

Report on an announced inspection of

Magilligan Prison

29 March – 2 April 2010



Criminal Justice Inspection
Northern Ireland
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Magilligan Prison

29 March – 2 April 2010

by HM Chief Inspector of Prisons and the Chief
Inspector of Criminal Justice in Northern Ireland

September 2010

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Foreword

This report presents the findings of a full announced inspection of Magilligan prison at the end of March 2010, at which time the prison held some 450 low and medium risk prisoners. Since our last inspection in 2006, when we criticised – amongst other things – some inadequate and unsuitable facilities, two new living units and a new health care building had opened. These physical changes had been complemented by a number of improvements to other areas of the prison. However, many of these developments needed to be consolidated and better integrated, and the entire regime was being adversely affected by ongoing industrial relations problems.

Safety had improved, with few reported incidents of violence and most prisoners reporting that they felt safe. However, some prisoners still said they had been victimised, particularly because of their offence, and there was scope for further work to reduce bullying and support the vulnerable. Care for those at risk of self-harm was good. The segregation unit operated well and staff rarely had to resort to the use of force, although recording practices were poor. Security was now more proportionate, with a more appropriate emphasis on dynamic security, but further improvements were required, including a need to combat drug use more thoughtfully and effectively.

The new buildings were a significant improvement but the physical environment remained marred by oppressive fencing and the continued use of the H-blocks which were difficult to supervise and had poor sanitary facilities. There was still no personal officer scheme, but relationships between staff and prisoners were generally positive. Diversity arrangements were underdeveloped and needed to be more comprehensive, although progress had been made in monitoring outcomes by religion and addressing issues that arose. The chaplaincy provided an effective service but still without a dedicated area in the prison for faith activities.

In an important and progressive development since our last inspection, both the commissioning and delivery of prison healthcare had become NHS responsibilities. While most services were good, there was insufficient primary mental health provision to meet the evident need. This illustrated the necessity of conducting regular and comprehensive health care needs analyses to ensure that services kept abreast of the health problems in the prison population.

At the time of the inspection, industrial action by the Northern Ireland Prison Officers' Association (POA) was seriously limiting prisoners' time out of cell and access to purposeful activity. Nevertheless, records suggested provision was usually reasonable, with enough activity places for the population. However, a more strategic approach to learning and skills was needed to ensure a coherent approach to meeting the needs of prisoners and to make sure that capacity and attendance were maximised. Some restrictive agreements with the POA also meant that not all potential education and training places could be used, which was a waste of valuable resources.



Resettlement work also needs better strategic direction to ensure that some impressive constituent parts were welded into a more integrated whole. Sentence plans were generally up to date but there was scope to improve target setting to ensure that prisoners took practical and measurable steps to address resettlement needs. It was welcome that Magilligan now held a small number of life sentenced prisoners, but work with lifers needed to be developed to provide them with a properly planned progression through the prison system. There were new public protection arrangements and these needed to be implemented effectively with partner agencies. A range of useful reintegration services was available, although too many prisoners were being released without a recorded settled address and this needed to be investigated and remedied.

Overall, this is a positive report on an improving prison and we pay tribute to the current governor for his evident determination to deliver change. Since our last visit a number of significant improvements had occurred in both the physical environment and in regime provision more generally. This is to be welcomed, although there is much still to do. Indeed, many of the changes that we record are still developing and need to be consolidated. There also needs to be greater integration of the respective elements of the regime, if prisoners are to benefit fully from their time at Magilligan. Most of all, if progress is to be sustained into the future, there needs to be solid support from Northern Ireland Prison Service (NIPS) Headquarters, not least to deal with the seemingly intractable problem of poor industrial relations.

This inspection was carried out by a joint team from Her Majesty's Inspectorate of Prisons (HMIP), Criminal Justice Inspection Northern Ireland (CJI), the Education and Training Inspectorate (ETI), and the Regulation and Quality Improvement Authority (RQIA). We are grateful to all those involved in the inspection team and the NIPS staff who supported them.

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Chief Inspector of Criminal Justice,
in Northern Ireland

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September 2010

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Fact page

Task of the establishment

Magilligan Prison houses medium-risk adult male prisoners who are category B, C or D with nine years or less to serve, or sentences up to nine years. It has separate low security semi-open accommodation for selected prisoners nearing the end of their sentence. A pilot project taking life sentence prisoners had just been introduced.

Number held

450 (31st March 2010)

Certified normal accommodation

562

Operational capacity

568

Last full inspection

20–24 September 2004 (announced)

Brief history

The prison is located at Magilligan Point, Co. Londonderry/Derry, close to Lough Foyle. It was opened in May 1971 as a 'compound prison' and in May 1972 became Magilligan Prison. The original Nissen huts and compound accommodation were replaced in the early 1980s. In 1994 Foyleview was commissioned as a semi-open facility. Sperrin, a 64-bed unit with dormitory accommodation, was re-commissioned in 2005. Alpha, a 50-cell unit was opened in 2008 and Halward house, a 60-cell unit opened in 2009.

Description of residential units

House 1	Induction unit and non-vulnerable prisoners. Up to 100 prisoners.
House 2	Older prisoners (wooden doors) and non-vulnerable. Up to 100 prisoners.
House 3	Vulnerable prisoners and non-vulnerable prisoners. Up to 100 prisoners.
Halward house	Drug-free and vulnerable prisoners and harm reduction unit. Up to 60 prisoners.
Sperrin	Vulnerable prisoner unit. Up to 64 prisoners, but being run down.
Alpha unit	Assessment centre for vulnerable and non-vulnerable prisoners transferring to Foyleview resettlement unit. Up to 50 prisoners.
Foyleview	Resettlement unit for vulnerable and non-vulnerable prisoners. Up to 80 prisoners.



Healthy prison summary

Introduction

HP1 All 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.

The criteria are:

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

Respect prisoners are treated with respect for their human dignity;

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

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

HP2 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed at other levels.

- **outcomes for prisoners are good against this healthy prison test.** There is no evidence that outcomes for prisoners are being adversely affected in any significant areas.

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

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

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

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

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

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

Immediate remedial action is required.

Safety

HP3 All prisoners travelled to Magilligan handcuffed on vans, which was unnecessary. Reception and first night procedures were good and backed up by appropriate induction arrangements. Most prisoners felt safe and there were few reported violent incidents. However, some prisoners still reported being victimised and there was scope for further work to reduce bullying and



support the vulnerable. Those at risk of self-harm received good support. The segregation unit operated well and there was little use of force. There was insufficient drug testing and analysis of information about drugs to judge the extent of illicit drug use. Some procedural matters needed attention, but outcomes for prisoners were reasonably good against this healthy prison test.

HP4 Although journeys from Maghaberry were not long, prisoners in our survey were negative about their experience of escorts. All prisoners were handcuffed in vans irrespective of any identified risk, which was unsafe and unnecessary. Most were not told they were moving to Magilligan until the morning of the transfer and few were given any information about the prison.

HP5 The reception building was clean and well ordered. Prisoners did not have to wait there long and staff engaged well with them. New arrivals were no longer strip searched. They were usually able to make a telephone call, but were not routinely given a free call. The number who said they felt safe on their first night had improved significantly since the last unannounced inspection in 2006 and there were good supportive arrangements. The induction programme was helpful and professionally delivered.

HP6 Most prisoners reported feeling safe and the prison appeared a generally safe and relaxed environment. In our survey and a recent internal survey, a significant number of prisoners said they had been victimised by others. Despite this, there were few formal

reports of bullying and information such as unexplained injuries was not examined in enough detail to help provide more accurate indicators of the levels of violent incidents. Investigations were carried out thoroughly and most incidents were relatively low level disputes. Identified bullies or victims usually moved wings and there were no established procedures for ongoing monitoring of alleged bullies or reviewing behaviour. Prisoners potentially at risk because of their offence mostly felt safe, although some were apprehensive about mixing with other prisoners and reported some verbal abuse.

HP7 There were good arrangements to identify and support vulnerable prisoners on arrival and during their first days, but it was not always apparent that information about prisoners potentially at risk was appropriately shared before transfer from Maghaberry Prison. Levels of self-harm were low and few supporting prisoners at risk (SPAR) documents were opened. The SPAR process operated effectively, with multi-disciplinary attendance at case conferences and care plans that took account of prisoners' identified needs. However, the service-wide suicide and self-harm policy had not yet been updated to reflect the SPAR process. Listeners said they were mostly well supported by staff, particularly at senior level, although some said there were occasional difficulties with access to prisoners who wanted to see them, getting to meetings with Samaritans and attending induction. A number of prisoners complained that their sleep was disturbed through routine cell checks at night.



HP8 Physical security still appeared to dominate the prison, but this was related more to the physical environment than restrictive security practices. There was little evidence of security decisions impeding access to activities, except some not wholly evidenced restrictions preventing Foyleview prisoners accessing the main prison. Dynamic security had improved, but most security information reports (SIRs) were based mostly on information from prisoners rather than active staff observation. There was little effective analysis of SIRs or security incidents for trends to help inform practice.

HP9 The special supervision unit (SSU) accommodation was much improved and, apart from those serving punishments of cellular confinement, prisoners there could retain possessions and privileges, including televisions, in line with their regime level. All prisoners could exercise and shower daily, but those serving cellular confinement did not have daily access to telephones, which was inappropriate. Interactions with prisoners were good. The proportion of prisoners given cellular confinement as a punishment at adjudication was still relatively high, but mostly appropriate for the charges. Some additional concurrent punishments of long periods of loss of association and gym were too severe. Use of force was commendably low, but recording was poor and did not always clearly explain why force had been used and there was insufficient managerial monitoring. There were no appropriate governance arrangements for the use of unfurnished accommodation in the SSU.

HP10 Current drug testing arrangements, which did not include random mandatory testing, meant it was difficult to get an accurate indication of the extent of illicit drug use, but anecdotal evidence and drug finds suggested it was relatively high. In our survey, 40% said it was easy to get hold of illegal drugs. Addictions nurses for the Northern Ireland prisons did not attend Magilligan frequently enough. Prisoners with acute substance use problems were not usually transferred from Maghaberry until they were detoxified or stabilised. Although secondary detoxification was theoretically available, the doctor was reluctant to prescribe to support prisoners through the process.

Respect

HP11 Relationships between staff and prisoners were positive, but there was no personal officer scheme. The external environment remained poor. There was some good standard new accommodation, but house blocks were still unsatisfactory, with unacceptable sanitation arrangements. Prisoners were positive about the food. Monitoring for religious differences was thorough. Foreign national prisoners received satisfactory support, except with immigration issues. Health services were mostly good, but mental health services were insufficient. Outcomes for prisoners were reasonably good against this healthy prison test.

HP12 Staff-prisoner relationships were generally good. In our survey, more than the comparator said most staff treated them with respect. Prisoners in groups agreed that most staff were positive, but also that a small minority



of staff were very unhelpful and could make life difficult for them. Interactions we observed between staff and prisoners were consistently good. Prisoner consultation meetings had been introduced and helped reinforce to prisoners that their views were respected and taken into account. Although many more than previously in our survey said they had a member of staff they could turn to for help with a problem, there was still no effective personal officer scheme.

HP13 The general environment of the prison was marred by too many oppressive fences and wire, as well as old and badly planned buildings, including Nissen huts. The poor design hampered movement and the lack of cover for getting around a large site in bad weather was a particular problem. New accommodation on Alpha unit and Halward house provided a good standard of living conditions for about a quarter of the population, while dormitory conditions on Sperrin unit were better with reduced numbers. The best had been made of the house blocks, including installing wooden doors to allow some prisoners appropriate access to toilet facilities. However, they remained unfit for purpose and difficult to supervise. During the inspection, nearly all prisoners on the house blocks had to 'slop out' as the electronic system had failed. There were also problems with emergency bell procedures when a prisoner was already out on the landing. Most of the interior residential areas were very clean and prisoners had good access to showers and laundries.

HP14 Prisoners were mostly positive about the food and significantly more than the comparator in our survey said the food was good. Prisoners had good opportunities to order items from the prison shop, including on arrival, and were generally positive about provision. There was a good range of products and prices were reasonable.

HP15 The progressive regimes and earned privileges scheme operated consistently. There were too few differences between standard and enhanced levels to encourage good behaviour and the practice of demoting prisoners to basic for failing a voluntary drugs test was inappropriate.

HP16 The chaplaincy team had expanded and had developed a higher profile. Chaplains were actively involved in supporting prisoners, including attending SPAR reviews and accompanying temporary release. All prisoners from a Christian background could attend services, but there was still no dedicated area for faith activities. Prisoners from other faiths said they were well treated and given appropriate opportunities to practice their religion.

HP17 The Northern Ireland Prison Service diversity policy was principally for staff issues rather than prisoners and there was no overarching local diversity policy setting out how the needs of minority groups would be met. Comprehensive monitoring of data by religious background indicated few discrepancies of outcomes. When they were found, there had been some active attempts to ensure it was not the result of discriminatory practice. The wide discrepancy between those



who identified themselves in our survey as having a disability and those recorded by the prison suggested a problem with identification. There was some good individual provision for prisoners with an obvious disability, but no systematic or strategic approach to ensuring the needs of prisoners with disabilities were met. Some efforts had been made to meet the needs of older prisoners, including through consultation and the provision of specific accommodation.

HP18 There were few black and minority ethnic prisoners and they raised no issues about their treatment on grounds of race. A good range of prison information was provided in languages other than English and telephone interpreting was used when required for those among the 21 foreign national men who did not speak or understand English. However, there were no support or consultation groups specifically for foreign national prisoners and they expressed some frustration about the lack of information about immigration issues.

HP19 Request and complaint forms were readily available on units and were mostly responded to promptly. A new complaints procedure had led to increased use of the system, but there was no monitoring of trends or quality of replies. Most responses to complaints we saw were satisfactory. A high proportion of prisoners in our survey said they had been made or encouraged to withdraw complaints and there was no senior management oversight of the circumstances in which prisoners withdrew complaints after the initial interview.

HP20 General health services were mostly good and prisoners in our survey rated the overall quality very highly. There had been no health needs assessment on which to base provision. There were appropriate clinical governance arrangements. Most clinical records were comprehensive. A new health care building was a good facility, but some vulnerable prisoners said they felt unsafe in the waiting room when other prisoners were present. Primary physical health services, while limited, were reasonably good. There was quick access to a GP, but a number of prisoners expressed dissatisfaction about their treatment by the main prison doctor. An ongoing Prison Officers' Association (POA) 'work to rule' at the time of the inspection reduced the hours health care staff attended and therefore impacted directly on the delivery of patient care. General health promotion services were limited and clinics to manage long-term conditions were restricted due to staff shortages. A reasonable pharmacy service was provided, although prisoners did not have direct access to the pharmacist. Almost all were able to keep medications in possession. Dental services were good and prisoners could see a dentist quickly, but some had long waits between treatment sessions once treatment started. Mental health services were insufficient to meet primary mental health needs.

Purposeful activity

HP21 Time out of cell was usually good, but reduced by the industrial action at the time of the inspection. There was some good provision of education and training, with enough activity places for the existing population, but there was not enough strategic support to ensure available places were used effectively and that the provision fully met needs. The library service was inadequate. Physical education provision was generally good. Outcomes for prisoners were reasonably good against this healthy prison test.

HP22 Time out of cell was usually reasonably good. Those with allocated activity had about 9.5 hours a day out of their cells and unemployed prisoners about five. However, industrial action by the POA had significantly impacted on the regime. Unlock times slipped by up to one hour at each session so prisoners spent almost three hours more than usual locked up. During a check mid-morning after prisoners were unlocked for activities, we found 46% of prisoners off the wing at activities, 29% involved in some activities on the wing, but the remaining 25% locked in their cells.

HP23 The education and skills provision was generally satisfactory, but there was insufficient strategic direction to ensure that the needs of all prisoners were met and learning and skills were not given a sufficiently high priority or well promoted. About 20% of prisoners did not have allocated activity and, although there were enough places to occupy the population, many places could not be used due to operational restrictions. Quality assurance

arrangements were basic, but adequate, and self-evaluation was at an early stage of development. Access to education programmes was mostly good. There were some good resources and equipment, but they were not always used as effectively as they might because of a lack of technical support. A good partnership had been established with the local further education college, which provided most of the essential skills and Information and Communication Technology (ICT) programmes.

HP24 There were potentially 158 listed places in education, but only 119 could be used because of restrictive officer staffing agreements. The capacity available was not fully utilised and attendance was variable and sometimes poor. Initial assessment of literacy and numeracy was effective and used to set targets and encourage participation in relevant education programmes. The provision to develop essential skills in literacy and numeracy was broad and met most needs. The quality of most of the teaching observed was good or better and some was outstanding. Prisoners undertaking higher-level courses got good help and encouragement from education staff, but were hampered by lack of facilities in the prison to support their studies.

HP25 There were 153 prison jobs, including cleaners and orderlies, and 114 work places in vocational training in the main prison workshops, including joinery, metalwork, plastering, tiling, painting and decorating, computer technician, gardens and furniture. Demand for many of the vocational training programmes was high, but, as in education, attendance was often too



low. The range of vocational skills was good, but not all had sufficient progression opportunities. Standards of work in the production workshops, such as in furniture, print and metal, were good or excellent. There was effective use of project-based learning in workshops, but more could have been done to incorporate essential skills.

- HP26 The library provision was unsatisfactory, with no consistent and reliable access to library facilities with appropriate resources and materials. Most prisoners only had access to the poorly stocked mobile library.
- HP27 Physical education (PE) was effectively managed, with good participation rates. A broad range of activities covering recreational and accredited programmes was run. Instructors engaged well with prisoners and gave good support and advice on the training programmes available and how to use the equipment. The accommodation was good and adequately met prisoners' needs. The facilities were well maintained, but there was no outdoor facility for the main prison. The PE department ran some remedial programmes on referral from health care, but links between PE, health care and resettlement were not sufficiently strong to promote healthy lifestyles as part of preparation for release.

Resettlement

- HP28 There was little strategic direction for resettlement. Prisoners had up-to-date sentence plans, which were well managed and included the prison's first life sentence prisoners. A new framework for public protection was just being implemented. A reasonable range of programmes was run. There were some satisfactory reintegration services, but too many prisoners were discharged without fixed accommodation. There was some good work to support contact with families. Support for those with substance use problems was developing well, but there were no accredited programmes. Outcomes for prisoners were reasonably good against this healthy prison test.
- HP29 The resettlement strategy was not sufficiently specific about how the needs of particular groups of prisoners at Magilligan would be met and there was no structured needs analysis with an action plan to drive services forward. Oversight of resettlement services concentrated on programme provision and there was no multi-disciplinary resettlement steering group to bring together all those involved in resettlement activities and services. Resettlement outcomes were not monitored to inform the development of the strategy.
- HP30 Resettlement boards were effectively chaired by the resettlement principal officer and included representatives from education, psychology and probation. Prisoners' sentence plans were up to date and completed within the agreed timescales. Sentence plans were reviewed regularly. Those sampled



were of reasonably good quality, but there was no formal quality assurance system. Prisoners were positive about the opportunities available and a significantly higher number than the comparator in our survey said they could achieve their sentence plan targets in the prison.

HP31 Three life sentence prisoners had recently been received at Magilligan as part of a pilot project that aimed to improve the experience of prisoners serving long sentences. They had had appropriate sentence plans agreed locally. They remained centrally managed by the lifer management unit at Maghaberry, but there were no staff with specific lifer training to support them at Magilligan, which would have been helpful.

HP32 There was a backlog of 69 prisoners who were subject to Public Protection Arrangements Northern Ireland (PPANI), but had not had their risk level assessed within the system, usually because of difficulties getting other agencies to attend panels. To date, child protection measures were inadequate and dependent on social services notification and PPANI assessments. New Northern Ireland child protection measures were just being introduced.

HP33 The resettlement regime at Foylevue allowed prisoners coming towards the end of sentence to live in an environment that gave them greater responsibility and the opportunity to take part in community projects. Good use was made of home leave to help prisoners rejoin their families.

HP34 Accommodation advice was provided by three trained prison officers and a housing rights worker who attended the prison weekly. Most urgent needs, such as securing and maintaining tenancies, had been dealt with at Maghaberry and the focus was on accommodation for release. Referrals were made to the Housing Executive, but there was only limited contact with private providers. Men with more complex problems, such as mental health and substance misuse issues, were difficult to place and overall a very high 39% of all prisoners left Magilligan with a homeless discharge grant. A Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) worker who attended the prison once a week provided a good range of finance services, including advice and help with benefits and debt, but had a heavy caseload.

HP35 The accredited offending behaviour programmes managed by the psychology department appeared appropriate for the population. A good range of non-accredited programmes was also offered, including anger management and substance misuse. Without a full needs analysis, it was not possible to determine whether there were gaps in provision. Waiting lists were generally manageable. A significant number of sex offenders did not admit their offences. While there were some other programmes suitable for them, not enough was done to challenge and address entrenched denial.

HP36 The education, skills and work provision did not provide sufficient progression and employment



opportunities for prisoners on release and there was no accredited pre-release course to give all prisoners opportunities to make job applications and develop job search skills. Information, advice and guidance and careers advice was limited and there were few established links with employers.

- HP37 A discharge nurse had been employed to cover all three Northern Ireland prisons, but dealt only with 'complex cases' and the caseload at Magilligan was just one. The nurse rarely visited and there was no evidence of her interventions in the clinical records.
- HP38 Visits could be booked in person, by email and by telephone. The visitors' centre run by NIACRO provided good information and support. Seating in the visits room was fixed and uncomfortable, but a supervised play area was provided at all visits sessions. Regular children and family days were usually held, but had been suspended due to the industrial action. One full-time family support officer gave very good support to prisoners and families and men had good opportunities to attend parenting and relationship courses that included their partners.
- HP39 There was no local up-to-date drug and alcohol strategy. Alcohol and drugs: empowering people through therapy (AD:EPT) provided a useful harm minimisation course as part of induction and resettlement staff ran a small range of courses to support those with substance use problems. Provision was reasonably good and AD:EPT clients were well linked to community services on release.

Main recommendations

- HP40 A violence reduction strategy, incorporating anti-bullying procedures specific to Magilligan, should be implemented in consultation with all groups of prisoners and based on an up-to-date survey of their perceptions and experiences of safety.**
- HP41 The H-blocks should be replaced with more suitable and safe accommodation, with appropriate sanitation arrangements.**
- HP42 A full health needs assessment of prisoners at Magilligan should be carried out to ensure that services are commissioned and provided to meet needs.**
- HP43 An effective personal officer scheme should be introduced to encourage residential staff to continue to engage positively with prisoners, to produce regular reports on prisoners' personal circumstances and progress, to improve dynamic security and to contribute to meeting their resettlement targets.**
- HP44 A local diversity policy should be produced that meets the requirements of anti-discrimination legislation and outlines how the diverse needs of prisoners will be met, including recognising their different cultural traditions.**



- HP45** A strategic vision and direction for education and skills should be developed at senior management level and should be given a higher status and priority in the prison to address the under-utilisation of the available capacity and poor attendance rates.
- HP46** The local resettlement policy should be based on an annual analysis of the resettlement needs of prisoners at Magilligan and include measurable targets for each resettlement pathway.



Section



Inspection Report



CHAPTER 1:

Arrival in custody



Courts, escorts and transfers

Expected outcomes:

Prisoners travel in safe, decent conditions to and from court and between prisons. During movement the individual needs of prisoners are recognised and given proper attention.

- 1.1 Prisoners had little notice of their transfer to Magilligan and few were given a leaflet about what to expect there. All prisoners were handcuffed on their journey.
- 1.2 Prisoners transferred from Maghaberry usually arrived on Wednesday or Thursday afternoons. Journeys were not long, but prisoners in our survey were generally negative about their escort experience. Most had been given notice of their transfer only that morning and few had been given a leaflet about what to expect at Magilligan. All were handcuffed during their journey without individual risk assessment. On average, 23 prisoners a month attended court and a video link was also used.

Recommendations

- 1.3 **Prisoners should be given 24 hours notice of their transfer and information about what to expect on arrival at Magilligan.**

- 1.4 **Prisoners should not routinely travel handcuffed in secure vehicles unless this is justified by an individual security risk assessment.**

First days in custody

Expected outcomes:

Prisoners feel safe on their reception into prison and for the first few days. Their individual needs, both during and after custody, are identified and plans developed to provide help. During a prisoner's induction into the prison he/she is made aware of prison routines, how to access available services and how to cope with imprisonment.

- 1.5 Reception was clean and well ordered, although the reception interview did not take place in private and prisoners had to return the following day to collect property. Prisoners were interviewed in private on their first night and Listeners provided peer support, but were not consistently available. Prisoners were positive about induction, which was well delivered.

Reception

- 1.6 Reception was clean and well ordered and prisoners did not spend long there. Staff engaged well with new arrivals, who were not routinely strip searched



and most said they were well treated. Vulnerable prisoners were held separately. Holding rooms were easily observed by reception officers and some, but not all, contained newspapers and a television.

- 1.7 New arrivals were told what would happen in reception and on their first evening. They could buy telephone credit, but were not routinely given a free call and anyone without credit was told to ask an officer for help in letting his family know of the transfer. New arrivals could also order items from the shop for delivery the next day, but no funds were advanced to prisoners without money. Prisoners were given essential items from their property and returned to collect the remainder the following day. Staff said they did not have enough time to search and log all property, although they did not deal with large numbers.
- 1.8 Prisoners were interviewed by the reception senior officer and asked about any outstanding court cases, welfare needs and suicide and self-harm issues. This was done at the reception counter, often with other staff present, which was unlikely to encourage prisoners to express any anxiety or ask for help.

First night

- 1.9 Apart from vulnerable prisoners, all new arrivals went to the induction landing on house block 1, where they were told and shown a video about how the night sanitation system worked. All cells were single and properly prepared and all prisoners could have a shower. In our survey, 77% of prisoners, below the comparator of 83% but significantly better than the 63% in 2006, said they

had felt safe on their first night.

- 1.10 New arrivals were interviewed by an officer in their cell on their first night and asked if they could read, about any concerns and whether they were new to custody. The officer also gave them essential verbal information about wing routines and services. Both the prisoner and the officer signed compacts contained in what was called the 'induction information booklet', but which contained relatively little information and the prisoner was not given a copy. There were a number of information leaflets in the induction room, but no comprehensive information booklet.
- 1.11 Prisoners were free to associate with others on the wing on their first evening. Listeners provided peer support and information, but were not consistently available.

Induction

- 1.12 The induction programme was delivered in a dedicated room and more prisoners than the comparator in our survey said it had covered everything they needed to know. Vulnerable prisoners were brought from their wing to attend. A record of prisoners' attendance was kept in wing files. The programme ran on Friday, Monday and Tuesday morning and Wednesday afternoon and prisoners were locked in their cells when not attending an induction session. Staff from a range of agencies and departments contributed, including drug services, the chaplaincy, resettlement and probation, and a Listener also gave a presentation. The induction session we saw was relaxed and professional and prisoners were well engaged.



Recommendations

- 1.13 Reception interviews should take place in private.**
- 1.14 Prisoners should be given a free telephone call on arrival.**
- 1.15 Prisoners should be kept fully occupied during the induction period.**

Housekeeping point

- 1.16 A comprehensive information booklet should be provided to new arrivals.**



Environment and relationships



Residential units

Expected outcomes:

Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions.

2.1 A wide range of accommodation was spread out over a large site, which was badly planned and difficult to get around. Some accommodation was of a good standard, but despite improvements the original house blocks were unfit for purpose, with an unsatisfactory night sanitation system that meant prisoners had to 'slop out' when it malfunctioned. Most areas of the prison were very clean, including communal toilets and showers. Prisoners could wear their own clothes and laundry facilities were good.

Accommodation and facilities

2.2 New arrivals were told they could progress on a 'journey' through the different residential areas, where the quality of regime and level of independence gradually increased. Most were accommodated initially on the original H-blocks, house block 1, 2 or 3, before moving on to Halward and

then to Alpha, which was the feeder for the semi-open Foyleview. Sperrin was used for vulnerable prisoners (see fact page).

2.3 Each house block could accommodate up to 100 prisoners. They were badly designed, the interiors were gloomy with little natural light. The narrow corridors made supervision difficult and inhibited good contact between staff and prisoners. Cells were reasonably well equipped with a television, wooden furniture and curtains. The corridors and some floors had been decorated in light colours, which helped to brighten them a little. Drinking water was not available in cells and most prisoners kept water in plastic containers. Flasks had to be bought from the shop.

2.4 The cells in the house blocks were all single, but there was no internal sanitation so prisoners had to ring a bell if they wanted to use one of the communal toilets when locked up. Wing officers said there were often four or five prisoners waiting to use the toilet and that they sometimes had to wait over half an hour for their turn. Some prisoners preferred, or had, to use the pots supplied and slop out the next morning. Each cell also had an emergency call bell, but no record was kept of response times. Staff were



confused about procedures at night for answering emergency bells when another prisoner was out on the landing, a further problem caused by the design of the H blocks. Wooden doors had recently been installed in 50 cells on H2 used by older vulnerable prisoners. These men had been issued with their own door keys, allowing them to use the communal toilets independently. Modification of a further 50 cells was planned.

- 2.5 Halward house provided high quality single cell en-suite accommodation for up to 60 prisoners. The building was brightly decorated and very spacious. It was a designated drugs free area and some of the upper landing had recently been designated for prisoners who were difficult to manage. Alpha unit provided good quality single cell accommodation for up to 50 men in low security conditions. There were no bars on the windows and each cell had a wooden door. There was no in-cell sanitation, but prisoners could use communal toilets. A design error meant the locks had been removed from the doors and had not yet been replaced.
- 2.6 Sperrin was an older unit providing dormitory-style accommodation over four landings, each with eight bunk beds. It was used for older vulnerable prisoners and was not part of the progression system. A number had recently moved to single accommodation on house block 2. Living conditions were simple and basic with limited privacy. However, prisoners made the best of the conditions and said they liked living on the unit. The numbers living on the unit had been reduced and there were only 15 prisoners there. With no more than

four prisoners in the eight-bed dormitories, the living conditions were satisfactory, but with more than that, the rooms were too cramped and a disrespectful environment.

- 2.7 Foyleview was a low security, resettlement unit located outside the main security compound. It comprised five prefabricated buildings, each containing single bedrooms, small kitchens and toilet and shower areas. Three of the small units had been built as temporary staff quarters in the early 1990s and despite ongoing maintenance and repair were in very poor condition, with broken or damaged fittings and fixtures. The two newer buildings were in better condition, but all five buildings were dirty and untidy.
- 2.8 Apart from Foyleview, communal facilities were at least adequate. Shower and toilet areas were clean and in a good state of repair, dining areas and serveries were clean and recreational areas were reasonably well equipped, although mostly small. Exercise yards were stark with no seats. There was little graffiti and evidence of any offensive displays. Each residential area had its own display notice board containing a range of useful material. There were enough telephones. The lack of a covered walkway to get around the large site was a significant problem when the weather was bad. During the inspection, work and classes were cancelled because it was too wet for prisoners to get to their activity areas.

Hygiene, clothing and possessions

- 2.9 All prisoners had the opportunity to use cleaning materials and most kept



their cells to quite a good standard. Communal areas were kept clean by wing orderlies and there was little evidence of litter or graffiti. In our survey, 98% of prisoners said they could take a shower every day. All prisoners were issued with sufficient hygiene products on arrival and could replace these easily on request.

- 2.10 Most prisoners chose to wear their own clothes. A large stock of new clothing, including shoes, underwear, trousers, tops and coats, was stored in reception for use by prisoners who arrived without adequate clothing of their own. Prisoners could get subsequent clothing through the request system and family or friends could also hand in items when they visited. Most prisoners wore clothing of the right size and which appeared clean and comfortable. Prisoners on outside work parties usually wore their own coats.
- 2.11 All residential units had laundries with washing machines, dryers, ironing boards and irons. Prisoners could have their personal clothing washed on the wing and bedding laundered once a week by wing orderlies. Larger items such as duvets were washed at a central laundry. These arrangements worked well.
- 2.12 Some prisoners reported problems with property going missing on arrival. Reception staff said it was not unusual for prisoners transferring in from Maghaberry to arrive without their property. The missing items were normally recovered after a few weeks, but in a small number of cases the property had not been found and prisoners had been compensated.

Recommendations

- 2.13 **The living accommodation at Foylevue should be replaced or refurbished and maintained to a satisfactory standard.**
- 2.14 **Covered walkways should be installed across the site.**
- 2.15 **Prisoners in the house blocks should be issued with flasks.**
- 2.16 **Locks should be installed on the cell doors on Alpha unit.**
- 2.17 **The numbers of prisoners in dormitories in Sperrin unit should be restricted to four. Additional beds should be removed and taken off the operational capacity of the prison.**
- 2.18 **Exercise yards should contain seating.**
- 2.19 **Prisoners' property should arrive with them from Maghaberry.**

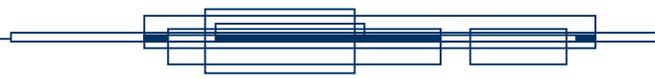
Staff-prisoner relationships

Expected outcomes:

Prisoners are treated respectfully by staff, throughout the duration of their custodial sentence, and are encouraged to take responsibility for their own actions and decisions. Healthy prisons should demonstrate a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness.



- 2.20 Staff-prisoner relationships were generally good and a high proportion of prisoners in our survey said most staff treated them with respect. Prisoners in groups mostly agreed that relationships were positive, but said a minority of staff were unhelpful and could make life difficult. The introduction of prisoner consultation meetings was a positive development.
- 2.21 Staff-prisoner relationships were generally good. In our survey, significantly more than the comparator said most staff treated them with respect and 75%, similar to the comparator, said they had a member of staff they could turn to for help. Interactions we witnessed between staff and prisoners were consistently good. Relationships on Alpha unit and Halward house, where the design helped interaction, were better than on the house blocks. Many officers addressed prisoners by their first names and prisoners on Halward were encouraged to address officers in the same way. Significantly more than in comparator prisons said staff spoke to them most of the time during association.
- 2.22 Prisoners in focus groups generally agreed that relationships with staff were good, but also said a small minority of staff were unhelpful and could make life difficult. In our survey, 27% of prisoners, more than the comparator of 21%, said they had been victimised by a member of staff and more Catholic prisoners than others said this was the case. More than the comparator said they had felt threatened or intimidated by a member of staff and again Catholic prisoners were more likely to report this.
- 2.23 Prisoner consultation meetings had been introduced chaired by a governor and helped to reinforce to prisoners that their views were respected and taken into account. Meetings were generally well attended and a wide range of issues, including prisoner safety, were discussed. Meetings were used both to gauge prisoners' views and to advise prisoner representatives of developments such as the new complaints process and the potential implications of the Prison Officers' Association industrial action.
- ### Personal officers
- Expected outcomes:
Prisoners' relationships with their personal officers are based on mutual respect, high expectations and support.**
- 2.24 There was still no personal officer scheme at Magilligan.
- 2.25 Despite previous recommendations that a personal officer scheme should be introduced, there was still no personal officer scheme at Magilligan. The action plan produced following the 2006 Magilligan inspection stated that the NIPS intended to work towards fully implementing a service-wide personal officer scheme over the next two to three years, starting with prisoners at risk from suicide and self-harm in 2010-11.
- 2.26 Officers were required to complete weekly reports on prisoners under the progressive regimes and earned privileges scheme. Comments tended to reflect the prompts provided on the form, with few indicating a detailed knowledge of prisoners' personal



circumstances or problems and no evidence that staff had talked to prisoners about completing the reports. Not all reports were signed by prisoners as required and the space provided for prisoners' comments was rarely used.

2.27 Although there was no formal personal officer scheme, about half the prisoners in our survey thought they had one and many of these thought they were helpful. This was likely to refer to their mostly positive views about the majority of staff and it was therefore all the more disappointing that these good relationships had not been used as the foundation for an effective personal officer scheme giving individual officers particular responsibility for specific prisoners and their resettlement needs.



Duty of care



Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Active and fair systems to prevent and respond to violence and intimidation are known to staff, prisoners and visitors, and inform all aspects of the regime.

3.1 The prison appeared reasonably safe and relaxed and most prisoners said they felt safe. The safer custody priority, directed from the headquarters, had largely been focused on suicide prevention and there was no current violence reduction or anti-bullying policy or strategy. Data about indicators of violence were sparse. Investigations suggested that most incidents of bullying were relatively low level disputes, but there was no formal strategy to manage them. Some alleged bullies had been moved to a new unit on Halward house, but there was a lack of clarity about its purpose. The large vulnerable prisoner population generally felt safe.

3.2 The NIPS safer custody forum took place monthly and involved representatives from each of the three prisons. The safer custody manager and the deputy governor from Magilligan

attended these meetings. The forum had overseen the introduction of supporting prisoners at risk (SPAR) procedures and the implementation of an action plan to improve work with vulnerable prisoners following a high profile death. It was working towards the development of an overarching safer custody strategy, which included several strands of work such as more therapeutic regimes, governance of observation cells and a service-wide violence reduction strategy incorporating bullying. However, these were corporate approaches that would not necessarily meet the particular needs of three prisons with different functions and prisoner groups.

3.3 The prison appeared a generally safe environment and most prisoners said they felt safe. Although in our survey more prisoners than the comparator said they had felt unsafe in the prison at some time, this had improved significantly from 2006. The number of prisoners who said they actually felt unsafe at the time of the survey was 12%, slightly below that in comparable prisons.

3.4 A Magilligan safer custody forum met bi-monthly chaired by the deputy governor and attended mainly by governors and principal officers with input from psychology. The meeting focused mainly



on new SPAR procedures and there was relatively little discussion about bullying or indicators of violence. The shortcomings in this area had been acknowledged at the latest forum in February 2010. Links between security and safer custody were poor. Suspicious or unexplained injuries identified by health care were not routinely referred for investigation.

- 3.5 In our survey, a quarter of prisoners said they had been victimised by other prisoners and a significant proportion of those said they had been victimised either because of their offence or because of their religion. Overt bullying did not appear to be a major issue, but the last prison survey of bullying had been a corporate one conducted across all three prisons in September 2009, with 57 surveys returned from Magilligan. This also indicated some victimisation. Some prisoners and staff referred anecdotally to underlying problems with illicit drug use, but there was little evidence to support this. There were no systems to measure and analyse potential indicators of bullying and anti-social behaviour or to manage those identified as bullies or perpetrators of violence and no procedures to support victims.
- 3.6 Prisoners' perceptions of safety were not discussed routinely by the safer custody forum and only one prisoner, a Listener, had attended a recent forum. Prisoners were warned at induction that bullying was not tolerated in the prison and there were anti-bullying posters and a telephone line for visitors to report concerns about prisoners.

- 3.7 The safer custody manager had no deputy or support staff and also had responsibility for other key policy areas. The most recent strategy, 'safer at Magilligan' (SAM), was dated 2001 and had largely fallen into disuse. There were few formal reports of bullying, with just 12 in 2009. Most related to low-level disputes. These incidents were well investigated by the safer custody manager and the usual outcome was to move prisoners to different residential units. There were no formal measures to monitor or review subsequent behaviour. Mediation had been used on one occasion. Regular meetings were used constructively on Foyleview.
- 3.8 A recent development was a 'harm reduction unit' on the upper floor of Halward house, where it was intended difficult prisoners displaying a range of problematic behaviour including involvement in drugs and bullying could be managed. The first four prisoners had moved there the previous week, but there were no clearly developed regimes, interventions or specific training for staff and no clear criteria for the unit. The plan was for health care and drug counsellors to have a central role. Staff there had received no specific training, but it was intended that staff from the prisoner development unit (PDU) would train officers to deliver interventions.

Vulnerable prisoners

- 3.9 Around a third of prisoners were considered vulnerable, mainly due to other prisoners' attitudes towards their offence. Twenty-six per cent of the prisoners had been convicted of sex offences. Of the 12 incidents investigated

in 2009, six had involved vulnerable prisoners.

- 3.10 Most vulnerable prisoners were located on house blocks 2 and 3 and on Sperrin unit. Alpha unit had a mix of vulnerable and non-vulnerable prisoners, which seemed to work reasonably well, but supervision at night was potentially problematic as prisoners had access to the landing. Some vulnerable prisoners reported that disparaging comments were made to them when officers were not present. Some vulnerable prisoners felt unsafe when attending health care appointments. There were separate chaplaincy services for vulnerable prisoners, but some education and work areas were shared and some vulnerable prisoners were apprehensive about mixing with others. Vulnerable prisoners complained of verbal taunts when moving along the central thoroughfare, although most felt relatively safe. It was positive that there were no significant differences of perceptions of safety between vulnerable and non-vulnerable prisoners in our survey.

Recommendations

- 3.11 **More prisoner representatives should attend and contribute to the Magilligan safer custody forum.**
- 3.12 **The role of the harm reduction unit on Halward house should be clarified as part of the violence reduction strategy, with clear criteria for selection and appropriate interventions for those involved.**

Self-harm and suicide

Expected outcomes:

Prisons work to reduce the risks of self-harm and suicide through a whole-prison approach. Prisoners at risk of self-harm or suicide are identified at an early stage, and a care and support plan is drawn up, implemented and monitored. Prisoners who have been identified as vulnerable are encouraged to participate in all purposeful activity. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 3.13 Arrangements to identify and support prisoners at risk of self-harm on arrival and during their first days were good, but information about prisoners potentially at risk was not always appropriately shared before transfer. Levels of self-harm were low and the process for supporting prisoners at risk worked effectively with multi-disciplinary attendance at case conferences and care plans that took account of prisoners' needs. Listeners generally felt well supported by most staff. Prisoners complained about sleep disturbance due to routine checks at night.

- 3.14 All prisoners arrived at Magilligan from Maghaberry and there were appropriate arrangements to identify and support vulnerable prisoners. On arrival, prisoners were interviewed by a senior officer and reception staff and the procedures were explained to them. On the first night, Listeners were generally based on the induction landing during association to speak to new arrivals. New arrivals tended to be housed in



adjoining cells so they could be easily identified by night staff. Safer custody issues, including suicide awareness, were covered at induction. Listeners were also usually involved in induction.

3.15 Prisoners said the lack of notice about transfers from Maghaberry to Magilligan caused anxiety and distress as well as inconvenience. The Prisoner Ombudsman had raised concerns about short notifications of transfer following a death in custody in 2006, but a subsequent recommendation had not been accepted by the NIPS on the grounds that prior notice of transfer would have adverse security and operational implications (see section on courts, escorts and transfers).

3.16 It was still evident that information about prisoners potentially at risk was not always appropriately shared before transfer to Magilligan. We were told that vulnerable prisoners or prisoners subject to a supporting prisoners at risk (SPAR or previously a PAR1) were sometimes transferred, but relevant staff at Magilligan were not aware of the relevant issues before the prisoner's arrival. Decisions about transfers were made at a weekly allocation committee meeting attended by the security governor from Magilligan or his representative and representatives from security, safer custody, health care, resettlement and education from Maghaberry and a representative of the Secretary of State. It was possible that communication within the prison was the problem, but there was no specific protocol to ensure all relevant information about prisoners at risk reached the appropriate departments in Magilligan before the date of the transfer.

3.17 Levels of self-harm were low, with 15 incidents in the year to March 2010. Few SPAR documents were opened, with 26 since its introduction in September 2009 and 10 so far in 2010. SPARs were regularly reviewed and most were closed within three days. One was open during the inspection. Statistics were recorded and individual cases were discussed at safer custody meetings, but there was no evidence that information was analysed to identify any trend or pattern that could be addressed.

3.18 The SPAR process operated effectively, with multi-disciplinary attendance at case conferences and care plans that took account of prisoners' needs. There had been some discussions with families before case conferences, but families had so far not participated in the meetings themselves. Evidence from closed SPARs confirmed that family contact had sometimes been considered as part of the care plan. Anti-ligature clothing was used rarely and not at all in the previous year. Care plans took account of prisoners' needs, with various support mechanisms such as bereavement and addiction services. The case manager was responsible for monitoring actions.

3.19 The deputy governor and the safer custody principal officer at Magilligan audited completed SPAR forms monthly and any shortcomings highlighted were fed back to those concerned. A number of positives were also recognised, including generally good recording of information, attendance at case conferences and well developed and recorded care plans. The one open SPAR was completed to a good standard. The case review held during the inspection was attended by a range of disciplines and attendees had a detailed knowledge



of the prisoner and contributed to the discussion. The prisoner was involved in the latter part of the meeting and participated fully. A care plan and future actions were discussed and agreed. Staff training in SPAR and assisted suicide intervention skills training (ASIST) was not complete, with only 40% of staff SPAR trained and 41% ASIST trained.

- 3.20 The NIPS self-harm and suicide policy had been revised in September 2006 with an addendum in January 2009. The corporate policy had not yet been updated to reflect the SPAR process. The action plans to take forward recommendations from death in custody reports from the Ombudsman or other external reports were co-ordinated at headquarters and relevant recommendations forwarded to the safer custody manager at Magilligan to implement. Recommendations from death in custody investigations were actioned through a specific meeting with those with relevant responsibilities. There was no local process to review progress against recommendations over time and ensure continuous compliance. Work was taking place at the self-harm and suicide prevention forum to record and investigate serious near-fatal incidents.
- 3.21 There were 12 Listeners accommodated in various residential areas. Records showed that there had been 14 call outs between October 2009 and the end of February 2010. Listeners as a group generally agreed that there had been real change for the better over the previous few years. Listeners were used at night and had been deployed to the special supervision unit (SSU). Listeners felt well supported by most staff, particularly at senior level, but said

accessing prisoners who requested their services depended on individual members of staff. Some said they could not always get to regular meetings with Samaritans or induction. There were no Listeners who spoke languages other than English.

- 3.22 Lists of numbers for various help and support groups were displayed next to landing telephones. These included help lines related to drugs, alcohol and substance abuse, gambling and bereavement. Calls to the Samaritans were not free, but observation cells had a free direct telephone link. A range of information and contact points was displayed in the visits area, including for the family support officer.
- 3.23 Many prisoners complained that their sleep was disturbed by routine cell checks at night. This had also been raised at the prisoner consultation group and had been the subject of a complaint to the Ombudsman in 2009. The checking procedure applied only on the house blocks, Halward house and the SSU as it was unfeasible elsewhere. Night guards were instructed to carry out a full head count and body check at the start of their duty at 10pm and 7am. Full head counts were also required at not more than two-hourly intervals between 11pm and 6am. The Ombudsman had recommended that prison management discuss the process with night staff and issue torches so that less obtrusive checks could be made, but this appeared to have had little effect. The need for such frequent and disturbing checks was not justified on either safety or security grounds.
- 3.24 Night custody officers had immediate access to cells in an emergency, carried



Hoffman knives and were in radio contact with the control room. There were emergency radio codes to alert health care to a suicide or self-harm incident. Defibrillators were available in health care, the house blocks, Halward house and Foyleview (see section on health services).

Recommendations

- 3.25 **A protocol should be developed to ensure that information relating to prisoners potentially at risk is considered by the allocation committee and that Magilligan prison can meet their needs before transfer is agreed.**
- 3.26 **Information about prisoners on SPAR, the use of Listeners, use of observation cells and incidents of self-harm should be recorded and analysed to identify trends or patterns that could assist in the early identification of prisoners potentially at risk or address identified issues.**
- 3.27 **Prisoners' families should be included in SPAR case conferences where appropriate.**
- 3.28 **All staff should be trained in SPAR and ASIST training.**
- 3.29 **The corporate suicide and self-harm policy should be updated to include SPAR and other recent developments.**
- 3.30 **Prisoners should have free telephone access to the Samaritans and other help lines from the landing telephones.**

- 3.31 **Routine head counts and body checks of prisoners other than the 11pm and 6am checks should stop.**

Requests and complaints

Expected outcomes:

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

3.32 Prisoners had good access to complaint forms following the introduction of new procedures in February 2010. There were good systems for tracking the progress of requests and complaints. Responses to complaints were prompt and satisfactory, but there was not enough management oversight to ensure the integrity of complaint procedures and many prisoners said they had been encouraged to withdraw complaints. Procedures for progressing complaints beyond the Prison Service were well publicised.

- 3.33 Prisoners had to ask for request forms, which were held in wing offices rather than readily available from a display rack. Most requests related to routine issues such as permission to buy magazines or additional telephone credit. All were recorded on the prison record and inmate system management (PRISM) so their progress could be tracked. In our survey, 74% of prisoners, against a comparator of 53%, said requests (applications) were dealt with promptly.



3.34 A new complaints system had recently been introduced and had led to an increase in the number of complaints from about 27 in the three months to February 2010 to about 79 in February and March. Complaint forms were freely available and 91% of prisoners in our survey, against a comparator of 86%, said it was easy or very easy get a complaints form. The new forms were annotated in six languages and clearly explained the two-stage process. Completed complaints were posted in a locked box that was emptied each night by a night guard senior officer. This officer recorded each complaint on PRISM before deciding who to refer it on to for a response.

3.35 The new procedure required prisoners to be interviewed within 24 hours of the complaint being recorded. In most cases, this was done by the residential manager on the unit where the prisoner was based. While this meant complaints could be resolved promptly, it also risked prisoners being pressurised to withdraw complaints. In our survey, 57% of prisoners, against a comparator of 24%, said they had been encouraged to withdraw a complaint. Twenty-five per cent, against a comparator of 35%, said complaints were dealt with fairly. The number of prisoners who withdrew their complaint following the initial interview was not formally recorded and there was no oversight by managers to ensure this was appropriate. In some cases we saw, we were concerned that the prisoner might have felt it was difficult to pursue the complaint after interview.

3.36 Any complaints of a serious nature, including allegations of assault,

discrimination and racism, were passed to a duty governor, as were complaints about staff. There were a number of complaints about checks by night custody officers. Additional guidance allowing prisoners to submit complaints about night custody officers or night managers in a sealed envelope had not been published in a notice to prisoners and the system for submitting complaints under confidential access was limited.

3.37 Where prisoners were not satisfied with the initial response to their complaint, this was recorded on PRISM and forwarded to a more senior or appropriate manager to respond at stage two. The complaints form included the contact details for the Ombudsman should prisoners wish to pursue their complaint once internal procedures had been completed. Forms to make a complaint to the Ombudsman were also readily available on house blocks. Twenty-seven such complaints had been made between April and December 2009. There was a separate system for prisoners to make complaints to the South Eastern Health and Social Care Trust and locked boxes were available for prisoners to submit complaints to the Independent Monitoring Board.

3.38 Most responses to complaints were satisfactory, but neither responses nor the nature and location of complaints were routinely monitored by senior managers. The procedures required complaints to be responded to within 14 days at both stages. All stages were recorded on PRISM. In our survey, 58% of prisoners, against a comparator of 40%, said complaints were dealt with promptly.



Recommendations

- 3.39 **There should be greater senior management oversight of the complaints procedure to ensure the integrity of initial interviews and that appropriate complaints are not withdrawn.**
- 3.40 **The quality of replies to complaints, the nature of complaints and the areas from where they are submitted should be routinely monitored by senior managers.**
- 3.41 **The circumstances under which prisoners are able to submit complaints under confidential access to senior managers should be widened and include all complaints about staff.**

Faith and religious activity

Expected outcomes:

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

3.42 The chaplaincy team had a high profile and chaplains provided good support to prisoners. All Christian prisoners could attend religious services easily and their religious and pastoral needs were well catered for. There was still no dedicated place where prisoners could worship together.

3.43 The work of the chaplaincy team was co-ordinated by a Roman Catholic chaplain. The team members were all part time and consisted of chaplains

from the Church of Ireland, the Methodist Church, the Presbyterian Church and the Free Presbyterian Church. A duty rota had been introduced and enabled chaplains to have a guaranteed daily presence in the prison. The profile of the chaplaincy team had risen as a result.

3.44 All new prisoners were given an information brochure explaining how the chaplaincy team worked and what support it provided and a member of the team contributed to induction. The chaplains aimed to interview all new prisoners individually shortly after they arrived and, although this was better than previously, this did not always happen and only 28% of prisoners in our survey said they had had contact with the chaplain or a religious leader within the first 24 hours. All Christian prisoners were issued with a letter of introduction from the chaplain of their denomination on arrival. Members of the chaplaincy team appeared to work well together. While prisoners were normally dealt with by their 'preferred' chaplain, they could also be seen by other members of the chaplaincy team. The small number of prisoners from faiths other than Christian had appropriate opportunities to practice their religion. Each had been spoken to individually by a chaplain and in one case by the governor in charge. They said they had been given the opportunity to contact a minister of their own faith and to select food to help them follow a religious diet. Some prisoners had been issued with religious artefacts such as prayer mats and Qur'ans.

3.45 Three Christian services were held every Sunday. One was a Catholic service, one was a 'combined service'



and the third a Free Presbyterian service. Separate services were also held for prisoners in Foyleview and vulnerable prisoners held in some parts of the house blocks. Times of each of these services were clearly published, but prisoners often arrived late. The three main services were held on the house blocks. There was no dedicated space for religious services so they took place in ordinary classrooms and meeting rooms. These were multi-purpose areas and were unsatisfactory for worship. Chaplains visited the special supervision unit every day to see prisoners. Any prisoner who wanted to see a chaplain could do this by asking a member of staff to contact them. A bible study class was held on Thursday evenings.

- 3.46 Chaplains were well involved in supporting prisoners and now routinely attended and contributed to SPAR reviews and regularly accompanied prisoners on temporary release. In a small number of cases, they were involved in helping prisoners prepare for release, which included cases where chaplains had helped prisoners obtain accommodation. In one case, a chaplain was attempting to resolve difficulties between family members. A member of the chaplaincy team also attended a monthly family support group held in the local community.

Recommendations

- 3.47 **Arrangements should be made to ensure that prisoners arrive at church services on time.**
- 3.48 **Dedicated facilities should be provided for religious services and other faith activities.**

Substance use

Expected outcomes:

Prisoners with substance-related needs, including alcohol, are identified at reception and receive effective treatment and support throughout their stay in custody. All prisoners are safe from exposure to and the effects of substance use while in prison.

3.49 Substance use services were limited, but prisoners with substance use problems were not usually transferred to Magilligan until they were detoxified or stabilised. Drug testing arrangements made it difficult to determine the extent of illicit drug use.

Clinical management

- 3.50 Substance use services were limited. Prisoners began their sentences at Maghaberry so did not require first night symptomatic relief. However, we met one man on the day of his transfer from Maghaberry who had not been seen by the addictions team nurses beforehand and had not received the medication required to manage his symptoms of withdrawal.
- 3.51 Two addictions team nurses were employed by South Eastern Health and Social Care Trust (SET) to provide care and support for prisoners with substance use issues across all three establishments in Northern Ireland. However, they rarely visited Magilligan. Neither was a specialist in dual diagnosis and there were no clinical policies for the care of specific patients. The GPs were not substance use specialists and were reluctant to prescribe detoxification or maintenance regimes.



3.52 Prisoners with substance use issues could self-refer or be referred by a variety of other routes to the alcohol and drugs service: empowering people through therapy (AD:EPT). The team comprised a counsellor, two case workers and a part-time administrator. It had been on site for only five months and provided one-to-one support work with prisoners after an initial assessment and a harm reduction course as part of a prisoner's initial induction. The team did not run any accredited programmes, although these were planned.

Drug testing

3.53 Random mandatory drug testing was not carried out and target testing was rare. The only drug testing available was compliance testing. This was closely linked to the progressive regimes and earned privileges scheme, for which most tests were conducted. Tests were also undertaken as part of conditions for home leave. Drug testing was a task that was often dropped and was never carried out at weekends or in the evenings. Staff had not been given specific training in the task.

3.54 Any officer who suspected a prisoner of being in possession of illegal substances put the prisoner's name on the drug testing waiting list on the PRISM system and the prisoner was called when testing staff had an available time slot. Prisoners were not called for testing if they were on a course in the Prisoner Development Unit, had a medical appointment already booked or were deemed to be unwell by health services staff. In the previous full calendar year, 2,660 prisoners had been identified for testing, of whom 376 (14%) had been

selected but not tested.

3.55 Prisoners were routinely strip-searched before providing a sample. They were also allowed access to unlimited amounts of water while waiting. A diluted sample was not considered a failed test by the laboratory and instead the prisoner had to be recalled to provide another sample. This allowed prisoners to avoid a positive test. According to PRISM data, the most common find was cannabis (39%), with benzodiazepines and opiate-based medications also found (23.5% and 17% respectively). Anecdotally, staff commented that the most common finds were prescribed medications. Health services were informed if a prisoner failed the test, but there was no direct referral to the AD:EPT substance use workers.

3.56 There was little effective intelligence and security measures to guard against the trafficking of drugs or alcohol (see section on security). In our survey, 40% of prisoners, higher than the comparator of 35%, said it was easy or very easy to get illegal drugs in the prison.

Recommendations

3.57 The specialist addictions nurses employed to work with specific groups of prisoners across all three prisons should ensure that they spend adequate amounts of time at Magilligan to meet the needs of the population held there.

3.58 Prisoners should have access to symptomatic relief, detoxification or maintenance medication according to their clinical needs.



- 3.59 Target testing should be carried out in a timely way and be based on evidence.**
- 3.60 Prisoners testing positive (i.e. failing a test) should be referred to the AD:EPT service.**
- 3.61 There should be effective intelligence and security measures to guard against the trafficking of drugs or alcohol.**





CHAPTER 4:

Diversity



Expected outcomes:

All establishments should be aware of and meet the specific needs of minority groups and implement distinct policies or action plans, which aim to represent their views, meet their needs and offer peer support to ensure all prisoners have equal access to all facilities.

Multiple diversity needs should be recognised and met.

- 4.1 There was no local diversity policy outlining how the needs of black and minority ethnic, gay, bisexual and older prisoners or prisoners with disabilities would be monitored and met.
- 4.2 The published NIPS diversity strategy 2008-11 related to staff and not prisoners. Prisoners' access to regimes and services was monitored by religion, but there was only very limited monitoring by age and nationality. There was nothing covering sexuality. There was little to recognise the different cultural traditions within Northern Ireland, such as any materials in the Irish language. The NIPS diversity awareness training, 'Challenge It, Change It', had been run, but 61% of staff had not yet received it.

Recommendation

- 4.3 **All staff should receive diversity training.**

Race equality

- 4.4 Black and ethnic minority prisoners did not raise any concerns about their treatment, but the one racist incident complaint had not been properly investigated.
- 4.5 There were only six black and ethnic minority prisoners, too few to have useful monitoring of access to regimes and services, although those we spoke to did not raise any concerns about their treatment.
- 4.6 We were told that a focus group for Travellers was planned, but prisoners who were Travellers were not formally identified. Managers said this was not necessary as staff would be able to identify them by their surname. The equality and diversity manager was a principal officer. He was given eight hours a week for this work and was also the foreign national co-ordinator and the safer custody manager.
- 4.7 Racist incident complaints were made through the general complaints procedure. The only such complaint



received had been made in February 2009 and the response did not indicate that the complainant had been spoken to about it or that his claim to have been racially abused had been investigated.

- 4.8 There were no displays around the prison to reflect and celebrate race and cultural diversity, although a race awareness week in November 2009 had included a demonstration of Asian cookery and a Ugandan choir.

Recommendation

- 4.9 **All complaints alleging discrimination should be fully investigated, overseen by senior management and any necessary action taken.**

Religion

4.10 Statistical monitoring by religion had been introduced and allowed staff to identify any discrepancies, which were taken seriously and dealt with. Roman Catholic prisoners in our survey reported some poorer perceptions than others in relation to respect for their religion and intimidation, but otherwise there were few differences.

- 4.11 Most prisoners identified themselves as Christians, with about half Roman Catholic and the remainder mostly from Presbyterian, Church of Ireland, Free Presbyterian and Methodist traditions. Prisoners from a Christian background were given ample opportunity to celebrate all major festivals. The few prisoners from minority faiths said they were treated well.

- 4.12 Statistical data across a number of key areas was now recorded in relation to a prisoner's religion. Information on discipline measures, living area and work and education opportunities was collated and considered at a bi-monthly diversity meeting. The findings in each area were mostly balanced and corresponded quite closely with the religious make-up of the population overall. A recent discrepancy had found that Roman Catholic prisoners were over-represented at adjudications. On investigation, it became clear that a small number of individual Roman Catholic prisoners had been persistently challenging towards staff and the figures primarily reflected their behaviour rather than their religious background or a general pattern of discrimination.

- 4.13 Survey responses from Roman Catholics and Protestants were generally similar, but significantly fewer Roman Catholics believed their religious beliefs were respected or that staff treated them with respect. Many more Roman Catholic prisoners said they had been threatened or intimidated by staff or other prisoners. Despite these poorer perceptions of treatment, we received very few complaints from prisoners who felt they had been discriminated against on the grounds of their religion.

Foreign nationals

- 4.14 There was no local foreign national policy and no needs analysis. Foreign national prisoners were identified on arrival, but there was little specifically for them and they were frustrated about the lack of support, particularly around immigration issues.



4.15 A lengthy undated 'draft' NIPS foreign national strategy 2008-11 applied to the three Northern Ireland prisons. None of the targets were set later than 2009 and none had been updated. There was no local policy and no needs analysis of the population at Magilligan. Foreign national issues were a standing agenda item at the bi-monthly equality and diversity committee and minutes indicated some good work with individual prisoners, but nothing about the development of services for the group as a whole.

4.16 There were 21 foreign national prisoners from about 10 countries. None were immigration detainees. Administration staff notified the equality and diversity manager, who was also the foreign national co-ordinator, of the arrival of a foreign national prisoner, recorded information about their immigration status and notified the United Kingdom Border Agency (UKBA). The equality and diversity manager had received no specific training for this role and many foreign national men appeared unaware of what he did. There were no support or information meetings for foreign national men who found the lack of help and information, particularly about immigration issues, frustrating. There were no UKBA surgeries and no support from any independent immigration advice and support agencies.

4.17 Foreign national prisoners with less than £20 in their accounts could have a free weekly telephone call home and the individual circumstances of those with more than £20 were also taken into

consideration. The prison intranet contained a range of information in languages other than English and we saw prisoners being given information about the Listener scheme in their own language on arrival. A telephone interpreting service had been used 18 times in 2009, but there was no list of prisoners or staff willing to act as interpreters. English classes for speakers of other languages classes were run in education, but no foreign newspapers were provided and prisoners had poor access to books in languages other than English stocked in the library.

Recommendations

4.18 **A local foreign national policy and strategy should be introduced based on the assessed needs of prisoners at Magilligan.**

4.19 **The equality and diversity manager should receive training for his role and have sufficient time to undertake all aspects of his work.**

4.20 **The establishment should take steps to ensure that foreign national prisoners receive up-to-date information about their immigration status and independent advice about immigration issues.**

4.21 **Regular foreign national prisoner support and information groups should be held and concerns raised fed back to senior managers so that identified issues can be addressed.**



Disability and older prisoners

4.22 There appeared to be an under-identification of prisoners with disabilities. Some individual prisoners with obvious disabilities were well supported, but there was no systematic or strategic approach to ensure the needs of all prisoners with disabilities were met. There was no older prisoner policy, but some good individual support.

4.23 In our survey, 21% of prisoners said they had a disability compared to the prison's own figure of just 2%. Prisoners identified as having a disability seemed to be restricted to those who were formally registered as disabled and little account was taken of those with a hidden or less physically obvious disability. There was no local disability policy and no strategic approach towards identifying and meeting the needs of those with disabilities in the prison. Prisoners with identified disabilities did not have individual care plans.

4.24 There were some good examples of individual provision for prisoners with an obvious disability and in one case nursing staff had made considerable efforts to meet the needs of a man with very limited mobility. A member of staff acted as a 'signer' for one man with hearing difficulties and some prisoners acted as informal carers for others. Apart from two well equipped adapted cells on Halward house and an adapted toilet on Alpha unit, there were no specially adapted facilities for prisoners with a disability.

4.25 There was some good individual support for older men, but no specific policy for this group of prisoners. Twenty-five prisoners were aged between 60 and 69 and six were over 70, with the oldest being 77. Neither older prisoners nor wing staff knew what age prisoners could 'retire' or what payments they would receive. Consultation groups involving older prisoners and managers had just started, but minutes did not record any feedback or action taken in response to issues raised. Older prisoners had recently been accommodated on a specific landing with keys to their rooms. Some were unsettled by the move, but had begun to appreciate the better facilities.

Recommendations

4.26 **A local disability policy and action plan should be produced outlining how the prison meets the requirements of the Disability Discrimination Act and meets the needs of all prisoners with disabilities.**

4.27 **All prisoners should be accurately assessed on admission and periodically afterwards to determine if they have a disability. Individual care plans should be agreed for those with disabilities.**

4.28 **The needs of prisoners with a disability should be monitored at the diversity meeting and suitable modifications made where necessary.**

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- 4.29 **A formal carer/mentor scheme should be provided for prisoners with a disability for which carers are trained and paid.**
- 4.30 **A local policy and strategy should be introduced to identify and meet the needs of older prisoners.**
- 4.31 **A minimum retirement pay for those over 65 who do not wish to work should be set at a level that is sufficient for those who do not have external support.**



CHAPTER 5:

Health services



Expected outcomes:

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

5.1 Prisoners received appropriate health services. Clinical governance arrangements were satisfactory and clinical records were mostly comprehensive, but some entries were incomplete. A new health centre was fit for purpose, clean and tidy, but had only one waiting room where vulnerable prisoners said they felt unsafe. General primary health care services were reasonable, but limited. Prisoners could see a GP quickly, but a number expressed dissatisfaction with their treatment by the doctor. Health promotion was limited and the management of long-term conditions was restricted because of staff shortages. A satisfactory pharmacy service was run, but prisoners could not consult a pharmacist. Most prisoners on medication could keep it in possession. Dental services were good, but there were some long waits for ongoing treatment. Mental health services were too limited.

- 5.2 Health services were commissioned by the Health and Social Care Board (HSCB) and provided by the South Eastern Health and Social Care Trust (SET), who provided health services to the three prisons in Northern Ireland. The transfer of lead responsibility for prison health had taken place in April 2008 and the HSCB had been responsible for the commissioning for almost a year. The SET had been the providers for a similar length of time. Commissioners' responses to our questionnaire were not always reflected in actual provision.
- 5.3 There was a new health centre in the middle of the site. It was clean and tidy with clinical rooms and office space, but only one waiting room. Vulnerable prisoners said they did not feel safe there and it did not appear that they were always kept separate from other prisoners. A separate dental surgery next to the health centre was well equipped. Cross infection controls were satisfactory and a surgery inspection had recently been carried out, but the washer/disinfector had yet to be commissioned.
- 5.4 There were treatment rooms on each of the house blocks and Halward house. All were fit for purpose and each held resuscitation equipment, including



automated external defibrillators (AEDs). These were also held in the main health centre and in the health services van that staff used to get around the site. Officers had access to the equipment, but few had been trained in its use. Health services staff were also out of date with their resuscitation training as staff shortages had made it difficult to release people for training. Medicines were stored in each treatment room. One drugs trolley was not attached to the wall and the controlled drugs cabinet was screwed rather than bolted to the wall in the health centre.

Recommendations

- 5.5 **Vulnerable prisoners should be kept separate from other prisoners in health care to ensure they feel safe.**
- 5.6 **Officers should be trained in the use of the resuscitation equipment, including the automated external defibrillator.**
- 5.7 **Health services staff should have resuscitation training at least annually.**

Housekeeping points

- 5.8 The dental washer/disinfector should be commissioned.
- 5.9 The medicines trolleys should be secured in the pharmacy and the controlled drugs cabinet should be properly secured to the wall.

Clinical governance

- 5.10 The prison health care partnership board met bi-monthly, attended by representatives from the three prisons in Northern Ireland as well as senior staff from the HSCB and SET. A regional governance committee also met quarterly and a local clinical governance committee three times a year chaired by the deputy governor. SET had developed a number of plans and protocols, such as a governance plan, performance management indicators and scorecard, and a mental health services strategy. All were currently in draft.
- 5.11 A full health needs assessment had not been carried out apparently due to lack of available data from the NIPS before the transfer of commissioning responsibilities. This had been recognised by the commissioners, who had attempted to collate the main areas of need identified in previous inspection reports and other reviews. As an interim measure, they had estimated the need for particular services based on prevalence in UK prisons.
- 5.12 A patient satisfaction survey had been carried out and the results, including an action plan, had been published and were available to prisoners on each wing and in the health centre. There had been some changes in practice as a result of the survey and prisoner suggestions, but several negative comments about the doctors were not addressed in the action plan. Prisoners we spoke to commented on the unhelpfulness of the doctor and, although satisfaction had increased from previously, satisfaction with the quality of service from the doctor was not as high as for other health professionals.

5.13 The head of health care was a registered general nurse and principal officer. She was supported by a senior officer who had a nursing qualification. There was a team of eight nursing officers, two health care assistants and four hospital officers. In addition to at least four vacancies, a number of staff were on long or short-term sick and several staff were involved in industrial action. Staffing levels were therefore at a minimum on all shifts and the level of service was accordingly curtailed.

5.14 Health services staff had access to training provided by SET, but as NIPS employees they were also expected to undergo mandatory prison training such as full control and restraint courses and refresher training, which was inappropriate. The head of the department was a nurse prescriber, but was not allowed to prescribe. There were two clinical supervisors, but none of the staff availed themselves of clinical supervision.

5.15 Most of the SET policies and protocols had not been adapted for use in a prison setting.

5.16 Clinical interventions were recorded on an electronic clinical information system (EMIS) and most entries were comprehensive. However, medical staff did not use the system except for the prescription of medications and instead dictated their consultations. In several cases, administrative staff had not been able to transcribe the dictation tape fully and had entered 'tape not clear' in the clinical records. The clinical records were therefore incomplete, which was poor.

5.17 Prisoners could use the SET complaints system. Most responses were polite, but many did not address the complaint and were written by junior members of staff, including agency personnel.

Recommendations

5.18 **The negative perceptions expressed by prisoners about the GP service should be thoroughly investigated and steps taken to make improvements.**

5.19 **Nurse prescribers should be able to prescribe medications within their sphere of competence.**

5.20 **Training for health services staff should be appropriate to their provision of clinical care and services.**

5.21 **Clinical policies and protocols should be relevant to the prison setting.**

5.22 **All clinical interventions should be recorded contemporaneously.**

Housekeeping point

5.23 Complaint responses should be written by a senior member of staff and address the issues raised.

Good practice

5.24 *The patient satisfaction survey provided an opportunity for patient involvement in the planning of services.*



Primary care

- 5.25 On arrival, all prisoners were seen by a member of the health team and their health needs were reviewed. While prisoners' clinical records were available on EMIS, not all prisoners were sent from Maghaberry with their prescription charts, medications and hard copy records. Each new arrival was given a medication pack consisting of 16 paracetamol, indigestion tablets and plasters. They were given a leaflet outlining the health services available and this information was reiterated during induction.
- 5.26 Officers compiled a list of prisoners wanting to see a member of the health team. Nurses attended each of the main units daily and prisoners from Foylevue, Alpha and Sperrin went to the health centre. Nurses undertook daily triage clinics and could provide a small range of homely remedies, but in most cases referred patients to the GP. Each unit had a different day to see the GP, but urgent cases did not have to wait. In our survey, significantly more than the comparator said it was easy to see a doctor or a nurse.
- 5.27 A GP clinic was held four days a week, but GPs did not have regular times so prisoners on their list were called from their activity or unit only once the GP had arrived in the building. At other times, the lead GP was on call, but was not always available as he was also on call for the police at the same time. There were no satisfactory alternative arrangements.
- 5.28 Life-long condition registers were kept on the EMIS system, but the follow-up of patients was not comprehensive due

to staffing shortages. Health promotion activities were limited for similar reasons, although the two health care assistants had been providing a 'well man' clinic for those over the age of 40. Due to their commitment to the intensive personal needs of one specific patient, the clinics had not run for a few weeks.

- 5.29 Prisoners could not get condoms, lubricants or other barrier protection. Hepatitis B vaccinations were provided, but the accelerated vaccination programme was not used. A meningitis C vaccination for eligible prisoners was not offered.

Recommendations

- 5.30 **All health care records should accompany a prisoner on transfer from Maghaberry.**
- 5.31 **The GP should attend the prison at regular specified times so that prisoners can be given a specific appointment time.**
- 5.32 **The GP on call service should be solely for the prison and GPs should inform the prison emergency duty room if they are not available.**
- 5.33 **Prisoners with life-long conditions should have access to regular review clinics.**
- 5.34 **All prisoners should be able to attend 'well man' clinics.**
- 5.35 **Prisoners should be able to get condoms, lubricants and other barrier protection.**

5.36 **The full range of relevant vaccinations should be provided.**

Pharmacy

- 5.37 Pharmacy services were provided by a local pharmacy supplier who visited the prison every one to three months. Prescription items were supplied in good time, but patients could not see a pharmacist and there were no pharmacist-led clinics.
- 5.38 Most medication was supplied as weekly or monthly in possession and few patients required supervised administration. Medisure daily packs were supplied when necessary. In possession risk assessments were usually attached to the prescription and administration charts and regularly reviewed by nursing staff, although reasons for deviating from the assessment were not always recorded. Patients could request repeat prescriptions. Not all prisoners had a secure locker to store their medications, although these had been trialled in one of the house blocks.
- 5.39 Nursing staff contacted the GP out-of-hours if medication needed to be prescribed. This medication was stored in an 'out-of-hours' cupboard. Good records were kept of what stock had been used and these were audited regularly by the pharmacist against the prescription issued. There appeared to have been one occasion when a telephoned prescription was not followed up by a written one.
- 5.40 A limited list of medication was available to supply, such as 16 paracetamol and six loperamide. These supplies were appropriately recorded on

the administration charts. Patient group directions (PGDs) were used by nursing staff, allowing patients to have access to more potent medication than would otherwise be available without a prescriber.

- 5.41 A medicines and therapeutics committee met three or four times a year for the Northern Ireland prisons. There was no specific prescribing formulary available, nor did there appear to be evidence-based prescribing and large quantities of Lyrica (a powerful analgesic) were prescribed. Pharmacy data and prescribing were reviewed and the prescribing of benzodiazepines had recently been reviewed by the committee.
- 5.42 Prescriptions were computer generated and signed by the doctor to be forwarded to the dispensing pharmacy. A printed label was produced by the doctor and attached to the standard Northern Ireland administration charts. The doctor indicated on the prescription whether the medicine should be supplied in weekly or monthly quantities for in possession.
- 5.43 Controlled drugs were obtained on a named-patient basis. Records were kept in hospital-style wing records. Although we were told a controlled drugs register was held at the dispensing pharmacy, there was no register at the prison.

Recommendations

- 5.44 **The service level agreement between the provider and the prison should include the attendance of a pharmacist at the prison to check the systems and provision of counselling sessions,**



pharmacist-led clinics, clinical audit and medication reviews.

- 5.45 **All prisoners should have lockable cupboards to store their medications.**
- 5.46 **To reduce opiate usage, a step-wise approach to pain management, such as the World Health Organisation analgesic ladder, should be used, modified for the prison environment.**
- 5.47 **The medicines and therapeutics committee should ensure that prescribing is evidence-based and that procedures are followed.**

Housekeeping points

- 5.48 Prescribing data should be used to demonstrate value for money and to promote effective medicines management.
- 5.49 All prescriptions should be legally written and telephoned prescriptions should be followed by a written prescription, in line with Nursing & Midwifery Council guidance.

Dental

- 5.50 The dental contract was for six sessions a week, usually all day Monday, Wednesday and Friday. All sessions were provided by the same dentist and registered dental nurse team. There was no out-of-hours dental cover, but there was cover for annual leave. Five or six patients were seen each session, although the industrial action by prison officers had reduced this number causing longer waiting lists.

5.51 All requests to see the dentist were placed on the waiting list by prison officers, with some degree of prioritisation. There was no formal triaging of applications. There were 32 names on the waiting list, the longest wait being 15 weeks, but there were no urgent cases waiting. Following initial assessment, patients were placed on the treatment waiting list. There were 120 names on this list, the longest wait also being 15 weeks. After each treatment appointment, the patient was returned to the treatment waiting list, so long treatment plans took a long time to complete. The dental records were appropriately annotated and stored. Both paper and computer records were kept, although the dentist did not use medical history questionnaires.

5.52 No appointments were made until the morning of the day the dentist attended. Available patients were then booked in order of priority, with urgent cases followed by those needing treatment and lastly check-ups. This process meant there were no failed appointments, but also that only prisoners not already engaged in an activity were available to be called, which led to an inequity of service.

5.53 The contract was monitored through monthly returns submitted to the Dental Reference Service. Dental checks and treatment at least to the range available in the NHS were provided and all new prisoners were offered a dental check-up, which usually took place during induction. Oral health information was provided individually by the dentist.



Recommendations

- 5.54 **A written, signed and dated medical history questionnaire should be completed for all dental patients.**
- 5.55 **Applications to see the dentist should be triaged by health care staff.**
- 5.56 **Dental waiting lists should be robustly managed to ensure equity of care.**
- 5.57 **A protocol should be developed for dental out-of-hours cover.**

Secondary care

- 5.58 For most prisoners, appointments with secondary care consultants were conducted in the prison. A number of consultants had long-standing arrangements with the NIPS to attend the prison three to four times a year. This resulted in an unequal service compared to that provided in the general community. The orthopaedic surgeon who used to attend the prison had retired over a year previously and no firm alternative arrangements had been established, which was unsatisfactory.
- 5.59 Prisoners attended outside hospital appointments for radiology and some other services. Transport was arranged by staff at Maghaberry, and Magilligan was allowed only one appointment a day. As a result, prisoners' original appointments were often altered to fit in with the transport arrangements, which was unsatisfactory. We did not discover any breaches of waiting times as a consequence of this ruling, but there was the potential for this. All prisoners

attending hospital appointments, including those from Foyleview, were handcuffed and escorted by prison officers.

Recommendations

- 5.60 **The South Eastern Trust should review all contracts held by secondary care consultants to ensure they meet the needs of prisoners at Magilligan and provide a service comparable to that in the community.**
- 5.61 **Prisoners attending outside hospital appointments should be individually risk assessed to determine the need for handcuffs and escorting staff.**

Mental health

- 5.62 Mental health services were limited. Staffing vacancies and sickness meant there was only one primary mental health nurse available and only for part of the week. No mental health clinics were running. Patients were referred to the registered mental nurses (RMNs) either by a wing officer or through the triage system. They were seen as soon as staff were able and were provided with a confidential listening service and advice on resolution of issues. Evidence-based mental health interventions such as cognitive behaviour therapies were not used. The RMNs were able to refer patients to programmes in the prisoner development unit and had a good library of health education and self-help material, although high rates of literacy difficulty inhibited its effective use. There were no specific day services for those less able to cope with life on the wings.



- 5.63 A psychiatrist attended the prison for one session a fortnight, but she only spent limited time at the prison as her session times included her travel. Prisoners with severe and enduring mental health problems were either kept at or returned to Maghaberry for care and treatment. The primary care mental health nurses had little liaison with the psychiatrist.
- 5.64 Very few officers had received mental health awareness training.

Recommendations

- 5.65 **Primary mental health services should be available at all times and should include talking and other appropriate therapies and guided self-help for people with mild to moderate mental health problems.**
- 5.66 **Day services should be provided to prisoners who need additional therapeutic support for emotional, behavioural and mental health problems.**
- 5.67 **Prison officers should have the appropriate training to recognise and take appropriate action when a prisoner may have mental health problems and work effectively with health staff to ensure a prisoner's care.**

CHAPTER 6:

Activities



Learning and skills and work activities

Expected outcomes:

Learning and skills provision meets the requirements of the specialist education Inspectorate's Common Inspection Framework (separately inspected by specialist education Inspectors).

Prisoners are encouraged and enabled to learn both during and after sentence, as part of sentence planning; and have access to good library facilities.

Sufficient purposeful activity is available for the total prisoner population.

6.1 The quality of education, skills and work was satisfactory. Access to education and skills was generally good and the quality of teaching and learning was good or better in most classes. A lack of strategic direction resulted in disjointed provision that did not fully meet the needs of all prisoners. Education and skills were not given a high enough priority by prison management and were not well promoted. There were sufficient activity places for the current population, but the capacity available was not maximised. Too many activity places in education and skills were under-utilised due to poor attendance, often as a result of regime restrictions. Library services and facilities were

unsatisfactory and did not meet prisoners' needs.

- 6.2 Education was managed by the acting head of education, who was supported well by a senior teacher. There was also a manager for vocational training and employment. Education classes included basic skills in literacy, numeracy and information and communication technology (ICT), English for speakers of other languages (ESOL), a national vocational qualification (NVQ) in ICT, GCSE English and maths, GCSE, AS and A-level art, and health and safety. Much of the literacy, numeracy and ICT provision was delivered through an effective link with the local further education college, which had four staff based full-time in the prison. Twenty-three prisoners were undertaking Open University courses. The Big Book Share scheme for fathers, Toe by Toe for non-readers and the use of a 'writer in residence' were all delivered successfully to improve prisoners' literacy.
- 6.3 The quality of education, skills and work was satisfactory. There were positive working relationships between staff and prisoners and staff provided good support and encouragement. The quality of teaching and learning was good or



better in most classes and in a few cases was outstanding. However, the ongoing industrial action had reduced significantly the time available for education and vocational skills activities.

- 6.4 There were 158 places for education, but only 119 could be used due to regime restrictions so the available capacity was under-utilised. Attendance by prisoners in education classes was too variable and generally poor, with often only half the places filled. Frequently, prisoners were required to attend other appointments or activities, which disrupted their learning in classes and workshops. Education and skills were not given a high enough priority or status and were not well enough promoted across the prison. New arrivals had few opportunities to view the education and vocational skills facilities or to meet instructors before choosing their educational or vocational programme. The pay policy was fair and did not disadvantage those in education or skills training.
- 6.5 The curriculum provision to develop prisoners' essential skills of literacy and numeracy was broad and met prisoners' needs. The initial assessment of literacy and numeracy skills was effective and well managed. The information was recorded appropriately and used effectively to set targets and encourage participation in relevant education programmes. Insufficient attention was paid to the identification of specific additional learning needs. Those prisoners undertaking the higher-level courses received good help and encouragement from education staff, but did not get enough support from the prison to adequately facilitate their studies. Lack of access to the internet

and other ICT resources impeded their progress.

- 6.6 There were 114 places in vocational training in the main prison workshops, including computer technicians, joinery, metal fabrication, plastering, wall and floor tiling, painting and decorating, and furniture making. Although vulnerable prisoners had good opportunities for work activities, they did not have access to as wide a range of vocational training as other prisoners. A good print workshop operated in Foyleview. There were also 153 prison jobs. Most were for orderlies with cleaning jobs, with others involving prisoners in classroom assistance, grounds maintenance, building refurbishment and power-washing work. Around 20 prisoners from Foyleview were involved in some form of community work outside the prison, but there were few links with appropriate employers to provide more realistic opportunities and challenging work placements for those allocated to work outside the prison.
- 6.7 The demand for vocational skills programmes was high and there were waiting lists. However, as in education, attendance was poor, often less than 50%. Most vocational skills programmes were accredited, but many were at level 1 with no opportunities for progression. Grounds maintenance, recycling and cleaning were not accredited. Arrangements for the integration of literacy, numeracy and ICT into the workshop provision were inadequate and there were missed opportunities for prisoners to develop and apply these skills in meaningful work contexts.
- 6.8 There were good or excellent standards of work in the production workshops



for furniture making and metal fabrication and the printing workshop. The teaching, training and learning in the furniture making and metal fabrication workshops was particularly good. Effective use was made of project-based learning, which motivated prisoners. Prisoners employed in the print workshop produced good quality brochures, magazines and books for the NIPS and a range of other organisations including local charities and primary schools. The Foyleview prisoners employed in grounds maintenance and building refurbishment produced work to a high standard, including the construction of a memorial garden, the refurbishment of the staff locker rooms and timber fencing along the prison approach road.

6.9 Outcomes were mostly good or excellent for prisoners who completed education and vocational skills training programmes. Success rates for prisoners who completed essential skills programmes were particularly noteworthy.

6.10 There had been good investment in resources and equipment to support some of the education and vocational skills provision, although the ICT resources and infrastructure were badly managed. The quality of accommodation and standard of equipment varied greatly, from excellent in furniture manufacture and grounds maintenance to poor in joinery and plastering, where the accommodation was cramped and unsuitable. In education, the staff had worked hard to improve the learning environments and these were often bright and welcoming. There had been recent investment in interactive whiteboards in a significant number of

teaching spaces, but these were not yet used to good effect to support teaching, training and learning.

6.11 Senior managers in the prison did not have a clear strategic direction for the development of education, skills and work, which resulted in provision that was disjointed, lacked coherence and did not provide prisoners with clear progression pathways. The overall arrangements for the quality assurance of the provision were just satisfactory. A process for the self-evaluation of the provision had begun, but was at an early stage. The education and vocational skills departments were well represented on key decision-making bodies such as the resettlement and allocation boards.

6.12 The overall curriculum for education and skills did not sufficiently meet the needs of all prisoners. There were too few recreation or social classes, very few evening classes and no weekend provision. A good range of vocational skills training was available, but there was undue variation in progression opportunities. Around 20% of prisoners did not participate in education, vocational skills or work, which was too high a proportion for this type of prison.

Library

6.13 Library facilities were poor and prisoners did not have access to a consistent or reliable service with appropriate resources. The prison had a small main library in the education centre and a mobile library unit. The main library was staffed full-time by a dedicated prison officer and the mobile unit was staffed by a number of different



prison officers. The prison staff had no formal library qualifications, but had received training in the electronic system for borrowing, returning and requesting books. Use of the libraries was monitored daily and monthly.

- 6.14 Prisoners' access to the library was unsatisfactory. The main library was open Monday to Friday during the day, but was available only to the small percentage of prisoners, about 10%, who attended classes in the education centre. The remaining prisoners were scheduled to use the mobile library unit one evening a week, but records showed this was regularly unavailable. In our survey, less than a quarter of prisoners, well below the comparator, said they used the library at least once a week.
- 6.15 The main library had a satisfactory range of fiction and non-fiction books for recreational reading, but only a limited range of non-fiction books relevant to the education and skills provision. No magazines or daily newspapers were available. There was a good range of music CDs, but no DVDs. A good range of quick reads and talking books were kept for less confident readers and provided sufficient resources to support those with literacy needs. There was an appropriate range of legal reference materials and access to NIPS policies. However, the cramped conditions meant talking books, books for foreign nationals, encyclopaedias and legal books were all kept in a store room.
- 6.16 The main library had a satisfactory stock of materials for the increasing number of foreign national prisoners, with books in a range of European languages and Chinese. Prisoners did not have access

to ICT resources or self-study facilities.

- 6.17 The mobile library was unsatisfactory and its stock was poor quantity and quality. There were only music CDs, a limited selection of fiction and non-fiction books and a very small number of 'easy reads'. There were no foreign national books, talking books or legal books. Prisoners using the mobile library were not kept informed about stock available in the main library in order to request books or other materials.

Recommendations

- 6.18 **The curriculum for education and skills should be reviewed to ensure that it sufficiently meets the needs of all prisoners, including vulnerable prisoners, and provides relevant progression opportunities.**
- 6.19 **There should be more inclusive and effective arrangements for the quality assurance of education, skills and work at all levels in the prison.**
- 6.20 **Prisoners undertaking higher-level courses should receive better support through improved access to ICT resources to help their completion of assignment work.**
- 6.21 **There should be a more strategic approach to the integration and use of ICT, including internet access, within the education and skills provision and better on-site ICT technical support.**
- 6.22 **Workshop accommodation should be improved.**

6.23 **A new appropriately resourced and stocked library facility should be provided to which all prisoners have at least weekly access.**

Physical education and health promotion

Expected outcomes:

Physical education and PE facilities meet the requirements of the specialist education Inspectorate's Common Inspection Framework (separately inspected by specialist education Inspectors). Prisoners are also encouraged and enabled to take part in recreational PE, in safe and decent surroundings.

6.24 There were good indoor physical education (PE) facilities and appropriate recreational programmes with good participation rates. Several accredited sports and first aid qualifications were available and success rates were good for the small number of prisoners who followed these. There were no outdoor recreational sports facilities for the main prison.

6.25 The sport and recreation provision was led effectively by a principal officer, supported by a senior officer and seven instructors. The recreation programme was planned to meet the needs and interests of most prisoners. The PE programme was published on each wing and access was monitored by the principal officer. PE staff interacted effectively with prisoners who chose to attend the gym and offered them good support and advice on using the equipment properly and how to improve fitness. Participation rates were good

and in our survey, 55% of prisoners said they went to the gym at least twice a week.

6.26 All staff contributed to the provision of a range of accredited courses, including first aid at work, a 'boxacise' proficiency award and a gym instructor's award. Achievements and outcomes for the small number of prisoners who took the accredited courses were very good. All the accredited courses provided opportunities for prisoners to develop further their qualifications and skills on release. Prisoners could also take part in the Duke of Edinburgh Award scheme, which PE instructors facilitated in partnership with the prisoner development unit. Remedial therapy and compensatory exercise sessions for prisoners were delivered in response to requests from health care, but overall there were not enough links with health care and resettlement to promote healthy lifestyles in prison and as preparation for release.

6.27 Indoor facilities were good and included a multi-purpose sports hall that could accommodate indoor soccer, volleyball, badminton and basketball. There were also free and fixed weights along with cardiovascular and boxing training areas. There was a small additional gym in Foyleview, as well as recreation rooms on each wing with a range of cardiovascular equipment. Some of the fitness equipment on the wings was in need of replacement. Outdoor facilities were limited to one grass sports field for Fairview prisoners, but there was no outdoor facility for the main prison. The all-weather football pitch had been assessed as unsuitable for playing games and for running.



Recommendations

- 6.28 **Health promotion programmes should be developed in collaboration with health care to promote an understanding of the relationship between health and well-being and maintaining an active lifestyle while in prison and after release.**
- 6.29 **An outdoor recreational sports facility should be provided for the main prison.**

Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in out of cell activities, and the prison offers a timetable of regular and varied extra-mural activities.

6.30 Time out of cell was reasonably good, but we found too many prisoners locked up at a morning roll check. There were few cancellations to the regime, but industrial action was impacting negatively on unlock times.

6.31 Opportunities for time out of cell were reasonably good. Prisoners allocated a full-time activity could expect to have 9.5 hours each weekday, while those without an activity, including prisoners on the basic regime, could have about five hours. At a roll check at 10.30am, we found 46% of prisoners off wing at activities and 29% unlocked and engaged in activities on the wings. Twenty-five per cent of prisoners were locked up, which was too high a proportion for a training prison.

- 6.32 The ongoing industrial action meant adherence to regime timings was poor. Unlock for the morning and afternoon periods was slipping by up to an hour and in the evening up to 30 minutes, causing significant disruptions to the regime. Prisoners reported particular problems in the morning with not enough time to shower, eat breakfast and potentially to use the telephones before attending activities.
- 6.33 Records indicated that association was rarely cancelled. Association facilities varied from wing to wing, with Halward house providing the best environment and the house blocks the poorest. Exercise was also rarely cancelled and the main reason for any cancellation was almost always poor weather. Exercise in the main part of the prison was held in the evenings, with access to tarmac yards during association for about two hours. All prisoners, including those in full-time activities, therefore had daily opportunities to spend time in the open air. Foyleview prisoners did not have a designated exercise yard, but had unrestricted access to the area around their accommodation units from unlock in the morning to evening lock up.

Recommendation

- 6.34 **The number of prisoners locked up in their cells during activity periods should be reduced significantly and regularly monitored by senior managers.**



Security and rules

Expected outcomes:

Security and good order are maintained through positive staff-prisoner relationships based on mutual respect as well as attention to physical and procedural matters. Rules and routines are well-publicised, proportionate, fair and encourage responsible behaviour.

7.1 Physical security was sound, but dynamic security was under-developed. Security arrangements were proportionate, except that prisoners in Foyleview were not allowed to access facilities in the main prison. The security committee had only convened once in the previous six months.

Security

7.2 Physical security appeared to dominate the prison, but this was mostly due to the built environment, which incorporated multiple fences with razor wire within the perimeter wall. In practice, prisoners had few restrictions on accessing the various facilities in line with what would be expected in a category C prison. The exception was that Foyleview prisoners were not allowed to access facilities in the main prison. This meant some had to discontinue courses they had started.

This was designed to restrict the flow of drugs from prisoners in Foyleview who might bring them back from temporary release, but there was no evidence that this was a problem. Otherwise, security was proportionate and the security department did not impede prisoners' access to education or workshop activities unless their history suggested a specific risk. No prisoners were currently subject to such restrictions.

7.3 Dynamic security had improved, but was still under-developed. About 60 security information reports (SIRs) were submitted each month. They were mostly based on information from prisoners, with few based on staff observations and fewer still submitted following specific incidents such as fights or assaults. This was mitigated somewhat by security staff keeping a log of such incidents, but neither they nor other staff were clear what information would be reported on a SIR and what would qualify as a recordable incident. It was therefore not certain that all pertinent information was available or known to the security department. No security staff had been trained in analysing intelligence. Action taken focused on responding to individual SIRs, with little evidence of a wider analytical approach incorporating all associated intelligence received.



- 7.4 There were similar shortfalls in the strategic approach to managing security issues. The security committee had met only once in the previous six months and there was no monitoring of relevant data, such as SIR submissions broken down into categories, to identify and respond to emerging patterns and trends or even to determine specific risks.
- 7.5 Prisoners received from Maghaberry were not routinely strip searched in reception, which was a reasonable approach as prisoners had been searched on leaving Maghaberry and then handcuffed in a secure vehicle en route. Squat searching was not authorised under any circumstances.
- 7.6 Authority to ban visitors or place prisoners on closed visits rested with NIPS headquarters and occurred only when individual(s) were involved in an incident directly related to visits, such as trafficking or inappropriate behaviour. Prisoners and visitors subject to visiting restrictions were notified by letter detailing the specific reasons why these had been imposed. Seven prisoners were subject to closed visits, all for appropriate reasons. Fourteen visitors had been banned and all but three had been caught attempting to pass drugs. Reviews of decisions about visiting restrictions took place only at the end of the initial period. However, prisoners and visitors could appeal against the initial decision and there were examples where family members had bans changed to closed visiting arrangements.

Rules

- 7.7 Rules were not covered during induction and were not clearly displayed

on wings. Prisoners said they relied on other prisoners to find out the rules on arrival. They also said most staff were sensible in applying rules and took a prisoner's circumstances into consideration before taking disciplinary action.

Recommendations

- 7.8 **Foyleview prisoners should be given access to education and workshop resources in the main prison when appropriate.**
- 7.9 **Security staff analysing intelligence should be given training to carry out the task effectively.**
- 7.10 **The security committee should meet regularly and analyse relevant data to help identify risks and identify and respond to emerging patterns and trends.**
- 7.11 **The expected rules of behaviour should be prominently displayed throughout the prison.**

Discipline

Expected outcomes:

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

- 7.12 Adjudications were well conducted, with fair findings, but many punishments were too harsh. Levels of use of force were commendably low, but associated documentation was poor and there was no managerial oversight. The

environment of the special supervision unit had significantly improved and prisoners were well treated, even though the regime was basic. Prisoners subject to loss of association or serving cellular confinement were not allowed to use the telephone, which was unacceptable.

Disciplinary procedures

- 7.13 Adjudications were not overly used, with an average of 33 a month in the previous six months. Most had been appropriately raised, but some involved the use of low level inappropriate language, such as calling an officer a 'disrespectful idiot', that would have been better dealt with through the progressive regimes and earned privileges scheme.
- 7.14 The adjudication process was well managed. Prisoners were given notice of their adjudication the day before the hearing and all those we spoke to said staff had offered to help with any aspect of the process they were unsure of or if they could not read or write. Adjudications were held in a portacabin outside the special supervision unit (SSU) and were tape recorded. Our observations and previous recordings indicated a formal but relaxed approach, with prisoners given sufficient opportunity to play an active role.
- 7.15 Findings were fair and consistent, apart from one prisoner found guilty of breaching the terms of his licence after returning late from his mother's funeral, despite notifying the prison that he was held up in road works, an explanation that was accepted as genuine. In the previous six months, 68% of proven charges had resulted in cellular

confinement, which was not high, but additional days were not used as a punishment. However, many also involved concurrent additional punishments of loss of association and access to the gym, both for up to 28 days, and were too harsh. Prisoners subject to loss of association were also prohibited access to telephones, which was unacceptable.

- 7.16 There was no regular management meeting related to adjudications and no monitoring of adjudication data for emerging patterns and trends.

Use of force

- 7.17 Levels of use of force were very low, with only seven recorded in the previous six months, but associated records were very poor. Reports from staff listed as involved in the incident were missing and reports often conflicted. In one case, two staff described force being used to restrain a prisoner in his cell in the SSU after they and another member of staff had responded to his cell bell, but the third officer described the same incident taking place as the prisoner was being escorted back to his cell following an adjudication. None of the submissions had been certified and there were no managerial checks, so such discrepancies went unnoticed and unchallenged. There was no official forum for identifying and monitoring use of force issues. Planned removals were filmed, but managers did not review them as recordings were immediately sent to headquarters. None were available for us to view.
- 7.18 Governance and monitoring arrangements for special accommodation had still not been put in place.



Anecdotal evidence suggested minimal use. However, there were no records to evidence when this had occurred, the duration of each use and, most importantly, the reasons why such measures had been resorted to and the level of authorisation to do so.

Special supervision unit

7.19 The SSU had improved significantly following refurbishment. Cells were sizeable and in good condition and the whole unit was an appropriate environment.

7.20 In the previous six months, 191 prisoners had been located on the SSU. Of these, 98 had been serving a cellular confinement punishment and 67 had been relocated pending an adjudication the next day. Records indicated that a significant number of the latter group could have remained in their own units until their adjudication, even if they had to remain locked in their cells. Good efforts were made to return prisoners to mainstream location at the earliest opportunity and length of stay was not long. Only one prisoner had remained in the SSU longer than two weeks and no one longer than a month.

7.21 The new SSU policy stated that prisoners would be strip searched on relocating to the unit subject to risk assessment, but staff said they routinely strip searched all prisoners. Prisoners were given a written explanation of why they had been located in the SSU and a copy of the SSU rules and routines. Prisoners currently or previously located in the unit said they had been treated respectfully by staff and we observed positive interactions, and staff referred to prisoners by their first names.

7.22 Each relocated prisoner's wing file was taken to the SSU, but staff did not make daily entries. A weekly behaviour report completed in line with the local progressive regimes and earned privileges scheme provided insight, albeit insufficient, into each prisoner's stay. All prisoners received a daily shower and access to the exercise yard, but were not allowed to exercise together at any point. All prisoners had daily access to the telephone, apart from prisoners subject to punishments of cellular confinement who were unreasonably barred from using the telephones as part of the cellular confinement conditions.

7.23 Prisoners relocated for their own protection or good order reasons were allowed to keep in possession all items in line with their regime level, including televisions. In-cell activities were limited to a small stock of books or a daily newspaper, with no provision for prisoners who could not read. Visits under normal arrangements were allowed subject to risk assessment, but there was no access to the rest of the regime, including religious services.

Recommendations

7.24 **Prisoners serving punishments of cellular confinement or loss of association should have daily access to telephones.**

7.25 **A regular management-chaired meeting should monitor and analyse adjudication data for emerging patterns and trends, review a sample of adjudications for learning and check that punishments are consistent and fair.**



- 7.26 **Use of force records, including videos of incidents, should be subject to managerial checks following an incident and any discrepancies or shortfalls addressed. Data on use of force should be routinely analysed.**
- 7.27 **Use of unfurnished accommodation should be subject to formal governance arrangements, including a requirement for senior manager authority, recording of the reasons for its use and ongoing monitoring records.**
- 7.28 **Subject to risk assessment, prisoners located in the special supervision unit for reasons of their own protection and good order or discipline should be able to attend religious services, activities and offending behaviour programmes.**
- 7.29 **Prisoners in the special supervision unit should be able to exercise together when no risk is evident.**
- 7.30 **A suitable range of in-cell activities should be made available to prisoners in the special supervision unit, particularly for those who cannot read.**

Housekeeping point

- 7.31 Prisoners should be strip searched when relocating to the special supervision unit only subject to a risk assessment indicating the need, in line with the published policy.

Progressive regimes and earned privileges

Expected outcomes:

Incentives and earned privilege schemes are well-publicised, designed to improve behaviour and are applied fairly, transparently and consistently within and between establishments, with regular reviews.

7.32 The local policy for progressive regimes and earned privileges was clear and up to date. Prisoners were not unnecessarily restricted from progressing through the levels, but there were relatively few differences between standard and enhanced levels to encourage improved behaviour, although extra pay was possible. The practice of demoting prisoners to basic level solely for failing a voluntary drug test was inappropriate and removing prisoners from the enhanced level was ineffective in encouraging prisoners in denial of their offence to accept their guilt.

7.33 The policy outlining the operation of the progressive regimes and earned privileges scheme (PREPS) was up to date and provided clear guidance on the criteria for promotion and demotion. While behaviour contributed to decisions about an individual's regime level, there was a greater focus on compliance with sentence plans and the 'voluntary' drug testing scheme.

7.34 In the previous six months, an average of 7% of prisoners each month had been on basic, 31% on standard and 62% on enhanced and prisoners were not unnecessarily restricted from progressing through the levels. The main differences in privileges between standard and enhanced levels were the



opportunity to earn extra prison wages and access additional visits each month, but in our survey, less than half of prisoners said the different levels of the scheme encouraged them to change their behaviour.

- 7.35 Prisoners were automatically demoted a level if they provided a positive voluntary drug test, so this was often the reason for demotion to basic. This was inappropriate and not based on a pattern of behaviour. Prisoners were also demoted from enhanced to standard for non-compliance with their sentence plan. This particularly affected sex offenders who denied their guilt and therefore refused to participate in the sex offender treatment programme (SOTP). As prisoners have to accept guilt to participate in the SOTP, such a sentence plan target was in any event inappropriate. Managers accepted that demotion in the PREP scheme was totally ineffective in persuading such offenders to accept their guilt.
- 7.36 Prisoners demoted to basic spent a minimum of 28 days on that level. A care plan including targets was initiated by a senior officer and reviewed weekly. However, targets set were poor and often unrelated to the reason a prisoner had been placed on basic. All prisoners on basic had to agree to provide four negative voluntary drug tests irrespective of the reason for their demotion. One prisoner had been on basic for over three months because he had refused to take such a drug test as he believed it was not relevant to his circumstances. The majority of prisoners progressed to standard after a month.

- 7.37 A case conference was held for prisoners who had been on basic for a month and who it had been decided should remain there for a further period of time. The conference was chaired by a residential principal officer and attended by representatives from all disciplines in regular contact with the prisoner. Records indicated that they were of very good quality and the care plans drawn up at this stage were good, with more specific targets.
- 7.38 The basic regime was not overly punitive. For the first month, it meant only the loss of a television and restricted, but still daily, association. Further sanctions were imposed at the monthly case conference, depending on individual circumstances and in line with the policy's stipulated minimum entitlements for a basic prisoner.

Recommendations

- 7.39 **Prisoners should not automatically be demoted to basic for failing a voluntary drug test.**
- 7.40 **Prisoners in denial of their offence should not automatically be demoted in the progressive regimes and earned privileges scheme because of failing to meet targets to undertake offending behaviour programmes.**
- 7.41 **Targets for prisoners on basic to progress to standard should be specific to the reason(s) for demotion and should not automatically include a requirement to provide negative drug tests.**



Catering

Expected outcomes:

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

8.1 The kitchen was clean and well equipped and food was appropriately stored and cooked. Prisoners were generally satisfied with the food, but were not offered five portions of fruit and vegetables a day. Some servery workers were inappropriately dressed. There were no food comment books on wings and catering staff did not attend prisoner consultation meetings. Prisoners could eat together, but those on Foyleview could not cook their own meals.

8.2 The kitchen was clean and well equipped and food was appropriately stored, prepared and cooked. Meals were taken from the kitchen to wing serveries in heated trolleys and food temperatures were taken and recorded. Prisoners working in the kitchen and serveries had been trained in food handling and hygiene and could obtain a national vocational qualification. Servery workers were supervised by wing staff, but some were inappropriately dressed

without hats, jackets or gloves.

8.3 In our survey, 51% of prisoners, significantly more than the comparator of 30%, said the food was good or very good. The menu was on a three-week cycle and prisoners selected their meals a week in advance. Prisoners were not offered five portions of fruit and vegetables a day. Fruit was always available in the evening, but only as an alternative to pudding. Medical diets were catered for. There were no halal meals and staff said Muslim prisoners had 'not requested' them. Rice was provided as an alternative to potatoes, but the needs of Muslim prisoners had not been pro-actively pursued.

8.4 There were no food comment books on wings, which staff said was because some prisoners had previously used 'inappropriate language'. Catering staff did not attend prisoner consultation meetings and prisoners had no opportunity to comment on the food other than by formal complaint. Annual surveys took place, but only 16% of prisoners had responded to the last one.

8.5 The evening meal at weekends was served between 4pm and 4.30pm. Breakfast was not served until 16 hours later, which was too long a gap despite



the fact that packet soup and bread were provided on wings. Prisoners could eat together on all wings. Apart from toasters and microwaves, prisoners on Foyleview had no opportunity to self-cater in preparation for release.

Recommendations

- 8.6 **Prisoners should be offered five pieces of fruit and vegetables daily.**
- 8.7 **Active efforts should be made to meet the religious and cultural requirements of prisoners in relation to food.**
- 8.8 **Food comment books should be provided on wings and responded to by catering staff.**
- 8.9 **The evening meal should not be served before 5pm.**
- 8.10 **Prisoners on Foyleview should have more opportunities to self-cater as part of their preparation for release.**

Prison shop

Expected outcomes:

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

- 8.11 Prisoners had good access to the shop and were generally positive about the provision. There was a good range of items, but consultation had been limited. Prices were reasonable.

8.12 In our survey, 70% of prisoners, against a comparator of 24%, said they had been able to use the shop within 24 hours of arrival. Details of their finances were transferred quickly between Maghaberry and Magilligan and there was provision to request an advance for anyone who arrived without money, although this was rare.

8.13 Prisoners could buy goods from the shop weekly. Canteen lists including the amount available to spend were issued on Friday, collected over the weekend and passed to the shop for processing from Monday. The shop manager was assisted by five prison orderlies who packed the goods. Orders were delivered to the wing and checked and signed for in front of an officer. Mistakes were rectified quickly.

8.14 More than the comparator in our survey said the shop provided a wide enough range of goods to meet their needs. The range of goods was wide and fresh fruit could be bought weekly. A survey had been held in September 2009 when 20 questionnaires were distributed randomly on each unit. A total of 37 were returned. It was not known if the needs of any minority groups were being met.

8.15 Prisoners who did not have visitors could buy clothes from catalogues and prisoners could also order hobby materials monthly. CDs could be bought through an internet order, although an administration fee of £1 per CD was charged. Prisoners could buy newspapers and magazines. Prices were set by headquarters and were reasonable. Prisoners were notified of any price changes and discontinued items through published notices.



Recommendation

- 8.16 **Minority groups such as black and minority ethnic and foreign national prisoners should be specifically consulted to check the range of goods in the shop meets their needs.**







Strategic management of resettlement

Expected outcomes:

Resettlement underpins the work of the whole establishment, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need.

9.1 The resettlement policy was comprehensive, but did not contain specific targets and was not driven by a regional policy for Northern Ireland. The range of resettlement services appeared appropriate, but there had been no formal needs analysis. Suitable interventions were run, but many sex offenders did not admit their offence and there was no strategy to deal with this. Governance of resettlement was not robust enough.

9.2 A comprehensive local resettlement policy dated October 2009 described the range of resettlement opportunities and services available and delivered through a range of partnerships. There was a good structure for progression to more open conditions through Alpha unit to Foyleview. This was applied flexibly and prisoners did not always follow this route to Foyleview. The policy referred to NIPS strategy on programmes delivery and key

performance data, but a wider regional resettlement strategy was not driving the local policy. It did not contain quantified local targets relating to the resettlement pathways or measure outcomes for prisoners.

9.3 The local policy was not informed by an up-to-date formal analysis of resettlement needs. The range of services provided was broadly appropriate to the prison's population profile and managers were confident that they were able to provide for emerging needs of prisoners as they became apparent through assessment of resettlement needs of individual prisoners.

9.4 The role of the prison in providing specific interventions had been agreed regionally and these were broadly appropriate for the population. There were enough places for the number of prisoners requiring most interventions, but the prison found it difficult to provide appropriate treatment for convicted sex offenders who continued to deny their guilt, who made up 40% of the sex offender population. There was no strategy to deal with this. However, participation in a community treatment programme was made a licence condition for some prisoners who had previously been in denial of that offence.



9.5 Governance of resettlement was not sufficiently robust. The local resettlement policy referred to a quarterly meeting of the resettlement team, but there was no evidence this met or that it was the vehicle through which local policy was operated. Management of the function had been in transition and was expected to become more settled with the reallocation of senior management roles.

Recommendations

9.6 **The Northern Ireland Prison Service should develop a regional resettlement strategy that addresses all the resettlement pathways and the role of each prison within it.**

9.7 **Resettlement policy should be managed through a multidisciplinary group chaired by the resettlement governor to control the strategic direction of resettlement work and assess progress against measurable targets for each of the resettlement pathways.**

Offender management and planning

Expected outcomes:

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

9.8 The offender management unit was multidisciplinary. Assessments and plans were mostly up to date, with generally relevant targets, but no systematic quality checks. Pre-discharge arrangements were sound. Public protection arrangements had not been sufficiently robust. New child protection arrangements had been introduced, but there were delays assessing other risks. Life sentence prisoners had recently been transferred to the prison. They were set good targets, but continued to be managed from Maghaberry. Home leave was widely used and well managed. Categorisation was well organised, but too many prisoners remained at category B. Foyleview was a useful resource in preparation for release, but had too many vacancies.

9.9 Offender management was based in a purpose-built unit that accommodated prison officers, psychologists, probation staff and external organisations. This allowed for a high level of collaborative working and good information-sharing about prisoners.

9.10 The aim was for all prisoners received at Magilligan to have a resettlement plan or sentence plan within 20 days of their arrival, but this timescale was not always achieved. Those with less than five months left to serve had a plan drawn up by an individual member of staff through a joint transfer and discharge interview. Resettlement boards were held for those with longer left to serve, attended by sentence management staff, probation, psychology, education and substance misuse staff, and were well managed. In our survey, 59% of prisoners, significantly better than the



50% at the previous inspection, said they had a sentence plan.

- 9.11 Files contained up-to-date risk assessments and sentence plans, which had been reviewed at appropriate intervals and contained relevant targets. In our survey, a high proportion of prisoners said they could achieve their targets at Magilligan. A pre-discharge interview was held with all prisoners and a pre-discharge course was offered to long-term prisoners in the last three months of sentence. There was no system for management quality checks of sentence planning files and risk assessments.
- 9.12 Although we were told that all prisoners signed their plans, some prisoners complained that sentence plan targets were imposed without their agreement. Prisoners who would not accept a target were reduced from the enhanced to standard level of the progressive regimes and earned privileges scheme. This was balanced by discussion with prisoners of the need for the targets set both individually and at boards, but in some cases it was not clear that the target was fully appropriate or that use of the progressive regimes and earned privileges (PREP) scheme would help (see section on PREP). In our survey, 60% of prisoners said they were involved in the development of their plan and we observed prisoners attending sentence planning boards.

Public protection

- 9.13 Public protection measures were managed through security and the Public Protection Arrangements Northern Ireland (PPANI). Under PPANI, criminal

justice and community organisations collaborated to identify and assess prisoners who presented a risk to children and partners in relationships. Prisoners were categorised according to the level of risk they presented and the assessments could indicate restrictions on contact with members of the public, including children. There were 60 prisoners whose risk level had been assessed by PPANI. Those prisoners were interviewed before their risk category was assessed and were informed of the outcome.

- 9.14 The PPANI system did not fully meet the needs of public protection in the prison. In addition to the 60 prisoners who were categorised under the arrangements, another 69 were awaiting categorisation or a review. The number of assessment boards was being increased and priority was being given to those approaching home leave eligibility, which could still leave prisoners without an assessment for several years of their sentence.
- 9.15 Prisoners identified as potential risks to children were not automatically barred from all child contact. The focus was on identifying individual children who might be at risk and depended on knowledge of who the prisoner was in contact with, but this was not backed up by a system of requiring such prisoners to apply for contact with any children. New child protection measures introduced on 1 April 2010 laid out the responsibilities of prison staff to identify all prisoners by current and previous offences who posed a risk to children and would be required to apply for any child contact. The measures also required that all children visiting Northern Ireland prisons be identified and registered.



Indeterminate sentence prisoners

- 9.16 The prison held just three life sentence prisoners who had been transferred there within the previous month. The indeterminate custodial sentence (ICS) had been introduced in the jurisdiction in 2008, but no prisoners at Magilligan were subject to the sentence. The life sentence prisoners had been transferred from Maghaberry as part of a pilot project to enhance their progress within the Northern Ireland prison system. While the intention had been to transfer prisoners during the middle part of their tariff, two of the three had been sentenced just nine months previously, although there were compelling family reasons for them to be located in the north west of the region.
- 9.17 Staff at Magilligan had been trained in the requirements of the ICS, but were not lifer trained. Management of the lifer cases remained with the Maghaberry lifer team and the prisoners were expected to be transferred back there three years before tariff expiry to be prepared for potential release.
- 9.18 The sentence plans for the lifers were decided locally and were appropriate to their immediate and long-term needs.

Home leave

- 9.19 A home leave system was available to all prisoners serving three months or longer. According to the length of their time in prison, prisoners could apply for up to 12 days of home leave starting up to 12 months before their earliest date of release. This was a valuable means of maintaining family relationships and

making arrangements for release. Home leave was taken during the week for most prisoners, but those on Foyleview could use enhanced home leave at weekends.

- 9.20 In the previous six months, 676 home leave applications had been granted to 212 prisoners. Prisoners could apply four weeks in advance (six weeks for sex offenders) and boards were held weekly. The overwhelming majority of home leave decisions were made in time for the date applied for, with just 30 delayed beyond the date requested in the previous six months due to complexity of risk factors and the number of contributions required from outside agencies.
- 9.21 Prisoners could also apply for resettlement leave if they needed temporary release to prepare for discharge at a time when home leave was not available. As home leave was widely used, only seven resettlement leaves had been granted in the previous six months, all for employment and accommodation interviews that had been checked and verified. Release for compassionate reasons was decided at Prison Service headquarters and was usually accompanied.

Categorisation

- 9.22 Prisoners' categorisation was decided at Maghaberry and was rechecked on reception at Magilligan. The prison held a mixture of category B (220 prisoners), category C (166 prisoners) and category D (14 prisoners). The proportion of category B prisoners was high for what was nominally a category C training prison.



9.23 Prisoner categorisation was reviewed every 12 months and a weekly board was held to consider information from security, residential staff, resettlement, probation, psychology and health care. Prisoners were told about the board and could make written representations. There was no backlog of assessments or reviews. Prisoners were informed of the outcome of the board and had the right to appeal the decision, but this rarely happened because their security category had little impact on their prison experience except in consideration for progression to Foyleview.

Foyleview

9.24 Foyleview was a separate self-contained low security unit outside the main prison walls accommodating 74 prisoners, but with a capacity of 82. It consisted of residential units and workshops, which included grounds maintenance, engineering and a print shop. The prison kitchens were also located in this area and provided further employment for Foyleview residents. Prisoners were allowed unrestricted movement around the unit and the grounds, but were required to remain in their residential unit after 10pm.

9.25 Prisoners in categories C and D were eligible for Foyleview although staff in Foyleview said that sex offenders might not be accepted because of their risk. Acceptance depended on positive reports from security, residential and resettlement departments. The senior officer in the unit said he regularly checked for prisoners who might be eligible and encouraged residential staff to recommend them.

9.26 All the prisoners were in employment or education on the unit unless they worked outside the prison. Their only access back to the main prison was to attend offending behaviour programmes. Some prisoners said their transfer to Foyleview was delayed because they needed to complete education or training qualifications in the main prison (see section on security). The number of prisoners working outside the prison varied between 15 and 20 depending on work available. Some prisoners stayed out for the week, but most travelled out daily. Work was not paid and included assisting people with learning difficulties, riding for the disabled, refurbishment of community facilities and in charity shops. There had been some examples of prisoners gaining employment as a result of working out, but these were exceptional.

9.27 Community reintegration in the unit was enhanced by access to weekend home leave and town visits.

Recommendations

9.28 **A senior manager should make monthly checks of resettlement files to monitor the timeliness of plans made and their quality. The results of monitoring should be fed back to the resettlement management group and to staff.**

9.29 **All public protection assessments should be up to date.**

9.30 **Staff working with life sentence prisoners should receive lifer training.**



Good practice

9.31 *The extensive use of home leave allowed prisoners to maintain and restore family ties and provided a valuable opportunity to prepare for a settled release.*

Resettlement pathways

Expected outcomes:

Prisoners' resettlement needs are met under the seven pathways outlined in the Reducing Reoffending National Action Plan. An effective multi-agency response is used to meet the specific needs of each individual offender in order to maximise the likelihood of successful reintegration into the community.

Reintegration planning

9.32 Accommodation advice was provided by trained prison staff and specialists, but it was difficult to secure accommodation on release. The number of prisoners released homeless appeared high, but data were unreliable. Some prisoners had opportunities to gain work experience in the community, but there were few links with prospective employers and no accredited pre-release course. A discharge nurse for complex health cases rarely visited Magilligan and had a current caseload of just one prisoner. Appropriate financial advice and support was provided, but no money management courses were run. Prisoners could obtain identification evidence before release to assist with opening a bank account.

Accommodation

9.33 Three officers trained by Belfast Housing Rights provided initial accommodation advice in the resettlement unit. They received applications directly from prisoners and from residential staff as well as referrals from the induction assessment. Despite a relatively poor response in our survey, accommodation services were well used. In the previous three months, staff had dealt with 41 enquiries mainly relating to homelessness and housing benefit.

9.34 Although most immediate matters, such as retaining a tenancy and continuing housing benefit, would have been dealt with at Maghaberry, these services were available if required. Referrals for accommodation were mostly made to the Northern Ireland Housing Executive (NIHE) or hostels and there were no private landlords to whom the prison could refer directly. In the previous three months, just three prisoners had accommodation secured. Any matters that could not be dealt with by prison-based staff were referred to the housing advice development worker from Belfast Housing Rights who attended weekly.

9.35 Staff said a significant number of prisoners were released with referrals to the NIHE Homeless Advice Centre because no address had been found for them. Many prisoners with complex needs, especially substance use and mental health problems, were discharged homeless. The only information available on accommodation outcomes for prisoners was from the award of homeless discharge grants. Staff said this information was not reliable because it was believed that many prisoners with accommodation would

claim the grant. In the previous six months, 133 prisoners (39% of all those discharged) had received a homeless discharge grant, not including those who received the grant to pay for a hostel place. This reflected the 37% of prisoners in our survey who said they would have a problem finding accommodation on release.

Education, training and employment

For further details, see Learning and skills and work activities in Section 6

- 9.36 Good links between the education and skills and the resettlement departments enabled the outcomes of the initial assessment of a prisoner's educational and training needs to be well integrated in their resettlement plans. A small number of prisoners had opportunities to work in a range of community jobs, but links between the prison and potential employers were underdeveloped.
- 9.37 A Job Track programme was run to help some prisoners enter further education, training and employment after release and there was some support for prisoners to develop their curriculum vitae and complete job applications. However, there was no accredited pre-release course to give all prisoners opportunities to develop effective job search skills. Opportunities for prisoners to obtain independent careers information, advice and guidance to assist them in finding employment after release were limited.

Mental and physical health

- 9.38 South Eastern Trust had appointed two 'discharge nurses' to work across all

three prisons. Their role was to take on 'complex' discharge cases with physical, mental or learning difficulties, in line with the 2009 discharge guidelines (*Promoting quality care: good practice guidance on the assessment and management of risk in mental health and learning disability services, 2009*). Only one of these nurses was in post. She rarely attended Magilligan, even though 23% of all releases (time served) in the previous year had been from this prison. She had a current case load of one and, while he recalled meeting her, there was no record of any clinical intervention from her on his clinical records. Health services staff felt discouraged from making referrals as they were rarely deemed to meet the criteria.

- 9.39 Health services staff ensured prisoners being discharged had a two to three day supply of medications to take with them and posted a letter to their GP. Anyone without a GP was given forms for the central services agency enabling them to apply for a GP before release.
- 9.40 There was no specific palliative care policy.

Finance, benefit and debt

- 9.41 Prisoners' financial needs were assessed on induction and those requiring advice and assistance were referred to a specialist service provided by Northern Ireland Association for the Care and Rehabilitation of Offenders (NIACRO). The service was available from one worker who had one day a week in the prison and one day a week office-based following up cases. She provided a wide range of advice and assistance covering benefits and debt issues. She could close benefit claims, set up appointments for



new claims for released prisoners and provide general advice. She also contacted creditors on prisoners' behalf and set up repayment plans for rent arrears. Her workload was high and she had seen 238 prisoners in the final nine months of 2009.

- 9.42 No budgeting or financial management courses were run.
- 9.43 The prison was trying to negotiate a bank account facility for prisoners and could provide released prisoners with identification to enable them to set up accounts.

Recommendations

- 9.44 **The prison should develop links with a wider range of accommodation providers to whom they can refer prisoners on release.**
- 9.45 **Accurate data should be kept on actual number of prisoners released without accommodation to inform the development of services.**
- 9.46 **An accredited pre-release course should be introduced to help prisoners develop effective job search skills and provide access to independent information, advice and guidance.**
- 9.47 **South Eastern Trust should review the role and function of the discharge nurse to ensure the needs of prisoners being released from Magilligan are met.**
- 9.48 **A palliative care policy should be developed.**

9.49 **Resources for advice and assistance on finance, benefit and debt should be increased.**

9.50 **Budgeting and money management courses should be run.**

Drugs and alcohol

9.51 There was no up-to-date substance use strategy or multidisciplinary substance use strategy team. Some short courses for alcohol and substance use problems were run, but planned accredited interventions were not yet in place. AD: EPT provided useful information for new arrivals and good community links for prisoners on release.

9.52 Magilligan did not have an up-to-date substance use strategy. There was no multidisciplinary substance use strategy. In our survey, significantly higher proportions of prisoners than the comparator and than previously reported having drug and alcohol problems that they believed would continue after release.

9.53 AD: EPT provided information to prisoners about substance use services on their arrival, including a harm minimisation module and a pre-release course if required. AD: EPT also referred clients to relevant outside agencies and made appointments as required. Prisoners could also access short courses run by officers in the Prisoner Development Unit (PDU). These included drugs education and awareness, a substance use programme specifically for vulnerable prisoners and an alcohol management course. Accredited interventions for substance users were planned.



9.54 There was no specific therapeutic voluntary drug testing. Instead, prisoners underwent compliance testing as part of the progressive regimes and earned privileges scheme or as a condition for home leave.

Recommendations

9.55 **Magilligan should have a multidisciplinary substance use strategy team, which implements and monitors a written substance use strategy that is informed by regular population needs assessments.**

9.56 **Accredited substance use programmes should be run for prisoners with drug or alcohol problems.**

Children and families of offenders

9.57 The resettlement strategy included the children and families pathway, but there was no named lead or action plan for its development. A full-time family liaison officer provided good support, but was stretched. All prisoners could have a weekly visit. The play area was staffed at all sessions, but seating in visits was fixed and uncomfortable. An indication from a drug dog resulted in a closed visit or leaving. A good range of children and family days were run. Parenting courses were available and release on temporary licence provided good opportunities to maintain contact with families.

Mail

9.58 There was no restriction on the number of letters sent or received. Prisoners generally received post on the day it

arrived at the prison and outgoing post was sent out the same day. Visitors could also drop letters, free of charge, into a post box in the booking in area. In our survey, relatively few prisoners reported problems sending or receiving post. Ten per cent of incoming and outgoing post was read, plus any targeted by security.

Visits

9.59 The resettlement strategy included the children and families pathway, but did not have a named lead or include an action plan to develop services. In our survey, more than the comparator said they had been helped to maintain contact while at the prison. One Full-time Family Liaison Officer (FLO) provided good support, but the service was stretched. He had received some relevant training and was a qualified counsellor. He provided information and support to visitors and prisoners, liaised with social services when necessary and was involved in organising and running the children and family days with NIACRO staff. He also ran a monthly family support group in the local community.

9.60 New arrivals could have a reception visit and many more than the comparator in our survey said they had received a visit in their first week and had had a visit in the previous week. Visit entitlements were good. All prisoners could have a visit each week. Those on basic could have a weekly one-hour visit, standard prisoners could have four visits a month and enhanced prisoners could have five. Visits for standard and enhanced prisoners could last up to 2.5 hours depending on when visitors arrived.

9.61 Visits could be booked by telephone, in



person or by email. Callers could leave a message to be telephoned back by the visits booking clerk. Visits were available from 9am to 11.45am and from 2pm to 3.45pm Wednesday to Sunday. Visitors did not have to book in at the visitors' centre, but could go direct to the main gate. No shelter was provided at the gate. The visitors' centre was staffed and managed by NIACRO and provided support and information, refreshments and limited toilet facilities. Parking facilities were limited and close to the road, which was particularly dangerous. NIACRO ran transport at reasonable rates once a week from Derry and three times a week from Belfast. The prison provided a minibus to and from the local station at weekends.

- 9.62 Visitors booked in using stored finger scans and photographs taken on their first visit, but were still required to bring photographic identification. Any visitor without this was advised to buy a photographic 'citizencard' for £9. Visitors used lockers for personal items and were appropriately searched. Passive drug dogs worked regularly in the visitor search area and a positive indication resulted in a choice of a closed visit or leaving without a requirement for supporting intelligence. Visitors said they were well treated and a high proportion of prisoners in our survey said their visitors were well treated by staff. Prisoners were notified when their visitor had booked in and made their way to the visits room.
- 9.63 The visits room could seat 28 groups of visitors on fixed plastic seating that was uncomfortable after a short period and provided little privacy between visiting groups. The seating capacity was due to increase by 12. Two closed visits booths

were out of sight of others in the visits room. A play area was staffed at all sessions by two staff from NIACRO and children could take a toy or book to play with at their table. Staff ran a refreshments trolley with a good range of sandwiches and confectionery.

- 9.64 Well organised children's visits were run monthly in the visits room and prisoners remained on the scheme until they reached their home leave date. These visits consisted of an ordinary domestic visit in the morning, with fathers then spending about 90 minutes with their children in various planned activities. The children's mothers or carers had lunch in the visitors' centre, with the opportunity to speak to other carers and NIACRO staff. Four family days ran each year in the gym from 10am to 3pm, with planned activities themed according to the time of year. These and children's visits were open to all prisoners, including those on basic level and vulnerable prisoners. Unfortunately, they were not run during the ongoing industrial action at the time of the inspection and the one planned for Easter had been cancelled.
- 9.65 Additional visits with children, such as those supervised by a social worker, were organised through the FLO and took place in a dedicated room. There was no opportunity for prisoners to receive telephone calls from children or to deal with arrangements for them and prisoners could not exchange their unused visits entitlement for telephone credit.
- 9.66 A range of parenting and relationship courses were run, delivered by Barnardo's workers. Many involved prisoners' partners. The 'big book share',

through which prisoners could record a story, was available to those involved in children's visits or through liaison with the FLO with children's carers or social workers.

- 9.67 Good use was made of release on temporary licence to allow prisoners to maintain contact with their family.

Recommendations

- 9.68 **Visitors should be able to establish their identification by means that do not require recourse to expensive photographic identification.**
- 9.69 **Safe and appropriate visitors' parking facilities should be provided.**
- 9.70 **Closed visits should be authorised, or a visit refused, only when there is a significant risk justified by security intelligence in addition to a drug dog indication.**
- 9.71 **The visits room should be furnished and arranged to ensure easy contact between prisoners and their visitors.**
- 9.72 **Prisoners who do not receive visits should be able to exchange visits entitlement for telephone credit.**
- 9.73 **Prisoners should be able to receive incoming calls from children or to deal with arrangements for them.**

Housekeeping points

- 9.74 Additional toilet facilities should be provided in the visitors' centre.

- 9.75 Shelter for visitors should be provided at the gate.

- 9.76 Managers should evaluate the need for additional family liaison support.

Attitudes, thinking and behaviour

- 9.77 The prison provided an appropriate range of accredited and non-accredited programmes and waiting lists were well managed. A significant number of sex offenders who maintained their innocence did not receive treatment and there was no intervention to challenge their denial. Some engagement with staff to encourage their support of prisoners undertaking programmes took place.
- 9.78 The psychology department managed three accredited programmes, which were delivered by a combination of prison officers, probation and psychology staff. These were the motivational enhancement group (MEG), which prepared prisoners for group work interventions, enhanced thinking skills (ETS), which addressed the cognitive deficits associated with offending, and the rolling sex offender treatment programme (SOTP). The range was appropriate to the risk category of the prison, but the lack of a formal needs analysis meant it was not possible to identify any gaps in provision.
- 9.79 Four MEG programmes took place a year running into four ETS programmes providing 32 places on each course a year. Waiting lists were manageable, with 29 and 37 prisoners respectively. Prisoners were allocated according to their release dates. The rolling SOTP had eight members and a waiting list of another eight. Twenty-nine prisoners convicted of sexual offences did not



admit their offences and were not suitable for the programme. There were other interventions to address secondary aspects of their offending, but no interventions that challenged their denial. Opportunities for individual work were limited.

- 9.80 The psychology department was active in engaging with residential staff through presentations and focus groups to explain the work undertaken with prisoners.
- 9.81 Rooms used for programme delivery were of a good quality and a self-contained room was available for vulnerable prisoners.
- 9.82 An appropriate range of additional programmes was provided by the resettlement unit. These included an anger management programme run four times a year, substance misuse programmes and the GOALS pre-release target-setting programme. There were enough places on these programmes and waiting lists were effectively managed.

Recommendations

- 9.83 **A prison-wide strategy should be developed to increase the proportion of sex offenders willing to engage in treatment programmes and to manage appropriately those who are not willing or ready to do so.**
- 9.84 **The resettlement needs analysis should incorporate an assessment of offending behaviour needs to identify gaps in provision.**

CHAPTER 10:

Recommendations, housekeeping points and good practice



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

Main recommendations

To the governor

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| <p>10.1 A violence reduction strategy, incorporating anti-bullying procedures and specific to Magilligan, should be implemented in consultation with all groups of prisoners and based on an up-to-date survey of their perceptions and experiences of safety. (HP40)</p> <p>10.2 The H-blocks should be replaced with more suitable and safe accommodation, with appropriate sanitation arrangements. (HP41)</p> <p>10.3 A full health needs assessment of prisoners at Magilligan should be carried out to ensure that services are commissioned and provided to meet needs. (HP42)</p> <p>10.4 An effective personal officer scheme should be introduced to encourage residential staff to continue to engage positively with prisoners, to produce regular reports on prisoners' personal circumstances and progress, to improve dynamic security and to contribute to</p> | <p>meeting their resettlement targets. (HP43)</p> <p>10.5 A local diversity policy should be produced that meets the requirements of anti-discrimination legislation and outlines how the diverse needs of prisoners will be met, including recognising their different cultural traditions. (HP44)</p> <p>10.6 A strategic vision and direction for education and skills should be developed at senior management level and should be given a higher status and priority in the prison to address the under-utilisation of the available capacity and poor attendance rates. (HP45)</p> <p>10.7 The local resettlement policy should be based on an annual analysis of the resettlement needs of prisoners at Magilligan and include measurable targets for each resettlement pathway. (HP46)</p> |
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Recommendations

To the Director General NIPS

Courts, escorts and transfers

- 10.8 Prisoners should be given 24 hours notice of their transfer and information about what to expect on arrival at Magilligan. (1.3)
- 10.9 Prisoners should not routinely travel handcuffed in secure vehicles unless this is justified by an individual security risk assessment. (1.4)

Self-harm and suicide

- 10.10 The corporate suicide and self-harm policy should be updated to include SPAR and other recent developments. (3.29)

Strategic management of resettlement

- 10.11 The Northern Ireland Prison Service should develop a regional resettlement strategy that addresses all the resettlement pathways and the role of each prison within it. (9.6)

Recommendations

To the governor

First days in custody

- 10.12 Reception interviews should take place in private. (1.13)
- 10.13 Prisoners should be given a free telephone call on arrival. (1.14)
- 10.14 Prisoners should be kept fully occupied during the induction period. (1.15)

Residential units

- 10.15 The living accommodation at Foyleview should be replaced or refurbished and maintained to a satisfactory standard. (2.13)
- 10.16 Covered walkways should be installed across the site. (2.14)
- 10.17 Prisoners in the house blocks should be issued with flasks. (2.15)
- 10.18 Locks should be installed on the cell doors on Alpha unit. (2.16)
- 10.19 The numbers of prisoners in dormitories in Sperrin unit should be restricted to four. Additional beds should be removed and taken off the operational capacity of the prison. (2.17)
- 10.20 Exercise yards should contain seating. (2.18)
- 10.21 Prisoners' property should arrive with them from Maghaberry. (2.19)

Bullying and violence reduction

- 10.22 More prisoner representatives should attend and contribute to the Magilligan safer custody forum. (3.11)
- 10.23 The role of the harm reduction unit on Halward house should be clarified as part of the violence reduction strategy, with clear criteria for selection and appropriate interventions for those involved. (3.12)

Self-harm and suicide

- 10.24 A protocol should be developed to ensure that information relating to



prisoners potentially at risk is considered by the allocation committee and that Magilligan prison can meet their needs before transfer is agreed. (3.25)

10.25 Information about prisoners on SPAR, the use of Listeners, use of observation cells and incidents of self-harm should be recorded and analysed to identify trends or patterns that could assist in the early identification of prisoners potentially at risk or address identified issues. (3.26)

10.26 Prisoners' families should be included in SPAR case conferences where appropriate. (3.27)

10.27 All staff should be trained in SPAR and ASIST training. (3.28)

10.28 The corporate suicide and self-harm policy should be updated to include SPAR and other recent developments. (3.29)

10.29 Prisoners should have free telephone access to the Samaritans and other help lines from the landing telephones (3.30)

10.30 Routine head counts and body checks of prisoners other than the 11pm and 6am checks should stop. (3.31)

Requests and complaints

10.31 There should be greater senior management oversight of the complaints procedure to ensure the integrity of initial interviews and that appropriate complaints are not withdrawn. (3.39)

10.32 The quality of replies to complaints, the nature of complaints and the areas from where they are submitted should be routinely monitored by senior managers. (3.40)

10.33 The circumstances under which prisoners are able to submit complaints under confidential access to senior managers should be widened and include all complaints about staff. (3.41)

Faith and religious activity

10.34 Arrangements should be made to ensure that prisoners arrive at church services on time. (3.47)

10.35 Dedicated facilities should be provided for religious services and other faith activities. (3.48)

Substance use

10.36 The specialist addictions nurses employed to work with specific groups of prisoners across all three prisons should ensure that they spend adequate amounts of time at Magilligan to meet the needs of the population held there. (3.57)

10.37 Prisoners should have access to symptomatic relief, detoxification or maintenance medication according to their clinical needs. (3.58)

10.38 Target testing should be carried out in a timely way and be based on evidence. (3.59)

10.39 Prisoners testing positive (i.e. failing a test) should be referred to the AD: EPT service. (3.60)



10.40 There should be effective intelligence and security measures to guard against the trafficking of drugs or alcohol. (3.61)

Diversity

10.41 All staff should receive diversity training. (4.3)

Race equality

10.42 All complaints alleging discrimination should be fully investigated, overseen by senior management and any necessary action taken. (4.9)

Foreign nationals

10.43 A local foreign national policy and strategy should be introduced based on the assessed needs of prisoners at Magilligan. (4.18)

10.44 The equality and diversity manager should receive training for his role and have sufficient time to undertake all aspects of his work. (4.19)

10.45 The establishment should take steps to ensure that foreign national prisoners receive up-to-date information about their immigration status and independent advice about immigration issues. (4.20)

10.46 Regular foreign national prisoner support and information groups should be held and concerns raised fed back to senior managers so that identified issues can be addressed. (4.21)

Disability and older prisoners

10.47 A local disability policy and action plan should be produced outlining how the

prison meets the requirements of the Disability Discrimination Act and meets the needs of all prisoners with disabilities. (4.26)

10.48 All prisoners should be accurately assessed on admission and periodically afterwards to determine if they have a disability. Individual care plans should be agreed for those with disabilities. (4.27)

10.49 The needs of prisoners with a disability should be monitored at the diversity meeting and suitable modifications made where necessary. (4.28)

10.50 A formal carer/mentor scheme should be provided for prisoners with a disability for which carers are trained and paid. (4.29)

10.51 A local policy and strategy should be introduced to identify and meet the needs of older prisoners. (4.30)

10.52 A minimum retirement pay for those over 65 who do not wish to work should be set at a level that is sufficient for those who do not have external support. (4.31)

Health services

10.53 Vulnerable prisoners should be kept separate from other prisoners in health care to ensure they feel safe. (5.5)

10.54 Officers should be trained in the use of the resuscitation equipment, including the automated external defibrillator. (5.6)

10.55 Health services staff should have resuscitation training at least annually. (5.7)

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- 10.56 The negative perceptions expressed by prisoners about the GP service should be thoroughly investigated and steps taken to make improvements. (5.18)
- 10.57 Nurse prescribers should be able to prescribe medications within their sphere of competence. (5.19)
- 10.58 Training for health services staff should be appropriate to their provision of clinical care and services. (5.20)
- 10.59 Clinical policies and protocols should be relevant to the prison setting. (5.21)
- 10.60 All clinical interventions should be recorded contemporaneously. (5.22)
- 10.61 All health care records should accompany a prisoner on transfer from Maghaberry. (5.30)
- 10.62 The GP should attend the prison at regular specified times so that prisoners can be given a specific appointment time. (5.31)
- 10.63 The GP on call service should be solely for the prison and GPs should inform the prison emergency duty room if they are not available. (5.32)
- 10.64 Prisoners with life-long conditions should have access to regular review clinics. (5.33)
- 10.65 All prisoners should be able to attend 'well man' clinics. (5.34)
- 10.66 Prisoners should be able to get condoms, lubricants and other barrier protection. (5.35)
- 10.67 The full range of relevant vaccinations should be provided. (5.36)
- 10.68 The service level agreement between the provider and the prison should include the attendance of a pharmacist at the prison to check the systems and provision of counselling sessions, pharmacist-led clinics, clinical audit and medication reviews. (5.44)
- 10.69 All prisoners should have lockable cupboards to store their medications. (5.45)
- 10.70 To reduce opiate usage, a step-wise approach to pain management, such as the World Health Organisation analgesic ladder, should be used, modified for the prison environment. (5.46)
- 10.71 The medicines and therapeutics committee should ensure that prescribing is evidence-based and that procedures are followed. (5.47)
- 10.72 A written, signed and dated medical history questionnaire should be completed for all dental patients. (5.54)
- 10.73 Applications to see the dentist should be triaged by health care staff. (5.55)
- 10.74 Dental waiting lists should be robustly managed to ensure equity of care. (5.56)
- 10.75 A protocol should be developed for dental out-of-hours cover. (5.57)
- 10.76 The South Eastern Trust should review all contracts held by secondary care consultants to ensure they meet the needs of prisoners at Magilligan and provide a service comparable to that in the community. (5.60)



- 10.77 Prisoners attending outside hospital appointments should be individually risk assessed to determine the need for handcuffs and escorting staff. (5.61)
- 10.78 Primary mental health services should be available at all times and should include talking and other appropriate therapies and guided self-help for people with mild to moderate mental health problems. (5.65)
- 10.79 Day services should be provided to prisoners who need additional therapeutic support for emotional, behavioural and mental health problems. (5.66)
- 10.80 Prison officers should have the appropriate training to recognise and take appropriate action when a prisoner may have mental health problems and work effectively with health staff to ensure a prisoner's care. (5.67)

Learning and skills and work activities

- 10.81 The curriculum for education and skills should be reviewed to ensure that it sufficiently meets the needs of all prisoners, including vulnerable prisoners, and provides relevant progression opportunities. (6.18)
- 10.82 There should be more inclusive and effective arrangements for the quality assurance of education, skills and work at all levels in the prison. (6.19)
- 10.83 Prisoners undertaking higher-level courses should receive better support through improved access to ICT resources to help their completion of assignment work. (6.20)

- 10.84 There should be a more strategic approach to the integration and use of ICT, including internet access, within the education and skills provision and better on-site ICT technical support. (6.21)
- 10.85 Workshop accommodation should be improved. (6.22)
- 10.86 A new appropriately resourced and stocked library facility should be provided to which all prisoners have at least weekly access. (6.23)

Physical education and health promotion

- 10.87 Health promotion programmes should be developed in collaboration with health care to promote an understanding of the relationship between health and well-being and maintaining an active lifestyle while in prison and after release. (6.28)
- 10.88 An outdoor recreational sports facility should be provided for the main prison. (6.29)

Time out of cell

- 10.89 The number of prisoners locked up in their cells during activity periods should be reduced significantly and regularly monitored by senior managers. (6.34)

Security and rules

- 10.90 Foylevue prisoners should be given access to education and workshop resources in the main prison when appropriate. (7.8)

10.91 Security staff analysing intelligence should be given training to carry out the task effectively. (7.9)

10.92 The security committee should meet regularly and analyse relevant data to help identify risks and identify and respond to emerging patterns and trends. (7.10)

10.93 The expected rules of behaviour should be prominently displayed throughout the prison. (7.11)

Discipline

10.94 Prisoners serving punishments of cellular confinement or loss of association should have daily access to telephones. (7.24)

10.95 A regular management-chaired meeting should monitor and analyse adjudication data for emerging patterns and trends, review a sample of adjudications for learning and check that punishments are consistent and fair. (7.25)

10.96 Use of force records, including videos of incidents, should be subject to managerial checks following an incident and any discrepancies or shortfalls addressed. Data on use of force should be routinely analysed. (7.26)

10.97 Use of unfurnished accommodation should be subject to formal governance arrangements, including a requirement for senior manager authority, recording of the reasons for its use and ongoing monitoring records. (7.27)

10.98 Subject to risk assessment, prisoners located in the special supervision unit for reasons of their own protection and good order or discipline should be able to attend religious services, activities and offending behaviour programmes. (7.28)

10.99 Prisoners in the special supervision unit should be able to exercise together when no risk is evident. (7.29)

10.100 A suitable range of in-cell activities should be made available to prisoners in the special supervision unit, particularly for those who cannot read. (7.30)

Progressive regimes and earned privileges

10.101 Prisoners should not automatically be demoted to basic for failing a voluntary drug test. (7.39)

10.102 Prisoners in denial of their offence should not automatically be demoted in the progressive regimes and earned privileges scheme because of failing to meet targets to undertake offending behaviour programmes. (7.40)

10.103 Targets for prisoners on basic to progress to standard should be specific to the reason(s) for demotion and should not automatically include a requirement to provide negative drug tests. (7.41)

Catering

10.104 Prisoners should be offered five pieces of fruit and vegetables daily. (8.6)



10.105 Active efforts should be made to meet the religious and cultural requirements of prisoners in relation to food. (8.7)

10.106 Food comment books should be provided on wings and responded to by catering staff. (8.8)

10.107 The evening meal should not be served before 5pm. (8.9)

10.108 Prisoners on Foyleview should have more opportunities to self-cater as part of their preparation for release. (8.10)

Prison shop

10.109 Minority groups such as black and minority ethnic and foreign national prisoners should be specifically consulted to check the range of goods in the shop meets their needs. (8.16)

Strategic management of resettlement

10.110 The Northern Ireland Prison Service should develop a regional resettlement strategy that addresses all the resettlement pathways and the role of each prison within it. (9.6)

10.111 Resettlement policy should be managed through a multidisciplinary group chaired by the resettlement governor to control the strategic direction of resettlement work and assess progress against measurable targets for each of the resettlement pathways. (9.7)

Offender management and planning

10.112 A senior manager should make monthly checks of resettlement files to monitor the timeliness of plans

made and their quality. The results of monitoring should be fed back to the resettlement management group and to staff. (9.28)

10.113 All public protection assessments should be up to date. (9.29)

10.114 Staff working with life sentence prisoners should receive lifer training. (9.30)

Resettlement pathways

10.115 The prison should develop links with a wider range of accommodation providers to whom they can refer prisoners on release. (9.44)

10.116 Accurate data should be kept on actual number of prisoners released without accommodation to inform the development of services. (9.45)

10.117 An accredited pre-release course should be introduced to help prisoners develop effective job search skills and provide access to independent information, advice and guidance. (9.46)

10.118 South Eastern Trust should review the role and function of the discharge nurse to ensure the needs of prisoners being released from Magilligan are met. (9.47)

10.119 A palliative care policy should be developed. (9.48)

10.120 Resources for advice and assistance on finance, benefit and debt should be increased. (9.49)

10.121 Budgeting and money management courses should be run. (9.50)

- 
- 10.122 Magilligan should have a multidisciplinary substance use strategy team, which implements and monitors a written substance use strategy that is informed by regular population needs assessments. (9.55)
- 10.123 Accredited substance use programmes should be run for prisoners with drug or alcohol problems. (9.56)
- 10.124 Visitors should be able to establish their identification by means that do not require recourse to expensive photographic identification. (9.68)
- 10.125 Safe and appropriate visitors' parking facilities should be provided. (9.69)
- 10.126 Closed visits should be authorised, or a visit refused, only when there is a significant risk justified by security intelligence in addition to a drug dog indication. (9.70)
- 10.127 The visits room should be furnished and arranged to ensure easy contact between prisoners and their visitors. (9.71)
- 10.128 Prisoners who do not receive visits should be able to exchange visits entitlement for telephone credit. (9.72)
- 10.129 Prisoners should be able to receive incoming calls from children or to deal with arrangements for them. (9.73)
- 10.130 A prison-wide strategy should be developed to increase the proportion of sex offenders willing to engage in treatment programmes and to manage appropriately those who are not willing or ready to do so. (9.83)

- 10.131 The resettlement needs analysis should incorporate an assessment of offending behaviour needs to identify gaps in provision. (9.84)

Housekeeping points

First days in custody

- 10.132 A comprehensive information booklet should be provided to new arrivals. (1.16)

Health services

- 10.133 The dental washer/disinfector should be commissioned. (5.8)
- 10.134 The medicines trolleys should be secured in the pharmacy and the controlled drugs cabinet should be properly secured to the wall. (5.9)
- 10.135 Complaint responses should be written by a senior member of staff and address the issues raised. (5.23)
- 10.136 Prescribing data should be used to demonstrate value for money and to promote effective medicines management. (5.48)
- 10.137 All prescriptions should be legally written and telephoned prescriptions should be followed by a written prescription, in line with Nursing & Midwifery Council guidance. (5.49)

Discipline

- 10.138 Prisoners should be strip searched when relocating to the special supervision unit only subject to a risk assessment indicating the need, in line with the published policy. (7.31)



Resettlement pathways

- 10.139 Additional toilet facilities should be provided in the visitors' centre. (9.74)
- 10.140 Shelter for visitors should be provided at the gate. (9.75)
- 10.141 Managers should evaluate the need for additional family liaison support. (9.76)

Good practice

Health services

- 10.142 *The patient satisfaction survey provided an opportunity for patient involvement in the planning of services. (5.24)*

Offender management and planning

- 10.143 *The extensive use of home leave allowed prisoners to maintain and restore family ties and provided a valuable opportunity to prepare for a settled release. (9.31)*

Section



Appendices



Appendix I: Inspection team

Dr Michael Maguire Chief Inspector, Criminal Justice Inspection Northern Ireland (CJI)

Dr Ian Cameron Inspector, CJI

Michael Loughlin Team leader, Her Majesty's Inspector of Prisons (HMIP)

Joss Crosbie Inspector, HMIP

Paul Fenning Inspector, HMIP

Ian MacFadyen Inspector, HMIP

Martin Owens Inspector, HMIP

Andrew Rooke Inspector, HMIP

Specialist Inspectors

Elizabeth Tysoe Health care

Carolyn Maxwell RQIA

Sue Melvin Pharmacy

Martin Wall Dental

Education and Training Inspectorate (ETI)

Barry O'Rourke Reporting Inspector

Mark Barr Inspector

Deirdre Gillespie Inspector

Jayne Walkingshaw Inspector

Greer Henderson Inspector

Researchers

Samantha Booth Senior Research Officer, HMIP

Hayley Cripps Research Officer, HMIP

Appendix II: Prison population profile ¹

Population breakdown by:

(i) Status	Number of prisoners	% ²
Adult Sentenced	415	90.81
Adult Determinate Custodial Sentence	19	4.16
Adult Appellant	10	2.19
Adult Extended Custodial Sentence	10	2.19
Adult Lifer/Indeterminate	3	0.66
Total	457	100

(ii) Sentence	Number of prisoners	% ²
Less than 6 months	38	8.31
6 months to less than 12 months	24	5.25
12 months to less than 2 years	58	12.69
2 years to less than 4 years	71	15.53
4 years to less than 10 years	174	38.10
10 years and over (not life)	89	19.47
Life/Indeterminate	3	0.6
Total	457	100

(iii) Length of stay	Number of prisoners	% ²
Less than 1 month	21	4.60
1 month to 3 months	70	15.32
3 months to 6 months	72	15.75
6 months to 1 year	45	9.85
1 year to 2 years	113	24.73
2 years to 4 years	100	21.88
4 years or more	36	7.88
Total	457	100

(iv) Main offence	Number of prisoners	% ²
Burglary/Robbery/Theft	105	22.98
Criminal Damage	2	0.44
Drug Offences	55	12.04
Fraud & Forgery	3	0.66
Motoring Offences	14	3.06
Murder	3	0.66
Non-Police Offences	1	0.22
Offences Against the State	4	0.88
Sex Offences	119	26.04
Other Offences Against the Person	129	28.23
Other Offences	22	4.81
Total	457	100

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

2. Percentages have been rounded and therefore may not add exactly to 100%.



(v) Age	Number of prisoners	% ²
21 years to 29 years	183	40.04
30 years to 39 years	113	24.73
40 years to 49 years	94	20.57
50 years to 59 years	36	7.88
60 years to 69 years	25	5.47
70 plus years	6	1.31
Total	457	100
Youngest prisoner	21 years	
Oldest prisoner	77 years	
Average age	48 years	

(vi) Home address	Number of prisoners	% ²
Within 50 miles of the prison	120	26.26
Between 50 and 100 miles of the prison	289	63.24
Over 100 miles from the prison	15	3.28
Overseas	11	2.41
No fixed abode	22	4.81
Total	457	100

(vii) Nationality	Number of prisoners	% ²
British	390	85.34
Foreign nationals	20	4.37
Irish	47	10.28
Total	457	100

Breakdown	Number of prisoners	% ²
Algerian	1	0.22
British	390	85.34
Canadian	1	0.22
Dutch	3	0.66
German	2	0.44
Guyana	1	0.22
Irish	47	10.28
Latvian	1	0.22
Lithuanian	4	0.88
Polish	5	1.09
Portuguese	1	0.22
Zimbabwe	1	0.22
Total	457	100



(viii) Ethnicity	Number of prisoners	% ²
Black African	4	0.88
Black Caribbean	1	0.22
Black Other	1	0.22
Irish Traveller	2	0.44
Mixed Ethnic Group	4	0.88
Other Ethnic Group	1	0.22
White	444	97.16
Total	457	100

(ix) Religion	Number of prisoners	% ²
Atheist	3	0.66
Baptist	2	0.44
Brethren	1	0.22
Christian	7	1.53
Church of England	3	0.66
Church of Ireland	55	12.04
Church of Scotland	1	0.22
Elim	2	0.44
Evangelical	1	0.22
Free Presbyterian	30	6.56
Jewish	1	0.22
Methodist	12	2.63
Muslim	2	0.44
Pagan	1	0.22
Pentecostal	2	0.44
Presbyterian	70	15.32
Roman Catholic	233	50.98
Other	11	2.41
No religion	20	4.38
Total	457	100





Appendix III: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

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

Choosing the sample size

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

At the time of the survey on 22 February 2010, the prisoner population at Magilligan Prison was 446. The sample size was 181. Overall, this represented 41% of the prisoner population.

Selecting the sample

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

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Six respondents refused to complete a questionnaire. Interviews were carried out with any respondents with literacy difficulties. In total, two respondents were interviewed.

Methodology

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

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

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

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



Response rates

In total, 164 respondents completed and returned their questionnaires. This represented 37% of the prison population. The response rate was 91%. In addition to the six respondents who refused to complete a questionnaire, three questionnaires were not returned and eight were returned blank.

Comparisons

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

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

The following analyses have been conducted:

- the current survey responses in 2010 against comparator figures for all prisoners surveyed in category C trainer prisons. This comparator is based on all responses from prisoner surveys carried out in 36 category C trainer prisons since April 2003;
- the current survey responses in 2010 against the responses of prisoners surveyed at Magilligan Prison in 2006;
- a comparison within the 2010 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability;
- a comparison within the 2010 survey between the responses of prisoners aged 50 or over and those aged under 50;
- a comparison within the 2010 survey between the responses of Roman Catholic prisoners and Protestant prisoners; and
- a comparison within the 2010 survey between the responses from Sperrin and H2 and all other wings.

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

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



Summary

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

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

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

Section 1: About You

Q1.2 How old are you?

<i>Under 21</i>	0 (0%)
<i>21 - 29</i>	64 (40%)
<i>30 - 39</i>	42 (26%)
<i>40 - 49</i>	29 (18%)
<i>50 - 59</i>	17 (10%)
<i>60 - 69</i>	7 (4%)
<i>70 and over</i>	3 (2%)

Q1.3 Are you sentenced?

<i>Yes</i>	163 (99%)
<i>Yes - on recall</i>	1 (1%)
<i>No - awaiting trial</i>	0 (0%)
<i>No - awaiting sentence</i>	0 (0%)
<i>No - awaiting deportation</i>	0 (0%)

Q1.4 How long is your sentence?

Not sentenced	0 (0%)
<i>Less than 6 months</i>	6 (4%)
<i>6 months to less than 1 year</i>	27 (17%)
<i>1 year to less than 2 years</i>	21 (13%)
<i>2 years to less than 4 years</i>	23 (14%)
<i>4 years to less than 10 years</i>	56 (35%)
<i>10 years or more</i>	28 (17%)
<i>ICS/ECS</i>	0 (0%)
<i>Life</i>	0 (0%)

Q1.5 Approximately, how long do you have left to serve (if you are serving life or IPP, please use the date of your next board)?

Not sentenced	0 (0%)
<i>6 months or less</i>	61 (43%)
<i>More than 6 months</i>	82 (57%)

Q1.6 How long have you been in this prison?

<i>Less than 1 month</i>	11 (7%)
<i>1 to less than 3 months</i>	30 (19%)
<i>3 to less than 6 months</i>	25 (16%)
<i>6 to less than 12 months</i>	18 (11%)
<i>12 months to less than 2 years</i>	29 (18%)
<i>2 to less than 4 years</i>	33 (20%)
<i>4 years or more</i>	15 (9%)

Q1.7 Do you hold UK citizenship?

<i>Yes</i>	137 (88%)
<i>No</i>	18 (12%)

Q1.8 Is English your first language?

<i>Yes</i>	145 (94%)
<i>No</i>	10 (6%)



Q1.9 What is your ethnic origin?

White - British	92 (57%)	Asian or Asian British - Bangladeshi	0 (0%)
White - Irish	55 (34%)	Asian or Asian British - Other	0 (0%)
White - Other	8 (5%)	Mixed Heritage - White and Black Caribbean	0 (0%)
Black or Black British - Caribbean	1 (1%)	Mixed Heritage - White and Black African	0 (0%)
Black or Black British - African	3 (2%)	Mixed Heritage - White and Asian	1 (1%)
Black or Black British - Other	0 (0%)	Mixed Heritage - Other	0 (0%)
Asian or Asian British - Indian	0 (0%)	Chinese	0 (0%)
Asian or Asian British - Pakistani	0 (0%)	Other ethnic group	0 (0%)

Q1.10 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	6 (4%)
No	141 (96%)

Q1.11 What is your religion?

None	12 (7%)	Buddhist	0 (0%)
Church of Ireland	17 (11%)	Hindu	0 (0%)
Catholic	69 (43%)	Jewish	0 (0%)
Protestant	38 (24%)	Muslim	0 (0%)
Presbyterian	13 (8%)	Sikh	0 (0%)
Methodist	1 (1%)	Other	1 (1%)
Other Christian denomination	10 (6%)		

Q1.12 How would you describe your sexual orientation?

Heterosexual/Straight	155 (97%)
Homosexual/Gay	2 (1%)
Bisexual	3 (2%)
Other	0 (0%)

Q1.13 Do you consider yourself to have a disability?

Yes	33 (20%)
No	128 (80%)

Q1.14 How many times have you been in prison before?

0	1	2 to 5	More than 5
75 (46%)	21 (13%)	39 (24%)	29 (18%)

Q1.15 Including this prison, how many prisons have you been in during this sentence/remand time?

1	2 to 5	More than 5
22 (14%)	129 (81%)	8 (5%)

Q1.16 Do you have any children under the age of 18?

Yes	92 (56%)
No	71 (44%)

Section 2: Courts, transfers and escorts

Q2.1 We want to know about the most recent journey you have made either to or from court or between prisons? How was:

	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very Bad</i>	<i>Don't remember</i>	<i>N/A</i>
The cleanliness of the van?	10 (6%)	53 (33%)	25 (15%)	50 (31%)	19 (12%)	4 (2%)	1 (1%)
Your personal safety during the journey?	15 (10%)	68 (45%)	13 (9%)	33 (22%)	19 (13%)	2 (1%)	2 (1%)
The comfort of the van?	2 (1%)	11 (7%)	21 (13%)	53 (34%)	69 (44%)	1 (1%)	1 (1%)
The attention paid to your health needs?	5 (3%)	35 (23%)	31 (20%)	29 (19%)	34 (22%)	1 (1%)	17 (11%)
The frequency of toilet breaks?	5 (3%)	16 (10%)	13 (8%)	27 (17%)	69 (44%)	2 (1%)	24 (15%)

Q2.2 How long did you spend in the van?

<i>Less than 1 hour</i>	<i>Over 1 hour to 2 hours</i>	<i>Over 2 hours to 4 hours</i>	<i>More than 4 hours</i>	<i>Don't remember</i>
6 (4%)	91 (56%)	59 (36%)	4 (2%)	2 (1%)

Q2.3 How did you feel you were treated by the escort staff?

<i>Very well</i>	<i>Well</i>	<i>Neither</i>	<i>Badly</i>	<i>Very badly</i>	<i>Don't remember</i>
16 (10%)	69 (43%)	54 (34%)	15 (9%)	4 (2%)	3 (2%)

Q2.4 Please answer the following questions about when you first arrived here:

	<i>Yes</i>	<i>No</i>	<i>Don't remember</i>
Did you know where you were going when you left court or when transferred from another prison?	144 (88%)	16 (10%)	3 (2%)
Before you arrived here did you receive any written information about what would happen to you?	21 (13%)	130 (81%)	9 (6%)
When you first arrived here did your property arrive at the same time as you?	128 (81%)	25 (16%)	5 (3%)



Section 3: Reception, first night and induction

Q3.1 In the first 24 hours, did staff ask you if you needed help or support with the following? (Please tick all that apply to you.)

Didn't ask about any of these	42 (28%)	<i>Money worries</i>	20 (13%)
<i>Loss of property</i>	19 (13%)	<i>Feeling depressed or suicidal</i>	54 (36%)
<i>Housing problems</i>	38 (25%)	<i>Health problems</i>	84 (55%)
<i>Contacting employers</i>	17 (11%)	<i>Needing protection from other prisoners</i> . . .	43 (28%)
<i>Contacting family</i>	76 (50%)	<i>Accessing phone numbers</i>	69 (45%)
<i>Ensuring dependants were being looked after</i>	17 (11%)	<i>Other</i>	7 (5%)

Q3.2 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)

Didn't have any problems	70 (49%)	<i>Money worries</i>	10 (7%)
<i>Loss of property</i>	22 (15%)	<i>Feeling depressed or suicidal</i>	26 (18%)
<i>Housing problems</i>	21 (15%)	<i>Health problems</i>	23 (16%)
<i>Contacting employers</i>	9 (6%)	<i>Needing protection from other prisoners</i> . . .	18 (13%)
<i>Contacting family</i>	17 (12%)	<i>Accessing phone numbers</i>	11 (8%)
<i>Ensuring dependants were looked after</i>	6 (4%)	<i>Other</i>	1 (1%)

Q3.3 Please answer the following questions about reception:

	Yes	No	Don't remember
Were you seen by a member of health services?	126 (77%)	25 (15%)	13 (8%)
When you were searched, was this carried out in a respectful way?	121 (78%)	27 (17%)	7 (5%)

Q3.4 Overall, how well did you feel you were treated in reception?

Very well	Well	Neither	Badly	Very badly	Don't remember
37 (23%)	82 (50%)	33 (20%)	5 (3%)	4 (2%)	2 (1%)

Q3.5 On your day of arrival, were you offered information on the following? (Please tick all that apply to you.)

<i>Information about what was going to happen to you</i>	78 (51%)
<i>Information about what support was available for people feeling depressed or suicidal</i>	75 (49%)
<i>Information about how to make routine requests</i>	88 (58%)
<i>Information about your entitlement to visits</i>	87 (57%)
<i>Information about health services</i>	101 (66%)
<i>Information about the chaplaincy</i>	79 (52%)
Not offered anything	33 (22%)

Q3.6 On your day of arrival, were you offered any of the following? (Please tick all that apply to you.)

<i>A reception pack</i>	96 (61%)
<i>The opportunity to have a shower</i>	75 (48%)
<i>The opportunity to make a free telephone call</i>	59 (38%)
<i>Something to eat</i>	134 (85%)
Did not receive anything	10 (6%)

Q3.7 Did you meet any of the following people within the first 24 hours of your arrival at this prison? (Please tick all that apply to you.)

<i>Chaplain or religious leader</i>	43 (28%)
<i>Someone from health services</i>	119 (77%)
<i>A Listener/Samaritans</i>	23 (15%)
Did not meet any of these people	30 (19%)



- Q3.8 Did you have access to the tuck shop/canteen within the first 24 hours of your arrival at this prison?**
Yes..... 111 (70%)
No..... 47 (30%)
- Q3.9 Did you feel safe on your first night here?**
Yes..... 123 (77%)
No..... 29 (18%)
Don't remember..... 8 (5%)
- Q3.10 How soon after your arrival did you go on an induction course?**
Have not been on an induction course 8 (5%)
Within the first week 120 (75%)
More than a week 25 (16%)
Don't remember..... 8 (5%)
- Q3.11 Did the induction course cover everything you needed to know about the prison?**
Have not been on an induction course 8 (5%)
Yes..... 109 (70%)
No..... 29 (19%)
Don't remember..... 9 (6%)





Section 4: Legal rights and respectful custody

Q4.1 How easy is it to?

	Very easy	Easy	Neither	Difficult	Very difficult	N/A
Communicate with your solicitor or legal representative?	25 (16%)	76 (49%)	19 (12%)	12 (8%)	5 (3%)	19 (12%)
Attend legal visits?	23 (16%)	71 (48%)	18 (12%)	6 (4%)	2 (1%)	27 (18%)
Obtain bail information?	10 (8%)	18 (14%)	21 (16%)	8 (6%)	6 (5%)	65 (51%)

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

Not had any letters	52 (34%)
Yes	62 (40%)
No	41 (26%)

Q4.3 Please answer the following questions about the wing/unit you are currently living on:

	Yes	No	Don't know	N/A
Are you normally offered enough clean, suitable clothes for the week?	110 (72%)	8 (5%)	4 (3%)	30 (20%)
Are you normally able to have a shower every day?	158 (98%)	4 (2%)	0 (0%)	0 (0%)
Do you normally receive clean sheets every week?	146 (92%)	4 (3%)	2 (1%)	6 (4%)
Do you normally get cell cleaning materials every week?	130 (81%)	21 (13%)	3 (2%)	6 (4%)
Is your cell call bell normally answered within five minutes?	65 (42%)	46 (30%)	10 (6%)	33 (21%)
Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	111 (71%)	44 (28%)	0 (0%)	2 (1%)
Can you normally get your stored property, if you need to?	94 (62%)	28 (18%)	23 (15%)	7 (5%)

Q4.4 What is the food like here?

Very good	Good	Neither	Bad	Very bad
12 (8%)	69 (43%)	36 (23%)	29 (18%)	13 (8%)

Q4.5 Does the shop/canteen sell a wide enough range of goods to meet your needs?

Have not bought anything yet	3 (2%)
Yes	83 (53%)
No	72 (46%)

Q4.6 Is it easy or difficult to get either

	Very easy	Easy	Neither	Difficult	Very difficult	Don't know
A complaint form	86 (53%)	62 (38%)	5 (3%)	3 (2%)	0 (0%)	7 (4%)
An application form	79 (50%)	56 (35%)	8 (5%)	3 (2%)	0 (0%)	12 (8%)

Q4.7 Have you made an application?

Yes	71 (46%)
No	84 (54%)

Q4.8 Please answer the following questions concerning applications (If you have not made an application please tick the 'not made one' option)

	Not made one	Yes	No
Do you feel <i>applications</i> are dealt with fairly?	84 (54%)	46 (30%)	25 (16%)
Do you feel <i>applications</i> are dealt with promptly? (within seven days)	84 (57%)	47 (32%)	16 (11%)

Q4.9 Have you made a complaint?

Yes	54 (34%)
No	106 (66%)



Q4.10 Please answer the following questions concerning complaints (If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Do you feel <i>complaints</i> are dealt with fairly?	106 (66%)	14 (9%)	41 (25%)
Do you feel <i>complaints</i> are dealt with promptly? (within seven days)	106 (67%)	31 (19%)	22 (14%)
Were you given information about how to make an appeal?	69 (50%)	36 (26%)	33 (24%)

Q4.11 Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?

Not made a complaint	106 (66%)
Yes	31 (19%)
No	23 (14%)

Q4.12 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	Very easy	Easy	Neither	Difficult	Very difficult
61 (41%)	7 (5%)	24 (16%)	30 (20%)	20 (13%)	8 (5%)

Q4.13 What level of the IEP scheme are you on now?

Don't know what the IEP scheme is	11 (7%)
Enhanced.....	92 (57%)
Standard.....	50 (31%)
Basic.....	8 (5%)
Don't know.....	0 (0%)

Q4.14 Do you feel you have been treated fairly in your experience of the IEP scheme?

Don't know what the IEP scheme is	11 (7%)
Yes	87 (55%)
No	52 (33%)
Don't know.....	9 (6%)

Q4.15 Do the different levels of the IEP scheme encourage you to change your behaviour?

Don't know what the IEP scheme is	11 (7%)
Yes	74 (47%)
No	57 (37%)
Don't know.....	14 (9%)

Q4.16 Please answer the following questions about this prison?

	Yes	No
In the last six months have any members of staff physically restrained you (C and R)?	7 (4%)	155 (96%)
In the last six months have you spent a night in the segregation/care and separation unit?	21 (13%)	137 (87%)

Q4.17 Please answer the following questions about your religious beliefs?

	Yes	No	Don't know/N/A
Do you feel your religious beliefs are respected?	120 (74%)	19 (12%)	23 (14%)
Are you able to speak to a religious leader of your faith in private if you want to?	114 (75%)	11 (7%)	27 (18%)

Q4.18 Can you speak to a Listener at any time, if you want to?

Yes	No	Don't know
120 (74%)	8 (5%)	35 (21%)

Q4.19 Please answer the following questions about staff in this prison?

	Yes	No
Is there a member of staff you can turn to for help if you have a problem?	119 (75%)	40 (25%)
Do most staff treat you with respect?	132 (83%)	27 (17%)



Section 5: Safety

Q5.1 Have you ever felt unsafe in this prison?

Yes	64 (40%)
No	96 (60%)

Q5.2 Do you feel unsafe in this prison at the moment?

Yes	19 (12%)
No	141 (88%)

Q5.3 In which areas of this prison do you/have you ever felt unsafe? (Please tick all that apply to you.)

Never felt unsafe	96 (63%)	<i>At meal times</i>	6 (4%)
<i>Everywhere</i>	7 (5%)	<i>At health services</i>	18 (12%)
<i>SSU</i>	9 (6%)	<i>Visit's area</i>	15 (10%)
<i>Association areas</i>	11 (7%)	<i>In wing showers</i>	7 (5%)
<i>Reception area</i>	5 (3%)	<i>In gym showers</i>	7 (5%)
<i>At the gym</i>	7 (5%)	<i>In corridors/stairwells</i>	2 (1%)
<i>In an exercise yard</i>	7 (5%)	<i>On your landing/wing</i>	10 (7%)
<i>At work</i>	10 (7%)	<i>In your cell</i>	7 (5%)
<i>During Movement</i>	28 (18%)	<i>At religious services</i>	5 (3%)
<i>At education</i>	6 (4%)		

Q5.4 Have you been victimised by another prisoner or group of prisoners here?

Yes	41 (26%)
No	119 (74%)

Q5.5 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

<i>Insulting remarks (about you or your family or friends)</i>	15 (9%)	<i>Because of your sexuality</i>	3 (2%)
<i>Physical abuse (being hit, kicked or assaulted)</i>	9 (6%)	<i>Because you have a disability</i>	2 (1%)
<i>Sexual abuse</i>	4 (3%)	<i>Because of your religion/religious beliefs</i> ..	11 (7%)
<i>Because of your race or ethnic origin</i>	8 (5%)	<i>Because of your age</i>	3 (2%)
<i>Because of drugs</i>	6 (4%)	<i>Being from a different part of the country than others</i>	4 (3%)
<i>Having your canteen/property taken</i>	3 (2%)	<i>Because of your offence/crime</i>	18 (11%)
<i>Because you were new here</i>	2 (1%)	<i>Because of gang related issues</i>	7 (4%)

Q5.6 Have you been victimised by a member of staff or group of staff here?

Yes	43 (27%)
No	117 (73%)



Q5.7 If yes, what did the incident(s) involve/what was it about? (Please tick all that apply to you.)

Insulting remarks (about you or your family or friends)	16 (10%)	Because you have a disability	2 (1%)
Physical abuse (being hit, kicked or assaulted)	6 (4%)	Because of your religion/religious beliefs ...	7 (4%)
Sexual abuse	3 (2%)	Because of your age	2 (1%)
Because of your race or ethnic origin	3 (2%)	Being from a different part of the	6 (4%)
Because of drugs	6 (4%)	country than others	
Because you were new here	9 (6%)	Because of your offence/crime	14 (9%)
Because of your sexuality	2 (1%)	Because of gang related issues	2 (1%)

Q5.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised	96 (62%)
Yes	25 (16%)
No	35 (22%)

Q5.9 Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?

Yes	36 (23%)
No	122 (77%)

Q5.10 Have you ever felt threatened or intimidated by a member of staff/group of staff in here?

Yes	33 (21%)
No	127 (79%)

Q5.11 Is it easy or difficult to get illegal drugs in this prison?

Very easy	Easy	Neither	Difficult	Very difficult	Don't know
48 (30%)	15 (9%)	10 (6%)	6 (4%)	7 (4%)	72 (46%)



Section 6: Health services

Q6.1 How easy or difficult is it to see the following people:

	<i>Don't know</i>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
The doctor?	13 (8%)	27 (17%)	69 (44%)	22 (14%)	20 (13%)	7 (4%)
The nurse?	4 (3%)	53 (34%)	87 (55%)	7 (4%)	5 (3%)	2 (1%)
The dentist?	8 (5%)	24 (15%)	63 (40%)	22 (14%)	31 (20%)	9 (6%)
The optician?	45 (30%)	17 (11%)	47 (31%)	13 (9%)	22 (15%)	7 (5%)

Q6.2 Are you able to see a pharmacist?

Yes	47 (35%)
No	87 (65%)

Q6.3 What do you think of the quality of the health service from the following people:

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
The doctor?	29 (18%)	16 (10%)	48 (30%)	19 (12%)	27 (17%)	20 (13%)
The nurse?	12 (8%)	49 (31%)	70 (44%)	13 (8%)	8 (5%)	7 (4%)
The dentist?	16 (10%)	50 (32%)	59 (38%)	11 (7%)	11 (7%)	8 (5%)
The optician?	67 (44%)	28 (18%)	36 (24%)	13 (9%)	4 (3%)	4 (3%)

Q6.4 What do you think of the overall quality of the health services here?

	<i>Not been</i>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	5 (3%)	26 (16%)	78 (49%)	27 (17%)	14 (9%)	9 (6%)

Q6.5 Are you currently taking medication?

Yes	96 (60%)
No	65 (40%)

Q6.6 If you are taking medication, are you allowed to keep possession of your medication in your own cell?

<i>Not taking medication</i>	65 (41%)
Yes	90 (56%)
No	5 (3%)

Q6.7 Do you feel you have any emotional well being/mental health issues?

Yes	53 (34%)
No	105 (66%)

Q6.8 Are your emotional well-being/mental health issues being addressed by any of the following? (Please tick all that apply to you.)

<i>Do not have any issues/Not receiving any help</i>	121 (82%)
Doctor	12 (8%)
Nurse	11 (7%)
Psychiatrist	10 (7%)
Mental Health Support team	12 (8%)
Counsellor	7 (5%)
Other	0 (0%)

Q6.9 Did you have a problem with either of the following when you came into this prison?

	<i>Yes</i>	<i>No</i>
Drugs	46 (31%)	102 (69%)
Alcohol	41 (28%)	105 (72%)



Q6.10 Have you developed a problem with drugs since you have been in this prison?
Yes 18 (11%)
No 141 (89%)

Q6.11 Do you know who to contact in this prison to get help with your drug or alcohol problem?
Yes 42 (27%)
No 20 (13%)
Did not / do not have a drug or alcohol problem 96 (61%)

Q6.12 Have you received any intervention or help (including Substance use support teams, Health Services etc.) for your drug/alcohol problem, whilst in this prison?
Yes 26 (16%)
No 36 (23%)
Did not / do not have a drug or alcohol problem 96 (61%)

Q6.13 Was the intervention or help you received, whilst in this prison, helpful?
Yes 20 (13%)
No 5 (3%)
Did not have a problem/Have not received help 128 (84%)

Q6.14 Do you think you will have a problem with either of the following when you leave this prison?

	Yes	No	Don't know
Drugs	20 (13%)	109 (71%)	24 (16%)
Alcohol	13 (9%)	104 (70%)	31 (21%)

Q6.15 Do you know who in this prison can help you contact external drug or alcohol agencies on release?
Yes 23 (16%)
No 23 (16%)
N/A 94 (67%)





Section 7: Purposeful Activity

Q7.1 Are you currently involved in any of the following activities? (Please tick all that apply to you.)

Prison job.....	111 (71%)
Vocational or skills training.....	28 (18%)
Education (including basic skills).....	55 (35%)
Offending behaviour programmes.....	28 (18%)
Not involved in any of these.....	17 (11%)

Q7.2 If you have been involved in any of the following, whilst in this prison, do you think it will help you on release?

	Not been involved	Yes	No	Don't know
Prison job	20 (15%)	54 (40%)	45 (33%)	16 (12%)
Vocational or skills training	32 (36%)	36 (40%)	15 (17%)	7 (8%)
Education (including basic skills)	24 (22%)	51 (47%)	24 (22%)	10 (9%)
Offending behaviour programmes	34 (36%)	37 (39%)	14 (15%)	10 (11%)

Q7.3 How often do you go to the library?

Don't want to go	37 (24%)
Never.....	43 (27%)
Less than once a week.....	32 (20%)
About once a week.....	35 (22%)
More than once a week.....	2 (1%)
Don't know.....	8 (5%)

Q7.4 On average how many times do you go to the gym each week?

Don't want to go	0	1	2	3 to 5	More than 5	Don't know
43 (27%)	16 (10%)	9 (6%)	46 (29%)	41 (26%)	1 (1%)	3 (2%)

Q7.5 On average how many times do you go outside for exercise each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
18 (12%)	13 (8%)	36 (23%)	38 (24%)	44 (28%)	7 (4%)

Q7.6 On average how many hours do you spend out of your cell on a weekday? (Please include hours at education, at work etc)

Less than 2 hours.....	7 (4%)
2 to less than 4 hours.....	23 (15%)
4 to less than 6 hours.....	35 (22%)
6 to less than 8 hours.....	36 (23%)
8 to less than 10 hours.....	18 (11%)
10 hours or more.....	32 (20%)
Don't know.....	7 (4%)

Q7.7 On average, how many times do you have association each week?

Don't want to go	0	1 to 2	3 to 5	More than 5	Don't know
6 (4%)	2 (1%)	2 (1%)	11 (7%)	111 (74%)	19 (13%)

Q7.8 How often do staff normally speak to you during association time?

Do not go on association	12 (8%)
Never.....	18 (12%)
Rarely.....	30 (19%)
Some of the time.....	50 (32%)
Most of the time.....	28 (18%)
All of the time.....	18 (12%)

Section 8: Resettlement

Q8.1	When did you first meet your personal officer?						
	<i>Still have not met him/her</i>	75	(47%)				
	<i>In the first week</i>	39	(24%)				
	<i>More than a week</i>	9	(6%)				
	<i>Don't remember</i>	37	(23%)				
Q8.2	How helpful do you think your personal officer is?						
	Do not have a personal officer/ still have not met him/her						
	<i>Very helpful</i>	15	(11%)	33	(23%)	12	(8%)
	<i>Helpful</i>					3	(2%)
	<i>Neither</i>					4	(3%)
	<i>Not very helpful</i>						
	<i>Not at all helpful</i>						
		75	(53%)				
Q8.3	Do you have a sentence plan?						
	Not sentenced	0	(0%)				
	Yes	93	(59%)				
	No	64	(41%)				
Q8.4	How involved were you in the development of your sentence plan?						
	Do not have a sentence plan	64	(42%)				
	<i>Very involved</i>	20	(13%)				
	<i>Involved</i>	32	(21%)				
	<i>Neither</i>	9	(6%)				
	<i>Not very involved</i>	19	(13%)				
	<i>Not at all involved</i>	7	(5%)				
Q8.5	Can you achieve all or some of your sentence plan targets in this prison?						
	Do not have a sentence plan	64	(43%)				
	Yes	71	(47%)				
	No	15	(10%)				
Q8.6	Are there plans for you to achieve all/some of your sentence plan targets in another prison?						
	Do not have a sentence plan	64	(44%)				
	Yes	17	(12%)				
	No	63	(44%)				
Q8.7	Do you feel that any member of staff has helped you to address your offending behaviour whilst at this prison?						
	Not sentenced	0	(0%)				
	Yes	34	(24%)				
	No	109	(76%)				
Q8.8	Do you feel that any member of staff has helped you to prepare for your release?						
	Yes	33	(22%)				
	No	117	(78%)				
Q8.9	Have you had any problems with sending or receiving mail?						
	Yes	30	(19%)				
	No	114	(74%)				
	Don't know	11	(7%)				
Q8.10	Have you had any problems getting access to the telephones?						
	Yes	13	(8%)				
	No	143	(92%)				
	Don't know	0	(0%)				



Q8.11 Did you have a visit in the first week that you were here?

Not been here a week yet	6 (4%)
Yes	96 (61%)
No	52 (33%)
Don't remember	4 (3%)

Q8.12 How many visits did you receive in the last week?

Not been in a week	0	1 to 2	3 to 4	5 or more
6 (4%)	58 (39%)	86 (57%)	0 (0%)	0 (0%)

Q8.13 How are you and your family/friends usually treated by visits staff?

Not had any visits	20 (13%)
Very well	36 (23%)
Well	55 (35%)
Neither	25 (16%)
Badly	7 (4%)
Very badly	3 (2%)
Don't know	10 (6%)

Q8.14 Have you been helped to maintain contact with your family/friends whilst in this prison?

Yes	71 (46%)
No	84 (54%)

Q8.15 Do you know who to contact to get help with the following within this prison: (please tick all that apply to you.)

Don't know who to contact	73 (55%)
Help with your finances in preparation for release	29 (22%)
Maintaining good relationships	22 (17%)
Claiming benefits on release	48 (36%)
Avoiding bad relationships	13 (10%)
Arranging a place at college/continuing education on release	14 (11%)
Finding a job on release	37 (28%)
Continuity of health services on release	25 (19%)
Finding accommodation on release	42 (32%)
Opening a bank account	15 (11%)

Q8.16 Do you think you will have a problem with any of the following on release from prison? (please tick all that apply to you.)

No problems	54 (37%)
Help with your finances in preparation for release	39 (27%)
Maintaining good relationships	14 (10%)
Claiming benefits on release	47 (32%)
Avoiding bad relationships	20 (14%)
Arranging a place at college/continuing education on release	15 (10%)
Finding a job on release	70 (48%)
Continuity of health services on release	24 (17%)
Finding accommodation on release	54 (37%)
Opening a bank account	36 (25%)

Q8.17 Have you done anything, or has anything happened to you here that you think will make you less likely to offend in the future?

Not sentenced	0 (0%)
Yes	71 (48%)
No	78 (52%)





Prisoner Survey Responses Magilligan Prison 2010

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Magilligan Prison 2010	Category C training prisons comparator	Magilligan Prison 2010	Magilligan Prison 2006
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Number of completed questionnaires returned		164	3,935	164	90
SECTION 1: General Information					
2	Are you under 21 years of age?	0%	1%	0%	1%
3a	Are you sentenced?	100%	100%	100%	100%
3b	Are you on recall?	1%	9%	1%	
4a	Is your sentence less than 12 months?	21%	5%	21%	16%
4b	Are you here under an ICS/ECS sentence?	0%	3%	0%	
5	Do you have six months or less to serve?	43%	37%	43%	32%
6	Have you been in this prison less than a month?	7%	7%	7%	2%
7	Are you a foreign national? (i.e. do not hold UK citizenship)	12%	13%	12%	6%
8	Is English your first language?	94%	90%	94%	99%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	3%	27%	3%	0%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	4%	4%	4%	
12	Are you homosexual/gay or bisexual?	3%	4%	3%	
13	Do you consider yourself to have a disability?	21%	14%	21%	
14	Is this your first time in prison?	46%	33%	46%	46%
15	Have you been in more than 5 prisons this time?	5%	13%	5%	
16	Do you have any children under the age of 18?	56%	55%	56%	56%
SECTION 2: Transfers and Escorts					
For the most recent journey you have made either to or from court or between prisons:					
1a	Was the cleanliness of the van good/very good?	39%	53%	39%	32%
1b	Was your personal safety during the journey good/very good?	55%	62%	55%	57%
1c	Was the comfort of the van good/very good?	8%	19%	8%	7%
1d	Was the attention paid to your health needs good/very good?	26%	32%	26%	25%
1e	Was the frequency of toilet breaks good/very good?	13%	13%	13%	8%
2	Did you spend more than four hours in the van?	3%	9%	3%	3%
3	Were you treated well/very well by the escort staff?	53%	67%	53%	55%
4a	Did you know where you were going when you left court or when transferred from another prison?	88%	82%	88%	89%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	18%	13%	7%
4c	When you first arrived here did your property arrive at the same time as you?	81%	88%	81%	81%

Key to tables

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	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction					
1	In the first 24 hours, did staff ask you if you needed help/support with the following:				
1b	Problems with loss of property?	13%	16%	13%	
1c	Housing problems?	25%	22%	25%	
1d	Problems contacting employers?	11%	11%	11%	
1e	Problems contacting family?	50%	46%	50%	
1f	Problems ensuring dependants were looked after?	11%	12%	11%	
1g	Money problems?	13%	16%	13%	
1h	Problems of feeling depressed/suicidal?	36%	49%	36%	
1i	Health problems?	55%	61%	55%	
1j	Problems in needing protection from other prisoners?	28%	19%	28%	
1k	Problems accessing phone numbers?	45%	39%	45%	
2	When you first arrived:				
2a	Did you have any problems?	51%	59%	51%	62%
2b	Did you have any problems with loss of property?	15%	14%	15%	10%
2c	Did you have any housing problems?	15%	16%	15%	10%
2d	Did you have any problems contacting employers?	6%	4%	6%	4%
2e	Did you have any problems contacting family?	12%	20%	12%	13%
2f	Did you have any problems ensuring dependants were being looked after?	4%	5%	4%	6%
2g	Did you have any money worries?	7%	16%	7%	17%
2h	Did you have any problems with feeling depressed or suicidal?	18%	14%	18%	32%
2i	Did you have any health problems?	16%	19%	16%	26%
2j	Did you have any problems with needing protection from other prisoners?	13%	5%	13%	24%
2k	Did you have problems accessing phone numbers?	8%	20%	8%	
3a	Were you seen by a member of health services in reception?	77%	89%	77%	79%
3b	When you were searched in reception, was this carried out in a respectful way?	78%	75%	78%	58%
4	Were you treated well/very well in reception?	73%	71%	73%	76%
5	On your day of arrival, were you offered any of the following information:				
5a	Information about what was going to happen to you?	51%	53%	51%	39%
5b	Information about what support was available for people feeling depressed or suicidal?	49%	46%	49%	23%
5c	Information about how to make routine requests?	58%	41%	58%	40%
5d	Information about your entitlement to visits?	57%	46%	57%	44%
5e	Information about health services?	66%	62%	66%	
5f	Information about the chaplaincy?	52%	55%	52%	

Key to tables

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	Any percent highlighted in blue is significantly worse				
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	Percentages which are not highlighted show there is no significant difference				
SECTION 3: Reception, first night and induction continued					
6	On your day of arrival, were you offered any of the following:				
6a	A reception pack?	61%	81%	61%	37%
6b	The opportunity to have a shower?	48%	41%	48%	34%
6c	The opportunity to make a free telephone call?	38%	49%	38%	23%
6d	Something to eat?	85%	78%	85%	90%
7	Within the first 24 hours did you meet any of the following people:				
7a	The chaplain or a religious leader?	28%	49%	28%	17%
7b	Someone from health services?	77%	75%	77%	61%
7c	A Listener/Samaritans?	15%	30%	15%	10%
8	Did you have access to the tuck shop/canteen within the first 24 hours?	70%	24%	70%	40%
9	Did you feel safe on your first night here?	77%	83%	77%	63%
10	Have you been on an induction course?	95%	92%	95%	100%
For those who have been on an induction course:					
11	Did the course cover everything you needed to know about the prison?	74%	65%	74%	74%
SECTION 4: Legal Rights and Respectful Custody					
1	In terms of your legal rights, is it easy/very easy to:				
1a	Communicate with your solicitor or legal representative?	65%	50%	65%	
1b	Attend legal visits?	64%	56%	64%	
1c	Obtain bail information?	22%	19%	22%	
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	40%	41%	40%	45%
3	For the wing/unit you are currently on:				
3a	Are you normally offered enough clean, suitable clothes for the week?	72%	61%	72%	78%
3b	Are you normally able to have a shower every day?	98%	94%	98%	95%
3c	Do you normally receive clean sheets every week?	92%	82%	92%	93%
3d	Do you normally get cell cleaning materials every week?	81%	75%	81%	77%
3e	Is your cell call bell normally answered within five minutes?	42%	41%	42%	54%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	71%	70%	71%	75%
3g	Can you normally get your stored property, if you need to?	62%	30%	62%	68%
4	Is the food in this prison good/very good?	51%	30%	51%	51%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	53%	46%	53%	39%
6a	Is it easy/very easy to get a complaints form?	91%	86%	91%	82%
6b	Is it easy/very easy to get an application form?	85%	90%	85%	73%
7	Have you made an application?	46%	86%	46%	56%

Key to tables

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	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 4: Legal Rights and Respectful Custody continued					
For those who have made an application:					
8	Do you feel applications are dealt with fairly?	65%	60%	65%	49%
8b	Do you feel applications are dealt with promptly? (within 7 days)	74%	53%	74%	41%
9	Have you made a complaint?	34%	56%	34%	47%
For those who have made a complaint:					
10a	Do you feel complaints are dealt with fairly?	25%	35%	25%	28%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	58%	40%	58%	35%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	57%	24%	57%	46%
10c	Were you given information about how to make an appeal?	26%	31%	26%	28%
12	Is it easy/very easy to see the Independent Monitoring Board?	21%	38%	21%	22%
13	Are you on the enhanced (top) level of the IEP scheme?	57%	58%	57%	52%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	55%	58%	55%	50%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	47%	52%	47%	
16a	In the last six months have any members of staff physically restrained you (C&R)?	4%	6%	4%	6%
16b	In the last six months have you spent a night in the SSU?	13%	12%	13%	23%
13a	Do you feel your religious beliefs are respected?	74%	55%	74%	60%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	75%	59%	75%	59%
14	Are you able to speak to a Listener at any time, if you want to?	74%	63%	74%	69%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	75%	73%	75%	60%
15b	Do most staff, in this prison, treat you with respect?	83%	75%	83%	76%
SECTION 5: Safety					
1	Have you ever felt unsafe in this prison?	40%	30%	40%	54%
2	Do you feel unsafe in this prison at the moment?	12%	14%	12%	
4	Have you been victimised by another prisoner?	26%	20%	26%	30%
5	Since you have been here, has another prisoner:				
5a	Made insulting remarks about you, your family or friends?	9%	10%	9%	20%
5b	Hit, kicked or assaulted you?	6%	5%	6%	5%
5c	Sexually abused you?	3%	1%	3%	3%
5d	Victimised you because of your race or ethnic origin?	5%	4%	5%	4%
5e	Victimised you because of drugs?	4%	3%	4%	0%
5f	Taken your canteen/property?	2%	3%	2%	4%
5g	Victimised you because you were new here?	1%	4%	1%	7%
5h	Victimised you because of your sexuality?	2%	1%	2%	
5i	Victimised you because you have a disability?	1%	2%	1%	
5j	Victimised you because of your religion/religious beliefs?	7%	3%	7%	
5k	Victimised you because of your age?	2%	2%	2%	
5l	Victimised you because you were from a different part of the country?	3%	5%	3%	4%
5m	Victimised you because of your offence/crime?	11%	3%	11%	
5n	Victimised you because of gang related issues?	4%	5%	4%	

Key to tables

		Magilligan Prison 2010	Category C training prisons comparator	Magilligan Prison 2010	Magilligan Prison 2010
	Any percent highlighted in green is significantly better				
	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
SECTION 5: Safety continued					
6	Have you been victimised by a member of staff?	27%	21%	27%	31%
7	Since you have been here, has a member of staff:				
7a	Made insulting remarks about you, your family or friends?	10%	10%	10%	26%
7b	Hit, kicked or assaulted you?	4%	3%	4%	6%
7c	Sexually abused you?	2%	1%	2%	0%
7d	Victimised you because of your race or ethnic origin?	2%	5%	2%	5%
7e	Victimised you because of drugs?	4%	3%	4%	1%
7f	Victimised you because you were new here?	6%	4%	6%	7%
7g	Victimised you because of your sexuality?	1%	1%	1%	
7h	Victimised you because you have a disability?	1%	2%	1%	
7i	Victimised you because of your religion/religious beliefs?	4%	3%	4%	
7j	Victimised you because of your age?	1%	2%	1%	
7k	Victimised you because you were from a different part of the country?	4%	4%	4%	5%
7l	Victimised you because of your offence/crime?	9%	4%	9%	
7m	Victimised you because of gang related issues?	1%	2%	1%	
For those who have been victimised by staff or other prisoners:					
8	Did you report any victimisation that you have experienced?	42%	38%	42%	26%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	22%	23%	33%
10	Have you ever felt threatened or intimidated by a member of staff in here?	21%	18%	21%	35%
11	Is it easy/very easy to get illegal drugs in this prison?	40%	35%	40%	36%
SECTION 6: Healthcare					
1a	Is it easy/very easy to see the doctor?	61%	40%	61%	
1b	Is it easy/very easy to see the nurse?	89%	65%	89%	
1c	Is it easy/very easy to see the dentist?	56%	15%	56%	
1d	Is it easy/very easy to see the optician?	42%	19%	42%	
2	Are you able to see a pharmacist?	35%	52%	35%	
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:					
3a	The doctor?	49%	53%	49%	28%
3b	The nurse?	81%	66%	81%	78%
3c	The dentist?	78%	46%	78%	75%
3d	The optician?	75%	48%	75%	71%
4	The overall quality of health services?	68%	48%	68%	51%

Key to tables

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	Any percent highlighted in blue is significantly worse				
	Any percent highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
Healthcare continued					
5	Are you currently taking medication?	60%	42%	60%	
For those currently taking medication:					
6	Are you allowed to keep possession of your medication in your own cell?	95%	88%	95%	
7	Do you feel you have any emotional well being/mental health issues?	34%	25%	34%	
For those with emotional well being/mental health issues, are these being addressed by any of the following:					
8a	Not receiving any help?	38%	34%	38%	
8b	A doctor?	29%	33%	29%	
8c	A nurse?	26%	18%	26%	
8d	A psychiatrist?	24%	17%	24%	
8e	The Mental Health Support team?	29%	30%	29%	
8f	A counsellor?	17%	11%	17%	
9a	Did you have a drug problem when you came into this prison?	31%	17%	31%	14%
9b	Did you have an alcohol problem when you came into this prison?	28%	10%	28%	10%
10a	Have you developed a drug problem since you have been in this prison?	11%	12%	11%	
For those with drug or alcohol problems:					
11	Do you know who to contact in this prison for help?	68%	87%	68%	
12	Have you received any help or intervention whilst in this prison?	42%	74%	42%	
For those who have received help or intervention with their drug or alcohol problem:					
13	Was this intervention or help useful?	79%	71%	79%	
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	29%	22%	29%	9%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	30%	16%	30%	18%
For those who may have a drug or alcohol problem on release, do you know who in this prison:					
15	Can help you contact external drug or alcohol agencies on release?	50%	58%	50%	53%

Key to tables

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	Percentages which are not highlighted show there is no significant difference				
SECTION 7: Purposeful Activity					
1	Are you currently involved in any of the following activities:				
1a	A prison job?	71%	63%	71%	
1b	Vocational or skills training?	18%	19%	18%	
1c	Education (including basic skills)?	35%	31%	35%	
1d	Offending Behaviour Programmes?	18%	18%	18%	
2ai	Have you had a job whilst in this prison?	85%	83%	85%	95%
For those who have had a prison job whilst in this prison:					
2aii	Do you feel the job will help you on release?	47%	52%	47%	51%
2bi	Have you been involved in vocational or skills training whilst in this prison?	65%	68%	65%	84%
For those who have had vocational or skills training whilst in this prison:					
2bii	Do you feel the vocational or skills training will help you on release?	62%	75%	62%	47%
2ci	Have you been involved in education whilst in this prison?	78%	76%	78%	88%
For those who have been involved in education whilst in this prison:					
2cii	Do you feel the education will help you on release?	60%	75%	60%	59%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	64%	66%	64%	71%
For those who have been involved in offending behaviour programmes whilst in this prison:					
2dii	Do you feel the offending behaviour programme(s) will help you on release?	61%	67%	61%	52%
3	Do you go to the library at least once a week?	24%	46%	24%	21%
4	On average, do you go to the gym at least twice a week?	55%	54%	55%	51%
5	On average, do you go outside for exercise three or more times a week?	53%	51%	53%	55%
6	On average, do you spend ten or more hours out of your cell on a weekday?	20%	16%	20%	17%
7	On average, do you go on association more than five times each week?	74%	76%	74%	72%
8	Do staff normally speak to you most of the time/all of the time during association?	30%	19%	30%	23%
SECTION 8: Resettlement					
1	Do you have a personal officer?	53%	73%	53%	52%
For those with a personal officer:					
2	Do you think your personal officer is helpful/very helpful?	72%	63%	72%	82%
For those who are sentenced:					
3	Do you have a sentence plan?	59%	64%	59%	50%
For those with a sentence plan?					
4	Were you involved/very involved in the development of your plan?	60%	61%	60%	80%
5	Can you achieve some/all of your sentence plan targets in this prison?	83%	69%	83%	
6	Are there plans for you to achieve some/all your targets in another prison?	21%	37%	21%	
For those who are sentenced:					
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	24%	31%	24%	
8	Do you feel that any member of staff has helped you to prepare for release?	22%	17%	22%	
9	Have you had any problems with sending or receiving mail?	19%	37%	19%	33%
10	Have you had any problems getting access to the telephones?	8%	19%	8%	25%
11	Did you have a visit in the first week that you were here?	61%	24%	61%	57%
12	Did you receive one or more visits in the last week?	57%	31%	57%	

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Resettlement continued					
For those who have had visits:					
13	How are you and your family/friends usually treated by visits staff? (Well/very well)	67%	55%	67%	
14	Have you been helped to maintain contact with family/friends whilst in this prison?	46%	39%	46%	
15	Do you know who to contact within this prison to get help with the following:				
15b	Maintaining good relationships?	17%	17%	17%	
15c	Avoiding bad relationships?	10%	12%	10%	
15d	Finding a job on release?	28%	44%	28%	48%
15e	Finding accommodation on release?	32%	46%	32%	54%
15f	With money/finances on release?	22%	32%	22%	36%
15g	Claiming benefits on release?	36%	45%	36%	43%
15h	Arranging a place at college/continuing education on release?	11%	32%	11%	30%
15i	Accessing health services on release?	19%	35%	19%	40%
15j	Opening a bank account on release?	11%	29%	11%	
16	Do you think you will have a problem with any of the following on release from prison?				
16b	Maintaining good relationships?	10%	13%	10%	
16c	Avoiding bad relationships?	14%	14%	14%	
16d	Finding a job?	48%	45%	48%	
16e	Finding accommodation?	37%	40%	37%	
16f	Money/finances?	27%	38%	27%	
16g	Claiming benefits?	32%	30%	32%	
16h	Arranging a place at college/continuing education?	10%	24%	10%	
16i	Accessing health services?	17%	19%	17%	
16j	Opening a bank account?	25%	34%	25%	
For those who are sentenced:					
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	48%	57%	48%	56%



Magilligan Prison 2010 Vulnerable prisoners comparator

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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Number of completed questionnaires returned		30	134
SECTION 1: General Information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	3%	0%
4a	Is your sentence less than 12 months?	10%	24%
4b	Are you here under an ICS/ECS sentence?	0%	0%
5	Do you have six months or less to serve?	24%	49%
6	Have you been in this prison less than a month?	5%	7%
7	Are you a foreign national? (i.e. do not hold UK citizenship)	17%	10%
8	Is English your first language?	93%	94%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	3%	3%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	3%	5%
12	Are you homosexual/gay or bisexual?	3%	3%
13	Do you consider yourself to have a disability?	26%	19%
14	Is this your first time in prison?	75%	36%
15	Have you been in more than 5 prisons this time?	0%	7%
16	Do you have any children under the age of 18?	42%	61%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	60%	32%
1b	Was your personal safety during the journey good/very good?	69%	50%
1c	Was the comfort of the van good/very good?	11%	7%
1d	Was the attention paid to your health needs good/very good?	31%	25%
1e	Was the frequency of toilet breaks good/very good?	18%	12%
2	Did you spend more than four hours in the van?	0%	3%
3	Were you treated well/very well by the escort staff?	73%	46%
4a	Did you know where you were going when you left court or when transferred from another prison?	85%	90%
4b	Before you arrived here did you receive any written information about what would happen to you?	8%	15%
4c	When you first arrived here did your property arrive at the same time as you?	93%	77%



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SECTION 3: Reception, first night and induction		
1 In the first 24 hours, did staff ask you if you needed help/support with the following:		
1b Problems with loss of property?	10%	13%
1c Housing problems?	21%	27%
1d Problems contacting employers?	10%	11%
1e Problems contacting family?	57%	48%
1f Problems ensuring dependants were looked after?	10%	11%
1g Money problems?	15%	12%
1h Problems of feeling depressed/suicidal?	43%	33%
1i Health problems?	59%	54%
1j Problems in needing protection from other prisoners?	15%	33%
1k Problems accessing phone numbers?	51%	43%
2 When you first arrived:		
2a Did you have any problems?	44%	54%
2b Did you have any problems with loss of property?	3%	19%
2c Did you have any housing problems?	5%	17%
2d Did you have any problems contacting employers?	3%	7%
2e Did you have any problems contacting family?	9%	13%
2f Did you have any problems ensuring dependants were being looked after?	0%	5%
2g Did you have any money worries?	0%	9%
2h Did you have any problems with feeling depressed or suicidal?	24%	16%
2i Did you have any health problems?	12%	17%
2j Did you have any problems with needing protection from other prisoners?	17%	11%
2k Did you have problems accessing phone numbers?	9%	7%
3a Were you seen by a member of health services in reception?	83%	75%
3b When you were searched in reception, was this carried out in a respectful way?	97%	72%
4 Were you treated well/very well in reception?	95%	66%
5 On your day of arrival, were you offered any of the following information:		
5a Information about what was going to happen to you?	49%	52%
5b Information about what support was available for people feeling depressed or suicidal?	52%	49%
5c Information about how to make routine requests?	67%	55%
5d Information about your entitlement to visits?	54%	58%
5e Information about health services?	73%	64%
5f Information about the chaplaincy?	49%	53%

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SECTION 3: Reception, first night and induction continued		
6	On your day of arrival, were you offered any of the following:	
6a	A reception pack?	63% 61%
6b	The opportunity to have a shower?	48% 48%
6c	The opportunity to make a free telephone call?	39% 37%
6d	Something to eat?	89% 84%
7	Within the first 24 hours did you meet any of the following people:	
7a	The chaplain or a religious leader?	28% 28%
7b	Someone from health services?	85% 75%
7c	A Listener/Samaritans?	22% 12%
8	Did you have access to the tuck shop/canteen within the first 24 hours?	74% 69%
9	Did you feel safe on your first night here?	85% 74%
10	Have you been on an induction course?	97% 94%
For those who have been on an induction course:		
11	Did the course cover everything you needed to know about the prison?	77% 73%
SECTION 4: Legal Rights and Respectful Custody		
1	In terms of your legal rights, is it easy/very easy to:	
1a	Communicate with your solicitor or legal representative?	70% 63%
1b	Attend legal visits?	62% 65%
1c	Obtain bail information?	18% 23%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	22% 45%
3	For the wing/unit you are currently on:	
3a	Are you normally offered enough clean, suitable clothes for the week?	82% 69%
3b	Are you normally able to have a shower every day?	100% 97%
3c	Do you normally receive clean sheets every week?	100% 90%
3d	Do you normally get cell cleaning materials every week?	77% 83%
3e	Is your cell call bell normally answered within five minutes?	37% 44%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	79% 68%
3g	Can you normally get your stored property, if you need to?	66% 60%
4	Is the food in this prison good/very good?	64% 47%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	54% 52%
6a	Is it easy/very easy to get a complaints form?	95% 90%
6b	Is it easy/very easy to get an application form?	89% 84%
7	Have you made an application?	41% 48%

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SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	66%	65%
8b	Do you feel applications are dealt with promptly? (within 7 days)	82%	74%
9	Have you made a complaint?	28%	36%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	27%	25%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	53%	60%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	59%	57%
10c	Were you given information about how to make an appeal?	30%	25%
12	Is it easy/very easy to see the Independent Monitoring Board?	37%	16%
13	Are you on the enhanced (top) level of the IEP scheme?	48%	60%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	51%	56%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	46%	48%
16a	In the last six months have any members of staff physically restrained you (C&R)?	3%	5%
16b	In the last six months have you spent a night in the SSU?	3%	17%
13a	Do you feel your religious beliefs are respected?	83%	71%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	89%	70%
14	Are you able to speak to a Listener at any time, if you want to?	80%	72%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	93%	69%
15b	Do most staff, in this prison, treat you with respect?	87%	82%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	45%	38%
2	Do you feel unsafe in this prison at the moment?	7%	14%
4	Have you been victimised by another prisoner?	30%	24%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	10%	9%
5b	Hit, kicked or assaulted you?	3%	7%
5c	Sexually abused you?	3%	3%
5d	Victimised you because of your race or ethnic origin?	7%	4%
5e	Victimised you because of drugs?	3%	4%
5f	Taken your canteen/property?	0%	3%
5g	Victimised you because you were new here?	0%	2%
5h	Victimised you because of your sexuality?	0%	3%
5i	Victimised you because you have a disability?	3%	1%
5j	Victimised you because of your religion/religious beliefs?	7%	7%
5k	Victimised you because of your age?	3%	2%
5l	Victimised you because you were from a different part of the country?	3%	3%
5m	Victimised you because of your offence/crime?	22%	7%
5n	Victimised you because of gang related issues?	7%	3%

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SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	20%	29%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	5%	12%
7b	Hit, kicked or assaulted you?	0%	5%
7c	Sexually abused you?	0%	3%
7d	Victimised you because of your race or ethnic origin?	0%	3%
7e	Victimised you because of drugs?	0%	5%
7f	Victimised you because you were new here?	0%	7%
7g	Victimised you because of your sexuality?	0%	2%
7h	Victimised you because you have a disability?	3%	1%
7i	Victimised you because of your religion/religious beliefs?	3%	5%
7j	Victimised you because of your age?	0%	2%
7k	Victimised you because you were from a different part of the country?	7%	3%
7l	Victimised you because of your offence/crime?	13%	7%
7m	Victimised you because of gang related issues?	0%	2%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	54%	38%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	28%	21%
10	Have you ever felt threatened or intimidated by a member of staff in here?	11%	24%
11	Is it easy/very easy to get illegal drugs in this prison?	26%	44%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	77%	56%
1b	Is it easy/very easy to see the nurse?	97%	86%
1c	Is it easy/very easy to see the dentist?	65%	52%
1d	Is it easy/very easy to see the optician?	54%	38%
2	Are you able to see a pharmacist?	52%	29%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	66%	45%
3b	The nurse?	86%	79%
3c	The dentist?	78%	79%
3d	The optician?	87%	71%
4	The overall quality of health services?	77%	65%

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Healthcare continued			
5	Are you currently taking medication?	58%	60%
For those currently taking medication:			
6	Are you allowed to keep possession of your medication in your own cell?	100%	93%
7	Do you feel you have any emotional well being/mental health issues?	39%	32%
For those with emotional well being/mental health issues, are these being addressed by any of the following:			
8a	Not receiving any help?	27%	42%
8b	A doctor?	37%	26%
8c	A nurse?	63%	13%
8d	A psychiatrist?	37%	19%
8e	The Mental Health Support team?	47%	23%
8f	A counsellor?	27%	13%
9a	Did you have a drug problem when you came into this prison?	8%	38%
9b	Did you have an alcohol problem when you came into this prison?	16%	32%
10a	Have you developed a drug problem since you have been in this prison?	3%	14%
For those with drug or alcohol problems:			
11	Do you know who to contact in this prison for help?	84%	65%
12	Have you received any help or intervention whilst in this prison?	42%	42%
For those who have received help or intervention with their drug or alcohol problem:			
13	Was this intervention or help useful?	100%	78%
14a	Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	8%	35%
14b	Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	16%	34%
For those who may have a drug or alcohol problem on release, do you know who in this prison:			
15	Can help you contact external drug or alcohol agencies on release?	38%	51%

Key to tables

	Any percent highlighted in green is significantly better	Sperrin and H2	All other wings
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	67%	72%
1b	Vocational or skills training?	5%	22%
1c	Education (including basic skills)?	36%	35%
1d	Offending Behaviour Programmes?	21%	17%
2ai	Have you had a job whilst in this prison?	76%	88%
For those who have had a prison job whilst in this prison:			
2aii	Do you feel the job will help you on release?	42%	48%
2bi	Have you been involved in vocational or skills training whilst in this prison?	30%	74%
For those who have had vocational or skills training whilst in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	69%	62%
2ci	Have you been involved in education whilst in this prison?	65%	82%
For those who have been involved in education whilst in this prison:			
2cii	Do you feel the education will help you on release?	63%	60%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	42%	72%
For those who have been involved in offending behaviour programmes whilst in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	73%	58%
3	Do you go to the library at least once a week?	39%	19%
4	On average, do you go to the gym at least twice a week?	41%	60%
5	On average, do you go outside for exercise three or more times a week?	39%	57%
6	On average, do you spend ten or more hours out of your cell on a weekday?	41%	14%
7	On average, do you go on association more than five times each week?	72%	74%
8	Do staff normally speak to you most of the time/all of the time during association?	49%	24%
SECTION 8: Resettlement			
1	Do you have a personal officer?	75%	46%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	70%	73%
For those who are sentenced:			
3	Do you have a sentence plan?	62%	58%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	58%	61%
5	Can you achieve some/all of your sentence plan targets in this prison?	76%	85%
6	Are there plans for you to achieve some/all your targets in another prison?	30%	18%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	18%	25%
8	Do you feel that any member of staff has helped you to prepare for release?	16%	24%
9	Have you had any problems with sending or receiving mail?	18%	20%
10	Have you had any problems getting access to the telephones?	5%	9%
11	Did you have a visit in the first week that you were here?	51%	64%
12	Did you receive one or more visits in the last week?	47%	61%

Key to tables

	Any percent highlighted in green is significantly better	Sperrin and H2	All other wings
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Resettlement continued			
For those who have had visits:			
13	How are you and your family/friends usually treated by visits staff? (Well/very well)	95%	58%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	46%	46%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	24%	15%
15c	Avoiding bad relationships?	10%	10%
15d	Finding a job on release?	24%	29%
15e	Finding accommodation on release?	31%	32%
15f	With money/finances on release?	28%	20%
15g	Claiming benefits on release?	44%	34%
15h	Arranging a place at college/continuing education on release?	10%	11%
15i	Accessing health services on release?	24%	17%
15j	Opening a bank account on release?	10%	12%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	5%	11%
16c	Avoiding bad relationships?	3%	17%
16d	Finding a job?	47%	49%
16e	Finding accommodation?	36%	38%
16f	Money/finances?	17%	30%
16g	Claiming benefits?	36%	32%
16h	Arranging a place at college/continuing education?	3%	13%
16i	Accessing health services?	12%	18%
16j	Opening a bank account?	21%	26%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	47%	48%



Key Question Responses (Age- Over 50) Magilligan Prison 2010

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

	Any percent highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		27	135
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	11%	11%
1.8	Is English your first language?	96%	93%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	0%	4%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	0%	5%
1.13	Do you consider yourself to have a disability?	23%	20%
1.14	Is this your first time in prison?	81%	38%
2.1d	Was the attention paid to your health needs good/very good?	37%	25%
2.3	Were you treated well/very well by the escort staff?	80%	47%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	85%	90%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	50%	50%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	23%	39%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	47%	58%
3.2a	Did you have any problems when you first arrived?	24%	57%
3.3a	Were you seen by a member of healthcare staff in reception?	81%	76%
3.3b	When you were searched in reception, was this carried out in a respectful way?	93%	76%

Key to tables

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
3.4	Were you treated well/very well in reception?	96%	69%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	62%	81%
3.9	Did you feel safe on your first night here?	69%	79%
3.10	Have you been on an induction course?	100%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	77%	62%
4.3a	Are you normally offered enough clean, suitable clothes for the week?	77%	72%
4.3b	Are you normally able to have a shower every day?	100%	97%
4.3e	Is your cell call bell normally answered within five minutes?	54%	41%
4.4	Is the food in this prison good/very good?	62%	50%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	67%	50%
4.6a	Is it easy/very easy to get a complaints form?	89%	91%
4.6b	Is it easy/very easy to get an application form?	88%	85%
4.9	Have you made a complaint?	34%	33%
4.13	Are you on the enhanced (top) level of the IEP scheme?	66%	55%
4.14	Do you feel you have been treated fairly in your experience of the IEP scheme?	63%	53%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	48%	48%
4.16a	In the last six months have any members of staff physically restrained you (C and R)?	0%	4%
4.16b	In the last six months have you spent a night in the SSU?	0%	15%
4.17a	Do you feel your religious beliefs are respected?	81%	74%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	80%	74%

Key to tables

	Any percent highlighted in green is significantly better	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
4.18	Are you able to speak to a Listener at any time, if you want to?	93%	70%
4.15a	Is there a member of staff you can turn to for help if you have a problem in this prison?	96%	71%
4.15b	Do most staff, in this prison, treat you with respect?	89%	82%
5.1	Have you ever felt unsafe in this prison?	47%	39%
5.2	Do you feel unsafe in this prison at the moment?	11%	12%
5.4	Have you been victimised by another prisoner?	30%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	4%	5%
5.5i	Victimised you because you have a disability?	4%	1%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	4%	8%
5.5k	Have you been victimised because of your age? (By prisoners)	4%	1%
5.6	Have you been victimised by a member of staff?	19%	28%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	0%	2%
5.7h	Victimised you because you have a disability?	4%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	0%	5%
5.7j	Have you been victimised because of your age? (By staff)	0%	1%
5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	22%	23%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	4%	23%
5.11	Is it easy/very easy to get illegal drugs in this prison?	24%	42%
6.1a	Is it easy/very easy to see the doctor?	84%	56%
6.1b	Is it easy/very easy to see the nurse?	96%	87%

Key to tables

		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
6.2	Are you able to see a pharmacist?	35%	36%
6.5	Are you currently taking medication?	69%	58%
6.7	Do you feel you have any emotional well being/mental health issues?	29%	34%
7.1a	Are you currently working in the prison?	89%	68%
7.1b	Are you currently undertaking vocational or skills training?	7%	19%
7.1c	Are you currently in education (including basic skills)?	27%	37%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	11%	19%
7.3	Do you go to the library at least once a week?	32%	22%
7.4	On average, do you go to the gym at least twice a week?	20%	62%
7.5	On average, do you go outside for exercise three or more times a week?	40%	54%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	25%	20%
7.7	On average, do you go on association more than five times each week?	68%	74%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	47%	26%
8.1	Do you have a personal officer?	80%	48%
8.9	Have you had any problems sending or receiving mail?	24%	18%
8.10	Have you had any problems getting access to the telephones?	16%	7%



Magilligan Prison 2010 Religious comparator

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

		Roman Catholic prisoners	Protestant prisoners
	Any percent highlighted in green is significantly better		
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
Number of completed questionnaires returned		69	38
SECTION 1: General Information			
2	Are you under 21 years of age?	0%	0%
3a	Are you sentenced?	100%	100%
3b	Are you on recall?	0%	3%
4a	Is your sentence less than 12 months?	18%	32%
4b	Are you here under an ICS/ECS sentence?	0%	0%
5	Do you have six months or less to serve?	43%	45%
6	Have you been in this prison less than a month?	6%	14%
7	Are you a foreign national? (i.e. do not hold UK citizenship)	18%	0%
8	Is English your first language?	90%	100%
9	Are you from a minority ethnic group? (including all those who did not tick White British, White Irish or White other categories)	2%	0%
10	Do you consider yourself to be Gypsy/Romany/Traveller?	7%	0%
12	Are you homosexual/gay or bisexual?	3%	3%
13	Do you consider yourself to have a disability?	21%	23%
14	Is this your first time in prison?	46%	45%
15	Have you been in more than 5 prisons this time?	9%	3%
16	Do you have any children under the age of 18?	56%	61%
SECTION 2: Transfers and Escorts			
For the most recent journey you have made either to or from court or between prisons:			
1a	Was the cleanliness of the van good/very good?	38%	34%
1b	Was your personal safety during the journey good/very good?	51%	55%
1c	Was the comfort of the van good/very good?	9%	3%
1d	Was the attention paid to your health needs good/very good?	29%	21%
1e	Was the frequency of toilet breaks good/very good?	11%	18%
2	Did you spend more than four hours in the van?	4%	3%
3	Were you treated well/very well by the escort staff?	55%	49%
4a	Did you know where you were going when you left court or when transferred from another prison?	86%	95%
4b	Before you arrived here did you receive any written information about what would happen to you?	13%	22%
4c	When you first arrived here did your property arrive at the same time as you?	79%	86%

Key to tables

Any percent highlighted in green is significantly better	Roman Catholic prisoners	Protestant prisoners
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
SECTION 3: Reception, first night and induction		
1	In the first 24 hours, did staff ask you if you needed help/support with the following:	
1b	Problems with loss of property?	13% 21%
1c	Housing problems?	22% 47%
1d	Problems contacting employers?	9% 21%
1e	Problems contacting family?	49% 53%
1f	Problems ensuring dependants were looked after?	13% 17%
1g	Money problems?	8% 15%
1h	Problems of feeling depressed/suicidal?	37% 38%
1i	Health problems?	54% 56%
1j	Problems in needing protection from other prisoners?	29% 36%
1k	Problems accessing phone numbers?	43% 44%
2	When you first arrived:	
2a	Did you have any problems?	46% 51%
2b	Did you have any problems with loss of property?	12% 18%
2c	Did you have any housing problems?	14% 16%
2d	Did you have any problems contacting employers?	9% 0%
2e	Did you have any problems contacting family?	12% 12%
2f	Did you have any problems ensuring dependants were being looked after?	3% 3%
2g	Did you have any money worries?	3% 12%
2h	Did you have any problems with feeling depressed or suicidal?	17% 12%
2i	Did you have any health problems?	15% 18%
2j	Did you have any problems with needing protection from other prisoners?	10% 6%
2k	Did you have problems accessing phone numbers?	7% 6%
3a	Were you seen by a member of health services in reception?	81% 66%
3b	When you were searched in reception, was this carried out in a respectful way?	77% 77%
4	Were you treated well/very well in reception?	
5	On your day of arrival, were you offered any of the following information:	
5a	Information about what was going to happen to you?	53% 54%
5b	Information about what support was available for people feeling depressed or suicidal?	58% 49%
5c	Information about how to make routine requests?	61% 62%
5d	Information about your entitlement to visits?	56% 59%
5e	Information about health services?	64% 67%
5f	Information about the chaplaincy?	44% 56%

Key to tables

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Any percent highlighted in blue is significantly worse			
Any percent highlighted in orange shows a significant difference in prisoners' background details			
Percentages which are not highlighted show there is no significant difference			
SECTION 3: Reception, first night and induction continued			
6	On your day of arrival, were you offered any of the following:		
6a	A reception pack?	56%	72%
6b	The opportunity to have a shower?	49%	52%
6c	The opportunity to make a free telephone call?	39%	37%
6d	Something to eat?	81%	88%
7	Within the first 24 hours did you meet any of the following people:		
7a	The chaplain or a religious leader?	22%	34%
7b	Someone from health services?	80%	77%
7c	A Listener/Samaritans?	17%	12%
8	Did you have access to the tuck shop/canteen within the first 24 hours?	71%	75%
9	Did you feel safe on your first night here?	82%	81%
10	Have you been on an induction course?	94%	97%
For those who have been on an induction course:			
11	Did the course cover everything you needed to know about the prison?	76%	70%
SECTION 4: Legal Rights and Respectful Custody			
1	In terms of your legal rights, is it easy/very easy to:		
1a	Communicate with your solicitor or legal representative?	60%	72%
1b	Attend legal visits?	65%	59%
1c	Obtain bail information?	23%	24%
2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	45%	31%
3	For the wing/unit you are currently on:		
3a	Are you normally offered enough clean, suitable clothes for the week?	76%	75%
3b	Are you normally able to have a shower every day?	98%	97%
3c	Do you normally receive clean sheets every week?	94%	86%
3d	Do you normally get cell cleaning materials every week?	82%	80%
3e	Is your cell call bell normally answered within five minutes?	36%	46%
3f	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	72%	78%
3g	Can you normally get your stored property, if you need to?	64%	70%
4	Is the food in this prison good/very good?	48%	53%
5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	44%	64%
6a	Is it easy/very easy to get a complaints form?	91%	92%
6b	Is it easy/very easy to get an application form?	88%	84%
7	Have you made an application?	37%	50%

Key to tables

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	Percentages which are not highlighted show there is no significant difference		
SECTION 4: Legal Rights and Respectful Custody continued			
For those who have made an application:			
8a	Do you feel applications are dealt with fairly?	68%	70%
8b	Do you feel applications are dealt with promptly? (within 7 days)	70%	84%
9	Have you made a complaint?	41%	19%
For those who have made a complaint:			
10a	Do you feel complaints are dealt with fairly?	25%	14%
10b	Do you feel complaints are dealt with promptly? (within 7 days)	60%	64%
11	Have you ever been made to or encouraged to withdraw a complaint since you have been in this prison?	57%	58%
10c	Were you given information about how to make an appeal?	27%	15%
12	Is it easy/very easy to see the Independent Monitoring Board?	23%	22%
13	Are you on the enhanced (top) level of the IEP scheme?	62%	50%
14	Do you feel you have been treated fairly in your experience of the IEP scheme?	61%	56%
15	Do the different levels of the IEP scheme encourage you to change your behaviour?	50%	56%
16a	In the last six months have any members of staff physically restrained you (C and R)?	6%	3%
16b	In the last six months have you spent a night in the SSU?	13%	11%
13a	Do you feel your religious beliefs are respected?	70%	82%
13b	Are you able to speak to a religious leader of your faith in private if you want to?	76%	78%
14	Are you able to speak to a Listener at any time, if you want to?	65%	82%
15a	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	72%	78%
15b	Do most staff, in this prison, treat you with respect?	78%	89%
SECTION 5: Safety			
1	Have you ever felt unsafe in this prison?	38%	27%
2	Do you feel unsafe in this prison at the moment?	7%	14%
4	Have you been victimised by another prisoner?	23%	16%
5	Since you have been here, has another prisoner:		
5a	Made insulting remarks about you, your family or friends?	7%	3%
5b	Hit, kicked or assaulted you?	3%	8%
5c	Sexually abused you?	2%	3%
5d	Victimised you because of your race or ethnic origin?	3%	0%
5e	Victimised you because of drugs?	0%	0%
5f	Taken your canteen/property?	0%	3%
5g	Victimised you because you were new here?	0%	0%
5h	Victimised you because of your sexuality?	2%	3%
5i	Victimised you because you have a disability?	0%	0%
5j	Victimised you because of your religion/religious beliefs?	3%	8%
5k	Victimised you because of your age?	0%	0%
5l	Victimised you because you were from a different part of the country?	2%	0%
5m	Victimised you because of your offence/crime?	9%	5%
5n	Victimised you because of gang related issues?	3%	3%

Key to tables

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	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 5: Safety continued			
6	Have you been victimised by a member of staff?	25%	19%
7	Since you have been here, has a member of staff:		
7a	Made insulting remarks about you, your family or friends?	8%	8%
7b	Hit, kicked or assaulted you?	2%	8%
7c	Sexually abused you?	2%	3%
7d	Victimised you because of your race or ethnic origin?	2%	3%
7e	Victimised you because of drugs?	0%	3%
7f	Victimised you because you were new here?	2%	5%
7g	Victimised you because of your sexuality?	0%	3%
7h	Victimised you because you have a disability?	0%	0%
7i	Victimised you because of your religion/religious beliefs?	6%	0%
7j	Victimised you because of your age?	0%	0%
7k	Victimised you because you were from a different part of the country?	5%	0%
7l	Victimised you because of your offence/crime?	6%	3%
7m	Victimised you because of gang related issues?	0%	3%
For those who have been victimised by staff or other prisoners:			
8	Did you report any victimisation that you have experienced?	49%	44%
9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	8%
10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	14%
11	Is it easy/very easy to get illegal drugs in this prison?	36%	45%
SECTION 6: Healthcare			
1a	Is it easy/very easy to see the doctor?	62%	61%
1b	Is it easy/very easy to see the nurse?	91%	89%
1c	Is it easy/very easy to see the dentist?	54%	46%
1d	Is it easy/very easy to see the optician?	42%	36%
2	Are you able to see a pharmacist?	41%	42%
For those who have been to the following services, do you think the quality of the health service from the following is good/very good:			
3a	The doctor?	47%	54%
3b	The nurse?	86%	72%
3c	The dentist?	78%	80%
3d	The optician?	72%	83%
4	The overall quality of health services?	65%	76%

Key to tables

Any percent highlighted in green is significantly better	Roman Catholic prisoners	Protestant prisoners
Any percent highlighted in blue is significantly worse		
Any percent highlighted in orange shows a significant difference in prisoners' background details		
Percentages which are not highlighted show there is no significant difference		
Healthcare continued		
5 Are you currently taking medication?	55%	58%
For those currently taking medication:		
6 Are you allowed to keep possession of your medication in your own cell?	97%	92%
7 Do you feel you have any emotional well being/mental health issues?	32%	26%
For those with emotional well being/mental health issues, are these being addressed by any of the following:		
8a Not receiving any help?	39%	24%
8b A doctor?	29%	24%
8c A nurse?	29%	14%
8d A psychiatrist?	16%	36%
8e The Mental Health Support team?	16%	50%
8f A counsellor?	6%	24%
9a Did you have a drug problem when you came into this prison?	32%	41%
9b Did you have an alcohol problem when you came into this prison?	27%	39%
10a Have you developed a drug problem since you have been in this prison?	10%	14%
For those with drug or alcohol problems:		
11 Do you know who to contact in this prison for help?	54%	89%
12 Have you received any help or intervention whilst in this prison?	42%	48%
For those who have received help or intervention with their drug or alcohol problem:		
13 Was this intervention or help useful?	75%	100%
14a Do you think you will have a problem with drugs when you leave this prison? (Yes/don't know)	33%	30%
14b Do you think you will have a problem with alcohol when you leave this prison? (Yes/don't know)	32%	30%
For those who may have a drug or alcohol problem on release, do you know who in this prison:		
15 Can help you contact external drug or alcohol agencies on release?	52%	44%

Key to tables

	Any percent highlighted in green is significantly better	Roman Catholic prisoners	Protestant prisoners
	Any percent highlighted in blue is significantly worse		
	Any percent highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
SECTION 7: Purposeful Activity			
1	Are you currently involved in any of the following activities:		
1a	A prison job?	63%	76%
1b	Vocational or skills training?	21%	3%
1c	Education (including basic skills)?	43%	16%
1d	Offending Behaviour Programmes?	12%	19%
2ai	Have you had a job whilst in this prison?	85%	87%
For those who have had a prison job whilst in this prison:			
2aii	Do you feel the job will help you on release?	43%	63%
2bi	Have you been involved in vocational or skills training whilst in this prison?	67%	50%
For those who have had vocational or skills training whilst in this prison:			
2bii	Do you feel the vocational or skills training will help you on release?	77%	56%
2ci	Have you been involved in education whilst in this prison?	82%	61%
For those who have been involved in education whilst in this prison:			
2cii	Do you feel the education will help you on release?	61%	71%
2di	Have you been involved in offending behaviour programmes whilst in this prison?	64%	59%
For those who have been involved in offending behaviour programmes whilst in this prison:			
2dii	Do you feel the offending behaviour programme(s) will help you on release?	67%	54%
3	Do you go to the library at least once a week?	24%	16%
4	On average, do you go to the gym at least twice a week?	56%	67%
5	On average, do you go outside for exercise three or more times a week?	51%	53%
6	On average, do you spend ten or more hours out of your cell on a weekday?	17%	23%
7	On average, do you go on association more than five times each week?	74%	70%
8	Do staff normally speak to you most of the time/all of the time during association?	26%	27%
SECTION 8: Resettlement			
1	Do you have a personal officer?	55%	55%
For those with a personal officer:			
2	Do you think your personal officer is helpful/very helpful?	61%	71%
For those who are sentenced:			
3	Do you have a sentence plan?	62%	61%
For those with a sentence plan?			
4	Were you involved/very involved in the development of your plan?	55%	65%
5	Can you achieve some/all of your sentence plan targets in this prison?	79%	87%
6	Are there plans for you to achieve some/all your targets in another prison?	20%	18%
For those who are sentenced:			
7	Do you feel that any member of staff has helped you address your offending behaviour whilst at this prison?	21%	27%
8	Do you feel that any member of staff has helped you to prepare for release?	20%	29%
9	Have you had any problems with sending or receiving mail?	20%	16%
10	Have you had any problems getting access to the telephones?	8%	14%
11	Did you have a visit in the first week that you were here?	61%	74%
12	Did you receive one or more visits in the last week?	59%	56%

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Resettlement continued			
For those who have had visits:			
13	How are you and your family/friends usually treated by visits staff? (Well/very well)	68%	62%
14	Have you been helped to maintain contact with family/friends whilst in this prison?	43%	52%
15	Do you know who to contact within this prison to get help with the following:		
15b	Maintaining good relationships?	9%	25%
15c	Avoiding bad relationships?	5%	18%
15d	Finding a job on release?	19%	47%
15e	Finding accommodation on release?	28%	40%
15f	With money/finances on release?	17%	31%
15g	Claiming benefits on release?	25%	60%
15h	Arranging a place at college/continuing education on release?	9%	9%
15i	Accessing health services on release?	10%	25%
15j	Opening a bank account on release?	10%	6%
16	Do you think you will have a problem with any of the following on release from prison?		
16b	Maintaining good relationships?	6%	15%
16c	Avoiding bad relationships?	15%	15%
16d	Finding a job?	55%	44%
16e	Finding accommodation?	40%	29%
16f	Money/finances?	26%	24%
16g	Claiming benefits?	37%	21%
16h	Arranging a place at college/continuing education?	8%	5%
16i	Accessing health services?	12%	12%
16j	Opening a bank account?	26%	26%
For those who are sentenced:			
17	Have you done anything, or has anything happened to you here to make you less likely to offend in future?	50%	46%



Key questions (Disability Analysis) Magilligan Prison 2010

Prisoner Survey Responses (Missing data has been excluded for each question) Please note: Where there are apparently large differences, which are not indicated as statistically significant, this is likely to be due to chance.

Key to tables

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Number of completed questionnaires returned		33	128
1.3	Are you sentenced?	100%	100%
1.7	Are you a foreign national?	6%	13%
1.8	Is English your first language?	100%	92%
1.9	Are you from a minority ethnic group? Including all those who did not tick White British, White Irish or White other categories.	0%	4%
1.1	Do you consider yourself to be Gypsy/Romany/Traveller?	10%	3%
1.14	Is this your first time in prison?	49%	45%
2.1d	Was the attention paid to your health needs good/very good?	24%	27%
2.3	Were you treated well/very well by the escort staff?	42%	57%
2.4a	Did you know where you were going when you left court or when transferred from another prison?	82%	91%
3.1e	Did staff ask if you needed any help/support in dealing with problems contacting family within the first 24 hours?	48%	51%
3.1h	Did staff ask if you needed any help/support in dealing with problems of feeling depressed/suicidal within the first 24 hours?	52%	32%
3.1i	Did staff ask if you needed any help/support in dealing with health problems within the first 24 hours?	64%	54%
3.2a	Did you have any problems when you first arrived?	65%	49%
3.3a	Were you seen by a member of healthcare staff in reception?	73%	77%
3.3b	When you were searched in reception, was this carried out in a respectful way?	66%	81%
3.4	Were you treated well/very well in reception?	66%	74%
3.7b	Did you have access to someone from healthcare within the first 24 hours?	74%	78%
3.9	Did you feel safe on your first night here?	75%	78%
3.10	Have you been on an induction course?	97%	94%
4.1a	Is it easy/very easy to communicate with your solicitor or legal representative?	63%	65%

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4.3a	Are you normally offered enough clean, suitable clothes for the week?	81%	70%
4.3b	Are you normally able to have a shower every day?	91%	99%
4.3e	Is your cell call bell normally answered within five minutes?	52%	39%
4.4	Is the food in this prison good/very good?	47%	53%
4.5	Does the shop/canteen sell a wide enough range of goods to meet your needs?	60%	51%
4.6a	Is it easy/very easy to get a complaints form?	73%	95%
4.6b	Is it easy/very easy to get an application form?	71%	89%
4.9	Have you made a complaint?	39%	32%
4.13	Are you on the enhanced (top) level of the IEP scheme?	42%	62%
4.14	Do you feel you have been treated fairly in your experience if the IEP scheme?	44%	58%
4.15	Do the different levels of the IEP scheme encourage you to change your behaviour?	52%	46%
4.16a	In the last six months have any members of staff physically restrained you (C and R)?	12%	2%
4.16b	In the last six months have you spent a night in the SSU?	27%	9%
4.17a	Do you feel your religious beliefs are respected?	75%	74%
4.17b	Are you able to speak to a religious leader of your faith in private if you want to?	74%	76%
4.18	Are you able to speak to a Listener at any time, if you want to?	70%	75%
4.19a	Is there a member of staff you can turn to for help if you have a problem in this prison?	67%	77%
4.19b	Do most staff, in this prison, treat you with respect?	72%	86%
5.1	Have you ever felt unsafe in this prison?	50%	37%
5.2	Do you feel unsafe in this prison at the moment?	13%	12%
5.4	Have you been victimised by another prisoner?	30%	25%
5.5d	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	3%	6%
5.5i	Victimised you because you have a disability?	6%	0%
5.5j	Have you been victimised because of your religion/religious beliefs? (By prisoners)	6%	7%
5.6	Have you been victimised by a member of staff?	52%	21%
5.7d	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	4%	2%
5.7h	Victimised you because you have a disability?	4%	1%
5.7i	Have you been victimised because of your religion/religious beliefs? (By staff)	4%	5%

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5.9	Have you ever felt threatened or intimidated by another prisoner/group of prisoners in here?	23%	22%
5.10	Have you ever felt threatened or intimidated by a member of staff in here?	26%	18%
5.11	Is it easy/very easy to get illegal drugs in this prison?	37%	41%
6.1a	Is it easy/very easy to see the doctor?	51%	63%
6.1b	Is it easy/very easy to see the nurse?	82%	90%
6.2	Are you able to see a pharmacist?	33%	35%
6.5	Are you currently taking medication?	84%	54%
6.7	Do you feel you have any emotional well being/mental health issues?	70%	25%
7.1a	Are you currently working in the prison?	58%	73%
7.1b	Are you currently undertaking vocational or skills training?	18%	18%
7.1c	Are you currently in education (including basic skills)?	52%	32%
7.1d	Are you currently taking part in an Offending Behaviour Programme?	24%	17%
7.3	Do you go to the library at least once a week?	10%	27%
7.4	On average, do you go to the gym at least twice a week?	38%	59%
7.5	On average, do you go outside for exercise three or more times a week?	38%	56%
7.6	On average, do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	13%	23%
7.7	On average, do you go on association more than five times each week?	57%	78%
7.8	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	31%	29%
8.1	Do you have a personal officer?	53%	54%
8.9	Have you had any problems sending or receiving mail?	27%	16%
8.10	Have you had any problems getting access to the telephones?	10%	8%



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