



REPORT ON AN UNANNOUNCED  
INSPECTION OF  
**HYDEBANK WOOD  
SECURE COLLEGE**

23–24 OCTOBER &  
4–7 NOVEMBER 2019

**JUNE 2020**



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The Regulation and  
Quality Improvement  
Authority

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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.

Laid before the Northern Ireland Assembly under Section 49(2) of the Justice  
(Northern Ireland) Act 2002 (as amended by paragraph 7(2) of Schedule 13 to  
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Order 2010) by the Department of Justice.

**JUNE 2020**



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Prisoner survey responses can be obtained directly from the CJI website - [www.cjini.org](http://www.cjini.org).

# LIST OF ABBREVIATIONS

ACE	Assessment, Case management and Evaluation
AD:EPT	Alcohol and Drugs: Empowering People through Therapy
CAB	Challenging Antisocial Behaviour
CER	Conditional Early Release
CJI	Criminal Justice Inspection Northern Ireland
DoJ	Department of Justice
EAT	Equality Action Team
ECS	Extended Custodial Sentence
ESOL	English for Speakers of Other Languages
ETI	Education and Training Inspectorate
ETS	Enhanced Thinking Skills
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
ICT	Information and Communication Technology
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 UN 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 the NIPS)
PSNI	Police Service of Northern Ireland
ROTL	Release on Temporary Licence
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Supporting Prisoners At Risk

# CHIEF INSPECTORS' FOREWORD

Hydebank Wood Secure College (the College) is an establishment in Belfast holding young adult male prisoners aged between 18 and 24.

The arrangements whereby Her Majesty's Inspectorate of Prisons (HMIP) supports the inspection of prisons in Northern Ireland are set out in the body of this report. The College was last inspected in May 2016, and before that in 2013. It is no exaggeration that the progress made during this time has been quite remarkable. In 2013 it was judged that three of the four areas of the healthy prison tests were either 'poor' or 'not sufficiently good', and only resettlement and release planning (then referred to as resettlement) was found to be 'reasonably good'. By 2016 significant progress had been made, with improvements in two of the tests.

This inspection shows more marked progress with improvements in three of the healthy prison tests. Three of the tests were judged to be at the highest standard, 'good', and in particular, safety had improved two grades from 'not sufficiently good' to 'good' – a very unusual achievement.

The Hydebank Wood campus includes Ash House, a stand-alone residential unit that holds women prisoners. There is a small amount of well-managed contact between the male and female prisoners, which has caused some discussion as to whether this is fully in accordance with international standards concerning the separation of the sexes in the custodial environment. Our observation during this inspection, supported by observations from both male and female prisoners, is that if properly

supervised and managed, such contact can be of considerable benefit to both men and women. The then two Chief Inspectors, at the invitation of a group of women, joined a group discussing the impact of trauma, and they were very clear in their views that there were distinct benefits to properly controlled contact.

Inspections of comparable establishments in England and Wales have repeatedly shown young adults to be experiencing the poorest treatment and outcomes in the adult prison estate. Reasons that are sometimes cited for this are the immaturity of the cohort and the difficulties experienced by the particular age group in settling in to life in prison and using the time constructively. In light of this, we would recommend that those with responsibility for designing and delivering custodial services for young adults in England and Wales should study the findings of this report carefully, and where appropriate learn from it. The report is rich with examples of where the College performs favourably, in some respects dramatically better, than comparable prisons in England and Wales.

After we had come to our judgements, we found that 64% of the 2016 recommendations had been fully achieved and a further 12% partly achieved. This is an exceptionally high figure and shows what improvements can be achieved when inspection recommendations are approached in a constructive and positive way.

Violence is often a matter of grave concern in establishments holding young adults, and so it was reassuring to find that violence at the College had reduced and was at a much lower level than in comparable prisons. Nevertheless, we do express concern that the governance of the use of force by staff and the use of body-worn video cameras, needed to be improved. The strategy to reduce the supply of illicit drugs into the College also needed to be developed, and better use made of the available intelligence, and more analysis applied to it.

We found the College to be a respectful establishment, with the positive relationships between prisoners and staff a particular strength. It was notable that staff did not wear Prison Officer uniforms and that relationships were conducted on a first name basis. However, this did not in any way compromise the essential authority of the staff in carrying out their duties. It was also notable that in the area of respect, 19 out of 23 recommendations from the last inspection had been fully achieved.

Improvements to collaborative working between health and prison staff at all levels is also encouraging. Prisoners/students have good access to primary health care services and they are treated professionally

with compassion and dignity. The quality improvement work underway has the potential to deliver further positive outcomes for prisoners/students.

The only area in which the establishment was judged not to be at the highest level was in the area of purposeful activity, where our colleagues from the Education and Training Inspectorate (ETI) were of the view that there needed to be more attention paid to the overall impact of the learning and skills provision of the population, improved workshops and enhanced utilisation of them and that there should be better use of data and more involvement of the various providers and agencies. This issue constitutes one of our three key concerns and recommendations.

Overall this was a heartening inspection that shows how progress can be made when there is a clear vision and drive for improvement with effective leadership and good teamwork. Both Chief Inspectors are thoroughly impressed by the findings of this inspection and commend all who have worked so hard over many years to achieve, sustain and build on this.

We express our thanks to the Inspection Team and all those who assisted them during this inspection.



**Jacqui Durkin**

Chief Inspector of Criminal Justice  
in Northern Ireland

**June 2020**



**Peter Clarke CVO OBE QPM**

HM Chief Inspector of Prisons  
in England and Wales

**June 2020**

# FACT PAGE

## Task of the establishment

Hydebank Wood Secure College accommodates young male offenders between the ages of 18-24.

## Certified normal accommodation and operational capacity<sup>1</sup>

Prisoners held at the time of inspection:	Baseline certified normal capacity:	In-use certified normal capacity:	Operational capacity:
88	210	141	258

## Prison status (public or private) and key providers

Public

 South Eastern Health and Social Care Trust

Physical health provider

Mental health provider



Prison education framework provider

 South Eastern Health and Social Care Trust

Substance use treatment providers

NORTHERN IRELAND



Prisoner Escort and Court Custody Service

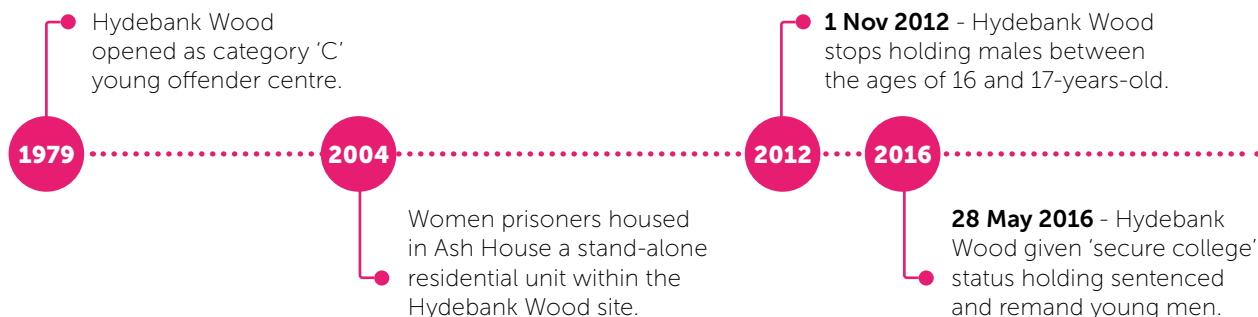
Escort contractor

## Prison department

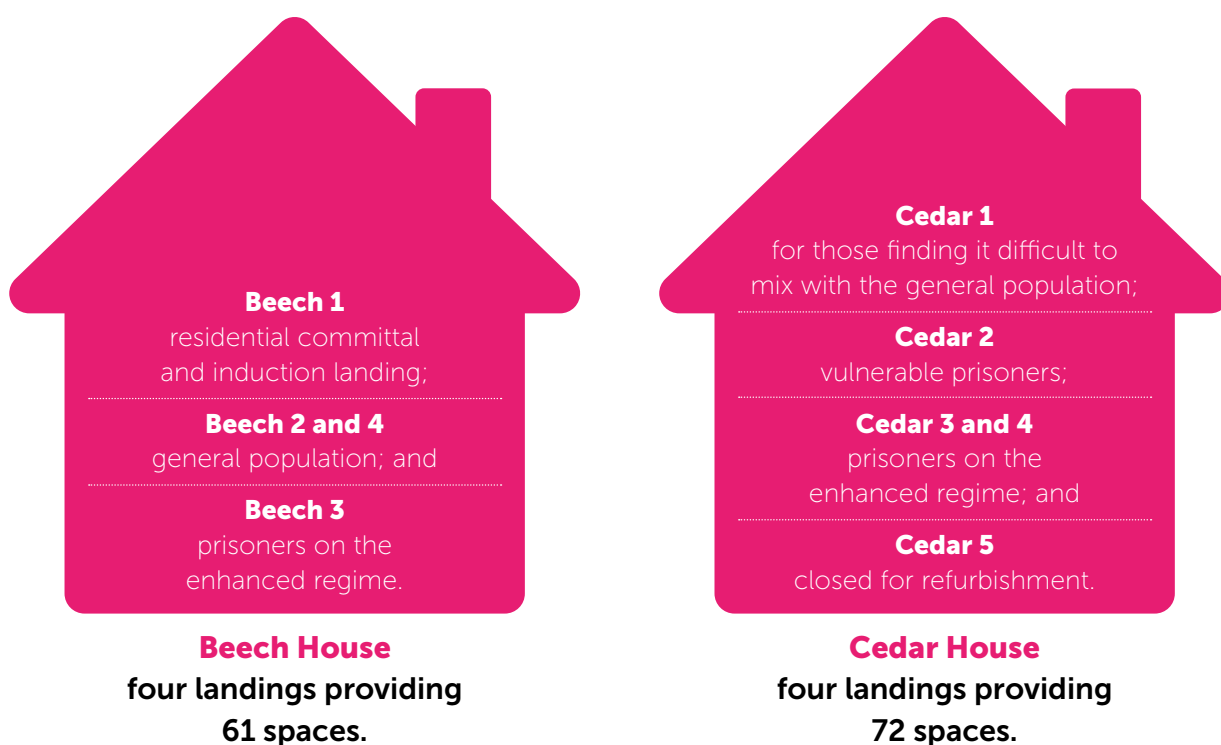
 Department of  
**Justice**  
[www.justice-ni.gov.uk](http://www.justice-ni.gov.uk)

1 Baseline Certified Normal Accommodation (CNA) is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

## Brief history



## Short description of residential units



**Elm** – four landings providing 73 spaces, 46 of which were not in use; includes 12 rooms in the segregation unit.

**Willow** – eight-bed working out unit located in Elm.

## Name of governor and date in post

Gary Milling, April 2018

## Independent Monitoring Board (IMB) chair

Hazel Patton

## Date of last inspection

9-16 May 2016

Copies of all previous inspection reports can be found on the CJI website - [www.cjini.org](http://www.cjini.org)



# 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. Criminal Justice Inspection Northern Ireland (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.

The Regulation and Quality Improvement Authority (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.

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, CJI and the RQIA are three 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 for CJI inspection services of the learning and skills provision within prisons, in line with an agreed annual memorandum of understanding and an associated Service Level Agreement.

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 HMIP 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:

<b>Safety</b>	Prisoners, particularly the most vulnerable, are held safely.
<b>Respect</b>	Prisoners are treated with respect for their human dignity.
<b>Purposeful activity</b>	Prisoners are able, and expected, to engage in activity that is likely to benefit them.
<b>Rehabilitation and release planning</b>	Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release into the community.

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 Northern Ireland Prison Service (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 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:

- **Key concerns and recommendations:** identify the issues of most importance to improving outcomes for prisoners and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of prisoners.

- **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 chapters each containing a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons (Version 5, 2017)*.<sup>2</sup> 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 (2016). Chapter 5 collates all key concerns, recommendations and examples of good practice arising from the inspection. Appendix I details the Inspection Team and Appendix II lists the recommendations from the previous inspection report, and our assessment of whether they have been achieved.

Appendix III includes photographs of the condition of and facilities used by the young adults at the time of the inspection fieldwork. 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 IV and V respectively.

Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>3</sup> This material can be obtained directly from the CJI website – [www.cjini.org](http://www.cjini.org)

<sup>2</sup> Available at [www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/](http://www.justiceinspectorates.gov.uk/hmiprison/our-expectations/prison-expectations/)

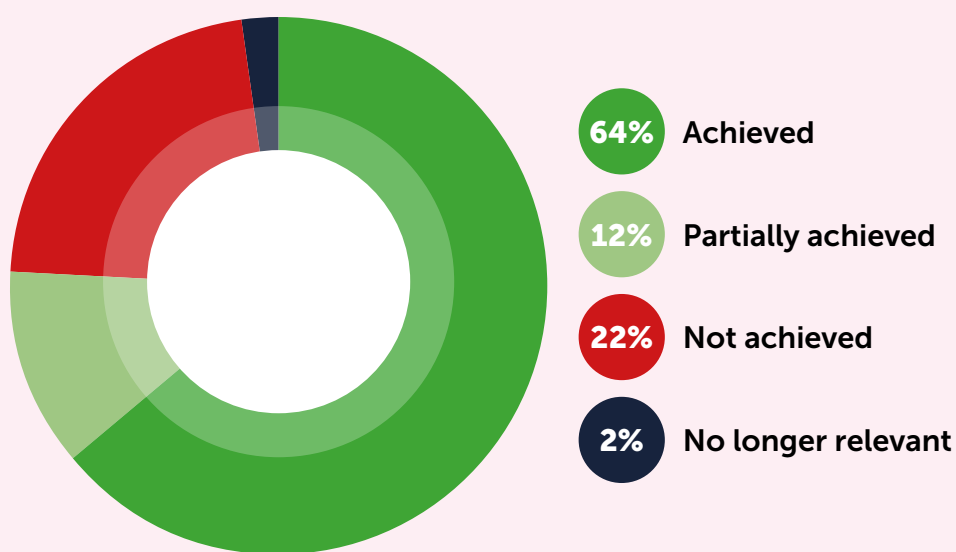
<sup>3</sup> The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

# EXECUTIVE SUMMARY

We last inspected Hydebank Wood Secure College in 2016 and made 42 recommendations overall.

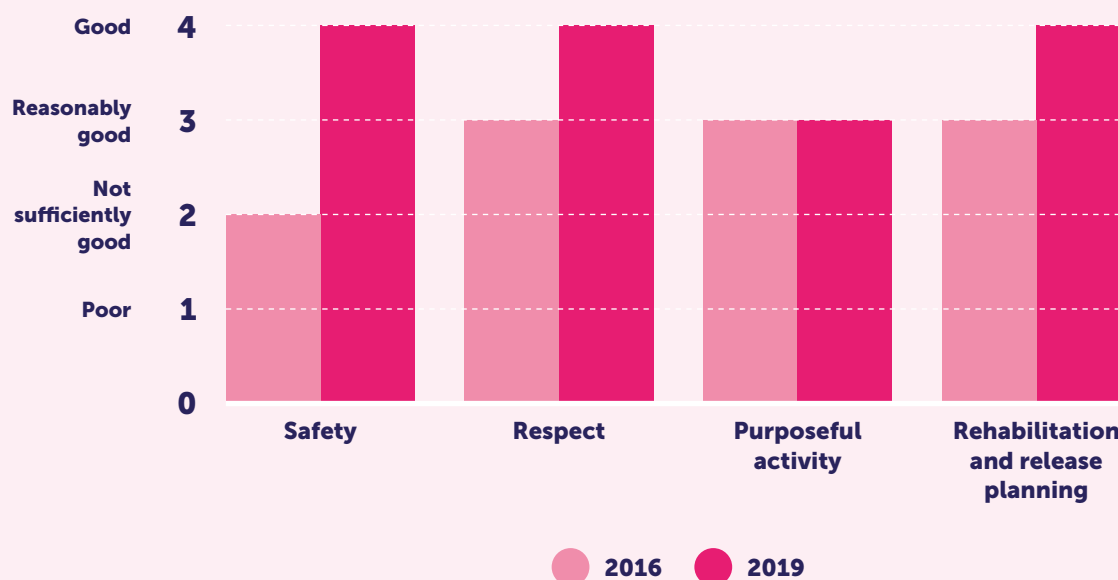
At this inspection we found that the prison had achieved 27 of those recommendations, partially achieved five recommendations and not achieved nine recommendations. One recommendation was no longer relevant.

**Figure 1: Hydebank Wood Secure College progress on recommendations from last inspection (n=42)**



Since our last inspection outcomes for prisoners have stayed the same in one healthy prison area, with purposeful activity remaining 'reasonably good'. Outcomes improved in all other healthy prison areas: safety improved from 'not sufficiently good' to 'good'; and respect and rehabilitation and release planning improved from 'reasonably good' to 'good'.

**Figure 2: Hydebank Wood Secure College healthy prison outcomes 2016 and 2019<sup>4</sup>**



## SAFETY

Work to support prisoners in their early days was good. Levels of violence had reduced and were lower than in similar prisons. The earned privileges scheme successfully motivated good behaviour. Weaknesses in the adjudication system left some rule breaking unpunished. The use of force was lower than at the previous inspection but governance arrangements were not sufficiently robust. The segregation environment was now fit for purpose, and staff-prisoner relationships were good. Levels of self-harm were lower than in similar prisons and care for prisoners in crisis was good. Physical and procedural security was proportionate and supported the positive environment. There were some weaknesses in the management of intelligence, and drug supply reduction measures were not sufficiently robust. **Outcomes for prisoners were good against this healthy prison test.**

At the last inspection in May 2016 we found that outcomes for prisoners in Hydebank Wood Secure College were not sufficiently good against this healthy prison test. We made eight recommendations in the area of safety.<sup>5</sup> At this inspection we found that two of the recommendations had been achieved, one had been partially achieved and five had not been achieved.

<sup>4</sup> Please note that the criteria assessed under each healthy prison area were amended in September 2017. Healthy prison outcomes reflect the expectations in place at the time of each inspection.

<sup>5</sup> This included recommendations about substance use treatment, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison area of respect.

In our survey, most prisoners said they spent less than two hours in reception and were treated respectfully by staff. Holding rooms were small and basic, but arrivals were there for a relatively short time. First night interviews covered all key risk information but were not conducted in private, which inhibited the sharing of confidential information. First-night accommodation was well equipped and clean. Staff conducted appropriate welfare checks on new arrivals. Induction was comprehensive and supported well by peer workers. Prisoners on induction spent most of their time out of their cells, which was better than we usually see.

Recorded levels of violence had reduced since the previous inspections and were much lower than in similar prisons. The approach to managing behaviour was more cohesive and effective than at the previous inspection, but actions identified following antisocial incidents needed more focus. The prison was effective in keeping the vulnerable prisoner population safe, and there was good support for prisoners who were social isolators. The Progressive Regimes and Earned Privileges scheme (PREPs) was used effectively to encourage good behaviour. The governor routinely scrutinised adjudication data to identify potential learning points. Nevertheless, almost half of all adjudications were not concluded, which left some serious breaches of rules unpunished. Records of adjudication did not always demonstrate sufficient investigation.

The number of incidents involving the use of force had reduced, but governance of its use was not sufficiently robust: Body-worn camera footage was not systematically reviewed, and documentation did not always provide clear justification to explain why force was necessary.

An impressive new segregation unit was now fit for purpose. Staff managed the unit with a balance of discipline and kindness, providing a relaxed and therapeutic environment. The number of prisoners segregated had reduced since our previous inspection, but lengths of stay had increased and we were not always assured that this was appropriate.

Most aspects of physical and procedural security were proportionate and contributed to a relaxed atmosphere in the prison. The management of intelligence did not focus sufficiently on identified risks. Positive Mandatory Drug Testing (MDT) results were higher than we see in similar prisons, and drug supply reduction measures were not sufficiently robust.

There had been no deaths in custody since the previous inspection. Incidents of self-harm had reduced and were much lower than in similar prisons. The monthly safer custody meeting was well attended and included good analysis of data, although subsequent actions were not always well recorded. In our survey, significantly more prisoners than the comparator said they had mental health issues. Prisoners in crisis told us they received good support from staff who were well informed about their specific issues. Serious case reviews were held to discuss prisoners with complex and long-term needs. However, we were not assured that there was an effective system to refer prisoners to the HSC Trusts' adult safeguarding team where appropriate.

## RESPECT

*Good staff and prisoner relationships were a real strength at Hydebanks Wood Secure College. Living conditions were excellent. Catering arrangements and access to an on-site shop were good. Prisoner requests and complaints were managed well, and consultation was effective. The management of equality work had improved significantly and was good. The chaplaincy was active in providing valuable spiritual and pastoral support. The management and provision of health services had improved and were appropriately patient-centred. Psychosocial and clinical substance treatment was reasonably good.*

**Outcomes for prisoners were good against this healthy prison test.**

*At the last inspection in May 2016 we found that outcomes for prisoners in Hydebanks Wood Secure College were reasonably good against this healthy prison test. We made 23 recommendations in the area of respect. At this inspection we found that 19 of the recommendations had been achieved, two had been partially achieved, one had not been achieved and one was no longer relevant.*

Relationships between prisoners and staff were relaxed and friendly. The lack of staff uniforms and use of first names helped to break down barriers and normalise the environment, without compromising staff authority. Our survey and observations demonstrated that staff were aware of the needs of individuals and offered good care. Prisoners felt supported and many of their day-to-day issues were resolved informally.

In our survey, prisoners were positive about many aspects of daily life. Living conditions for most were excellent. Each prisoner had a single cell that was well equipped, well presented and clean, as were shower facilities. Communal areas were bright and welcoming throughout, and association facilities were good. Rules and routines were generally well understood, and in-possession entitlements were generous.

Menus were varied and met dietary and religious needs, and prisoners could dine communally. They were no longer able to order their own supermarket shop to self-cater but there were plans to reopen a self-catering landing on Cedar unit. Poor staff supervision of the meal service compromised hygiene and portion control. A range of reasonably priced grocery items were available through the on-site tuck shop, and new arrivals had access to the shop on their first full day in custody. Prisoners could also shop from online catalogues.

Consultation with prisoners was regular and effective. The 'requests' process was managed well. There was improved monitoring of complaints and all complainants were seen face-to-face, which enabled quick resolution of minor issues. In our survey, prisoners were more positive than the comparator about access to their legal representative, and they could exercise their legal rights freely.



The management of equality work had improved significantly. An equality strategy broadly met the needs of the population, although the corporate action plan had not been updated since 2015. There was excellent analysis of equality monitoring data, and no significant disparities in outcomes for prisoners from protected groups. This was confirmed in our focus groups and survey. Prisoners with protected characteristics were identified on arrival, although this part of the committal process was not carried out in a confidential setting. There was good local support for foreign national prisoners, and the introduction of computer tablets to aid translation was an excellent initiative. However, there were weaknesses in communication regarding immigration status. Work to support prisoners with different sexual orientations was underdeveloped.

Faith provision was good. The chaplaincy was also active in providing valuable pastoral support for all prisoners.

The working culture and clinical environment in health care had improved, which contributed to better conditions for the delivery of patient-centred care. Identification of patients eligible for health screening programmes was not systematic, and we were not assured that all eligible patients had been screened. Patients had good access to primary care and mental health services that were, in most cases, equivalent to those in the community. At the time of the inspection there were no formal arrangements for access to mental health services out of hours, although there were credible plans to expand the services to seven days a week.

Psychosocial and clinical substance treatment teams provided reasonably good services. Although there was no intense group therapy, improvements to the provision were under way. The disposal of certain medicines prescribed but no longer required was not audited, increasing the risk of misuse. Pre-release arrangements for patients with continuing health, mental health and substance use treatment needs were very good.

## PURPOSEFUL ACTIVITY

*Time out of cell was better than in many similar establishments. The library and Physical Education (PE) provision were very good. The leadership and management of education, skills and work was collaborative and there was a positive learning culture. The range of activities had improved although vocational workshops were underused. The provision from Belfast Metropolitan College (Belfast Met) was good, as was the quality of learning, teaching and training. Attendance and behaviour were excellent. The number of registrations and accreditations had increased but there was a lack of access and progress in essential skills. Too few work activities provided accreditation and progression into employment on release. **Outcomes for prisoners were reasonably good against this healthy prison test.***



*At the last inspection in May 2016 we found that outcomes for prisoners in Hydebank Wood Secure College were reasonably good against this healthy prison test. We made four recommendations in the area of purposeful activity. At this inspection we found that two of the recommendations had been achieved and two had been partially achieved.*

The core day offered generally good time out of cell for prisoners and we found very few locked up during our inspection. This was better than we often see, and staff clearly prioritised attendance at activities. However, recent unpredictable regime curtailment had resulted in some prisoners being locked up for short periods. The library provision was very good. The facilities for PE were also very good, and there had been investment in outdoor and indoor facilities.

The leadership and management of education, skills and work was collaborative and good. Leaders had successfully established and embedded a culture of mutually respectful and supportive relationships with prisoners. There had been significant investment in the education environment but, by contrast, the vocational workshops needed extensive refurbishment and were underused. Almost all prisoners participated fully in a broader range of education, skills and work activities than previously. The provision was at times ad hoc and affected by staff absence. The self-evaluation and quality improvement planning processes required improvement.

Prisoners had good opportunities to develop and apply employability skills. However, the waiting lists in important areas, such as essential skills, needed to be addressed with more urgency. Lack of access to and progress in essential skills constrained learner access to Level Two work and attainment. The College provision was good overall, and some of it was very good. The curriculum for workshop-based vocational training was not wide enough to meet the needs of the population. The arrangements for the continuing professional development of NIPS instructors required improvement, particularly in learning, teaching and assessment.

The quality of the learning, teaching and training was good, or better, in almost all the sessions observed. Prisoners had very good opportunities to participate in work, training or education, with almost all engaging in activities throughout the week. They now had more opportunities to work in the grounds, such as with animal husbandry and gardening. However, too few of the work activities provided the opportunity to achieve accreditation and possible progression into employment on release. Access to relevant curriculum provision had improved notably for the small number of vulnerable prisoners and was now good. The provision for English for Speakers of Other Languages (ESOL) was good.

Attendance at education and work activities was high during our inspection, at over 90%. There was very good learner engagement in almost all the sessions observed, and most prisoners demonstrated good practical skills. Provision for the essential skills of literacy, numeracy and Information and Communication Technology (ICT) required improvement. Almost all prisoners who engaged regularly in education and skills were developing better social and life skills.

The number of registrations and accreditations had increased over the last three years, although a high proportion were short-course qualifications. The curriculum did not accurately match employment potential on release, and too few learners progressed to further education and training on release.

Arrangements for care, welfare and support had a positive effect on teaching, training and learning, and the outcomes attained. The very good relationships between tutors and learners were characterised by high levels of trust, encouragement and self-confidence.

## REHABILITATION AND RELEASE PLANNING

*Children and families work was excellent. An impressive range of voluntary organisations and the work of Personal Development Plan (PDP) co-ordinators ensured that most prisoner needs were met. Co-ordinators were well trained and had good contact with prisoners on their caseload. Development plans were good quality and reviewed regularly. Public protection arrangements were sound. There was a broad range of personal development programmes and extensive one-to-one work. Pre-release work was managed effectively. **Outcomes for prisoners were good against this healthy prison test.***

*At the last inspection in May 2016 we found that outcomes for prisoners in Hydebanks Wood Secure College were reasonably good against this healthy prison test. We made seven recommendations in the area of resettlement.<sup>6</sup> At this inspection we found that four of the recommendations had been achieved and three had not been achieved.*

Work to help prisoners maintain family ties was excellent. They had good access to telephones on their units, and there was a wide range of visiting opportunities, including a separate room for family visits and the opportunity to have private visits. A family worker offered one-to-one parenting interventions. There had been significant improvements to the visits hall, and Skype was used where visits were not possible. A fortnightly family forum improved the visits experience.

The strategic management of reducing reoffending work was informal, and not informed by a specific needs analysis. This was somewhat mitigated by the good group of PDP co-ordinators, who used a person-centred approach to meet prisoners' needs. Most prisoners had a PDP, which included learning and skills targets. Plans were of good quality and were reviewed regularly. An impressive range of voluntary and community sector organisations continued to support resettlement work. Release on Temporary Licence (ROTL) was also used well to support resettlement. In our survey, 66% of prisoners said that their experience at the prison had made them less likely to reoffend in future, which was much higher than in similar establishments.

6 This included recommendations about reintegration planning for drugs and alcohol and reintegration issues for education, skills and work, which in our updated Expectations (Version 5, 2017) now appear under the healthy prison areas of respect and purposeful activity respectively.

The number of PDP co-ordinators had increased and they were now less likely to be cross-deployed. Their manageable caseloads supported good levels of contact with prisoners. Co-ordinators received appropriate supervision and training, including awareness of domestic violence and sexual abuse. Local categorisation arrangements were proportionate and well managed. Very few prisoners were eligible for conditional early release.

Co-ordinators identified new arrivals who were subject to the Public Protection Arrangements Northern Ireland (PPANI) and contributed to the management of these cases. The few prisoners identified as at significant risk of serious harm were managed effectively, with multi-agency case conferences arranged as required. There were appropriate child contact processes and arrangements to monitor mail and telephone calls for prisoners with public protection risks.

There were very few accredited offending behaviour programmes, although waiting lists were small. Partner agencies delivered a broad range of personal development programmes, and there was extensive one-to-one work.

Co-ordinators ensured that suitable referrals of prisoners were made to resettlement agencies on release. All sentenced prisoners were offered the opportunity for sustainable accommodation and, in the previous six months no prisoner had been released without an address. Some prisoners had received beyond-the-gate support, although the prison did not collect data on this. Practical support on release included the provision of clothing, refreshments, signposting to support agencies, and the opportunity to charge mobile phones.

## KEY CONCERNS AND RECOMMENDATIONS

**Key concern:** Despite our previous recommendations, governance of the use of force was not sufficiently robust: reports did not explain why force had been necessary and what de-escalation had taken place; managers did not review reports quickly enough; some paperwork was signed off without comment; body-worn camera and CCTV footage was not systematically reviewed; we saw no evidence of debriefs; and the meetings to consider data or trends were infrequent and insufficiently analytical. Unfurnished accommodation was used without appropriate authority, and the rationale for using anti-tear clothing was not always clearly recorded.

**Recommendation:** The scrutiny of incidents involving the use of force (including the use of unfurnished accommodation and anti-tear clothing) should ensure that it is only used as a last resort, and is legitimate, necessary and proportionate. (To the governor)

**Key concern:** Illicit drugs and diverted prescribed medicines were easily available. The positive drug test rate was high, and searching resulted in many finds relating to drug use. In our survey, significantly more prisoners than in similar prisons said that they had developed a problem with drugs or medication not prescribed to them while at the prison. Despite this, security intelligence was not used effectively to understand and manage the risks of drugs, the substance misuse strategy was weak and there was no drug supply reduction action plan.

**Recommendation:** An effective strategy should be implemented to reduce drug supply. (To the governor)

**Key concern:** Key education and prison staff did not reflect sufficiently on the impact of the overall learning and skills provision on the population. They did not use available data or first-hand evidence, and did not take into account the work of external providers and agencies. The quality improvement plan was not used to drive improvement.

**Recommendation:** The learning and skills self-evaluation and quality improvement planning process should have a stronger impact, including more incisive use of data and first-hand evidence, and better involvement of all the various providers and agencies to inform a more coherent strategic plan for the further development of the provision. (To the governor and Head of Prison Education (Belfast Met))

## CHAPTER 1: SAFETY

Prisoners, particularly the most vulnerable, are held safely.

### EARLY DAYS IN CUSTODY

#### Expected outcomes:

Prisoners transferring to and from the prison are safe and treated decently. On arrival prisoners are safe and treated with respect. Risks are identified and addressed at reception. Prisoners are supported on their first night. Induction is comprehensive.

- 1.1 Escort vans were clean and well equipped. Most journeys to the prison were relatively short, but young men and women still sometimes shared transportation, which was not appropriate. Fewer prisoners than previously were handcuffed throughout their journey and into reception, but this depended on which court they arrived from, not an individual risk assessment. Escort and reception staff communicated well and there was an effective handover of information to inform initial risk assessments.
- 1.2 In our survey, most prisoners said they had been treated well in reception and spent less than two hours there. Reception staff were warm in their approach and welcoming. All new arrivals were given a full search regardless of their individual risk assessment, although most prisoners told us this was done respectfully. Holding rooms contained televisions but were otherwise bare, poorly ventilated and had limited information about the prison (see photograph Appendix III). However, prisoners only spent a short time in reception. All new arrivals could have a hot drink and a shower, and their property was processed in front of them.
- 1.3 Reception staff completed an initial interview which covered all key risk information but the interviews did not take place in private, which could inhibit the sharing of confidential information. A member of staff from the committal landing (where new arrivals spent their first night and induction period) escorted new arrivals to their cell.

- 1.4 The first night cells we looked at were clean and well equipped. New arrivals were given bedding and toiletries, and a reception pack with a few basic items to prevent them from getting into debt on their first night. They could access the full tuck shop the next working day, which was positive (see paragraph 2.12).
- 1.5 In our survey, prisoners were more positive than at comparable prisons about the arrangements for their first night. On the committal landing, new arrivals were offered a free telephone call and hot food. They were all subject to enhanced checks for their first 24 hours, which worked well, and there was a good handover with night staff. First night staff completed a further interview, either on the first night or the next morning, to confirm any safety issues. They also provided some brief details about the regime and an excellent handbook with useful information about the prison. However, new arrivals were expected to sign too many compacts during this interview.
- 1.6 Induction started the next working day. In our survey, 98% of prisoners said they had received an induction and a majority said it covered everything they needed to know. The five-day course was comprehensive and primarily completed by staff and partners such as education, gym and the chaplaincy. 'Buddies' (prisoner peer supporters) saw all new arrivals within their first 48 hours. Due to the low number of new arrivals each induction session took place on a set day, which meant that prisoners could wait up to six days to complete a particular session, depending on their day of arrival. However, staff on the committal landing were flexible and gave new arrivals the basic information they needed.
- 1.7 Although new arrivals could not begin activities until they had completed their induction, they spent most of their time out of their cell doing wing activities, which was better than we usually see (see paragraph 3.1).

### **Recommendation**

- 1.8 **First night interviews in reception should be completed in private.**

## MANAGING BEHAVIOUR

### Expected outcomes:

Prisoners live in a safe, well ordered and motivational environment where their positive behaviour is promoted and rewarded. Unacceptable conduct is dealt with in an objective, fair, proportionate and consistent manner.

### Encouraging positive behaviour

- 1.9 Over half of prisoners who responded to our survey said they had felt unsafe at some point while at Hydebanks Wood, although only 16% said they felt unsafe at the time of inspection. This was confirmed by the low level of recorded violence, which had reduced further since 2016 and was much lower than we find in similar prisons. In the previous six months, there had been two assaults on staff, eight recorded assaults between prisoners and 10 fights. Very few incidents were of a serious nature.
- 1.10 A revised safety strategy had been introduced in the previous six months, underpinned by a standalone policy for the management of violence. The prison's approach to managing behaviour was more cohesive and effective than at the previous inspection. All relevant departments were represented at a well-attended monthly safer custody meeting, which was now supplemented by two additional meetings. A weekly operational meeting identified and discussed any individual highlighted as posing a risk to themselves or others, and reviewed incidents or concerns from the previous week. The second was a bi-monthly safety committee, chaired by the governor, to provide strategic direction.
- 1.11 However, the strategy was not informed by an analysis of data on incidents of violence or antisocial behaviour, and there was no action plan to record or drive progress. Analysis of data at meetings was often limited, and actions arising from discussions were rarely identified or recorded.
- 1.12 The Challenging Antisocial Behaviour (CAB) strategy that had been in use on the women's site had recently been implemented at the young adult site to investigate and manage incidents of antisocial behaviour or violence between prisoners. This supported the cohesive approach to managing behaviour, although the standard of investigations for prisoners was not as robust as those on the women's site. There had been 17 CAB investigations in the previous six months. In the cases that we sampled, it was not evident that all aspects of the concern had been explored fully, and some allegations of bullying were marked as 'no further action' without further explanation. No prisoners had been placed on formal monitoring following investigation or raised concerns.



- 1.13 The prison was effective in keeping the vulnerable prisoner population safe. A dedicated landing on Cedar House continued to provide prisoners who were vulnerable due to their offence with valuable support and protection. They were able to access a good regime, including education, work and physical activities.
- 1.14 There was good support for prisoners who were reluctant to engage in social situations or communal activities such as showering, often referred to as social isolators. We observed several examples of effective work by the safer custody team to ensure that prisoners who displayed both behavioural and social difficulties could participate fully in the regime.
- 1.15 The PREPs was used effectively to encourage good behaviour. This was reflected in our survey where more prisoners than the comparators said that they had been treated fairly and that the scheme encouraged positive behaviour. The scheme continued to offer distinct and more generous access to visits, time out of cell and private cash to encourage positive behaviour than we find elsewhere. Oversight of the scheme was good with regular reviews for all prisoners. For the small number on the lowest level of the scheme at basic (three at the time of inspection), reviews were weekly and an individual plan was considered if a prisoner continued on the basic regime for more than seven days.
- 1.16 Cedar House landing five had been used as a low supervision landing for those on enhanced status but had recently closed for refurbishment. Beech House landing three was used as an enhanced landing, with additional time out of cell a meaningful incentive for residents.
- 1.17 While the approach to managing behaviour was encouraging, managers needed to ensure that PREPs was used more robustly to deter poor behaviour such as drug use and the refusal to produce a sample for drug testing (see paragraph 1.43).

### Recommendation

- 1.18 **The prison should analyse local data on incidents of violence and other antisocial behaviour effectively to identify actions to further improve safety.**

### Adjudications

- 1.19 The number of adjudications was higher than we would expect for this type of prison but similar to our previous inspection. Most charges related to unauthorised articles, including drugs, and damage to prison property. In the previous six months, 34% of charges had been withdrawn for administrative reasons. This left some rule-breaking unpunished, potentially undermining the effectiveness of the adjudication system, and meant prisoners were unsure whether their charge would be heard. It was particularly concerning that serious charges referred to the police but not prosecuted were not then completed by an adjudicator at the prison.



1.20 The governor reviewed adjudication data and a selection of hearings monthly. He provided feedback to individual adjudicators and held periodic meetings to discuss more general issues. Despite this, many records of hearings lacked detail, and did not provide assurance that charges were investigated thoroughly or that prisoners were always given sufficient opportunity to explain what had happened.

1.21 The prison had recently introduced a failed drug test programme as part of the adjudication process. Where a prisoner failed a drug test but was willing to engage with drug support services, the adjudication was adjourned. If engagement continued for over three months and there were no further positive tests, the charge was dismissed. This was a promising initiative but it was too early to evaluate.

1.22 Adjudication hearings continued to be held in the late afternoon to maximise attendance at activities. Most punishments were not excessive. Cellular confinement was often used to tackle drug misuse.

### Recommendation

1.23 **Records of adjudications should be detailed enough to provide assurance that the outcome is fair and proportionate.**

### Good practice

1.24 *Adjudication hearings were held in the late afternoon to maximise prisoner attendance at activities and minimise disruption to their learning.*

### Use of force

1.25 Force had been used 37 times in the previous six months, which was significantly less than the 80 incidents recorded at our previous inspection. This was also less than the levels we often find in similar establishments. Around three-quarters of incidents had involved restraint techniques and only one was planned.

1.26 Most use of force reports contained good detail about staff actions. However, it was often not sufficiently clear why force had been necessary and what de-escalation efforts had been used. Reports by supervising officers did not reliably list all the officers involved in an incident, which meant that managers could not easily check whether all staff involved had submitted a report.

1.27 Use of force incidents were mentioned at daily meetings but we were not assured that incidents were scrutinised to identify good practice or opportunities for improvement. Governance was still not sufficiently robust: managers did not review reports promptly; some paperwork was signed off without comment; body-worn camera and CCTV footage were not systematically reviewed; we did not see any evidence of debriefs; and the meetings to consider data or trends were infrequent and insufficiently analytical (see Key concern and recommendation).

1.28 At our previous inspection, only 25% of officers had up-to-date use of force training. This had been improved to 77%, but this was recent and needed to be maintained.

1.29 The segregation unit had a 'de-escalation room' - an unfurnished cell that amounted to special accommodation. There were no records of its use, but we were told it had been used several times since July 2019, mostly to secure prisoners up to an hour while it was decided whether they should be segregated.

1.30 Governors had approved the use of anti-tear clothing on eight occasions in the previous six months, which was much more frequent than we generally find. Decisions were regularly reviewed but the reasons for use were not always adequately recorded, and we could not be confident that it was only used as a last resort. Anti-tear clothing was laid out ready for use in some observation cells, which was inappropriate (see Key concern and recommendation).

### Segregation

1.31 The rate of segregation was higher than we would expect, reflecting a policy to segregate whenever there were indications of drug misuse. Segregation had been used on 122 occasions in the previous six months for 63 prisoners. The average stay had increased to eight days but most were three days or less.

1.32 Decisions to segregate prisoners under rule 32 (restriction of association) were recorded appropriately and generally subject to effective managerial scrutiny. We saw evidence that local managers shortened periods of restriction authorised by NIPS managers if the restriction was no longer justified. The use of rule 32 had increased by 25% between April and September 2019 compared with the same period in 2018, largely because of a new policy to segregate prisoners following an indication by the passive drug dog. Some prisoners reported frustration about a lack of follow-up checks by the dog to prove that they were no longer in possession of drugs and felt they were segregated for too long. The available documentation did not fully justify the length of segregation in all these cases.

1.33 The new segregation unit, opened in July 2019, was impressive. It was well designed and equipped with soundproofing. It had an observation cell and two recovery cells (with removable chemical toilets designed to encourage prisoners to hand over concealed drugs), in addition to 12 ordinary cells. There was also a de-escalation room (see paragraph 1.29). Staff managed the unit with a balance of discipline and kindness, providing a relaxed and therapeutic environment. We saw evidence of multi-disciplinary care planning and opportunities for prisoners to engage with the wider regime.

- 1.34 In our survey, only 39% of prisoners who had been segregated said they could go outside for exercise every day, against the comparator of 76%. The records showed that prisoners were routinely offered exercise, a shower and use of a telephone daily but did not always take up these opportunities. Prisoners were seen daily by a governor and a health care professional. Only two prisoners had been segregated while at risk of self-harm in the previous six months.

### Recommendation

- 1.35 **Decisions to retain prisoners in segregation following passive drug dog indications should be fully recorded and justified.**

## SECURITY

### Expected outcomes:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence and positive staff-prisoner relationships. Prisoners are safe from exposure to substance use and effective drug supply reduction measures are in place.

- 1.36 Most aspects of physical and procedural security were proportionate and supported the positive culture of the prison. Prison Officers did not wear a uniform or carry a baton, and this did not compromise their authority or diminish safety outcomes. Nearly all prisoners were trusted to move freely to and from residential units to their activities, which maximised the regime. The small number of prisoners subject to restrictions had regular reviews and, other than being escorted by staff to their regime area, they did not suffer significant detriment.
- 1.37 The security department was a shared resource between the young adult and women's sites. There had been some improvements in communication between the small security team and other prison departments. For example, the security department was represented at the weekly operational meeting (see paragraph 1.11), and a security representative contributed to the monthly safety meeting and other key meetings.
- 1.38 Despite improvements in communication, there were significant flaws in the management of intelligence. Over 1,300 security intelligence reports had been submitted in the previous six months, of which around two-thirds related directly to the young adult site; the most common theme was drug-related activity. The prison responded to immediate identified concerns, but there were no members of staff suitably skilled to analyse the large amount of intelligence received. Training was under way to cover this shortfall.

- 1.39 The lack of a skilled analyst meant that many intelligence reports that we reviewed contained very little detailed scrutiny, and a high proportion had not been signed off as complete by a security manager. The problem was further compounded because the guidance provided in the comprehensive local security strategy was not followed.
- 1.40 There was some examination of security intelligence at the monthly security meeting chaired by the deputy governor. However, this important meeting to discuss intelligence and identify key threats to security did not take place consistently. As a result, the meeting for July 2019 covered intelligence for the previous three months, much of which was too out of date to be of use. In addition, key stakeholders, such as health care staff and the local police, did not attend the meeting.
- 1.41 Attendees at the security meeting referred to a local intelligence matrix designed to extract content from intelligence reports to identify gaps and key concerns, and direct operational decision making. However, the matrix was not used effectively due to the lack of quality analysis of intelligence, and the report was predominantly a rehash of data from other meetings. The security meeting failed to identify actions to ensure that the management of intelligence focused sufficiently on identified risks.
- 1.42 In our survey, more prisoners than at comparable prisons said that they had developed a problem with drugs and medication while in the prison. This was reflected in the random MDT positive rate of 18% for the previous six months, which was higher than we see at similar establishments. In addition, five prisoners out of the 38 subject to random tests had refused to produce samples, so the positive rate was likely to have been even higher. Similarly, there had been 61 suspicion tests carried out in the previous six months: 21% had tested positive and a further 40% had refused to engage in the test (see Key concern and recommendation).
- 1.43 Prisoners who failed drugs tests or did not engage were considered for the failed drug test programme (see paragraph 1.21) and referred for a PREPs review. The prison also segregated prisoners following a positive drug indication from the passive drugs dog (see paragraph 1.32). However, given the number of failed tests and refusals by prisoners to participate, managers needed to review the effectiveness of current deterrents in addressing substance use (see paragraph 1.17).

- 1.44 Test data indicated that cannabis remained the most commonly used drug. However, prison staff responsible for drug testing told us they could not be assured that the current testing process would identify other substances, such as psychoactive substances.<sup>7</sup> Many requested tests were not completed within the required timescales, contributing further to the unreliable picture of drug activity.
- 1.45 Searching records indicated over 250 finds related to drug use among prisoners in the previous six months.
- 1.46 Although the prison had identified the supply of drugs as a key threat, supply reduction measures were not sufficiently robust. The recently revised substance misuse strategy was descriptive and not informed by an analysis of data, in part due to the poor management of security intelligence. There was no supply reduction action plan to record or drive progress. Furthermore, the drug strategy was not discussed in detail at any meeting (see Key concern and recommendation).

### Recommendations

- 1.47 **Security intelligence should be analysed promptly by trained staff.**
- 1.48 **Intelligence objectives should be reviewed at regular security meetings, shared across the prison and monitored for their effectiveness.**
- 1.49 **Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision.**  
(Repeated recommendation 1.38, 2016 report)

## SAFEGUARDING

### Expected outcomes:

The prison provides a safe environment which reduces the risk of self-harm and suicide. Prisoners at risk of self-harm or suicide are identified and given appropriate care and support. All vulnerable adults are identified, protected from harm and neglect and receive effective care and support.

### Suicide and self-harm prevention

- 1.50 Levels of self-harm were relatively low. In the previous six months, there had been 24 incidents of self-harm by 20 prisoners, fewer than at our previous inspection and at similar prisons. There had been no deaths since our last inspection, and the small number of near misses were thoroughly investigated with any learning points identified and shared.

<sup>7</sup> Psychoactive substances are either naturally occurring, semi-synthetic or fully synthetic compounds. When taken they affect thought processes or individuals' emotional state. In prisons, these substances are commonly referred to as 'spice'. For more information see: [www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances](https://www.gov.uk/guidance/psychoactive-substances-in-prisons#what-are-psychoactive-substances)

- 1.51 The prison's strategy to manage suicide and self-harm was not informed by an analysis of the self-harm data, and there was no action plan to help drive and record progress. Nevertheless, self-harm had reduced substantially, and good relationships between staff and prisoners had played a substantial role in this (see paragraph 2.1).
- 1.52 Well-attended monthly safer custody meetings incorporated some good analysis of data but these were not used to inform strategy. However, managers did not then use this data to inform the prisons strategy and action plan to help reduce self-harm further. We found evidence that the prison had implemented changes in response to data and discussions at the meeting (such as activity packs for prisoners in crisis), although this was not well recorded. A useful weekly operational meeting discussed prisoners about whom the prison was concerned, which was more action-focused.
- 1.53 In our survey, more prisoners than the comparators said they felt depressed or suicidal or had other mental health problems on arrival. At the time of the inspection, one prisoner was on a 'Supporting Prisoners At Risk' (SPAR) care plan, and 11 prisoners had been on a SPAR plan in the previous six months, which was low for the type of establishment. In July 2019, the SPAR process had become electronic and now included a new initial concern form to decide whether a full care plan was needed. Since its introduction, the prison had raised 27 concern forms and staff across the prison had good knowledge of how to raise a concern.
- 1.54 The care for prisoners on a SPAR was generally good, and staff had good knowledge of the prisoners being monitored. Prisoners we spoke to were very positive about the care they received. However, not all staff had sufficient knowledge of how to navigate the new electronic system and were unable to show us a care plan. The care plans we looked at were not sufficiently individualised and were not always updated following a change in circumstances.
- 1.55 There was still no Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The prison had worked closely with the Samaritans and decided it was not viable to introduce the scheme, given the low number of prisoners involved. The prisoners we spoke to said they had no problems using the Samaritans telephone line, and those in observation cells had a direct line to the Samaritans. Prisoners also had some peer support through the Buddy scheme (see paragraph 1.6), which was well managed.
- 1.56 Use of observation cells that had CCTV and anti-tear clothing had halved since our previous inspection. All decisions for such use were approved by a governor and regularly reviewed. However, the reasons for use were not always adequately recorded and so we were not always confident that they were used as a last resort.

## Recommendations

1.57 All staff should have good knowledge of the Supporting Prisoners At Risk (SPAR) process and how to access information about prisoners on care plans.

1.58 Care plans should reflect the individual needs of the prisoner and be updated when there is a change in circumstances.

## Protection of adults at risk<sup>8</sup>

1.59 The prison held serious case reviews to discuss those with complex and long-term needs. It had also updated its safeguarding adults policy, giving the safer custody department the responsibility for making referrals to the HSC Trust's adult safeguarding team. However, staff in safer custody were not aware of this or whether any referrals had ever been made. In fact, health care staff had made two referrals directly to the HSCT in the previous six months which safer custody staff were not aware of. We were not confident that there was an effective system to make adult safeguarding referrals when needed.

## Recommendation

1.60 The prison should ensure that it makes adult safeguarding referrals to the HSCT where appropriate.

8 Safeguarding duties apply to an adult who:

- has needs for care and support (whether or not the HSCT is meeting any of those needs); and
- is experiencing, or is at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse and neglect (Care Act 2014).



## CHAPTER 2: RESPECT

Prisoners are treated with respect for their human dignity.

### STAFF-PRISONER RELATIONSHIPS

#### Expected outcomes:

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

- 2.1 The atmosphere in the prison was relaxed, friendly and calm. There was a level of mutual engagement not apparent at the previous inspection. In our survey, 81% of prisoners said their personal officer was helpful, against the comparator of 45%, and 57%, against 32%, said that a member of staff had talked to them about how they were getting on in the past week. Officers knew those in their care and had a nurturing and supportive attitude. We saw them being active and responsive to the needs of the prisoners, and resolving issues positively and informally.
- 2.2 Staff wore civilian clothing, and staff and prisoners generally addressed each other using first names. These arrangements helped break down barriers and normalise the environment without compromising staff authority. Interactions were respectful, and prisoners responded positively to instructions and guidance from officers.

### DAILY LIFE

#### Expected outcomes:

Prisoners live in a clean and decent environment and are aware of the rules and routines of the prison. They are provided with essential basic services, are consulted regularly and can apply for additional services and assistance. The complaints and redress processes are efficient and fair.

#### Living conditions

- 2.3 All communal areas were bright, welcoming, and among the best we have seen in a young adult establishment (see photograph Appendix III). The use of ordinary domestic furniture in these areas helped to soften the atmosphere created by the gates and other security features. Association areas were well equipped with



modern furnishings and a range of recreational equipment. A separate 'soft room' seating area on each landing provided space for reflection and conversations away from the larger group. Officers and other staff coming on the landings also used these areas to engage with the prisoners away from the main association room and out of the cell.

- 2.4 In our survey, 72% of prisoners said that communal/shared areas were normally clean, against the comparator of 54%. Prisoner orderlies responsible for cleaning duties contributed to the excellent living conditions. Managers in similar establishments in England and Wales often attributed poor cleanliness to the age of the population. Standards in Hydebanks Wood Secure College demonstrated what could be achieved, even with young adults.
- 2.5 Shower facilities were now bright, modern, clean and tidy. In our survey, prisoners were more positive than at the previous inspection about being able to shower daily.
- 2.6 Cells were referred to as 'rooms' by prisoners, officers and staff. Positively, all prisoners had a cell of their own, which was adequate in size and well equipped with furniture and furnishings. Prisoners were active in maintaining their cells and keeping them tidy, and in our survey far more than the comparator said they got cell cleaning materials every week. The proportion who said they got clean sheets weekly had risen to 83% from only 32% at the previous inspection. All cells had a toilet, wash basin and drinking water. The toilets did not have lids, although they could be screened by a privacy curtain. There was a ventilation system in each cell to control external fresh air. All cells also had a television and safe storage box, and could be kept locked at the discretion of the occupant. The only anomaly in the cell standards was the number of cells without curtains. During our night visit, all landings were quiet.
- 2.7 Staff routinely knocked on doors before entering cells. In our survey, only 24% of prisoners said their cell bell was not normally answered within five minutes. The prison did not routinely monitor the time taken for staff to answer cell bells, even though it had the facility to do so.
- 2.8 Laundry facilities were adequate. In our survey, 91% of prisoners said that they had enough clean clothes for the week, against the comparator of 62%. There were no restrictions on stored or bought-in personal clothing, with access often instantaneous.

## Good practice

- 2.9 *A sympathetically decorated and furnished 'soft room' on each landing provided personal space for prisoners and facilitated private conversations with mentors and staff.*

## Residential services

- 2.10 The kitchen provided a variety of menus and catered for dietary and religious needs. Meal times were appropriate and served from well-equipped serveries, with facilities for prisoners to dine communally. The food we sampled was adequate in quality and quantity. However, the supervision of meals was inconsistent, which could compromise hygiene and portion control. The prison conducted internal catering surveys to identify and implement improvement. The new joint catering and tuckshop forum attended by prisoners had resulted in changes to the weekly menu and provision of a cooked Sunday breakfast. Previous arrangements for prisoners to self-cater and place orders with a local supermarket had recently ceased, but there were plans to reopen a self-catering landing on Cedar House.
- 2.11 The kitchen had eight orderlies from the women's site but no male young adults. There was a café, The Cabin café, which prisoners could visit accompanied at morning break times; again, no young adult orderlies worked here. The kitchen had received a 5\* food and hygiene rating from the local council.
- 2.12 The tuck shop provided a wide range of groceries, often at prices well below those in the community. New arrivals had access to the shop within their first 24 hours. Weekly shop orders were managed efficiently and effectively. Prisoners could also shop online for clothing, hobby materials and other approved purchases, and the prison responded promptly to applications for these.

## Recommendation

- 2.13 **The prison should reintroduce adequate facilities for prisoner self-catering as soon as reasonably practical.**

## Prisoner consultation, applications and redress

- 2.14 As well as a forum on food and the shop (see paragraph 2.10), prisoners were consulted through the residential forum, which had resulted in new furnishings and recreational items in association rooms. In our survey, 67% of prisoners said they were consulted about issues such as food, canteen, health care or wing issues.

**2.15** Complaints were managed well. In the previous six months, 169 complaints had been received, a sizeable increase since the previous inspection; this was attributed to a new complaints system with which prisoners were familiarised during induction. Issues with accommodation and the approach of staff were common themes. Responses to complaints were tracked and monitored effectively. All complainants were seen face-to-face within 24 working hours in 98% of cases, which was impressive. Where this was not the case apologies were given. Written responses were polite, detailed and usually addressed the issues raised. In the complaint responses we sampled, explanations were clear and apologies given where appropriate.

**2.16** The deputy governor sampled complaints each month, which resulted in some written responses being rejected and complaints being investigated again. Analysis of complaints allowed for detailed scrutiny of themes and trends, which the senior management team used effectively. Serious complaints about staff were investigated independently by the NIPS professional standards office. In some cases, this had resulted in staff disciplinary action.

**2.17** The prison had conducted its own exit survey in which over 80% of respondents said that their complaints had been dealt with satisfactorily. The exit survey was of reasonable detail and provided managers with a good insight into prisoners' views.

**2.18** In our survey, 65% of prisoners said it was easy to communicate with a legal representative, against the comparator of 23%. Legal visits could be booked well in advance and slots were available daily, except Sunday. There were well-used private consultation rooms, and several video-links that were used to contact legal representatives and probation staff, and undertake court hearings.

**2.19** Staff at the prison did not give bail advice. However, prisoners had access to the Law Society list of solicitors on each wing, and they were enabled to select a solicitor to telephone for advice.

### **Good practice**

**2.20** *Every prisoner making a complaint was seen promptly face-to-face, which ensured that they felt listened to and often enabled resolution of the complaint at that stage.*

**2.21** *The prison exit survey was a simple but effective way of learning prisoner views on the complaints system to inform development.*

## EQUALITY, DIVERSITY AND FAITH

### Expected outcomes:

There is a clear approach to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relationships. The distinct needs of prisoners with particular protected characteristics<sup>9</sup> and any other minority characteristics are recognised and addressed. Prisoners are able to practise their religion. The chaplaincy plays a full part in prison life and contributes to prisoners' overall care, support and rehabilitation.

### Strategic management

- 2.22 The management of equality work had improved since the previous inspection. Senior managers had taken responsibility for this area, which had led to improvements. An equality strategy broadly met the needs of the population. Progress was driven through a corporate action plan, although this had not been updated since 2015.
- 2.23 The equality team was led by the head of safety and support and included one senior officer and two officers. The officers' responsibilities were distributed fairly between safety and equality work, and their minimal cross-deployment to other tasks had a positive effect on outcomes.
- 2.24 A monthly Equality Action Team (EAT) meeting took place as scheduled. The EAT was focused and demonstrated a commitment to ensure equality of service for all prisoners. Issues raised by the equality representatives and the latest equality monitoring data were disseminated to all attendees in advance of the meeting. This was an effective approach that enabled preparation and quicker responses to issues raised. The meetings were led by the deputy governor with good attendance from across the prison, including equality representatives and the NIPS equality lead. However, attendance from health care and learning and skills representatives was irregular.
- 2.25 There was excellent analysis of equality monitoring data. Outcomes for prisoners were analysed by religion, race, age and gender, and covered key areas, such as the PREP scheme, adjudications, complaints, control and restraint, and searches. The prison had not identified any significant disparities in outcomes for prisoners from protected groups. This was supported by our focus groups and survey. The prison had strategies for managing foreign nationals, transgender prisoners and those with disabilities.

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

2.26 There were two prisoner equality representatives for both sites. Although they were well known across the two sites, they were not trained and had received little guidance about how to carry out their role to best effect. They met the Safety and Support Team monthly to raise issues on behalf of their peers so that responses could be prepared for the equality meeting.

2.27 Celebration of diversity events had significantly improved since our last inspection with external multi-agency involvement. Events had included a disability awareness day, cultural awareness day and Easter celebrations involving families of prisoners.

2.28 Staff received initial equality and diversity training during their induction but there was no refresher training.

2.29 Complaints about discrimination fell under section 75 of the Northern Ireland Act 1998 and were handled through the general complaints system. They were processed under four main headings – discrimination, harassment, disability and verbal abuse. Residential senior officers investigated complaints. There had been 45 section 75 complaints submitted in the previous six months. The general complaints system, which was used to deal with discrimination, was managed well (see paragraph 2.15).

### Good practice

2.30 *Issues raised by the equality representatives and the latest equality monitoring data were disseminated to all attendees in advance of the meeting. This was an effective approach that enabled preparation and quicker responses to issues raised.*

### Protected characteristics

2.31 At the time of the inspection, there were few diverse groups in the population. Of the 93 prisoners, 82 were white, 12 were foreign nationals and only six identified as black or of mixed heritage. Similarly, the majority population were Christian, with 52 Roman Catholics and 22 members of other Christian denominations.

2.32 Prisoners with protected characteristics were identified on arrival. The exception to this was sexual orientation, which was not recorded; work to support prisoners with different sexual orientations was underdeveloped. The identification of protected characteristics during the committal process was not carried out in a confidential setting, which could inhibit disclosure (see paragraph 1.3 and recommendation 1.8). The Safety and Support Team met all foreign nationals and prisoners who had declared a disability within two days of their arrival.

2.33 Although there were no regular formal consultative forums for prisoners in protected characteristic groups, the small number of prisoners on landings and good relationships with staff ensured that individual needs were met. This was confirmed by our own focus groups.

2.34 There was generally good local support for prisoners identified as foreign nationals. All prisoners had access to Skype, and those not fluent in the English language were issued with Google translation tablets. This was an excellent initiative and gratefully received by the prisoners. Staff were also conscious that such translation aids should not replace face-to-face or telephone interpreting, for example during the committal stage. Home Office Immigration Enforcement surgeries were routinely held twice a year. However, there were gaps in the provision of independent legal advice, and correspondence from the Home Office or information about immigration status were not always shared promptly with the prisoner.

2.35 In our survey, 52% of prisoners said they had a disability – compared with 13% recorded on the electronic prison record system (PRISM). This indicated that there were still problems in confirming data on prisoner disabilities and providing appropriate support. Two cells had been adapted for wheelchair users and could be accessed by an external ramp. Prisoners in our survey who said they had a disability did not indicate any adverse outcomes compared with those without a disability.

2.36 The prison had been working with Action on Hearing Loss to identify an appropriate support pack for prisoners with a hearing impairment. Although this had not yet been introduced, aids such as a wrist receiver had been identified should a hearing-impaired prisoner be committed. The library had introduced a service to translate books into Braille, which were published and disseminated by Maghaberry Prison to the local community.

### Good practice

2.37 *The issue of electronic translation devices to non-English speaking prisoners facilitated better integration and communication with staff and other prisoners.*

### Faith and religion

2.38 Faith provision was very good. The managing chaplain continued to provide strong leadership and much-valued compassionate pastoral support. The chaplaincy consisted of one managing chaplain and four part-time chaplains, all from the Christian faith, reflecting the current population. The managing chaplain had good links with the local community to cater for other faiths. The chaplaincy worked with the Belfast Cultural Centre, which could provide literature and information about most faith groups as and when the need arose. A Muslim chaplain was available for the small number of Muslim prisoners, although their attendance and support was not always regular and consistent.

2.39 The chaplaincy met all new arrivals within 24 hours and confirmed recording of their religious denomination. The prison would facilitate a change of religion in custody if requested.

- 2.40 Chaplaincy facilities were good. The chapel was well furnished and suitable for worship and services. Two additional multi-faith rooms were of a good size and accessible for both sites; they were underused but available if required. A range of religious texts and artefacts were available and provided on request.
- 2.41 The managing chaplain attended some key prison meetings, such as equality and diversity and safety and support, but due to being at the prison for half days only, attendance at all key meetings was not possible. The managing chaplain was the lead chaplain for all Roman Catholic chaplains in the Northern Ireland prison estate, which aided consistency and sharing of best practice.

## HEALTH, WELL-BEING AND SOCIAL CARE

### Expected outcomes:

Patients are cared for by services that assess and meet their health, social care and substance use needs and promote continuity of care on release. The standard of provision is similar to that which patients could expect to receive elsewhere in the community.

- 2.42 The inspection of health and social care services was undertaken by the RQIA.

### Strategy, clinical governance and partnerships

- 2.43 The SEHSCT was responsible for providing health and social care services in the prison. Health services were well led, staff morale was good, and health care staff reported feeling valued and supported by senior managers. There had been no recent health needs assessment to guide service developments, but an assessment was being prepared by the Public Health Agency and the Health and Social Care Board and facilitated by the SEHSCT.
- 2.44 Bank and agency staff were used to ensure satisfactory levels of staffing. Health care staff were well trained and supervised. A comprehensive range of services were available, with primary care nurses on site 24 hours a day. New staff received a comprehensive and structured induction programme. The records of mandatory training showed that not all health care staff had received this, and managers were actively addressing this.
- 2.45 Collaborative working between prison and health staff had improved at strategic and operational levels. There were weekly operational meetings of prison and health care staff to identify health care priorities.



- 2.46 Corporate governance of health and social care was effective. The SEHSCT used Datix (incident and safety management system) for the reporting of incidents and identification of trends. Health care staff attended daily safety meetings, which ensured that risks and safety issues were highlighted and shared. The staff we spoke to knew of key learning points arising from recent incidents.
- 2.47 We noted many quality improvement projects in progress, with the potential to improve patient outcomes. These included the introduction of a nurse-led sexual health service and a speech and language service to support patients with communication needs. Although staff were enthusiastic about the projects, as there were so many they needed to be fully co-ordinated and prioritised.
- 2.48 We observed that health care staff interactions with patients were professional and respectful. Nurses knew their patients and treated them with compassion and dignity.
- 2.49 Health care treatment rooms were clean, with some areas recently refurbished. There were equipment inspection audits and resuscitation equipment checks in each treatment room. A therapy room had been provided, primarily used by the Occupational Therapists which was a well equipped therapeutic space. A dedicated health care room had been identified in the segregation unit, providing a suitable environment for care delivery.
- 2.50 Responses to medical emergencies were prompt, and resuscitation equipment was sited conveniently throughout the prison and regularly checked. Paediatric resuscitation equipment was also available; paediatric life support training was planned for nurses.
- 2.51 In the six months to the end of September 2019 there had been no formal health care complaints and three informal complaints. Complaints were investigated under the SEHSCT's complaints procedure. The complaints we reviewed concerned reductions in individual patients' medications and poor communication.
- Promoting health and well-being**
- 2.52 Several departments in the prison were involved in promoting health and well-being, including catering services and the gym. There were suitable health campaigns on the young adult site on topics such as smoking cessation, blood-borne viruses and self-examination for testicular cancer.
- 2.53 Age-appropriate immunisation and vaccination programmes were available, such as hepatitis B and influenza, as was general health screening, including sexual health and blood-borne virus screening. However, patient access was not systematic so there was a risk that they could miss screening opportunities.



- 2.54 The NIPS employed two health and wellness champions who encouraged their peers to engage with projects and programmes to promote well-being.

### Primary care

- 2.55 Prisoners were very positive about their relationship with health staff. All new arrivals received an initial health screen by nurses, followed by a comprehensive health and social care assessment within 72 hours. The health assessment information recorded by reception health care staff that we reviewed covered all the required areas, and work was ongoing to improve the initial health screen. Thereafter, prisoners could refer themselves to health care through an application form. We did not identify any barriers to accessing appointments.

- 2.56 Prisoners had good access to primary care nurses, GPs and allied health professionals, such as a physiotherapist. Visiting specialists provided in-reach clinics, including diabetes, retinopathy and sexual health. Although some patients commented about long waiting times to access a GP or mental health nurse, the SEHSCT's performance data indicated that waiting times were at least equivalent to those in the community. GP referrals were triaged by primary care nurses and prioritised to ensure those in urgent need were assessed quickly. Each GP clinic had slots for urgent cases. Patients with long-term conditions, such as asthma and diabetes, had their needs met. Patients, prison and health staff told us that there were no delays for patients to access external health appointments.

- 2.57 Patients released from the prison into the community were provided with GP letters and medication as required.

### Social care

- 2.58 Social Workers were not commissioned to work as part of primary care services. Needs assessments were completed by the multi-disciplinary team.

### Mental health care

- 2.59 In our survey, 48% of prisoners (against the comparator of 24%) said they felt depressed on arrival at the prison, and 24% (against 6%) felt suicidal.
- 2.60 The SEHSCT was responsible for providing mental health services in the prison. The mental health team comprised nursing staff, occupational therapists and a psychiatrist. The service was available Monday to Friday, 9am to 5pm, although there were plans to move to a seven-day service.
- 2.61 Arrangements for access to mental health services out of hours were unclear. Staff said there was no established procedure to access out-of-hours services whereas senior managers confirmed that there were arrangements through the SEHSCT for on-call senior managers to access the crisis response team, although this was rarely requested.

2.62 Access to mental health services was good. Mental health staff screened all new arrivals on the day after they arrived, which was impressive. Patients confirmed that their experience of care was good.

2.63 Care records did not fully detail actual care planned and delivered, and did not reflect UK Nursing and Midwifery Council (NMC) standards for record keeping. There was no evidence that care documentation was audited.

2.64 Planning for patients' release demonstrated collaborative working with community mental health teams in the Trust areas they were returning to. A representative from the patient's Trust attended pre-discharge meetings to plan effectively for their care on discharge.

### Recommendations

2.65 **Arrangements for accessing mental health crisis response service out-of-hours should be specified and communicated to staff.**

2.66 **Mental health care documentation should record the assessed need of the patient and meet professional standards.**

### Substance use treatment<sup>10</sup>

2.67 In our survey, 39% of prisoners (against a comparator of 7%) said they arrived at the prison with a drug or alcohol problem. The drug and alcohol strategy included relevant components of demand reduction and treatment, but there was no associated action plan (see paragraph 1.46). Prison staff had reasonably good awareness of the harmful effects of 'spice' (an illicit psychoactive substance). Prescribing for withdrawal was available from the GP or out-of-hours service.

2.68 The SEHSCT provided clinical treatments for substance misuse and commissioned Start 360 (a non-profit support service) to provide AD:EPT (Alcohol and Drugs: Empowering People through Therapy). The NIPS also commissioned Start 360 to provide mentoring and advocacy psychosocial services at the prison.

2.69 New arrivals were screened for drug and alcohol issues and referred as required to AD:EPT, which was available five days a week. Although patients waited over two weeks for assessment, which was too long, during this time they were supported by mentors from Start 360 to reduce the likelihood of disengagement.

2.70 Twenty-four patients were accessing AD:EPT services as we inspected. While interventions included in-cell workbooks, one-to-one work, psychoactive substances (including 'spice') awareness, counselling, 'start' group access and acupuncture, a more intensive programme of support was not available. There were plans to introduce an eight-week 'SMART' (self-management and recovery training) programme to provide more intensive support.

10 In the previous report substance use treatment was included within safety, while reintegration planning for drugs and alcohol came under rehabilitation and release planning (previously resettlement).

- 2.71 Recruitment of two peer recovery workers was under way. Alcoholics Anonymous and Narcotics Anonymous visited the prison weekly, although the latter was unavailable as we inspected.
- 2.72 Clinical support had improved since our previous inspection. Practices were now evidence-based with symptomatic relief and opiate substitute treatments available from competent practitioners. First night opiate substitute treatment could be prescribed, subject to satisfactory checks on current prescriptions. However, a revised local version of the SEHSCT's protocol on treatment of withdrawal was not yet available.
- 2.73 The requirement for opiate substitute treatment was low with only two patients in stabilisation as we inspected. Although treatment regimens were patient-focused and flexible, five-day or 13-week reviews were not always completed jointly with AD:EPT practitioners, which guidance recommends. Controlled drug administration in the health centre was safe and well supervised.
- 2.74 The AD:EPT team had useful links with the Prisoner Development Unit (PDU) and contributed to sentence planning. Joint working with community drug and alcohol services facilitated treatment continuation. Harm minimisation advice and naloxone (a drug to reduce the harmful effects of opiates) training and supplies were now available at release, reducing the likelihood of adverse effects of overdose post-release.
- Recommendations**
- 2.75 **Patients with substance misuse needs should have access to an intensive programme of psychosocial support.**
- 2.76 **A local protocol for prescribing for substance misuse withdrawal should be agreed, implemented and assured.**
- Medicines optimisation and pharmacy services**
- 2.77 The management of medicines overall was in line with professional standards. The medicine needs of patients were identified at their initial health screening.
- 2.78 The pharmaceutical service was effective and responsive. A pharmacist and two medicines management technicians were employed. It was planned that the technicians would assist with the medicines administration. There were plans to introduce an automated dispensing robot that would automatically dispense prescriptions into labelled pouches for patients to collect at flexible times.
- 2.79 Prison staff carried out intelligence-led spot checks of medicines held in-possession by patients, and nurses confirmed that medicines held were in line with those prescribed. However, we were not convinced that this was a sufficient deterrent to the diversion of prescribed medicines.

- 2.80 Drugs on schedules 2 and 3 of the Controlled Drugs Act, 1971 and medicines in the out-of-hours cupboards were well managed. However, there were still no records of the disposal of medicines at high risk of misuse or diversion.

### Recommendations

- 2.81 The NIPS should work with the SEHSCT to agree and implement a robust policy and procedure for the safe management of medicines held in-possession by patients.
- 2.82 The disposal of medicines at high risk of misuse or diversion should be recorded and audited.

### Dental services and oral health

- 2.83 Dental services were generally good, waiting lists were not extensive and urgent cases could be seen promptly. The recruitment of an additional dentist had reduced waiting times for routine appointments. Oral health promotion was good, with staff offering opportunities to promote smoking cessation and dietary improvements to patients.
- 2.84 The dental clinic had been refurbished and the sinks were due to be upgraded, which was necessary. Reusable dental instruments were no longer decontaminated in-house and were now sent to the SEHSCT's central decontamination service for processing.

## CHAPTER 3: PURPOSEFUL ACTIVITY

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

### TIME OUT OF CELL

#### Expected outcomes:

All prisoners have sufficient time out of cell and are encouraged to engage in activities which support their rehabilitation.

- 3.1 In our daily roll checks, over 95% of prisoners were fully engaged in purposeful activity. They could spend up to 10 hours 15 minutes out of their cells each weekday and eight hours 30 minutes at weekends. Prisoners could exercise in the open air for at least an hour a day and had evening association throughout the week. All prisoners had a personal weekly programme, and allocations staff were proactive in their efforts to follow up absences, which reduced non-attendance at activities and programmes.
- 3.2 At the time of the inspection, only one prisoner was locked in his cell with a limited regime. However, staff shortages in recent months had led to lockdowns and regime curtailment. These were usually short and affected all wings equally.
- 3.3 The quality of the library provision was very good. There was a purpose-built library within the learning and skills building, which was bright, spacious and modern. A dedicated librarian led a valuable learning resource that hosted a range of well-planned literacy-related activities and wider cultural awareness events. The library stock comprised a wide selection of fiction and non-fiction, including books that promoted inclusion, supported a diverse range of reading abilities, and also met the needs of foreign national prisoners. Broader media materials included DVDs, CDs and talking books. There were sufficient up-to-date legal texts. Prisoner access to the library was good and they could also access additional books available in their residential accommodation.
- 3.4 Prisoners valued the library and the activities on offer. The library had introduced a service to translate books into Braille. These were then published and disseminated by Maghaberry Prison to the local community. This created good links for any visually impaired prisoners.

- 3.5 Provision for PE was very good and there had been investment in outdoor and indoor facilities. Flexible access arrangements took account of prisoners' learning and work commitments. A range of recreational programmes was well supported by provision from a variety of representative sports governing bodies. There were no vocational PE courses at the time of the inspection. PE staff provided sensitive support on health and well-being issues.

## EDUCATION, 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 education, skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.<sup>11</sup>

- 3.6 ETI<sup>12</sup> Inspectors made the following assessments about the education, skills and work provision:

#### **Overall effectiveness of education, skills and work:**

#### **Capacity to identify and bring about improvement**

*Achievements of prisoners engaged in education, skills and work:*

**Good**

*Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment:*

**Good**

*Personal development and behaviour:*

**Good**

*Leadership and management of education, skills and work:*

**Impacts positively**

### **Management of education, skills and work**

- 3.7 The leadership and management of the learning and skills provision had stabilised after a period of flux, and senior and middle leaders articulated a good vision for its further development. The organisation and impact of the provision had recently been reviewed and restructured to good effect, and the strategy for getting the right learner in the right place at the right time was largely working.

11 In the previous report reintegration issues for education, skills and work were included within rehabilitation and release planning (previously resettlement).

12 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 memorandum of understanding and an associated service level agreement.

This resulted in better targeting of the provision to the needs of the prisoners, and had assisted the quality of the tutors' planning. A few members of staff remained on long-term sickness absence and this affected some of the provision, in particular essential skills.

- 3.8 The leadership and management, supported by the staff, had successfully established and embedded a culture of mutually respectful and supportive relationships with the prisoners. This was evident in the good behaviour and the courteous and sensitive interactions we observed across the provision.
- 3.9 There had been significant investment in the learning and skills environment, resulting in a positive environment now much more conducive to effective learning, teaching and training, and socialisation. By contrast, the vocational workshops needed extensive refurbishment and were underused.
- 3.10 A more balanced and predictable core day was well-embedded throughout the prison, and almost all the prisoners participated fully in a broader range of education, skills and work activities. However, a significant proportion of the workshop and work activity relied on individual Prison Officer instructors and external providers – this was sometimes ad hoc and affected by staff absence or unavailability.
- 3.11 The self-evaluation and quality improvement planning processes required improvement. The approach to self-evaluation was not sufficiently concise or evaluative, and was not well enough informed by the available data and other first-hand evidence. Consequently, it did not accurately reflect the quality and range of what was provided to prisoners. The associated action plans did not focus sharply enough on the areas that required improvement, targets were loose and the impact of improvement actions difficult to measure. There needed to be better coherence with the provision delivered through the NIPS and the wide range of external agencies who run programmes and projects in the prison (see Key concern and recommendation).
- 3.12 Prison and Belfast Met staff were collaborating to good effect to develop and implement a more coherent and accessible electronic learner development planning process, although this was still at an early stage. This work was informed by the initial assessment, the prisoner's interests and aspirations, prior qualifications, individual learning plans across a range of areas and progress against milestones. Information management systems needed to be integrated and refined further to enhance staff access to accurate data that would better inform planning to support the prisoner's progress and achievement. The impact of work with external providers also needed to be included in this process.



- 3.13 Prisoners had good opportunities to develop and apply employability skills, particularly in Mugshots<sup>13</sup> and other work environments, such as The Cabin café, and the Bean and Book coffee outlet in the learning and skills centre, both open to staff and prisoners. There were also good opportunities for prisoners to engage in social enterprise activities and other projects.
- 3.14 The prison needed to address with more urgency the waiting lists in important areas such as essential skills, exacerbated by long-term staff sickness. Prisoners' lack of access to, and progress in, essential skills constrained their progress to Level Two work and attainment.
- 3.15 The provision managed and delivered through the College was good overall, and some of it was very good; the involvement of Belfast Met had brought continuity to the provision. The art, contract cleaning, hospitality and catering, and barbering courses were very good and met the needs of the prisoners very well. Prisoners welcomed the increased opportunities to work in the grounds (see paragraph 3.24).
- 3.16 The curriculum for workshop-based vocational training was an important area for improvement; there was no coherent plan to meet the needs of the prisoners. The current provision was mainly not suitable - too few of the construction programmes led to accredited or appropriate qualifications, and the facilities were of a poor quality and often closed.
- 3.17 Curriculum planning was not well enough informed by an analysis of prisoners' destinations after release or understanding the jobs they progressed to and the barriers they faced to ensure it provided the best resettlement and employability opportunities.
- 3.18 The on-site induction for new Prison Officers included good awareness-building of the potential positive impact on prisoners of participation and engagement in education and skills. There needed to be better arrangements for the continuing professional development of NIPS instructors, particularly in the area of learning, teaching and assessment.

### **Recommendation**

- 3.19 **The workshop-based curriculum and resources should be improved, as well as prisoner access to appropriate progressive accreditation.**

<sup>13</sup> Twenty-four prisoners a year completed employability skills training and gained formal work experience in the social enterprise workshop organised through Advantage, producing marketing and promotional materials and gifts.



## Good practice

- 3.20 Prisoners had good opportunities to develop and apply employability skills in work environments such as *Mugshots*, *The Cabin and Bean and Book*, as well as to engage in social enterprise activities and projects.

## Quality of provision

- 3.21 The quality of learning, teaching and training was good or better than at the last inspection in almost all the sessions we observed, and was very good in almost half of them. Tutors and staff had established very good relationships with prisoners, almost all of who engaged well in their learning. In the best practice, prisoners were beginning to take responsibility for their own learning.
- 3.22 The College was continuing to review the education and skills curriculum, including a good analysis of local labour market trends and potential future opportunities. Since the previous inspection, much had been achieved in increasing participation and widening access, but gaps in curriculum provision remained. Prisoners still had limited access to provision in engineering and the creative arts, including digital technology.
- 3.23 Prisoners had very good opportunities to participate in work, training or education, with almost all engaged in activities across the week; the number of prisoners refusing to engage had dropped significantly to a few each day.
- 3.24 There were more opportunities to work outdoors, including horticulture, industrial cleaning, gardening and animal husbandry. This had a positive impact on the mental health of prisoners. Accredited qualifications were working well in recycling, but there were too few other work activity opportunities for prisoners to achieve accreditation and enhance the opportunity for progression into employment on release. Access to relevant curriculum provision had improved notably for the small number of vulnerable prisoners and was good.
- 3.25 Provision of essential skills in literacy, numeracy and ICT were important areas for improvement. Too few prisoners registered, attained and progressed through these essential skills, and too little of the provision was above Level One.
- 3.26 The quality of the provision for ESOL was good and gave prisoners effective support. Initial diagnostic testing was used well to inform learning pathways and the course, met the needs of prisoners well. Attendance was good and prisoners had positive learning dispositions and aspirations.
- 3.27 A few prisoners had undertaken study at the Open University, which was encouraging, although the onus was very much on them to self-manage their learning. They lacked support to overcome operational issues and have better access to formal tutorial, mentoring and seminar sessions. They also needed access to their Open University tutors through FaceTime or Skype to improve the quality of feedback and overall support.

- 3.28 Provision for formal careers education, information, advice and guidance was underdeveloped. Prisoners required better access to more regular provision, which was particularly important given the transient nature of the current population. Employer engagement to provide job opportunities on release was also underdeveloped.

### Recommendation

- 3.29 **The prison should improve the uptake and impact of the provision for essential skills.**

### Personal development and behaviour

- 3.30 The arrangements for the care, welfare and support of learners had a positive impact on the teaching, training and learning, and the outcomes attained. Staff were very aware of the mental health needs of prisoners and used a wide range of appropriate strategies to support them. These included listening, providing one-to-one support, signposting to relevant support organisations, and the creative use of art and animal therapy. One-quarter of all staff were trained health and wellness champions.
- 3.31 Tutors and prisoners had very good relationships, characterised by high levels of trust and encouragement, which enhanced prisoner self-confidence.

### Outcomes and achievements

- 3.32 Attendance at education and work activities was high during the inspection, at over 90%. Most prisoners demonstrated good to very good practical skills in areas such as barbering, horticulture, art, hospitality, catering and cleaning. These included providing services to other students and staff, such as haircuts, and hospitality and catering.
- 3.33 There was very good engagement by prisoners in almost all the sessions we observed. They participated well, followed instructions, supported each other and completed the tasks set. Prisoners valued the accredited qualifications they had achieved, resulting in raised self-esteem and motivation to continue their learning. We noted good examples of peer-to-peer mentoring in many sessions.
- 3.34 Too few prisoners attained essential skills. In ICT, they were only able to attain entry level, which was well below the capability of some of them. Over the past three years, only a small number had attained Level Two in literacy and/or numeracy.

3.35 Almost all prisoners who engaged regularly in education and skills were developing better social and life skills. These included following routines, taking responsibility for tasks, working with others to achieve a goal, and recognising the importance of education and training in achieving personal goals and increasing self-esteem. Those participating in non-accredited art sessions delivered by the Prison Arts Foundation were developing their capacity to address and manage their mental health and well-being.

3.36 The number of registrations and accreditations had increased over the last three years, although a high proportion were short-course qualifications. In addition, as recognised by the curriculum review, the curriculum needed to be rebalanced towards areas with better employment potential, including engineering, retail, food manufacture and automotive skills.

3.37 Too few prisoners were progressing to further education and training on release. More coherent planning of post-release support was required to sustain and build on the progress made by prisoners through their engagement in purposeful activity. While there was good evidence that the PDU was working well with prisoners who were close to release, Belfast Met was not sufficiently involved.

### **Recommendation**

3.38 **There should be more coherent planning of support for prisoners beyond their release that can sustain and build on the progress made through their engagement in purposeful activity.**

## CHAPTER 4: REHABILITATION AND RELEASE PLANNING

Prisoners are supported to maintain and develop relationships with their family and friends. Prisoners are helped to reduce their likelihood of reoffending and their risk of harm is managed effectively. Prisoners are prepared for their release back into the community.

### CHILDREN AND FAMILIES AND CONTACT WITH THE OUTSIDE WORLD

#### Expected outcomes:

The prison supports prisoners' contact with their families and friends. Programmes aimed at developing parenting and relationship skills are facilitated by the prison. Prisoners not receiving visits are supported in other ways to establish or maintain family support.

- 4.1 Work to encourage prisoners to maintain contact with families was very good, and supported by a wide range of external agencies. The work was overseen by the PDU manager and commensurate with the NIPS family strategy, which supported a person-centred approach linked to work with safer custody. A Barnardo's family worker delivered one-to-one support to help prisoners develop parenting skills, and was about to begin the 'Being a Dad' programme.
- 4.2 PDP co-ordinators met the families of prisoners, with their permission, as soon as possible after their arrival to explain the prison's function. In our survey, more respondents than the comparator, 56% against 29%, said staff had encouraged them to keep in touch with family and friends. Each unit had private telephone booths, and 90% of prisoners said they could use the telephone every day, which was much higher than the 74% comparator.
- 4.3 Visiting arrangements were good, and the fortnightly family forum allowed visitors and residents to make suggestions for improvement. The visits hall had been refurbished and now provided a bright, comfortable and child-friendly space. In our survey, 58% of prisoners said they received a visit at least once a week, which was far higher than the comparator of just 20%. An impressive range of visiting opportunities included a private 'family room', where we observed the family worker supporting a supervised visit between a prisoner and his children. Prisoners could also take Sunday lunch with their family in the Cabin cafe. Skype was available for those unable to receive visits, which similar prisons in England and Wales rarely offered.

- 4.4 There were regular events where families of a large number of prisoners could visit at the same time, including family information days, as well as occasions such as Halloween and Christmas. Graduation ceremonies enabled families to celebrate the success of prisoners who had completed programmes.

## REDUCING RISK, REHABILITATION AND PROGRESSION

### Expected outcomes:

Planning for a prisoner's release starts on their arrival at the prison.

Each prisoner has an allocated case manager and a custody plan designed to address their specific needs, manage risk of harm and reduce the risk of reoffending.

- 4.5 The prison's population changed regularly, and more than half the prisoners at the time of the inspection were on remand. Of the remainder, almost a third were serving less than one year.
- 4.6 The managers from the three prisons in Northern Ireland still met regularly with the Director of Rehabilitation at the Probation Board for Northern Ireland (PBNI) and policy leads for the Reducing Offending Directorate of the NIPS. This meeting ensured consistency of approach and enabled the sharing of good practice.
- 4.7 Prison managers held a regular meeting that considered performance data and the work of partner agencies. The prison did not have a specific reducing reoffending needs analysis or an action plan setting out longer-term actions to meet the needs of the population. However, this was mitigated to some extent by PDP co-ordinators who had adopted a person-centred approach to meeting the individual needs of prisoners.
- 4.8 The PDU accommodated many staff involved in supporting resettlement work, including PDP co-ordinators, psychologists, chaplains, and an impressive range of voluntary and community sector representatives. This integration promoted effective working relationships. PDP staff could now also access the Prison Record Information System Management (PRISM), which improved information sharing.
- 4.9 In our survey, 66% of prisoners said that their experience at the prison had made them less likely to reoffend in future, which was much higher than the comparator of 46%.

- 4.10 Every new arrival, whether on sentence or remand, was allocated a PDP co-ordinator. The number of PDP co-ordinators had increased since the previous inspection, and seven Prison Officers and three Probation Officers now performed the role. The Prison Officer co-ordinators were now cross-deployed less frequently and all felt that their caseloads were manageable. We observed good contact between co-ordinators and prisoners, and good quality case notes. Co-ordinators adopted a person-centred approach in many cases, and clearly devoted considerable time to ensuring individual needs were met. They received appropriate training, including risk assessment, and awareness of domestic violence and sexual abuse.
- 4.11 The immediate rehabilitation needs of new arrivals were identified in a committal interview, and a co-ordinator was assigned within the first few days. All new arrivals who had been sentenced also had an Assessment, Case management and Evaluation (ACE)<sup>14</sup> score, which calculated their risk of reoffending. At the time of the inspection, 12 prisoners had a high ACE score (30 and over). Co-ordinators subsequently completed a more comprehensive needs assessment and used this to create a PDP. The target to complete these tasks was 30 and 40 days respectively after committal, which limited the time available to address the needs of those on short sentences. However, we saw a few cases where these had been completed sooner.
- 4.12 Most prisoners had a PDP, which now included learning and skills targets. We found copies of these plans held on residential units, and they were also incorporated into the recently introduced learning development document held by teachers. Plans were reviewed regularly and were of good quality, with an emphasis on an individual's strengths linked to appropriate objectives. In our survey, 78% of prisoners said that staff were helping them achieve their objectives, which was much higher than the comparator of 29%.
- 4.13 Probation and prison co-ordinators received regular professional supervision. Some Prison Officer co-ordinators were concerned that their supervision meetings had focused solely on quantity, such as the number of tasks completed, rather than quality. The prison had introduced a new process to address this in the previous month, but it was too early to assess its effectiveness.
- 4.14 PDP co-ordinators routinely asked new arrivals for permission to contact their family members, and often met families on visits. In addition, PDPs usually contained objectives for contact with family and friends.

14 Used by the PBNi to assess the likelihood of general reoffending within a two-year period. The assessment is completed before sentencing and presented as a numeric score.

4.15 The national criteria for Conditional Early Release (CER) were restrictive, and eligibility depended on an individual having an ACE score of 15 or less. Only three prisoners had been released under this scheme in the previous six months. However, we did find some cases where ACE scores were reviewed appropriately to increase the opportunity for CER.

4.16 Release On Temporary Licence (ROTL) continued to be well used to support resettlement planning. In the previous six months, 76 prisoners had been approved for either home or resettlement leave.

4.17 There were three life-sentenced prisoners at the time of the inspection, and each had received an annual life-sentence review. Prisoners with long sentences were transferred to Maghaberry or Magilligan Prisons when they reached 24 years of age. In the previous six months, six prisoners were transferred because of their age, and this usually happened promptly.

### Recommendations

4.18 **The prison should conduct an overall needs analysis to ensure it can meet the rehabilitation needs of all prisoners.**

4.19 **The resettlement needs assessment should be completed as soon as possible after arrival to ensure that prisoners have the maximum benefit from resettlement services.** (Repeated recommendation 4.20, 2016 report)

### Public protection

4.20 There was no risk management policy or mechanism, such as a multi-disciplinary risk meeting, to provide assurance that risks posed by prisoners were identified and managed. This was somewhat mitigated by the probation manager who reviewed all release plans to ensure risks had been addressed. PDP co-ordinators had received training in PPANI. They used this knowledge to identify those who qualified for the arrangements on arrival and refer them to the PPANI links team (Police Officers trained to undertake assessment of prisoner risk). Seventeen prisoners had been referred to PPANI at the time of the inspection. Local Area Public Protection Panels (LAPPPs) took place regularly to agree the prisoner's PPANI category, and a designated risk manager was appointed to implement their risk management plan. PDU staff submitted good quality reports to support the panel meetings.

4.21 The two prisoners identified as posing a significant risk of serious harm were managed effectively, with multi-agency case conferences arranged as required, and were subject to oversight from the probation manager.

4.22 There were appropriate arrangements to monitor mail and telephone calls for those who posed public protection risks, although no prisoners were subject to such monitoring at the time of the inspection. Two prisoners convicted of offences against children were prevented from having contact with children, while another prisoner had successfully applied for contact with a named child.



## INTERVENTIONS

### Expected outcomes:

Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.23 The small number of accredited offending behaviour programmes available met most prisoners identified needs. In the previous six months, seven prisoners had completed Enhanced Thinking Skills (ETS) delivered by Prison Officer co-ordinators, and eight had completed the motivational enhancement group programme.
- 4.24 Waiting lists were small with seven prisoners waiting for Resolve (intervention for violent offenders) and seven for ETS. Individual one-to-one work was available, and the psychology team had conducted such work with three prisoners in the previous six months. Prison Officer co-ordinators delivered a victim impact programme, and voluntary agencies in the PDU also provided interventions. Prisoners actively participated in the programmes we could observe, and they were generally very positive about offending behaviour programmes they had completed.
- 4.25 Willow unit was designated for prisoners who qualified to work outside on ROTL. This eight-bed low supervision unit also provided an opportunity for prisoners to practise life skills, such as cooking, in preparation for independent living. There was only one prisoner on the unit at the time of the inspection. In the previous year, 16 prisoners had met the necessary criteria to move to the unit, of whom two were released into full-time employment and one into full-time education.
- 4.26 Of the small number of young adults who reported needing help arranging benefits before they were released only a few said they were receiving help. A worker from the charity NIACRO (Northern Ireland Association for the Care and Resettlement of Offenders) attended monthly to provide advice on finance, benefits and debt, but the prison's data indicated a long waiting list for this advice. NIACRO also provided benefits and debt advice for prisoners' families in the community.
- 4.27 In the previous six months, no sentenced prisoners had been released as homeless, although they often did not know the location they were going to until the day of release. There were no prison data on whether release addresses were sustained over time, or the number of remand prisoners released homeless following a court hearing.
- 4.28 A development worker from Housing Rights worked part time in the PDU to assist with accommodation, including retention of tenancies during short stays in custody. Two peer workers on long sentences had been trained to support this work, particularly during induction, which was good practice. Housing Rights also provided beyond-the-gate mentoring, although the prison did not hold data on this.



4.29 Co-ordinators had received awareness training on issues such as human trafficking and sexual abuse, and knew how to make referrals for specialist support. Nexus NI (<https://nexusni.org/>) provided services for those affected by sexual violence; two prisoners had been referred to this service in the previous six months. However, the prison did not systematically collect and analyse data on the victims of abuse so it could be assured it was providing adequate support and care.

### Recommendations

- 4.30 **All prisoners should have prompt access to advice on finance, benefits and debt.**
- 4.31 **The prison should monitor the number of prisoners in sustainable accommodation 12 weeks after their release to determine longer term outcomes.**
- 4.32 **The prison should develop better systems to identify, monitor and support the victims of abuse.**

### Good practice

- 4.33 *Peer mentors were trained in housing rights and could provide prompt support and advice to other prisoners, enabling them to better understand and identify need.*

## RELEASE PLANNING

### Expected outcomes:

The specific reintegration needs of individual prisoners are met through an individual multi-agency plan to maximise the likelihood of successful reintegration into the community.

- 4.34 In our survey, only 33% of prisoners said that someone was helping them prepare for release. In the previous six months, 50 prisoners had been released at the end of their sentence. Co-ordinators prepared a release plan for all prisoners 12 weeks before release, which included appropriate referrals to an impressive range of voluntary agencies, many located in the PDU.
- 4.35 The Aspire through-the-gate initiative offered mentoring to those at the greatest risk of reoffending; seven prisoners had been referred to the scheme in the previous six months. Other prisoners received through-the-gate mentoring from a range of voluntary agencies.
- 4.36 On release, all prisoners could charge mobile phones, and were offered a plain 'survival bag' to carry their belongings. It contained refreshments for their onward journey, a toothbrush and written information about support agencies in the community.

### Good practice

- 4.37 *All prisoners being discharged could charge their mobile phones and were offered a plain 'survival bag' to carry their belongings, which included refreshments for their onward journey and information on support agencies in the community.*

## CHAPTER 5: SUMMARY OF RECOMMENDATIONS AND GOOD PRACTICE

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the left-hand column refer to the location in the main report.

Key concerns and recommendations		Directed to:
Executive Summary	<p><b>Key concern:</b> Despite our previous recommendations, governance of the use of force was not sufficiently robust: reports did not explain why force had been necessary and what de-escalation had taken place; managers did not review reports quickly enough; some paperwork was signed off without comment; body-worn camera and CCTV footage was not systematically reviewed; we saw no evidence of debriefs; and the meetings to consider data or trends were infrequent and insufficiently analytical. Unfurnished accommodation was used without appropriate authority, and the rationale for using anti-tear clothing was not always clearly recorded.</p> <p><b>Recommendation:</b> The scrutiny of incidents involving the use of force (including the use of unfurnished accommodation and anti-tear clothing) should ensure that it is only used as a last resort, and is legitimate, necessary and proportionate.</p>	The governor
Executive Summary	<p><b>Key concern:</b> Illicit drugs and diverted prescribed medicines were easily available. The positive drug test rate was high, and searching resulted in many finds relating to drug use. In our survey, significantly more prisoners than in similar prisons said that they had developed a problem with drugs or medication not prescribed to them while at the prison. Despite this, security intelligence was not used effectively to understand and manage the risks of drugs, the substance misuse strategy was weak and there was no drug supply reduction action plan.</p> <p><b>Recommendation:</b> An effective strategy should be implemented to reduce drug supply.</p>	The governor

Key concerns and recommendations		Directed to:
Executive Summary	<p><b>Key concern:</b> Key education and prison staff did not reflect sufficiently on the impact of the overall learning and skills provision on the population. They did not use available data or first-hand evidence, and did not take into account the work of external providers and agencies. The quality improvement plan was not used to drive improvement.</p> <p><b>Recommendation:</b> The learning and skills self-evaluation and quality improvement planning process should have a stronger impact, including more incisive use of data and first-hand evidence, and better involvement of all the various providers and agencies to inform a more coherent strategic plan for the further development of the provision.</p>	<p>The governor</p> <p>Head of Prison Education (Belfast Met)</p>

General recommendations		Directed to:
1.8	First night interviews in reception should be completed in private.	The governor
1.18	The prison should analyse local data on incidents of violence and other antisocial behaviour effectively to identify actions to further improve safety.	The governor
1.23	Records of adjudications should be detailed enough to provide assurance that the outcome is fair and proportionate.	The governor
1.35	Decisions to retain prisoners in segregation following passive drug dog indications should be fully recorded and justified.	The governor
1.47	Security intelligence should be analysed promptly by trained staff.	The governor
1.48	Intelligence objectives should be reviewed at regular security meetings, shared across the prison and monitored for their effectiveness.	The governor
1.49	Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (Repeated recommendation 1.38, 2016 report)	The governor
1.57	All staff should have good knowledge of the SPAR process and how to access information about prisoners on care plans.	The governor
1.58	Care plans should reflect the individual needs of the prisoner and be updated when there is a change in circumstances.	The governor
1.60	The prison should ensure that it makes adult safeguarding referrals to the HSCT where appropriate.	The governor
2.13	The prison should reintroduce adequate facilities for prisoner self-catering as soon as reasonably practical.	The governor

General recommendations		Directed to:
2.65	Arrangements for accessing mental health crisis response service out-of-hours should be specified and communicated to staff.	SEHSCT
2.66	Mental health care documentation should record the assessed need of the patient and meet professional standards.	SEHSCT
2.75	Patients with substance misuse needs should have access to an intensive programme of psychosocial support.	SEHSCT
2.76	A local protocol for prescribing for substance misuse withdrawal should be agreed, implemented and assured.	SEHSCT
2.81	The NIPS should work with the SEHSCT to agree and implement a robust policy and procedure for the safe management of medicines held in-possession by patients.	SEHSCT & NIPS
2.82	The disposal of medicines at high risk of misuse or diversion should be recorded and audited.	SEHSCT
3.19	The workshop-based curriculum and resources should be improved, as well as prisoner access to appropriate progressive accreditation.	The governor
3.29	The prison should improve the uptake and impact of the provision for essential skills.	The governor
3.38	There should be more coherent planning of support for prisoners beyond their release that can sustain and build on the progress made through their engagement in purposeful activity.	The governor
4.18	The prison should conduct an overall needs analysis to ensure it can meet the rehabilitation needs of all prisoners.	The governor
4.19	The resettlement needs assessment should be completed as soon as possible after arrival to ensure that prisoners have the maximum benefit from resettlement services. (Repeated recommendation 4.20, 2016 report)	The governor
4.30	All prisoners should have prompt access to advice on finance, benefits and debt.	The governor
4.31	The prison should monitor the number of prisoners in sustainable accommodation 12 weeks after their release to determine longer term outcomes.	The governor
4.32	The prison should develop better systems to identify, monitor and support the victims of abuse.	The governor

## Examples of good practice

- |      |   |
|------|---|
| 1.24 | Adjudication hearings were held in the late afternoon to maximise prisoner attendance at activities and minimise disruption to their learning.  |
| 2.9  | A sympathetically decorated and furnished 'soft room' on each landing provided personal space for prisoners and facilitated private conversations with mentors and staff.   |
| 2.20 | Every prisoner making a complaint was seen promptly face-to-face, which ensured that they felt listened to and often enabled resolution of the complaint at that stage.   |
| 2.21 | The prison exit survey was a simple but effective way of learning prisoner views on the complaints system to inform development.  |
| 2.30 | Issues raised by the equality representatives and the latest equality monitoring data were disseminated to all attendees in advance of the meeting. This was an effective approach that enabled preparation and quicker responses to issues raised. |
| 2.37 | The issue of electronic translation devices to non-English speaking prisoners facilitated better integration and communication with staff and other prisoners.  |
| 3.20 | Prisoners had good opportunities to develop and apply employability skills in work environments such as Mugshots, The Cabin and Bean and Book, as well as to engage in social enterprise activities and projects.                                   |
| 4.33 | Peer mentors were trained in housing rights and could provide prompt support and advice to other prisoners, enabling them to better understand and identify need.   |
| 4.37 | All those being discharged could charge their mobile phone and were offered a plain 'survival bag' to carry their belongings, which included refreshments for their onward journey and information on support agencies in the community.            |

# APPENDIX I: INSPECTION TEAM

<b>Peter Clarke CVO OBE QPM</b>	Chief Inspector, HMIP
<b>Brendan McGuigan CBE</b>	Chief Inspector, CJI
<b>James Corrigan</b>	Deputy Chief Inspector, CJI
<b>Deborah Butler</b>	Team leader, HMIP
<b>Ian Dickens</b>	Inspector, HMIP
<b>Paddy Doyle</b>	Inspector, HMIP
<b>Jeanette Hall</b>	Inspector, HMIP
<b>Alice Oddy</b>	Inspector, HMIP
<b>David Owens</b>	Inspector, HMIP
<b>Nadia Syed</b>	Inspector, HMIP
<b>Paul Tarbuck</b>	Health and Social Care Inspector, HMIP
<b>Tom McGonigle</b>	Inspector, CJI
<b>Stevie Wilson</b>	Inspector, CJI
<b>Emer Hopkins</b>	Inspector, RQIA
<b>Dr Gerry Lynch</b>	Inspector, RQIA
<b>Wendy McGregor</b>	Inspector, RQIA
<b>Dr Stuart Brown</b>	Inspector, RQIA
<b>Sharlene Andrew</b>	Researcher
<b>Claudia Vince</b>	Researcher

A small team of ETI Inspectors also reported on learning, skills and work provision.

## APPENDIX II: PROGRESS ON RECOMMENDATIONS FROM THE PREVIOUS INSPECTION 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. The recommendations in the main body of the report are based on the fifth edition of Expectations, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

### SAFETY

**Prisoners, particularly the most vulnerable, are held safely.**

*At the last inspection, in May 2016, 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.***

#### Main recommendations

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. (Main recommendation 1)

✓ **Achieved**

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. (Main recommendation 2)

✗ **Not achieved**



## Recommendations

Handcuffs should only be used for young men under escort within the prison when a risk assessment deems it necessary. (1.5)

✗ **Not achieved**

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

✓ **Achieved**

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)

✗ **Not achieved**

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)

✓ **Partially achieved**

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

✗ **Not achieved** (recommendation repeated, 1.43)

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)

✗ **Not achieved**

## RESPECT

**Prisoners are treated with respect for their human dignity.**

*At the last inspection, in May 2016, 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. Health care 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.***



## Recommendations

All living conditions should be clean and tidy. (2.6)

✓ **Achieved**

The arrangements for monitoring and managing the interactions between young men and women held at Hydebanks Wood needed ongoing scrutiny and periodic formal review. (2.7)

✓ **Achieved**

Adequate laundry facilities should be available as should assistance in using them for those who require it. (2.8)

✓ **Achieved**

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

✓ **Achieved**

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)

✓ **Achieved**

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)

✓ **Achieved**

Health service delivery should be informed by a current health needs assessment. (2.44)

✓ **Partially achieved**

Details of investigations into adverse incidents and any lessons learned should be published promptly and the SEHSCT monthly performance report reviewed to improve data collection. (2.45)

✓ **Achieved**

There should be sufficient permanent well-trained and motivated health care staff to provide consistently all required health services. (2.46)

✓ **Achieved**

Current regularly reviewed information-sharing policies and procedures should be implemented to support effective collaborative working. (2.47)

✓ **Achieved**

All clinical areas should comply fully with relevant infection prevention and control standards. (2.48)

✓ **Achieved**

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

✓ **Achieved**

Young men should have access to external hospital appointments within community-equivalent waiting times. (2.54)

✓ **Achieved**

The provision of health care should not be hampered by prison regimes. (2.55)

✓ **Achieved**

Compliance checks should be completed on in-possession medicines in accordance with Hydebanks Wood's policy. (2.60)

✓ **Achieved**

Discipline staff should supervise effectively medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion. (2.61)

✗ **Not achieved**

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)

✓ **Achieved**

A list of critical medicines where timelines of administration is crucial should be devised. (2.63)

✓ **Achieved**

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

✓ **Achieved**

Mental health assessment at committal should be reviewed to ensure that they are of sufficient depth. (2.70)

✓ **Partially achieved**

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)

✓ **Achieved**

Performance management should take place for some mental health nurses and preparation for multi-disciplinary team meetings should be improved. (2.72)

### No longer relevant

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

✓ **Achieved**

## PURPOSEFUL ACTIVITY

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

*At the last inspection, in May 2016, 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.***

### Main recommendation

Joint planning between Hydebank Wood and BMC (Belfast Met) 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. (Main recommendation 3)

✓ **Partially achieved**

### Recommendations

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

✓ **Achieved**

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)

✓ **Partially achieved**

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

✓ **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 May 2016, 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.***

### Recommendations

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)

✓ **Achieved**

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

✓ **Achieved**

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)

✗ **Not achieved** (recommendation repeated, 4.18)

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

✗ **Not achieved**

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

✓ **Achieved**

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)

✗ **Not achieved**

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)

✓ **Achieved**

# APPENDIX III: PHOTOGRAPHS



Holding room  
in the Hydebank  
Wood Secure  
College  
reception area



Main internal  
entrance  
corridor for  
Hydebank Wood  
and Ash House  
used by young  
adults and  
women





Learning and  
Skills building



Learning and  
Skills building

## APPENDIX IV: PRISON POPULATION PROFILE

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

### Population breakdown by:

Status	18–20 yr olds	21 and over
Sentenced	23	10
Recall	4	1
Remand	40	10
Detainees	*2 (included in remand figures)	
<b>Total</b>	<b>67*</b>	<b>21</b>

Sentence	18–20 yr olds	21 and over
Unsentenced	40	10
Less than 6 months	5	0
6 months to less than 12 months	6	0
12 months to less than 2 years	1	0
2 years to less than 4 years	9	2
4 years to less than 10 years	5	4
10 years and over (not life)	0	2
Life	1	2
<b>Total</b>	<b>67</b>	<b>20</b>

Age	Number of prisoners	%
Under 21 years	67	76.1
21 years to 29 years	21	23.9
<b>Total</b>	<b>88</b>	



Nationality	18–20 yr olds	21 and over
British	3	4
British – England	0	1
British - Wales	1	0
Foreign nationals	10	2
Irish	5	1
Northern Irish	48	13
<b>Total</b>	<b>67</b>	<b>21</b>

Security category	18–20 yr olds	21 and over
High supervision	7	3
Medium supervision	59	14
Low supervision	1	4
<b>Total</b>	<b>67</b>	<b>21</b>

Ethnicity	18–20 yr olds	21 and over
White	62	20
Mixed (other)	3	1
African	2	0
<b>Total</b>	<b>67</b>	<b>21</b>

Religion	18–20 yr olds	21 and over
Christian	2	0
Church of Ireland	3	0
Roman Catholic	41	11
Methodist	0	1
Muslim	2	0
Pentecostal	2	0
Presbyterian	7	7
Other	2	1
No religion	8	1
<b>Total</b>	<b>67</b>	<b>21</b>

## Sentenced prisoners only

Length of stay	18–20 yr olds	21 and over
	Number	Number
Less than 1 month	4	0
1 month to 3 months	10	0
3 months to 6 months	4	1
6 months to 1 year	2	1
1 year to 2 years	7	4
2 years to 4 years	0	4
<b>Total</b>	<b>27</b>	<b>10</b>

## Unsentenced prisoners only

Length of stay	18–20 yr olds	21 and over
	Number	Number
Less than 1 month	12	0
1 month to 3 months	7	2
3 months to 6 months	13	2
6 months to 1 year	8	4
1 year to 2 years	0	3
<b>Total</b>	<b>40</b>	<b>11</b>

Main offence	18–20 yr olds	21 and over
Burglary/robbery/theft	27	4
Criminal damage	3	1
Drug offences	4	2
Motoring offences	2	0
Murder	5	3
Offences against the state	0	0
Other offences	0	1
Other offences against the person	15	6
Sex offences	5	1
<b>Total</b>	<b>67</b>	<b>21</b>

# APPENDIX V: PRISONER SURVEY METHODOLOGY AND RESULTS

## PRISONER SURVEY METHODOLOGY

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HMIP researchers have developed a self-completion questionnaire to support HMIP *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.<sup>15</sup>

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both Inspectors and prisoners. The current version has been in use since September 2017.

### Sampling

On the day of the survey a stratified random sample was drawn by HMIP researchers from a PRISM prisoner population printout ordered by cell location. Using a robust statistical formula HMIP researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.<sup>16</sup> In smaller establishments we may offer a questionnaire to the entire population.

### Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.<sup>17</sup> Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

<sup>15</sup> Qualitative analysis of these written comments is undertaken by HMIP researchers and used by Inspectors.

<sup>16</sup> 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

<sup>17</sup> For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMIP website [www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/](http://www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/)

## Survey response

At the time of the survey on 22 October 2019, the prisoner population at Hydebanks Wood Secure College was 93. We received a total of 68 completed questionnaires, a response rate of 76%. Five prisoners declined to participate in the survey and 17 questionnaires were either not returned at all, or returned blank.

## Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for Hydebanks Wood Secure College. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.<sup>18</sup> Missing responses have been excluded from all analyses, and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

## Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

## Responses from Hydebanks Wood Secure College 2019 compared with those from other HMIP surveys<sup>19</sup>

- Survey responses from Hydebanks Wood Secure College in 2019 compared with survey responses from all other young adult prisons; and
- Survey responses from Hydebanks Wood Secure College in 2019 compared with survey responses from Hydebanks Wood Secure College in 2016.

## Comparisons between self-reported sub-populations of prisoners within Hydebanks Wood Secure College 2019<sup>20</sup>

- Responses of prisoners aged 21 and under compared with those over 21;
- Responses of prisoners who reported they had mental health problems compared with those who did not;
- Responses of prisoners who reported they had a disability compared with those who did not;
- Responses of foreign national prisoners compared with those of UK/British nationals; and
- Responses of Protestant prisoners compared with those of Catholic prisoners.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.<sup>21</sup>

<sup>18</sup> Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

<sup>19</sup> These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

<sup>20</sup> These analyses are carried out on summary data from selected survey questions only.

<sup>21</sup> A minimum of 10 responses which must also represent at least 10% of the total response.

In the comparator analyses, statistically significant differences are indicated by shading.<sup>22</sup> Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

<sup>22</sup> 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. In order to appropriately adjust p-values in light of multiple testing,  $p < 0.01$  is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

## SURVEY SUMMARY

### Background information

#### 1.1 What wing or house block are you currently living on?

Beech Unit	33 (49%)
Cedar Unit	33 (49%)
Segregation Unit	2 (3%)

#### 1.2 How old are you?

Under 21	48 (72%)
21 - 25	19 (28%)
26 - 29	0 (0%)
30 - 39	0 (0%)
40 - 49	0 (0%)
50 - 59	0 (0%)
60 - 69	0 (0%)
70 or over	0 (0%)

#### 1.3 What is your ethnic group?

White - English/Welsh/Scottish/Northern Irish/British	29 (45%)
White - Irish	25 (38%)
White - Gypsy or Irish Traveller	3 (5%)
White - any other White background	4 (6%)
Mixed - White and Black Caribbean	1 (2%)
Mixed - White and Black African	0 (0%)
Mixed - White and Asian	0 (0%)
Mixed - any other Mixed ethnic background	0 (0%)
Asian/Asian British - Indian	0 (0%)
Asian/Asian British - Pakistani	0 (0%)
Asian/Asian British - Bangladeshi	0 (0%)
Asian/Asian British - Chinese	0 (0%)
Asian - any other Asian Background	1 (2%)
Black/Black British - Caribbean	0 (0%)
Black/Black British - African	0 (0%)
Black - any other Black/African/Caribbean background	2 (3%)
Arab	0 (0%)
Any other ethnic group	0 (0%)

## 1.4 How long have you been in this prison?

Less than 6 months	26 (43%)
6 months or more	35 (57%)

## 1.5 Are you currently serving a sentence?

Yes	28 (42%)
Yes - on recall	4 (6%)
No - on remand or awaiting sentence	34 (51%)
No - immigration detainee	1 (1%)

## 1.6 How long is your sentence?

Less than 6 months	4 (6%)
6 months to less than 1 year	7 (10%)
1 year to less than 4 years	13 (19%)
4 years to less than 10 years	6 (9%)
10 years or more	1 (1%)
IPP (indeterminate sentence for public protection)	0 (0%)
Life	2 (3%)
Not currently serving a sentence	35 (51%)

## Arrival and reception

### 2.1 Were you given up-to-date information about this prison before you came here?

Yes	21 (32%)
No	31 (47%)
Don't remember	14 (21%)

### 2.2 When you arrived at this prison, how long did you spend in reception?

Less than 2 hours	54 (79%)
2 hours or more	4 (6%)
Don't remember	10 (15%)

### 2.3 When you were searched in reception, was this done in a respectful way?

Yes	47 (70%)
No	14 (21%)
Don't remember	6 (9%)



## 2.4 Overall, how were you treated in reception?

Very well	16 (24%)
Quite well	38 (56%)
Quite badly	8 (12%)
Very badly	2 (3%)
Don't remember	4 (6%)

## 2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	26 (39%)
Contacting family	19 (29%)
Arranging care for children or other dependants	3 (5%)
Contacting employers	4 (6%)
Money worries	19 (29%)
Housing worries	16 (24%)
Feeling depressed	32 (48%)
Feeling suicidal	16 (24%)
Other mental health problems	29 (44%)
Physical health problems	10 (15%)
Drug or alcohol problems (e.g. withdrawal)	26 (39%)
Problems getting medication	17 (26%)
Needing protection from other prisoners	6 (9%)
Lost or delayed property	13 (20%)
Other problems	7 (11%)
Did not have any problems	13 (20%)

## 2.6 Did staff help you to deal with these problems when you first arrived?

Yes	24 (38%)
No	27 (42%)
Did not have any problems when I first arrived	13 (20%)

## First night and induction

### 3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	57 (84%)
Toiletries/other basic items	47 (69%)
A shower	48 (71%)
A free phone call	54 (79%)
Something to eat	51 (75%)
The chance to see someone from health care	44 (65%)
The chance to talk to a Listener or Samaritans	20 (29%)
Support from another prisoner (e.g. Insider or buddy)	24 (35%)
Wasn't offered any of these things	0 (0%)

### 3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	2 (3%)
Quite clean	19 (28%)
Quite dirty	22 (33%)
Very dirty	20 (30%)
Don't remember	4 (6%)

### 3.3 Did you feel safe on your first night here?

Yes	37 (56%)
No	24 (36%)
Don't remember	5 (8%)

### 3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop/canteen?	46 (72%)	17 (27%)	1 (2%)
Free PIN phone credit?	49 (82%)	10 (17%)	1 (2%)
Numbers put on your PIN phone?	44 (73%)	14 (23%)	2 (3%)

### 3.5 Did your induction cover everything you needed to know about this prison?

Yes	41 (65%)
No	21 (33%)
Have not had an induction	1 (2%)

## On the wing

### 4.1 Are you in a cell on your own?

Yes	64 (97%)
No, I'm in a shared cell or dormitory	2 (3%)

### 4.2 Is your cell call bell normally answered within five minutes?

Yes	16 (24%)
No	44 (66%)
Don't know	5 (7%)
Don't have a cell call bell	2 (3%)

### 4.3 Please answer the following questions about the wing or house block you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	61 (91%)	4 (6%)	2 (3%)
Can you shower every day?	64 (94%)	4 (6%)	0 (0%)
Do you have clean sheets every week?	55 (83%)	8 (12%)	3 (5%)
Do you get cell cleaning materials every week?	52 (79%)	13 (20%)	1 (2%)
Is it normally quiet enough for you to relax or sleep at night?	44 (67%)	20 (30%)	2 (3%)
Can you get your stored property if you need it?	40 (63%)	11 (17%)	12 (19%)

### 4.4 Normally, how clean or dirty are the communal/shared areas of your wing or house block (landings, stairs, wing showers etc.)?

Very clean	18 (27%)
Quite clean	30 (45%)
Quite dirty	16 (24%)
Very dirty	3 (4%)

## Food and canteen

### 5.1 What is the quality of food like in this prison?

Very good	3 (4%)
Quite good	22 (33%)
Quite bad	22 (33%)
Very bad	20 (30%)

## 5.2 Do you get enough to eat at mealtimes?

Always	5 (7%)
Most of the time	17 (25%)
Some of the time	31 (46%)
Never	14 (21%)

## 5.3 Does the shop/canteen sell the things that you need?

Yes	52 (78%)
No	13 (19%)
Don't know	2 (3%)

## Relationships with staff

### 6.1 Do most staff here treat you with respect?

Yes	49 (75%)
No	16 (25%)

### 6.2 Are there any staff here you could turn to if you had a problem?

Yes	45 (69%)
No	20 (31%)

### 6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	38 (57%)
No	29 (43%)

### 6.4 How helpful is your personal or named officer?

Very helpful	30 (45%)
Quite helpful	22 (33%)
Not very helpful	6 (9%)
Not at all helpful	2 (3%)
Don't know	4 (6%)
Don't have a personal/named officer	3 (4%)

## 6.5 How often do you see prison governors, directors or senior managers talking to prisoners?

Regularly	24 (36%)
Sometimes	25 (38%)
Hardly ever	15 (23%)
Don't know	2 (3%)

## 6.6 Do you feel that you are treated as an individual in this prison?

Yes	41 (63%)
No	24 (37%)

## 6.7 Are prisoners here consulted about things like food, canteen, health care or wing issues?

Yes, and things sometimes change	23 (35%)
Yes, but things don't change	21 (32%)
No	13 (20%)
Don't know	9 (14%)

## Faith

### 7.1 What is your religion?

No religion	8 (12%)
Catholic	33 (50%)
Protestant	21 (32%)
Other Christian denomination	2 (3%)
Buddhist	0 (0%)
Hindu	0 (0%)
Jewish	0 (0%)
Muslim	1 (2%)
Sikh	0 (0%)
Other	1 (2%)

### 7.2 Are your religious beliefs respected here?

Yes	39 (63%)
No	7 (11%)
Don't know	8 (13%)
Not applicable (no religion)	8 (13%)

### 7.3 Are you able to speak to a chaplain of your faith in private, if you want to?

Yes	47 (72%)
No	3 (5%)
Don't know	7 (11%)
Not applicable (no religion)	8 (12%)

### 7.4 Are you able to attend religious services, if you want to?

Yes	53 (80%)
No	4 (6%)
Don't know	1 (2%)
Not applicable (no religion)	8 (12%)

## Contact with family and friends

### 8.1 Have staff here encouraged you to keep in touch with your family/friends?

Yes	38 (56%)
No	30 (44%)

### 8.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	25 (38%)
No	41 (62%)

### 8.3 Are you able to use a phone every day (if you have credit)?

Yes	61 (90%)
No	7 (10%)

### 8.4 How easy or difficult is it for your family and friends to get here?

Very easy	6 (9%)
Quite easy	21 (32%)
Quite difficult	20 (30%)
Very difficult	12 (18%)
Don't know	7 (11%)

### 8.5 How often do you have visits from family or friends?

More than once a week	12 (19%)
About once a week	25 (39%)
Less than once a week	12 (19%)
Not applicable (don't get visits)	15 (23%)

## 8.6 Do visits usually start and finish on time?

Yes	28 (57%)
No	21 (43%)

## 8.7 Are your visitors usually treated respectfully by staff?

Yes	32 (70%)
No	14 (30%)

## Time out of cell

### 9.1 Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?

Yes, and these times are usually kept to	31 (48%)
Yes, but these times are not usually kept to	31 (48%)
No	3 (5%)

### 9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?

Less than 2 hours	6 (9%)
2 to 6 hours	22 (34%)
6 to 10 hours	21 (32%)
10 hours or more	7 (11%)
Don't know	9 (14%)

### 9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?

Less than 2 hours	11 (18%)
2 to 6 hours	37 (60%)
6 to 10 hours	8 (13%)
10 hours or more	1 (2%)
Don't know	5 (8%)

### 9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	1 (2%)
1 or 2	5 (8%)
3 to 5	9 (14%)
More than 5	44 (68%)
Don't know	6 (9%)



<b>9.5</b>	<b>How many days in a typical week do you get association, if you want it?</b>	
	None	1 (2%)
	1 or 2	7 (11%)
	3 to 5	13 (20%)
	More than 5	36 (56%)
	Don't know	7 (11%)
<b>9.6</b>	<b>How many days in a typical week could you go outside for exercise, if you wanted to?</b>	
	None	5 (8%)
	1 or 2	22 (34%)
	3 to 5	18 (28%)
	More than 5	15 (23%)
	Don't know	5 (8%)
<b>9.7</b>	<b>Typically, how often do you go to the gym?</b>	
	Twice a week or more	42 (65%)
	About once a week	4 (6%)
	Less than once a week	4 (6%)
	Never	15 (23%)
<b>9.8</b>	<b>Typically, how often do you go to the library?</b>	
	Twice a week or more	15 (23%)
	About once a week	26 (39%)
	Less than once a week	6 (9%)
	Never	19 (29%)
<b>9.9</b>	<b>Does the library have a wide enough range of materials to meet your needs?</b>	
	Yes	40 (63%)
	No	5 (8%)
	Don't use the library	19 (30%)
<b>Applications, complaints and legal rights</b>		
<b>10.1</b>	<b>Is it easy for you to make an application?</b>	
	Yes	37 (57%)
	No	14 (22%)
	Don't know	14 (22%)

## 10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	19 (36%)	20 (38%)	14 (26%)
Are applications usually dealt with within 7 days?	21 (43%)	14 (29%)	14 (29%)

## 10.3 Is it easy for you to make a complaint?

Yes	49 (77%)
No	7 (11%)
Don't know	8 (13%)

## 10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	18 (30%)	19 (32%)	23 (38%)
Are complaints usually dealt with within 7 days?	23 (39%)	13 (22%)	23 (39%)

## 10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	15 (24%)
No	32 (51%)
Not wanted to make a complaint	16 (25%)

## 10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	39 (60%)	14 (22%)	7 (11%)	5 (8%)
Attend legal visits?	47 (80%)	4 (7%)	4 (7%)	4 (7%)
Get bail information?	23 (38%)	17 (28%)	12 (20%)	9 (15%)

## 10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	19 (30%)
No	22 (34%)
Not had any legal letters	23 (36%)

## Health care

### 11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	8 (13%)	13 (21%)	18 (29%)	19 (30%)	5 (8%)
Nurse	20 (33%)	25 (41%)	7 (11%)	5 (8%)	4 (7%)
Dentist	5 (8%)	11 (17%)	16 (25%)	22 (35%)	9 (14%)
Mental health workers	11 (18%)	18 (29%)	12 (19%)	15 (24%)	6 (10%)

### 11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	11 (18%)	18 (29%)	8 (13%)	14 (23%)	11 (18%)
Nurse	16 (26%)	26 (42%)	7 (11%)	9 (15%)	4 (6%)
Dentist	11 (18%)	17 (28%)	7 (11%)	8 (13%)	18 (30%)
Mental health workers	15 (25%)	16 (27%)	8 (13%)	12 (20%)	9 (15%)

### 11.3 Do you have any mental health problems?

Yes	47 (73%)
No	17 (27%)

### 11.4 Have you been helped with your mental health problems in this prison?

Yes	27 (42%)
No	21 (32%)
Don't have any mental health problems	17 (26%)

### 11.5 What do you think of the overall quality of the health services here?

Very good	7 (11%)
Quite good	23 (37%)
Quite bad	15 (24%)
Very bad	9 (14%)
Don't know	9 (14%)

## Other support needs

<b>12.1</b>	<b>Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?</b>	
	Yes	33 (52%)
	No	31 (48%)
<b>12.2</b>	<b>If you have a disability, are you getting the support you need?</b>	
	Yes	10 (17%)
	No	18 (31%)
	Don't have a disability	31 (53%)
<b>12.3</b>	<b>Have you been on a SPAR in this prison?</b>	
	Yes	25 (39%)
	No	39 (61%)
<b>12.4</b>	<b>If you have been on a SPAR in this prison, did you feel cared for by staff?</b>	
	Yes	11 (17%)
	No	14 (22%)
	Have not been on a SPAR in this prison	39 (61%)
<b>12.5</b>	<b>How easy or difficult is it for you to speak to a Listener, if you need to?</b>	
	Very easy	11 (17%)
	Quite easy	11 (17%)
	Quite difficult	10 (15%)
	Very difficult	6 (9%)
	Don't know	22 (34%)
	No Listeners at this prison	5 (8%)
<b>Alcohol and drugs</b>		
<b>13.1</b>	<b>Did you have an alcohol problem when you came into this prison?</b>	
	Yes	24 (37%)
	No	41 (63%)
<b>13.2</b>	<b>Have you been helped with your alcohol problem in this prison?</b>	
	Yes	10 (16%)
	No	12 (19%)
	Did not/do not have an alcohol problem	41 (65%)

<b>13.3</b>	<b>Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes	34 (52%)
	No	32 (48%)
<b>13.4</b>	<b>Have you developed a problem with illicit drugs since you have been in this prison?</b>	
	Yes	15 (23%)
	No	50 (77%)
<b>13.5</b>	<b>Have you developed a problem with taking medication not prescribed to you since you have been in this prison?</b>	
	Yes	13 (20%)
	No	52 (80%)
<b>13.6</b>	<b>Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?</b>	
	Yes	23 (37%)
	No	14 (22%)
	Did not/do not have a drug problem	26 (41%)
<b>13.7</b>	<b>Is it easy or difficult to get illicit drugs in this prison?</b>	
	Very easy	12 (18%)
	Quite easy	9 (14%)
	Quite difficult	5 (8%)
	Very difficult	7 (11%)
	Don't know	32 (49%)
<b>13.8</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy	4 (6%)
	Quite easy	2 (3%)
	Quite difficult	2 (3%)
	Very difficult	19 (29%)
	Don't know	38 (58%)

## Safety

### 14.1 Have you ever felt unsafe here?

Yes	36 (55%)
No	30 (45%)

### 14.2 Do you feel unsafe now?

Yes	10 (16%)
No	54 (84%)

### 14.3 Have you experienced any of the following types of bullying/victimisation from other prisoners here?

Verbal abuse	21 (35%)
Threats or intimidation	18 (30%)
Physical assault	14 (23%)
Sexual assault	3 (5%)
Theft of canteen or property	16 (27%)
Other bullying/victimisation	8 (13%)
Not experienced any of these from prisoners here	35 (58%)

### 14.4 If you were being bullied/victimised by other prisoners here, would you report it?

Yes	14 (23%)
No	47 (77%)

### 14.5 Have you experienced any of the following types of bullying/victimisation from staff here?

Verbal abuse	23 (37%)
Threats or intimidation	17 (27%)
Physical assault	9 (15%)
Sexual assault	3 (5%)
Theft of canteen or property	7 (11%)
Other bullying/victimisation	8 (13%)
Not experienced any of these from staff here	37 (60%)

### 14.6 If you were being bullied/victimised by staff here, would you report it?

Yes	26 (43%)
No	34 (57%)

## Behaviour management

### 15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?

Yes	41 (65%)
No	16 (25%)
Don't know what the incentives/rewards are	6 (10%)

### 15.2 Do you feel you have been treated fairly in the progressive regime and earned privileges system (PREPS) in this prison?

Yes	30 (47%)
No	20 (31%)
Don't know	7 (11%)
Don't know what this is	7 (11%)

### 15.3 Have you been physically restrained by staff in this prison in the last six months?

Yes	15 (23%)
No	49 (77%)

### 15.4 If you have been restrained by staff in this prison in the last six months, did anyone come and talk to you about it afterwards?

Yes	6 (9%)
No	8 (13%)
Don't remember	1 (2%)
Not been restrained here in last 6 months	49 (77%)

### 15.5 Have you spent one or more nights in the segregation unit in this prison in the last six months?

Yes	28 (44%)
No	35 (56%)

### 15.6 If you have spent one or more nights in the segregation unit in this prison in the last six months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	14 (52%)	13 (48%)
Could you shower every day?	16 (57%)	12 (43%)
Could you go outside for exercise every day?	11 (39%)	17 (61%)
Could you use the phone every day (if you had credit)?	15 (54%)	13 (46%)



## Education, skills and work

### 16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	47 (76%)	8 (13%)	7 (11%)	0 (0%)
Vocational or skills training	39 (64%)	9 (15%)	13 (21%)	0 (0%)
Prison job	35 (56%)	17 (27%)	10 (16%)	0 (0%)
Voluntary work outside of the prison	10 (16%)	22 (36%)	23 (38%)	6 (10%)
Paid work outside of the prison	6 (10%)	23 (38%)	27 (44%)	5 (8%)

### 16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	49 (82%)	5 (8%)	6 (10%)
Vocational or skills training	43 (74%)	3 (5%)	12 (21%)
Prison job	37 (64%)	13 (22%)	8 (14%)
Voluntary work outside of the prison	19 (34%)	6 (11%)	31 (55%)
Paid work outside of the prison	19 (35%)	5 (9%)	31 (56%)

### 16.3 Do staff encourage you to attend education, training or work?

Yes	48 (76%)
No	15 (24%)
Not applicable (e.g. if you are retired, sick or on remand)	0 (0%)

## Planning and progression

### 17.1 Do you have a custody plan? (This may be called a prisoner development plan or PDP)

Yes	33 (53%)
No	29 (47%)

### 17.2 Do you understand what you need to do to achieve the objectives or targets in your prisoner development plan?

Yes	28 (88%)
No	2 (6%)
Don't know what my objectives or targets are	2 (6%)

### 17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	25 (78%)
No	5 (16%)
Don't know what my objectives or targets are	2 (6%)

### 17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done/don't know
Offending behaviour programmes	14 (52%)	2 (7%)	11 (41%)
Other programmes	15 (60%)	2 (8%)	8 (32%)
One to one work	18 (69%)	3 (12%)	5 (19%)
Being on a specialist unit	5 (21%)	2 (8%)	17 (71%)
Home leave - day or overnight release	4 (17%)	2 (9%)	17 (74%)

### Preparation for release

#### 18.1 Do you expect to be released in the next three months?

Yes	22 (36%)
No	27 (44%)
Don't know	12 (20%)

#### 18.2 How close is this prison to your home area or intended release address?

Very near	0 (0%)
Quite near	6 (27%)
Quite far	6 (27%)
Very far	10 (45%)

#### 18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, PDP co-ordinator)?

Yes	7 (33%)
No	14 (67%)

## 18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	2 (10%)	8 (38%)	11 (52%)
Getting employment	3 (14%)	8 (38%)	10 (48%)
Setting up education or training	4 (19%)	7 (33%)	10 (48%)
Arranging benefits	3 (14%)	8 (38%)	10 (48%)
Sorting out finances	3 (14%)	7 (33%)	11 (52%)
Support for drug or alcohol problems	3 (14%)	6 (29%)	12 (57%)
Health/mental health support	3 (14%)	8 (38%)	10 (48%)
Social care support	1 (5%)	6 (30%)	13 (65%)
Getting back in touch with family or friends	2 (10%)	5 (25%)	13 (65%)

## More about you

### 19.1 Do you have children under the age of 18?

Yes	12 (19%)
No	50 (81%)

### 19.2 Are you a UK/British citizen?

Yes	48 (79%)
No	13 (21%)

### 19.3 Are you from a Traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	5 (8%)
No	56 (92%)

### 19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	1 (2%)
No	58 (98%)

### 19.5 What is your gender?

Male	62 (100%)
Female	0 (0%)
Non-binary	0 (0%)
Other	0 (0%)

## 19.6 How would you describe your sexual orientation?

Straight/heterosexual	61 (98%)
Gay/lesbian/homosexual	0 (0%)
Bisexual	0 (0%)
Other	1 (2%)

## 19.7 Do you identify as transgender or transsexual?

Yes	0 (0%)
No	59 (100%)

## Final questions about this prison

### 20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	7 (12%)
Less likely to offend	38 (66%)
Made no difference	13 (22%)



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