescribers and nurses had easy access to them as they were attached to the prescription cards. The risk assessment form needed to be reviewed. Young men could store medication securely in their cells; however, staff did not complete regular compliance checks to ensure it was being taken correctly.
- 2.59 Controlled drugs were administered in the main healthcare department. All other drugs were available from a unit-based clinical room three times a day. In Cedar houses, we observed crowding at the treatment room for supervised swallow medicines, compromising confidentiality and increasing the likelihood of bullying and diversion. Only one landing had supervision by discipline staff. Medication was not usually administered at night time because of nurse and discipline staff shortages. Nurses routinely gave out medication that should have been supervised as a take away dose, which was inappropriate. There was no list of critical medicines so nurses knew which young men should receive urgent follow-up, if they did not attend for their medication.

Recommendations

- 2.60 **Compliance checks should be completed on in-possession medicines in accordance with Hydebank Wood's policy.**
- 2.61 **Discipline staff should supervise effectively medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion.**
- 2.62 **The practice of routinely providing some medication that should be taken under supervision as take away doses should end and appropriate alternative measures put in place to ensure young men receive their medication as prescribed.**
- 2.63 **A list of critical medicines where timelines of administration is crucial should be devised.**

Dentistry

- 2.64 Dental services were generally good, waiting lists were reasonable and urgent cases could be seen promptly. Oral health promotion was excellent. The dental nurse visited all new arrivals and referrals to set up an oral care plan and provide oral hygiene advice. The dental room was reasonable and a refurbishment was planned to meet best practice. An ongoing issue with out-of-range radiation readings on some meters had been investigated and appropriate remedial action taken. The decontamination of dental instruments did not fully comply with current guidance.

Recommendation

- 2.65 **Work to ensure compliance with current guidance on the decontamination of reusable dental and medical instruments should be completed.**

Good practice

- 2.66 *The impressive oral health promotion activity helped the young men maintain good oral hygiene and health.*

Delivery of care (mental health)

- 2.67 In our survey 63% of the young men reported they had emotional well-being or mental health problems against a comparator of 26%. Several mental health awareness events had been held for staff. Young men received a brief mental health screening as part of their reception health screening, but we were concerned that it was inadequate.
- 2.68 An integrated team of mental health nurses, occupational therapists and a psychiatrist provided mental health services. The service was not commissioned to meet the needs of young men with learning disabilities, autism spectrum, post-traumatic stress disorder or personality disorders. Waiting times for urgent assessments were too long. For those involved with mental health services, care was generally good; however, our review of clinical records indicated that review planning and the quality of recording was not always sufficiently good. Nurses were poorly prepared for multi-disciplinary team meetings. Some mental health nurses required performance management. The criminal justice and healthcare systems needed to provide alternatives to custody for young men at risk.
- 2.69 Following the successful introduction of a choir at the women's prison Ash House to build self-esteem and promote well-being and recovery, it was extended to the young men. Participants were positive about the initiative and the mental health team recently won a UK Compassionate Patient Care award for this work.

Recommendations

- 2.70 **Mental health assessment at committal should be reviewed to ensure that they are of sufficient depth.**
- 2.71 **The mental health service should ensure all urgent referrals are seen promptly and that it meets the needs of all young men, including those with learning disabilities, autism spectrum, post-traumatic stress disorder and personality disorders.**
- 2.72 **Performance management should take place for some mental health nurses and preparation for multi-disciplinary team meetings should be improved.**

Good practice

- 2.73 *The prison choir supported young men in their recovery from mental health and addiction problems.*

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.

- 2.74 In our survey very few said the food was good or very good (14%). Overall we thought that the food had improved since our last inspection and was now generally good. The prison had worked with dieticians from a local Trust to ensure five portions of fruit and vegetables were provided every day. The three-week menu cycle indicated different dietary options and those with special cultural or health needs were catered for. Hot lunch and dinner options were available every day and young men could have a hot breakfast at the weekend. The response rate to food surveys was poor, but feedback from consultation forums led to menu changes.
- 2.75 Meals times were satisfactory and the young adults could eat together, but poor evening staffing levels meant they regularly ate their evening meals in their cells. Young men in Cedar House landings 4 and 5 were positive about the self-catering facilities and the opportunity to develop skills in the college's café *The Cabin*, although they could not yet gain recognised catering qualifications. Most young adults could visit *The Cabin* occasionally, which allowed them to undertake an everyday activity and buy home-cooked food.
- 2.76 The kitchen was clean, well equipped and maintained. The small number of non-compliance points identified at the last annual external hygiene audit had been addressed. Unit serveries were not clean and all had ingrained dirt on the edges of the floors. Catering staff completed servery checks approximately every six weeks which was not frequent enough.

Recommendation

- 2.77 **The unit serveries should be clean and the catering team should carry out regular recorded deep cleaning and undertake checks.**

Good practice

- 2.78 *The Cabin provided prisoners and staff with a social space and those working there gained valuable training. It played an important part in supporting the ethos of Hydebank Wood and gave those held the chance to experience similar situations to those in the community to which they would eventually be released.*

Purchases

Expected outcomes:

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

- 2.79 Since the previous inspection the tuck shop had been transformed into a facility that closely resembled a local shop. Each residential area had a set time when they could use it. Young men could visit the shop in the same way an ordinary customer would in any non-institutional setting.
- 2.80 The shop was staffed by two officers and a woman from Ash House who worked as a store person. We observed young adults being served politely. A reasonably wide range of products was available relatively cheaply. A total of 76% of respondents to our survey said the tuck shop provided a suitable range of products to meet their needs, better than the response at the previous inspection (58%). All cash transactions took place electronically and young men were issued with a running total of their account when they had completed their purchase. If a young man had a query about his purchase, staff could resolve the problem on the spot, preventing the issue from escalating.

Good practice

- 2.81 *The tuck shop enabled young men to experience an everyday environment where they could buy a suitable range of reasonably priced items.*



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.⁷

- 3.1 Time out of cell was good for most young adults. The published core day allowed them around nine and half hours out of their rooms during the week and around seven and half at the weekend. Those on Cedar House landing 4 did not have to be in their rooms until 10pm and there were no restrictions for those on Cedar House landing 5.
- 3.2 However, for those not on these landings evening association was frequently curtailed through full or restricted lockdowns. This happened on a total of 109 occasions across all three units from December 2015 to April 2016, reducing the amount of time unlocked for all except those on the enhanced level, and leaving them with fewer opportunities to exercise. Lockdowns were imposed fairly but were not always predictable. Staff shortages were recorded as the main reason for lockdowns during association. However, the working day was prioritised and nearly everyone had meaningful purposeful activity, delivered in line with the secure college's focus on supporting learning and skills.

Recommendation

- 3.3 **All young men should have the opportunity to have a daily period of association and exercise.**

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.

⁷ 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.

ETI Inspectors made the following assessments about the learning and skills and work provision:

• Achievements and standards:	Important area for improvement;
• Quality of learning and skills provision:	Important area for improvement;
• Leadership and management:	Good.

Management of learning and skills and work

- 3.4 The Hydebank Wood senior management team was innovative in its approach and had implemented a number of key initiatives leading to notable, positive change since the last inspection. The team demonstrated a high level of commitment to providing relevant, high quality education, learning and skills provision that supported young men to overcome their personal barriers to learning and progression.
- 3.5 An effective partnership had been established with BMC in August 2015 to offer accredited education, learning and skills provision with an appropriate focus on improving the quality of the vocational and skills areas now delivered by BMC through the service level agreement with Hydebank Wood.
- 3.6 The collaborative partnership with BMC, while at an early stage, had led to a wider, better quality curriculum with more opportunities for the young men to attain accredited qualifications.
- 3.7 Joint planning between Hydebank Wood and BMC was still in the initial stage of development and the full range of benefits of the partnership had not been fully realised. In particular, the full range of purposeful activity needed to be more coherently planned and integrated. The arrangements for data collection, collation and analysis needed to be strengthened so the impact of the provision could be more effectively monitored and to enhance self-evaluation and curriculum planning (see Main concerns and recommendations).
- 3.8 The daily scheduling of education, learning and skills activities was a positive development and helped ensure young men got to activities. However, the scheduling process needed to be refined; the team responsible made too many late changes to the groups of learners, which learning and skills staff were not always aware of. More effective contingency planning for the late inclusion of learners and to cover staff absences was required so that attendance at sessions was more predictable.
- 3.9 The education, learning and skills accommodation was not sufficiently good. While the accommodation was well maintained, the layout was poor, almost all the classrooms were poorly ventilated and only a few had natural light. The workshops required investment to facilitate the delivery of a broader and more contemporary curriculum.

Recommendation

- 3.10 **The learning and skills accommodation should provide a good learning environment that supports a wider range of provision matched to the needs of the young men, and offer better progression opportunities.**

Provision of activities

- 3.11 Education, learning and skills had become firmly established as central to the secure college regime. While the core day got the young men off the landings and into the learning and skills centre, more needed to be done to broaden the range of choices available to them. Courses needed to be better aligned to their interests, capabilities and potential employment opportunities.
- 3.12 Purposeful activity was available for almost everyone and most participated in work activities, although too few of them were accredited. More needed to be done to ensure job roles supported the efficient running of the Hydebank Wood estate, for example house cleaners. More work roles needed to be linked to accredited training that offered progression in learning and skills, including apprenticeships to enhance employability.
- 3.13 Staff and agencies worked positively to support the small number of at risk young men, who were at times reluctant to participate in the main core day activities. An appropriate curriculum, underpinned by support from external agencies, was provided to address their barriers to participation and build their confidence, so that they could take part in the mainstream learning and skills provision. The impact of these interventions needed to be evaluated more effectively and the outcomes used to inform future planning.
- 3.14 Access to the curriculum was largely inadequate for the small number of those who were vulnerable; as a result, too few took part in education, learning, skills or work and they had limited access to facilities and resources.
- 3.15 The new early initial assessment process to identify the young men's literacy and numeracy levels was a positive development. More work was required to support and develop more formally, the literacy and numeracy skills of the small number of young men who were below entry level.

Recommendation

- 3.16 **Better learning and skills provision should be offered to the small number of vulnerable young men on Cedar 1 landing.**

Quality of provision

- 3.17 The quality of the learning, teaching and training was good or better in 77% of the sessions observed; in just over 40% it was very good. In just under one quarter of the sessions observed there were important areas for improvement.
- 3.18 In most of the construction-related provision there were important areas for improvement identified. The curriculum was not coherently planned and the activities did not give the young men the opportunity to acquire vocational skills and knowledge at the level required in the workplace or to undertake simple home maintenance.
- 3.19 Inspectors did, however, observe innovative and effective practice, in areas such as *The Cabin* café, the gardens, hospitality, industrial cleaning, recycling, furniture restoration and animal care. Links with external agencies were also effective in developing the provision and establishing a number of high quality external work placements with a range of supportive employers (see section on reintegration planning, education, training and employment).
- 3.20 Literacy and numeracy was good overall, a noteworthy improvement since the previous inspection. One-to-one provision for literacy and numeracy in small group sessions was particularly effective.
- 3.21 ESOL provision was insufficient and there were important areas for improvement identified.

Personal development and behaviour

- 3.22 Relationships between the staff and young men were mostly good or better. There was a good focus on meeting pastoral needs through targeted, effective support. Most of the young men were beginning to develop a more positive attitude to learning and progression as a result of a variety of interventions and better access to activities. Peer mentors were used well to engage, encourage and support other young men in their work and learning.

Education and vocational achievements

- 3.23 Achievements in literacy and numeracy had improved since the last inspection. The range of accredited learning had been extended, although it remained insufficient at levels 1 and 2, particularly in construction. While the extent of accreditation achieved by the young men remained generally low, it was improving, as the secure college incorporated a stronger focus on education, learning and skills, and more were now progressing from entry level to level 2. There were too few opportunities for progression to higher levels of education and training.

Library

- 3.24 The contribution of the library to the overall provision was very good and it supported the development of the young men's literacy, personal and social skills well. The library offered a range of opportunities, including sign language, life skills, reading development and discussion groups. It also gave those with family responsibilities the chance to maintain important home links through the Tales for Tots, Big Book Store and Storybook Dads initiatives to support contact between the young men and their children.
- 3.25 A reasonably good range of fiction and non-fiction was available, as was some material on contemporary topics. In addition, the library ran a reading club and reading initiatives, such as Turning Pages, which were linked to the work to improve the young men's overall levels of literacy. Other initiatives included visiting guest authors and poets.

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.

- 3.26 The physical education (PE) facilities were good and mostly well maintained, but they were not used sufficiently, particularly those outdoors. Instruction was mostly good and the young men who used the gym regularly felt their positive relationship with the staff helped them to stay motivated and involved. PE was promoted well and those who participated valued it. Uptake had increased since the introduction of open gym sessions.
- 3.27 Needs assessment data were not used to inform planning for the development of PE or the gym or to establish realistic personal fitness goals and training plans. While the PE department offered some good opportunities, its contribution to learning, skills and the well-being of the young men was underdeveloped.



Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival at 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 Managers from the three prisons in Northern Ireland met regularly with NIPS headquarters policy leads to consider the resettlement policy, and had identified and addressed areas of unmet need. Up-to-date needs assessment data were now available but were based on a single source – a needs profile interview (see paragraph 4.7), rather than a range of evidence. Nevertheless, most staff understood the young men's needs well.
- 4.2 Staff, including PDP co-ordinators, probation officers, psychologists, chaplains and third sector and community organisation representatives were based in the PDU. This arrangement promoted effective working relationships and good links between sentence planning, public protection and resettlement activities. Formal meetings to monitor performance locally had been cancelled frequently in the previous 12 months, but were now taking place regularly.
- 4.3 The range of third sector and community organisations supporting resettlement was impressive, but this provision shifted, depending on funding arrangements and needs. Some initiatives catered for specific sections of the population (see paragraph 4.19).
- 4.4 Release on temporary licence was used extensively to support resettlement planning. In the six months prior to our inspection, 29 young adults had been approved for either home or resettlement leave and 13 had been released on the working out scheme on a total of 551 occasions. Other forms of temporary release were used for compassionate reasons or to test those serving indeterminate or extended custodial sentences (ICS/ECS) prior to release. Occupational therapists were sometimes used to support temporary release for those with mental health concerns.

- 4.5 In our survey 70% of young men (compared with 31% of women in Ash House) said that something had happened to them at Hydebank Wood to make them less likely to offend in future.

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.

- 4.6 The prisoner development model (PDM) replaced offender management units and led to the establishment of the PDU. There were seven sentence PDP co-ordinators: five prison officers and two probation officers. They were well motivated, had reasonable caseloads and had received a range of appropriate training. Levels of contact between co-ordinators and the young men were relatively good; the small site encouraged frequent informal contact, and most were seen at least every month. However, prison officer sentence co-ordinators were regularly redeployed elsewhere, which detracted from their main duties, and there was an ongoing risk that the quality of their work would deteriorate, especially if caseloads increased.
- 4.7 PDP co-ordinators assessed the young adults' immediate needs and provided them with key information during a committal interview. Most young men staying longer than two months, including those on remand, had a PDP based on a needs profile assessment (see paragraph 4.1). They were more tailored to the individual than at our previous inspection, but most did not contain learning and skills targets. Reviews took place on time, and most effectively tracked progress. While most casework was good, there were exceptions. A quality assurance process known as a 'record check' was in place, but staff did not prioritise high risk cases and too few files had been checked for it to be effective. Probation officers received regular case supervision, and a similar process had begun for prison officer PDP co-ordinators in April 2016. However, case supervision for prison officer PDP co-ordinators was not yet sufficiently robust to assure the quality of risk management. This was a particular concern because prison officer PDP co-ordinators, who were less experienced in managing risks, now managed high risk cases at the start of a sentence.
- 4.8 PDP co-ordinators routinely asked new arrivals if they could contact family members, and they often met families on visits. PDPs often contained objectives related to contact with family and friends. A conditional early release scheme had just begun for the lowest risk prisoners, but only one young man had been released so far.

Recommendation

- 4.9 **PDPs should include the learning and skills targets young men agree so that their achievements at work and education can be used to assess ongoing risks.**

Public protection

- 4.10 Prison officer PDP co-ordinators identified prisoners who qualified for Public Protection Arrangements Northern Ireland (PPANI) on arrival. They had a sound knowledge of the processes and a thoughtful and proportionate approach. Risk of serious harm assessments were in place and were reviewed. Only one young man was currently having his mail and telephone calls monitored. A total of 14 young men were subject to PPANI, two of whom were approaching release and had been categorised. Local area public protection meetings took place regularly and staff submitted good quality reports on time.
- 4.11 Those presenting ongoing risks were managed internally through weekly cross-departmental case conference meetings. Security managers did not routinely disseminate intelligence to sentence co-ordinators, which meant that opportunities to identify behaviour indicating ongoing risks might have been missed.
- 4.12 Staff had been concerned that they could not always identify who was subject to a non-molestation order (a court order prohibiting someone from contacting or going near a specific person) and therefore now checked all telephone numbers on young men's phone accounts.
- 4.13 Young adults convicted of offences against children were prevented from having contact with children unless they successfully applied for it. Staff were aware of other child safeguarding issues and three referrals had been made in the previous six months.

Recommendation

- 4.14 **Intelligence on young men presenting a high risk of serious harm or potential PPANI cases should be disseminated to sentence co-ordinators.**

Categorisation

- 4.15 The categorisation process had been changed and was now more meaningful. The security department categorised all young men, including those on remand, as high, medium or low risk immediately after arrival. Sentence co-ordinators reviewed this decision after 60 days, following input from the young adults and a variety of secure college departments. Those who were low risk could then be found to be suitable for either supervised or unsupervised community activities.
- 4.16 Routine reviews took place every six months, as well as on an ad hoc basis to respond to concerns or to assess a young adult's risk for a particular resettlement opportunity. Some categorisation decisions had not been signed off by a senior manager, and around 10% of reviews were overdue.

Indeterminate sentence prisoners

- 4.17 The previous system for managing those on ICS from Maghaberry prison had ceased. Only one young man was subject to an ICS. He had a multi-disciplinary case conference every six months and was to be managed by a probation officer in the last four years of his custodial period.

Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are addressed 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.

- 4.18 PDP co-ordinators completed a needs assessment for each young man, which triggered referrals to various resettlement agencies. Some obvious referrals for assistance could be made after the committal interview. Full assessment was usually done within six weeks of their arrival, in line with requirements and the PDP, followed eight weeks after their arrival. This process was too slow for those with the shortest sentences, because referrals were not made at the earliest possible opportunity.
- 4.19 The Adjust (adolescents leaving the justice system) programme, run by support agency *Start 360* provided assistance during the last six weeks of a young man's sentence and in the community for six months after release. This offered a series of one-to-one sessions seeking to address personal, social, educational and employment issues for young people pre- and post-release. The results of an independent evaluation were very encouraging, but future funding was uncertain.

Recommendation

- 4.20 **The needs assessment should be completed as soon as possible after committal to ensure that young men have the maximum benefit from resettlement services.**

Accommodation

- 4.21 In our survey, just over half of young men with housing needs said that they knew of someone in Hydebank Wood who could help them on release. Better information was now available at committal and as part of the PDM process but it was not used to identify or inform the future accommodation needs of the population.
- 4.22 PDP co-ordinators identified and assessed young adults' housing needs and a small number had received housing rights training. They could refer cases to an experienced housing worker from Housing Rights, a voluntary organisation co-located with PDP co-ordinators on a part-time basis, who provided the young men with information, advocacy and advice on all housing issues. The adviser had good links with the Northern Ireland Housing Executive, hostels and other accommodation providers. A pre-release interview identified any outstanding need.

- 4.23 Social housing was in limited supply and many young adults were released to hostel accommodation. Due to demand, places in hostels could only be confirmed on the day of release, which could cause uncertainty. Few young men were released without an address and efforts were made with providers to secure accommodation.

Recommendation

- 4.24 **The PDM process should be used to identify and inform the future accommodation needs of the population.**

Education, training and employment

- 4.25 High quality external work placements had been arranged with a range of supportive employers. As a result, an increasing number of young men benefited from employment outside Hydebank Wood on temporary release. They could build on the skills they had acquired at the secure college and acquire new skills to contribute to their resettlement. A small number of them retained their employment on release.
- 4.26 Most of the work activities were purposeful and productive: work they had created was often sold through social enterprises to support other activities at the secure college. The focus on resettlement in the young men's personal training plans and reviews needed to be strengthened to reflect more accurately their progression in work activities, skills development and overall learning.

Healthcare

- 4.27 Primary healthcare discharge planning was being formalised and improved following an audit of receptions and discharges. A palliative and end-of-life care pathway was being developed.
- 4.28 Staff worked regionally to secure support for mental health discharges and protocols were agreed. However, the five regional NHS Trusts each had a different model of working, which sometimes adversely affected continuity of care post release. The SEHSCT had begun to standardise the process.

Drugs and alcohol

- 4.29 The clinical and psychosocial drugs teams liaised appropriately with community services pre-release. The psychosocial team only provided pre-release relapse prevention sessions for those on their caseload, leaving most without harm reduction advice on their release and creating a risk of unsafe drug use. Those with alcohol problems could receive six weeks' support prior to their release and ongoing support in the community from AD:EPT2, an alcohol-specific through-the-gate service, which was good.

Recommendation

- 4.30 **All young men being released should be offered pre-release drug and alcohol harm reduction advice.**

Finance, benefit and debt

- 4.31 In our survey 48% of young men who said they needed help with benefits knew of someone in the prison who could help them on release. Of those who needed assistance with their finances 44% said they knew where to get help. Both figures were higher than the comparator at 30% and 24 % respectively.
- 4.32 Better information on finance, benefit and debt was obtained during committal and as part of the PDM process, but the information was not sufficiently analysed to identify or inform the population's future needs.
- 4.33 The financial needs of all new arrivals were identified and assessed, but the part-time specialist provision that was available at the last inspection no longer existed owing to budget cuts. Sentence co-ordinators used the benefits advice helpline when young men needed assistance, but there was now a gap in the provision. A pre-release interview identified any unmet needs and sentence co-ordinators helped those who needed a bank account.
- 4.34 Referrals could be made to the Housing Rights 'beyond the gate' scheme, where project workers provided support on release.
- 4.35 Pre-release or prior to work placement the young men met the BMC personal development tutor for targeted support on money and related matters.

Recommendation

- 4.36 **The NIPS should review the provision of specialist advice on finance, benefits and debt, using the PDM process to ensure it meets the young men's needs.**

Children, families and contact with the outside world

- 4.37 Family work was good, and an impressive range of outside agencies provided support, information and relationship counselling. A full-time Barnardo's worker provided one-to-one support and parenting courses. There was no strategy on family work, however, and there was no co-ordination to ensure that the positive work carried out by the chaplaincy, landing staff, sentence managers and outside organisations maximised its effectiveness.

- 4.38 Sentence managers made contact with the young men shortly after their arrival, assessed their needs, and, with their permission, met their family during a visit.
- 4.39 Young adults could send and receive letters free of charge and had access to email and Skype, although we were told that take-up was low. Phone calls could be made in private and there was good access to phones.
- 4.40 Reception visits usually happened within 24 hours of committal. Staff and visitors told us that it could be difficult to get through on the booking line. NIACRO, which provides services for offenders, ran a bus service for visitors but it now only operated on Saturdays due to budget cuts. Staff from employment charity People Plus welcomed visitors and provided them with information in the pleasant visitors' centre. It was good that visitors could hand in property and money for the young men and book visits in person.
- 4.41 Visits were reasonably good, searching was appropriate and respectful and visitors said staff were polite. The visits hall needed decorating and the layout in some areas made supervision difficult. There were no toilet facilities for visitors in the visits hall. Although young fathers could pick up their child while at the visits table, they could not take them to the supervised play area themselves. Refreshments were available.
- 4.42 Visits sometimes started late but staff allowed visitors to stay longer to compensate. However, this made it more difficult to ensure that there were separate visiting times for women and young men.
- 4.43 Extended family visits were available in an attractive room. The facility was excellent and could also be used for larger family groups and families with adult children. Release on temporary licence was used well to support family ties (see paragraph 4.4).

Recommendation

- 4.44 **The wide range of family support work delivered by a variety of staff and agencies needed to be properly co-ordinated to maximise its effectiveness.**

Attitudes, thinking and behaviour

- 4.45 The range of offending behaviour programmes was appropriate and 23 young men had completed a programme in the year to March 2016. Programmes were adapted to suit the needs of specific groups or individuals, waiting lists were not excessive and some one-to-one offence-related work was also carried out. The facilities in which the programmes were delivered were sufficient.
- 4.46 The psychology team had been reduced; it prioritised the delivery of reports requested by the Parole Commissioners for Northern Ireland or the PPANI process. However, there had been some difficulties obtaining specialist reports from the NHS, particularly for prisoners on ICS.

Additional resettlement services

- 4.47 Young men who needed emotional support could be referred to agencies working in the establishment, such as *Start 360* which was provided by the SEHSCT, bereavement counselling service CRUSE and Nexus (a charity supporting people experiencing rape or sexual abuse). We were also told that the establishment had secured funding for Nexus to provide one-to-one counselling and awareness sessions.



Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points 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, and in the previous report where recommendations have been repeated.

Main recommendations

To the Governor

- 5.1 Integration between key departments should be improved as should data collection on bullying and indicators of violence in order to drive a more strategic and integrated approach to the reduction of bullying and anti-social behaviour.
- 5.2 A more strategic, multi-disciplinary approach to substance misuse dependency is needed. The strategy should be informed by a needs assessment of the population and result in an action plan that ensures that those dependent on drugs or alcohol have prompt access to specialist support, including those that address links to offending behaviour.
- 5.3 Joint planning between Hydebank Wood and BMC management teams should be further developed to ensure all young men benefit fully from high quality, well-planned learning and skills and work provision that supports efforts to reduce their likelihood of future reoffending.

Recommendations

Courts, escort and transfers

- 5.4 Handcuffs should only be used for young men under escort within the prison when a risk assessment deems it necessary. (1.4)

Early days in custody

- 5.5 All new admissions should be provided with clear written information about how the prison is run. (1.13)

Self-harm and suicide prevention

- 5.6 SPARs should outline both protective factors and the underlying causes of vulnerability and young men involved in the process should have a range of therapeutic intervention available to them and access to Listeners. (1.26)

Safeguarding

- 5.7 Key staff should be trained in identifying adult safeguarding concerns and setting up a referral process to local authorities in young men's home areas. (1.30)

Security

- 5.8 Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.38, repeated recommendation 1.43)

Discipline

- 5.9 Senior managers should scrutinise all use of force incidents, including officers' paperwork, emerging issues should be dealt with promptly and prison officers should have up-to-date training in control and restraint. (1.50)

Residential units

- 5.10 All living conditions should be clean and tidy. (2.6)
- 5.11 The arrangements for monitoring and managing the interactions between young men and women held at Hydebank Wood needed ongoing scrutiny and periodic formal review. (2.7)
- 5.12 Adequate laundry facilities should be available as should assistance in using them for those who require it. (2.8)

Staff-prisoner relationships

- 5.13 Discussions within forums involving young men should be improved so that they are more participatory and inclusive. (2.11)

Equality and diversity

- 5.14 The strategic management of equality and diversity should have a multi-disciplinary approach and more involvement from and a greater focus on the young men. Monitoring data should be clearly explained and publicised and external practitioners should be consulted in line with the NIPS equality and diversity improvement plan. (2.20)

Complaints

- 5.15 Managers should ensure young men receive respectful responses that address the issues raised; complaints processes should be implemented consistently and those against staff should be adequately investigated. (2.33)

Health services

- 5.16 Health service delivery should be informed by a current health needs assessment. (2.44)
- 5.17 Details of investigations into adverse incidents and any lessons learned should be published promptly and the Trust monthly performance report reviewed to improve data collection. (2.45)

- 5.18 There should be sufficient permanent well-trained and motivated healthcare staff to provide consistently all required health services. (2.46)
- 5.19 Current regularly reviewed information-sharing policies and procedures should be implemented to support effective collaborative working. (2.47)
- 5.20 All clinical areas should comply fully with relevant infection prevention and control standards. (2.48)
- 5.21 Emergency resuscitation equipment should be in good order and an effective monitoring system should be in place. (2.49)
- 5.22 Young men should have access to external hospital appointments within community-equivalent waiting times. (2.54)
- 5.23 The provision of healthcare should not be hampered by prison regimes.(2.55).
- 5.24 Compliance checks should be completed on in-possession medicines in accordance with Hydebank Wood's policy. (2.60)
- 5.25 Discipline staff should supervise effectively medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion. (2.61)
- 5.26 The practice of routinely providing some medication that should be taken under supervision as take away doses should end and appropriate alternative measures put in place to ensure young men receive their medication as prescribed. (2.62)
- 5.27 A list of critical medicines where timelines of administration is crucial should be devised. (2.63)
- 5.28 Work to ensure compliance with current guidance on the decontamination of reusable dental and medical instruments should be completed. (2.65)
- 5.29 Mental health assessment at committal should be reviewed to ensure that they are of sufficient depth. (2.70)
- 5.30 The mental health service should ensure all urgent referrals are seen promptly and that it meets the needs of all young men, including those with learning disabilities, autism spectrum, post-traumatic stress disorder and personality disorders. (2.71)
- 5.31 Performance management should take place for some mental health nurses and preparation for multi-disciplinary team meetings should be improved. (2.72)

Catering

5.32 The unit serveries should be clean and the catering team should carry out regular recorded deep cleaning and undertake checks. (2.77)

Time out of cell

5.33 All young men should have the opportunity to have a daily period of association and exercise. (3.3)

Learning and skills and work activities

5.34 The learning and skills accommodation should provide a good learning environment that supports a wider range of provision matched to the needs of the young men, and offer better progression opportunities. (3.10)

5.35 Better learning and skills provision should be offered to the small number of vulnerable young men on Cedar 1 landing. (3.16)

Offender management and planning

5.36 PDPs should include the learning and skills targets young men agree so that their achievements at work and education can be used to assess ongoing risks. (4.9)

5.37 Intelligence on young men presenting a high risk of serious harm or potential PPANI cases should be disseminated to sentence co-ordinators. (4.14)

Reintegration planning

5.38 The needs assessment should be completed as soon as possible after committal to ensure that young men have the maximum benefit from resettlement services. (4.20)

5.39 The PDM process should be used to identify and inform the future accommodation needs of the population. (4.24)

5.40 All young men being released should be offered pre-release drug and alcohol harm reduction advice. (4.30)

5.41 The NIPS should review the provision of specialist advice on finance, benefits and debt, using the PDM process to ensure it meets the young men's needs. (4.36)

5.42 The wide range of family support work delivered by a variety of staff and agencies needed to be properly co-ordinated to maximise its effectiveness. (4.44)

Examples of good practice

- 5.43 Holding adjudications in the late afternoon meant they did not interfere with the young men's attendance at activities. (1.46)
- 5.44 The impressive oral health promotion activity helped the young men maintain good oral hygiene and health. (2.66)
- 5.45 The prison choir supported young men in their recovery from mental health and addiction problems. (2.73)
- 5.46 The Cabin provided prisoners and staff with a social space and those working there gained valuable training. It played an important part in supporting the ethos of Hydebank Wood and gave those held the chance to experience similar situations to those in the community to which they would eventually be released. (2.78)
- 5.47 The tuck shop enabled young men to experience an everyday environment where they could buy a suitable range of reasonably priced items. (2.81)



Appendices



Appendix 1: Inspection team

Brendan McGuigan	Chief Inspector, CJI
Martin Lomas	Deputy Chief Inspector, HMIP
Sean Sullivan	Team leader, HMIP
Dr Ian Cameron	Inspector, CJI
Francesca Cooney	Inspector, HMIP
Paul Fenning	Inspector, HMIP
Jeanette Hall	Inspector, HMIP
Ian MacFadyen	Inspector, HMIP
Majella Pearce	Inspector, HMIP
Gordon Riach	Inspector, HMIP
Anna Fenton	Researcher
Natalie-Anne Hall	Researcher
Joe Simmonds	Researcher

Health and learning and skills were inspected by Inspectors from the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI) respectively.



Appendix 2: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, 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 co-ordinated. 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 co-ordinated and varied in quality. Outcomes for prisoners were not sufficiently good against this healthy prison test.

Main recommendations

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)

Partially achieved

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)

Partially achieved

Recommendations

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

Not achieved

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

Not achieved

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)

Achieved

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)

Partially achieved

An effective strategy should be developed to challenge bullying and anti-social behaviour and should be implemented by trained staff, including developing better links with other relevant key prison departments. (1.23)

Partially achieved

The safety and regime of vulnerable prisoners on Beech 3 should be enhanced through improved governance and staffing. (1.24)

Partially achieved

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)

Achieved

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

Not achieved (recommendation repeated, 1.38)

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)

Achieved

Prisoners doing the same job should receive the same rate of pay. (1.48)

Not achieved

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

Achieved

All prison officers should have up-to-date training in control and restraint. (1.57)

Not achieved

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)

Partially achieved



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

Not achieved

Meetings at which drug strategy is discussed should involve all relevant departments and service providers to improve communication and the co-ordination of services. (1.72)

Not achieved

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)

Partially achieved

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)

Not achieved

A dual diagnosis service should be developed for young men who experience mental health and substance-related problems. (1.75)

Partly achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, 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. Healthcare 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

Main recommendations

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)

Partially achieved

Recommendations

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)

Achieved

Prisoner forums should be attended consistently by partner agencies and a wider cross-section of prisoners, and should deliver more productive outcomes. (2.14)

Achieved

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)

Not achieved

The discrimination complaints process should include criteria for what constitutes equality and diversity discrimination, as well as robust scrutiny arrangements. (2.22)

Not achieved

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)

Achieved

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

Not achieved

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

Not achieved

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)

Not achieved

There should be information-sharing protocols to enable the efficient and confidential sharing of relevant information. (2.60)

Partially achieved

Data collection to inform the health needs assessment should be improved and used to finalise a prison health care strategy. (2.61)

Achieved



Induction programmes for nurses should be improved to ensure they are equipped for the responsibility of the post. (2.62)

Not achieved

Nursing staff should not undertake prison officer duties. (2.63)

Achieved

The healthcare room which serves Elm/Willow units should be refurbished. (2.64)

No longer relevant

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)

Partially achieved

A full healthcare assessment should be completed within 72 hours of committal. (2.74)

Achieved

The collection of data on access to healthcare professionals should be improved to avoid unacceptable delay. (2.75)

Achieved

Nurses should work within their competency framework. (2.76)

Achieved

Data should be collected on prisoners with lifelong conditions and care should be provided by nurses with the relevant skills and competency. (2.77)

Partially achieved

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)

Partially achieved

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)

Partially achieved

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)

Partially achieved

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)

Partially achieved

Mental health staff should be involved in committal assessments. (2.105)

Partially achieved

There should be improved communication and collaboration between mental health staff and GPs, consultant psychiatrist, primary care and discipline staff. (2.106)

Achieved

Multi-disciplinary 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)

Achieved

The menu should be less repetitive, and should include at least five portions of fruit and vegetables a day. (2.117)

Achieved

Wing serveries should conform to the relevant food and safety hygiene regulations. (2.118)

Not achieved

New arrivals without money should be offered a repayable advance to make a purchase from the shop. (2.125)

Achieved

Prisoners should not be charged a fee on catalogue orders. (2.126)

Achieved

Purposeful activity

Prisoners are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2013, 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 co-ordination. 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.

Main recommendation

The prison should deliver the advertised core day consistently and not routinely curtail it, unless there is a substantive reason to do so. (HP48)

Partially achieved



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)

Partially achieved

Recommendations

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

Not achieved

The quality assurance and self-evaluation arrangements should be strengthened, particularly through more effective collation, analysis and use of data. (3.12)

Partially achieved

The learning and skills contribution to custody and sentence plans should be strengthened and more closely monitored. (3.13)

Not achieved

The curriculum should be broadened significantly to meet the needs, interests and aspirations of prisoners and prepares them for employment on release. (3.18)

Partially achieved

The number of prisoners engaging regularly in purposeful activities should be increased. (3.19)

Achieved

Prisoners should arrive at learning and skills and work activities on time to maximise their learning and work time. (3.20)

Achieved

The quality of teaching, training and learning should be improved to engage all prisoners more effectively. (3.25)

Partially achieved

The number and quality of work activities should be improved. (3.26)

Partially achieved

The library should be open at weekends. (3.31)

Not achieved

PE staff should achieve the qualifications required to re-introduce a range of outdoor and adventure activities, subject to security risk assessments. (3.36)

Partially achieved

The PE department should develop effective working arrangements with the learning and skills and healthcare departments to develop prisoners' understanding of the importance of maintaining a healthy lifestyle. (3.37)

Partially achieved

Resettlement

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

At the last inspection, in 2013, 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.

Recommendations

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)

Not achieved

All residential staff should be trained to provide support for prisoners' resettlement. (4.7)

Partially achieved

All sentence plans should be individualised and have meaningful targets. (4.16)

Partially achieved

The working out scheme should be extended. (4.17)

Achieved

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)

Achieved

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

Achieved

Prisoners should have better access to the internet to improve their job search skills. (4.36)

Partially achieved



There should be more opportunities for prisoners to acquire work-related skills and participate in suitable work placements before release. (4.37)

Achieved

Community social services should be asked to contribute to detailed social histories where appropriate. (4.40)

Achieved

Prisoners should be assisted to open a bank account. (4.45)

Achieved

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)

Partially achieved



Appendix 3: 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	50	51.02%
Unsentenced	48	48.98%
Detainees (Immigration warrant)		
Fine defaulters		
Total	98	100%

Sentenced	Number of prisoners	%
Young offender determinate custody sentence (DCS)	30	60%
Young offender sentenced	10	20%
Young offender extended custody sentence (ECS)	5	10%
Young Offender Appellant	4	8%
Young offender Indeterminate Custody Sentence	1	2%
Total	50	100%

Sentence	Number of prisoners	%
Less than 6 months	3	6%
6 months to less than 12 months	9	18%
12 months to less than 2 years	10	20%
2 years to less than 4 years	13	26%
4 years to less than 10 years	10	20%
10 years and over (not life)	5	10%
Life/indeterminate		
Total	50	100%



Length of stay (Unsentenced)	Number of prisoners	%
Less than 1 month	22	45.83%
1 month to 3 months	7	14.58%
3 months to 6 months	9	18.75%
6 months to 1 year	6	12.50%
1 year to 2 years	3	6.25%
2 years to 4 years	1	2.08%
4 years or more		
Total	48	100%

Main alleged offence	Number of prisoners	%
Burglary/robbery/theft	26	26.53%
Other offences against the person	34	34.69%
Other offences	13	13.27%
Drug offences	5	5.10%
Sex offences	12	12.24%
Motoring offences	2	2.04%
Murder	4	4.08%
Criminal damage	2	2.04%
Total	98	100%

Age	Number of prisoners	%
18 years to 20 years	71	72.45%
21 years to 24 years	27	27.55%
Total	98	100%
Youngest prisoner	18	
Oldest prisoner	24	
Average age	21	

Home address	Number of prisoners	%
NFAs	6	6.12%
Establishment address	1	1.02%
Null or unmappable postcodes	5	5.10%
Address not known	1	1.02%
0-20 miles	39	39.80%
21-50	23	23.47%
Over 50 miles	23	23.47%
Total	98	100%

Nationality	Number of prisoners	%
British – Northern Ireland	75	76.53
British	7	7.14
Irish	11	11.22
Foreign national	4	4.08
British - England	1	1.02
British – Scotland		
British – Wales		
Northern Irish		
Total	98	100%

Ethnicity *(and nationality)	Number of prisoners	%
White	91	92.86%
Irish Traveller	2	2.04%
Black/African/Caribbean/Black British Black other	1	1.02%
Mixed/multiple ethnic groups mixed ethnic group	3	3.06%
Mixed/multiple ethnic groups other ethnic group	1	1%
Total	98	100%

* 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	61	62.24
Presbyterian	11	11.22
Nil	10	10.20
Other	7	7.14
Atheist	2	2.04
Church of Ireland	2	2.04
Methodist	2	2.04
Muslim	2	2.04
Free Presbyterian	1	1.02
Total	98	100%

Breakdown of community background figures of staff

GRADES	PROTESTANT	ROMAN CATHOLIC	NON-DETERMINED/ Not known	MALE	FEMALE
Prison grades – Male Residential	83%	7%	10%	99	41
Prison grades – Ash	83%	13%	4%	8	23
General service grades	71%	23%	6%	8	19



Appendix 4: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Sampling

Questionnaires were offered to all young adults.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 9 May 2016 the prisoner population at Hydebank Wood Secure College was 97. Using the method described above, questionnaires were offered to 95 young adults⁸.

We received a total of 83 completed questionnaires, a response rate of 87%. This included two questionnaires completed via interview. One respondent refused to complete a questionnaire and 11 questionnaires were not returned.

Wing/unit	Number of completed survey returns
Beech House	41
Cedar House	39
Segregation unit	3
Total	83

⁸ Two young adults were on home leave on the day of the survey.



Presentation of survey results and analyses

Over the following pages we present the survey results for Hydebank Wood Secure College.

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁹ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in prisoners' background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Hydebank Wood Secure College in 2016 compared with responses from prisoners surveyed in all other young adult prisons. This comparator is based on all responses from prisoner surveys carried out in eight young adult prisons since April 2012.
- The current survey responses from Hydebank Wood Secure College in 2016 compared with the responses of young adults surveyed at Hydebank Wood Young Offenders Centre in 2013.
- A comparison within the 2016 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 2016 survey between the responses of those 21 years and under and those over 21 years of age.

A comparison within the 2016 survey between the responses of Catholic and Protestant young adults.

⁹ A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.1	What wing or houseblock are you currently living on? See shortened methodology	
Q1.2	How old are you?	
	<i>Under 21</i>	60 (72%)
	<i>21 - 29</i>	23 (28%)
	<i>30 - 39</i>	0 (0%)
	<i>40 - 49</i>	0 (0%)
	<i>50 - 59</i>	0 (0%)
	<i>60 - 69</i>	0 (0%)
	<i>70 and over</i>	0 (0%)
Q1.3	Are you sentenced?	
	<i>Yes</i>	34 (41%)
	<i>Yes - on recall</i>	8 (10%)
	<i>No - awaiting trial</i>	15 (18%)
	<i>No - awaiting sentence</i>	24 (29%)
	<i>No - awaiting deportation</i>	1 (1%)
Q1.4	How long is your sentence?	
	<i>Not sentenced</i>	40 (50%)
	<i>Less than 6 months</i>	3 (4%)
	<i>6 months to less than 1 year</i>	6 (8%)
	<i>1 year to less than 2 years</i>	11 (14%)
	<i>2 years to less than 4 years</i>	5 (6%)
	<i>4 years to less than 10 years</i>	6 (8%)
	<i>10 years or more</i>	2 (3%)
	<i>ICS/ECS</i>	7 (9%)
	<i>Life</i>	0 (0%)
Q1.5	Do you hold UK citizenship?	
	<i>Yes</i>	74 (91%)
	<i>No</i>	7 (9%)
Q1.6	Do you understand spoken English?	
	<i>Yes</i>	83 (100%)
	<i>No</i>	0 (0%)
Q1.7	Do you understand written English?	
	<i>Yes</i>	81 (98%)
	<i>No</i>	2 (2%)

Q1.8	What is your ethnic origin?		
	White - British	27 (33%)	Asian or Asian British - Chinese..... 0 (0%)
	White - Irish	49 (60%)	Asian or Asian British - other
	White - other.....	4 (5%)	Mixed race - white and black Caribbean 0 (0%)
	Black or black British - Caribbean.....	1 (1%)	Mixed race - white and black African... 0 (0%)
	Black or black British - African	0 (0%)	Mixed race - white and Asian..... 0 (0%)
	Black or black British - other	0 (0%)	Mixed race - other
	Asian or Asian British - Indian	0 (0%)	Arab..... 0 (0%)
	Asian or Asian British - Pakistani.....	0 (0%)	Other ethnic group..... 0 (0%)
	Asian or Asian British - Bangladeshi.....	0 (0%)	
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?		
	Yes.....		4 (5%)
	No.....		74 (95%)
Q1.10	What is your religion?		
	None.....	7 (9%)	Buddhist..... 0 (0%)
	Church of Ireland	3 (4%)	Hindu..... 0 (0%)
	Catholic	48 (59%)	Jewish..... 0 (0%)
	Protestant.....	19 (23%)	Muslim..... 0 (0%)
	Presbyterian	0 (0%)	Sikh
	Methodist.....	1 (1%)	Other
	Other Christian denomination	2 (2%)	
Q1.11	How would you describe your sexual orientation?		
	Heterosexual/Straight		81 (100%)
	Homosexual/Gay		0 (0%)
	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.....		25 (31%)
	No.....		55 (69%)
Q1.13	Are you a veteran (ex-armed services)?		
	Yes.....		0 (0%)
	No.....		81 (100%)
Q1.14	Is this your first time in prison?		
	Yes.....		31 (38%)
	No.....		50 (62%)
Q1.15	Do you have children under the age of 18?		
	Yes.....		21 (26%)
	No.....		60 (74%)

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		50 (61%)
	2 hours or longer		20 (24%)
	Don't remember		12 (15%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours</i>	50 (62%)
	Yes	10 (12%)
	No.....	16 (20%)
	Don't remember	5 (6%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	50 (63%)
	Yes	5 (6%)
	No.....	23 (29%)
	Don't remember.....	2 (3%)
Q2.4	On your most recent journey here, was the van clean?	
	Yes	29 (35%)
	No.....	47 (57%)
	Don't remember	6 (7%)
Q2.5	On your most recent journey here, did you feel safe?	
	Yes	53 (65%)
	No.....	22 (27%)
	Don't remember.....	6 (7%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	Very well	10 (12%)
	Well.....	38 (46%)
	Neither	22 (27%)
	Badly.....	6 (7%)
	Very badly	5 (6%)
	Don't remember	2 (2%)
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	57 (69%)
	Yes, I received written information.....	7 (8%)
	No, I was not told anything	13 (16%)
	Don't remember	6 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	Yes	43 (56%)
	No.....	29 (38%)
	Don't remember	5 (6%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	64 (82%)
	<i>2 hours or longer</i>	3 (4%)
	Don't remember	11 (14%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	Yes	57 (72%)
	No	16 (20%)
	Don't remember.....	6 (8%)

Q3.3	Overall, how were you treated in reception?			
	Very well		9 (11%)	
	Well.....		34 (43%)	
	Neither.....		21 (27%)	
	Badly.....		8 (10%)	
	Very badly.....		3 (4%)	
	Don't remember		4 (5%)	
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	9 (13%)	Physical health	9 (13%)
	Housing problems.....	15 (21%)	Mental health.....	37 (51%)
	Contacting employers.....	2 (3%)	Needing protection from other prisoners	6 (8%)
	Contacting family.....	17 (24%)	Getting phone numbers.....	21 (29%)
	Childcare.....	1 (1%)	Other	4 (6%)
	Money worries.....	18 (25%)	Did not have any problems.....	14 (19%)
	Feeling depressed or suicidal.....	21 (29%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes.....		22 (31%)	
	No.....		36 (50%)	
	Did not have any problems.....		14 (19%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco		77 (96%)	
	A shower		67 (84%)	
	A free telephone call.....		58 (73%)	
	Something to eat.....		52 (65%)	
	PIN phone credit.....		43 (54%)	
	Toiletries/basic items		56 (70%)	
	Did not receive anything		2 (3%)	
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		31 (42%)	
	Someone from health services.....		45 (62%)	
	A Listener/Samaritans		23 (32%)	
	Tuck shop/canteen		33 (45%)	
	Did not have access to any of these.....		16 (22%)	
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		34 (47%)	
	What support was available for people feeling depressed or suicidal.....		31 (43%)	
	How to make routine requests (applications)		29 (40%)	
	Your entitlement to visits.....		32 (44%)	
	Health services		33 (46%)	
	Chaplaincy		27 (38%)	
	Not offered any information.....		20 (28%)	

Q3.9	Did you feel safe on your first night here?	
	Yes.....	50 (64%)
	No.....	22 (28%)
	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.....	6 (8%)
	Within the first week.....	33 (43%)
	More than a week.....	26 (34%)
	Don't remember	12 (16%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course.....	6 (8%)
	Yes.....	39 (52%)
	No.....	19 (25%)
	Don't remember	11 (15%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	9 (13%)
	Within the first week.....	13 (18%)
	More than a week.....	40 (56%)
	Don't remember	9 (13%)

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?	19 (27%)	25 (35%)	5 (7%)	18 (25%)	3 (4%)	1 (1%)
	Attend legal visits?	16 (22%)	36 (50%)	9 (13%)	5 (7%)	1 (1%)	5 (7%)
	Get bail information?	6 (9%)	19 (28%)	14 (20%)	10 (14%)	8 (12%)	12 (17%)
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.....						21 (30%)
	Yes.....						34 (48%)
	No.....						16 (23%)
Q4.3	Can you get legal books in the library?						
	Yes.....						27 (37%)
	No.....						6 (8%)
	Don't know						40 (55%)
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?	53 (74%)	17 (24%)	2 (3%)			
	Are you normally able to have a shower every day?	39 (54%)	32 (44%)	1 (1%)			
	Do you normally receive clean sheets every week?	23 (32%)	45 (63%)	4 (6%)			
	Do you normally get cell cleaning materials every week?	39 (53%)	32 (44%)	2 (3%)			
	Is your cell call bell normally answered within five minutes?	19 (26%)	52 (70%)	3 (4%)			
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	41 (57%)	30 (42%)	1 (1%)			
	If you need to, can you normally get your stored property?	21 (28%)	37 (50%)	16 (22%)			

Q4.5	What is the food like here?		
	Very good.....	1	(1%)
	Good.....	9	(12%)
	Neither.....	16	(21%)
	Bad.....	24	(32%)
	Very bad.....	25	(33%)
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.....	0	(0%)
	Yes.....	58	(76%)
	No.....	18	(24%)
Q4.7	Can you speak to a Listener at any time, if you want to?		
	Yes.....	18	(25%)
	No.....	24	(33%)
	Don't know.....	30	(42%)
Q4.8	Are your religious beliefs respected?		
	Yes.....	32	(44%)
	No.....	23	(32%)
	Don't know/N/A.....	17	(24%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?		
	Yes.....	41	(55%)
	No.....	11	(15%)
	Don't know/N/A.....	23	(31%)
Q4.10	How easy or difficult is it for you to attend religious services?		
	I don't want to attend.....	10	(13%)
	Very easy.....	12	(16%)
	Easy.....	20	(27%)
	Neither.....	9	(12%)
	Difficult.....	9	(12%)
	Very difficult.....	4	(5%)
	Don't know.....	11	(15%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....	35	(48%)	
	No.....	18	(25%)	
	Don't know.....	20	(27%)	
Q5.2	Please answer the following questions about applications. (If you have not made an application please tick the 'not made one' option.)			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are applications dealt with fairly?	25 (36%)	19 (28%)	25 (36%)
	Are applications dealt with quickly (within seven days)?	25 (36%)	20 (29%)	24 (35%)
Q5.3	Is it easy to make a complaint?			
	Yes.....	46	(64%)	
	No.....	14	(19%)	
	Don't know.....	12	(17%)	

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?	21 (30%)	16 (23%)	34 (48%)
Are complaints dealt with quickly (within seven days)?	21 (32%)	21 (32%)	23 (35%)

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

Yes.....	25 (36%)
No.....	45 (64%)

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

Don't know who they are.....	30 (42%)
Very easy.....	4 (6%)
Easy.....	9 (13%)
Neither.....	10 (14%)
Difficult.....	6 (8%)
Very difficult.....	12 (17%)

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.....	31 (43%)
No.....	28 (39%)
Don't know.....	4 (6%)

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.....	40 (59%)
No.....	16 (24%)
Don't know.....	3 (4%)

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

Yes.....	14 (20%)
No.....	56 (80%)

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.....	44 (62%)
Very well.....	6 (8%)
Well.....	3 (4%)
Neither.....	6 (8%)
Badly.....	6 (8%)
Very badly.....	6 (8%)

Section 7: Relationships with staff

Q7.1 Do most staff treat you with respect?

Yes.....	46 (62%)
No.....	28 (38%)

Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	Yes.....	42 (61%)
	No.....	27 (39%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	Yes.....	25 (36%)
	No.....	45 (64%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	7 (10%)
	Never	11 (15%)
	Rarely	17 (23%)
	Some of the time	21 (29%)
	Most of the time	14 (19%)
	All of the time.....	3 (4%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	21 (30%)
	<i>In the first week</i>	21 (30%)
	<i>More than a week</i>	10 (14%)
	<i>Don't remember</i>	19 (27%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	21 (33%)
	<i>Very helpful</i>	9 (14%)
	<i>Helpful</i>	12 (19%)
	<i>Neither</i>	10 (16%)
	<i>Not very helpful</i>	5 (8%)
	<i>Not at all helpful</i>	7 (11%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?			
	Yes.....	45 (61%)		
	No.....	29 (39%)		
Q8.2	Do you feel unsafe now?			
	Yes.....	20 (27%)		
	No.....	53 (73%)		
Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you.)			
	<i>Never felt unsafe</i>	29 (44%)	<i>At meal times</i>	4 (6%)
	<i>Everywhere</i>	13 (20%)	<i>At health services</i>	5 (8%)
	<i>SSU</i>	8 (12%)	<i>Visits area</i>	6 (9%)
	<i>Association areas</i>	8 (12%)	<i>In wing showers</i>	7 (11%)
	<i>Reception area</i>	6 (9%)	<i>In gym showers</i>	2 (3%)
	<i>At the gym</i>	2 (3%)	<i>In corridors/stairwells</i>	11 (17%)
	<i>In an exercise yard</i>	5 (8%)	<i>On your landing/wing</i>	11 (17%)
	<i>At work</i>	8 (12%)	<i>In your cell</i>	10 (15%)
	<i>During movement</i>	18 (27%)	<i>At religious services</i>	3 (5%)
	<i>At education</i>	13 (20%)		

Q8.4	Have you been victimised by other prisoners here?	
	Yes	27 (38%)
	No.....	45 (63%)
Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)	
	<i>Insulting remarks (about you or your family or friends)</i>	18 (25%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	11 (15%)
	<i>Sexual abuse</i>	0 (0%)
	<i>Feeling threatened or intimidated</i>	15 (21%)
	<i>Having your canteen/property taken</i>	9 (13%)
	<i>Medication</i>	8 (11%)
	<i>Debt</i>	10 (14%)
	<i>Drugs</i>	8 (11%)
	<i>Your race or ethnic origin</i>	7 (10%)
	<i>Your religion/religious beliefs</i>	11 (15%)
	<i>Your nationality</i>	9 (13%)
	<i>You are from a different part of the country than others</i>	8 (11%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	2 (3%)
	<i>You have a disability</i>	3 (4%)
	<i>You were new here</i>	8 (11%)
	<i>Your offence/ crime</i>	11 (15%)
	<i>Gang related issues</i>	4 (6%)
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.)	
	<i>Insulting remarks (about you or your family or friends)</i>	20 (29%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (13%)
	<i>Sexual abuse</i>	1 (1%)
	<i>Feeling threatened or intimidated</i>	14 (20%)
	<i>Medication</i>	7 (10%)
	<i>Debt</i>	3 (4%)
	<i>Drugs</i>	7 (10%)
	<i>Your race or ethnic origin</i>	2 (3%)
	<i>Your religion/religious beliefs</i>	5 (7%)
	<i>Your nationality</i>	4 (6%)
	<i>You are from a different part of the country than others</i>	4 (6%)
	<i>You are from a traveller community</i>	1 (1%)
	<i>Your sexual orientation</i>	1 (1%)
	<i>Your age</i>	4 (6%)
	<i>You have a disability</i>	2 (3%)
	<i>You were new here</i>	7 (10%)
	<i>Your offence/ crime</i>	8 (12%)
	<i>Gang related issues</i>	2 (3%)
Q8.8	If you have been victimised by prisoners or staff, did you report it?	
	<i>Not been victimised</i>	33 (50%)
	Yes.....	9 (14%)
	No.....	24 (36%)

Section 9: Health services

Q9.1	How easy or difficult is it to see the following people:						
		<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	2 (3%)	1 (1%)	13 (19%)	8 (11%)	27 (39%)	19 (27%)
	The nurse	3 (4%)	4 (6%)	26 (38%)	6 (9%)	18 (26%)	12 (17%)
	The dentist	10 (15%)	4 (6%)	11 (16%)	6 (9%)	18 (26%)	19 (28%)
Q9.2	What do you think of the quality of the health service from the following people:						
		<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	5 (7%)	5 (7%)	5 (7%)	7 (10%)	26 (39%)	19 (28%)
	The nurse	3 (5%)	8 (12%)	22 (33%)	11 (17%)	14 (21%)	8 (12%)
	The dentist	16 (24%)	4 (6%)	12 (18%)	10 (15%)	14 (21%)	10 (15%)
Q9.3	What do you think of the overall quality of the health services here?						
	<i>Not been</i>						2 (3%)
	<i>Very good</i>						4 (6%)
	<i>Good</i>						11 (16%)
	<i>Neither</i>						11 (16%)
	<i>Bad</i>						16 (23%)
	<i>Very bad</i>						25 (36%)
Q9.4	Are you currently taking medication?						
	Yes.....						36 (51%)
	No.....						34 (49%)
Q9.5	If you are taking medication, are you allowed to keep some/ all of it in your own cell?						
	<i>Not taking medication</i>						34 (49%)
	<i>Yes, all my meds</i>						9 (13%)
	<i>Yes, some of my meds</i>						11 (16%)
	<i>No</i>						16 (23%)
Q9.6	Do you have any emotional or mental health problems?						
	Yes.....						42 (63%)
	No.....						25 (37%)
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)						
	<i>Do not have any emotional or mental health problems</i>						25 (37%)
	Yes.....						16 (24%)
	No.....						27 (40%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	40 (58%)
	No.....	29 (42%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	20 (29%)
	No.....	50 (71%)

Q10.3 Is it easy or difficult to get illegal drugs in this prison?

Very easy.....	14 (21%)
Easy.....	8 (12%)
Neither.....	9 (13%)
Difficult.....	1 (1%)
Very difficult.....	2 (3%)
Don't know.....	33 (49%)

Q10.4 Is it easy or difficult to get alcohol in this prison?

Very easy.....	2 (3%)
Easy.....	1 (1%)
Neither.....	4 (6%)
Difficult.....	3 (4%)
Very difficult.....	14 (21%)
Don't know.....	43 (64%)

Q10.5 Have you developed a problem with illegal drugs since you have been in this prison?

Yes.....	11 (16%)
No.....	57 (84%)

Q10.6 Have you developed a problem with diverted medication since you have been in this prison?

Yes.....	12 (18%)
No.....	55 (82%)

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.....	26 (40%)
Yes.....	24 (37%)
No.....	15 (23%)

Q10.8 Have you received any support or help (for example substance misuse teams for your alcohol problem, while in this prison?

Did not/do not have an alcohol problem.....	50 (72%)
Yes.....	13 (19%)
No.....	6 (9%)

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

Did not have a problem/ did not receive help.....	39 (61%)
Yes.....	16 (25%)
No.....	9 (14%)

Section 11: 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	10 (13%)	15 (20%)	20 (26%)	10 (13%)	13 (17%)	8 (11%)
Vocational or skills training	10 (14%)	11 (15%)	23 (32%)	7 (10%)	14 (20%)	6 (8%)
Education (including basic skills)	8 (12%)	15 (23%)	26 (39%)	7 (11%)	4 (6%)	6 (9%)
Offending behaviour programmes	17 (25%)	9 (13%)	14 (21%)	9 (13%)	8 (12%)	10 (15%)

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

Not involved in any of these.....	20 (29%)
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Prison job.....	38 (55%)
Vocational or skills training.....	22 (32%)
Education (including basic skills).....	33 (48%)
Offending behaviour programmes.....	13 (19%)

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?

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	15 (24%)	28 (44%)	12 (19%)	8 (13%)
Vocational or skills training	15 (26%)	25 (43%)	8 (14%)	10 (17%)
Education (including basic skills)	12 (20%)	29 (48%)	9 (15%)	10 (17%)
Offending behaviour programmes	19 (35%)	16 (30%)	10 (19%)	9 (17%)

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

<i>Don't want to go</i>	14 (20%)
<i>Never</i>	27 (39%)
<i>Less than once a week</i>	12 (17%)
<i>About once a week</i>	11 (16%)
<i>More than once a week</i>	6 (9%)

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

<i>Don't use it</i>	32 (46%)
<i>Yes</i>	23 (33%)
<i>No</i>	14 (20%)

Q11.6 How many times do you usually go to the gym each week?

<i>Don't want to go</i>	13 (18%)
<i>0</i>	15 (21%)
<i>1 to 2</i>	13 (18%)
<i>3 to 5</i>	21 (30%)
<i>More than 5</i>	9 (13%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	3 (4%)
<i>0</i>	38 (56%)
<i>1 to 2</i>	13 (19%)
<i>3 to 5</i>	13 (19%)
<i>More than 5</i>	1 (1%)

Q11.8 How many times do you usually have association each week?

<i>Don't want to go</i>	2 (3%)
<i>0</i>	5 (7%)
<i>1 to 2</i>	38 (56%)
<i>3 to 5</i>	12 (18%)
<i>More than 5</i>	11 (16%)

Q11.9 How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)

<i>Less than 2 hours</i>	7 (10%)
<i>2 to less than 4 hours</i>	12 (17%)
<i>4 to less than 6 hours</i>	22 (31%)
<i>6 to less than 8 hours</i>	8 (11%)
<i>8 to less than 10 hours</i>	4 (6%)
<i>10 hours or more</i>	8 (11%)
<i>Don't know</i>	9 (13%)

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	38 (55%)
	No.....	31 (45%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	Yes.....	21 (32%)
	No.....	45 (68%)
Q12.3	Have you had any problems getting access to the telephones?	
	Yes.....	27 (40%)
	No.....	41 (60%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	3 (4%)
	<i>Very easy</i>	9 (13%)
	<i>Easy</i>	21 (30%)
	<i>Neither</i>	10 (14%)
	<i>Difficult</i>	11 (15%)
	<i>Very difficult</i>	14 (20%)
	<i>Don't know</i>	3 (4%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	40 (53%)
	Yes.....	25 (33%)
	No.....	10 (13%)
Q13.2	What type of contact have you had with your offender manager since being in prison?	
	<i>Not sentenced/NA</i>	50 (67%)
	<i>No contact</i>	14 (19%)
	<i>Letter</i>	0 (0%)
	<i>Phone</i>	2 (3%)
	<i>Visit</i>	10 (13%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	23 (37%)
	No.....	39 (63%)
Q13.4	Do you have a sentence plan?	
	<i>Not sentenced</i>	40 (55%)
	Yes.....	26 (36%)
	No.....	7 (10%)
Q13.5	How involved were you in the development of your sentence plan?	
	<i>Do not have a sentence plan/not sentenced</i>	47 (64%)
	<i>Very involved</i>	7 (9%)
	<i>Involved</i>	8 (11%)
	<i>Neither</i>	6 (8%)
	<i>Not very involved</i>	3 (4%)
	<i>Not at all involved</i>	3 (4%)

Q13.6 Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)

<i>Do not have a sentence plan/not sentenced</i>	47 (65%)
<i>Nobody</i>	10 (14%)
<i>Offender supervisor</i>	5 (7%)
<i>Offender manager</i>	10 (14%)
<i>Named/ personal officer</i>	2 (3%)
<i>Staff from other departments</i>	5 (7%)

Q13.7 Can you achieve any of your sentence plan targets in this prison?

<i>Do not have a sentence plan/not sentenced</i>	47 (67%)
<i>Yes</i>	15 (21%)
<i>No</i>	4 (6%)
<i>Don't know</i>	4 (6%)

Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?

<i>Do not have a sentence plan/not sentenced</i>	47 (64%)
<i>Yes</i>	5 (7%)
<i>No</i>	14 (19%)
<i>Don't know</i>	8 (11%)

Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?

<i>Do not have a sentence plan/not sentenced</i>	47 (64%)
<i>Yes</i>	13 (18%)
<i>No</i>	5 (7%)
<i>Don't know</i>	9 (12%)

Q13.10 Do you have a needs based custody plan?

<i>Yes</i>	8 (13%)
<i>No</i>	24 (39%)
<i>Don't know</i>	30 (48%)

Q13.11 Do you feel that any member of staff has helped you to prepare for your release?

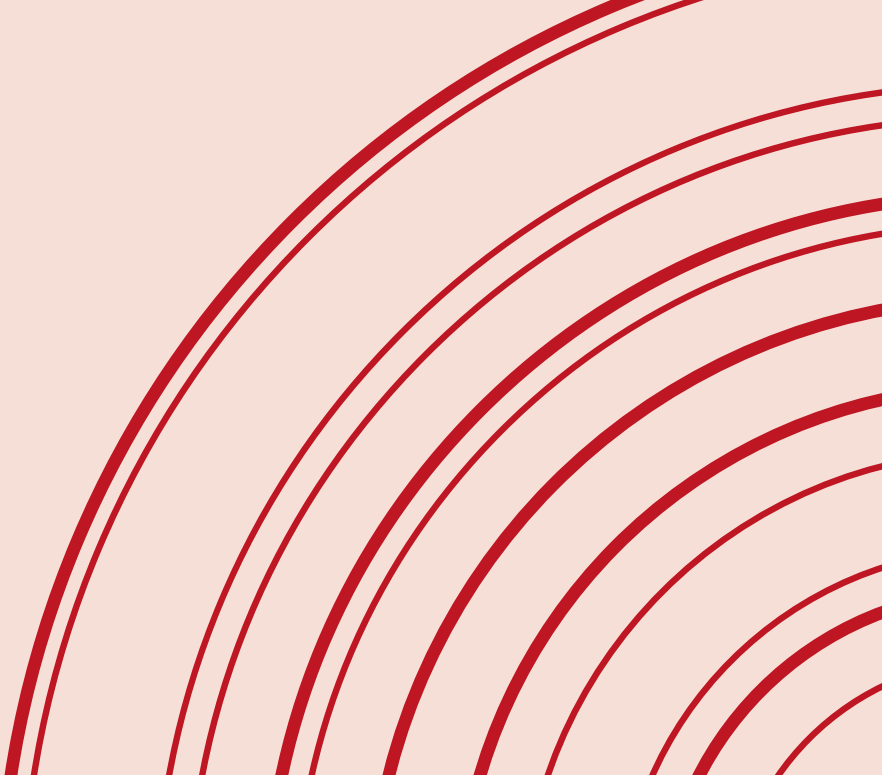
<i>Yes</i>	10 (16%)
<i>No</i>	51 (84%)

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.)

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	12 (21%)	21 (36%)	25 (43%)
Accommodation	13 (22%)	23 (40%)	22 (38%)
Benefits	12 (21%)	22 (38%)	24 (41%)
Finances	12 (22%)	19 (35%)	24 (44%)
Education	12 (21%)	21 (38%)	23 (41%)
Drugs and alcohol	12 (20%)	26 (44%)	21 (36%)

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?

<i>Not sentenced</i>	40 (54%)
<i>Yes</i>	24 (32%)
<i>No</i>	10 (14%)



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