

# REPORT ON AN UNANNOUNCED INSPECTION OF MAGILLIGAN PRISON

12-22 JUNE 2017

December 2017





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

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December 2017



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*Comparator data relating to this inspection can also be found on the CJ website – [www.cjini.org](http://www.cjini.org)*



## List of abbreviations

<b>ACE</b>	Assessment, Case Management and Evaluation
<b>AD:EPT</b>	Alcohol and Drugs: Empowering people through Therapy
<b>CJI</b>	Criminal Justice Inspection Northern Ireland
<b>CSU</b>	Care and Separation Unit (within prison)
<b>DoH</b>	Department of Health
<b>DoJ</b>	Department of Justice
<b>ECS</b>	Extended Custodial Sentence
<b>EMIS</b>	Egton Medical Information System (medical computer system)
<b>ESOL</b>	English for Speakers of Other Languages
<b>ETI</b>	Education and Training Inspectorate
<b>GP</b>	General Practitioner
<b>HMIP</b>	Her Majesty's Inspectorate of Prisons in England and Wales
<b>HMPPS</b>	Her Majesty's Prison and Probation Service (in England and Wales)
<b>ICS</b>	Indeterminate Custodial Sentence
<b>ICT</b>	Information and Communications Technology
<b>ILP</b>	Individual Learning Plan
<b>LAPPP(s)</b>	Local Area Public Protection Panel(s)
<b>MDT</b>	Mandatory Drug Test
<b>NIACRO</b>	Northern Ireland Association for the Care and Resettlement of Offenders
<b>NICE</b>	National Institute for Health and Care Excellence
<b>NIPS</b>	Northern Ireland Prison Service
<b>NPM</b>	National Preventive Mechanism
<b>OPCAT</b>	Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
<b>OST</b>	Opiate Substitution Therapy
<b>PBNI</b>	Probation Board for Northern Ireland
<b>PDP</b>	Prisoner Development Plan
<b>PDU</b>	Prisoner Development Unit
<b>PE</b>	Physical Education
<b>PECCS</b>	Prisoner Escort and Court Custody Service
<b>PPANI</b>	Public Protection Arrangements Northern Ireland
<b>PREPs</b>	Progressive Regime and Earned Privileges scheme
<b>RISE</b>	Regime Indexed Supervision Easement
<b>RQIA</b>	Regulation and Quality Improvement Authority
<b>SAM</b>	Safer at Magilligan
<b>SEHSCT</b>	South Eastern Health and Social Care Trust
<b>SIR</b>	Security Information Report
<b>SPAR</b>	Supporting Prisoners at Risk



# Chief Inspectors' Foreword

This unannounced inspection was conducted by Criminal Justice Inspection Northern Ireland (CJI) and Her Majesty's Inspectorate of Prisons in England and Wales (HMIP) with the support of the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI).

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Magilligan prison is the medium-security training prison in Northern Ireland. At the time of this inspection it held 465 adult men serving a range of sentences, from under 12 months to life. While this was around 100 fewer men than at our last inspection in 2014, the profile of the sentences of those held had changed and more men were serving indeterminate sentences. All those held had been transferred to the prison after serving time at Maghaberry, with the primary focus of Magilligan being to provide opportunities for men to reduce their risk of future offending, and to prepare and support them with the release process. In addition, far more prisoners at this inspection presented with significant need, for

example, reporting that they had depression, issues with self-harm or mental health problems.

Our last inspection of Magilligan reported a mixed picture. While we considered the prison to have some significant strengths, including excellent relationships, reasonable levels of safety and some good resettlement work, we had significant concerns with the regime being delivered and the quality of learning, skills and work provision.

Magilligan remained a safe prison for most of the men held there and levels of reported violence were very low. Use of formal disciplinary



procedures and force were also low, and arrangements in the Care and Supervision Unit (CSU) had improved. However, in our survey more prisoners than at the last inspection reported feeling unsafe, or being victimised. The reasons for this were complex, but included the prevalence of illicit drugs, levels of vulnerability in the population and the welcome but challenging integration within the regime of men convicted of sexual offences. We found evidence of the under-reporting of bullying, and the 'Safer at Magilligan' (SAM) process, which aimed to manage these issues, was not yet fully effective. While day-to-day care for the most vulnerable men held was good, there were still frailties in the Supporting Prisoners at Risk (SPAR) process and overuse of anti-ligature clothing. A more coordinated approach was needed in response to recommendations following deaths in custody.

The quality of relationships between staff and prisoners remained a major strength of the prison and, if anything, were even stronger than at our last inspection; what we observed was often exemplary. The older 'H-block' accommodation remained poor, and the profusion of concrete and razor wire around the large site was disconcerting, but we were pleased to see significant efforts to make the best of this. Some refurbishment had taken place and some areas of the prison were spotlessly clean and the men were provided with the wherewithal to live decent lives. We remained concerned about poorer outcomes in key areas for Catholic prisoners and again call for greater focus on the underlying reasons for this. Our strong view is that the Northern Ireland Prison Service (NIPS)

needs expert independent support to achieve this aim. In contrast, there had been some innovative work to develop provision for disabled and older men, much of which was good practice. Health services had improved and were now reasonably good overall, and mental health provision was particularly good for those prisoners known to the service.

Time out of cell was good and much improved from the last inspection. Learning, skills and work provision had moved forward significantly, particularly over the last few months. Partnership working was strong, and the senior team had developed a clear vision of where it wanted to be and had made significant progress in achieving these aims. Security arrangements were not risk averse and supported the regime effectively. Around three-quarters of the men were engaged in a range of purposeful activities, and there was a clear aspiration to improve this even further. Some aspects of provision needed to be better integrated and some further developed, but excellent progress had been made since the last inspection.

Resettlement work at Magilligan remained a significant strength. The support provided was comprehensive, and men were generally positive about the progress they were making. Although Foyleview, the semi-open unit, had been reduced in capacity, use of home leave to support rehabilitation and family contact had more than doubled since the last inspection. Work to support men in maintaining relationships with their children, families and friends remained very strong, as were public protection arrangements.

Overall, this was an immensely encouraging inspection. There had been a real focus on the concerns we raised at the last inspection, and progress had been made in many areas, most significantly in improving the opportunities for men to improve their skills, employability and self-confidence. Rehabilitation was now truly at

the heart of what the prison was delivering. We have flagged a number of ongoing issues we feel still need to be resolved, but have a degree of optimism that if the energetic and focused leadership evident at Magilligan endures, progress will continue.



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**Brendan McGuigan**  
**Chief Inspector of Criminal Justice**  
**in Northern Ireland**

December 2017

**Criminal Justice Inspection**  
**Northern Ireland**  
*a better justice system for all*



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

December 2017





## Fact page

### Task of the establishment

Medium security prison holding sentenced prisoners usually received on transfer from Maghaberry Prison. The aim of Magilligan is to provide safe, secure and decent custody with a focus on pre-release preparation, risk management and resettlement.

### Prison status (public or private, with name of contractor if private)

Public.

### Region/Department

Department of Justice, Northern Ireland (DoJ).

### Number held

560.

### Certified normal accommodation

571.

### Operational capacity

598.

### Date of last inspection

June 2014.

### Brief history

The prison 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 recommissioned in 2005. Alpha, a 50-cell unit, was opened in 2008 and Halward House, a 60-cell unit, opened in 2009.

## Short description of residential units

<b>Halward House</b>	Upper floor:	general population -transfer unit	In-cell sanitation. Two-storey unit (opened 2009) shared cells.
	Lower floor:	general population	This unit sets the standard for future accommodation.
<b>House 1</b>	A wing:	RISE (Regime-Indexed Supervision Easement)	A and B wings have wooden doors and 24-hour access to toilets/ ablutions.
	B wing:	RISE	
	C and D wings:	general population/ safer custody landing vulnerable prisoners	C and D wings have in-cell sanitation.
<b>House 2</b>	A and B wings:	complex needs/older prisoners	A and B wings have wooden doors and 24-hour access to toilets/ ablutions.
	C and D wings:	general population	C and D wings have in-cell sanitation.
<b>House 3</b>	A and B wings:	general population general population	A and B wings have in-cell sanitation.
	C and D wings:	general population	C and D wings have an electronic unlock system.
<b>Alpha</b>	-	Foyleview assessment	50-bed single room unit (opened in 2008), includes 24-hour access to toilets/ablutions.
<b>Foyleview</b>	-	Low-security semi- open unit	34 single rooms.
<b>Care and Supervision Unit (CSU)</b>	-	-	18 single cells (16 cells, 1 observation cell and 1 unused cell).

### Name of governor/director

Austin Treacy.

### Escort contractor

Prisoner Escort and Court Custody Service  
(PECCS).

### Health service provider

South Eastern Health and Social Care Trust  
(SEHSCT).

### Learning and skills providers

North West Regional College.

### Independent Monitoring Board chair

Anne Rowe.



## About this inspection and report

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

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

The Education and Training Inspectorate (ETI) is a unitary Inspectorate, and provides independent inspection services and information about the quality of education, youth provision and training in Northern Ireland. It also provides inspection services for CJI, of the learning and skills provision within prisons, in line with an agreed annual memorandum of understanding and an associated service level agreement.

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

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

<b>Safety</b>	prisoners, particularly the most vulnerable, are held safely;
<b>Respect</b>	prisoners are treated with respect for their human dignity;
<b>Purposeful activity</b>	prisoners are able, and expected, to engage in activity that is likely to benefit them; and
<b>Resettlement</b>	prisoners are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.

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

The assessments are as follows:

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

Our assessments might result in one of the following:

**Recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.

**Examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for prisoners.

Five key sources of evidence are used by Inspectors: observation; prisoner surveys; discussions with prisoners; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

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

## This report

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

Details of the inspection team can be found in Appendix 1. Appendix 2 lists the recommendations from the previous inspection and our assessment of whether they have been achieved.

Information on the prison population profile and a detailed description of the survey methodology can be found in Appendices 3 and 4 respectively. This material can be obtained directly from the CJI website – [www.cjini.org](http://www.cjini.org).

Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.<sup>1</sup> Again, this material can be obtained directly from the CJI website – [www.cjini.org](http://www.cjini.org).

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



# Executive summary

## Safety

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

**At the last inspection in 2014 we found that outcomes for prisoners in Magilligan prison were reasonably good against this healthy prison test. We made 18 recommendations in the area of safety. At this follow-up inspection we found that eight of the recommendations had been achieved: six had been partially achieved; and four had not been achieved.**

In our survey, fewer prisoners than the comparator said that they were treated well by escort staff or that they felt safe during their journey to Magilligan. All new arrivals received a full search in reception after their transfer; this policy was changed during our inspection. Reception was clean and bright and new arrivals were dealt with promptly and efficiently, but initial safety screening interviews were insufficient and there were no additional first night checks (this was also changed during the inspection). Nevertheless, the majority of prisoners in our survey said they felt safe on their first night. New arrivals had poor access to their own clothes and had to wait a few days to receive a change of clothing. The induction programme covered all relevant issues. Overall, early days support was very good and prisoners we spoke to felt well cared for.

Recorded levels of violence were very low. However, in our survey more prisoners than at the previous inspection said they did not feel safe, and more also reported victimisation. Governance and analysis of data on safer custody were weak, as were links with security. The 'Safer at Magilligan' (SAM) process was under-used and not embedded sufficiently, and we found evidence of under-reporting of bullying. Vulnerable prisoners now had access to a full regime and were treated well by staff.



Levels of self-harm were low. The quality of care for prisoners in crisis was very good but all aspects of SPAR case management needed to improve. The use of observation cells for prisoners on SPARs had reduced but the use of anti-ligature clothing was still too high. House block 1/B supported prisoners who were deemed particularly vulnerable through a range of interventions and case management. There had been one self-inflicted and one natural cause death since our last inspection. A death in custody action plan covering all recommendations from investigations into these deaths was produced during the inspection week, although not all recommendations had been fully implemented. Once implemented, action plans needed to be monitored to ensure they remained embedded.

Safeguarding arrangements were better than we usually see. Prisoners at risk were well cared for locally, and the prison had a safeguarding policy.

Security was proportionate and facilitated work and activities for prisoners. Staff knew men well and this helped to maintain a secure environment. Staff supervision on residential units and during prisoner free-flow movement was generally good, and the regime was predictable. There was proactive searching and testing for drugs, which was showing some good results. Perimeter security and CCTV coverage had improved. The positive Mandatory Drug Testing (MDT) rate of 9.9% was within the target of 12%, and vigilance was unusually high with a good number of suspicion drug tests each month. The main drugs abused included prescription drugs coming into the prison. This reduction in the supply and use of illicit substances was the major security challenge faced by the prison.

The Progressive Regime and Earned Privileges scheme (PREPs) was fair, and decisions were timely. Support for prisoners on basic was good and their regime was not excessively punitive.

The number of adjudications was not high. Hearings were transparent and recorded, punishments were appropriate and mitigation was properly considered. Force was used rarely, and as a last resort. Completion of paperwork and reporting of incidents had improved, and use of force was monitored effectively. The regime and conditions in the Care and Supervision Unit (CSU) had improved since our last inspection. The unit and cells were clean and well furnished, and prisoners had good access to the well-resourced exercise yard. Use of the CSU was higher than we normally see, but most men stayed for relatively short periods. CSU reviews were good and considerate staff engaged well with the prisoners in their care. Few prisoners had been segregated for their own protection. Special accommodation was not used.

Communication between departments about substance misuse had improved, but there was still no integrated drug and alcohol strategy or action plan. There was no development plan to accompany the health assessment substance misuse analysis, but the service was responding to those in most need with an improved range of psychosocial therapies. More prisoners were in clinical management than previously, but staffing was insufficient to ensure continuity of care. The informal approach to the use of segregation for drug detoxification was inappropriate and an alternative pathway was needed.

## Respect

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

**At the last inspection in 2014 we found that outcomes for prisoners at Magilligan were good against this healthy prison test.** We made 29 recommendations in the area of respect. **At this follow-up inspection we found that 11 of the recommendations had been achieved; six had been partially achieved; 11 had not been achieved; and one was no longer relevant.**

The fabric of the older houses was poor and the heating system was erratic. However, standards of cleanliness were exemplary and there had been significant improvements with the provision of in-cell toilets on some houses. External areas were clean but there was still too much unnecessary razor wire and a lack of cover on walkways. Prisoners were provided with basic equipment and they could wear their own clothes, which could be washed on the houses. They could submit applications daily and there was an effective system for monitoring responses.

The staff culture was very positive. We observed constructive, friendly relationships between staff and prisoners, which contributed to a calm and settled atmosphere around the prison. Staff knew the circumstances of men in some detail, and sought to provide support when needed, as well as challenge if appropriate. In our survey, 80% of prisoners said that staff treated them with respect, and most said they had a member of staff who would help them with a problem. Consultation meetings with prisoners on each wing were useful in identifying their concerns, but there had been slow progress on resolving some of the issues raised.

Equality and diversity work was underdeveloped. Attendance at the equality and diversity meetings was limited, and the chaplaincy, health care and community representatives did not attend. Equality data were not analysed effectively to identify long-term trends in outcomes, and there was no independent external validation to assure the integrity of the process. There continued to be poorer outcomes for Catholic prisoners in a range of important areas, often where staff discretion was involved, and in our survey Catholic prisoners were more negative than Protestants about respectful treatment by staff. While likely to be complex, the prison needed to do far more to understand the underlying reasons for this which was likely to require external expert assistance. There was promotion of some aspects of diversity, but a lack of a more proactive approach to all the protected groups covered by Northern Ireland law. There had been some excellent and innovative support to disabled and older prisoners. The chaplaincy continued to provide a good service, including a varied programme of activities and good pastoral care.



The number of complaints was not high, and they were often about low-level issues. However, investigation of prisoner complaints alleging staff assault was not sufficiently robust, and quality assurance needed to be improved. The quality of responses in the sample we looked at was too mixed. Facilities for legal visits were appropriate and video-links operated daily.

Health services were well led, morale was good and staff felt valued and supported by senior management. Governance arrangements were effective with positive relationships between the prison and health care partners in other Trusts. Data were not used effectively to raise standards of care. Staffing levels had improved, and a clinical psychologist service was being appointed. Health care treatment rooms had clean equipment in good repair. There were a range of health promotion initiatives. Prisoner waiting times for treatment were short, and they spoke positively about the quality of health care support. All health care complaints were managed in accordance with South Eastern Heath and Social Care Trust (SEHSCT) policy; most were about reduction in medications. Lessons learned from incidents were shared effectively. Aspects of the management and prescribing of medications needed to be improved. Mental health assessments were completed in line with the guidance, and there was some good support for prisoners with identified mental health issues.

Prisoners were generally positive about the food. The quality, quantity and choices we saw were good. The kitchen and the house serveries were clean and functional. Prisoners could eat together if they wished, and there were self-cooking facilities on the houses. Prisoners received their first prison tuck shop order the day after they arrived. The tuck shop list was extensive and prices were reasonable.

## Purposeful activity

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

**At the last inspection in 2014 we found that outcomes for prisoners in Magilligan prison were poor against this healthy prison test.** We made 10 recommendations in the area of purposeful activity. **At this follow-up inspection we found that four of the recommendations had been achieved; five had been partially achieved; and one had not been achieved.**

Virtually all prisoners were unlocked for the whole of the core working day. In our roll checks we found an average of 70% of prisoners involved in purposeful activity, which was a significant improvement since the last inspection. Some exercise equipment had been installed in exercise yards and prisoners had free access to it during the day.

The senior management team had set an ambitious strategy focused on prisoner needs, and there was a positive and supportive culture for learning. Prison managers had effective partnerships with the North West Regional College and other external organisations. A revised staffing structure and changes to roles and responsibilities had led to more effective planning of the core day. The NIPS and the College managed their aspects of purposeful activity separately, and this was not yet fully integrated. The NIPS provision provided good opportunities for prisoners to develop their employability skills, but there was insufficient formal training and accreditation. Arrangements for self-evaluation and quality improvement planning had strengthened, but did not include all activities. There were insufficient data to inform improvement planning. Staff had good opportunities for appropriate professional development, although more training was required in effective pedagogy, self-evaluation and quality improvement. Prisoner access to the internet and staff access to ICT equipment were limited.

Most prisoners were participating in activities, and the range offered was matched to their interests. The scheduling of activities had improved but needed to maximise the use of available places, and attendance needed to be more consistent. The range of education and vocational courses had been extended and most were now available up to Level 2. There were still gaps in accredited training, particularly at Level 2 and above. A few vocational areas needed to provide realistic working environments for prisoners to develop and apply their practical skills.

All prisoners now received a timely initial learning and skills assessment to identify barriers to learning, with the results used to inform their Individual Learning Plans (ILPs). However, the monitoring and impact of learning and teaching strategies needed to be strengthened; tutors did not always take sufficient account of barriers to learning. Working relationships between staff and prisoners were good. Most prisoners displayed high levels of motivation, and were developing their confidence and self-management skills.

The education and training we observed was of a good quality; tutors promoted positive attitudes to learning and provided an inclusive learning environment. Most prisoners engaged well, acquired a positive work ethic and made good progress. The quality of the planning, teaching and learning in the essential skills classes observed ranged from good in most cases to outstanding in a few. Good practice in some vocational and ICT sessions consolidated literacy and numeracy essential skills, but needed to be widened to raise attainment further. Provision in English for Speakers of Other Languages (ESOL) was under-developed. There had been improvements in health and safety practices in the workshops and on Foyleview, but these needed to be embedded and consistent.



The achievement of vocational training qualifications had significantly increased since the last inspection, both through an increase in places and good retention of learners. However, not all the vocational training places had been allocated. The essential skills programmes in communication, numeracy and ICT continued to be delivered well, with improved progression evident. Qualifications achieved in essential skills had been consistently high. A few prisoners were on Open University degree courses, but there needed to be more progression routes from Level 2 to higher levels of accreditation.

The resources in the library had improved. There were a range of reading opportunities, as well as initiatives such as the in-house magazine, poetry, stories and artwork, and Storybook Dads (where prisoners could record stories for their children). However, prisoners could still only visit the library one day a week, as well as one evening for Foyleview, and there was still no weekend access.

The Physical Education (PE) department had good links with the health care department to encourage healthy life styles, and staff had appropriate qualifications and expertise to deliver the programmes. PE had been extended beyond the gym into other activities, and support had been targeted on difficult-to-reach individuals. Although the indoor facilities were good, the lack of a suitable all-weather outdoor surface continued to constrain the range of learning, healthy living and personal development opportunities.

## Resettlement

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

**At the last inspection in 2014, we found outcomes for prisoners at Magilligan prison were good against this health prison test.** We made nine recommendations in the area of resettlement. **At this follow-up inspection we found that four of the recommendations had been achieved; four had been partially achieved; and one had not been achieved.**

The prison operated to several NIPS resettlement policies and, while these were appropriate, there was little that reflected activity that was unique to Magilligan and they were not based on a prisoner needs analysis. Despite this, we found a good range of provision and services to support prisoner progression. In our survey, significantly more prisoners than at the last inspection and the comparator said that a member of staff had helped them prepare for release.

Most Prisoner Development Plans (PDPs) were up to date, those we saw were completed to a reasonable standard. In our survey, significantly more prisoners than the comparator said they were involved in their production. Higher risk prisoners were managed appropriately by probation officers. Most prisoners were seen regularly throughout their sentence, and in our survey fewer prisoners than the comparator said there was no one working with them. Staff caseloads were manageable, and they had a good knowledge of the men they were responsible for. In some cases, work to address offending behaviour came too late in the sentence, or was not addressed at all before release. Case management and supervision were available to all probation staff, but not to prison staff. Prisoner progression through the 'Step' model (prisoners with less than two years to serve could progress through successively positive regimes) was excellent, although PDP coordinators were not sufficiently involved in the decision-making process.

Public protection work was good, well managed and appropriately focused, and good community links meant that arrangements to manage prisoners due for release were appropriate.

The number of indeterminate custodial sentence prisoners had increased substantially since the last inspection and the prison was beginning to develop the expertise to manage these men. However, offence-related work with these prisoners did not commence until four years before their tariff expiry, which reduced the potential for release on or near their tariff date.

The prison carried out some excellent work to support prisoners working in the community before release and in maintaining links with their families. There had been over 2,500 work placements in the previous six months, although there was scope to develop real work opportunities further. Release planning was generally on time and to a reasonable standard.

All prisoners were offered accommodation advice and support before release. Although a few were released without accommodation, this was invariably because they had declined support.

There continued to be effective links between learning and skills and the Prisoner Development Unit (PDU). The initial assessment of prisoners' education and training needs was rigorous. In contrast, no general careers advice was provided. The prison offered advice and guidance on debt, and demand for this service was gradually increasing. There were also weekly benefit advice sessions.

There were good arrangements to ensure the continuity of health care for prisoners known to the health care team who were near release. Preparation for prisoners with substance misuse needs before release was also good.

Prisoners received substantial support to help keep in touch with their families, including 348 temporary leaves for family contact in the previous six months. A very good range of interventions and services for families included parenting courses that linked in with family days, and regular family induction days. Family officer work and child-centred visits were in development. The prison and NIACRO (Northern Ireland Association for the Care and Resettlement of Offenders) provided transport for visitors. The visitors' centre was welcoming and a good resource. Visits enrolling and searching processes were respectful. The visits hall was pleasant, relaxed and provided refreshments and a very well-equipped professionally staffed children's play area. Prisoners and families we spoke to were positive about their visits experience.



There was a good range of Her Majesty's Prison and Probation Service (HMPPS) accredited offending behaviour programmes and several accredited to a lower standard. Although the programmes were appropriate for the population, there were very limited alternatives if prisoners did not meet the recruitment criteria.

## Main concern and recommendation

**Concern:** *The illicit use of illegal substances and the misuse of prescription medications remained a significant challenge to the safety and order of the prison. Despite some progress since our last inspection, there was still not a fully coordinated strategic approach to tackling supply reduction or an analysis of the psychosocial needs of prisoners with substance misuse problems.*

### **Recommendation**

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



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