



REPORT ON AN UNANNOUNCED
INSPECTION OF
**MAGILLIGAN
PRISON**

21 MAY - 10 JUNE 2021

FEBRUARY 2022



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The Education and Training Inspectorate
Promoting Improvement



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.

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CONTENTS

List of abbreviations	2
Chief Inspectors' Foreword	3
About Magilligan prison	5
About this inspection	8
Executive summary	10
Chapter 1: Safety	17
Chapter 2: Respect	26
Chapter 3: Purposeful activity	41
Chapter 4: Rehabilitation and release planning	46
Chapter 5: Recommendations in this report	53
Chapter 6: Progress on recommendations from the last full inspection report	56
Appendix I: About our inspections and reports	62
Appendix II: Inspection Team	64
Appendix III: Prison population profile (27 May 2021)	65
Appendix IV: Prisoner survey methodology and results	69

LIST OF ABBREVIATIONS

AD:EPT	Alcohol and Drugs: Empowering People through Therapy
Belfast Met	Belfast Metropolitan College
CAB	Challenging Anti-social Behaviour
CCTV	Closed Circuit Television
CJI	Criminal Justice Inspection Northern Ireland
CNA	Certified Normal Accommodation
CSU	Care and Supervision Unit
DoJ	Department of Justice
ETI	Education and Training Inspectorate
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
ICS	Indeterminate Custodial Sentence
ICT	Information and Computer Technology
LGBT	Lesbian, Gay, Bisexual and Transgender
MDT	Mandatory Drug Test
NIACRO	Northern Ireland Association for the Care and Resettlement of Offenders
NIPS	Northern Ireland Prison Service
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the United Nations (UN) Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitution Therapy
PBNI	Probation Board for Northern Ireland
PDM	Prisoner Development Model
PDP	Personal Development Plan
PDU	Prisoner Development Unit
PE	Physical Education
PEEP	Personal Emergency Evacuation Plan
PPANI	Public Protection Arrangements Northern Ireland
PRISM	Prison Record Information System Management (computer system used by the NIPS)
PREPS	Progressive Regimes and Earned Privileges Scheme
PSST	Prison Safety and Support Team
RISE	Regime Indexed Supervision Easement (name of a regime operating in House 1)
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SPAR Evo	Supporting People at Risk Evolution
UK	United Kingdom

CHIEF INSPECTORS' FOREWORD

This inspection was conducted by Inspectors from Criminal Justice Inspection Northern Ireland, Her Majesty's Inspectorate of Prisons in England and Wales, the Regulation and Quality Improvement Authority and the Education and Training Inspectorate.

Located on the coast, near to Limavady, Magilligan is one of four prisons on three sites in Northern Ireland and holds up to 510 medium security, sentenced adult male prisoners. At the time of our inspection about 405 prisoners were in residence.

The prison was beginning to emerge from the restrictions imposed by the COVID-19 pandemic and staff should take great credit for the way they had successfully sought to protect prisoners and colleagues over the preceding 18 months. COVID-19 security measures seemed thorough with a commendable feature of Magilligan's response being the early and brave decision to keep prisoners unlocked during much of the day while managing the pandemic. Such an approach is in marked contrast to that adopted in the English and Welsh system where most prisoners have spent long periods locked in their cells. The arrangement adopted at Magilligan supported prisoner wellbeing and had, to a great extent, been respected by prisoners.

With the concerning exception of access to illicit substances and high rates of positive drug tests, all the other evidence pointed to an establishment that continued to offer a stable and safe environment, with very little violence and an approach to safeguarding the vulnerable that

enabled good oversight and co-ordination of personalised care. The monitoring arrangements for in-possession medication require attention to ensure the medication benefits the patient it was intended for and is not diverted.

Our findings at this inspection indicated that Magilligan remained a respectful institution with some very impressive staff and was continuing to maintain some reasonable resettlement outcomes. Access to the regime, however, remained restricted and the advantages of opportunities for learning and skills development with individuals or in small groups in a safe environment were not realised. Our overall assessment of outcomes reflected some deterioration when compared with our last inspection in 2017, but this largely reflected the limitations imposed by the COVID-19 pandemic. The prison needed to show greater ambition in its approach to recovery and reflect on how it might recalibrate its management of risk, therefore increasing the pace at which it is able to open up the regime. Similarly, greater encouragement needed to be given to partners and other service providers and stakeholders to return to the prison and re-engage with various aspects of regime provision.

Beyond this, the environment required renewal. Much accommodation needed refurbishment and standards of cleanliness should have been better, although prisoners mitigated these shortcomings by the care they took of their own cells.

We inspected at a time of significant transition, not only in terms of emergence from the pandemic, but also with the recent return of a senior governor. He had quickly begun to establish a new agenda, bringing energy and ideas about how best to take the prison forward. This included a review of complaint procedures and recognition of the importance of robust procedures for handling complaints about staff.

The governor and other leaders seemed to be well-known and have a high profile around the prison. The introduction of a clear vision for the future that focused on the training and resettlement priorities of the establishment was at an initial stage and needed to be known, understood and supported by the whole team.

This, together with the good staff-prisoner relationships we observed and hopefully enhanced by environmental improvements, suggests there is every reason to be optimistic about the future of Magilligan.

We are grateful to all our Inspectors and Regulation and Quality Improvement Authority and Education and Training Inspectorate partners who conducted this inspection, particularly given the challenges of pandemic restrictions.

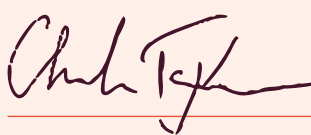
We would also like to thank all the Northern Ireland Prison Service, South Eastern Health and Social Care Trust, Belfast Metropolitan College and North West Regional College staff, other stakeholders, as well as the prisoners in Magilligan who supported this inspection and shared their experiences.



Jacqui Durkin

Chief Inspector of Criminal Justice
in Northern Ireland

February 2022



Charlie Taylor

HM Chief Inspector of Prisons
in England and Wales

February 2022

ABOUT MAGILLIGAN PRISON

TASK OF THE PRISON

Magilligan Prison/Magilligan was a medium security prison that held sentenced prisoners, usually received on transfer from Maghaberry Prison.

Certified normal accommodation and operational capacity¹

Prisoners held at the time of inspection:	Baseline certified normal capacity:	In-use certified normal capacity:	Operational capacity:
405	440	495	510

Population of the prison

- 40 individuals were subject to safer custody caseload management.
- 228 individuals were receiving support for substance use.
- 18% of the population was aged over 55.
- There were 13 foreign nationals.
- Within the prison, there were four residential areas that were low supervision, focused on resettlement, and one working-out unit outside the prison.
- The religious breakdown of the prison was as follows: 52% Roman Catholic individuals, 32% Protestant individuals and 16% 'other'.

Prison status and key service providers

Public.



Physical health provider

Mental health provider



Substance use treatment provider



Learning and skills provider

with delivery sub-contracted to North West Regional College

1 Baseline Certified Normal Accommodation (CNA) is the sum total of all certified accommodation in an establishment except cells in Care and Supervision 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.

Department

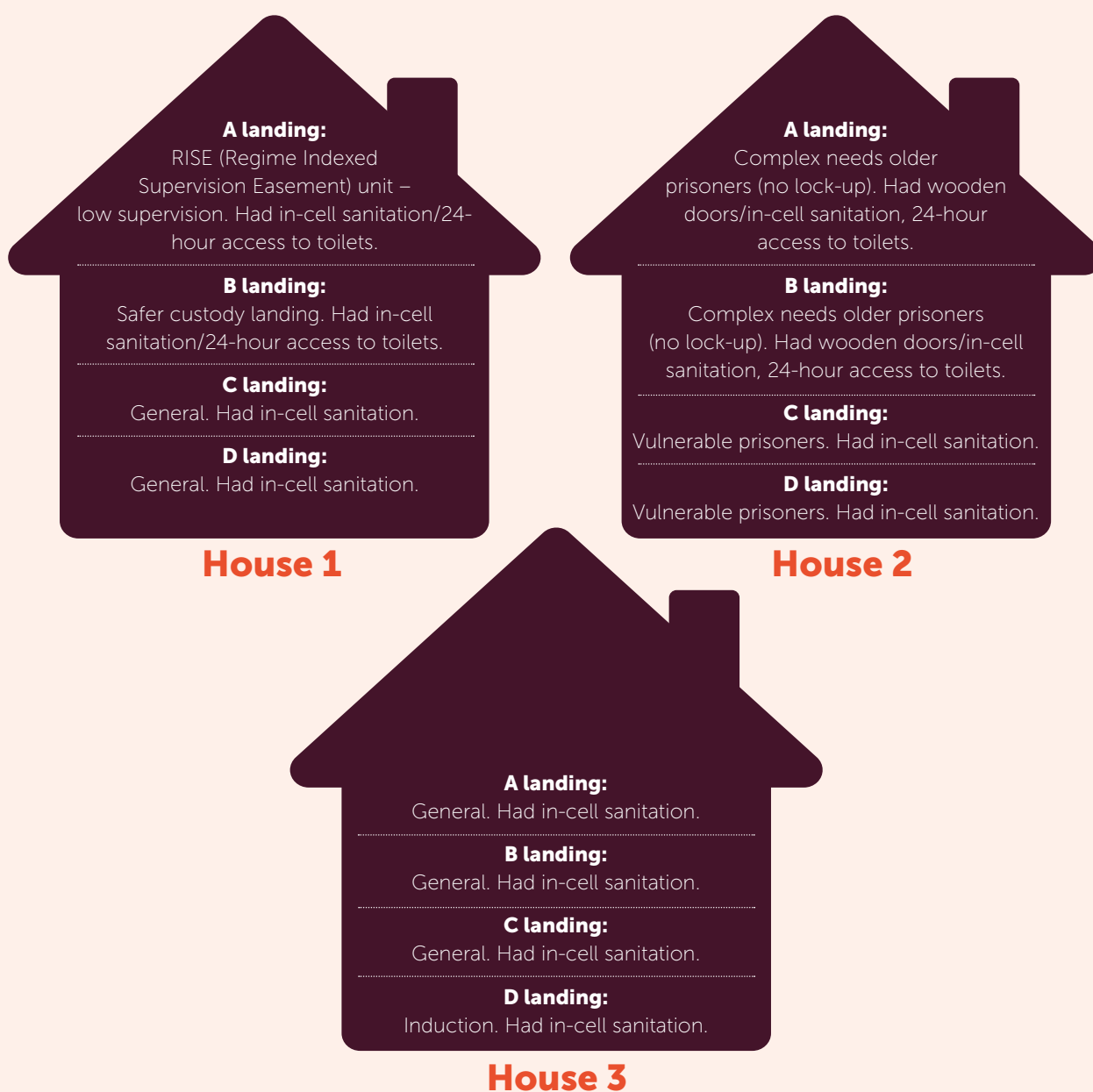


An Roinn Dlí agus Cirt
Máinnystrie O tha Laa

Brief history

The prison opened in May 1971 as a 'compound prison' and in May 1972 became Magilligan Prison. The original Nissan huts and compound accommodation were replaced in the early 1980s. In 1994, Foyleview Unit was commissioned as a semi-open facility. Alpha Unit, a 50-bed unit, was opened in 2008 and Halward House, a 60-cell residential unit, opened in 2009.

Short description of residential units



Halward House

- Upper: Protective isolation unit. Had 26 cells, two observation cells, two enhanced support cells.
- Lower: General. Had 28 cells, two observation cells.

Alpha Unit

A and B landings: Foyleview Unit assessment. Had 50-bed single rooms (not cells) low supervision – 24-hour access to toilets.

Foyleview Unit

Old prison. Low security semi-open unit consists of three Terrapin (modular building) units. Had 34 single rooms (not cells).

Runkerry Unit

Old prison. Had four rooms.

Care and Supervision Unit

Had 14 single cells, one observation cell and one drug recovery cell.

Name of governor/director and date in post

Gary Milling, 3 May 2021.

Leadership changes since the last inspection

Richard Taylor, from April 2018 – May 2021.

Director of Prisons

David Kennedy.

Independent Monitoring Board chair

Margaret McCrory.

Date of last inspection

12–22 June 2017.

ABOUT THIS INSPECTION

Criminal Justice Inspection Northern Ireland (CJI) is an independent statutory Inspectorate, with responsibility for inspecting all aspects of the criminal justice system in Northern Ireland apart from the judiciary. It also inspects a number of other agencies and organisations that link into the criminal justice system.

CJI was established under the Justice (Northern Ireland) Act 2002, constituted as a Non-Departmental Public Body (NDPB), a corporation sole, in the person of the Chief Inspector. It was established in accordance with Recommendation 263 of the Review of the Criminal Justice System in Northern Ireland of March 2000.

Her Majesty's Inspectorate of Prisons in England and Wales (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.

The Regulation and Quality Improvement Authority (RQIA) is a NDPB 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 in Northern Ireland with support from the RQIA, contribute to the United Kingdom's (UK's) response to its international obligations under the Optional Protocol to the United Nations Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies - known as the National Preventive Mechanism (NPM) - which monitor the treatment of and conditions for detainees. CJI, HMIP and RQIA are three of several bodies making up the NPM in the UK.

The Education and Training Inspectorate (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 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 HMIP's four tests of a healthy prison that is Safety, Respect, Purposeful activity and Rehabilitation and release planning.

The detail of how we assessed the outcomes for prisoners against the healthy prisons tests, how we report our findings and who carried out this inspection is set out in Appendices I and II.

EXECUTIVE SUMMARY

We last inspected Magilligan Prison in 2017 and made 39 recommendations, one of which was about an area of key concern. The prison fully accepted 35 of the recommendations and partially (or in principle) accepted four.

Chapter 6 contains a list of recommendations made at the last full inspection.

PROGRESS ON KEY CONCERNS AND RECOMMENDATIONS

Our last inspection of Magilligan Prison took place before the COVID-19 pandemic (the pandemic) and the recommendations in that report focused on areas of concern affecting outcomes for prisoners at the time. Although we recognise that the challenges of keeping prisoners safe during the pandemic will have changed the focus for many prison leaders, we believe that it is important to follow up on recommendations about areas of key concern to help leaders to continue to drive improvement.

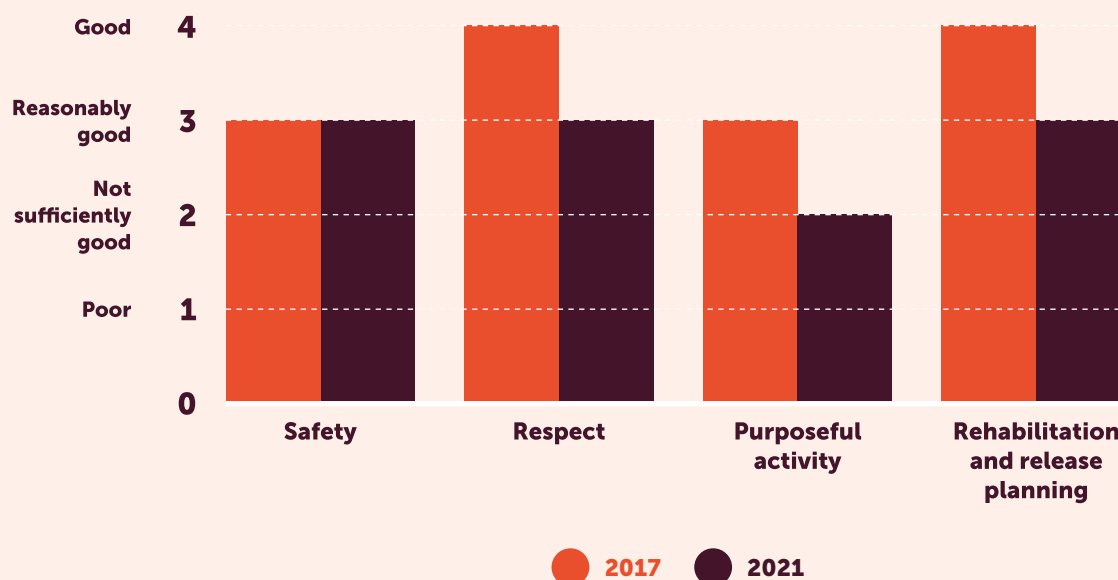
At our last full inspection, we made one recommendation about a key concern in the area of safety relating to the need for a more strategic approach to substance misuse support. At this inspection, we found that this recommendation had been achieved.

OUTCOMES FOR PRISONERS

We assess outcomes for prisoners against four healthy prison tests (see Appendix I for more information about the tests). At this inspection of Magilligan Prison, we found that outcomes for prisoners had stayed the same in one healthy prison area and declined in three other areas.

These judgments seek to make an objective assessment of the outcomes experienced by those detained and have taken into account the prison's recovery from the pandemic as well as the 'regime stage' at which the prison was operating.

Figure 1: Magilligan Prison healthy prison outcomes 2017 and 2021



SAFETY

At the last inspection of Magilligan in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

*At this inspection, we found that **outcomes for prisoners remained reasonably good against this healthy prison test.***

Work to support prisoners in their early days was reasonably good. Magilligan was a safe prison. Safety data demonstrated low levels of violence both before and during the pandemic. A dynamic team had established a systematic approach to managing violence, with good mechanisms to support perpetrators and victims of assault alike. Levels of use of force remained low and action was being taken to address some deficiencies in governance of the system.

Few prisoners had been segregated in the previous six months. An enthusiastic team of staff on the Care and Supervision Unit provided good support for prisoners, with a suitable focus on reintegration. The recent innovative use of a therapeutic garden helped to improve prisoner well-being in the Care and Supervision Unit.

Almost one third of prisoners responding to our survey said that they had developed a problem with drugs while at the establishment and random mandatory drug testing positive rates were higher than we find at similar prisons. A substance misuse strategy and associated action plan had been introduced only recently and had not yet been effective in addressing the concerns.

There was a good focus on prisoners' well-being in general, particularly the most vulnerable. The Supporting People At Risk Evolution (SPAR Evo) procedures provided effective support to prisoners most at risk of self-harm. The process now included an electronic case management system which was introduced in 2019 across the Northern Ireland Prison Service with 180 Magilligan staff being trained in its use. The system was created to help staff and others to raise a concern, assess an individual's risk of suicide or self-harm and to meet the needs of those in distress and/or crisis.

RESPECT

At the last inspection of Magilligan in 2017, we found that outcomes for prisoners were good against this healthy prison test.

*At this inspection, we found that **outcomes for prisoners were now reasonably good against this healthy prison test.***

Relationships between staff and prisoners were generally good. Most staff had a good knowledge of the prisoners in their care and some staff were particularly impressive.

All prisoners were now located in single cells and most had in-cell sanitation. The Runkerry Unit provided excellent accommodation to support and develop independent living. The fabric of most of the accommodation units was in a poor state of repair, although most cells were clean and free of graffiti. Cleanliness in communal areas varied greatly between the units. Leaders had not set standards sufficiently high and there was limited supervision of the cleaners.

Around half of the prisoners surveyed said that the quality and quantity of food were good. There was good access to some basic self-catering equipment in communal serveries, but at least two of the serveries presented considerable risks to health because of poor standards of hygiene.

Consultation arrangements had been inadequate for most of the previous year. The requests system generally worked well, and the governor had commissioned a review of the complaints process, to improve effectiveness.

Formal processes to oversee the equality agenda had lapsed for most of 2020. More work was needed to identify prisoners from protected groups on arrival and to develop a comprehensive equality strategy and action plan. Thoughtful and innovative support was provided to older, disabled and foreign national prisoners.

The chaplaincy was not as visible or well integrated into prison life as we see in other prisons, which limited the provision of spiritual and pastoral support.

Collaborative working arrangements between health care and prison staff at all levels was effective. Health care leadership had been strengthened and health resourcing had increased. Governance mechanisms were effective in delivering safe and effective care. Quality improvement initiatives had improved patient outcomes. Primary health care services were accessible and good, although patients waited long periods to see a General Practitioner. All prisoners had been offered the COVID-19 vaccination and take-up had been excellent. Access to the mental health team was good, and services for those with substance misuse issues were very good. However, there was a need to build capacity to respond to the increased demand for substance misuse services. There had been an increase in the number of patients holding high-risk medicines in-possession and we were not confident that monitoring arrangements were robust enough to prevent diversion and trading.

PURPOSEFUL ACTIVITY

At the last inspection of Magilligan in 2017, we found that outcomes for prisoners were reasonably good against this healthy prison test.

*At this inspection, we found that **outcomes for prisoners were now not sufficiently good against this healthy prison test.***

There had been a brave strategic decision at the start of the pandemic to retain good time out of cell² for prisoners, to protect well-being and maintain prisoner goodwill. The library provision was good. Access to the facility was organised systematically but it was still closed at weekends. Access to the gym had been curtailed by the restricted regime but this was beginning to improve. There had also been investment in equipment on some residential landings.

The Education and Training Inspectorate carried out a progress monitoring visit of the prison alongside our full inspection, and the purposeful activity judgment incorporates their assessment of progress. The Education and Training Inspectorate's full findings and the recommendations arising from their visit are set out in Chapter 3.

The leadership and management of the learning and skills provision was going through a major process of change and for most of the last year there had been no head of learning and skills in post. The oversight, self-evaluation and governance of the college-led provision required improvement. Limited progress had been made in accepting and addressing the purposeful activity recommendations from the previous inspection. The recovery planning for post-pandemic provision was still at an early stage and because of the ongoing restrictions, few training sessions and classes were offered.

² Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

Around 54% of the prisoners were involved in some level of purposeful activity, but only half of these could be described as meaningful activities. Too little effort was being put into improving prisoners' literacy and numeracy. On-site face-to-face learning and skills provision had stopped entirely from March 2020 and was just beginning to be revived. The quality of in-cell learning resource materials varied greatly and only a small minority of the work was returned by prisoners to the tutors for marking or feedback.

Two college tutors started some limited face-to-face tutoring during the inspection. From June 2020, prison staff facilitated the remote delivery of a wide range of classes. The number of prisoners who benefited from this was low and the classes were not sufficiently frequent for coherent and effective progression in learning. The quality of the learning and teaching we were able to observe was good or better.

There was a clear identified need to improve prisoners' essential skills of literacy, numeracy, and Information and Communications Technology. Despite this, too few enrolled on courses in these skills, and too few progressed to the higher levels necessary for the world of work or further education and training. The number of vocational training accreditations achieved since June 2020 was very low, at 43, with only a small number achieving an essential skills qualification. Over the period of the pandemic, prisoners' wider employability skills had not been developed sufficiently and their contact with employers and the workplace was severely curtailed.

REHABILITATION AND RELEASE PLANNING

At the last inspection of Magilligan in 2017, we found that outcomes for prisoners were good against the healthy prison test of resettlement.

*At this inspection, we found that **outcomes for prisoners against the healthy prison test were now reasonably good.***

Social visits had restarted in April 2021 but remained disproportionately restrictive and limited. They were held on one day a week only and up until the inspection, no children had been permitted. All visits took place under closed conditions or via barrier visits. Technology for virtual visits had been introduced in May 2020 and was well used.

A central strategy for reducing reoffending covered all prisons in Northern Ireland. A wide range of voluntary sector partners were identified to support rehabilitation work, although few had attended the prison over the last year. The use of release on temporary licence to support rehabilitation had ceased during the restrictions, which had impacted on opportunities to progress and demonstrate trust.

The number of Prisoner Development Unit co-ordinators on duty during the period of restrictions had been substantially reduced and several prisoners had had no recorded

contact for long periods. The introduction of a collaborative working model between the Northern Ireland Prison Service and the Probation Board for Northern Ireland staff was positive. The Probation Board for Northern Ireland staff managed high-risk prisoners and risk was addressed effectively in release plans. However, access and face-to-face contact with Probation Officers was limited because so few were on-site.

The prison had delivered two accredited programmes over the last 12 months. It continued to provide effective support for release, albeit mostly remotely. In the previous six months, almost all prisoners had been released with settled accommodation.

KEY CONCERNS AND RECOMMENDATIONS

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.

During this inspection we identified some areas of key concern and have made a small number of recommendations for the prison to address those concerns.

Key concern: Illicit drugs and diverted prescribed medications were easily available. Random mandatory drug testing positive rates were high and searching resulted in many finds relating to drug use. In our survey, one third of prisoners said that they had developed a problem with drugs or medication not prescribed to them while at the prison. Although a drug and alcohol strategy with an associated action plan were now in place, they were yet to be effective in addressing the supply of illicit drugs within the prison.

Recommendation: The drug strategy action plan should be up to date, widely communicated and closely tracked to reduce the supply and demand for drugs and alcohol. (To the governor)

Key concern: The standards of cleanliness on some units were poor and presented considerable risks to health. Audits of residential units had been introduced recently, but were not focused on cleanliness. There was no robust mechanism in place to monitor this.

Recommendation: Effective arrangements should be put in place to set, monitor and maintain high standards of cleanliness and hygienic practice in residential units. (To the governor)

NOTABLE POSITIVE PRACTICE

We define notable positive practice as innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Inspectors found six examples of notable positive practice during this inspection.

The development and recent increased use of a therapeutic garden helped to improve prisoner well-being in the Care and Supervision Unit (see paragraphs 1.29 and 1.30).

The culture of care driven by the Prison Safety and Support Team, equipped with the SPAR Evo system and supported by informed managers, enabled effective care to be delivered for the most vulnerable prisoners at the prison (see paragraphs 1.37-1.40).

The provision of integrated social care packages to prisoners with severe needs was an excellent and innovative example of joint working across several departments and included the involvement of prisoners (see paragraphs 1.43 and 2.44).

Family Support Officers worked in partnership with other agencies to sustain and promote family contact despite the ongoing COVID-19 pandemic (see paragraph 4.5).

Video technology had been used to introduce a creative pilot scheme where a small number of prisoners were able to support their children virtually in completion of their homework (see paragraph 4.5).

The working-out unit at Kilcranny House was an excellent rehabilitative opportunity for prisoners to serve out the final period of their sentence while living and working in the community (see paragraph 4.10).

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 Nearly all new arrivals were prisoners on a progressive transfer from Maghaberry Prison, and most journeys to the prison took less than two hours. The prison had continued to receive new arrivals throughout the period of the COVID-19 pandemic restrictions and numbers varied from four to 12 a week.
- 1.2 A useful information booklet had been prepared, to provide all new arrivals with key information about Magilligan before transfer. However, in our survey only about one third of prisoners said that they had received relevant information, and this was confirmed in our conversations with new prisoners. Managers acknowledged that, while there had been improvements in the provision of such information, further work was needed to improve communication before transfer.
- 1.3 The reception area was bright and clean. Holding rooms were basic, but prisoners spent little time in them, moving swiftly to the residential units. There had been a positive move away from routine strip-searching on arrival. New prisoners were offered light refreshments and had the opportunity to speak to a prisoner peer worker. There were no transfers in during the inspection, so we were unable to observe the reception process, but prisoners we spoke to said that staff in reception had been respectful and put them at ease on arrival. This was reflected in our survey, where 83% of respondents said that they had been treated well in reception.
- 1.4 An initial reception screening was conducted in private, but the questions were not sufficiently detailed to identify potential risks for new arrivals and there was no follow-up assessment during the induction period. There was no formal mechanism for concerns identified during the reception screening to be passed to appropriate departments, such as induction staff. Despite this, 83% of prisoners in our survey reported feeling safe on their first night at the prison.

- 1.5 Priority was now given to providing all new arrivals with a change of clothing on arrival and most received all their property within 24 hours of reception. This included medication, shop purchases and toiletries.
- 1.6 There had been changes to first night accommodation and induction procedures shortly before the inspection. During the period of restrictions, nearly all new arrivals had been located on the first night centre on Halward House, but they were now located on House 3. Halward House had also served as an area to separate new arrivals for a period of 14 days, to minimise the risk of infection from COVID-19. This process was now conducted at Maghaberry Prison, which enabled prisoners to have better access to the regime on arrival at Magilligan. New prisoners located on House 3 benefitted from good levels of time out of cell (see paragraph 3.1), which enabled them to address any initial concerns with staff.
- 1.7 Induction was now co-ordinated through the Prisoner Development Unit (PDU) and included a useful PowerPoint presentation that provided new arrivals with relevant information. The induction schedule covered all key aspects of prison life, including a gym induction, education assessments and basic health and safety awareness. However, much of this had not taken place during the period of restrictions.

Recommendation

- 1.8 **Screening interviews for new arrivals should be sufficiently comprehensive to identify risk and this should be shared with the appropriate staff.**

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 The prison was calm and well ordered. There had been few acts of violence both before and during the period of restrictions; in the previous six months, there had been seven incidents between prisoners (six fights and one assault) and two assaults on staff. Only one incident had been recorded as serious in the previous six months. This positive picture was reflected in our survey, where only 11% of prisoners said that they currently felt unsafe, which was much lower than we normally find in similar prisons.

- 1.10 The senior manager responsible for safety had driven a series of important improvements leading to a model for managing behaviour that was now more cohesive and effective than at the time of the previous inspection. A key element of the model was the introduction of a Prison Safety and Support Team (PSST). The team consisted of dedicated prison staff who led on several key aspects of prison life, such as safety, support of the vulnerable and the development of equality (see Chapter 1 on suicide and self-harm prevention, and paragraphs 1.39 and 2.31).
- 1.11 A series of weekly and monthly meetings appropriately identified and addressed current operational and long-term strategic actions. While the recorded minutes of meetings lacked detail, key stakeholders, such as health and substance misuse support staff, reported an improvement in outcomes as a result of the new structure. We observed the weekly operational safety meeting, which was well attended and among the best we have seen.
- 1.12 The Challenging Anti-social Behaviour (CAB) strategy that had been used to good effect at Hydebank Wood College had been implemented at Magilligan in early 2020. This process was used to investigate and manage incidents of anti-social behaviour or violence between prisoners. CAB provided a range of tailored options to address poor behaviour, including mediation and managers rarely relied on segregation to manage problems. Most importantly, staff across the site, including residential managers, understood the CAB process and this supported the cohesive approach to managing behaviour.
- 1.13 The local CAB register evidenced that investigations were conducted promptly and there was a suitable focus on monitoring the perpetrators of violence while also supporting the victim. However, prisoners also experienced other forms of victimisation. In our survey, 37% of prisoners said that they had suffered some form of verbal abuse by their peers.
- 1.14 Residential landings in House 1 and House 2 were used to accommodate prisoners who were vulnerable due to the nature of their offence and for other reasons, such as debt. The regime on offer for them was comparable with that elsewhere in the prison, and residential staff and the PSST had a good understanding of the needs of the vulnerable population (see paragraph 1.40).
- 1.15 The prison operated a traditional incentive and earned privileges scheme to motivate good behaviour. Although only 50% of the respondents in our survey felt they were treated fairly on the scheme, most prisoners were on the enhanced level and very few (around 15) were on the basic level. Incentives on the scheme included additional gym sessions, extra visits, higher wages and access to increased private money. Leaders had commissioned a review to address some weaknesses in the current scheme.

- 1.16 The Progressive Regimes and Earned Privileges Scheme (PREPS) itself was not the only factor driving positive behaviour at Magilligan Prison. The structure and function of the various residential units created a clear path for progression with discernible benefits. Prisoners were motivated by the opportunity to reside on units such as Alpha, Foyleview and Runkerry, which offered a better regime and facilities and potential for release on temporary licence. The prospect of finishing their sentence at the community-based Kilcranny House (see Chapter 4) was a significant incentive for some prisoners.
- 1.17 Prior to the pandemic, a free flow system was in place and prisoners were trusted to move around the site to engage in a wide range of purposeful activity. Although COVID-19 restrictions curtailed free flow and much of the purposeful activity available (see Chapter 3), prisoners accepted this was a temporary measure. They also appreciated that managers had protected good time out of cell on the residential units (see Chapter 3 on time out of cell) when their peers in similar prisons in England and Wales were experiencing much harsher restrictions. Virtual visits were available on most residential units; this made them accessible so that family ties could be maintained (see Chapter 4). Most prisoners behaved well to protect these valuable incentives.

Adjudications

- 1.18 The number of adjudications had reduced since the last inspection and was lower than at similar prisons. During the previous six months, there had been 366 charges laid, and nearly all (91%) had been completed. Most of these had been for the use of illicit substances or unauthorised articles related to illicit substances, which reflected one of the key challenges that the prison faced (see key concern and recommendation, and Chapter 1 on security).
- 1.19 The records that we reviewed were clear and showed that prisoners could seek advice and were able to raise concerns about the process. All hearings were audio-recorded for transparency and the recordings we listened to provided evidence of appropriate enquiry into the charges laid. Prisoners testing positive for illicit substances who successfully participated in the failed drugs test programme had their adjudications withdrawn (see paragraph 1.34).
- 1.20 There had been little governance around adjudications in the six months before the inspection. A detailed adjudications report from the electronic prison record system (PRISM) contained useful data across a range of metrics, such as age, ethnicity, religion and how many times an officer had laid a charge. However, this data was not analysed to identify opportunities to improve practice.

Recommendation

- 1.21 **Adjudications should be subject to quality assurance and data analysed to understand and improve prisoner behaviour.**

Use of force

- 1.22 There had been 42 incidents involving the use of force in the previous six months, which was similar to the number at the time of the previous inspection, but relatively low compared with similar prisons. Most use of force was in response to spontaneous incidents and approximately half involved the use of guiding holds or handcuffs only. It was a concern that only 53% of staff were up to date with their control and restraint training, compared with 77% at the time of the last inspection.
- 1.23 Use of force documentation was up to date. Statements completed by staff often lacked adequate detail, although those done by the prison's 'response team' were of a better standard. The closed-circuit television (CCTV) footage we viewed demonstrated proportionate use of force and staff attempting to de-escalate situations where possible.
- 1.24 Body-worn cameras were drawn by staff, but not routinely switched on to record and potentially defuse incidents. Leaders had highlighted this as part of a broader agenda to improve the governance of use of force. There were no regular scrutiny meetings to analyse and learn from incidents, and only a summary of incidents was discussed in the security meeting, which already had a broad agenda. Although duty governors provided some oversight, there were plans to introduce a dedicated meeting to improve the level of assurance needed.

Recommendations

- 1.25 **All staff should complete their control and restraint refresher training annually.**
- 1.26 **Plans to improve the level of governance of use of force should be implemented and this should include the effective oversight of the use of body worn camera footage.**

Segregation

- 1.27 The segregation unit, referred to as the Care and Supervision Unit (CSU), incorporated 16 single cells including a camera-recorded observation cell and drug recovery cell.
- 1.28 During the previous six months, there had been 52 instances of segregation, which was fewer than at the time of the previous inspection and at similar prisons. Although one prisoner had been segregated for 49 days during this period, most stays were short, at less than two days. Around half of all stays on the CSU had been pending adjudication. At the time of the inspection, there was just one person in segregation, who was being managed through an effective multi-disciplinary care plan (see also paragraph 1.43).

- 1.29 Communal areas on the unit were clean, bright and well maintained. There were advanced plans to change in-cell furniture, to improve further the decency and safety of cells. The CSU had a well-equipped and bright exercise yard. An impressive therapeutic garden, developed by prisoners with the help of a horticulture tutor, opened in 2018. The garden had not been well used until recently but was now helping to improve prisoner well-being (see also paragraph 1.43). Both outside areas provided positive environments for segregated prisoners and were far better than the exercise areas in most prisons.



Photograph 1: Therapeutic garden in the CSU.

- 1.30 We observed very good relationships between the enthusiastic unit staff and the segregated prisoner. For example, staff routinely joined him in the therapeutic garden to offer support and maintain a suitable focus on reintegration.

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.

- 1.31 Both physical and procedural security arrangements enabled relatively free movement around the main prisoner areas, contributing to a relaxed atmosphere and rehabilitation. Work to remove unnecessary razor wire and corrugated tin fencing was being undertaken, but at a slow pace. However, some effort had been made to soften the physical environment.

- 1.32 There had been just 683 Security Information Reports during the previous six months, which was fewer than at our previous inspection and at similar establishments. Most Security Information Reports were generated by security staff. Improvements had been made within the security department, such as the introduction of administrative support and the use of staff trained in analysing intelligence, who worked closely with a police liaison officer. Most security intelligence was acted on promptly, and searching was intelligence led, with most finds related to drugs or other illicit substances.
- 1.33 Key security meetings took place each month, although attendance outside of the security group was inconsistent. In the month before the inspection, the governor had reviewed several aspects of leadership and had introduced the PSST (see paragraph 1.10), with the security group under one lead in order to improve the sharing and alignment of security and safety within the prison.
- 1.34 The use of illicit substances and diverted prescribed medications was a key threat for the prison. Random mandatory drug testing data indicated that the average positive rate was 17% for the previous six months, which was higher than we find at most similar prisons, and 8% of those selected for testing had refused to participate. This was reflected in our survey, where half of all prisoners said that they had had a drug problem before arrival at the establishment, and almost one third said that they had developed a problem with illicit substances while there; both figures had increased substantially since the last inspection. The creation of the failed drugs test programme enabled those who had been put on adjudication for failing a drug test to seek support from the clinical addictions service. Engagement had been impressive and when this was maintained, consideration was given to withdrawing any related adjudications (see paragraph 1.19).
- 1.35 The security team was focused on the risks of illicit substances which had recently enabled them to intercept contraband entering the prison. There had also been investment in useful technology to support the security team in their work to reduce supply. A local drug and alcohol strategy and associated action plan had been introduced very recently. The plan was too new to be tracked effectively and very few staff were aware of it. As such, both the strategy and plan were yet to have a positive impact on the reduction in illicit substances (see key concern and recommendation).

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

- 1.36 There had been eight deaths in custody since the last full inspection in June 2017. Five deaths were from natural causes and three were self-inflicted. Magilligan's death in custody action plan set out responses to recommendations arising from published Prisoner Ombudsman for Northern Ireland investigation reports. The sample of responses we scrutinised were appropriate and thorough: for example, Prison Officers in frontline roles now carried anti-ligature knives and were trained in how to use them. There were some outstanding recommendations yet to be actioned. The death in custody plan did not describe any early learning from local enquiries which would be good practice while waiting for the Ombudsman's report to be published. However, there was evidence that the South Eastern Heath and Social Care Trust (SEHSCT) had been proactive in addressing immediate learning points following deaths in custody.
- 1.37 Prisoners who self-harmed or were very vulnerable to self-harm were supported through the Supporting People at Risk Evolution (SPAR Evo) system. This exceptional computerised system ensured that records were up-to-date and could be easily shared. SPAR Evo was introduced in 2019 and used across the Northern Ireland Prison Service (NIPS). A total of 180 Magilligan staff were trained in its use.
- 1.38 In the last six months, there had been few (27) incidents of self-harm, with 46 SPAR Evo documents opened (four were active during the inspection).
- 1.39 Additionally, 38 prisoners were supported by the PSST (see paragraph 1.10), which worked closely with residential staff, and health care and substance misuse teams to monitor those who did not require a SPAR Evo document to be opened but needed support. In this way, the PSST operated as a dynamic unit to support prisoners' well-being.
- 1.40 Management oversight of the SPAR Evo process had improved, with an inbuilt monitoring system generating quantitative reports for the monthly safety meetings, supplemented by qualitative summaries from residential staff and the PSST. The PSST and the governor had an impressive knowledge of the vulnerable prisoners in their care.

- 1.41 The team also supported other departments, responding promptly to needs such as supplying distraction packs during the pandemic, nutritional information for prisoners, printed materials suitable for those with reading or sight difficulties, and pre-release self-care packs containing toothpaste and so on.
- 1.42 Anti-ligature clothing, to minimise self-harming opportunities, was laid out for use within the camera-recorded observation cell in the CSU, which was inappropriate as it should only be used as a last resort. However, the cell and clothing had not been used in the previous six months.
- 1.43 We observed individualised and integrated care delivery in the CSU, where Prison Officers, supported by the PSST and Mental Health Team, delivered an imaginative and complex social care package³ to a highly vulnerable young man. This included use of the integral therapeutic garden and gym as part of a graduated exposure plan to enable reintegration into the prison (see also paragraph 1.30).
- 1.44 House 1 accommodated prisoners with physical and mental vulnerabilities, and staff we spoke to there were able to describe the care needs of those on their landings. The PSST visited prisoners on the landings to monitor their situations. Weekly safety meetings brought together residential staff, the PSST, and health care and substance misuse staff to consider and co-ordinate care plans for individuals.
- 1.45 There were sufficient Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners) to operate a rota seven days a week. They had continued to offer valued support to their peers throughout the COVID-19 restrictions. Access to the Samaritans was good.

Safeguarding vulnerable prisoners⁴

- 1.46 Adults at risk were monitored as part of the PSST caseload. A Magilligan community safeguarding policy set out the process for referral when staff had concerns about vulnerable prisoners at risk. We observed a weekly safety meeting and monthly safety monitoring (oversight) meeting. The meetings were efficient and focused on the needs of the vulnerable individuals, who attended the meetings to discuss their care.

³ A package of assistance with personal care to address the needs of individual prisoners at risk (that is assistance with activities of daily living such as washing, bathing, toileting but not amounting to medical care) and to enable the individual to return to self-caring where possible.

⁴ Adult safeguarding is based on fundamental human rights and on respecting the rights of adults as individuals, treating all adults with dignity and respecting their right to choose. It involves empowering and enabling all adults, including those at risk of harm, to manage their own health and well-being and to keep themselves safe. It extends to intervening to protect where harm has occurred or is likely to occur and promoting access to justice. All adults at risk should be central to any actions and decisions affecting their lives. *Adult Safeguarding: Prevention and Protection in Partnership*, June 2015, page 5, available at [Adult Safeguarding: Prevention and Protection in Partnership key documents \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/adult-safeguarding-prevention-and-protection-in-partnership-key-documents)

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 Relationships between staff and prisoners were generally good. In our survey, 73% of respondents said that staff treated them with respect, and 70% that there was a member of staff they could turn to if they had a problem. On many of the residential units, we observed good interactions between staff and prisoners and we saw many examples of staff displaying a proactive and caring approach, particularly with older or infirm prisoners. On some units, we observed less engaging, but still functional, relationships between staff and prisoners.
- 2.2 Staff generally had a good knowledge of the prisoners in their care and specialist staff, such as the PSST, were particularly impressive in their work with prisoners with specific needs. Staff on the progression units each had a caseload of prisoners with whom they were undertaking sentence management work. Despite the status of Foyleview as a progression unit, with more in-depth work being undertaken there, we found relationships between staff and prisoners on the unit to be less positive than on some other units.
- 2.3 Despite a generally good picture of staff-prisoner relationships, responses to our survey raised some concerns, with 35% of prisoners saying that they had experienced verbal abuse from staff, and 21% threats or intimidation from staff. In our previous inspection, we had recommended that the prison should investigate and address prisoners' perceptions of victimisation by staff, but we found no evidence that this had taken place.

Recommendation

- 2.4 **The prison should investigate and address prisoner perceptions of staff victimisation reported in our survey.** (Repeated recommendation 2.14).

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

- 2.5 The fabric of most of the older accommodation units was in a poor state of repair, particularly on Alpha and Foyleview Units. Previous inspections had recommended that the houses should be replaced with more suitable, safe accommodation but this had not been achieved.
- 2.6 While the physical environment still incorporated many internal fences and razor wire, efforts had been made to improve outside areas with the use of outdoor furniture and greenery around the site.
- 2.7 All prisoners were now located in single cells and there were no plans to revert to using double cells after the pandemic. All units, with the exception of Alpha and Foyleview, now had in-cell toilets. Prisoners living on Alpha and Foyleview Units were not locked in their cells and could access toilets freely during the night.
- 2.8 Most cells were clean and free of graffiti. In our survey, most prisoners said that there was good access to soap or sanitiser, clean bedding and materials to clean their cells. uPVC windows had been installed in all three houses but this had exacerbated problems with damp and mould in some cells. Many cells in House 1 had insufficient storage for prisoners' clothing and property.
- 2.9 In our survey, just under half of prisoners said that cell call bells were normally answered within five minutes. There was no system for monitoring response times to cell call bells.
- 2.10 The accommodation and facilities on House 2 A and B landings had been modified to accommodate an older population. Facilities included hospital-type beds in some cells, a large garden room with comfortable seating, an aviary and a vegetable patch.
- 2.11 The showers and toilet facilities on Foyleview Unit and on several of the other older residential units were also in need of refurbishment. During the inspection, half of the prisoners on Alpha Unit were relocated to another unit to facilitate the renovation of showers and toilets.

- 2.12 Association rooms in many units had recently been painted and a selection of artwork from the prison's print shop was displayed, improving the appearance of these areas. Pool tables had recently been re-covered. Prisoners had good access to exercise yards, which were generally clean. Seating and tables were available in all exercise yards.
- 2.13 The newly appointed head of residence had introduced 'residential audits' to monitor the state of repair of the décor, fixtures and fittings. This had resulted in some individual cells being painted and some fixtures and fittings being repaired or replaced.
- 2.14 Cleanliness in communal areas varied greatly between residential units. Standards of cleaning in many areas was poor and the oversight of cleaning practice was not robust. The sanitary facilities and servery areas in Houses 1 and 3 were particularly dirty, and health care Inspectors considered that poor cleaning practices and the lack of ongoing maintenance of these facilities and areas in House 3 presented serious potential health risks. The recently introduced residential audits did not monitor adequately the cleanliness of the facilities in communal areas (see key concern and recommendation).



- 2.15 Since the last inspection, the accommodation on Foyleview Unit had been extended to include a self-contained four-bed unit for prisoners approaching the end of their sentence, to support the development of independent living skills. The Runkerry Unit had been designed and built with the involvement of prisoners. It comprised four separate bedrooms, including small living rooms, a communal kitchen, a lounge and a bathroom. The unit was built to a good standard and well maintained. This excellent accommodation provided a good model from which to re-develop the Foyleview Unit.

Recommendation

2.16 Response times to cell call bells should be monitored.

Residential services

2.17 In our survey, only 43% of respondents said that the quality of the food provided was good or very good, and 54% that they usually had enough to eat at mealtimes. Recent food forums had been poorly attended but a food survey was ongoing at the time of the inspection. Managers had introduced a vegan menu and themed days continued throughout the year.

2.18 Prisoners from Alpha and Foyleview Units worked in the kitchen on a rotational basis. They had completed basic food hygiene training, but vocational qualifications were not available. Those serving food did not always wear suitable kitchen protective clothing and there was limited effective staff supervision at mealtimes, which led to poor portion control and unfairness.

2.19 Dining furniture had recently been reinstated on several residential units to facilitate communal dining, although the areas were unwelcoming and many prisoners continued to eat in their cells.

2.20 Prisoners on most units had access to a range of self-catering equipment, including microwave ovens, toasters, grills and refrigerators. The volume and type of equipment varied between units, and some prisoners told us that they were frustrated about inconsistencies. Requests for new or replacement equipment featured prominently in recent prisoner forum meetings, and in some instances, it was apparent that equipment had been acquired but not yet provided to the prisoners.

2.21 In our survey, two-thirds of respondents said that the tuck shop sold the things they needed. A new supplier had recently been contracted and since early May large price reductions had been introduced across a range of goods. Tuck shop orders were delivered to residential units on set days and staff closely supervised the issuing of orders on the landings. Errors were quickly addressed.

2.22 Prisoners on the older prisoner, Foyleview, Alpha and RISE Units could buy food from an external shop. There had been some restrictions on the items which could be bought during the COVID-19 pandemic, but these were in the process of being eased.

Prisoner consultation, requests and redress

2.23 There had been limited prisoner consultation during the previous year. Prisoner forums on the residential units had resumed in April 2021, but at the time of the inspection there had been only one such meeting on most units. The minutes of these initial meetings consisted mostly of prisoner 'wish lists', with limited substantive responses recorded. The forums focused mainly on day-to-day issues and there was limited consultation about broader topics, including COVID-19 recovery plans.

2.24 The request system generally worked well, and in our survey most prisoners were positive about its ease of use and the timeliness and fairness of responses. However, many prisoners we spoke to said that they did not always receive a response to their requests. It was apparent that the established procedure, whereby responses were printed out and provided to prisoners, was not always followed. Oversight of the request system was extremely limited.

2.25 In our survey, 81% of respondents said that it was easy to make a complaint, compared with 64% at the time of the last inspection. Just over half of prisoners said that complaints were dealt with fairly. Concerningly, 37% said that they had been prevented from making a complaint. While we found no evidence that prisoners were being physically stopped from using the complaints system, many we spoke to considered that they might face negative consequences if they made complaints and therefore refrained from doing so. There were particular concerns about confidentiality in relation to complaints about staff.

2.26 Since the previous inspection, there had been a large increase in the number of complaints submitted. The governor had identified this as an area of concern and had instigated a review of the complaints system by a senior colleague in another prison. The review had just been undertaken and the resulting report had correctly identified weaknesses, including the method for identifying and processing serious complaints, gaps in quality assurance during the restricted regime, an absence of systematic data monitoring and a failure to identify, interpret and respond, as necessary, to trends. The report made a series of recommendations to address these weaknesses, which the prison had agreed to implement. While we considered all of the recommendations to be justified, we also felt that more needed to be done to make sure that complaints about staff were dealt with rigorously and that prisoners were assured of this.

Recommendations

2.27 **The scope of consultation with prisoners should be expanded, with greater clarity about how such consultation will be used to effect positive change.**

2.28 **Monitoring and quality assurance should be improved, to ensure that prisoners receive adequate responses through the request system.**

2.29 **The recommendations identified in the internal review of complaints should be implemented and complaints about staff should be more rigorously dealt with.**

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 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

- 2.30 Formal processes to oversee the equality agenda had lapsed for most of 2020. The first strategic equality meeting for a year had taken place in January 2021, but they were now held monthly and chaired by the deputy governor. However, the agenda did not include all the protected characteristic groups falling under section 75 of the Northern Ireland Act 1998 and there was inconsistent attendance, with some core participants, such as health care and chaplaincy staff, rarely present.
- 2.31 The PSST (see also paragraph 1.10) oversaw equality work. Although we saw some good individual care being provided to prisoners, there remained several gaps in equality provision.
- 2.32 The equality policy did not cover all protected groups, and equality work was not driven by a strategic and measurable action plan. Other than for disabilities, there was no process to identify prisoners from protected groups on their arrival at the prison, and there was no consultation to understand and meet their needs.
- 2.33 Local monitoring data were of a reasonably good standard and covered a broad range of outcomes, but would have been improved by better analysis. The data were used mainly to identify and address any poorer outcomes for Catholic prisoners, but managers had not investigated or addressed adequately some persistent unequal outcomes for other protected groups, such as younger prisoners.
- 2.34 There were several equality representatives, who were able to contribute remotely to monthly meetings. However, they did not receive feedback or meeting minutes, so were unclear if their concerns were being addressed.
- 2.35 As at our last inspection, complaints about discrimination were made using the standard complaints procedure, although these were now subject to review at the monthly meetings. During the previous six months, only 10 complaints with a diversity element had been submitted, which was lower than we usually see. The reasons for this should be explored, to ensure that prisoners have confidence in the system.

Recommendation

- 2.36 **Equality work should be underpinned by a comprehensive equality policy and driven through a strategic action plan that has been informed by regular consultation, to ensure that the needs of prisoners from protected groups are met.**

Protected characteristics

- 2.37 There was no consultation with the small number (3%) of prisoners from a black and ethnic minority background. The Gypsy, Roma and Traveller prisoners we spoke to felt that they were poorly understood by staff and were not supported sufficiently. Managers reviewed monthly monitoring data which was unhelpful with such small numbers of prisoners. They had not considered analysing cumulative data over longer periods which would have provided more useful insight into the treatment of prisoners in protected groups.
- 2.38 Catholic prisoners made up 50% of the population, and at our last inspection we had highlighted poorer outcomes for this group. At this inspection, there was little evidence of any persistent inequality of treatment or opportunity. The prison was well sighted on the issue of potential religious bias and most prisoners we spoke to did not believe that it was prevalent in the prison.
- 2.39 However, our survey showed some differences in the reported experiences of Catholic prisoners (for example, in time out of cell; see paragraph 3.2) which the prison needed to explore. We were often told that, because of community factors, Catholic prisoners were much less likely to be able to attend family funerals than those from other faiths. The prison had tried to find some alternatives, such as video calling facilities, but more needed to be done to ensure parity.
- 2.40 One Jewish prisoner we spoke to said that he had not been permitted to follow a kosher diet during his time in custody. We raised the issue with managers on site, who were unaware of the specific case but committed to dealing with this issue.
- 2.41 A PDU Prison Officer (see Chapter 4 on rehabilitation and release planning) acted as an equality and diversity representative for foreign national prisoners. Although there were few such prisoners (12 at the time of the inspection), the Prison Officer had a good understanding of the needs of this group and was passionate in supporting them and promoting awareness of their needs throughout the prison. She met all foreign national prisoners individually and had been proactive in designing and making available supportive resource materials, including flashcards, picture vocabulary guides and suitable foreign language books in the library. All foreign national prisoners had fair access to employment, and transfers from Maghaberry Prison had been arranged to pair up prisoners of the same nationality. Home Office immigration surgeries had recently started and were now scheduled monthly.

- 2.42 The number of older prisoners held at the establishment was similar to that at the time of the previous inspection, with approximately 20% of the population aged over 50 and four prisoners aged 70 or over. Most eligible prisoners were accommodated on the designated older prisoner unit in House 2. This was a well-led unit, with a genuine community ethos and shared understanding and support between prisoners and staff.
- 2.43 Prisoners on this unit were not locked in their cells at any time and there were several activities designed to keep them occupied, including small allotments, music classes, greenhouses, an aviary and chickens to look after. Prisoners on the unit were also able to buy items from a local convenience store (see paragraph 2.22), which was intended as a learning activity, to provide them with skills to adjust to independent living on release.
- 2.44 One prisoner on the unit suffered from particularly advanced dementia, but was supported by an integrated package of social care, the quality of which was much better than we have seen previously. The health care department had arranged for carers from the community to attend the prison four times a day, and a timetable had been designed in partnership with prisoners, to make sure that he had a peer support orderly with him at all times of the day to provide company and stimulus. The latter was particularly innovative, and prisoners undertook their support role with clear enthusiasm and a sense of responsibility.
- 2.45 A total of 26% of the population was aged under 29 but the prison was not well focused on their needs. There was little dedicated provision and no consultation to understand their issues and needs. The prison needed to do more to understand some adverse monitoring data for this group.
- 2.46 In our survey, 55% of respondents said that they considered themselves to have a disability, which was higher than the prison's records indicated (approximately 35%). Most prisoners with physical disabilities were located on the older prisoner unit and there was clear evidence of individual support from residential staff, who knew these prisoners and their needs well.
- 2.47 An occupational health therapist was based in the prison and carried out assessments on new arrivals promptly, so that adaptations could be made if needed. The PSST worked well with the health care department to make sure that daily living aids were provided to prisoners, and an electronic buggy was used to escort less mobile prisoners around the large site.
- 2.48 If required, prisoners were paired with peer support orderlies, who acted as care assists. They did not provide intimate care and appropriate staff oversight safeguarded care arrangements against potential exploitation and abuse. All prisoners who needed a Personal Emergency Evacuation Plan (PEEP) had one in place and prisoners were assigned to support others in the case of an evacuation.

However, the PEEPs we viewed did not always describe prisoners' needs adequately and some staff we spoke to were confused between the roles of PEEPs and care assists.

- 2.49 There had been no recent consultation for prisoners with disabilities, and monitoring data were not used to investigate any disproportionate treatment of prisoners within this group. This was a serious omission and left the prison poorly placed to understand why prisoners with mental health issues reported a far worse experience than others in some key areas in our survey, such as respectful treatment by staff and feelings of safety.
- 2.50 There were no openly gay or bisexual prisoners, despite 9% of our survey respondents identifying themselves as such. The prison needed to do more to understand Lesbian, Gay, Bisexual, and Transgender (LGBT) issues and address any barriers preventing disclosure. One prisoner had, however, made a confidential disclosure to staff from the PSST. He was positive about their support and had been put in contact with the Rainbow Project, a Northern Ireland-based LGBT support organisation.
- 2.51 In our survey, 7% of prisoners said that they were veterans. The prison knew of 14 such individuals, but there were no regular meetings for them or established links with community support groups.

Faith and religion

- 2.52 In our survey, 91% of respondents said that they had a religion, but only 50% of these said that their religious beliefs were respected at the prison. There was a small team of ministers representing the main Christian faiths in the prison. They were supported by sessional ministers and were able to arrange for ministers from non-Christian faiths to attend the prison on request.
- 2.53 However, the chaplaincy had been off-site for long periods during the COVID-19 pandemic and even by the time of the inspection, they only attended the prison in small numbers, on a rota basis. Volunteers from the Prison Fellowship had not returned to the prison since their withdrawal at the start of the pandemic.
- 2.54 There was no chaplaincy office that prisoners could visit and chaplains were not well integrated into prison life. For example, they did not routinely attend the CSU, visit the residential units or attend case reviews for vulnerable prisoners being managed through the SPAR Evo process. This lack of visibility created an unusual gap in the provision of spiritual and pastoral support, particularly during a crisis.
- 2.55 A new place of worship had been erected but it was yet to be used for corporate worship, which had been suspended since the start of the pandemic. There were no religious instruction classes taking place.



Photograph 4: New faith centre at Magilligan.

Recommendation

- 2.56 The chaplaincy department should be more integrated and visible, in order to provide adequate spiritual and pastoral support.

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.

- 2.57 The inspection of health services was jointly undertaken by the RQIA and HMIP under a memorandum of understanding agreement between the agencies. The RQIA found no breaches of the relevant regulations.

Strategy, clinical governance and partnerships

- 2.58 The SEHSCT leadership and governance arrangements were delivering safe and effective care. There was good multi-disciplinary working across all disciplines and collaborative cross-site working to ensure consistency of care delivery. Managers were visible and approachable, and relationships between health care and prison staff were positive. Leadership and management were effective in all health care departments.

2.59 Prison health care staff had positive working relationships and links with partners in other Health and Social Care Trusts had improved, which had led to safer outcomes for prisoners on release.

2.60 Incidents were well managed and recorded appropriately. Data on incidents were reviewed routinely, to identify and monitor trends and improve the delivery of health care.

2.61 Staffing levels were satisfactory and leadership had been strengthened with the appointment of team leads for both Primary and Mental Health Teams. Clinical supervision arrangements were in place to support nursing staff in line with professional standards and trust policy. Morale was good among the team and they reported feeling valued and supported, with meaningful engagement from senior managers.

2.62 Care records were detailed and reflected up-to-date assessments of patient needs, which promoted continuity of care on release. Health care assessments were comprehensive and mental health patients had recovery care plans in place.

2.63 Quality improvement initiatives had led to improved patient outcomes. There was a range of quality improvement projects, including an easy-read menu for the tuck shop and a therapeutic garden.

2.64 The fabric of treatment rooms was old, but they were generally well maintained. Cleaning was carried out to a satisfactory standard. The previous recommendation relating to the fitting of the new clinical hand wash sinks had been achieved.

2.65 COVID-19 pandemic infection prevention and control measures had been implemented and had provided robust protection against the risk of transmission.

Promoting health and well-being

2.66 There had been improvements in health promotion and screening. All patients had been offered the COVID-19 vaccination, and 91% of those who had agreed to the vaccination had received it.

2.67 The uptake of screening for blood-borne viruses had improved. However, the sexual health screening that had been in place previously was no longer available.

2.68 Prisoners still did not have access to barrier protection, despite the public health guidance from the National Institute for Health and Care Excellence (NICE) and repeated recommendations in Northern Ireland prison inspection reports.

Recommendation

- 2.69 **The Northern Ireland Prison Service should enable health care staff to provide prisoners with access to barrier protection, in line with National Institute for Health and Care Excellence public health guidance.**

Primary care and in-patient services

- 2.70 In our survey, only 47% of respondents said that the overall quality of the health services was very or quite good. However, prisoners we spoke to during the inspection reported positive relationships with health care staff. We found that access to and the delivery of primary health care services were good.
- 2.71 Primary health care nursing staff were proactive and compassionate in their role and staff demonstrated good knowledge and oversight of their caseload.
- 2.72 Patients told us that they had long waiting times to see a GP. There was evidence that all urgent appointments were seen promptly, as the SEHSCT had protected 35% of appointment allocations.

Recommendation

- 2.73 **The South Eastern Health and Social Care Trust should review access to the General Practitioner for non-urgent appointments, so that it is in line with that in the community.**

Social care

- 2.74 Social care provision was good, with individual needs being met by employed carers coming into the prison to meet the assessed needs of the prisoner concerned. There was evidence of collaborative working between social care staff, health care staff and the NIPS.

Mental health care

- 2.75 In our survey, 71% of respondents said that they had a mental health problem. Access to the Mental Health Team was good. The waiting list for mental health services was short and patients were seen within suitable timescales.
- 2.76 Prisoners with mental health problems were identified promptly and supported by skilled nursing staff, equivalent to those in the community. Mental health service provision was delivered from Monday to Friday (9am to 5pm). Out-of-hours prisoners in mental health crisis were supported by the Primary Health Care Team. Staff told us that the PSST provided an exceptional service and worked in collaboration with health care staff to improve safety outcomes for patients.
- 2.77 The Mental Health Team worked in partnership with prison staff, resulting in a holistic approach to care delivery. The team lead was proactive in leading on formulation meetings with prison staff, to enable the appropriate sharing of patient information with prison staff, with prisoners' consent, identifying triggers and enabling staff to have a better understanding of the prisoner's condition.

2.78 All prisoners on the caseload had a recovery plan that was patient centred and that assessed the needs of the prisoner, as identified in the mental health assessment. Risk assessments were completed in accordance with the relevant guidance. There had been no transfers to mental health beds in the community under the Mental Health (Northern Ireland) Order 1986.

2.79 Access to a forensic psychiatrist and to psychological services was limited, as only one consultant was in post to cover two prison sites. This might have had a negative impact on prisoners' well-being.

Recommendation

2.80 **The South Eastern Health and Social Care Trust should improve the forensic psychiatry cover and access to psychological services based on the health needs assessment of the patient population.**

Substance use treatment

2.81 Services for prisoners with drug and alcohol problems had been transformed since the previous inspection, with the addition of a clinical addictions service to complement AD:EPT (Alcohol and Drugs: Empowering People through Therapy) psychosocial services. Both services operated in an integrated way and were essential partners with the prison, contributing to all key meetings to make sure that the vulnerable were kept safe.

2.82 AD:EPT offered a range of suitable assessment, psychosocial and motivational treatments to prisoners, with 243 on the caseload at the time of the inspection. In our survey, only 25% of respondents said that it was very/quite easy to access services. The non-urgent waiting list was much too long (33 patients had been waiting several months) because of the changing demands on the service. For example, the effective prison failed drugs test programme (see paragraph 1.34) had led to up to 70 more patients needing priority assessment, resulting in 55 starting treatment.

2.83 Commendably, AD:EPT had continued face-to-face contact with prisoners and group therapies within 'bubbles' during the pandemic restrictions, which most other prisons had been unable to do. Peer supporters offered induction 'bubble' meetings and had supported their peers through the pandemic. AD:EPT was geared up to welcome mutual aid groups such as Alcoholics Anonymous back into the prison when restrictions permitted.

2.84 At the time of the inspection, 88 patients were in receipt of Opiate Substitution Therapy (OST); this treatment was in line with national guidance, with a suitable mix of maintenance and reducing regimes. The management of clinical addictions had been allied with that of mental health services and cooperation was seamless, with dual diagnosis expertise in the team. We observed confidential and professional administration of OST but, as at the time of the previous inspection, the use of manual measuring equipment was inefficient.

2.85 Both AD:EPT and clinical addictions teams appeared to be understaffed in response to the demand for services. We were told that the SEHSCT was aware of the situation and was working on a business case for improved capacity.

2.86 Preparation for release for prisoners with substance misuse issues was co-ordinated with the PDU and was very good, including an introduction to community services, harm minimisation advice and naloxone (an opiate reversal agent) to take home, if needed.

Recommendation

2.87 **The South Eastern Health and Social Care Trust, along with their partners at the Health and Social Care Board, should work together to review the current capacity and capability of the addiction service to meet the needs of prisoners who require treatment and support for addiction.**

Medicines optimisation and pharmacy services

2.88 Medicines were available for administration as prescribed and there were arrangements to ensure that prisoners had a supply of their prescribed medicines on release.

2.89 Nurses were responsible for the management and administration of medicines; pharmacy technicians were not employed.

2.90 The Standard Operating Procedures for controlled drugs⁵ were out of date and did not reflect the practices in the prison.

2.91 Records for controlled drugs which are subject to safe storage requirements were well maintained and stock balances were accurate. Controlled drug audits were completed by the pharmacist monthly due to the significant increase in the level of prescribing of OST.

2.92 Under the prison's draft medicines optimisation policy, most patients now had controlled drugs in-possession. Individual risk assessments were in place. However, robust governance arrangements were not in place to monitor compliance and reduce the likelihood of diversion.

2.93 Records for the disposal of medicines with a high risk of diversion and trading were now maintained. The disposal was not witnessed by a second staff member and the medicines were retrievable in the treatment rooms.

5 See The Controlled Drugs (Supervision of management and use) Regulations (Northern Ireland) 2009 and Schedules 3 and 4 of The Misuse of Drugs Regulations 2001.

Recommendations

- 2.94 **Standard Operating Procedures for controlled drugs should be up-to-date.**
- 2.95 **The disposal arrangements for controlled drugs should be in accordance with best practice guidelines⁶.**
- 2.96 **The Northern Ireland Prison Service and the South Eastern Health and Social Care Trust should introduce a robust monitoring procedure for in-possession medication to ensure compliance and reduce the likelihood of diversion.**

Dental services and oral health

- 2.97 The waiting list for routine dental treatment was good, at two weeks, with urgent cases seen the next day. Oral health advice was provided routinely to all prisoners.

6 See 1.1.10 NICE Guideline [NG46] Controlled drugs: safe use and management, April 2016.

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 The amount of time out of cell was good. There had been a brave strategic decision at the start of the COVID-19 pandemic to retain time out of cell for prisoners, to protect well-being and maintain prisoner goodwill. The planned regime allowed for prisoners to have up to 8.75 hours out of cell on weekdays and 6.5 hours at weekends. Foyleview, Alpha and RISE Units on House 1, and A and B landings on House 2 remained unlocked at all times. This meant that a third of prisoners at Magilligan usually spent more than 10 hours out of cell on a week day.
- 3.2 During the inspection, the regime was delivered consistently. However, in our survey only 67% of respondents said that the unlock times were usually kept to, and these negative perceptions were stronger among Catholics than Protestants. In our roll checks, almost every prisoner was unlocked. On one landing, 17 prisoners had chosen to be locked up while a deep clean took place, but most had chosen to spend time on the exercise yard instead.
- 3.3 Access to the open air was good. Exercise yards had seating and some had planters and exercise equipment. There was a scheduled outside exercise session for one hour every morning but we saw that the exercise yards were also open at other times and prisoners could access them at will.
- 3.4 The houses had association equipment, such as pool tables, and each landing had some fitness equipment. Some houses, particularly House 2 and Foyleview Unit, had provided other activities, such as gardening, a sewing bee and looking after chickens, to occupy prisoners during the pandemic.
- 3.5 The library provision was impressive. The stock of books was in good order and comprised a suitable range of contemporary fiction, biographical and non-fiction books and media material. Sufficient consideration had been given to providing reading material for foreign nationals, including electronic devices with translation functionality. However, the range and quality of the reading materials for prisoners with limited literacy skills and those who were undertaking specialised learning were not sufficiently developed.

- 3.6 Access to the library was organised systematically but it was still closed at weekends.
- 3.7 Facilities for physical education (PE) were good and maintained well. Before the pandemic, there had been a suitable range of recreational programmes, supported well by provision from a variety of organisations, including sports governing bodies.
- 3.8 Access to the gym and engagement in the PE and other programmes had been curtailed by the pandemic restrictions, but was starting to improve. There had been investment in equipment on some of the landings, with flexible access to aerobic and strength and conditioning machines, including for prisoners with learning and work commitments. Notably, PE instructors and PDU staff worked closely with the Mental Health Team to support prisoners' health and well-being; this important work was a key feature of a holistic provision.
- 3.9 There were advanced plans to relaunch the prison 'Parkrun' in line with community Parkrun events.

Recommendation

- 3.10 Access to the library should be extended to weekends.

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 prisoners.

- 3.11 ETI Inspectors made the following assessments about the education, skills and work provision.

Overall effectiveness of learning and skills and work:	<i>Important areas for improvement.⁷</i>
Outcomes and achievements of prisoners engaged in learning and skills and work:	<i>Important areas for improvement.</i>
Quality of learning and skills and work provision, including the quality of teaching, training, learning and assessment:	<i>Important areas for improvement.</i>
Leadership and management of learning and skills and work:	<i>Important areas for improvement.</i>

⁷ The reporting of evaluation outcomes follow the ETI's Inspection and Self-Evaluation Framework (ISEF).

- 3.12 The ETI assessed that leaders were making insufficient progress towards ensuring that staff teach a full curriculum and provide support to meet prisoners' needs, including the provision of sufficient remote learning opportunities.
- 3.13 The leadership and management of the learning and skills provision was going through a major process of change. A new five-year Service Level Agreement between Belfast Metropolitan College (Belfast Met) and the NIPS for the delivery of the learning and skills provision across the three prison sites, including Magilligan, had started on 1 April 2021. As a result, management at all levels was just beginning to settle, but a small number of management posts had still to be filled, including an on-site head of learning and skills position which had been vacant for much of the last year. Communication and collaboration between college and prison staff were inadequate.
- 3.14 At the time of the inspection, the recovery planning for post-COVID-19 provision was at an early stage. As a result of the ongoing restrictions, only a few on-site workshop training sessions were timetabled, along with some remotely delivered online classes.
- 3.15 There were shortcomings in the leadership and management of the learning and skills provision. There were notable gaps in the operational management of this provision and the oversight, self-evaluation and governance of the college-led provision required improvement.
- 3.16 Limited progress had been made in accepting and addressing the purposeful activity recommendations from the previous inspection. Three of the actions had not been achieved with the remainder only partially achieved. The development of a strategic, holistic, robust process of self-evaluation and quality improvement planning remained to be developed and implemented.
- 3.17 Participation by prisoners in purposeful activity had been adversely affected by the pandemic, but the efforts of the senior leaders in the prison had helped to mitigate this, for a minority of prisoners.
- 3.18 Pre-pandemic data showed good levels of participation (75%) in purposeful activities. At the time of the inspection, however, around 54% of prisoners were involved in purposeful activity; just over half of these were engaging in meaningful activities, with the remainder undertaking house orderly roles of variable quality and daily duration. This proportion engaged in meaningful purposeful activity needed to be higher and too little effort was being put into improving prisoners' literacy and numeracy, despite there being a clearly identified need.
- 3.19 On-site face-to-face learning and skills provision had stopped entirely from March 2020, and was just beginning to be revived. No workshop-based vocational training had taken place since March 2020. Two college tutors started some limited face-to-face tutoring during the inspection, in Information and Computer

Technology (ICT) and joinery. From June 2020, prison staff initiated and invested in facilitating the remote delivery of a wide range of sessions, delivered mostly by college staff; these included literacy, barbering, creative writing, cybersecurity and the construction trades. In order to maintain the house 'bubbles', the number of prisoners who benefited from this remotely delivered provision was low. A majority of the sessions comprised just one or two prisoners and the sessions were not sufficiently frequent for coherent and effective progression in learning.

- 3.20 The quality of the learning and teaching in the sessions that Inspectors were able to observe, including in the remote sessions, was good or better, although the digital teaching resources available for staff needed to be developed further. The need to exploit further the potential of technology enabled learning had been recognised and prioritised appropriately by senior college and NIPS staff.
- 3.21 Prisoners taking Open University courses were mostly supported well in the continuation of their studies throughout the pandemic, although access to online resources was limited.
- 3.22 Soon after the start of the COVID-19 pandemic in March 2020, the college staff prepared remote learning resource packs, across the range of curriculum areas, which were printed by prison staff and distributed in paper-based form to prisoners who had been enrolled in classes. The quality of the resources varied greatly and only a small amount of completed work was returned by prisoners to tutors for marking or feedback. Closer attention needed to be paid to the desired learning objectives, particularly in regard to the appropriateness of the level and relevance of the content of the learning packs.
- 3.23 The prisoners housed on Foyleview and Alpha Units had good access to substantial work activities and undertook a range of job roles in the community workshops, recycling, the laundry, bicycle refurbishment and the kitchens; these had continued throughout the pandemic. However, these prisoners did not have ready access to education and training opportunities in order to gain, or improve their level of qualifications or develop recognised and transferable technical and wider employability skills. A small number of the prisoners in the main prison also undertook meaningful work, such as manufacturing furniture and maintaining the prison landscape and horticultural areas.
- 3.24 Despite the clearly identified need to improve prisoners' essential skills of literacy, numeracy and ICT, the number enrolling for courses in these skills had been in sharp decline since before the pandemic, particularly in numeracy. Before the pandemic, almost all of the prisoners who enrolled in the essential skills provision were retained and most of them achieved. However, most of the achievements were at entry level and too few prisoners progressed to the higher levels of literacy and numeracy that are necessary for the world of work or further education and training.

3.25 Before the pandemic, almost all (96%) of the prisoners who enrolled on accredited vocational programmes completed their training, and most (87%) achieved their targeted qualification. While just over half of the successful Level One learners progressed to Level Two, only a very small number of Level Two learners progressed to Level Three. The number of accreditations achieved since June 2020 was very low, at 43, and only a very small number of prisoners achieved an essential skills qualification.

3.26 Over the period of the COVID-19 pandemic, prisoners' wider employability had not been developed sufficiently. Their contact with employers and the workplace was severely curtailed. Better use needed to be made of digital technology and the remote learning equipment to increase engagement and links with employers.

Recommendations

3.27 **Leaders should make sure that there is a further education college leadership presence on-site as soon as possible, to ensure good levels of communication, effective monitoring and co-ordination between prison and college staff as provision resumes.**

3.28 **Leaders should develop and implement effective arrangements for the strategic overview and evaluation of the quality of education, skills and work at all levels, demonstrating a clear impact on better outcomes for the prisoners.**

3.29 **Leaders should increase the number and quality of work activities for the prisoners and ensure suitable access for them to relevant qualifications and accreditation, to improve their future opportunities for employment and/or further training.**

3.30 **Leaders should develop a digital strategy to support the delivery of the learning and skills provision.**

3.31 **Leaders should implement more effective strategies to improve the essential skills provision, including to increase engagement and enrolments, and make sure that more prisoners progress and attain at the higher levels.**

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 Temporary release on licence to facilitate family contact was currently suspended. Social visits had restarted in April 2021 but they remained disproportionately restrictive and limited. They were held on one day a week only and up until the inspection, no children had been permitted. All visits took place under closed conditions or via barrier visits where families sat across a partitioned table.
- 4.2 The visits room had been redecorated by prisoners during the COVID-19 pandemic and now offered a bright and welcoming environment. They had also designed and helped to build a play park and family support room, which were impressive developments that would considerably improve the visits experience once they were back in use.



Photograph 5: Children's play area.



Photograph 6: Visits room.

- 4.3 Technology for virtual visits had been introduced in May 2020. It had been well promoted and was well used, with over 19,000 virtual visits to date. Each residential unit had a designated room to hold these video calls and backgrounds had been softened to provide a less austere backdrop for fathers when talking to their children. Books were provided so that prisoners could read to their children during these sessions. In our survey, two-thirds of respondents said that they had used the video calling facilities, which was considerably higher than we have seen in other prisons we have visited recently. Virtual visits helped to overcome travelling difficulties for many families who lived far from the prison (local data indicated that two-thirds of prisoners were over 50 miles from their families) and for those who lived abroad.

4.4 In our survey, 88% of respondents said that they were able to use a telephone every day. Most prisoners shared communal telephones on landings, which afforded privacy, and access was reasonable. Prisoners on Foyleview and Alpha Units benefited from in-cell telephones. An additional £5 telephone credit was provided weekly to prisoners during the COVID-19 pandemic and the 'email a prisoner' scheme (allowing families and friends of prisoners to send emails into the prison) was also available.

4.5 Enthusiastic family support officers worked well with partner agencies to sustain and promote family ties despite the ongoing pandemic. A Barnardo's worker provided prisoners with one-to-one parenting support via video conferencing facilities, and the Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) continued to find innovative and thoughtful ways to engage with families, including sending them pumpkins at Halloween, Christmas stockings and producing calendars with family photographs for prisoners. Novel practices, such as child-centred and family induction visits were currently paused, but the homework club, whereby prisoners were able to support their children with their studies virtually, was a particularly promising and well-considered pilot.

Recommendation

4.6 **The availability of face-to-face social visits should be increased and alternatives found to the standard use of closed or barrier visits.**

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.

4.7 All three of the establishments in Northern Ireland worked to the same NIPS policies for reducing reoffending and the strategic work outlined in these was led through monthly meetings, chaired by the Director of Rehabilitation. Since the previous inspection, Magilligan had introduced a PDU managers meeting which facilitated the flow of information effectively into and out of the strategic forum, to enable the prison to respond to local need. A positive example of this was the introduction of a variation of the Prisoner Development Model (PDM) (see paragraph 4.12).

4.8 Throughout the period of restrictions, the prison had continued to maintain ties with a wide range of partner agencies, including those from the voluntary sector, to support work on rehabilitation. Almost all the support provided by these partners, including bereavement counselling, had been carried out remotely using video calling. It was disappointing that many of these partners were still not permitted to have face-to-face contact with prisoners at the time of the inspection.

- 4.9 The use of release on temporary licence to support rehabilitation had been halted during the period of restrictions. This was a particular disadvantage for those prisoners whose release was dependent on a decision by the Parole Commissioners for Northern Ireland, as they were unable to demonstrate compliance with conditions in the community before a parole hearing. Impressively, the prison had recently resumed some accompanied temporary release - for example, participation in the Duke of Edinburgh's Award scheme.
- 4.10 Many of the community work placements previously available had still not resumed at the time of the inspection, which limited opportunities for rehabilitation. The lack of outside work was particularly frustrating for prisoners who had progressed to the low-supervision Alpha, Foyleview and Runkerry Units. However, three prisoners had been able to progress to serve the end of their sentence while living in Kilcranny House, a rural location about 10 miles from the prison. During the transition to release, these prisoners worked for a local charity and developed their independent living skills.
- 4.11 The PDU was staffed by a mix of NIPS and Probation Board for Northern Ireland (PBNI) staff, each of whom had their own caseload (of about 35 prisoners) with PBNI staff assigned the higher-risk prisoners. During the early stages of the period of restrictions, PBNI staff had not been allowed into the prison and had not had access to prison laptop computers when working from home, so had had to contact NIPS staff to speak to prisoners on their behalf. This dire situation had been exacerbated as all but three of the NIPS staff had been deployed to other duties until summer 2020. From this point, one member of PBNI staff had been permitted to enter the prison each day, but had been prohibited from having face-to-face contact with prisoners. As a result, many prisoners had had no recorded contact with the PDU for several months.
- 4.12 In an attempt to mitigate the weakened PDU staffing provision, managers had adapted the PDM to provide each prisoner with a co-ordinator (lead) and support officer. Either role could be performed by a member of staff from the NIPS or the PBNI, depending on the prisoner's risk level. Each pair of staff could agree to share some tasks for their combined workload and staff told us that this greatly improved their working relationship and provided a valuable opportunity to learn from one another. However, at the time of the inspection, only three PBNI staff were permitted into the prison each day and they still had to ask permission from a senior manager to have face-to-face contact with prisoners while the NIPS staff did not.
- 4.13 The prison had effectively increased the capacity of the PDU by requiring each member of residential staff on the low-supervision units to perform the co-ordinator or support role. However, these staff were inevitably less experienced in this role and did not receive the regular casework supervision available to all those in the PDU.

- 4.14 In our survey, only 53% of respondents said that they had a Personal Development Plan (PDP) and 35% of these said that no one was helping them to meet their targets. Prison records showed that most prisoners did have a PDP and that this was reviewed regularly by co-ordinators. Most of the plans we examined were of a reasonable standard, although in some instances, the objectives for low-risk and short-sentenced prisoners were absent or lacking in detail. Quality assurance by managers for PDPs prepared by NIPS staff was limited to one PDP per staff member per quarter, which was insufficient.
- 4.15 The prison had continued to use early conditional release through the period of restrictions. In addition, although home leave had been suspended, interim arrangements allowed for all the days granted to be taken as a block period immediately before the prisoner's custody expiry date, which was commendable.
- 4.16 In our survey, 67% of respondents said that their experience at Magilligan had made them less likely to offend in the future, which, given the restrictions imposed over the last year, was encouraging.

Recommendations

- 4.17 **Probation Board for Northern Ireland staff in the Prisoner Development Unit should have face-to-face contact with prisoners in order to build trust and meet the rehabilitative needs of prisoners on their caseload.**
- 4.18 **Prisoner Development Unit managers should make sure that the objectives in Personal Development Plans are current, specific and designed to support prisoners' progress through their sentence.**

Public protection

- 4.19 All new arrivals were screened for public protection risks. At the time of the inspection, there were 150 prisoners subject to Public Protection Arrangements Northern Ireland (PPANI) and 72 to a Sexual Offences Prevention Order.
- 4.20 The PPANI links forum co-ordinated the management of PPANI cases across Northern Ireland. Prisoners subject to these arrangements were reviewed in the final 12 weeks of their sentence and the level of management required in the community was set during a multi-agency Local Area Public Protection Panel meeting. Documentation created to support this process dealt suitably with risk and we also saw good consideration of risk management in release plans prepared by PBNi staff.
- 4.21 Very few prisoners had been subject to offence-related telephone monitoring in the previous 12 months, with none at the time of the inspection. Records showed that the authorisation and recording of this monitoring were appropriate. However, we found that arrangements for monitoring mail were not as thorough for some civil measures, such as restraining orders and non-molestation orders. Monitoring was dependent on PDU staff adding a note to a prisoner's mail folder on the residential unit, which was not a robust system and did not always happen.

Recommendation

- 4.22 **Arrangements for monitoring prisoners' mail should minimise the opportunity for contact in breach of civil orders.**

Categorisation and transfers

- 4.23 Most prisoners arrived from Maghaberry Prison, which housed adult remand, long-term and high-security prisoners. The security category of each prisoner was reviewed annually, and at the time of the inspection only 64 were still Category B, with most of the population (81%) being Category C. As there was no open prison in Northern Ireland, those progressing to Category D remained at Magilligan, and there was no discernible difference between the experience of Category C and D prisoners, with both able to progress to the Alpha and Foyleview low-supervision units.
- 4.24 The prison held 50 life and Indeterminate Custodial Sentence (ICS) prisoners which was an increase of almost one third on the previous inspection. All such prisoners were assigned to specific PBNi co-ordinators to manage in the four years before their tariff expiry date and these members of staff had developed expertise in this area. We saw one example where the brother of a complex prisoner, who was considerably over-tariff and had previously failed during testing in the community, was invited to join a case conference by video technology to support and encourage his sibling. In a change since the previous inspection, life and ICS prisoners could now be considered for progression to the low-supervision units. In addition, the prison had analysed the recommendations from the Parole Commissioners for Northern Ireland report to identify areas where additional support might be necessary.

INTERVENTIONS

Expected outcomes: Prisoners are able to access interventions designed to promote successful rehabilitation.

- 4.25 The prison had been able to deliver two accredited programmes face-to-face during the period of restrictions: *Resolve* (for those with a high risk of reoffending for violent offences) and *Building Better Relationships* (for those convicted of an intimate partner violence offence). The prison had also recently started to deliver the *Horizon* sex offender treatment programme. The schedule of programmes was based on a needs analysis compiled from the details contained in prisoners' PDPs and agreed at a periodic intervention panel, involving psychology and PDU managers, to match delivery against demand. There was evidence of collaboration across establishments to meet demand and one of the participants on the *Horizon* programme had been transferred from Maghaberry Prison to complete this. A quarterly prioritisation panel considered those prisoners who were unsuitable for group programmes, and some were given one-to-one support.

- 4.26 In the previous 12 months, a small number of prisoners with an identified need for *Resolve* had been discharged without completing the programme, as delivery had been postponed at that time. Waiting lists were not excessive and the proposed schedule for the next 12 months met most of the identified need for the programmes available. The prison no longer offered the *Thinking Skills* Programme, although there was a proposal to reintroduce it once there were enough trained staff to facilitate it. At the time of the inspection, there were 26 open referrals for this programme.
- 4.27 In the previous 12 months, PDU staff had facilitated a non-accredited victim impact programme, as well as personal development interventions such as cookery and the promising *Fight for Myself* course. The latter was a positive innovation by prison staff, making good use of video technology to bring external input into the prison safely during the period of restrictions. A range of partners also continued to deliver interventions to support prisoners using technology, including Cruse (bereavement counselling), AD:EPT (substance misuse) and Alcoholics Anonymous.

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.

- 4.28 In our survey, only 50% of those expecting to be released in the next three months said that someone was helping them to prepare for this. An average of 32 prisoners each month had been released from the establishment over the previous year. Most prisoners were subject to supervision in the community on release, with only 29 (7%) of the current population serving a sentence of less than 12 months (where community supervision was not provided). NIACRO provided advice and support for these short-sentenced prisoners for a range of issues, including finance matters, although this work had been completed by telephone or video calling throughout the period of the COVID-19 restrictions. The PDU staff were expected to prepare release plans 30 working days before release and the prison monitored this; the data showed that this target was usually met. The PBNI staff prepared the release plans for prisoners assessed as higher risk, and the plans we reviewed had a suitable focus on managing risk.
- 4.29 Housing Rights continued to offer advice and support on accommodation for lower-risk prisoners and had done so remotely over the previous 12 months, tackling issues such as sustaining social tenancies and securing accommodation for release. The housing peer adviser had been unable to speak to new arrivals during this time but PDU staff were aware of the support available and had made referrals to the Housing Rights officer. In the previous six months, there had been only one prisoner released without an address to go to. The accommodation needs of higher-risk prisoners were managed by PBNI staff, with the majority going to one of the seven approved hostels in Northern Ireland.

CHAPTER 5 RECOMMENDATIONS IN THIS REPORT

The following is a list of repeated and new concerns and recommendations in this report.

KEY CONCERNS AND RECOMMENDATIONS

- 5.1 **Key concern:** Illicit drugs and diverted prescribed medications were easily available. Random mandatory drug testing positive rates were high and searching resulted in many finds relating to drug use. In our survey, one third of prisoners said that they had developed a problem with drugs or medication not prescribed to them while at the prison. Although a drug and alcohol strategy with an associated action plan were now in place, they were yet to be effective in addressing the supply of illicit drugs within the prison.

Key recommendation: The drug strategy action plan should be up to date, widely communicated and closely tracked to reduce the supply and demand for drugs and alcohol. (To the governor)

- 5.2 **Key concern:** The standards of cleanliness on some units were poor and presented considerable risks to health. Audits of residential units had been introduced recently, but were not focused on cleanliness. There was no robust mechanism in place to monitor this.

Key recommendation: Effective arrangements should be put in place to set, monitor and maintain high standards of cleanliness and hygienic practice in residential units. (To the governor)

RECOMMENDATIONS

- 5.3 Screening interviews for new arrivals should be sufficiently comprehensive to identify risk and this should be shared with the appropriate staff. (To the governor) (1.8)
- 5.4 Adjudications should be subject to quality assurance and data analysed to understand and improve prisoner behaviour. (To the governor) (1.21)
- 5.5 All staff should complete their control and restraint refresher training annually. (To the governor) (1.25)

- 5.6 Plans to improve the level of governance of use of force should be implemented and this should include the effective oversight of the use of body worn camera footage. (To the governor) (1.26)
- 5.7 The prison should investigate and address prisoner perceptions of staff victimisation reported in our survey. (To the governor) (2.4, repeated recommendation 2.14)
- 5.8 Response times to cell call bells should be monitored. (To the governor) (2.16)
- 5.9 The scope of consultation with prisoners should be expanded, with greater clarity about how such consultation will be used to effect positive change. (To the governor) (2.27)
- 5.10 Monitoring and quality assurance should be improved, to ensure that prisoners receive adequate responses through the request system. (To the governor) (2.28)
- 5.11 The recommendations identified in the internal review of complaints should be implemented and complaints about staff should be more rigorously dealt with. (To the governor) (2.29)
- 5.12 Equality work should be underpinned by a comprehensive equality policy and driven through a strategic action plan that has been informed by regular consultation, to ensure that the needs of prisoners from protected groups are met. (To the governor) (2.36)
- 5.13 The chaplaincy department should be more integrated and visible, in order to provide adequate spiritual and pastoral support. (To the governor) (2.56)
- 5.14 The Northern Ireland Prison Service should enable health care staff to provide prisoners with access to barrier protection, in line with National Institute for Health and Care Excellence public health guidance. (To the Northern Ireland Prison Service) (2.69)
- 5.15 The South Eastern Health and Social Care Trust should review access to the General Practitioner for non-urgent appointments, so that it is in line with that in the community. (To the South Eastern Health and Social Care Trust) (2.73)
- 5.16 The South Eastern Health and Social Care Trust should improve the forensic psychiatry cover and access to psychological services based on the health needs assessment of the patient population. (To the South Eastern Health and Social Care Trust) (2.80)
- 5.17 The South Eastern Health and Social Care Trust, along with their partners at the Health and Social Care Board, should work together to review the current capacity and capability of the addiction service to meet the needs of prisoners who require treatment and support for addiction. (To the South Eastern Health and Social Care Trust and Health and Social Care Board) (2.87)

- 5.18 Standard Operating Procedures for controlled drugs should be up-to-date. (To the South Eastern Health and Social Care Trust) (2.94)
- 5.19 The disposal arrangements for controlled drugs should be in accordance with best practice guidelines. (To the South Eastern Health and Social Care Trust) (2.95)
- 5.20 The Northern Ireland Prison Service and the South Eastern Health and Social Care Trust should introduce a robust monitoring procedure for in-possession medication to ensure compliance and reduce the likelihood of diversion. (To the Northern Ireland Prison Service and the South Eastern Health and Social Care Trust) (2.96)
- 5.21 Access to the library should be extended to weekends. (To the governor) (3.10)
- 5.22 Leaders should make sure that there is a further education college leadership presence on-site as soon as possible, to ensure good levels of communication, effective monitoring and co-ordination between prison and college staff as provision resumes. (To the Belfast Met) (3.27)
- 5.23 Leaders should develop and implement effective arrangements for the strategic overview and evaluation of the quality of education, skills and work at all levels, demonstrating a clear impact on better outcomes for the prisoners. (To the Belfast Met and the governor) (3.28)
- 5.24 Leaders should increase the number and quality of work activities for the prisoners and ensure suitable access for them to relevant qualifications and accreditation, to improve their future opportunities for employment and/or further training. (To the governor) (3.29)
- 5.25 Leaders should develop a digital strategy to support the delivery of the learning and skills provision. (To the Belfast Met and the governor) (3.30)
- 5.26 Leaders should implement more effective strategies to improve the essential skills provision, including to increase engagement and enrolments, and make sure that more prisoners progress and attain at the higher levels. (To the Belfast Met) (3.31)
- 5.27 The availability of face-to-face social visits should be increased and alternatives found to the standard use of closed or barrier visits. (To the governor) (4.6)
- 5.28 Probation Board for Northern Ireland staff in the Prisoner Development Unit should have face-to-face contact with prisoners in order to build trust and meet the rehabilitative needs of prisoners on their caseload. (To the governor) (4.17)
- 5.29 Prisoner Development Unit managers should make sure that the objectives in Personal Development Plans are current, specific and designed to support prisoners' progress through their sentence. (To the governor) (4.18)
- 5.30 Arrangements for monitoring prisoners' mail should minimise the opportunity for contact in breach of civil orders. (To the governor) (4.22)

CHAPTER 6

PROGRESS ON RECOMMENDATIONS FROM THE LAST FULL INSPECTION REPORT

RECOMMENDATIONS FROM THE LAST FULL INSPECTION

The following is a summary of the main findings from the last full inspection report and a list of all the recommendations made, organised under the four tests of a healthy prison. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

SAFETY

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2017, prisoners were negative about the escort journey to the prison. Early days support was generally reasonable. Levels of reported violence were very low. While most prisoners felt safe, more than at the last inspection said they did not, or that they had been victimised. Processes to manage bullying and to support victims were weak. Levels of self-harm were relatively low and the care provided to prisoners in crisis was good. However, there were frailties in the SPAR [Supporting Prisoners at Risk] process. Security arrangements were appropriate and supported the regime. Use of formal disciplinary processes and force was low. Stays in the Care and Supervision Unit (CSU) were generally short and the regime in the unit was good. Substance misuse support had improved and was now reasonable overall, although a more strategic approach to the challenges faced was still needed. Outcomes for prisoners were reasonably good against this healthy prison test.

Key recommendations

There should be a prison-wide drug and alcohol strategy with an associated action plan to address both supply reduction and psychosocial support issues.

✓ **Achieved**

Recommendations

Prisoners transferring into Magilligan should be given sufficient notice and be provided with written information about the prison, its regimes and routines. (1.3)

✓ **Achieved**

New arrivals should only receive a full search if intelligence-led. (1.10)

✓ **Achieved**

Initial safety screenings in reception should explore any potential safer custody concerns and there should be additional first night checks for new arrivals. (1.11)

✓ **Achieved**

New arrivals should have access to changes of clothes while they wait for their property. (1.12)

✓ **Achieved**

There should be an effective violence reduction strategy, informed by relevant data, that ensures a prison-wide approach to tackling anti-social behaviour. (1.18)

✓ **Achieved**

Managers should ensure that the quality of Supporting Prisoners at Risk is sufficient to give assurance that all support action is taken. (1.25)

✓ **Achieved**

Anti-ligature clothing and camera-recorded observation cells should only be used as a last resort and always be properly authorised. (1.26)

✓ **Achieved**

Managers should ensure that recommendations from deaths in custody reports are implemented and that there is a review mechanism to ensure that changes in practice are embedded. (1.27)

✓ **Achieved**

All night staff should carry anti-ligature knives. (1.28)

✓ **Achieved**

There should be a pathway for detoxification from drugs that does not include placing prisoners in the Care and Supervision Unit. (1.51)

✓ **Achieved**

RESPECT

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2017, the fabric of some accommodation units was poor, and the external environment was blighted with razor wire. However there had been significant efforts to keep the accommodation clean and functional and to allow prisoners to live decent lives. Staff-prisoner relationships were very good. Poorer outcomes for Catholic prisoners remained a concern. There was some innovative work with older and disabled prisoners. The management of complaints needed improvement. Legal services were appropriate. Health care provision was reasonably good overall. Food and shop provision were good. Outcomes for prisoners were good against this healthy prison test.

Recommendations

House blocks should be replaced with more suitable, safe accommodation with appropriate sanitation arrangements and covered walkways should be installed across the site. (2.9)

✗ **Not achieved**

The unnecessary razor wire around the site should be removed. (2.10)

✓ **Partially achieved**

The prison should investigate and address prisoner perceptions of staff victimisation reported in our survey. (2.14)

✗ **Not achieved** (Recommendation repeated, 3.4)

All staff should receive diversity training. (2.21)

✓ **Partially achieved**

Prisoner forums should be introduced to identify and address the negative perceptions of some diverse groups. (2.22)

✗ **Not achieved**

Analysis of equality and diversity data should be extended to incorporate all section 75 areas and a wider range of prison activity, including work and learning and skills. (2.23)

✓ **Partially achieved**

The Northern Ireland Prison Service should engage independent external support to assist in identifying the underlying reasons for the disparities of outcomes for Catholic prisoners and their responses in our survey about respectful treatment by staff. (2.29)

✓ **Partially achieved**

Foreign national prisoners should, subject to security checks, be able to access Skype or its equivalent to maintain contact with family abroad. (2.30)

✓ **Achieved**

A dedicated space for prisoners to worship should be permanently available. (2.34)

✓ **Achieved**

There should be a robust process for investigating prisoner complaints of alleged staff assaults to provide confidence to prisoners and assurance to staff. (2.37)

✗ **Not achieved**

The prison should work with the South Eastern Health and Social Care Trust to provide clinical supervision for nursing staff in accordance with Department of Health standards. (2.49)

✓ **Achieved**

The prison should work with the South Eastern Health and Social Care Trust to ensure the coding, training and inputting of data and audits of health care records on to the Egton Medical Information System (EMIS) medical computer system is effective in informing the health care needs of prisoners and improving health outcomes. (2.50)

✗ **Not achieved**

The Northern Ireland Prison Service should ensure that all treatment room clinical hand-wash sink specifications should comply with current regulations. (2.51)

✓ **Achieved**

Health emergency call-outs should be properly risk assessed by the Northern Ireland Prison Service and coded in line with Northern Ireland Prison Service guidance. (2.52)

✓ **Achieved**

The Northern Ireland Prison Service should enable health staff to provide prisoners with access to barrier protection, in line with NICE [National Institute for Health and Care Excellence] public health guidance. (2.57)

✗ **Not achieved**

The Northern Ireland Prison Service and the South Eastern Health and Social Care Trust should introduce a robust procedure for monitoring, through spot checks, prisoner management of in-possession medication. (2.62)

✗ **Not achieved**

Mental health risk assessments should comply with the relevant guidance on promoting quality care (May 2010), and recovery plans should address the patient's assessed needs in a comprehensive assessment. (2.66)

✓ **Achieved**

PURPOSEFUL ACTIVITY

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

At the last inspection, in 2017, time of out of cell was good. Learning and skills provision had progressed considerably, and the Education and Training Inspectorate assessed the provision as good overall. The senior management team had set an ambitious strategy and there was some excellent partnership work. Some provision still needed to be better integrated. Self-evaluation and quality improvement planning had strengthened, but the use of data to support this was limited. The range of education and vocational courses had been extended, although some gaps remained. Most prisoners were participating in meaningful activities and the quality of what we observed was good to outstanding. Attendance needed further improvement. The library and the gym offered a good range of opportunities. Outcomes for prisoners were reasonably good against this healthy prison test.

Recommendations

The management of purposeful activity in the Northern Ireland Prison Service and college provision should be more fully integrated, using the self-evaluation and quality improvement planning process, with more effective use of data to track, monitor and review the provision. (3.9)

✗ **Not achieved**

There should be targeted professional development for all staff involved in training to build their capacity in self-evaluation and pedagogic practices. (3.10)

✗ **Not achieved**

There should be improved access to the internet and Information and Computer Technology equipment. (3.11)

✓ **Partially achieved**

The prison should continue to extend the curriculum to ensure that prisoners have enough opportunity to achieve accredited qualifications at the appropriate level recognised by employers. (3.17)

✓ **Partially achieved**

Prisoners should have access to the library at weekends. (3.31)

✗ **Not achieved**

Outdoor facilities, including a suitable all-weather outdoor surface, should be provided. (3.35)

✗ **Not 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 2017, although the strategic planning of rehabilitation work was not specific to Magilligan, prisoners had some good rehabilitation opportunities, with generally sound support that was particularly good for higher risk individuals. Public protection work was well managed, with good assessments for home leave which was used extensively. Prisoners serving Indeterminate Custodial Sentences did not have an early enough focus on their offending behaviour. Reintegration work was good and there was some very good through-the-gate support as well as some excellent children and families work. Outcomes for prisoners were good against this healthy prison test.

Recommendations

The overarching strategic plan for delivering resettlement at Magilligan should reflect unique aspects of provision at the prison, and the assessed needs of the local population. (4.4)

✓ **Partially achieved**

All Prisoner Development Plan co-ordinators should receive regular casework supervision focused on their work with prisoners to ensure consistent and effective prisoner engagement. (4.11)

✓ **Partially achieved**

There should be routine input from the Prisoner Development Unit on the progress of prisoners through the 'Step' project. (4.12)

✓ **Achieved**

Indeterminate sentence prisoners should be supported to address their offending behaviour and their ongoing risk should be evaluated throughout their sentence. (4.17)

✓ **Achieved**

Careers advice for prisoners at key transition points to enhance their progression into employment and/or further education and training on release should be improved. (4.24)

✓ **Achieved**

APPENDIX I

ABOUT OUR INSPECTIONS AND REPORTS

All prison inspection reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison that were first introduced in HMIP's thematic review *Suicide is everyone's concern*, published in 1999. For men's prisons the tests are:

- **Safety:** Prisoners, particularly the most vulnerable, are held safely.
- **Respect:** Prisoners are treated with respect for their human dignity.
- **Purposeful activity:** Prisoners are able, and expected, to engage in activity that is likely to benefit them.
- **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 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 judgments: 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. They are:

- **Outcomes for prisoners are good:** There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.
- **Outcomes for prisoners are reasonably good:** There is evidence of adverse outcomes for prisoners in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.
- **Outcomes for prisoners are not sufficiently good:** There is evidence that outcomes for prisoners are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of prisoners. Problems/concerns, if left unattended, are likely to become areas of serious concern.
- **Outcomes for prisoners are poor:** There is evidence that the outcomes for prisoners are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for prisoners. Immediate remedial action is required.

Our assessments might result in one of the following:

- **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 notable positive practice:** innovative work or practice that leads to particularly good outcomes from which other establishments may be able to learn. Inspectors look for evidence of good outcomes for prisoners; original, creative or particularly effective approaches to problem-solving or achieving the desired goal; and how other establishments could learn from or replicate the practice.

Five key sources of evidence are used by inspectors: observation; prisoner and staff 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.

Other than in exceptional circumstances, all prison inspections in Northern Ireland are unannounced and include a follow-up of recommendations from the previous inspection.

THIS REPORT

This report provides a summary of our inspection findings against the four healthy prison tests. Chapters 1 to 4 contain a detailed account of our findings against our *Expectations. Criteria for assessing the treatment of and conditions for men in prisons* (Version 5, 2017) (available on the HMIP website at www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations). The reference numbers at the end of some recommendations indicate that they are repeated and provide the paragraph location of the previous recommendation in the last report. Chapter 5 lists all recommendations made in the report. Chapter 6 lists the recommendations from the previous full inspection and our assessment of whether they have been achieved.

Findings from the survey of prisoners and a detailed description of the survey methodology can be found at Appendix IV. Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant. 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.

APPENDIX II

INSPECTION TEAM

This inspection was carried out by:

Jacqui Durkin	Chief Inspector, CJI
Martin Lomas	Deputy Chief Inspector, HMIP
Deborah Butler	Team leader, HMIP
Ian Dickens	Inspector, HMIP
Maureen Erne	Inspector, CJI
Jeanette Hall	Inspector, HMIP
David Owens	Inspector, HMIP
Chris Rush	Inspector, HMIP
Kam Sarai	Inspector, HMIP
Paul Tarbuck	Inspector, HMIP
Charlotte Betts	Researcher, HMIP
Amilcar Johnson	Researcher, HMIP
Alec Martin	Researcher, HMIP
Wendy McGregor	A/Assistant Director, RQIA
Thomas Hughes	Senior Inspector, RQIA
Rhona Brennan	Inspector, RQIA
Lorraine O'Donnell	Inspector, RQIA
Helen Daly	Inspector, RQIA
Rachel Lloyd	Inspector, RQIA
Stuart Brown	Inspector, RQIA

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

APPENDIX III

PRISON POPULATION PROFILE (27 MAY 2021)

A population profile was requested from the prison as part of the information gathered during the inspection.

HMP MAGILLIGAN'S PRISON PROFILE REPORT ON 27/05/2021

(1) Status			Male 21 and over
Sentenced	318	77.37%	318
Recall	85	20.68%	85
Unsentenced	8	1.95%	8
Total:	411	100.00%	411

(2a) Sentenced Group			Male 21 and over
Adult Appellant	12	2.99%	12
Adult Determinate Cust Sent	235	58.60%	235
Adult Extended Cust Sent	51	12.72%	51
Adult Indeterminate Cust Sent	4	1.00%	4
Adult Lifer	44	10.97%	44
Adult Sentenced	50	12.47%	50
Adult S.O.S.P.	1	0.25%	1
Young Off Determinate Cust Sen	3	0.75%	3
Young Offender Lifer	1	0.25%	1
Total:	401	100.00%	401

(2b) Sentenced Length			Male 21 and over
Less than 6 months	6	1.50%	6
6 months to less than 12 months	23	5.74%	23
12 months to 2 years	50	12.47%	50
2 years to less than 4 years	102	25.44%	102
4 years to less than 10 years	108	26.93%	108
10 years and over(not Life)	66	16.46%	66
Life/Indeterminate	46	11.47%	46
Total:	401	100.00%	401

(3a) Length of Stay (Unsentenced)			Male 21 and over
3 months to 6 months	4	40.00%	4
6 months to 1 year	4	40.00%	4
1 year to 2 years	1	10.00%	1
4 years and over	1	10.00%	1
Total:	10	100.00%	10

Sex	(3b) Age	No of Inmates	%
Male	21 years to 29 years	107	26.03%
	30 years to 39 years	144	35.04%
	40 years to 49 years	76	18.49%
	50 years to 59 years	49	11.92%
	60 years to 69 years	21	5.11%
	70 plus years	14	3.41%
Total		411	100.00%

Youngest Prisoner:

21

Oldest Prisoner:

83

Average Age:

50

(4) Nationality			Male 21 and over
British	48	11.68%	48
British - England	11	2.68%	11
British - Scotland	2	0.49%	2
British - Wales	1	0.24%	1
Foreign National	13	3.16%	13
Irish	53	12.90%	53
Northern Irish	283	68.86%	283
Total:	411	100.00%	411

(5) Security Category			Male 21 and over
Cat B	64	15.57%	64
Cat C	336	81.75%	336
Cat D	9	2.19%	9
Cat U	2	0.49%	2
Total:	411	100.00%	411

(6) Ethnicity		Male 21 and over		
White	White	401	97.57%	401
Asian or Asian British	Pakistani	1	0.24%	1
Black/African/ Caribbean/Black British	Black African	1	0.24%	1
Mixed/Multiple Ethnic Groups	Mixed Ethnic Group	2	0.49%	2
Mixed/Multiple Ethnic Groups	Other Ethnic Group	2	0.49%	2
	Irish Traveller / Traveller	4	0.97%	4
Total:		411	100.00%	411

(7) Religion		Male 21 and over		
Atheist	4	0.97%	4	
Baptist	2	0.49%	2	
Brethren	1	0.24%	1	
Buddhist	2	0.49%	2	
Christian	9	2.19%	9	
Christian (Presbyterian)	1	0.24%	1	
Church of Ireland	28	6.81%	28	
Church of Scotland	2	0.49%	2	
Elim	2	0.49%	2	
Evangelical	1	0.24%	1	
Free Presbyterian	29	7.06%	29	
Jew	2	0.49%	2	
Methodist	8	1.95%	8	
Muslim	3	0.73%	3	
Nil	39	9.49%	39	
Other	4	0.97%	4	
Pentecostal	1	0.24%	1	
Presbyterian	65	15.82%	65	
Roman Catholic	208	50.61%	208	
Total:		411	100.00%	411

(8) Length of Time in Custody (Sentenced Only)		Male 21 and over		
1 month to 3 months	26	6.48%	26	
Total:		401	100.00%	401

(8) Length of Time in Custody (Sentenced Only)			Male 21 and over
3 months to 6 months	65	16.21%	65
6 months to 1 year	61	15.21%	61
1 year to 2 years	84	20.95%	84
2 years to 4 years	80	19.95%	80
4 years and over	85	21.20%	85
Total:	401	100.00%	401

(9) Main Alleged Offence			Male 21 and over
Burglary/Robbery/Theft	65	15.82%	65
Criminal Damage	4	0.97%	4
Drug Offences	36	8.76%	36
Fraud & Forgery	3	0.73%	3
Motoring Offences	6	1.46%	6
Murder	50	12.17%	50
Offences Against the State	2	0.49%	2
Other Offences	29	7.06%	29
Other Offences Against the Person	129	31.39%	129
Sex Offences	87	21.17%	87
Sum:	411	100.00%	411

(10) Home Address			Male 21 and over
0-20 Miles	5	1.22%	5
21-50 Miles	50	12.17%	50
Address Not Known	6	1.46%	6
HMP Maghaberry Address	1	0.24%	1
No Fixed Abode	41	9.98%	41
Over 50 Miles	271	65.94%	271
Post Codes not in N. Ireland	37	9.00%	37
Total:	411	100.00%	411

(11) Regime Breakdown			Male 21 and over
Basic	15	3.65%	15
Standard	135	32.85%	135
Enhanced	261	63.50%	261
Total:	411	100.00%	411

APPENDIX IV

PRISONER SURVEY METHODOLOGY AND RESULTS

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 developed a self-completion questionnaire in September 2017 (revised in May 2021) to support HMI Prisons' Expectations. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release together with demographic and background questions which enables comparison of 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. Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

SAMPLING

On the day of the survey a random sample is drawn by HMIP researchers from a prisoner population list ordered by cell location. Using a power calculation, HMIP researchers calculate the minimum sample size required to ensure that the survey findings are representative of the entire population of the establishment. The formula used in the calculation assumes a 75% response rate (65% in open establishments) and a 95% confidence interval with a 7% margin of error.

DISTRIBUTING AND COLLECTING QUESTIONNAIRES

HMIP researchers distributed and collected the questionnaires in person. A cover sheet was included with the questionnaire which explained the purpose of the survey and that participation was voluntary. Assurances were given about confidentiality, anonymity and the storage and retention of the data. Prisoners were provided with a sealable envelope for their completed questionnaire and told when researchers would return to collect it. Due to social distancing measures researchers were not able to obtain verbal consent from prisoners and therefore returned and completed questionnaires were deemed as providing consent. It was also not possible to facilitate participation in the survey for those who required the survey in a language other than English, or to conduct interviews with prisoners who had literacy problems or visual impairments.

SURVEY RESPONSES

At the time of the survey on 25 May 2021, the prisoner population at Magilligan Prison was 409. Using the sampling method described above, questionnaires were distributed to 175 prisoners. We received a total of 150 completed questionnaires, a response rate of 86%.

PRISONER SURVEY RESULTS AND ANALYSES

Over the following pages we present the full survey results followed by numerous comparative analyses for Magilligan Prison. For the comparator analyses, where relevant, each question was reformulated using the Chi-square test (or Fisher's exact test if there are fewer than five expected counts in a cell) into a binary 'yes/no' format and affirmative responses compared. 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).

RESPONSES FROM MAGILLIGAN PRISON 2021 COMPARED WITH THOSE FROM OTHER HMI PRISONS SURVEYS

- These analyses are carried out on summary data from all survey questions. As we have been using a revised version of the questionnaire since May 2021, we do not yet have full comparator data for all questions.
- Survey responses from Magilligan Prison in 2021 compared with survey responses from Magilligan Prison in 2017.

COMPARISONS BETWEEN DIFFERENT RESIDENTIAL LOCATIONS WITHIN MAGILLIGAN PRISON 2021

- Responses of prisoners on the low supervision units (H1, AB, Alpha and Foyleview) compared with those from the rest of the establishment.
- Responses of prisoners on the vulnerable prisoner unit (H2, CD) compared with those from the rest of the establishment.

COMPARISONS BETWEEN SELF-REPORTED SUB-POPULATIONS OF PRISONERS WITHIN MAGILLIGAN PRISON 2021

These analyses are carried out on summary data from selected survey questions only.

- Responses of prisoners aged 25 and under compared with those aged over 25.
- Responses of prisoners aged 50 and over compared with those aged under 50.
- Responses of Protestant prisoners compared with those of Catholic prisoners.

- Responses of foreign national prisoners compared with those of UK/British nationals.
- Responses of prisoners who reported that they had a disability compared to those who did not.
- Responses of prisoners who reported that they had mental health problems compared with those who did not.
- Responses of prisoners who reported that they had been in social services care compared with those who did not.
- Responses of non-heterosexual prisoners compared with heterosexual prisoners.

Please note that we only carry out within-prison comparator analysis where there is a minimum of 10 responses in each comparison group.

In the comparator analyses, statistically significant differences are indicated by shading. The probability threshold (that is, p-value) is set at 0.01 which means that there is a 1% likelihood the statistically significant difference between the two groups is due to chance. 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 are 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.

SURVEY SUMMARY

Background information

1 What wing or houseblock are you currently living on?

H1	36 (24%)
H2	39 (26%)
H3	30 (20%)
Alpha	17 (11%)
Foyleview	14 (9%)
Halward	12 (8%)
Segregation unit	2 (1%)

1.2 How old are you?

Under 21	0 (0%)
21 - 25	18 (12%)
26 - 29	20 (14%)
30 - 39	57 (39%)
40 - 49	24 (16%)
50 - 59	17 (11%)
60 - 69	8 (5%)
70 or over	4 (3%)

1.3 What is your ethnic group?

White - English/Welsh/Scottish/Northern Irish/British	82 (55%)
White - Irish	62 (42%)
White - Gypsy or Irish Traveller	1 (1%)
White - Roma	0 (0%)
White - any other White background	1 (1%)
Mixed - White and Black Caribbean	0 (0%)
Mixed - White and Black African	0 (0%)
Mixed - White and Asian	1 (1%)
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	0 (0%)
Black/Black British - Caribbean	0 (0%)
Black/Black British - African	0 (0%)
Black - any other Black background	0 (0%)
Arab	0 (0%)
Any other ethnic group	1 (1%)

1.4 How long have you been in this prison?

Less than 6 months	37 (25%)
6 months or more	109 (75%)

1.5 Are you currently serving a sentence?

Yes	117 (81%)
Yes - on recall	22 (15%)
No - on remand or awaiting sentence	6 (4%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	4 (3%)
6 months to less than 1 year	16 (11%)
1 year to less than 4 years	41 (28%)
4 years to less than 10 years	41 (28%)
10 years or more	21 (14%)
ICS (indeterminate custodial sentence for public protection)	0 (0%)
Life	17 (12%)
Not currently serving a sentence	6 (4%)

Arrival and reception

2.1 Were you given helpful information about this prison before you came here?

Yes	47 (32%)
No	90 (62%)
Don't remember	9 (6%)

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

Less than 2 hours	83 (56%)
2 hours or more	50 (34%)
Don't remember	15 (10%)

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

Yes	117 (79%)
No	24 (16%)
Don't remember	7 (5%)

2.4 Overall, how were you treated in reception?

Very well	52 (35%)
Quite well	70 (48%)
Quite badly	13 (9%)
Very badly	4 (3%)
Don't remember	8 (5%)

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

Problems getting phone numbers	20 (14%)
Contacting family	18 (12%)
Arranging care for children or other dependants	3 (2%)
Contacting employers	3 (2%)
Money worries	20 (14%)
Housing worries	23 (16%)
Feeling depressed	57 (39%)
Feeling suicidal	18 (12%)
Other mental health problems	47 (32%)
Physical health problems	24 (17%)
Drug or alcohol problems (e.g. withdrawal)	42 (29%)
Problems getting medication	39 (27%)
Needing protection from other prisoners	8 (6%)
Lost or delayed property	27 (19%)
Other problems	12 (8%)
Didn't have any problems	41 (28%)

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

Yes	34 (24%)
No	68 (48%)
Didn't have any problems when I first arrived	41 (29%)

First night and induction

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

Nicotine replacement	19 (13%)
Toiletries/other basic items	90 (63%)
A shower	74 (52%)
A free phone call	65 (46%)
Something to eat	111 (78%)
The chance to see someone from health care	82 (58%)
The chance to talk to a Listener or Samaritans	21 (15%)
Support from another prisoner (e.g. peer mentor)	14 (10%)
Wasn't offered any of these things	9 (6%)

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

Very clean	16 (11%)
Quite clean	61 (41%)
Quite dirty	39 (26%)
Very dirty	31 (21%)
Don't remember	2 (1%)

3.3 Did you feel safe on your first night here?

Yes	123 (83%)
No	21 (14%)
Don't remember	4 (3%)

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

	Yes	No	Don't remember
Access to the prison tuck shop?	132 (91%)	11 (8%)	2 (1%)
Free PIN phone credit?	73 (54%)	51 (38%)	11 (8%)
Numbers put on your PIN phone within 24 hours?	66 (50%)	51 (38%)	16 (12%)

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

Yes	82 (56%)
No	44 (30%)
Haven't had an induction	20 (14%)

On the wing

4.1 Are you in a cell on your own?

Yes	146 (98%)
No, I'm in a shared cell or dormitory	3 (2%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	68 (47%)
No	32 (22%)
Don't know	39 (27%)
Don't have a cell call bell	7 (5%)

4.3 Please answer the following questions about the wing or houseblock you are currently living on:

	Yes	No	Don't know
Do you have enough soap or sanitiser to keep your hands clean?	111 (74%)	35 (23%)	3 (2%)
Do you normally have enough clean, suitable clothes for the week?	122 (82%)	27 (18%)	0 (0%)
Can you shower every day?	145 (98%)	3 (2%)	0 (0%)
Do you have clean sheets every week?	140 (95%)	7 (5%)	1 (1%)
Do you get cell cleaning materials every week?	106 (74%)	36 (25%)	1 (1%)
Is it normally quiet enough for you to relax or sleep at night?	118 (80%)	30 (20%)	0 (0%)
Can you get your stored property promptly, if you need it?	57 (39%)	60 (41%)	29 (20%)

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

Very clean	38 (26%)
Quite clean	66 (45%)
Quite dirty	33 (22%)
Very dirty	11 (7%)

Food and tuck shop

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

Very good	7 (5%)
Quite good	56 (38%)
Quite bad	51 (34%)
Very bad	34 (23%)

5.2 Do you get enough to eat at mealtimes?

Always	29 (19%)
Most of the time	51 (34%)
Some of the time	50 (34%)
Never	19 (13%)

5.3 Does the tuck shop sell the things that you need?

Yes	97 (66%)
No	48 (33%)
Don't know	1 (1%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	105 (73%)
No	38 (27%)

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

Yes	101 (70%)
No	43 (30%)

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

Yes	49 (33%)
No	99 (67%)

6.4 How helpful is your personal or named officer?

Very helpful	37 (26%)
Quite helpful	32 (22%)
Not very helpful	22 (15%)
Not at all helpful	14 (10%)
Don't have a personal or named officer	39 (27%)

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

Yes	82 (56%)
No	64 (44%)

6.6 Are prisoners here consulted about things like food, tuck shop, health care or wing issues?

Yes, and things sometimes change	39 (27%)
Yes, but things don't change	43 (29%)
No	48 (33%)
Don't know	17 (12%)

6.7 If you wanted to, can you talk to managers, governors or directors in this prison?

Yes	52 (36%)
No	56 (39%)
Don't know	37 (26%)

6.8 If you have shared a problem with a manager, governor or director, did they try to help you?

Yes	38 (26%)
No	37 (25%)
Haven't shared a problem	71 (49%)

Faith

7.1 What is your religion?

No religion	13 (9%)
Catholic	75 (50%)
Protestant	52 (35%)
Other Christian denomination	5 (3%)
Buddhism	0 (0%)
Hinduism	0 (0%)
Judaism	0 (0%)
Islam	1 (1%)
Sikhism	0 (0%)
Other	3 (2%)

7.2 Are your religious beliefs respected here?

Yes	66 (46%)
No	33 (23%)
Don't know	33 (23%)
Not applicable (no religion)	13 (9%)

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

Yes	84 (57%)
No	17 (11%)
Don't know	34 (23%)
Not applicable (no religion)	13 (9%)

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

Yes	55 (37%)
No	57 (38%)
Don't know	24 (16%)
Not applicable (no religion)	13 (9%)

Contact with family and friends

8.1 How often have you been able to see your family and friends in the last month:

	Every week	Two or three times	Once	Not at all
In person (prison visit)?	9 (8%)	2 (2%)	7 (6%)	100 (85%)
Using video calling?	64 (47%)	26 (19%)	12 (9%)	34 (25%)

8.2 Do visits usually start and finish on time?

Yes	68 (47%)
No	39 (27%)
Don't know	39 (27%)

8.3 Are your visitors usually treated respectfully by staff?

Yes	72 (50%)
No	12 (8%)
Don't know	59 (41%)

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

Very easy	12 (9%)
Quite easy	23 (16%)
Quite difficult	42 (30%)
Very difficult	43 (30%)
Don't know	21 (15%)

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

Yes	64 (44%)
No	81 (56%)

8.6 Have you had any problems with sending or receiving:

	Yes	No
Emails?	34 (35%)	63 (65%)
Letters?	47 (37%)	81 (63%)
Parcels?	63 (53%)	55 (47%)

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

Yes	129 (88%)
No	17 (12%)

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	88 (60%)
Yes, but these times are not usually kept to	43 (29%)
No	16 (11%)

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	11 (8%)
2 to 6 hours	52 (36%)
6 to 10 hours	45 (31%)
10 hours or more	26 (18%)
Don't know	11 (8%)

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

Less than 2 hours	21 (14%)
2 to 6 hours	85 (58%)
6 to 10 hours	24 (16%)
10 hours or more	9 (6%)
Don't know	7 (5%)

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	0 (0%)
1 or 2	10 (7%)
3 to 5	14 (9%)
More than 5	121 (81%)
Don't know	4 (3%)

9.5 How many days in a typical week do you get association, if you want it?

None	5 (3%)
1 or 2	2 (1%)
3 to 5	10 (7%)
More than 5	120 (83%)
Don't know	8 (6%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	2 (1%)
1 or 2	6 (4%)
3 to 5	13 (9%)
More than 5	124 (84%)
Don't know	3 (2%)

9.7 Typically, how often do you go to the gym or play sports?

Twice a week or more	53 (37%)
About once a week	14 (10%)
Less than once a week	11 (8%)
Never	66 (46%)

9.8 Typically, how often are you able to:

	Twice a week or more	About once a week	Less than once a week	Never
Visit the library	2 (1%)	95 (66%)	23 (16%)	24 (17%)
Have library materials delivered to you	5 (4%)	62 (51%)	19 (16%)	35 (29%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	71 (53%)
No	45 (34%)
Don't use the library	17 (13%)

Requests, complaints and legal rights

10.1 Is it easy for you to make a request?

Yes	124 (86%)
No	15 (10%)
Don't know	5 (3%)

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

	Yes	No	Not made any requests
Are requests usually dealt with fairly?	94 (68%)	34 (25%)	10 (7%)
Are requests usually dealt with within 7 days?	97 (72%)	28 (21%)	10 (7%)

10.3 Is it easy for you to make a complaint?

Yes	115 (81%)
No	11 (8%)
Don't know	16 (11%)

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?	42 (31%)	41 (30%)	53 (39%)
Are complaints usually dealt with within 7 days?	58 (45%)	17 (13%)	53 (41%)

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

Yes	36 (26%)
No	62 (44%)
Not wanted to make a complaint	43 (30%)

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?	100 (70%)	20 (14%)	12 (8%)	11 (8%)
Attend legal visits?	80 (62%)	19 (15%)	16 (12%)	15 (12%)

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

Yes	56 (39%)
No	53 (37%)
Not had any legal letters	34 (24%)

Health care

11.1 If there are currently restrictions in place due to the COVID-19 pandemic:

	Yes	No	Not applicable
Do you know what the restrictions are here?	102 (70%)	42 (29%)	1 (1%)
Have the reasons for the restrictions been explained to you?	71 (49%)	30 (21%)	43 (30%)
Do you agree the restrictions are necessary?	78 (55%)	22 (15%)	43 (30%)
Do you feel you have been kept safe from the virus?	101 (70%)	40 (28%)	3 (2%)

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

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	9 (6%)	22 (15%)	44 (31%)	56 (39%)	13 (9%)
Nurse	36 (25%)	60 (42%)	30 (21%)	9 (6%)	7 (5%)
Dentist	25 (18%)	40 (28%)	29 (21%)	23 (16%)	24 (17%)
Pharmacist	23 (17%)	26 (20%)	22 (17%)	21 (16%)	41 (31%)
Mental health worker	15 (11%)	24 (18%)	23 (17%)	35 (26%)	40 (29%)
Substance misuse worker	8 (6%)	26 (19%)	16 (12%)	30 (22%)	54 (40%)

11.3 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	21 (14%)	36 (25%)	27 (19%)	32 (22%)	29 (20%)
Nurse	42 (29%)	49 (34%)	18 (13%)	19 (13%)	16 (11%)
Dentist	36 (25%)	49 (34%)	13 (9%)	13 (9%)	33 (23%)

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

Pharmacist	28 (21%)	29 (21%)	17 (13%)	15 (11%)	47 (35%)
Mental health worker	25 (18%)	17 (12%)	19 (14%)	23 (16%)	56 (40%)
Substance misuse worker	28 (20%)	17 (12%)	11 (8%)	22 (16%)	62 (44%)

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

Very good	23 (16%)
Quite good	46 (32%)
Quite bad	33 (23%)
Very bad	30 (21%)
Don't know	14 (10%)

11.5 Do you have any mental health problems?

Yes	103 (71%)
No	42 (29%)

11.6 Has your mental health got better or worse since arriving at this prison?

Better	22 (16%)
Worse	71 (50%)
No difference	48 (34%)

11.7 Have you been helped with your mental health in this prison?

Yes	36 (25%)
No	72 (51%)
Haven't needed any help with mental health	34 (24%)

Other support needs

12.1 Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?

Yes	79 (55%)
No	64 (45%)

12.2 If you have a disability, are you getting the support you need?

Yes	29 (21%)
No	44 (32%)
Don't have a disability	64 (47%)

12.3 Have you been on a SPAR (Supporting Prisoners at Risk) in this prison?

Yes	38 (26%)
No	106 (74%)

12.4 If you have been on a SPAR (Supporting Prisoners at Risk) in this prison, did you feel cared for by staff?

Yes	19 (14%)
No	15 (11%)
Haven't been on an SPAR in this prison	106 (76%)

12.5 How easy or difficult is it for you to speak to a Listener, if you need to?

Very easy	19 (13%)
Quite easy	18 (13%)
Quite difficult	10 (7%)
Very difficult	5 (3%)
Don't know	86 (60%)
No Listeners at this prison	5 (3%)

Alcohol and drugs

13.1 Did you have an alcohol problem when you came into this prison?

Yes	33 (23%)
No	113 (77%)

13.2 Have you been helped with your alcohol problem in this prison?

Yes	12 (8%)
No	20 (14%)
Didn't/don't have an alcohol problem	113 (78%)

13.3 Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?

Yes	72 (50%)
No	73 (50%)

13.4 Have you developed a problem with illicit drugs since you have been in this prison?

Yes	46 (32%)
No	97 (68%)

13.5 Have you developed a problem with taking medication not prescribed to you since you have been in this prison?

Yes	43 (30%)
No	100 (70%)

13.6 Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?

Yes	33 (24%)
No	37 (27%)
Didn't/don't have a drug problem	67 (49%)

13.7 Is it easy or difficult to get illicit drugs in this prison?

Very easy	33 (23%)
Quite easy	34 (24%)
Quite difficult	6 (4%)
Very difficult	6 (4%)
Don't know	64 (45%)

13.8 Is it easy or difficult to get alcohol in this prison?

Very easy	6 (4%)
Quite easy	14 (10%)
Quite difficult	13 (9%)
Very difficult	31 (21%)
Don't know	81 (56%)

13.9 Is it easy or difficult to get tobacco in this prison?

Very easy	98 (68%)
Quite easy	23 (16%)
Quite difficult	4 (3%)
Very difficult	2 (1%)
Don't know	17 (12%)

Safety

14.1 Have you ever felt unsafe here?

Yes	53 (37%)
No	92 (63%)

14.2 Do you feel unsafe now?

Yes	16 (11%)
No	126 (89%)

14.3 Have you experienced any of the following types of bullying/victimisation from other prisoners here? (Please tick all that apply.)

Verbal abuse	51 (37%)
Threats or intimidation	42 (30%)
Physical assault	25 (18%)
Sexual assault	0 (0%)
Theft of tuck or property	34 (25%)
Other bullying/victimisation	34 (25%)
Not experienced any of these from prisoners here	73 (53%)

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

Yes	45 (32%)
No	95 (68%)

14.5 Have you experienced any of the following types of bullying/victimisation from staff here? (Please tick all that apply.)

Verbal abuse	49 (35%)
Threats or intimidation	29 (21%)
Physical assault	18 (13%)
Sexual assault	1 (1%)
Theft of tuck or property	16 (12%)
Other bullying/victimisation	29 (21%)
Not experienced any of these from staff here	78 (56%)

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

Yes	70 (50%)
No	71 (50%)

Behaviour management (Progressive Regimes and Earned Privileges Scheme or PREPS)

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

Yes	77 (53%)
No	53 (37%)
Don't know what the incentives/rewards are	15 (10%)

15.2 Do you feel you have been treated fairly in the behaviour management scheme (e.g. PREPS) in this prison?

Yes	72 (50%)
No	39 (27%)
Don't know	13 (9%)
Don't know what this is	20 (14%)

15.3 Have you been physically restrained by staff in this prison in the last 6 months?

Yes	10 (7%)
No	138 (93%)

15.4 If you have been restrained by staff in this prison in the last 6 months, did anyone come and talk to you about it afterwards?

Yes	2 (1%)
No	7 (5%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	138 (94%)

15.5 Have you spent one or more nights in the care and supervision unit in this prison in the last 6 months?

Yes	24 (16%)
No	123 (84%)

15.6 If you have spent one or more nights in the care and supervision unit in this prison in the last 6 months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	16 (73%)	6 (27%)
Could you shower every day?	19 (86%)	3 (14%)
Could you go outside for exercise every day?	18 (82%)	4 (18%)
Could you use the phone every day (if you had credit)?	20 (91%)	2 (9%)

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 (33%)	37 (26%)	47 (33%)	10 (7%)
Vocational or skills training	31 (23%)	39 (29%)	52 (39%)	13 (10%)
Prison job	61 (45%)	46 (34%)	23 (17%)	6 (4%)
Voluntary work outside of the prison	7 (5%)	46 (34%)	60 (44%)	23 (17%)
Paid work outside of the prison	6 (4%)	49 (36%)	59 (43%)	24 (17%)

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	55 (42%)	22 (17%)	54 (41%)
Vocational or skills training	46 (36%)	18 (14%)	64 (50%)
Prison job	54 (41%)	45 (34%)	33 (25%)
Voluntary work outside of the prison	33 (26%)	11 (9%)	84 (66%)
Paid work outside of the prison	35 (27%)	10 (8%)	83 (65%)

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

Yes	64 (45%)
No	67 (47%)
Not applicable (e.g. if you are retired, sick or on remand)	12 (8%)

Planning and progression

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

Yes	73 (53%)
No	64 (47%)

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

Yes	59 (81%)
No	4 (5%)
Don't know what my objectives or targets are	10 (14%)

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

Yes	35 (51%)
No	24 (35%)
Don't know what my objectives or targets are	10 (14%)

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	25 (38%)	6 (9%)	34 (52%)
Other programmes	26 (39%)	9 (14%)	31 (47%)
One-to-one work (e.g. with a personal development coordinator or psychologist)	23 (37%)	8 (13%)	32 (51%)
Been on a specialist unit	9 (15%)	3 (5%)	49 (80%)
Temporary release (day or overnight release)	9 (15%)	5 (8%)	47 (77%)

Preparation for release

18.1 Do you expect to be released in the next 3 months?

Yes	36 (25%)
No	95 (66%)
Don't know	14 (10%)

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

Very near	1 (3%)
Quite near	7 (20%)
Quite far	11 (31%)
Very far	16 (46%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, PDU Officer/staff member, PDP Coordinator)?

Yes	17 (50%)
No	17 (50%)

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	7 (23%)	10 (33%)	13 (43%)
Getting employment	3 (10%)	12 (41%)	14 (48%)
Setting up education or training	3 (10%)	11 (38%)	15 (52%)
Arranging benefits	4 (13%)	16 (53%)	10 (33%)
Sorting out finances	4 (14%)	13 (45%)	12 (41%)
Support for drug or alcohol problems	5 (16%)	11 (35%)	15 (48%)
Physical/mental health support	4 (13%)	13 (43%)	13 (43%)
Social care support	1 (3%)	10 (33%)	19 (63%)
Getting back in touch with family or friends	4 (13%)	6 (19%)	22 (69%)

More about you

19.1 Do you have children under the age of 18?

Yes	71 (50%)
No	70 (50%)

19.2 Are you a UK/British citizen? (i.e. eligible to hold a British passport)

Yes	126 (91%)
No	12 (9%)

19.3 Have you ever been in Social Services care (e.g. lived with foster parents or in a children's home, or had a social worker, while you were under 18 years old)?

Yes	36 (26%)
No	103 (74%)

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

Yes	9 (7%)
No	129 (93%)

19.5 What is your gender?

Male	137 (99%)
Female	0 (0%)
Non-binary	2 (1%)
Other	0 (0%)

19.6 How would you describe your sexual orientation?

Straight/heterosexual	128 (91%)
Gay/lesbian/homosexual	6 (4%)
Bisexual	3 (2%)
Other	4 (3%)

19.7 Do you identify as transgender or transsexual?

Yes	1 (1%)
No	132 (99%)

Final questions about this prison

20.1 Are you able to lead a healthy lifestyle here (in relation to your physical, mental, emotional and social wellbeing)?

All the time	32 (23%)
Most of the time	52 (37%)
Some of the time	40 (28%)
Never	18 (13%)

20.2 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 (5%)
Less likely to offend	92 (67%)
Made no difference	38 (28%)

SURVEY RESPONSES COMPARED WITH THOSE FROM THE PREVIOUS SURVEY

In this table summary statistics from Magilligan Prison 2021 are compared with the following HMIP survey data:

- Summary statistics from Magilligan Prison in 2017.






Please note that we do not have comparable data for the new questions introduced in September 2017 and May 2021.

Shading is used to indicate statistical significance*, as follows:

- Green shading shows results that are significantly more positive than the comparator
 - Blue shading shows results that are significantly more negative than the comparator
 - Orange shading shows significant differences in demographics and background information
 - No shading means that differences are not significant and may have occurred by chance
 - Grey shading indicates that we have no valid data for this question
- * less than 1% probability that the difference is due to chance

Number of completed questionnaires returned <i>n=number of valid responses to question (Magilligan Prison 2021)</i>			Magilligan Prison 2021	Magilligan Prison 2017
DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION				
1.2	Are you under 21 years of age?	<i>n= 148</i>	0%	1%
	Are you 25 years of age or younger?	<i>n=148</i>	12%	
	Are you 50 years of age or older?	<i>n=148</i>	20%	27%
	Are you 70 years of age or older?	<i>n=148</i>	3%	6%
1.3	Are you from a racial minority group?	<i>n=148</i>	1%	3%
	Are you from a White Gypsy or Irish traveller or Roma ethnic group?	<i>n=148</i>	1%	
1.4	Have you been in this prison for less than 6 months?	<i>n=146</i>	25%	
1.5	Are you currently serving a sentence?	<i>n=145</i>	96%	98%
	Are you on recall?	<i>n=145</i>	15%	5%
1.6	Is your sentence less than 12 months?	<i>n=146</i>	14%	14%
	Are you here under an indeterminate custodial sentence for public protection (ICS prisoner)?	<i>n=146</i>	0%	7%
7.1	Are you a Catholic?	<i>n=149</i>	50%	53%
7.1	Are you a Protestant?	<i>n=149</i>	35%	18%
11.5	Do you have any mental health problems?	<i>n=145</i>	71%	
12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs)?	<i>n=143</i>	55%	43%
19.1	Do you have children under the age of 18?	<i>n=141</i>	50%	50%
19.2	Are you a foreign national?	<i>n=138</i>	9%	5%
19.3	Have you ever been in social services care (e.g. lived with foster parents or in a children's home, or had a social worker, while you were under 18 years old)?	<i>n=139</i>	26%	
19.4	Have you ever been in the armed services (e.g. army, navy, air force)?	<i>n=138</i>	7%	9%
19.5	Is your gender female, non-binary or other?	<i>n=139</i>	1%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n=141</i>	9%	3%
19.7	Do you identify as transgender or transsexual?	<i>n=133</i>	1%	

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ARRIVAL AND RECEPTION				
2.1	Were you given helpful information about this prison before you came here?	<i>n=146</i>	32%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	<i>n=148</i>	56%	72%
2.3	When you were searched in reception, was this done in a respectful way?	<i>n=148</i>	79%	71%
2.4	Overall, were you treated very/quite well in reception?	<i>n=147</i>	83%	
2.5	When you first arrived, did you have any problems?	<i>n=145</i>	72%	59%
	Did you have problems with:			
	Getting phone numbers?	<i>n=145</i>	14%	13%
	Contacting family?	<i>n=145</i>	12%	13%
	Arranging care for children or other dependents?	<i>n=145</i>	2%	
	Contacting employers?	<i>n=145</i>	2%	0%
	Money worries?	<i>n=145</i>	14%	13%
	Housing worries?	<i>n=145</i>	16%	6%
	Feeling depressed?	<i>n=145</i>	39%	
	Feeling suicidal?	<i>n=145</i>	12%	
	Other mental health problems?	<i>n=145</i>	32%	
	Physical health problems?	<i>n=145</i>	17%	20%
	Drug or alcohol problems (e.g. withdrawal)?	<i>n=145</i>	29%	
	Getting medication?	<i>n=145</i>	27%	
	Needing protection from other prisoners?	<i>n=145</i>	6%	11%
	Lost or delayed property?	<i>n=145</i>	19%	23%
	Other problems?	<i>n=145</i>	8%	
2.6	For those who had any problems when they first arrived:			
	Did staff help you to deal with these problems?	<i>n=102</i>	33%	40%

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FIRST NIGHT AND INDUCTION				
3.1	Before you were locked up on your first night here, were you offered:			
	Nicotine replacement?	<i>n=142</i>	13%	40%
	Toiletries/other basic items?	<i>n=142</i>	63%	45%
	A shower?	<i>n=142</i>	52%	29%
	A free phone call?	<i>n=142</i>	46%	17%
	Something to eat?	<i>n=142</i>	78%	70%
	The chance to see someone from health care?	<i>n=142</i>	58%	60%
	The chance to talk to a Listener or Samaritans?	<i>n=142</i>	15%	21%
	Support from another prisoner (e.g. peer mentor)?	<i>n=142</i>	10%	
	None of these?	<i>n=142</i>	6%	
3.2	On your first night in this prison, was your cell very/quite clean?	<i>n=149</i>	52%	
3.3	Did you feel safe on your first night here?	<i>n=148</i>	83%	76%
3.4	In your first few days here, did you get:			
	Access to the prison tuck shop?	<i>n=145</i>	91%	54%
	Free PIN phone credit?	<i>n=135</i>	54%	
	Numbers put on your PIN phone within 24 hours?	<i>n=133</i>	50%	
3.5	Have you had an induction at this prison?	<i>n=146</i>	86%	84%
	<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	<i>n=126</i>	65%	
ON THE WING				
4.1	Are you in a cell on your own?	<i>n=149</i>	98%	
4.2	Is your cell call bell normally answered within 5 minutes?	<i>n=146</i>	47%	48%
4.3	On the wing or houseblock you are currently living on:			
	Do you have enough soap or sanitiser to keep your hands clean?	<i>n=149</i>	75%	
	Do you normally have enough clean, suitable clothes for the week?	<i>n=149</i>	82%	90%
	Can you shower every day?	<i>n=148</i>	98%	96%
	Do you have clean sheets every week?	<i>n=148</i>	95%	90%
	Do you get cell cleaning materials every week?	<i>n=143</i>	74%	71%
	Is it normally quiet enough for you to relax or sleep at night?	<i>n=148</i>	80%	78%
	Can you get your stored property promptly, if you need it?	<i>n=146</i>	39%	
4.4	Are the communal/shared areas of your wing or houseblock (landings, stairs, wing showers etc.) normally very/quite clean?	<i>n=148</i>	70%	

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FOOD AND TUCK SHOP				
5.1	Is the quality of the food in this prison very/quite good?	<i>n=148</i>	43%	
5.2	Do you get enough to eat at mealtimes always/most of the time?	<i>n=149</i>	54%	
5.3	Does the tuck shop sell the things that you need?	<i>n=146</i>	66%	66%
RELATIONSHIPS WITH STAFF				
6.1	Do most staff here treat you with respect?	<i>n=143</i>	73%	80%
6.2	Are there any staff here you could turn to if you had a problem?	<i>n=144</i>	70%	67%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	<i>n=148</i>	33%	34%
6.4	Do you have a named officer (key worker)?	<i>n=144</i>	73%	
	<i>For those who have a named officer:</i>			
	Is your named personal or named officer very/quite helpful?	<i>n=105</i>	66%	
6.5	Do you feel that you are treated as an individual in this prison?	<i>n=146</i>	56%	
6.6	Are prisoners here consulted about things like food, tuck shop, health care or wing issues?	<i>n=147</i>	56%	
	If so, do things sometimes change?	<i>n=82</i>	48%	
6.7	If you wanted to, can you talk to managers, governors or directors in this prison?	<i>n=145</i>	36%	
6.8	Have you shared a problem with a manager, governor or director?	<i>n=146</i>	51%	
	<i>For those who have shared a problem with a manager, governor or director:</i>			
	Did they try to help you?	<i>n=75</i>	51%	
FAITH				
7.1	Do you have a religion?	<i>n=146</i>	91%	90%
	<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	<i>n=132</i>	50%	
7.3	Are you able to speak to a chaplain of your faith in private, if you want to?	<i>n=135</i>	62%	
7.4	Are you able to attend religious services, if you want to?	<i>n=136</i>	40%	
CONTACT WITH FAMILY AND FRIENDS				
8.1	Have you been able to see your family/friends more than once in the last month:			
	In person (prison visit)?	<i>n=118</i>	9%	
	Using video calling?	<i>n=136</i>	66%	
8.2	Do visits usually start and finish on time?	<i>n=146</i>	47%	
8.3	Are your visitors usually treated respectfully by staff?	<i>n=143</i>	50%	
8.4	Is it very/quite easy for your family and friends to get here?	<i>n=141</i>	25%	
8.5	Have staff here encouraged you to keep in touch with your family/friends?	<i>n=145</i>	44%	
8.6	Have you had any problems with sending or receiving:			
	Emails?	<i>n=97</i>	35%	
	Letters?	<i>n=128</i>	37%	
	Parcels?	<i>n=118</i>	53%	
8.7	Are you able to use a phone every day (if you have credit)?	<i>n=146</i>	88%	

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TIME OUT OF CELL			
9.1	Do you know what the unlock and lock-up times are supposed to be here?	<i>n=147</i>	89%
	<i>For those who know what the unlock and lock-up times are supposed to be:</i>		
	Are these times usually kept to?	<i>n=131</i>	67%
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday (including time spent at education, work etc.)?	<i>n=145</i>	8%
	Do you usually spend 10 hours or more out of your cell on a typical weekday (including time spent at education, work etc.)?	<i>n=145</i>	18%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	<i>n=146</i>	14%
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	<i>n=146</i>	6%
9.4	Do you have time to do domestics more than 5 days in a typical week (shower, clean cell, use the wing phones etc.)?	<i>n=149</i>	81%
9.5	Do you get association more than 5 days in a typical week, if you want it?	<i>n=145</i>	83%
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	<i>n=148</i>	84%
9.7	Do you typically go to the gym or play sports twice a week or more?	<i>n=144</i>	37%
9.8	Are you able to visit the library once a week or more?	<i>n=144</i>	67%
	Are you able to have library materials delivered to you once a week or more?	<i>n=121</i>	55%
9.9	<i>For those who use the library:</i>		
	Does the library have a wide enough range of materials to meet your needs?	<i>n=116</i>	61%
REQUESTS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make a request?	<i>n=144</i>	86%
	<i>For those who have made a request:</i>		
10.2	Are requests usually dealt with fairly?	<i>n=128</i>	73%
	Are requests usually dealt with within 7 days?	<i>n=125</i>	78%
10.3	Is it easy for you to make a complaint?	<i>n=142</i>	81%
	<i>For those who have made a complaint:</i>		
10.4	Are complaints usually dealt with fairly?	<i>n=83</i>	51%
	Are complaints usually dealt with within 7 days?	<i>n=75</i>	77%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	<i>n=98</i>	37%
	<i>For those who need it, is it easy to:</i>		
10.6	Communicate with your solicitor or legal representative?	<i>n=132</i>	76%
	Attend legal visits?	<i>n=115</i>	70%
	<i>For those who have had legal letters:</i>		
10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present?	<i>n=109</i>	51%

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HEALTH CARE			
11.1	If there are currently COVID-19 restrictions in place here:		
	Do you know what the restrictions are here? <i>n=144</i>	71%	
	Have the reasons for the restrictions been explained to you? <i>n=101</i>	70%	
	Do you agree the restrictions are necessary? <i>n=100</i>	78%	
	Do you feel you have been kept safe from the virus? <i>n=141</i>	72%	
11.2	Is it very/quite easy to see:		
	Doctor? <i>n=144</i>	22%	
	Nurse? <i>n=142</i>	68%	
	Dentist? <i>n=141</i>	46%	
	Pharmacist? <i>n=133</i>	37%	
	Mental health worker? <i>n=137</i>	29%	
	Substance misuse worker? <i>n=134</i>	25%	
11.3	Do you think the quality of the health service is very/quite good from:		
	Doctor? <i>n=145</i>	39%	
	Nurse? <i>n=144</i>	63%	
	Dentist? <i>n=144</i>	59%	
	Pharmacist? <i>n=136</i>	42%	
	Mental health worker? <i>n=140</i>	30%	
	Substance misuse worker? <i>n=140</i>	32%	
11.4	Do you think the overall quality of the health services here is very/quite good? <i>n=146</i>	47%	
11.5	Do you have any mental health problems? <i>n=145</i>	71%	
11.6	Has your mental health got better since arriving at this prison? <i>n=141</i>	16%	
11.7	Have you needed help with your mental health in this prison? <i>n=142</i>	76%	
	<i>For those who have needed help with their mental health:</i>		
	Have you been helped with your mental health in this prison? <i>n=108</i>	33%	
OTHER SUPPORT NEEDS			
12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs)? <i>n=143</i>	55%	43%
	<i>For those who have a disability:</i>		
12.2	Are you getting the support you need? <i>n=73</i>	40%	
12.3	Have you been on a SPAR (Supporting Prisoners at Risk) in this prison? <i>n=144</i>	26%	
	<i>For those who have been on a SPAR:</i>		
12.4	Did you feel cared for by staff? <i>n=34</i>	56%	
12.5	Is it very/quite easy for you to speak to a Listener if you need to? <i>n=143</i>	26%	

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ALCOHOL AND DRUGS				
13.1	Did you have an alcohol problem when you came into this prison?	<i>n=146</i>	23%	25%
	For those who had/have an alcohol problem:			
13.2	Have you been helped with your alcohol problem in this prison?	<i>n=32</i>	38%	48%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	<i>n=145</i>	50%	25%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	<i>n=143</i>	32%	16%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	<i>n=143</i>	30%	
	For those who had/have a drug problem:			
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	<i>n=70</i>	47%	50%
13.7	Is it very/quite easy to get illicit drugs in this prison?	<i>n=143</i>	47%	
13.8	Is it very/quite easy to get alcohol in this prison?	<i>n=145</i>	14%	
13.9	Is it very/quite easy to get tobacco in this prison?	<i>n=144</i>	84%	
SAFETY				
14.1	Have you ever felt unsafe here?	<i>n=145</i>	37%	46%
14.2	Do you feel unsafe now?	<i>n=142</i>	11%	21%
14.3	Have you experienced any of the following from other prisoners here:			
	Verbal abuse?	<i>n=138</i>	37%	
	Threats or intimidation?	<i>n=138</i>	30%	
	Physical assault?	<i>n=138</i>	18%	
	Sexual assault?	<i>n=138</i>	0%	
	Theft of tuck or property?	<i>n=138</i>	25%	
	Other bullying/victimisation?	<i>n=138</i>	25%	
	Not experienced any of these from prisoners here	<i>n=138</i>	53%	
14.4	If you were being bullied/victimised by other prisoners here, would you report it?	<i>n=140</i>	32%	
14.5	Have you experienced any of the following from staff here:			
	Verbal abuse?	<i>n=139</i>	35%	
	Threats or intimidation?	<i>n=139</i>	21%	
	Physical assault?	<i>n=139</i>	13%	
	Sexual assault?	<i>n=139</i>	1%	
	Theft of tuck or property?	<i>n=139</i>	12%	
	Other bullying/victimisation?	<i>n=139</i>	21%	
	Not experienced any of these from staff here	<i>n=139</i>	56%	
14.6	If you were being bullied/victimised by staff here, would you report it?	<i>n=141</i>	50%	

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BEHAVIOUR MANAGEMENT (PREPS)				
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	<i>n=145</i>	53%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (e.g. PREPS) in this prison?	<i>n=144</i>	50%	
15.3	Have you been physically restrained by staff in this prison in the last 6 months?	<i>n=148</i>	7%	11%
	<i>For those who have been restrained in the last 6 months:</i>			
15.4	Did anyone come and talk to you about it afterwards?	<i>n=9</i>	22%	
15.5	Have you spent one or more nights in the care and supervision unit in this prison in the last 6 months?	<i>n=147</i>	16%	
	<i>For those who have spent one or more nights in the segregation unit in this prison in the last 6 months:</i>			
15.6	Were you treated well by care and supervision unit staff?	<i>n=22</i>	73%	
	Could you shower every day?	<i>n=22</i>	86%	
	Could you go outside for exercise every day?	<i>n=22</i>	82%	
	Could you use the phone every day (if you had credit)?	<i>n=22</i>	91%	
EDUCATION, SKILLS AND WORK				
16.1	In this prison, is it easy to get into the following activities:			
	Education?	<i>n=141</i>	33%	
	Vocational or skills training?	<i>n=135</i>	23%	
	Prison job?	<i>n=136</i>	45%	
	Voluntary work outside of the prison?	<i>n=136</i>	5%	
	Paid work outside of the prison?	<i>n=138</i>	4%	
16.2	In this prison, have you done the following activities:			
	Education?	<i>n=131</i>	59%	70%
	Vocational or skills training?	<i>n=128</i>	50%	64%
	Prison job?	<i>n=132</i>	75%	77%
	Voluntary work outside of the prison?	<i>n=128</i>	34%	
	Paid work outside of the prison?	<i>n=128</i>	35%	
	<i>For those who have done the following activities while in this prison, do you think they will help you on release:</i>			
	Education?	<i>n=77</i>	71%	66%
	Vocational or skills training?	<i>n=64</i>	72%	65%
	Prison job?	<i>n=99</i>	55%	58%
	Voluntary work outside of the prison?	<i>n=44</i>	75%	
	Paid work outside of the prison?	<i>n=45</i>	78%	
16.3	Do staff encourage you to attend education, training or work?	<i>n=131</i>	49%	

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			150	123
PLANNING AND PROGRESSION				
17.1	Do you have a custody plan? (This may be called a prisoner development plan or PDP)	<i>n=137</i>	53%	
	<i>For those who have a prisoner development plan:</i>			
17.2	Do you understand what you need to do to achieve your objectives or targets?	<i>n=73</i>	81%	
17.3	Are staff helping you to achieve your objectives or targets?	<i>n=69</i>	51%	
17.4	In this prison, have you done:			
	Offending behaviour programmes?	<i>n=65</i>	48%	
	Other programmes?	<i>n=66</i>	53%	
	One-to-one work (e.g. with a personal development coordinator)?	<i>n=63</i>	49%	
	A programme on a specialist unit?	<i>n=61</i>	20%	
	Temporary release - day or overnight release?	<i>n=61</i>	23%	
	<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>			
	Offending behaviour programmes?	<i>n=31</i>	81%	
	Other programmes?	<i>n=35</i>	74%	
	One to one work (e.g. with an Offender Manager or psychologist)?	<i>n=31</i>	74%	
	Being on a specialist unit?	<i>n=12</i>	75%	
	Temporary release - day or overnight release?	<i>n=14</i>	64%	
PREPARATION FOR RELEASE				
18.1	Do you expect to be released in the next 3 months?	<i>n=145</i>	25%	
	<i>For those who expect to be released in the next 3 months:</i>			
18.2	Is this prison very/quite near to your home area or intended release address?	<i>n=35</i>	23%	
18.3	Is anybody helping you to prepare for your release (e.g. a home probation officer, PDU officer, staff member, PDP coordinator)?	<i>n=34</i>	50%	
18.4	Do you need help to sort out the following for when you are released:			
	Finding accommodation?	<i>n=30</i>	57%	
	Getting employment?	<i>n=29</i>	52%	
	Setting up education or training?	<i>n=29</i>	48%	
	Arranging benefits?	<i>n=30</i>	67%	
	Sorting out finances?	<i>n=29</i>	59%	
	Support for drug or alcohol problems?	<i>n=31</i>	52%	
	Physical/mental health support?	<i>n=30</i>	57%	
	Social care support?	<i>n=30</i>	37%	
	Getting back in touch with family or friends?	<i>n=32</i>	31%	

Shading is used to indicate statistical significance*, as follows:

-  Green shading shows results that are significantly more positive than the comparator
 -  Blue shading shows results that are significantly more negative than the comparator
 -  Orange shading shows significant differences in demographics and background information
 -  No shading means that differences are not significant and may have occurred by chance
 -  Grey shading indicates that we have no valid data for this question
- * less than 1% probability that the difference is due to chance

Number of completed questionnaires returned <i>n=number of valid responses to question (Magilligan Prison 2021)</i>			Magilligan Prison 2021	Magilligan Prison 2017
			150	123
18.4	Are you getting help to sort out the following for when you are released, if you need it:			
	Finding accommodation?	<i>n=17</i>	41%	
	Getting employment?	<i>n=15</i>	20%	
	Setting up education or training?	<i>n=14</i>	21%	
	Arranging benefits?	<i>n=20</i>	20%	
	Sorting out finances?	<i>n=17</i>	24%	
	Support for drug or alcohol problems?	<i>n=16</i>	31%	
	Physical/mental health support?	<i>n=17</i>	24%	
	Social care support?	<i>n=11</i>	9%	
	Getting back in touch with family or friends?	<i>n=10</i>	40%	
FINAL QUESTION ABOUT THIS PRISON				
20.1	Are you able to lead a healthy lifestyle here (in relation to your physical, mental, emotional and social wellbeing) always/most of the time?	<i>n=142</i>	59%	
20.2	Do you think your experiences in this prison have made you less likely to offend in the future?	<i>n=137</i>	67%	



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