

# 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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*Appendices available to view at [www.cjini.org](http://www.cjini.org)*

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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



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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*



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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**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:

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

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

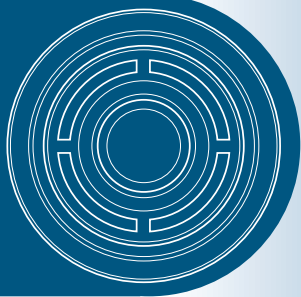
Details of the inspection team can be found in Appendix 1. Appendix 2 lists the recommendations from the previous inspection and our assessment of whether they have been achieved.

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.**



# Inspection Report



# Safety

## Courts, escorts and transfers

### Expected outcomes:

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

- 1.1 Nearly all new arrivals at Magilligan were transfers from Maghaberry prison. In our survey, only 1% of prisoners said they received any written information about the prison beforehand, against the 12% comparator. All those we spoke to said they were only informed they were coming to Magilligan on the morning of their transfer.
- 1.2 In our survey, only 61% of prisoners against the comparator of 73% said they had been treated well by escort staff, and only 65%, against 78%, said they felt safe on their journey. However, prisoners we spoke to did not raise specific concerns about escort staff, although they did complain that the vans were cramped and uncomfortable during long journeys. The escort vans that we viewed were clean. Arrivals did not have to wait on the vans any longer than necessary when they arrived at the prison.

### Recommendation

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

## Early days in custody

### Expected outcomes:

**Prisoners are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Prisoners' individual needs are identified and addressed, and they feel supported on their first night. During a prisoner's induction he/she is made aware of the prison routines, how to access available services and how to cope with imprisonment.**

- 1.4 Reception was bright and clean. New arrivals were dealt with promptly and efficiently, and were usually in reception for less than two hours. They received food and hot drink from a reception orderly as soon as they arrived and the opportunity to make a telephone call. We were told that vulnerable prisoners were held in a separate holding room.

- 1.5 All transfers had a full search, which was disproportionate given that they had come from another prison. However, we were told during the inspection that this blanket approach would no longer take place. The initial reception screening for all transfers was insufficient to assess or explore potential safer custody concerns. A member of the chaplaincy met all new transfers as a group and gave them a leaflet about chaplaincy services.
- 1.6 After an initial health assessment, most prisoners were usually located on the first night centre on Halward House, with offence-related vulnerable prisoners located on House 1. However, arrivals could be located on another house if there were insufficient spaces on Halward. We were told that priority for Halward was given to prisoners new to Magilligan, although we spoke to some men held outside Halward House who had never been at Magilligan before. The environment on Halward was reasonable, the rooms were clean, essentials, such as bedding, were provided and prisoners said that staff were helpful.
- 1.7 New arrivals received their tobacco, shop items and medication on their first night location but the rest of their property remained in reception to be processed and they were not able to take a change of clothing with them. One new arrival told us that delays in receiving his property meant he had not had a clean change of clothes for several days, which was not acceptable.
- 1.8 On their first night, prisoners were given a 'welcome to Magilligan' booklet outlining useful basic information as part of a wing induction talk. New arrivals located on other wings were not always given such information, and this talk was sometimes given the following morning (see recommendation 1.3). There were no additional first night checks for prisoners newly transferred or any one-to-one interview on the first night to explore potential safer custody concerns. Despite this, in our survey most prisoners said they felt safe on their first night.
- 1.9 Both staff and prisoners were unclear about the induction timetable and what it covered, and there was no published induction schedule. The Prisoner Development Unit (PDU) delivered the induction programme. This covered gym and education assessments, and a presentation from Listeners (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). When prisoners were not engaged on the induction programme they were unlocked throughout the day, and those we spoke to said staff were helpful and answered any queries. They said they felt well cared for.

## Recommendations

- 1.10 **New arrivals should only receive a full search if intelligence-led.**
- 1.11 **Initial safety screenings in reception should explore any potential safer custody concerns and there should be additional first night checks for new arrivals.**
- 1.12 **New arrivals should have access to changes of clothes while they wait for their property.**

## Bullying and violence reduction

### Expected outcomes:

**Everyone feels and is safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.**

- 1.13 Levels of violence were very low. There had been only 13 recorded assaults in the previous six months, of which two were on staff, which was far fewer than we usually see for this type of prison. Despite this, in our survey 21% of prisoners, compared with 12% at our last inspection, said they currently felt unsafe. In addition, 14%, against the comparator of 5%, said they had been victimised because of their crime by other prisoners, and 15%, against 4%, that they had been victimised by staff because of their offence. The prison had carried out its own safety survey to understand these perceptions, but the findings had not been sufficiently understood and no resulting action taken.
- 1.14 Not all allegations of bullying were referred to the safer custody team, and so it was unable to have the overview needed to take necessary remedial actions. Data were not analysed to identify patterns and trends, or to support victims of anti-social behaviour who felt they had been victimised.
- 1.15 The current violence reduction strategy was not effective in ensuring appropriate intervention and support for both perpetrators and victims. A 'Safer at Magilligan' (SAM) process was used to tackle anti-social behaviour by investigating concerns, meeting victims and perpetrators, and taking appropriate action to keep individuals safe. Only four SAM documents had, however, been opened in the year to date, which was not a true reflection of anti-social incidents.
- 1.16 Since our last inspection, offence-related vulnerable prisoners had become better integrated with the rest of the population through movements and, in some cases, work. Though a positive development, there was evidence that this had exacerbated some low-level anti-social behaviour against some vulnerable prisoners.
- 1.17 The safer custody forum took place monthly. In the last six months, representatives from the security department had only attended once, and the department was not included on the meeting schedule as attendees. Equally, the safer custody team did not attend the security meeting, which meant that information was not shared.

### Recommendation

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



## Self-harm and suicide prevention

### Expected outcomes:

**The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.**

- 1.19 The incidence of self-harm had been consistently low in the previous six months compared with the same period at our previous inspection. Incidents had involved only 12 prisoners and an average of 6.5 Supporting Prisoners at Risk (SPAR) documents a month were opened.
- 1.20 Prisoners on SPARs got good care. They were not prevented from working and they were kept occupied through different activities. In some cases, families had been invited to attend discussions and this was recognised as a positive support for men in crisis. Although SPARs were quality assured, this concentrated on process and did not assess quality sufficiently. Some care maps did not address underlying concerns and triggers in care plans, and there were examples of poor quality assessments.
- 1.21 The prison had addressed the over-use of camera-recorded observation cells to hold prisoners at risk of self-harm, and their use had reduced in the previous six months. Anti-ligature clothing had been used 12 times in the last six months, which was too high, and such use was not always properly authorised or justified.
- 1.22 House 1 wing B supported prisoners for whom there were safer custody concerns through interventions and case management. The wing had strong links with the prison healthcare mental health team, and prisoners on this wing were considered at a monthly multidisciplinary forum, which signposted them to appropriate interventions to support their well-being, and in some cases progression off the unit.
- 1.23 There were only three Listeners, although a further 12 had been approved for training. They attended the safer custody forum and the scheme was given appropriate credence. Listeners said they were able to see prisoners at night, and that they were well supported by both staff and the Samaritans.
- 1.24 There had been one self-inflicted and one natural cause death since our last inspection. The prison had not yet fully implemented all the recommendations made in the Prisoner Ombudsman report on the self-inflicted death. During our night visit, not all staff were carrying anti-ligature knives.

## Recommendations

- 1.25 **Managers should ensure that the quality of SPAR is sufficient to give assurance that all support action is taken.**
- 1.26 **Anti-ligature clothing and camera-recorded observation cells should only be used as a last resort and always be properly authorised.**
- 1.27 **Managers should ensure that recommendations from deaths in custody reports are implemented and that there is a review mechanism to ensure that changes in practice are embedded.**
- 1.28 **All night staff should carry anti-ligature knives.**

## Safeguarding (protection of adults at risk)

### Expected outcomes:

**The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.<sup>2</sup>**

- 1.29 The Northern Ireland Prison Service (NIPS) still had no formal link to the Department of Health (DoH) and the local safeguarding adults' board to develop local safeguarding practices. Despite this, adults at risk were very well cared for. A Magilligan community safeguarding policy set out the process for referral when staff had concerns about prisoners at risk.
- 1.30 There were innovative measures to safeguard older prisoners on House 2. Primary health care staff completed assessments of these men to look at factors such as mobility so that appropriate support could be put in place.

## Security

### Expected outcomes:

**Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.**

- 1.31 Security was proportionate and facilitated work and opportunities for prisoners. Security staff input into work and home leave decisions was timely. A security strategy was in development and staff generally understood the prison's security objectives and priorities. The security committee met regularly and identified and assessed all incidents and intelligence.

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<sup>2</sup> We define an adult at risk as a vulnerable person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health, 2000).

- 1.32 There were regular physical security checks. Although there had been attempts to make the environment less repressive, there were still too many internal fences and too much razor wire (see paragraph 2.1). Perimeter security had been improved through repairs, and there were more CCTV cameras externally and internally. Body-worn cameras had been in use since March 2017 and were well used and welcomed by staff.
- 1.33 The number of Security Information Reports (SIRs) was reasonable, although most were generated by the security staff. The security department had no administrative support and not all staff were trained in analysing intelligence. However, the police liaison officer was located alongside the team and assisted with this process. Intelligence-led searching and testing for drugs and unauthorised articles was carried out very quickly, but other SIRs could take longer for action. Links with the safer custody team were not strong enough to respond to all information relating to possible bullying.
- 1.34 Staff supervision on residential units was good, and positive relations with prisoners helped to maintain a secure environment. Staff supervision during prisoner free-flow movement around the prison's large site was unobtrusive and well managed. Although it was staggered to enable movement of offence-related vulnerable prisoners, some men still felt unsafe at one end of the prison near the residential blocks. The regime was predictable and alarm bells did not result in lockdown for the whole prison. Most searching was appropriate and risk led, apart from in reception (see paragraph 1.5 and recommendation 1.10).
- 1.35 In our survey, more prisoners than the comparators said they had developed problems with drugs while at the prison (16% against 11%) or diverted medications (21% against 7%). Security vigilance was high with around 106 random, risk assessment and suspicion tests a month between December 2016 and May 2017, including 39 suspicion tests a month completed in time, which was impressive. In the same six months, the Mandatory Drug Test (MDT) positive rate was 9.9% against a target of 12%, which was reasonable. The MDT suite required refurbishment. The most common drugs found in the prison were cannabinoids and prescription drugs – subutex and diazepam – coming in from the community. Despite our previous recommendation, there was still no drug and alcohol strategy or action plan (see main recommendation, Executive Summary). However, the prison had established a tactical substance misuse forum to coordinate activity between supply reduction, psychosocial and clinical services.

## Progressive regimes and earned privileges (PREP) scheme

### Expected outcomes:

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

- 1.36 The PREP scheme was operated fairly and decisions were timely. However, not all prisoners we spoke to understood the system, and in our survey, 13% said they did not know what PREPS was. At the time of the inspection, 2% of prisoners were on basic, 42% on standard and 56% on enhanced status. There were good systems to ensure that men were reviewed regularly. Incentives included additional gym sessions, visits, higher wages and access to private cash. Men on basic were reviewed weekly and had comprehensive action plans. They received good support and encouragement, and their regime was not excessively punitive. The system was sufficiently flexible to allow prisoners experiencing mental health crisis or seriously self-harming to be taken off PREPS to ensure they had a decent regime.

## Discipline

### Expected outcomes:

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

## Disciplinary procedures

- 1.37 The number of adjudications was reasonable and slightly lower than similar prisons. At our last inspection, prisoners were not adjudicated following a positive drug test. This had changed and the highest number of adjudications were now for the presence of drugs.
- 1.38 The prison's records of hearings were clear and transparent, and hearings were also recorded. Prisoners understood the process and were given printed information adapted for people with dyslexia. They all had the opportunity to access legal advice, which was covered by Legal Aid. Adjudicating governors were flexible and considered any mitigation raised. The punishment tariff and punishments were fair.
- 1.39 Data on the nature of adjudications and the staff and prisoners involved were collated but not yet monitored adequately. Adjudications were discussed generally at senior management and security meetings, but there was no specific analysis of trends and patterns.

## The use of force

- 1.40 In the previous six months, there had been 33 uses of force involving 48 prisoners, which was low. Force was used as a last resort, most cases were spontaneous, and staff used de-escalation techniques where possible. One planned incident, involving a prisoner believed to be concealing a home-made weapon and intending to self-harm, was carried out appropriately and recorded. Batons had been drawn on two occasions, and used once to prevent injury to others, and after reviewing the circumstances this appeared a proportionate response.
- 1.41 Completion of paperwork and reporting of use of force had improved since our last inspection. Documents were completed accurately and there was good oversight from Governors. Data from incidents were analysed at the security and senior management team meetings. Since our last inspection, there had been efforts to ensure that more staff were up to date with control and restraint training, and 77% of staff had completed this.

## Segregation

- 1.42 The Care and Separation Unit (CSU) had 16 cells and an observation cell. All were single cells with sanitation. In-cell activities, including library books, radios and mental health activity books, were available. All prisoners had a daily private review with health care staff.
- 1.43 Communal areas were well decorated and clean, and showers were appropriately screened. Prisoners removed from the wing for their own protection were held on one side of the unit and those there for punishment on the other side. The former group could sometimes eat or have exercise together, based on risk assessment. The unit's regime was decent and flexible, with daily showers and telephone calls. Prisoners had good access to the well-resourced outside exercise yard, which had seating and gym equipment.
- 1.44 Governance of the unit had improved, and authorisations and paperwork were in order. Although use of the unit had decreased since our previous inspection, the level of segregation was still higher than we normally see. Too many prisoners ended up in the unit, often for short periods, pending adjudications. While the reasons for segregation were generally defensible, some prisoners could have been managed without risk on their own wings.
- 1.45 In the previous six months, only 11 prisoners had been segregated for their own protection, and they were usually relocated quickly. The unit was rarely used for men who were on a SPAR, but it was occasionally used for prisoners who were detoxifying, which was a concern (see paragraph 1.50 and recommendation 1.51). Few prisoners remained on the unit for long periods. There was active planning to move them on and reviews were frequent. Men could request a case conference to discuss their situation. Prisoners understood why they were segregated and what they could do to get back on to their wing.
- 1.46 Segregation staff were dedicated and professional, and had good relationships with prisoners, who spoke highly of them.

## Substance misuse

### Expected outcomes:

**Prisoners with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.**

- 1.47 There had been a substance misuse needs analysis in 2016, but this had not been turned into a development plan (see main recommendation, Executive Summary). AD:EPT (Alcohol and Drugs: Empowering People Through Therapy) provided psychosocial support to 69 prisoners at the time of our visit, with another 54 awaiting assessment, counselling or treatment. Waiting lists were not extensive. There was an improved range of therapeutic options to accompany the Building Skills for Recovery course (which aims to reduce offending behaviour and problematic substance misuse), including an induction programme, drop-in groups, auricular acupuncture, relapse prevention sessions, failed drugs test reviews and training in naloxone (a drug to manage substance misuse overdose). AD:EPT staff had a rich skills mix, including cognitive therapy and dual-diagnosis (substance misuse and mental health needs) competencies.
- 1.48 In our survey, although 25% of prisoners said they had a problem with alcohol on arrival, against the comparator of 16%, only 48% of them, against 63%, said they had had support for the problem. Despite this, we found reasonable support for prisoners with alcohol problems.
- 1.49 Clinical services offered conventional treatments, although there were insufficient staff to ensure continuity of service during staff absences. The clinical addiction nurse was sometimes moved to support mental health services, which reduced substance misuse patients' access to her. At the time of our inspection, 24 patients were in Opiate Substitution Therapy (OST) and 33 in reducing regimes; administration of OST was of a high standard but the use of manual measuring equipment was inefficient.
- 1.50 We were concerned that the informal approach to drug detoxification we found in 2014 had continued. At the time of our inspection, a prisoner in segregation had chosen to detoxify himself while there, without support. Although this had been successful it was not normalising as, in the community, detoxification would commonly be done at home (on the wings in prison) with medication for symptomatic relief.

## Recommendation

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



# Respect

## Residential units

### Expected outcomes:

**Prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Prisoners are aware of the rules and routines of the prison which encourage responsible behaviour.**

- 2.1 Many of the deficiencies in residential facilities we noted at the previous inspection remained. Although some razor wire had been removed, the fencing and remaining wire was unnecessarily oppressive. The site was large, exposed and lacked covered walkways for prisoners. Plantings in the outside areas helped improve the otherwise stark environment. The fabric of the older wings remained poor and heating was not effective. The design of the older units made supervision difficult.
- 2.2 There had been significant progress in improving sanitation arrangements on the older wings, and a programme to provide toilets in all cells was near completion. However, the in-cell toilets installed in single cells could only be partially screened, and they were sited close to beds. Some prisoners without in-cell toilets had courtesy keys to access toilets during the night, but approximately 70 prisoners were still subject to night sanitation procedures.
- 2.3 Despite these shortcomings, staff and prisoners made outstanding efforts to keep their accommodation clean and reasonably well equipped. In our survey, prisoners were more positive than the comparators about their residential conditions and facilities. Cells had adequate furniture, bedding was good quality and there were well-organised laundry arrangements. Shared toilets and showers were exceptionally clean. During installation of the in-cell toilets the communal areas had been repainted, which had improved the narrow corridors, and there was little graffiti to be seen.

- 2.4 Accommodation in Halward House, mainly used for new arrivals, was modern and bright, with en-suite showers and toilets, but it was overcrowded. At the time of the inspection two-person bunks had been installed into single cells, raising the population from the certified 52 to 87. Alpha House, for prisoners progressing to open conditions, was spacious with good communal areas. Prisoners had keys to their rooms and could move freely to use toilets, showers and association areas.
- 2.5 The accommodation on Foyleview, the semi-open unit, had been reduced with the closure of buildings containing asbestos and it now held only 34 prisoners. The two remaining temporary buildings provided reasonable accommodation with gym facilities, although the facilities, including cell furnishings, needed improvement. Since the last inspection, telephones had been installed in rooms and prisoners had access to Skype to contact friends and families.
- 2.6 Association areas across the prison were well equipped, and there were rooms with exercise equipment. Serveries had some cooking equipment, such as grills, toasters and microwave ovens, for use during association.
- 2.7 Prisoners had free access to telephones during association periods, and the ratio of telephones across the site was more than one to 20 prisoners. However, there was still pressure on access to telephones and significant queues when prisoners returned to their wings.
- 2.8 Application forms were available on wings and could be submitted every morning, which some prisoners said was restrictive. In our survey 74% of prisoners said it was easy to make an application, which was fewer than the comparator. There was a good system for recording and monitoring all applications to ensure a prompt response.

## Recommendations

- 2.9 **House blocks should be replaced with more suitable, safe accommodation with appropriate sanitation arrangements, and covered walkways should be installed across the site** (repeated main recommendation S39).
- 2.10 **The unnecessary razor wire around the site should be removed** (repeated recommendation 2.14).



## Staff-prisoner relationships

### Expected outcomes:

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

- 2.11 The quality of staff-prisoner relationships was a strength of the establishment, underpinning good practice in many areas, with senior residential officers setting a good example. In our survey, 80% of prisoners said that staff treated them with respect and significantly more than the comparator said that staff normally spoke with them during association. We observed constructive and friendly interactions, but prisoners were held to account for their behaviour, contributing to a settled atmosphere. Officers had a good knowledge of the prisoners in their care, with a real focus on helping them with day-to-day and resettlement issues. However, responses to our survey raised some concerns. More prisoners than the comparator said that they had been threatened or intimidated by staff, and more than a fifth said staff had made insulting remarks about their family or friends. A total of 14% said that staff had victimised them because of their religion, against the comparator of 3%, and Catholic prisoners reported much less interaction with staff than Protestants (see paragraph 2.24 and recommendation 2.29).
- 2.12 Even though prisoners were not assigned a personal officer, in our survey 72% said they had one. A member of staff met individual prisoners periodically to review their level in PREPS (progressive regime and earned privileges system, see paragraph 1.36), and prisoners may have identified them as their personal officer. Most prisoners in our survey said there was a member of staff they could turn to for help if they had a problem.
- 2.13 Regular consultation meetings with prisoners had been introduced since the last inspection and prisoners told us there had been progress with some issues, although some concerns took a long time to resolve. Meetings were recorded but there was no check on progress of issues in the following meetings.

### Recommendation

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

## Equality and diversity

### Expected outcomes:

**The prison demonstrates a clear and co-ordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic<sup>3</sup> are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.**

### Strategic management

- 2.15 The equality and diversity committee met monthly and was chaired by a Governor. Attendance at the meeting was limited, and many key departments, such as the chaplaincy and health care, were not represented. Although the equality and diversity policy provided for local community groups to have members on the committee, none attended. The agenda for the meeting did not include all the protected groups falling under section 75 of the Northern Ireland Act 1998. Staff training had progressed since the last inspection, and 135 staff had been trained in diversity matters in the past three years, but 56% still required training.
- 2.16 There were no specific forums to identify concerns from most diverse prisoner groups. Five prisoner representatives attended the initial part of the equality and diversity committee, but they did not represent any specific groups and none had been trained for the role.
- 2.17 The committee considered good statistical information, analysed by religion, racial group and age. However, the data were not used effectively, there was no analysis of long-term trends and some areas, for example learning and skills and work, were not monitored.
- 2.18 The equality and diversity coordinator met prisoner representatives before the monthly meetings to discuss any concerns they wished to raise and, where possible, supported prisoners from minority groups. However, this role was limited as he was only allocated one to two days a month for this work.
- 2.19 Complaints about discrimination were made using the standard complaints procedure, and there was no separate monitoring of complaints with a diversity element by prison management or the equality and diversity coordinator.
- 2.20 There had been several events to promote various aspects of diversity, but the prison needed to be more active in promoting equality and diversity across all the section 75 areas.

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<sup>3</sup> The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

## Recommendations

- 2.21 **All staff should receive diversity training** (repeated recommendation 2.29).
- 2.22 **Prisoner forums should be introduced to identify and address the negative perceptions of some diverse groups** (repeated recommendation 2.39).
- 2.23 **Analysis of equality and diversity data should be extended to incorporate all section 75 areas and a wider range of prison activity, including work and learning and skills.**

## Protected characteristics

- 2.24 Monitoring data provided to the equality and diversity committee regularly identified poorer outcomes for Catholic prisoners in several areas, often where staff discretion was involved. We remained concerned about this although, given the context in Northern Ireland, the underlining reasons for this were likely to be extremely complex. There was still no independent external input to assure the integrity of discretionary processes where there were disparities in outcomes for Catholic prisoners, or to assist in identifying the underlying reasons for these disparities.
- 2.25 Foreign national prisoners comprised 3% of the population but their unique needs were not routinely identified during induction. There had been a prisoner forum for foreign national prisoners, and although this had been discontinued, the equality and diversity coordinator spoke to each prisoner individually each quarter, coinciding with the immigration-related visits of officials from the Home Office. Foreign national prisoners received a free weekly telephone call but were not able to access Skype routinely, although other prisoners on Foyleview were (see paragraph 2.5). The library had a good selection of books in several languages.
- 2.26 At the time of the inspection, there were two Muslim prisoners who had been facilitated to observe Ramadan.
- 2.27 There was a large proportion of older prisoners; almost 20% of the population were over 50 and 18 men were over 70. In our survey, 43% of respondents considered themselves to have a disability (against the comparator of 22%). There was some impressive and innovative support for disabled and older prisoners, and we saw some excellent work by staff in this area. Some residential areas had been adapted to provide more suitable accommodation, and there was a range of activities designed to provide mental stimulation and encourage exercise. Several older and disabled men relied on other prisoners for support with daily activities, such as cell cleaning and other domestic areas. This was an effective solution to the problems of an aging population, and there was a policy on 'prisoners assisting other prisoners' to select, risk-assess, train and support those undertaking such duties. A classroom had been converted into an 'advanced care suite', which could accommodate up to two prisoners for end-of-life care where appropriate.

- 2.28 In our survey, 3% of prisoners identified themselves as gay or bisexual. There was no evidence of the promotion or celebration of diversity in this area, or links to external groups, and the needs of gay or bisexual prisoners were not addressed at the equality and diversity committee or elsewhere in the prison. We were aware of active staff support for one prisoner who had been harassed because of his sexual orientation.

## Recommendations

- 2.29 **The NIPS should engage independent external support to assist in identifying the underlying reasons for the disparities of outcomes for Catholic prisoners and their responses in our survey about respectful treatment by staff.**
- 2.30 **Foreign national prisoners should, subject to security checks, be able to access Skype or its equivalent to maintain contact with family abroad.**

## Good practice

- 2.31 *There was extensive and effective work to support and engage older and disabled prisoners.*

## Faith and religious activity

### Expected outcomes:

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

- 2.32 The managing chaplain was supported by five part-time chaplains and a Prison Fellowship representative. The time available for pastoral care had been reduced due to NIPS budget restrictions, but despite this the chaplains worked well together and continued to provide a good service, and there was always a chaplain on-site or available, with a rota to see new arrivals. The chaplains had good communication with prison management and no difficulty accessing prisoners when needed. However, chaplains were not involved in resettlement planning. In our survey, although 54% of prisoners said their religious beliefs were respected and 61% said they could speak to a religious leader about their faith in private, these responses were worse than in 2014.
- 2.33 Religious services were held throughout the week, including combined services for all denominations. Prisoners in Foyleview had their own services, and there were separate services for vulnerable prisoners. There was still no dedicated space for religious services, which were held in various multi-purpose facilities, although the prison hoped to find a permanent solution for this.

## Recommendation

- 2.34 **A dedicated space for prisoners to worship should be permanently available** (repeated recommendation 2.50).

## Complaints

### Expected outcomes:

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

- 2.35 There had been 382 complaints in the previous six months (82.15 per100 prisoners), which was fewer than we usually find in this type of prison. Serious complaints were passed directly to the Duty Governor. Complaint forms were available in all residential areas, and partially translated into six languages. Complainants were usually interviewed by a residential manager within 24 hours (achieved in 75% of cases). In our survey, significantly more prisoners than the comparator said that complaints were dealt with quickly.
- 2.36 The investigation of prisoner complaints alleging assault by prison staff was not sufficiently robust. Some responses to complaints were superficial and did not provide evidence of a thorough investigation. There was no record of the number of complaints upheld.

## Recommendation

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

## Legal rights

### Expected outcomes:

**Prisoners are fully aware of, and understand their sentence or remand, both on arrival and release. Prisoners are supported by the prison staff to freely exercise their legal rights.**

- 2.38 In our survey, 60% of prisoners said it was easy to communicate with a solicitor and 55% that it was easy to attend legal visits, which were higher than the comparators. The selection of legal books in the library had improved and was up to date.
- 2.39 There were three dedicated legal visits booths in the visits building and three video-link rooms in a separate video conferencing facility, which enabled remote communication with solicitors and courts. Legal representatives could book video-link consultations direct with the facility, and this worked effectively.

## Health services

### Expected outcomes:

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

### Governance arrangements

- 2.40 Health services were well led, morale was good, and health staff reported feeling valued and supported by senior management. Governance arrangements were effective. The prison had positive working relationships and improved links with health care partners in other Trusts. A third health needs assessment was expected to be completed by July 2017, focusing on chronic diseases in the prison population. The Governor held quarterly meetings with the nurse manager and assistant director of the SEHSCT to discuss all health care issues, and these had helped to progress health care priorities in the Trust.
- 2.41 Staffing levels were satisfactory with gaps filled by bank staff. General Practitioner (GP) cover had recently reduced from four to 2.5 sessions a week, but a GP sessional was being recruited. Senior nurses were pursuing additional training to increase their competence to respond to concerns on site. Staff had a comprehensive and structured induction programme, and all staff completed mandatory training. There was no formal clinical supervision of nursing staff, as set out in Department of Health (DoH) standards and Trust policy and procedures.
- 2.42 There were weekly meetings to update the prison's health care staff on relevant issues. Learning from all incidents in other prisons was discussed at team meetings and disseminated.
- 2.43 There was a joint review of vulnerable prisoners under way by the DoH and Department of Justice (DoJ) to address the health service model, expectations, prisoner pathways and wider determinants of health, not just health treatment services.
- 2.44 The quality of scanned documents uploaded to the Egton Medical Information System (EMIS) medical computer system was illegible in parts and sections were missing from mental health records. There was no formal training in the coding of data on to the EMIS. Recording of data on chronic diseases on to EMIS was variable and the data could not be relied on to drive health improvements. The quality of record keeping was not audited.
- 2.45 Health care treatment rooms were clean, the equipment was in good repair and there was evidence of cleaning schedules. There were treatment room inspection audits and resuscitation equipment checks in each house. Clinical hand wash sinks were not in line with current specifications.
- 2.46 There was a range of health promotion initiatives, including well man clinics, smoking cessation, healthy eating sessions, a Fitbit (a means of recording physical activity) pilot, a weekly mental health drop-in clinic and emotional health and well-being resources.

- 2.47 SEHSCT staff told us that the NIPS applied health emergency call-out codes inconsistently.
- 2.48 Health care complaints were investigated appropriately under the SEHSCT complaints procedure. Most of the Trust complaints we reviewed concerned reductions in medications. The actions taken were consistent with best practice guidelines.

## Recommendations

- 2.49 **The SEHSCT need to provide clinical supervision for nursing staff in accordance with DoH standards.**
- 2.50 **The SEHSCT should ensure the coding, training and inputting of data and audits of health care records on to the EMIS medical computer system is effective in informing the health care needs of prisoners and improving health outcomes.**
- 2.51 **The NIPS should ensure that all treatment room clinical hand wash sink specifications should comply with current regulations.**
- 2.52 **Health emergency call-outs should be properly risk assessed by the NIPS and coded in line with NIPS guidance.**

## Delivery of care (physical health)

- 2.53 Prisoners were very positive about their relationship with health staff and said they were assisted whenever they required support. In our survey, 69% of prisoners, against the comparator of 49%, said it was easy to see the nurse, and 75% of them, against 57%, said the quality of their care was good.
- 2.54 New arrivals had health screenings and any identified health issue was followed up in a further comprehensive assessment. Waiting listing for access to primary health services were within SEHSCT timescales.
- 2.55 Some offence-related vulnerable prisoners said that they had received verbal abuse in the communal health care waiting room, although the SEHSCT attempted to schedule appointments to suit prisoners at risk (see recommendation 1.18).
- 2.56 The health care department continued to promote screening and immunisation for blood-borne viruses, abdominal aortic aneurysm, sexually transmitted infections, influenza and hepatitis. Prisoners (except for those about to be discharged) still did not have access to barrier protection, despite the public health guidance from the National Institute for Health and Care Excellence (NICE) and repeated recommendations in Northern Ireland prison inspection reports.

## Recommendation

- 2.57 **The NIPS should enable health staff to provide prisoners with access to barrier protection, in line with NICE public health guidance.**

## Pharmacy

- 2.58 Medication administration times were appropriate and administration was carried out in accordance with Nursing and Midwifery Council standards. Prisoners had access to a pharmacist on request
- 2.59 Risk assessments to hold medications in-possession were reviewed for new arrivals, and then regularly thereafter. Subject to satisfactory risk assessment, medicines (other than schedule 2 and 3 controlled drugs and six medicines assessed as high risk) were issued in-possession to prisoners weekly or monthly. Commonly abused medicines were issued weekly. Supervised swallow administration was carried out in accordance with the SEHSCT supervised swallow standards. All medicines, except for controlled drugs, were held in-possession on Alpha and Foyleview. Prisoners had secure storage for their medicines. There were no routine monitoring checks by the NIPS of in-possession medicines.
- 2.60 Records of controlled drugs were appropriately maintained and stock balances were accurate. Controlled drug audits were not completed quarterly in accordance with SEHSCT policy. The findings from the May 2017 audit were satisfactory.
- 2.61 Diversion of prescribed medications remained an issue (see paragraph 1.35). With the exception of the opiate-based painkiller tramadol, there were no records of the receipt of stock medicines for supervised swallow. There were no records for the disposal of divertible/high-risk medicines; the pharmacist agreed to review this. All unused medicines were disposed; some which should have been recycled were not because of staffing issues.

## Recommendation

- 2.62 **The NIPS and the SEHSCT should introduce a robust procedure for monitoring, through spot checks, prisoner management of in-possession medication.**

## Dentistry

- 2.63 The waiting list for routine dental treatment was good at 2.5 weeks, but urgent cases were seen the next day, where possible. Oral health advice was routinely provided to all prisoners. The dental surgery did not currently have a clean-to-dirty flow, with a separate room for decontamination of instruments. This did not comply with the relevant regulations.



## Delivery of care (mental health)

- 2.64 Where clinical need is indicated, prisoners seeking mental health appointments were seen within the DoH nine-week target. They were complimentary about the support they received from the mental health team. Prisoners received one-to-one therapeutic time with a community psychiatric nurse, and there were fortnightly multidisciplinary reviews involving the consultant psychiatrist and the mental health team. Comprehensive mental health assessments were completed in accordance with NICE guidance. Low-level psychological interventions and recreational group activities were now available, and the SEHSCT was appointing a clinical psychologist service.
- 2.65 None of the recovery plans that we reviewed were person-centred, and they did not address the assessed needs of the prisoner, as identified in the mental health assessment. Risk assessments were not completed in accordance with the relevant guidance. There had been no transfers to beds under the Mental Health (Northern Ireland) Order 1986.

## Recommendation

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

## Catering

### Expected outcomes:

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

- 2.67 In our survey, 41% of prisoners said that the food was good, against the comparator of 32%. We noted that there had been no catering manager in the previous six months, which might have accounted for less positive survey results than at the last inspection. The quality, quantity and choice of meals we saw were good. Although evening meals continued to be served too early, between 4.30pm and 5pm, this had not been an issue in prisoner consultation about the food, and records of complaints and prisoner forums did not identify this as a concern.
- 2.68 Prisoners could eat together if they wished, and there were self-cooking facilities on the houses. The kitchen and the house serveries were clean. The most recent unannounced inspection by the Food Standards Agency had produced a rating of 5 (very good). Alterations to servery areas had enhanced the environment, encouraged greater association and improved safety.
- 2.69 Wider concerns about catering could be addressed at the prisoner forums, and these had replaced wing food comments books that had been used inappropriately by some prisoners.

## Purchases

### Expected outcomes:

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

- 2.70 A small in-house team managed the prison tuck shop. It processed orders quickly and made face-to-face deliveries, which ensured that orders were correct, mistakes rectified and concerns dealt with quickly. There were plans to set up a personal shop environment to create a more normalised shopping experience for prisoners.
- 2.71 In our survey, significantly more prisoners than the comparator, 66% against 48%, said the tuck shop sold a wide enough range of products to meet their needs. The list of stocked items was extensive and prices reasonable, and prisoners could arrange to buy non-stock goods, such as hobby and health care items. Catalogues were also available, and prisoners could shop online under supervision.
- 2.72 In our survey, more than double the percentage of prisoners than the comparator said that they could access the shop when they first arrived, although prisoners were more negative about being offered tobacco on their arrival.



# Purposeful activity

## Time out of cell

### Expected outcomes:

**All prisoners are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.<sup>4</sup>**

- 3.1 Prisoners involved in activities were unlocked for nine hours on working days. Those not working or attending education were unlocked later and remained in their cells for one hour during wing cleaning, which reduced their time out of cell by 90 minutes a day. The regime was reliably operated and unlocking times were adhered to. The free-flow movement system worked well, and prisoners could easily make their way to employment, education and appointments around the prison. On the residential wings, they had free access to outdoor exercise areas, many of which had exercise equipment and seating. On Alpha and Foyleview, prisoners had keys to their rooms and access to limited areas of residential units, and on Foyleview, prisoners could stay out until 10pm.
- 3.2 In our two roll checks during the inspection, virtually all prisoners were unlocked during the working day, and the proportion involved in activities had increased significantly from the last inspection to 70%.

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<sup>4</sup> Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

## Learning and skills and work activities

### Expected outcomes:

**All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.**

*The Education and Training Inspectorate (ETI) made the following assessments about the learning and skills provision:*

<i>Achievements of prisoners engaged in learning and skills and work:</i>	Good.
<i>Quality of learning and skills and work provision:</i>	Good.
<i>Leadership and management of learning and skills and work:</i>	Good.

## Management of learning and skills and work

- 3.3 The senior management team had set an ambitious strategy focused on understanding and meeting the rehabilitation needs of prisoners. This vision was shared with, and supported by, staff and prisoners, which had created a positive and supportive culture for learning.
- 3.4 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 to provide a balanced and wider range of activities. The revised essential skills curriculum was being evaluated to inform future planning and resourcing.
- 3.5 The NIPS and college aspects of purposeful activity were managed separately and were not yet fully integrated. The NIPS provision gave good opportunities for prisoners to develop their employability skills, but insufficient formal training and accreditation.
- 3.6 Arrangements for self-evaluation and quality improvement planning had strengthened, although this focused mainly on the college learning and skills provision and did not include all areas of purposeful activity. There was insufficient relevant data on purposeful activity to inform improvement planning.
- 3.7 There were good opportunities for staff to access appropriate professional development, although more training was required in effective pedagogy, self-evaluation and quality improvement for all staff involved in education and training.
- 3.8 Prisoners had limited access to the internet and staff also had limited access to ICT equipment.

## Recommendations

- 3.9 **The management of purposeful activity in the NIPS and college provision should be more fully integrated, using the self-evaluation and quality improvement planning process, with more effective use of data to track, monitor and review the provision.**
- 3.10 **There should be targeted professional development for all staff involved in training to build their capacity in self-evaluation and pedagogic practices.**
- 3.11 **There should be improved access to the internet and ICT equipment.**

## Provision of activities

- 3.12 Most prisoners participated in learning and skills and meaningful work activities, with a core day well established in their regime. The range of provision matched the interests of prisoners. There were 220 places in the main prison workshops, of which 80 were accredited training and 100 places in education. There were more than 150 further places in a wide range of purposeful work, including in the kitchen, horticulture and as classroom assistants. The scheduling of activities had improved but did not always maximise use of the available places and attendance at activities was inconsistent.
- 3.13 Around half the population were employed in a wide range of prison-run work that promoted and developed some employability skills, but very few prisoners acquired the accredited qualifications needed to enhance their employability.
- 3.14 The range of education and vocational courses had been extended since the last inspection and most were now available up to Level 2. There were still gaps in accredited training, particularly at Level 2 and above.
- 3.15 Most prisoners were motivated to participate in work activities. A few vocational areas, such as welding, lacked realistic working environments for men to develop and apply their practical skills. There were also limited opportunities to engage in social enterprise opportunities.
- 3.16 Prisoner pay was determined by the prisoner's PREPS rather than by the rate for an activity: those on the basic level received £4 a week; those on standard £11; and those on enhanced £20. Prisoners received this level of pay even when they did not attend activities and the PREPS level was not reduced for those refusing to participate in activities. At the last inspection, we were concerned about this approach and recommended greater incentives for prisoners to take part in activities. We found at this inspection that the prison had been successful in significantly increasing the proportion of prisoners involved in activities by extending the range of opportunities, scheduling activities to make attendance easier and by engagement with prisoners reluctant to participate. We found fewer than 40 prisoners who were not allocated to any activity or were awaiting reallocation after completing a course or programme.

## Recommendation

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

## Quality of provision

- 3.18 The education and training we observed was of a good or better quality. Tutors promoted positive attitudes to learning and provided an inclusive learning environment. Most of the prisoners engaged well, acquired a positive work ethic and made good progress in developing their occupational skills. In the most effective practice, the tutors used active learning strategies well and skilfully embedded the development of communication skills.
- 3.19 The quality of the planning, teaching and learning in the essential skills classes we observed ranged from good in most cases to outstanding in a few. There was good practice in some vocational and ICT sessions that incorporated literacy and numeracy essential skills, and this approach needed to be disseminated to raise levels of attainment.
- 3.20 The best practice that we observed in the numeracy classes involved prisoners consolidating learning about data handling, measurement and number, and in applying problem-solving strategies in appropriate contexts. The best practice in communication skills included the promotion of reading for pleasure and the use of dictionaries to support comprehension and spelling skills. ICT was very good and in the best practice offered opportunities for learners to apply reading and writing and numeracy skills in written reports about project work and spreadsheets.
- 3.21 Provision in English for Speakers of Other Languages (ESOL) was under-developed. However, the few prisoners whose first language was not English were fully engaged in essential skills classes. The provision for art was very good and included opportunities to achieve appropriate accredited qualifications. The standard of the work was also very good. Artwork was well presented and celebrated across the prison and in the in-house magazine.
- 3.22 There had been improvements in the monitoring of health and safety practices and procedures in the workshops and transport areas on Foyleview, but these still needed to be embedded and consistently applied.

## Personal development and behaviour

- 3.23 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, there needed to be stronger monitoring of learning and teaching strategies, as tutors did not always take sufficient account of barriers to learning, such as for prisoners identified with dyslexia.

- 3.24 Both NIPS and college staff had been helped to develop more effective support for prisoners to address their barriers to learning and some innovative interventions had been trialled, including Fingerprint Learning and BrainFit programmes. These strategies and interventions needed to be fully evaluated to assess their impact on prisoner development and to inform future planning.
- 3.25 Working relationships between staff and prisoners were good, and the staff worked hard to support prisoner learning and skills development. Most prisoners displayed high levels of motivation and were developing their confidence and self-management skills. Although prisoner attendance was not always consistent, those attending were punctual, and behaviour in sessions was very good.

## Education and vocational achievements

- 3.26 The number of prisoners achieving vocational training qualifications had significantly increased since the last inspection. Almost all who started on the accredited training programmes stayed on them and achieved the qualifications. The number of accredited training places had increased and prisoners were encouraged to achieve their qualifications within more realistic timescales.
- 3.27 The number of qualifications achieved in essential skills had been consistently high, and more prisoners were now progressing to Level 2 communication, numeracy and ICT accreditation. Early results for transition to the revised Level 2 essential skills numeracy accreditation had showed poorer outcomes. Older and harder-to-reach men had begun to access essential skills accredited courses.
- 3.28 A small number of prisoners were taking degree level courses through the Open University (OU). While there was good planning to screen and prioritise equitable access to appropriate OU courses, the range of progression routes from Level 2 to higher levels of accreditation needed to be enhanced.

## Library

- 3.29 The library had been refurbished but prisoner access was still restricted to one day a week, and to one evening for those on Foyleview. There was still no weekend access.
- 3.30 The range of books and resources had improved. There was a range of reading initiatives, such as the effective use of peer support to encourage other prisoners to develop reading and writing skills. Other helpful initiatives included production of an in-house magazine celebrating poetry, stories and artwork, and Storybook Dads, enabling prisoners to record a story for their children, which offered the opportunity to maintain important family links. There was little use of ICT to support access to online learning, beyond the weekly access to the library.

## Recommendation

3.31 **Prisoners should have access to the library at weekends.**

# Physical education and healthy living

## Expected outcomes:

**All prisoners understand the importance of healthy living and are encouraged and enabled to participate in physical education in safe and decent surroundings.**

- 3.32 Effective coordination across the physical education (PE), health, education and work departments provided a coherent approach to improving prisoners' understanding of how to keep fit and maintain a healthy lifestyle. PE had been extended beyond the gym into a range of other learning, health promotion and personal development activities. There was a good focus on targeting support towards difficult to reach individuals and small groups, such as vulnerable prisoners and older men, which had a positive impact. Prisoners in Foyleview were offered opportunities to use the gym before and after work.
- 3.33 PE staff had appropriate qualifications, experience and expertise to deliver the programmes, and the quality of instruction was consistently very good. The men who participated regularly, as part of their core day, told us that the positive working relationships with PE staff helped them to set challenging targets and achieve their goals. Staff continued to build on their monitoring and review of PE use to improve the provision. There were some PE vocational training opportunities for prisoners.
- 3.34 The indoor facilities for PE were good, maintained well and used effectively. The lack of a suitable all-weather outdoor surface continued to constrain the range of learning, healthy living and personal development opportunities.

## Recommendation

3.35 **Outdoor facilities, including a suitable all-weather outdoor surface, should be provided** (repeated recommendation 3.38).





# Resettlement

## Strategic management of resettlement

### Expected outcomes:

**Planning for a prisoner's release or transfer starts on their arrival at the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.**

- 4.1 The prison's resettlement work operated to several Northern Ireland Prison Service (NIPS) policies, including those on the work of Prisoner Development Units (PDUs), resettlement pathways and public protection. Although such policies were up to date and appropriate, they were NIPS-wide and did not cover aspects of work unique to Magilligan, such as the 'Step' model (see paragraph 4.9) or function of the Foyleview semi-open unit. Although data were collated about referrals for interventions, and all prisoners had a resettlement needs profile assessment covering a wide range of information, there was no over-arching analysis to produce a comprehensive evaluation of prisoner need.
- 4.2 A monthly strategic meeting of PDU Governors from the three prisons in Northern Ireland was well attended, and much of what was agreed was disseminated across the prison. Pathway provision was also included in these meetings. However, there was no similar strategic meeting specific to Magilligan, and some staff were not aware of practice elsewhere in the prison or the developments taking place. Despite these limitations, there was a good range of support and provision for prisoners. Contracts with external service providers such as NIACRO (Northern Ireland Association for the Care and Resettlement of Offenders) were agreed nationally to ensure consistent support and appropriate links to the community for post-release continuity. Most prisoners we spoke to were positive about their engagement with the PDU.

- 4.3 Home leave was used extensively to support the progression of prisoners and had also expanded since the last inspection. In the six months to 31 May 2017, there had been over 2,500 separate work placement days for prisoners at the Foyleview unit, and 348 home and town leaves by prisoners across the prison. Home leave boards sat weekly to consider prisoners and decisions were rigorously scrutinised without being unnecessarily risk averse.

## Recommendation

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

## Prisoner development and management

### Expected outcomes:

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

- 4.5 The PDU was staffed by a combination of NIPS and Probation Board for Northern Ireland (PBNI) personnel and working relationships between the two groups were strong. The seven probation officers were almost exclusively allocated complex and higher risk prisoners,<sup>5</sup> which was appropriate. NIPS staff were also responsible for a range of other activities, including the delivery of some offending behaviour programmes. Caseloads were generally not high, at an average of around 25, which facilitated a good working knowledge of prisoners.
- 4.6 Around 10% of Prisoner Development Plans (PDPs) were out of date, but overall the quality of those we saw was of a good standard. The use of the resettlement needs profile as a template for assessments and planning was useful, but in some cases resulted in plans that were practical (covering housing, family contact, adhering to prison rules etc.) rather than addressing issues underpinning offending behaviour. Plans and work by probation staff tended to be more analytical and oriented to risk management and offending. In our survey, 64% of prisoners, against the comparator of 54%, said that they had been involved in the development of their plan.
- 4.7 Most prisoners were seen by their PDP coordinator at least monthly. Staff had a good understanding of the prisoners they were responsible for, and prisoners were reasonably positive about the support available. In our survey, only 28% of prisoners, against the 46% comparator, said no one was working with them to achieve their sentence plan targets. However, we found some cases where work to address offending was started too close to release, or even not until after release.

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<sup>5</sup> With assessment, case management and evaluation (ACE) scores of 30+.

- 4.8 All probation staff received monthly casework supervision and support from the full-time senior probation officer, which helped to ensure their work with prisoners was appropriate and effective. There had been attempts to extend supervision to NIPS staff but this was still limited.
- 4.9 The development of the 'Step' project on Alpha and Foyleview was a positive initiative. Any prisoner with less than two years to serve could apply to progress through Alpha B wing, Alpha A wing and Foyleview. Prisoners on A wing worked in the more responsible prison jobs and those on Foyleview worked outside the prison, usually on voluntary contracts in the community. Progress through the stages of 'Step' was based almost exclusively on institutional behaviour and PDU staff were not involved in decisions. These decisions also needed to consider prisoner progress in addressing offending behaviour and risk reduction.
- 4.10 In June 2016, the NIPS introduced the early release scheme, in which lower risk prisoners could be released up to 135 days early on a home curfew under certain conditions. Of 204 applications to date, 97 (48%) had been successful. Our review of decisions on release indicated they had been appropriate.

## Recommendations

- 4.11 **All PDP coordinators should receive regular casework supervision focused on their work with prisoners to ensure consistent and effective prisoner engagement.**
- 4.12 **There should be routine input from the PDU on the progress of prisoners through the 'Step' project.**

## Public protection

- 4.13 Public protection arrangements were sound. At the time of the inspection, 139 prisoners were subject to Public Protection Arrangements Northern Ireland (PPANI). Screening for new arrivals was appropriate, regardless of whether they had transferred in from another prison and prisoners were informed of restrictions placed on them. There were also 77 prisoners subject to sex offender prevention orders. PDP coordinators made recommendations on the monitoring of mail and telephone calls, with final decisions made by case conferences or the PDP Governor.
- 4.14 Prisoners subject to PPANI were reviewed within their last 12 weeks in custody. In most cases, this included a decision about the level of management they would be released under (Levels 1-3). Local Area Public Protection Panels (LAPPPs) took place in Magilligan and were attended by key representatives from community services, including social services, police, housing etc. Inspectors observed two such meetings, both of which were comprehensive. The panel made recommendations about licence conditions and any work needed before release or in the community. This was very positive and ensured continuity of case management with clear oversight.

## Categorisation

- 4.15 At the time of the inspection, 381 prisoners (82%) were Category C, but seven (1.5%) were Category D and 77 (16.5%) were Category B. Prisoners' categorisation was reviewed every six months, but as there was no lower category prison in Northern Ireland there was little if any difference between Category C and Category D prisoners. Both could access home leave, a move to Foylesview and working out opportunities.

## Indeterminate custodial sentence prisoners

- 4.16 The prison held 27 adult life sentence prisoners and 11 prisoners with indeterminate custody sentences (ICS); this was more than three times the number at the last inspection. A further 55 prisoners were subject to extended custody sentences (ECS). The prison was developing greater expertise and experience of working with this group of prisoners, and had developed a range of policies and practice guides to support this. These prisoners were still managed by the NIPS until four years pre-tariff, when the case was transferred to PBNi staff. We remained concerned that delays in some cases not only reduced the likelihood of prisoners being released on their tariff date, but also meant that their entrenched views could remain unchallenged for many years immediately after sentence. For example, work to address problematic attitudes and behaviours amongst this population needed to start earlier in the sentence to facilitate the reduction of risk to the public and provide opportunities for this to be demonstrated over a prolonged period of time.

## Recommendation

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

## Reintegration planning

### Expected outcomes:

**Prisoners' resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.**

- 4.18 An average of around 45 prisoners a month were released from Magilligan. The vast majority were subject to some supervision on their release into the community, with only 63 prisoners (14%) serving a sentence of less than 12 months (where no community supervision would be provided). Prisoners serving short sentences were offered some support with accommodation advice, money management and family support through NIACRO.

- 4.19 Under the present arrangements, determinate sentence prisoners with a high ACE score (see paragraph 4.5) were managed by PBNI staff in their last 12 months of custody, while lower risk prisoners remained with NIPS staff. Release plans were usually completed during the last eight to 12 weeks of custody, and there were generally good links to service providers to offer practical support before release. We saw some very detailed release plans that included aspects of risk and risk management and the further work required on release. In contrast, some lower risk plans lacked detail and analysis. Nevertheless, in our survey 27% of prisoners, significantly more than the 15% comparator and 20% at the previous inspection, said that someone at the prison had helped them to prepare for release.

## Accommodation

- 4.20 Housing advice and support was provided by Housing Rights, an independent housing advice and support service in Northern Ireland. A housing peer adviser saw all new arrivals during the induction and offered some basic advice and guidance. Where necessary, the Housing Rights worker at the prison could provide more specialist support. An estimated third of cases seen by the peer adviser were referred on, but monitoring data had only started to be collected in the previous two months.
- 4.21 Housing Rights was responsible for offering direct support and help in finding accommodation on release for all prisoners managed by the NIPS. Probation staff who managed high risk prisoners were usually responsible for assessing and/or finding accommodation for them because of the significance of their accommodation in reducing their risk of reoffending.
- 4.22 Four prisoners had been released in the previous six months with no accommodation to go to. They had either refused to engage with the support offered or had left with a community contact to see on their day of release.

## Education, training and employment

- 4.23 The learning and skills department continued to have effective links with the PDU. The initial assessment of prisoners' education and training needs was rigorous and included a 'hidden disability' questionnaire to identify barriers to learning. However, sentence and resettlement planning did not always gather enough information on prior educational and employment experience to support progression planning. As a consequence, not all prisoners received sufficient individual careers advice and guidance to support their resettlement. Employer links were good but needed to be increased and linked more effectively to prisoner progression.

## Recommendation

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

## Health care

- 4.25 The SEHSCT had an agreed protocol for sharing health information before release with the five Trusts, particularly for prisoners with a mental health or addiction history. Prisoners due for release were given a seven-day supply of their medication, if lower risk, unless this was not clinically advised. GP practices in the Belfast area had been identified to offer temporary assistance to discharged prisoners not yet registered with a GP. The SEHSCT liaised with other agencies and completed pre-release assessments to ensure continuity of care for prisoners known to the mental health Trust.

## Drugs and alcohol

- 4.26 There was good preparation for release for prisoners with substance misuse needs. There was coordination with community services, including GPs, to help prisoners maintain opiate substitution therapy, good training in preventing overdoses, and harm minimisation supplies, including naloxone medication (to manage substance misuse overdosing).

## Finance, benefit and debt

- 4.27 NIACRO had provided a money advice service since April 2016. The 12-month project had been extended for a further six months, and was hoped to become permanent. The project also offered support for families in the community. Demand had remained low, at an average of four prisoners at a time, but was slowly growing. The NIACRO worker attended the prison one day a month. NIACRO also offered a weekly benefits advice service and could set up benefit claims in advance of release. Although the prisoner resettlement needs profile included questions about debt and finance, no information was collated so it was not known if the present need was being met (see recommendation 4.4).

## Children, families and contact with the outside world

- 4.28 Children and families work was strong, with a very good range of interventions and services. The prison was developing a more strategic focus and beginning to bring the relevant organisations together to coordinate the work. Four family officers and a child protection coordinator had been recently appointed and were motivated to support and extend family engagement work. Child-centred visits had recently restarted and were being developed.
- 4.29 Prisoners received substantial support in keeping in touch with their families, including 348 incidents of temporary leave for family contact in the six months before the inspection. In our survey, 48% of respondents, against the 33% comparator, said staff had supported them to maintain contact with family and friends. Prisoners and families we spoke to were positive about visits.
- 4.30 PDU coordinators contacted families where appropriate as prisoners' neared release. Barnardo's, Prison Fellowship, People Plus and NIACRO provided emotional and practical support to prisoners and their families. A full-time Barnardo's worker in the prison also helped facilitate parenting courses and supported the family days at the end of the course.

- 4.31 Around two-thirds of prisoners were over 50 miles from their families, which made visiting difficult. The prison could collect visitors from the local station and NIACRO provided transport for visitors from the main towns. The visitors' centre was welcoming and had refreshments and useful information.
- 4.32 Visits could be booked online, in person or by telephone, with a ring-back service. Visits enrolling and searching processes were respectful. Searching staff were aware of safeguarding procedures. Families could hand in mail, property and money. There was a pleasant walkway from the visits enrolling area to the visits hall, and a hut where visitors could speak to family officers.
- 4.33 The visits hall was well decorated, including children's artwork, and the atmosphere was relaxed. Refreshments were available, and there was a very well-equipped professionally staffed children's play area. Visits staff were friendly and approachable.
- 4.34 At our last inspection, a positive indication from a drug dog had automatically resulted in a closed visit. The prison had implemented barrier visits, where families sat across a partitioned table. This prevented the passing of any illicit items but was far less restrictive than a closed visit.
- 4.35 Fortnightly family induction visits enabled relatives to have a tour of the prison following their usual visit. They could visit key locations and ask staff questions, and lunch was provided.

## Good practice

- 4.36 *Family induction visits enabled the prisoner's family to get a real insight into their relative's daily life at the prison.*

## Attitudes, thinking and behaviour

- 4.37 Magilligan prison delivered a range of Her Majesty's Prison and Probation Service (HMPPS) accredited programmes including Building Better Relationships (addressing domestic violence); extended thinking skills; alcohol related violence programme; and, from October 2017, the Resolve cognitive-behavioural intervention for violent offenders; and Horizons sex offender treatment programme. Several other programmes, accredited at a lower level, were also provided, including a victim impact programme. While the range of programmes was broadly appropriate for the population, some prisoners were not able to attend because of high demand, and there was little available for those who did not meet the recruitment criteria for programmes. There was some individual work by psychology staff and probation officers in the PDU.
- 4.38 In our review of cases during the inspection, it was apparent that the number of prisoners with a background of domestic violence was high, but there was no monitoring to quantify this or determine if the current programmes were sufficient to address this concern (see recommendation 4.4).





## Summary of recommendations and good practice

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

### Main recommendation

### To the Governor

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

### Recommendations

### To the Director-General, NIPS

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- 5.2 NIPS should engage independent external support to assist in identifying the underlying reasons for the disparities of outcomes for Catholic prisoners and their responses in our survey about respectful treatment by staff.
- 5.3 Health emergency call-outs should be properly risk assessed by the NIPS and coded in line with NIPS guidance.
- 5.4 The NIPS should enable health staff to provide prisoners with access to barrier protection, in line with NICE public health guidance.

### Recommendations

### To the Governor

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#### *Courts, escort and transfers*

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



### ***Early days in custody***

- 5.6 New arrivals should only receive a full search if intelligence-led.
- 5.7 Initial safety screenings in reception should explore any potential safer custody concerns and there should be additional first night checks for new arrivals.
- 5.8 New arrivals should have access to changes of clothes while they wait for their property.

### ***Bullying and violence reduction***

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

### ***Self-harm and suicide***

- 5.10 Managers should ensure that the quality of SPAR is sufficient to give assurance that all support action is taken.
- 5.11 Anti-ligature clothing and camera-recorded observation cells should only be used as a last resort and always be properly authorised.
- 5.12 Managers should ensure that recommendations from deaths in custody reports are implemented and that there is a review mechanism to ensure that changes in practice are embedded.
- 5.13 All staff should carry anti-ligature knives.

### ***Substance misuse***

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

### ***Residential units***

- 5.15 House blocks should be replaced with more suitable, safe accommodation with appropriate sanitation arrangements, and covered walkways should be installed across the site. (2.9, repeated main recommendation S39)
- 5.16 The unnecessary razor wire around the site should be removed. (2.10, repeated recommendation 2.14)

### ***Staff-prisoner relationships***

- 5.17 The prison should investigate and address prisoner perceptions of staff victimisation reported in our survey.

### ***Equality and diversity***

- 5.18 All staff should receive diversity training. (2.21, repeated recommendation 2.29)
- 5.19 Prisoner forums should be introduced to identify and address the negative perceptions of some diverse groups. (2.22, repeated recommendation 2.39)
- 5.20 Analysis of equality and diversity data should be extended to incorporate all section 75 areas and a wider range of prison activity, including work and learning and skills.
- 5.21 Foreign national prisoners should, subject to security checks, be able to access Skype or its equivalent to maintain contact with family abroad.

### ***Faith and religious activity***

- 5.22 A dedicated space for prisoners to worship should be permanently available. (2.34, repeated recommendation 2.50)

### ***Complaints***

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

### ***Health services***

- 5.24 The SEHSCT need to provide clinical supervision for nursing staff in accordance with DoH.
- 5.25 The SEHSCT should ensure the coding, training and inputting of data and audits of health care records on to the EMIS medical computer system is effective in informing the health care needs of prisoners and improving health outcomes.
- 5.26 The NIPS should ensure that all treatment room clinical hand wash sink specifications should comply with current regulations.
- 5.27 NIPS and SEHSCT should introduce a robust procedure for monitoring, through spot checks, prisoner management of in-possession medication.
- 5.28 Mental health risk assessments should comply with the relevant guidance on promoting quality care (May 2010), and recovery plans should address the patient's assessed needs in a comprehensive assessment.

### ***Learning and skills and work activities***

- 5.29 The management of purposeful activity in the NIPS and college provision should be more fully integrated, using the self-evaluation and quality improvement planning process, with more effective use of data to track, monitor and review the provision.
- 5.30 There should be targeted professional development for all staff involved in training to build their capacity in self-evaluation and pedagogic practices.
- 5.31 There should be improved access to the internet and ICT equipment.
- 5.32 The prison should continue to extend the curriculum to ensure that prisoners have enough opportunity to achieve accredited qualifications at the appropriate level recognised by employers.
- 5.33 Prisoners should have access to the library at weekends.

### ***Physical education and healthy living***

- 5.34 Outdoor facilities, including a suitable all-weather outdoor surface, should be provided. (3.35, repeated recommendation 3.38)

### ***Strategic management of resettlement***

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

### ***Prisoner development and management***

- 5.36 All PDP coordinators should receive regular casework supervision focused on their work with prisoners to ensure consistent and effective prisoner engagement.
- 5.37 There should be routine input from the PDU on the progress of prisoners through the 'Step' project.
- 5.38 Indeterminate sentence prisoners should be supported to address their offending behaviour and their ongoing risk should be evaluated throughout their sentence.

### ***Reintegration planning***

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

## Examples of good practice

- 5.40 *There was extensive and effective work to support and engage older and disabled prisoners.*
- 5.41 *Family induction visits enabled the prisoner's family to get a real insight into their relative's daily life at the prison.*



# Appendices



## Appendix 1: Inspection team

Brendan McGuigan	Chief Inspector, CJI
Martin Lomas	Deputy Chief Inspector, HMIP
Sean Sullivan	Team leader, HMIP
Dr Ian Cameron	Inspector, CJI
Stevie Wilson	Inspector, CJI
Francesca Cooney	Inspector, HMIP
Keith McInnis	Inspector, HMIP
Gordon Riach	Inspector, HMIP
Andy Rooke	Inspector, HMIP
Paul Tarbuck	Inspector, HMIP
Caroline Wright	Inspector, HMIP
Theresa Nixon	Inspector, Regulation and Quality Improvement Authority (RQIA)
Anna Fenton	Researcher, HMIP
Laura Green	Researcher, HMIP
Catherine Shaw	Researcher, HMIP

Learning and skills were inspected by Inspectors from the Education and Training Inspectorate (ETI).

Health care was inspected by Inspectors from the Regulation and Quality Improvement Authority.

## Appendix 2: Progress on recommendations from the last report

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

### Safety

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

*At the last inspection, in 2014, prisoners reported negatively about escorts. Reception, first night and induction procedures were reasonable, but many vulnerable prisoners reported feeling unsafe on their first night. Safety procedures were not robust but most prisoners told us they were safe and the number of violent incidents was low. Levels of self-harm were low. More attention to individual care was needed and the approach was too risk averse. Adult safeguarding arrangements were underdeveloped. Security had improved but it was not well integrated with other key prison functions. Not enough was done to reduce the high availability of drugs and diverted medicines. The progressive regime and earned privileges scheme (PREPS) was reasonably well managed. The environment and relationships in segregation were decent but the use of segregation was high and the regime was poor. Use of force was low but governance of segregation and use of force was poor. The management of adjudications was very good. Substance misuse support was reasonable overall. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

An effective violence reduction strategy, incorporating anti-bullying procedures specific to Magilligan, should be implemented in consultation with prisoners (S37)

#### **Not achieved**

The governance of segregation and use of force should be sufficient to ensure that their use is appropriate and proportionate. (S38)

#### **Achieved**

### Recommendations

Prisoners should be given sufficient notice of transfers. (1.6)

#### **Not achieved**

Prisoners being transported to the prison should be well treated. (1.7)

#### **Achieved**

Vulnerable prisoners should not be subject to verbal abuse by other prisoners when they are being transported to the prison. (1.8)

#### **Partially achieved**



Reception interviews should take place in private. (1.17)

**Achieved**

SPAR procedures should be improved with less reliance on camera recorded observation cells and greater focus on identifying underlying concerns and providing high-quality individual care. (1.34)

**Partially achieved**

The Northern Ireland Prison Service should link with the Department of Health, Social Services and Public Safety and local safeguarding board to develop local safeguarding practices. (1.39)

**Not achieved**

A local security strategy should be put in place to manage the specific security needs of Magilligan. (1.49)

**Partially achieved**

Alarm bells should not automatically result in the whole regime being locked down. (1.50)

**Achieved**

Disciplinary procedures should be used as a deterrent to known drug abuse. (1.51)

**Achieved**

Information about the nature of adjudications should be used strategically to help identify and address trends and patterns. (1.62)

**Partially achieved**

All prison officers should receive up-to-date training in control and restraint techniques. (1.68)

**Partially achieved**

Planning to return segregated prisoners to normal location should be developed. (1.75)

**Achieved**

The daily regime for prisoners in segregation should be improved. (1.76)

**Achieved**

A comprehensive drug and alcohol strategy should be drawn up and a regular multidisciplinary drug strategy committee convened to improve communication and coordinate services. (1.80)

**Partially achieved**

A dedicated and effective stabilisation/detoxification unit should be established and AD:EPT service provision extended to reflect demand for services. (1.81)

**Not achieved**

Integration between the clinical substance misuse service and the AD:EPT psychosocial service should be formally developed to improve care planning and coordination and the strategic approach to treatment. (1.82)

**Achieved**



# Respect

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

*At the last inspection, in 2014, some accommodation was unacceptable but some newer units were of a good standard. Cleanliness was good and prisoners were positive about support available for daily living. Relationships between staff and prisoners were generally good and much better than we have seen elsewhere in Northern Ireland. Monitoring had consistently shown poorer outcomes for Catholics in some areas and more needed to be done to understand this. Despite some underdeveloped procedures, prisoners with obvious diversity issues were supported. Complaints were well managed and reasonable legal services were provided. Health services were good overall. Prisoners were positive about the food and the shop provided a good service, although there could be delays with the first order. Outcomes for prisoners were reasonably good against this healthy prison test.*

### Main recommendations

House blocks should be replaced with more suitable, safe accommodation with appropriate sanitation arrangements, and covered walkways should be installed across the site. (S39)

**Not achieved** (recommendation repeated, 2.9)

### Recommendations

The unnecessary razor wire around the site should be removed. (2.14)

**Not achieved** (recommendation repeated, 2.10)

Foyleview should be replaced or refurbished. (2.15)

**Not achieved**

Prisoner forums should be held regularly across the prison. (2.21)

**Achieved**

All staff should receive diversity training. (2.29)

**Partially achieved** (recommendation repeated 2.21)

Prisoner forums should be introduced to identify and address the negative perceptions of some diverse groups. (2.39)

**Not achieved** (recommendation repeated 2.22)

The needs of all diverse groups, including foreign nationals, prisoners with disabilities and older prisoners should be identified on reception and effectively addressed. (2.40)

**Partially achieved**

Arrangements for prisoners with disabilities to be supported by other prisoners should be formalised to ensure proper supervision by staff. (2.41)

**Achieved**



All aspects of diversity should be promoted. (2.42)

**Partially achieved**

A dedicated space for prisoners to worship should be permanently available. (2.50)

**Not achieved** (recommendation repeated, 2.34)

Prisoners should be able to refer to up-to-date legal books and publications in the library. (2.61)

**Achieved**

Staffing arrangements and management should be sufficient to ensure consistently good outcomes for prisoners. (2.77)

**Partially achieved**

Data should be used effectively to drive up standards of care. (2.78)

**Not achieved**

An induction programme and clinical supervision should be provided for all staff. (2.79)

**Partially achieved**

Resuscitation equipment should be effectively organised and checked and oxygen cylinders in the emergency van should be secured. (2.80)

**Achieved**

The management of complaints should be improved. (2.81)

**Achieved**

The quality of recording on EMIS should be improved with regular audits of health care records. (2.95)

**Not achieved**

Chronic disease management should be progressed by the multidisciplinary team and care should be provided by staff with the relevant skills and competency. (2.96)

**Partially achieved**

Individual risk assessments regarding cuffing arrangements should be carried out with the involvement of healthcare staff for prisoners attending external hospital appointments. (2.97)

**Achieved**

Prisoners should have access to barrier protection. (2.98)

**Not achieved**

In-possession monitoring checks and risk assessment reviews should be carried out in accordance with Trust policy. (2.109)

**Not achieved**

Controlled drug audits should be carried out each quarter and records maintained of all stock medications. Unused medications should be appropriately disposed of. (2.110)

**Not achieved**

Supervised swallow administration should be carried out to Nursing and Midwifery Council standards. (2.111)

**Achieved**

A procedure should be introduced to disseminate lessons learned from medication incidents in other prisons. (2.112)

**Achieved**

In-possession medication should be supplied to prisoners from a room other than the treatment room. (2.113)

**Achieved**

Dental practice should comply with HTM 01-05. (2.117)

**Not achieved**

More group work activities should be provided to meet the needs of prisoners with mental health issues. (2.121)

**Achieved**

Food comments books should be provided on wings and comments should be responded to by catering staff. (2.126)

**No longer relevant**

Prisoners should be able to receive shop items within 24 hours of arrival. (2.132)

**Achieved**

## Purposeful activity

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

*At the last inspection, in 2014, time out of cell was good, free flow was well managed and prisoners had good access to outside areas. Leadership and management of learning and skills needed urgent attention. There were too few activity places and over 40% of the population was unemployed. The range and breadth of opportunities offered was too narrow and too few activities offered appropriate accreditation. Some work offered was too mundane. The quality of teaching for the limited numbers in activities was good and the atmosphere constructive. Achievements were at much too low a level. The library and gym provided reasonable opportunities on the main site but not for those at Foyleview. Outcomes for prisoners were poor against this healthy prison test.*



## Main recommendation

The participation rates in education, training and work should be increased, and a broader range of more challenging work activities should be provided to meet the needs of all prisoners. The pay structure should provide greater incentives to engage in purposeful activity. (S40)

**Achieved**

## Recommendations

The leadership and management of the learning and skills provision should be improved. (3.10)

**Achieved**

More effective procedures should be developed for self-evaluation and quality improvement planning, including the improved use of data to review and monitor the quality and impact of the provision. (3.11)

**Partially achieved**

A more progressive, broader curriculum should be provided to ensure that prisoners have enough opportunity to achieve accredited qualifications at the appropriate level recognised by employers. (3.16)

**Partially achieved**

Health and safety practices in Foyleview should be reviewed and changes made as necessary to minimise risk. (3.23)

**Partially achieved**

Links between the essential skills and vocational training programmes should be improved to enhance prisoners' progression and employment opportunities. (3.26)

**Partially achieved**

Prisoners should have access to the library at weekends and facilities in Foyleview should be upgraded. (3.30)

**Partially achieved**

The overall strategic development of PE should be reviewed and the number of prisoners who regularly participate in such activities should be increased. (3.37)

**Achieved**

Outdoor facilities, including a suitable all-weather outdoor surface, should be provided. (3.38)

**Not achieved** (recommendation repeated, 3.36)

A full risk assessment of the fitness equipment on the wings should be undertaken. (3.39)

**Achieved**

# Resettlement

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

*At the last inspection, in 2014, offender management and support in the resettlement pathways were generally strong. Good use was made of home leave, although recording of decision making needed to be clearer. Public protection arrangements were mainly robust. There was a good process to assess need on arrival and most prisoners had a sentence plan which was regularly reviewed. Support for prisoners to maintain contact with family and friends was very good. The potential of Foyleview had yet to be fulfilled. Outcomes for prisoners were reasonably good against this healthy prison test.*

## Main recommendation

The Northern Ireland wide role of Foyleview in preparing prisoners for resettlement into the community, including those coming towards the end of long sentences, needed to be clarified and better coordinated. (S41)

**Achieved**

## Recommendations

The rationale for home leave decisions should be carefully recorded. (4.6)

**Achieved**

All prisoners should receive ongoing planned contact from their case/sentence managers which is proportionate to their risk and need. (4.14)

**Partially achieved**

All staff should understand public protection procedures and their responsibilities to protect the public from harm. (4.18)

**Partially achieved**

Accommodation outcomes should be monitored and the information should be used to inform and develop housing services. (4.32)

**Partially achieved**

Links with employers should be improved to enhance prisoners' preparation for release and resettlement. (4.36)

**Partially achieved**

Effective, high quality careers advice and guidance should be introduced. (4.37)

**Not achieved**



Closed visits should not be imposed automatically on a dog indication. (4.52)

**Achieved**

Vulnerable prisoners' concerns about the safety of their families while visiting should be investigated and resolved. (4.53)

**Achieved**

***Information relating to the Prison Population Profile (Appendix 3) and a Summary of Prisoner Questionnaires and Interviews (Appendix 4) is available direct from the CJI website – [www.cjini.org](http://www.cjini.org).***

***Comparator data for Magilligan Prison linked to this inspection is also available to view/download from the CJI website.***

## Section I: About You

<b>Q1.1</b>	<b>What wing or houseblock are you currently living on?</b> See survey methodology.		
<b>Q1.2</b>	<b>How old are you?</b>		
	Under 21 .....	1	(1%)
	21 - 29.....	32	(27%)
	30 - 39.....	33	(28%)
	40 - 49.....	20	(17%)
	50 - 59.....	17	(14%)
	60 - 69.....	8	(7%)
	70 and over.....	7	(6%)
<b>Q1.3</b>	<b>Are you sentenced?</b>		
	Yes.....	114	(93%)
	Yes - on recall.....	6	(5%)
	No - awaiting trial.....	1	(1%)
	No - awaiting sentence.....	1	(1%)
	No - awaiting deportation.....	0	(0%)
<b>Q1.4</b>	<b>How long is your sentence?</b>		
	<b>Not sentenced</b> .....	2	(2%)
	Less than 6 months.....	5	(4%)
	6 months to less than 1 year.....	11	(10%)
	1 year to less than 2 years.....	17	(15%)
	2 years to less than 4 years.....	26	(23%)
	4 years to less than 10 years.....	26	(23%)
	10 years or more.....	11	(10%)
	ICS/ ECS.....	8	(7%)
	Life.....	7	(6%)
<b>Q1.5</b>	<b>Do you hold UK citizenship?</b>		
	Yes.....	115	(95%)
	No.....	6	(5%)
<b>Q1.6</b>	<b>Do you understand spoken English?</b>		
	Yes.....	120	(98%)
	No.....	2	(2%)
<b>Q1.7</b>	<b>Do you understand written English?</b>		
	Yes.....	117	(97%)
	No.....	4	(3%)
<b>Q1.8</b>	<b>What is your ethnic origin?</b>		
	White - British.....	56	(46%)
	White - Irish.....	58	(48%)
	White - other.....	4	(3%)
	Black or black British - Caribbean.....	1	(1%)
	Black or black British - African.....	0	(0%)
	Black or black British - other.....	0	(0%)
	Asian or Asian British - Indian.....	1	(1%)
	Asian or Asian British - Pakistani.....	1	(1%)
	Asian or Asian British - Bangladeshi.....	0	(0%)
	Asian or Asian British - Chinese.....	0	(0%)
	Asian or Asian British - other.....	0	(0%)
	Mixed race - white and black.....	0	(0%)
	Caribbean.....		
	Mixed race - white and black African... ..	0	(0%)
	Mixed race - white and Asian.....	0	(0%)
	Mixed race - other.....	0	(0%)
	Arab.....	0	(0%)
	Other ethnic group.....	0	(0%)
<b>Q1.9</b>	<b>Do you consider yourself to be Gypsy/ Romany/ Traveller?</b>		
	Yes.....	3	(3%)
	No.....	109	(97%)

<b>Q1.10</b>	<b>What is your religion?</b>		
	None.....	12 (10%)	Buddhist.....
	Church of Ireland.....	7 (6%)	Hindu.....
	Catholic.....	63 (53%)	Jewish.....
	Protestant.....	21 (18%)	Muslim.....
	Presbyterian.....	8 (7%)	Sikh.....
	Methodist.....	2 (2%)	Other.....
	Other Christian denomination.....	1 (1%)	
<b>Q1.11</b>	<b>How would you describe your sexual orientation?</b>		
	Heterosexual/Straight.....	116 (97%)	
	Homosexual/Gay.....	4 (3%)	
	Bisexual.....	0 (0%)	
<b>Q1.12</b>	<b>Do you consider yourself to have a disability?</b> (i.e. do you need help with any long term physical, mental or learning needs)		
	Yes.....	52 (43%)	
	No.....	70 (57%)	
<b>Q1.13</b>	<b>Are you a veteran (ex-armed services)?</b>		
	Yes.....	11 (9%)	
	No.....	109 (91%)	
<b>Q1.14</b>	<b>Is this your first time in prison?</b>		
	Yes.....	52 (42%)	
	No.....	71 (58%)	
<b>Q1.15</b>	<b>Do you have children under the age of 18?</b>		
	Yes.....	59 (50%)	
	No.....	60 (50%)	

## Section 2: Courts, transfers and escorts

<b>Q2.1</b>	<b>On your most recent journey here, how long did you spend in the van?</b>		
	Less than 2 hours.....	38 (32%)	
	2 hours or longer.....	75 (63%)	
	Don't remember.....	7 (6%)	
<b>Q2.2</b>	<b>On your most recent journey here, were you offered anything to eat or drink?</b>		
	<b>My journey was less than two hours</b> .....	38 (32%)	
	Yes.....	17 (14%)	
	No.....	57 (48%)	
	Don't remember.....	6 (5%)	
<b>Q2.3</b>	<b>On your most recent journey here, were you offered a toilet break?</b>		
	<b>My journey was less than two hours</b> .....	38 (32%)	
	Yes.....	6 (5%)	
	No.....	66 (56%)	
	Don't remember.....	8 (7%)	
<b>Q2.4</b>	<b>On your most recent journey here, was the van clean?</b>		
	Yes.....	68 (56%)	
	No.....	46 (38%)	
	Don't remember.....	7 (6%)	
<b>Q2.5</b>	<b>On your most recent journey here, did you feel safe?</b>		
	Yes.....	79 (65%)	
	No.....	37 (31%)	
	Don't remember.....	5 (4%)	



<b>Q2.6</b>	<b>On your most recent journey here, how were you treated by the escort staff?</b>	
	Very well.....	24 (20%)
	Well.....	49 (41%)
	Neither.....	31 (26%)
	Badly.....	6 (5%)
	Very badly.....	4 (3%)
	Don't remember.....	5 (4%)

<b>Q2.7</b>	<b>Before you arrived, were you given anything or told that you were coming here? (please tick all that apply)</b>	
	Yes, someone told me.....	79 (65%)
	Yes, I received written information.....	1 (1%)
	No, I was not told anything.....	36 (30%)
	Don't remember.....	5 (4%)

<b>Q2.8</b>	<b>When you first arrived here did your property arrive at the same time as you?</b>	
	Yes.....	85 (71%)
	No.....	31 (26%)
	Don't remember.....	4 (3%)

### Section 3: Reception, first night and induction

<b>Q3.1</b>	<b>How long were you in reception?</b>	
	Less than 2 hours.....	87 (72%)
	2 hours or longer.....	27 (22%)
	Don't remember.....	7 (6%)

<b>Q3.2</b>	<b>When you were searched, was this carried out in a respectful way?</b>	
	Yes.....	86 (71%)
	No.....	31 (26%)
	Don't remember.....	4 (3%)

<b>Q3.3</b>	<b>Overall, how were you treated in reception?</b>	
	Very well.....	32 (26%)
	Well.....	62 (51%)
	Neither.....	17 (14%)
	Badly.....	7 (6%)
	Very badly.....	2 (2%)
	Don't remember.....	2 (2%)

<b>Q3.4</b>	<b>Did you have any of the following problems when you first arrived here? (Please tick all that apply)</b>			
	Loss of property.....	27 (23%)	Physical health.....	23 (20%)
	Housing problems.....	7 (6%)	Mental health.....	32 (27%)
	Contacting employers.....	0 (0%)	Needing protection from other prisoners.....	13 (11%)
	Contacting family.....	15 (13%)	Getting phone numbers.....	15 (13%)
	Childcare.....	1 (1%)	Other.....	7 (6%)
	Money worries.....	15 (13%)	<b>Did not have any problems</b> .....	48 (41%)
	Feeling depressed or suicidal.....	25 (21%)		

<b>Q3.5</b>	<b>Did you receive any help/support from staff in dealing with these problems when you first arrived here?</b>	
	Yes.....	27 (23%)
	No.....	41 (35%)
	<b>Did not have any problems</b> .....	48 (41%)

<b>Q3.6</b>	<b>When you first arrived here, were you offered any of the following? (Please tick all that apply)</b>	
	Tobacco.....	46 (40%)
	A shower .....	33 (29%)
	A free telephone call.....	20 (17%)
	Something to eat.....	80 (70%)
	PIN phone credit.....	38 (33%)
	Toiletries/ basic items .....	52 (45%)
	<b>Did not receive anything</b> .....	13 (11%)
<b>Q3.7</b>	<b>When you first arrived here, did you have access to the following people or services? (Please tick all that apply)</b>	
	Chaplain .....	39 (34%)
	Someone from health services.....	70 (60%)
	A Listener/Samaritans .....	24 (21%)
	Tuck shop/ canteen .....	63 (54%)
	<b>Did not have access to any of these</b> .....	23 (20%)
<b>Q3.8</b>	<b>When you first arrived here, were you offered information on the following? (Please tick all that apply)</b>	
	What was going to happen to you .....	54 (47%)
	What support was available for people feeling depressed or suicidal.....	38 (33%)
	How to make routine requests (applications) .....	40 (35%)
	Your entitlement to visits.....	41 (36%)
	Health services .....	53 (46%)
	Chaplaincy .....	32 (28%)
	<b>Not offered any information</b> .....	34 (30%)
<b>Q3.9</b>	<b>Did you feel safe on your first night here?</b>	
	Yes .....	89 (76%)
	No.....	22 (19%)
	Don't remember .....	6 (5%)
<b>Q3.10</b>	<b>How soon after you arrived here did you go on an induction course?</b>	
	<b>Have not been on an induction course</b> .....	19 (16%)
	Within the first week.....	55 (47%)
	More than a week .....	32 (27%)
	Don't remember .....	12 (10%)
<b>Q3.11</b>	<b>Did the induction course cover everything you needed to know about the prison?</b>	
	<b>Have not been on an induction course</b> .....	19 (16%)
	Yes .....	51 (44%)
	No.....	29 (25%)
	Don't remember .....	17 (15%)
<b>Q3.12</b>	<b>How soon after you arrived here did you receive an education ('skills for life') assessment?</b>	
	<b>Did not receive an assessment</b> .....	7 (6%)
	Within the first week.....	30 (26%)
	More than a week .....	63 (54%)
	Don't remember .....	17 (15%)

#### Section 4: Legal rights and respectful custody

<b>Q4.1</b>	<b>How easy is it to.....</b>						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	25 (22%)	42 (38%)	12 (11%)	15 (13%)	7 (6%)	11 (10%)
	Attend legal visits?	19 (18%)	40 (37%)	11 (10%)	16 (15%)	7 (6%)	15 (14%)
	Get bail information?	8 (9%)	17 (18%)	8 (9%)	7 (7%)	7 (7%)	47 (50%)

<b>Q4.2</b>	<b>Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?</b>			
	<i>Not had any letters</i> .....	30	(25%)	
	Yes.....	52	(44%)	
	No.....	36	(31%)	
<b>Q4.3</b>	<b>Can you get legal books in the library?</b>			
	Yes.....	31	(27%)	
	No.....	21	(18%)	
	Don't know.....	63	(55%)	
<b>Q4.4</b>	<b>Please answer the following questions about the wing/unit you are currently living on:</b>			
		Yes	No	Don't know
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	107 (90%)	10 (8%)	2 (2%)
	<i>Are you normally able to have a shower every day?</i>	114 (96%)	5 (4%)	0 (0%)
	<i>Do you normally receive clean sheets every week?</i>	107 (90%)	7 (6%)	5 (4%)
	<i>Do you normally get cell cleaning materials every week?</i>	84 (71%)	29 (24%)	6 (5%)
	<i>Is your cell call bell normally answered within five minutes?</i>	56 (48%)	34 (29%)	26 (22%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	90 (78%)	24 (21%)	1 (1%)
	<i>If you need to, can you normally get your stored property?</i>	55 (48%)	30 (26%)	29 (25%)
<b>Q4.5</b>	<b>What is the food like here?</b>			
	<i>Very good</i> .....	7	(6%)	
	<i>Good</i> .....	42	(35%)	
	<i>Neither</i> .....	21	(18%)	
	<i>Bad</i> .....	29	(24%)	
	<i>Very bad</i> .....	21	(18%)	
<b>Q4.6</b>	<b>Does the shop/canteen sell a wide enough range of goods to meet your needs?</b>			
	<i>Have not bought anything yet/ don't know</i> .....	2	(2%)	
	Yes.....	79	(66%)	
	No.....	39	(33%)	
<b>Q4.7</b>	<b>Can you speak to a Listener at any time, if you want to?</b>			
	Yes.....	71	(60%)	
	No.....	7	(6%)	
	Don't know.....	40	(34%)	
<b>Q4.8</b>	<b>Are your religious beliefs respected?</b>			
	Yes.....	64	(54%)	
	No.....	22	(19%)	
	Don't know/ N/A.....	32	(27%)	
<b>Q4.9</b>	<b>Are you able to speak to a Chaplain of your faith in private if you want to?</b>			
	Yes.....	72	(61%)	
	No.....	9	(8%)	
	Don't know/ N/A.....	37	(31%)	
<b>Q4.10</b>	<b>How easy or difficult is it for you to attend religious services?</b>			
	<i>I don't want to attend</i> .....	36	(30%)	
	<i>Very easy</i> .....	36	(30%)	
	<i>Easy</i> .....	19	(16%)	
	<i>Neither</i> .....	5	(4%)	
	<i>Difficult</i> .....	6	(5%)	
	<i>Very difficult</i> .....	4	(3%)	
	Don't know.....	14	(12%)	

## Section 5: Applications and complaints

### Q5.1 Is it easy to make an application?

Yes .....	87 (74%)
No .....	15 (13%)
Don't know .....	16 (14%)

### Q5.2 Please answer the following questions about applications (If you have not made an application please tick the 'not made one' option)

	<b>Not made one</b>	Yes	No
Are applications dealt with fairly?	35 (31%)	46 (41%)	31 (28%)
Are applications dealt with quickly (within seven days)?	35 (33%)	45 (42%)	26 (25%)

### Q5.3 Is it easy to make a complaint?

Yes .....	76 (64%)
No .....	12 (10%)
Don't know .....	30 (25%)

### Q5.4 Please answer the following questions about complaints (If you have not made a complaint please tick the 'not made one' option)

	<b>Not made one</b>	Yes	No
Are complaints dealt with fairly?	53 (46%)	19 (17%)	43 (37%)
Are complaints dealt with quickly (within seven days)?	53 (50%)	26 (24%)	28 (26%)

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

Yes .....	29 (28%)
No .....	74 (72%)

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

<i>Don't know who they are</i> .....	55 (49%)
Very easy .....	5 (4%)
Easy .....	22 (19%)
Neither .....	14 (12%)
Difficult .....	10 (9%)
Very difficult .....	7 (6%)

## Section 6: Progressive regimes and earned privileges scheme

### Q6.1 Have you been treated fairly in your experience of the progressive regimes and earned privileges (PREP) scheme? (This refers to enhanced, standard and basic levels)

<i>Don't know what the PREP scheme is</i> .....	15 (13%)
Yes .....	62 (53%)
No .....	31 (26%)
Don't know .....	10 (8%)

### Q6.2 Do the different levels of the PREP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels)

<i>Don't know what the PREP scheme is</i> .....	15 (13%)
Yes .....	53 (47%)
No .....	35 (31%)
Don't know .....	9 (8%)

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

Yes .....	12 (11%)
No .....	99 (89%)

<b>Q6.4</b>	<b>If you have spent a night in the segregation and separation unit (SSU) in the last six months, how were you treated by staff?</b>	
	<i>I have not been to the SSU in the last 6 months</i> .....	83 (73%)
	Very well.....	2 (2%)
	Well.....	8 (7%)
	Neither.....	6 (5%)
	Badly.....	5 (4%)
	Very badly.....	9 (8%)

### Section 7: Relationships with staff

<b>Q7.1</b>	<b>Do most staff treat you with respect?</b>	
	Yes.....	94 (80%)
	No.....	24 (20%)
<b>Q7.2</b>	<b>Is there a member of staff you can turn to for help if you have a problem?</b>	
	Yes.....	78 (67%)
	No.....	38 (33%)
<b>Q7.3</b>	<b>Has a member of staff checked on you personally in the last week to see how you are getting on?</b>	
	Yes.....	40 (34%)
	No.....	78 (66%)
<b>Q7.4</b>	<b>How often do staff normally speak to you during association?</b>	
	<i>Do not go on association</i> .....	12 (11%)
	Never.....	16 (14%)
	Rarely.....	26 (23%)
	Some of the time.....	24 (21%)
	Most of the time.....	23 (20%)
	All of the time.....	13 (11%)
<b>Q7.5</b>	<b>When did you first meet your personal (named) officer?</b>	
	<i>I have not met him/her</i> .....	33 (28%)
	In the first week.....	23 (20%)
	More than a week.....	38 (32%)
	Don't remember.....	23 (20%)
<b>Q7.6</b>	<b>How helpful is your personal (named) officer?</b>	
	<i>Do not have a personal officer/ I have not met him/ her</i> .....	33 (30%)
	Very helpful.....	23 (21%)
	Helpful.....	22 (20%)
	Neither.....	11 (10%)
	Not very helpful.....	12 (11%)
	Not at all helpful.....	10 (9%)

### Section 8: Safety

<b>Q8.1</b>	<b>Have you ever felt unsafe here?</b>	
	Yes.....	54 (46%)
	No.....	64 (54%)
<b>Q8.2</b>	<b>Do you feel unsafe now?</b>	
	Yes.....	25 (21%)
	No.....	93 (79%)

**Q8.3 In which areas have you felt unsafe? (Please tick all that apply)**

<b>Never felt unsafe</b> .....	64 (56%)	<i>At meal times</i> .....	7 (6%)
<i>Everywhere</i> .....	14 (12%)	<i>At health services</i> .....	17 (15%)
<i>SSU</i> .....	18 (16%)	<i>Visits area</i> .....	14 (12%)
<i>Association areas</i> .....	11 (10%)	<i>In wing showers</i> .....	7 (6%)
<i>Reception area</i> .....	10 (9%)	<i>In gym showers</i> .....	5 (4%)
<i>At the gym</i> .....	11 (10%)	<i>In corridors/stairwells</i> .....	6 (5%)
<i>In an exercise yard</i> .....	12 (11%)	<i>On your landing/wing</i> .....	13 (11%)
<i>At work</i> .....	8 (7%)	<i>In your cell</i> .....	9 (8%)
<i>During movement</i> .....	22 (19%)	<i>At religious services</i> .....	7 (6%)
<i>At education</i> .....	12 (11%)		

**Q8.4 Have you been victimised by other prisoners here?**

Yes .....	30 (25%)
No .....	89 (75%)

**Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)**

<i>Insulting remarks (about you or your family or friends)</i> .....	23 (19%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	14 (12%)
<i>Sexual abuse</i> .....	7 (6%)
<i>Feeling threatened or intimidated</i> .....	24 (20%)
<i>Having your canteen/property taken</i> .....	7 (6%)
<i>Medication</i> .....	9 (8%)
<i>Debt</i> .....	7 (6%)
<i>Drugs</i> .....	7 (6%)
<i>Your race or ethnic origin</i> .....	7 (6%)
<i>Your religion/religious beliefs</i> .....	8 (7%)
<i>Your nationality</i> .....	7 (6%)
<i>You are from a different part of the country than others</i> .....	5 (4%)
<i>You are from a traveller community</i> .....	0 (0%)
<i>Your sexual orientation</i> .....	3 (3%)
<i>Your age</i> .....	3 (3%)
<i>You have a disability</i> .....	7 (6%)
<i>You were new here</i> .....	5 (4%)
<i>Your offence/ crime</i> .....	17 (14%)
<i>Gang related issues</i> .....	6 (5%)

**Q8.6 Have you been victimised by staff here?**

Yes .....	37 (32%)
No .....	77 (68%)

**Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply)**

<i>Insulting remarks (about you or your family or friends)</i> .....	25 (22%)
<i>Physical abuse (being hit, kicked or assaulted)</i> .....	12 (11%)
<i>Sexual abuse</i> .....	8 (7%)
<i>Feeling threatened or intimidated</i> .....	21 (18%)
<i>Medication</i> .....	7 (6%)
<i>Debt</i> .....	2 (2%)
<i>Drugs</i> .....	5 (4%)
<i>Your race or ethnic origin</i> .....	7 (6%)
<i>Your religion/religious beliefs</i> .....	16 (14%)
<i>Your nationality</i> .....	12 (11%)
<i>You are from a different part of the country than others</i> .....	5 (4%)
<i>You are from a traveller community</i> .....	2 (2%)
<i>Your sexual orientation</i> .....	3 (3%)
<i>Your age</i> .....	3 (3%)
<i>You have a disability</i> .....	7 (6%)
<i>You were new here</i> .....	4 (4%)
<i>Your offence/ crime</i> .....	17 (15%)
<i>Gang related issues</i> .....	1 (1%)

<b>Q8.8</b>	<b>If you have been victimised by prisoners or staff, did you report it?</b>	
	<b>Not been victimised</b> .....	69 (62%)
	Yes .....	18 (16%)
	No.....	24 (22%)

### Section 9: Health services

<b>Q9.1</b>	<b>How easy or difficult is it to see the following people?:</b>						
		<b>Don't know</b>	<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
	The doctor	13 (11%)	15 (13%)	29 (25%)	13 (11%)	36 (31%)	10 (9%)
	The nurse	9 (8%)	33 (30%)	44 (40%)	15 (14%)	8 (7%)	2 (2%)
	The dentist	18 (16%)	25 (23%)	39 (35%)	8 (7%)	14 (13%)	6 (5%)

<b>Q9.2</b>	<b>What do you think of the quality of the health service from the following people?:</b>						
		<b>Not been</b>	<i>Very good</i>	<i>Good</i>	<i>Neither</i>	<i>Bad</i>	<i>Very bad</i>
	The doctor	17 (15%)	14 (12%)	20 (18%)	10 (9%)	24 (21%)	29 (25%)
	The nurse	11 (10%)	36 (33%)	37 (34%)	13 (12%)	4 (4%)	8 (7%)
	The dentist	26 (24%)	36 (33%)	29 (26%)	11 (10%)	4 (4%)	4 (4%)

<b>Q9.3</b>	<b>What do you think of the overall quality of the health services here?</b>	
	<b>Not been</b> .....	5 (4%)
	<i>Very good</i> .....	24 (21%)
	<i>Good</i> .....	22 (19%)
	<i>Neither</i> .....	22 (19%)
	<i>Bad</i> .....	20 (18%)
	<i>Very bad</i> .....	20 (18%)

<b>Q9.4</b>	<b>Are you currently taking medication?</b>	
	Yes .....	84 (74%)
	No.....	30 (26%)

<b>Q9.5</b>	<b>If you are taking medication, are you allowed to keep some/ all of it in your own cell?</b>	
	<b>Not taking medication</b> .....	30 (26%)
	Yes, all my meds .....	49 (43%)
	Yes, some of my meds .....	23 (20%)
	No.....	12 (11%)

<b>Q9.6</b>	<b>Do you have any emotional or mental health problems?</b>	
	Yes .....	57 (49%)
	No.....	59 (51%)

<b>Q9.7</b>	<b>Are you being helped/ supported by anyone in this prison?</b>	
	(e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)	
	<b>Do not have any emotional or mental health problems</b> .....	59 (53%)
	Yes .....	20 (18%)
	No.....	33 (29%)

### Section 10: Drugs and alcohol

<b>Q10.1</b>	<b>Did you have a problem with drugs when you came into this prison?</b>	
	Yes .....	29 (25%)
	No.....	88 (75%)

<b>Q10.2</b>	<b>Did you have a problem with alcohol when you came into this prison?</b>	
	Yes .....	29 (25%)
	No.....	87 (75%)

<b>Q10.3</b>	<b>Is it easy or difficult to get illegal drugs in this prison?</b>	
	Very easy.....	37 (32%)
	Easy.....	10 (9%)
	Neither.....	4 (3%)
	Difficult.....	4 (3%)
	Very difficult.....	8 (7%)
	Don't know.....	53 (46%)
<b>Q10.4</b>	<b>Is it easy or difficult to get alcohol in this prison?</b>	
	Very easy.....	5 (4%)
	Easy.....	8 (7%)
	Neither.....	10 (9%)
	Difficult.....	5 (4%)
	Very difficult.....	22 (19%)
	Don't know.....	66 (57%)
<b>Q10.5</b>	<b>Have you developed a problem with illegal drugs since you have been in this prison?</b>	
	Yes.....	18 (16%)
	No.....	96 (84%)
<b>Q10.6</b>	<b>Have you developed a problem with diverted medication since you have been in this prison?</b>	
	Yes.....	24 (21%)
	No.....	91 (79%)
<b>Q10.7</b>	<b>Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?</b>	
	<b>Did not / do not have a drug problem.....</b>	<b>74 (69%)</b>
	Yes.....	17 (16%)
	No.....	17 (16%)
<b>Q10.8</b>	<b>Have you received any support or help (for example substance misuse teams for your alcohol problem, whilst in this prison?</b>	
	<b>Did not / do not have an alcohol problem.....</b>	<b>87 (75%)</b>
	Yes.....	14 (12%)
	No.....	15 (13%)
<b>Q10.9</b>	<b>Was the support or help you received, whilst in this prison, helpful?</b>	
	<b>Did not have a problem/ did not receive help.....</b>	<b>85 (78%)</b>
	Yes.....	19 (17%)
	No.....	5 (5%)

### Section 11: Activities

<b>Q11.1</b>	<b>How easy or difficult is it to get into the following activities, in this prison?</b>					
		<b>Don't know</b>	<b>Very Easy</b>	<b>Easy</b>	<b>Neither</b>	<b>Difficult</b>
						<b>Very difficult</b>
	Prison job	15 (14%)	27 (25%)	34 (31%)	13 (12%)	13 (12%)
	Vocational or skills training	21 (20%)	15 (14%)	37 (35%)	12 (11%)	13 (12%)
	Education (including basic skills)	17 (16%)	28 (26%)	41 (38%)	13 (12%)	4 (4%)
	Offending behaviour programmes	43 (41%)	11 (10%)	15 (14%)	12 (11%)	11 (10%)
						6 (6%)
						13 (12%)
<b>Q11.2</b>	<b>Are you currently involved in the following? (Please tick all that apply)</b>					
	<b>Not involved in any of these.....</b>					<b>21 (19%)</b>
	Prison job.....					69 (62%)
	Vocational or skills training.....					12 (11%)
	Education (including basic skills).....					32 (29%)
	Offending behaviour programmes.....					8 (7%)



**Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**

	<b>Not been involved</b>	Yes	No	Don't know
Prison job	24 (23%)	46 (45%)	27 (26%)	6 (6%)
Vocational or skills training	29 (36%)	34 (42%)	13 (16%)	5 (6%)
Education (including basic skills)	25 (30%)	39 (46%)	14 (17%)	6 (7%)
Offending behaviour programmes	38 (48%)	18 (23%)	18 (23%)	5 (6%)

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

<b>Don't want to go</b> .....	28 (24%)
Never.....	23 (20%)
Less than once a week.....	23 (20%)
About once a week.....	41 (35%)
More than once a week.....	2 (2%)

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

<b>Don't use it</b> .....	45 (39%)
Yes.....	48 (41%)
No.....	23 (20%)

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

<b>Don't want to go</b> .....	40 (34%)
0.....	21 (18%)
1 to 2.....	27 (23%)
3 to 5.....	24 (21%)
More than 5.....	4 (3%)

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

<b>Don't want to go</b> .....	14 (12%)
0.....	16 (14%)
1 to 2.....	17 (15%)
3 to 5.....	29 (25%)
More than 5.....	39 (34%)

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

<b>Don't want to go</b> .....	17 (15%)
0.....	8 (7%)
1 to 2.....	7 (6%)
3 to 5.....	11 (10%)
More than 5.....	69 (62%)

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

Less than 2 hours.....	9 (8%)
2 to less than 4 hours.....	12 (10%)
4 to less than 6 hours.....	18 (16%)
6 to less than 8 hours.....	30 (26%)
8 to less than 10 hours.....	15 (13%)
10 hours or more.....	22 (19%)
Don't know.....	9 (8%)

## Section 12: Contact with family and friends

**Q12.1 Have staff supported you and helped you to maintain contact with your family/friends while in this prison?**

Yes.....	56 (48%)
No.....	60 (52%)

**Q12.2 Have you had any problems with sending or receiving mail (letters or parcels)?**

Yes.....	29 (25%)
No.....	87 (75%)

<b>Q12.3</b>	<b>Have you had any problems getting access to the telephones?</b>	
	Yes .....	28 (24%)
	No.....	89 (76%)

<b>Q12.4</b>	<b>How easy or difficult is it for your family and friends to get here?</b>	
	<i>I don't get visits</i> .....	15 (13%)
	Very easy.....	17 (15%)
	Easy .....	20 (17%)
	Neither .....	9 (8%)
	Difficult.....	24 (21%)
	Very difficult.....	28 (24%)
	Don't know .....	4 (3%)

### Section 13: Preparation for release

<b>Q13.1</b>	<b>Do you have a named offender manager (home probation officer) in the probation service?</b>	
	<b>Not sentenced</b> .....	2 (2%)
	Yes .....	59 (51%)
	No.....	54 (47%)

<b>Q13.2</b>	<b>What type of contact have you had with your offender manager since being in prison?</b>	
	<b>Not sentenced/ NA</b> .....	56 (51%)
	No contact.....	30 (27%)
	Letter .....	0 (0%)
	Phone.....	0 (0%)
	Visit.....	24 (22%)

<b>Q13.3</b>	<b>Do you have a named offender supervisor in this prison?</b>	
	Yes .....	57 (53%)
	No.....	51 (47%)

<b>Q13.4</b>	<b>Do you have a sentence plan?</b>	
	<b>Not sentenced</b> .....	2 (2%)
	Yes .....	67 (60%)
	No.....	43 (38%)

<b>Q13.5</b>	<b>How involved were you in the development of your sentence plan?</b>	
	<b>Do not have a sentence plan/ not sentenced</b> .....	45 (41%)
	Very involved.....	21 (19%)
	Involved .....	20 (18%)
	Neither .....	8 (7%)
	Not very involved .....	8 (7%)
	Not at all involved.....	7 (6%)

<b>Q13.6</b>	<b>Who is working with you to achieve your sentence plan targets? (please tick all that apply)</b>	
	<b>Do not have a sentence plan/ not sentenced</b> .....	45 (41%)
	Nobody.....	18 (16%)
	Offender supervisor .....	10 (9%)
	Offender manager .....	22 (20%)
	Named/ personal officer .....	21 (19%)
	Staff from other departments .....	9 (8%)

<b>Q13.7</b>	<b>Can you achieve any of your sentence plan targets in this prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b> .....	45 (41%)
	Yes .....	42 (38%)
	No.....	10 (9%)
	Don't know .....	14 (13%)

<b>Q13.8</b>	<b>Are there plans for you to achieve any of your sentence plan targets in another prison?</b>	
	<b>Do not have a sentence plan/ not sentenced</b> .....	45 (39%)
	Yes .....	10 (9%)
	No.....	44 (38%)
	Don't know .....	16 (14%)

**Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**  
**Do not have a sentence plan/ not sentenced** ..... 45 (39%)  
 Yes ..... 20 (18%)  
 No ..... 25 (22%)  
 Don't know ..... 24 (21%)

**Q13.10 Do you have a needs based custody plan?**  
 Yes ..... 9 (8%)  
 No ..... 55 (48%)  
 Don't know ..... 51 (44%)

**Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**  
 Yes ..... 30 (27%)  
 No ..... 80 (73%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?:**  
**(please tick all that apply)**

	<b>Do not need help</b>	Yes	No
Employment	24 (25%)	25 (26%)	48 (49%)
Accommodation	26 (27%)	28 (29%)	42 (44%)
Benefits	18 (18%)	35 (35%)	46 (46%)
Finances	19 (21%)	21 (24%)	49 (55%)
Education	27 (31%)	23 (26%)	38 (43%)
Drugs and alcohol	33 (35%)	34 (36%)	27 (29%)

**Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**  
**Not sentenced** ..... 2 (2%)  
 Yes ..... 55 (50%)  
 No ..... 52 (48%)



## Prisoner survey responses Magilligan Prison 2017

**Prisoner survey responses** (missing data have 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 percentage highlighted in green is significantly better	Alpha wing	Halward wing, houseblocks 1, 2 and 3
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>15</b>	<b>97</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	0%	1%
1.3	Are you sentenced?	100%	98%
1.3	Are you on recall?	0%	6%
1.4	Is your sentence less than 12 months?	7%	17%
1.4	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	7%	8%
1.5	Are you a foreign national?	86%	96%
1.6	Do you understand spoken English?	100%	98%
1.7	Do you understand written English?	100%	96%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	0%	3%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	0%	3%
1.1	Are you Catholic?	64%	53%
1.1	Are you Protestant?	15%	17%
1.11	Are you homosexual/gay or bisexual?	0%	4%
1.12	Do you consider yourself to have a disability?	26%	47%
1.13	Are you a veteran (ex-armed services)?	7%	8%
1.14	Is this your first time in prison?	60%	39%
1.15	Do you have any children under the age of 18?	50%	50%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	50%	65%
2.5	Did you feel safe?	57%	65%
2.6	Were you treated well/very well by the escort staff?	64%	59%
2.7	Before you arrived here were you told that you were coming here?	85%	60%
2.8	When you first arrived here did your property arrive at the same time as you?	64%	70%

**Key to tables**

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	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	74%	72%
3.2	When you were searched in reception, was this carried out in a respectful way?	74%	70%
3.3	Were you treated well/very well in reception?	74%	76%
	When you first arrived:		
3.4	Did you have any problems?	57%	62%
3.4	Did you have any problems with loss of property?	28%	21%
3.4	Did you have any housing problems?	8%	5%
3.4	Did you have any problems contacting employers?	0%	0%
3.4	Did you have any problems contacting family?	15%	14%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	1%
3.4	Did you have any money worries?	0%	14%
3.4	Did you have any problems with feeling depressed or suicidal?	0%	26%
3.4	Did you have any physical health problems?	8%	24%
3.4	Did you have any mental health problems?	15%	32%
3.4	Did you have any problems with needing protection from other prisoners?	0%	14%
3.4	Did you have problems accessing phone numbers?	8%	15%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	46%	39%
3.6	A shower?	46%	26%
3.6	A free telephone call?	8%	16%
3.6	Something to eat?	69%	72%
3.6	PIN phone credit?	22%	34%
3.6	Toiletries/ basic items?	31%	45%

## Key to tables

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<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	28%	35%
3.7	Someone from health services?	72%	60%
3.7	A Listener/Samaritans?	21%	22%
3.7	Prison shop/ canteen?	72%	51%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	36%	47%
3.8	Support was available for people feeling depressed or suicidal?	21%	35%
3.8	How to make routine requests?	28%	37%
3.8	Your entitlement to visits?	36%	36%
3.8	Health services?	50%	46%
3.8	The chaplaincy?	43%	29%
3.9	Did you feel safe on your first night here?	86%	73%
3.10	Have you been on an induction course?	93%	81%
3.12	Did you receive an education (skills for life) assessment?	100%	92%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	78%	55%
4.1	Attend legal visits?	54%	53%
4.1	Get bail information?	33%	23%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	43%	47%
4.3	Can you get legal books in the library?	31%	28%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	100%	87%
4.4	Are you normally able to have a shower every day?	100%	95%
4.4	Do you normally receive clean sheets every week?	100%	88%
4.4	Do you normally get cell cleaning materials every week?	93%	66%
4.4	Is your cell call bell normally answered within five minutes?	39%	49%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	85%	77%
4.4	Can you normally get your stored property, if you need to?	76%	44%
4.5	Is the food in this prison good/very good?	36%	43%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	72%	64%
4.7	Are you able to speak to a Listener at any time, if you want to?	72%	61%
4.8	Are your religious beliefs are respected?	43%	54%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	64%	60%
4.10	Is it easy/very easy to attend religious services?	50%	46%

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<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	91%	72%
5.3	Is it easy to make a complaint?	61%	64%
5.5	Have you ever been prevented from making a complaint when you wanted to?	10%	32%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	22%	24%
<b>SECTION 6: Incentive and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	92%	47%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	100%	39%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	8%	10%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	84%	79%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	76%	66%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	31%	32%
7.4	Do staff normally speak to you most of the time/all of the time during association?	22%	31%
7.5	Do you have a personal officer?	78%	71%

**Key to tables**

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<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	16%	49%
8.2	Do you feel unsafe now?	0%	24%
8.4	Have you been victimised by other prisoners here?	0%	29%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	0%	23%
8.5	Hit, kicked or assaulted you?	0%	14%
8.5	Sexually abused you?	0%	8%
8.5	Threatened or intimidated you?	0%	24%
8.5	Taken your canteen/property?	0%	6%
8.5	Victimised you because of medication?	0%	8%
8.5	Victimised you because of debt?	0%	6%
8.5	Victimised you because of drugs?	0%	5%
8.5	Victimised you because of your race or ethnic origin?	0%	8%
8.5	Victimised you because of your religion/religious beliefs?	0%	8%
8.5	Victimised you because of your nationality?	0%	6%
8.5	Victimised you because you were from a different part of the country?	0%	5%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	0%	3%
8.5	Victimised you because of your age?	0%	3%
8.5	Victimised you because you have a disability?	0%	8%
8.5	Victimised you because you were new here?	0%	5%
8.5	Victimised you because of your offence/crime?	0%	18%
8.5	Victimised you because of gang related issues?	0%	6%



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	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	9%	37%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	9%	25%
8.7	Hit, kicked or assaulted you?	0%	11%
8.7	Sexually abused you?	0%	8%
8.7	Threatened or intimidated you?	9%	20%
8.7	Victimised you because of medication?	0%	7%
8.7	Victimised you because of debt?	0%	2%
8.7	Victimised you because of drugs?	0%	4%
8.7	Victimised you because of your race or ethnic origin?	9%	7%
8.7	Victimised you because of your religion/religious beliefs?	9%	15%
8.7	Victimised you because of your nationality?	9%	11%
8.7	Victimised you because you were from a different part of the country?	0%	5%
8.7	Victimised you because you are from a traveller community?	0%	2%
8.7	Victimised you because of your sexual orientation?	0%	3%
8.7	Victimised you because of your age?	0%	3%
8.7	Victimised you because you have a disability?	0%	8%
8.7	Victimised you because you were new here?	0%	4%
8.7	Victimised you because of your offence/crime?	9%	17%
8.7	Victimised you because of gang related issues?	0%	1%
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	61%	33%
9.1	Is it easy/very easy to see the nurse?	76%	68%
9.1	Is it easy/very easy to see the dentist?	59%	59%
9.4	Are you currently taking medication?	83%	72%
9.6	Do you have any emotional well being or mental health problems?	46%	52%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	22%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	22%	26%
10.3	Is it easy/very easy to get illegal drugs in this prison?	46%	40%
10.4	Is it easy/very easy to get alcohol in this prison?	0%	13%
10.5	Have you developed a problem with drugs since you have been in this prison?	8%	15%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	16%	22%

**Key to tables**

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<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	78%	50%
11.1	Vocational or skills training?	54%	45%
11.1	Education (including basic skills)?	69%	60%
11.1	Offending Behaviour Programmes?	39%	20%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	100%	52%
11.2	Vocational or skills training?	8%	13%
11.2	Education (including basic skills)?	16%	34%
11.2	Offending Behaviour Programmes?	16%	5%
11.4	Do you go to the library at least once a week?	54%	38%
11.5	Does the library have a wide enough range of materials to meet your needs?	46%	39%
11.6	Do you go to the gym three or more times a week?	54%	20%
11.7	Do you go outside for exercise three or more times a week?	54%	57%
11.8	Do you go on association more than five times each week?	46%	63%
11.9	Do you spend ten or more hours out of your cell on a weekday?	16%	18%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	69%	43%
12.2	Have you had any problems with sending or receiving mail?	8%	28%
12.3	Have you had any problems getting access to the telephones?	22%	24%
12.4	Is it easy/ very easy for your friends and family to get here?	54%	27%
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	78%	50%
13.10	Do you have a needs based custody plan?	16%	8%
13.11	Do you feel that any member of staff has helped you to prepare for release?	24%	26%



## Prisoner survey responses (Religion): Magilligan prison 2017

Prisoner survey responses (missing data have 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

		Catholic prisoners	Protestant prisoners
	Any percentage highlighted in green is significantly better		
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	Percentages which are not highlighted show there is no significant difference		
<b>Number of completed questionnaires returned</b>		<b>63</b>	<b>21</b>
<b>SECTION 1: General information</b>			
1.2	Are you under 21 years of age?	0%	5%
1.3	Are you sentenced?	97%	100%
1.3	Are you on recall?	8%	0%
1.4	Is your sentence less than 12 months?	14%	15%
1.4	Are you here under an indeterminate sentence for public protection (ICS/ECS prisoner)?	5%	11%
1.5	Do you hold UK citizenship?	94%	100%
1.6	Do you understand spoken English?	98%	100%
1.7	Do you understand written English?	95%	100%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	0%	0%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	0%
1.11	Are you homosexual/gay or bisexual?	5%	5%
1.12	Do you consider yourself to have a disability?	52%	24%
1.13	Are you a veteran (ex-armed services)?	2%	10%
1.14	Is this your first time in prison?	40%	38%
1.15	Do you have any children under the age of 18?	53%	58%
<b>SECTION 2: Transfers and escorts</b>			
On your most recent journey here:			
2.1	Did you spend more than 2 hours in the van?	71%	53%
2.5	Did you feel safe?	60%	86%
2.6	Were you treated well/very well by the escort staff?	57%	66%
2.7	Before you arrived here were you told that you were coming here?	74%	66%
2.8	When you first arrived here did your property arrive at the same time as you?	71%	75%

**Key to tables**

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	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 3: Reception, first night and induction</b>			
3.1	Were you in reception for less than 2 hours?	71%	86%
3.2	When you were searched in reception, was this carried out in a respectful way?	66%	76%
3.3	Were you treated well/very well in reception?	74%	81%
	When you first arrived:		
3.4	Did you have any problems?	57%	43%
3.4	Did you have any problems with loss of property?	25%	10%
3.4	Did you have any housing problems?	7%	5%
3.4	Did you have any problems contacting employers?	0%	0%
3.4	Did you have any problems contacting family?	15%	5%
3.4	Did you have any problems ensuring dependants were being looked after?	0%	5%
3.4	Did you have any money worries?	17%	5%
3.4	Did you have any problems with feeling depressed or suicidal?	23%	14%
3.4	Did you have any physical health problems?	22%	5%
3.4	Did you have any mental health problems?	25%	19%
3.4	Did you have any problems with needing protection from other prisoners?	10%	10%
3.4	Did you have problems accessing phone numbers?	10%	10%
	When you first arrived here, were you offered any of the following:		
3.6	Tobacco?	40%	48%
3.6	A shower?	26%	38%
3.6	A free telephone call?	12%	29%
3.6	Something to eat?	70%	62%
3.6	PIN phone credit?	32%	29%
3.6	Toiletries/ basic items?	51%	48%

## Key to tables

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<b>SECTION 3: Reception, first night and induction continued</b>			
	When you first arrived here did you have access to the following people:		
3.7	The chaplain or a religious leader?	31%	43%
3.7	Someone from health services?	57%	58%
3.7	A Listener/Samaritans?	21%	24%
3.7	Tuck shop/ canteen?	53%	62%
	When you first arrived here were you offered information about any of the following:		
3.8	What was going to happen to you?	48%	53%
3.8	Support was available for people feeling depressed or suicidal?	35%	38%
3.8	How to make routine requests?	35%	43%
3.8	Your entitlement to visits?	33%	43%
3.8	Health services?	44%	48%
3.8	The chaplaincy?	28%	34%
3.9	Did you feel safe on your first night here?	74%	81%
3.10	Have you been on an induction course?	86%	86%
3.12	Did you receive an education (skills for life) assessment?	93%	100%
<b>SECTION 4: Legal rights and respectful custody</b>			
	In terms of your legal rights, is it easy/very easy to:		
4.1	Communicate with your solicitor or legal representative?	66%	61%
4.1	Attend legal visits?	60%	61%
4.1	Get bail information?	29%	30%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	41%	43%
4.3	Can you get legal books in the library?	29%	25%
	For the wing/unit you are currently on:		
4.4	Are you normally offered enough clean, suitable clothes for the week?	85%	95%
4.4	Are you normally able to have a shower every day?	92%	100%
4.4	Do you normally receive clean sheets every week?	90%	95%
4.4	Do you normally get cell cleaning materials every week?	60%	90%
4.4	Is your cell call bell normally answered within five minutes?	44%	62%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	75%	81%
4.4	Can you normally get your stored property, if you need to?	46%	58%
4.5	Is the food in this prison good/very good?	38%	34%
4.6	Does the tuck shop/canteen sell a wide enough range of goods to meet your needs?	63%	76%
4.7	Are you able to speak to a Listener at any time, if you want to?	61%	66%
4.8	Are your religious beliefs are respected?	60%	58%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	56%	86%
4.10	Is it easy/very easy to attend religious services?	52%	43%

**Key to tables**

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 5: Applications and complaints</b>			
5.1	Is it easy to make an application?	73%	86%
5.3	Is it easy to make a complaint?	62%	80%
5.5	Have you ever been prevented from making a complaint when you wanted to?	29%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	21%	29%
<b>SECTION 6: Progressive regimes and earned privileges scheme</b>			
6.1	Do you feel you have been treated fairly in your experience of the PREP scheme?	43%	62%
6.2	Do the different levels of the PREP scheme encourage you to change your behaviour?	47%	55%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	14%	11%
<b>SECTION 7: Relationships with staff</b>			
7.1	Do most staff, in this prison, treat you with respect?	70%	90%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	63%	74%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	29%	48%
7.4	Do staff normally speak to you most of the time/all of the time during association?	26%	55%
7.5	Do you have a personal officer?	67%	81%

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	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety</b>			
8.1	Have you ever felt unsafe here?	47%	38%
8.2	Do you feel unsafe now?	25%	19%
8.4	Have you been victimised by other prisoners here?	23%	29%
	Since you have been here, have other prisoners:		
8.5	Made insulting remarks about you, your family or friends?	15%	24%
8.5	Hit, kicked or assaulted you?	10%	19%
8.5	Sexually abused you?	8%	5%
8.5	Threatened or intimidated you?	18%	19%
8.5	Taken your canteen/property?	5%	10%
8.5	Victimised you because of medication?	4%	10%
8.5	Victimised you because of debt?	7%	5%
8.5	Victimised you because of drugs?	4%	14%
8.5	Victimised you because of your race or ethnic origin?	5%	5%
8.5	Victimised you because of your religion/religious beliefs?	7%	10%
8.5	Victimised you because of your nationality?	5%	5%
8.5	Victimised you because you were from a different part of the country?	5%	5%
8.5	Victimised you because you are from a traveller community?	0%	0%
8.5	Victimised you because of your sexual orientation?	4%	5%
8.5	Victimised you because of your age?	2%	0%
8.5	Victimised you because you have a disability?	8%	5%
8.5	Victimised you because you were new here?	5%	5%
8.5	Victimised you because of your offence/crime?	15%	14%
8.5	Victimised you because of gang related issues?	4%	10%

**Key to tables**

	Any percentage highlighted in green is significantly better	Catholic prisoners	Protestant prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 8: Safety continued</b>			
8.6	Have you been victimised by staff here?	34%	20%
	Since you have been here, have staff:		
8.7	Made insulting remarks about you, your family or friends?	25%	15%
8.7	Hit, kicked or assaulted you?	9%	15%
8.7	Sexually abused you?	9%	11%
8.7	Threatened or intimidated you?	20%	15%
8.7	Victimised you because of medication?	5%	5%
8.7	Victimised you because of debt?	2%	5%
8.7	Victimised you because of drugs?	4%	11%
8.7	Victimised you because of your race or ethnic origin?	7%	5%
8.7	Victimised you because of your religion/religious beliefs?	16%	11%
8.7	Victimised you because of your nationality?	11%	5%
8.7	Victimised you because you were from a different part of the country?	4%	5%
8.7	Victimised you because you are from a traveller community?	4%	0%
8.7	Victimised you because of your sexual orientation?	4%	5%
8.7	Victimised you because of your age?	2%	0%
8.7	Victimised you because you have a disability?	7%	0%
8.7	Victimised you because you were new here?	5%	5%
8.7	Victimised you because of your offence/crime?	22%	11%
8.7	Victimised you because of gang related issues?	0%	0%



**Key to tables**

		Catholic prisoners	Protestant prisoners
	Any percentage highlighted in green is significantly better		
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 9: Health services</b>			
9.1	Is it easy/very easy to see the doctor?	37%	50%
9.1	Is it easy/very easy to see the nurse?	62%	70%
9.1	Is it easy/very easy to see the dentist?	50%	65%
9.4	Are you currently taking medication?	77%	71%
9.6	Do you have any emotional well being or mental health problems?	54%	29%
<b>SECTION 10: Drugs and alcohol</b>			
10.1	Did you have a problem with drugs when you came into this prison?	23%	24%
10.2	Did you have a problem with alcohol when you came into this prison?	32%	19%
10.3	Is it easy/very easy to get illegal drugs in this prison?	34%	53%
10.4	Is it easy/very easy to get alcohol in this prison?	9%	14%
10.5	Have you developed a problem with drugs since you have been in this prison?	17%	14%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	22%	19%

**Key to tables**

	Any percentage highlighted in green is significantly better	Catholic prisoners	Protestant prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 11: Activities</b>			
	Is it very easy/ easy to get into the following activities:		
11.1	A prison job?	44%	85%
11.1	Vocational or skills training?	44%	50%
11.1	Education (including basic skills)?	55%	84%
11.1	Offending Behaviour Programmes?	22%	42%
	Are you currently involved in any of the following activities:		
11.2	A prison job?	56%	80%
11.2	Vocational or skills training?	15%	11%
11.2	Education (including basic skills)?	24%	25%
11.2	Offending Behaviour Programmes?	7%	15%
11.4	Do you go to the library at least once a week?	33%	24%
11.5	Does the library have a wide enough range of materials to meet your needs?	37%	43%
11.6	Do you go to the gym three or more times a week?	19%	29%
11.7	Do you go outside for exercise three or more times a week?	54%	66%
11.8	Do you go on association more than five times each week?	51%	66%
11.9	Do you spend ten or more hours out of your cell on a weekday?	11%	25%
<b>SECTION 12: Friends and family</b>			
12.1	Have staff supported you and helped you to maintain contact with family/friends while in this prison?	48%	61%
12.2	Have you had any problems with sending or receiving mail?	19%	29%
12.3	Have you had any problems getting access to the telephones?	30%	15%
12.4	Is it easy/ very easy for your friends and family to get here?	28%	43%

**Key to tables**

	Any percentage highlighted in green is significantly better	Catholic prisoners	Protestant prisoners
	Any percentage highlighted in blue is significantly worse		
	Any percentage highlighted in orange shows a significant difference in prisoners' background details		
	Percentages which are not highlighted show there is no significant difference		
<b>SECTION 13: Preparation for release</b>			
13.3	Do you have a named offender supervisor in this prison?	44%	58%
13.10	Do you have a needs based custody plan?	11%	5%
13.11	Do you feel that any member of staff has helped you to prepare for release?	23%	34%

## Diversity Analysis



### Key question responses (disability, age over 50) Magilligan Prison 2017

**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 percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability		Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse					
	Any percentage highlighted in orange shows a significant difference in prisoners' background details					
	Percentages which are not highlighted show there is no significant difference					
<b>Number of completed questionnaires returned</b>		<b>52</b>	<b>70</b>		<b>32</b>	<b>86</b>
1.3	Are you sentenced?	100%	99%		100%	99%
1.5	Are you a foreign national?	98%	93%		97%	94%
1.6	Do you understand spoken English?	100%	97%		97%	99%
1.7	Do you understand written English?	98%	96%		97%	98%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories.)	2%	3%		3%	3%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	5%	2%		0%	4%
1.1	Are you Catholic?	65%	44%		36%	59%
1.1	Are you Protestant?	10%	24%		23%	16%
1.12	Do you consider yourself to have a disability?				53%	38%
1.13	Are you a veteran (ex-armed services)?	12%	7%		25%	3%
1.14	Is this your first time in prison?	37%	46%		50%	41%
2.6	Were you treated well/very well by the escort staff?	64%	61%		71%	58%
2.7	Before you arrived here were you told that you were coming here?	62%	69%		74%	64%
3.2	When you were searched in reception, was this carried out in a respectful way?	62%	79%		81%	68%
3.3	Were you treated well/very well in reception?	78%	77%		91%	73%
3.4	Did you have any problems when you first arrived?	75%	46%		52%	61%
3.7	Did you have access to someone from health care when you first arrived here?	60%	61%		59%	61%
3.9	Did you feel safe on your first night here?	69%	81%		76%	76%
3.10	Have you been on an induction course?	80%	87%		87%	84%
4.1	Is it easy/very easy to communicate with your solicitor or legal representative?	58%	62%		48%	65%

## Diversity Analysis

### Key to tables

		Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
4.4	Are you normally offered enough clean, suitable clothes for the week?	84%	96%	93%	91%
4.4	Are you normally able to have a shower every day?	90%	100%	100%	94%
4.4	Is your cell call bell normally answered within five minutes?	50%	46%	57%	45%
4.5	Is the food in this prison good/very good?	45%	38%	38%	40%
4.6	Does the shop /canteen sell a wide enough range of goods to meet your needs?	61%	71%	72%	64%
4.7	Are you able to speak to a Listener at any time, if you want to?	61%	59%	53%	62%
4.8	Do you feel your religious beliefs are respected?	49%	57%	69%	48%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	63%	60%	68%	59%
5.1	Is it easy to make an application?	65%	80%	74%	74%
5.3	Is it easy to make a complaint?	65%	65%	62%	66%
6.1	Do you feel you have been treated fairly in your experience of the IEP scheme?	41%	62%	58%	52%
6.2	Do the different levels of the IEP scheme encourage you to change your behaviour?	43%	51%	60%	43%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	16%	8%	0%	16%
7.1	Do <b>most</b> staff, in this prison, treat you with respect?	71%	87%	87%	77%
7.2	Is there a member of staff you can turn to for help if you have a problem in this prison?	62%	71%	68%	66%
7.3	Do staff normally speak to you at least most of the time during association time? (most/all of the time)	22%	40%	30%	33%
7.4	Do you have a personal officer?	66%	76%	87%	64%
8.1	Have you ever felt unsafe here?	51%	41%	42%	48%
8.2	Do you feel unsafe now?	25%	17%	20%	22%
8.3	Have you been victimised by other prisoners?	27%	24%	22%	28%
8.5	Have you ever felt threatened or intimidated by other prisoners here?	22%	19%	16%	23%
8.5	Have you been victimised because of your race or ethnic origin since you have been here? (By prisoners)	6%	6%	3%	7%
8.5	Have you been victimised because of your religion/religious beliefs? (By prisoners)	8%	6%	3%	9%
8.5	Have you been victimised because of your nationality? (By prisoners)	8%	4%	7%	6%
8.5	Have you been victimised because of your age? (By prisoners)	2%	3%	3%	3%
8.5	Have you been victimised because you have a disability? (By prisoners)	12%	2%	7%	6%

## Diversity Analysis

### Key to tables

	Any percentage highlighted in green is significantly better	Consider themselves to have a disability	Do not consider themselves to have a disability	Prisoners aged 50 and over	Prisoners under the age of 50
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
8.6	Have you been victimised by a member of staff?	46%	23%	23%	37%
8.7	Have you ever felt threatened or intimidated by staff here?	29%	11%	13%	22%
8.7	Have you been victimised because of your race or ethnic origin since you have been here? (By staff)	8%	5%	3%	8%
8.7	Have you been victimised because of your religion/religious beliefs? (By staff)	21%	9%	3%	19%
8.7	Have you been victimised because of your nationality? (By staff)	17%	6%	3%	14%
8.7	Have you been victimised because of your age? (By staff)	4%	2%	3%	3%
8.7	Have you been victimised because you have a disability? (By staff)	15%	0%	9%	5%
9.1	Is it easy/very easy to see the doctor?	33%	42%	53%	32%
9.1	Is it easy/ very easy to see the nurse?	73%	66%	90%	62%
9.4	Are you currently taking medication?	94%	59%	81%	71%
9.6	Do you feel you have any emotional well being/mental health issues?	67%	35%	32%	54%
10.3	Is it easy/very easy to get illegal drugs in this prison?	30%	49%	31%	46%
11.2	Are you currently working in the prison?	55%	67%	52%	65%
11.2	Are you currently undertaking vocational or skills training?	8%	13%	7%	13%
11.2	Are you currently in education (including basic skills)?	24%	33%	29%	29%
11.2	Are you currently taking part in an offending behaviour programme?	2%	11%	9%	6%
11.4	Do you go to the library at least once a week?	34%	39%	41%	35%
11.6	Do you go to the gym three or more times a week?	12%	34%	19%	27%
11.7	Do you go outside for exercise three or more times a week?	56%	62%	56%	63%
11.8	On average, do you go on association more than five times each week?	51%	71%	50%	70%
11.9	Do you spend ten or more hours out of your cell on a weekday? (This includes hours at education, at work etc)	16%	22%	19%	20%
12.2	Have you had any problems sending or receiving mail?	26%	24%	22%	28%
12.3	Have you had any problems getting access to the telephones?	27%	22%	9%	31%

## Main comparator and comparator to last time



### Prisoner survey responses: Magilligan Prison 2017

**Prisoner survey responses** (missing data have 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 2017	Category C Training Prisons Comparator	Magilligan 2017	Magilligan 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>Number of completed questionnaires returned</b>		<b>123</b>	<b>6,704</b>	<b>123</b>	<b>157</b>
<b>SECTION 1: General information</b>					
1.2	Are you under 21 years of age?	1%	2%	1%	1%
1.3	Are you sentenced?	98%	100%	98%	100%
1.3	Are you on recall?	5%	9%	5%	7%
1.4	Is your sentence less than 12 months?	14%	6%	14%	17%
1.4	Are you here under an indeterminate sentence (ICS/ECS prisoner)?	7%	8%	7%	4%
1.5	Do you hold UK citizenship?	95%	89%	95%	97%
1.6	Do you understand spoken English?	98%	99%	98%	99%
1.7	Do you understand written English?	97%	98%	97%	99%
1.8	Are you from a minority ethnic group? (Including all those who did not tick white British, white Irish or white other categories)	2%	26%	2%	2%
1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?	3%	4%	3%	1%
1.10	Are you Catholic?	53%	18%	53%	50%
1.10	Are you Protestant?	18%	1%	18%	27%
1.11	Are you homosexual/gay or bisexual?	3%	4%	3%	2%
1.12	Do you consider yourself to have a disability?	43%	22%	43%	22%
1.13	Are you a veteran (ex-armed services)?	9%	6%	9%	8%
1.14	Is this your first time in prison?	42%	40%	42%	52%
1.15	Do you have any children under the age of 18?	50%	51%	50%	53%
<b>SECTION 2: Transfers and escorts</b>					
On your most recent journey here:					
2.1	Did you spend more than 2 hours in the van?	63%	45%	63%	57%
For those who spent two or more hours in the escort van:					
2.2	Were you offered anything to eat or drink?	21%	74%	21%	21%
2.3	Were you offered a toilet break?	8%	8%	8%	3%
2.4	Was the van clean?	56%	60%	56%	53%
2.5	Did you feel safe?	65%	78%	65%	69%
2.6	Were you treated well/very well by the escort staff?	61%	73%	61%	55%
2.7	Before you arrived here were you told that you were coming here?	65%	60%	65%	75%
2.7	Before you arrived here did you receive any written information about coming here?	1%	12%	1%	3%
2.8	When you first arrived here did your property arrive at the same time as you?	71%	84%	71%	76%

## Main comparator and comparator to last time

### Key to tables

		Magilligan Prison 2017	Category C Training Prisons Comparator	Magilligan 2017	Magilligan 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 3: Reception, first night and induction</b>					
3.1	Were you in reception for less than 2 hours?	72%	53%	72%	79%
3.2	When you were searched in reception, was this carried out in a respectful way?	71%	85%	71%	77%
3.3	Were you treated well/very well in reception?	77%	76%	77%	77%
When you first arrived:					
3.4	Did you have any problems?	59%	62%	59%	61%
3.4	Did you have any problems with loss of property?	23%	19%	23%	14%
3.4	Did you have any housing problems?	6%	13%	6%	8%
3.4	Did you have any problems contacting employers?	0%	2%	0%	1%
3.4	Did you have any problems contacting family?	13%	19%	13%	11%
3.4	Did you have any problems ensuring dependants were being looked after?	1%	2%	1%	2%
3.4	Did you have any money worries?	13%	13%	13%	17%
3.4	Did you have any problems with feeling depressed or suicidal?	21%	16%	21%	14%
3.4	Did you have any physical health problems?	20%	13%	20%	11%
3.4	Did you have any mental health problems?	27%	19%	27%	19%
3.4	Did you have any problems with needing protection from other prisoners?	11%	5%	11%	9%
3.4	Did you have problems accessing phone numbers?	13%	15%	13%	11%
For those with problems:					
3.5	Did you receive any help/ support from staff in dealing with these problems?	40%	36%	40%	44%
When you first arrived here, were you offered any of the following:					
3.6	Tobacco?	40%	74%	40%	40%
3.6	A shower?	29%	28%	29%	41%
3.6	A free telephone call?	17%	41%	17%	25%
3.6	Something to eat?	70%	57%	70%	73%
3.6	PIN phone credit?	33%	50%	33%	43%
3.6	Toiletries/ basic items?	45%	48%	45%	46%



## Main comparator and comparator to last time

### Key to tables

Any percentage highlighted in green is significantly better		Magilligan Prison 2017	Category C Training Prisons Comparator	Magilligan 2017	Magilligan 2014
Any percentage highlighted in blue is significantly worse					
Any percentage highlighted in orange shows a significant difference in prisoners' background details					
Percentages which are not highlighted show there is no significant difference					
<b>SECTION 3: Reception, first night and induction continued</b>					
When you first arrived here did you have access to the following people:					
3.7	The chaplain or a religious leader?	34%	53%	34%	46%
3.7	Someone from health services?	60%	70%	60%	65%
3.7	A Listener/Samaritans?	21%	33%	21%	45%
3.7	Tuck shop/ canteen?	54%	25%	54%	63%
When you first arrived here were you offered information about any of the following:					
3.8	What was going to happen to you?	47%	50%	47%	62%
3.8	Support was available for people feeling depressed or suicidal?	33%	40%	33%	40%
3.8	How to make routine requests?	35%	43%	35%	48%
3.8	Your entitlement to visits?	36%	39%	36%	47%
3.8	Health services?	46%	52%	46%	61%
3.8	The chaplaincy?	28%	48%	28%	46%
3.9	Did you feel safe on your first night here?	76%	79%	76%	76%
3.10	Have you been on an induction course?	84%	90%	84%	91%
For those who have been on an induction course:					
3.11	Did the course cover everything you needed to know about the prison?	53%	60%	53%	60%
3.12	Did you receive an education (skills for life) assessment?	94%	84%	94%	95%
<b>SECTION 4: Legal rights and respectful custody</b>					
In terms of your legal rights, is it easy/very easy to:					
4.1	Communicate with your solicitor or legal representative?	60%	43%	60%	67%
4.1	Attend legal visits?	55%	44%	55%	61%
4.1	Get bail information?	27%	14%	27%	26%
4.2	Have staff ever opened letters from your solicitor or legal representative when you were not with them?	44%	38%	44%	43%
4.3	Can you get legal books in the library?	27%	40%	27%	19%
For the wing/unit you are currently on:					
4.4	Are you normally offered enough clean, suitable clothes for the week?	90%	66%	90%	97%
4.4	Are you normally able to have a shower every day?	96%	90%	96%	97%
4.4	Do you normally receive clean sheets every week?	90%	68%	90%	93%
4.4	Do you normally get cell cleaning materials every week?	71%	64%	71%	78%
4.4	Is your cell call bell normally answered within five minutes?	48%	33%	48%	45%
4.4	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	78%	68%	78%	75%
4.4	Can you normally get your stored property, if you need to?	48%	23%	48%	51%
4.5	Is the food in this prison good/very good?	41%	32%	41%	55%
4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?	66%	48%	66%	70%
4.7	Are you able to speak to a Listener at any time, if you want to?	60%	55%	60%	71%
4.8	Are your religious beliefs are respected?	54%	52%	54%	69%
4.9	Are you able to speak to a religious leader of your faith in private if you want to?	61%	58%	61%	69%
4.10	Is it easy/very easy to attend religious services?	46%	49%	46%	64%

## Main comparator and comparator to last time

### Key to tables

		Magilligan Prison 2017	Category C Training Prisons Comparator	Magilligan 2017	Magilligan 2014
	Any percentage highlighted in green is significantly better				
	Any percentage highlighted in blue is significantly worse				
	Any percentage highlighted in orange shows a significant difference in prisoners' background details				
	Percentages which are not highlighted show there is no significant difference				
<b>SECTION 5: Applications and complaints</b>					
5.1	Is it easy to make an application?	74%	80%	74%	73%
	For those who have made an application:				
5.2	Do you feel applications are dealt with fairly?	60%	56%	60%	59%
5.2	Do you feel applications are dealt with quickly (within seven days)?	63%	38%	63%	60%
5.3	Is it easy to make a complaint?	64%	58%	64%	69%
	For those who have made a complaint:				
5.4	Do you feel complaints are dealt with fairly?	31%	33%	31%	39%
5.4	Do you feel complaints are dealt with quickly (within seven days)?	48%	27%	48%	55%
5.5	Have you ever been prevented from making a complaint when you wanted to?	28%	19%	28%	23%
5.6	Is it easy/very easy to see the Independent Monitoring Board?	24%	28%	24%	24%
<b>SECTION 6: Progressive regimes and earned privileges scheme</b>					
6.1	Do you feel you have been treated fairly in your experience of the PREP scheme?	53%	48%	53%	65%
6.2	Do the different levels of the PREP scheme encourage you to change your behaviour?	47%	45%	47%	53%
6.3	In the last six months have any members of staff physically restrained you (C&R)?	11%	9%	11%	11%
6.4	In the last six months, if you have spent a night in the segregation and separation unit (SSU), were you treated very well/ well by staff?	33%	37%	33%	41%
<b>SECTION 7: Relationships with staff</b>					
7.1	Do most staff, in this prison, treat you with respect?	80%	79%	80%	83%
7.2	Is there a member of staff, in this prison, that you can turn to for help if you have a problem?	67%	72%	67%	73%
7.3	Has a member of staff checked on you personally in the last week to see how you were getting on?	34%	29%	34%	28%
7.4	Do staff normally speak to you most of the time/all of the time during association?	32%	21%	32%	31%
7.5	Do you have a personal officer?	72%	62%	72%	79%
	For those with a personal officer:				
7.6	Do you think your personal officer is helpful/very helpful?	58%	62%	58%	64%

## Main comparator and comparator to last time

### Key to tables

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Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety</b>				
8.1 Have you ever felt unsafe here?	46%	40%	46%	43%
8.2 Do you feel unsafe now?	21%	18%	21%	12%
8.4 Have you been victimised by other prisoners here?	25%	28%	25%	30%
Since you have been here, have other prisoners:				
8.5 Made insulting remarks about you, your family or friends?	19%	12%	19%	14%
8.5 Hit, kicked or assaulted you?	12%	9%	12%	7%
8.5 Sexually abused you?	6%	1%	6%	1%
8.5 Threatened or intimidated you?	20%	16%	20%	17%
8.5 Taken your canteen/property?	6%	8%	6%	0%
8.5 Victimised you because of medication?	8%	4%	8%	4%
8.5 Victimised you because of debt?	6%	5%	6%	3%
8.5 Victimised you because of drugs?	6%	5%	6%	2%
8.5 Victimised you because of your race or ethnic origin?	6%	4%	6%	1%
8.5 Victimised you because of your religion/religious beliefs?	7%	3%	7%	5%
8.5 Victimised you because of your nationality?	6%	3%	6%	5%
8.5 Victimised you because you were from a different part of the country?	4%	4%	4%	2%
8.5 Victimised you because you are from a Traveller community?	0%	1%	0%	0%
8.5 Victimised you because of your sexual orientation?	2%	2%	2%	1%
8.5 Victimised you because of your age?	2%	3%	2%	1%
8.5 Victimised you because you have a disability?	6%	3%	6%	2%
8.5 Victimised you because you were new here?	4%	5%	4%	3%
8.5 Victimised you because of your offence/crime?	14%	5%	14%	11%
8.5 Victimised you because of gang related issues?	5%	5%	5%	3%

## Main comparator and comparator to last time

### Key to tables

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Percentages which are not highlighted show there is no significant difference				
<b>SECTION 8: Safety continued</b>				
8.6 Have you been victimised by staff here?	33%	28%	33%	37%
Since you have been here, have staff:				
8.7 Made insulting remarks about you, your family or friends?	22%	10%	22%	14%
8.7 Hit, kicked or assaulted you?	11%	4%	11%	2%
8.7 Sexually abused you?	7%	1%	7%	0%
8.7 Threatened or intimidated you?	19%	12%	19%	14%
8.7 Victimised you because of medication?	6%	3%	6%	4%
8.7 Victimised you because of debt?	2%	2%	2%	1%
8.7 Victimised you because of drugs?	4%	2%	4%	4%
8.7 Victimised you because of your race or ethnic origin?	6%	4%	6%	2%
8.7 Victimised you because of your religion/religious beliefs?	14%	3%	14%	11%
8.7 Victimised you because of your nationality?	11%	3%	11%	6%
8.7 Victimised you because you were from a different part of the country?	4%	3%	4%	3%
8.7 Victimised you because you are from a Traveller community?	2%	1%	2%	3%
8.7 Victimised you because of your sexual orientation?	3%	1%	3%	3%
8.7 Victimised you because of your age?	3%	2%	3%	2%
8.7 Victimised you because you have a disability?	6%	3%	6%	3%
8.7 Victimised you because you were new here?	4%	4%	4%	3%
8.7 Victimised you because of your offence/crime?	15%	4%	15%	11%
8.7 Victimised you because of gang related issues?	1%	2%	1%	3%
For those who have been victimised by staff or other prisoners:				
8.8 Did you report any victimisation that you have experienced?	43%	40%	43%	28%

## Main comparator and comparator to last time

### Key to tables

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<b>SECTION 9: Health services</b>					
9.1	Is it easy/very easy to see the doctor?	38%	29%	38%	38%
9.1	Is it easy/very easy to see the nurse?	69%	49%	69%	69%
9.1	Is it easy/very easy to see the dentist?	58%	14%	58%	40%
	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:				
9.2	The doctor?	35%	49%	35%	44%
9.2	The nurse?	75%	57%	75%	78%
9.2	The dentist?	77%	44%	77%	72%
9.3	The overall quality of health services?	43%	42%	43%	49%
9.4	Are you currently taking medication?	74%	51%	74%	63%
	For those currently taking medication:				
9.5	Are you allowed to keep possession of some or all of your medication in your own cell?	86%	83%	86%	88%
9.6	Do you have any emotional well being or mental health problems?	49%	35%	49%	33%
	For those who have problems:				
9.7	Are you being helped or supported by anyone in this prison?	38%	50%	38%	56%
<b>SECTION 10: Drugs and alcohol</b>					
10.1	Did you have a problem with drugs when you came into this prison?	25%	26%	25%	12%
10.2	Did you have a problem with alcohol when you came into this prison?	25%	16%	25%	25%
10.3	Is it easy/very easy to get illegal drugs in this prison?	41%	45%	41%	40%
10.4	Is it easy/very easy to get alcohol in this prison?	11%	26%	11%	10%
10.5	Have you developed a problem with drugs since you have been in this prison?	16%	11%	16%	12%
10.6	Have you developed a problem with diverted medication since you have been in this prison?	21%	7%	21%	10%
	For those with drug or alcohol problems:				
10.7	Have you received any support or help with your drug problem while in this prison?	50%	61%	50%	57%
10.8	Have you received any support or help with your alcohol problem while in this prison?	48%	63%	48%	71%
	For those who have received help or support with their drug or alcohol problem:				
10.9	Was the support helpful?	79%	76%	79%	79%

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<b>SECTION 11: Activities</b>				
Is it very easy/ easy to get into the following activities:				
11.1 A prison job?	56%	50%	56%	47%
11.1 Vocational or skills training?	50%	42%	50%	45%
11.1 Education (including basic skills)?	63%	57%	63%	63%
11.1 Offending behaviour programmes?	25%	24%	25%	39%
Are you currently involved in any of the following activities:				
11.2 A prison job?	62%	60%	62%	53%
11.2 Vocational or skills training?	11%	16%	11%	17%
11.2 Education (including basic skills)?	29%	22%	29%	29%
11.2 Offending behaviour programmes?	7%	11%	7%	9%
11.3 Have you had a job while in this prison?	77%	84%	77%	77%
For those who have had a prison job while in this prison:				
11.3 Do you feel the job will help you on release?	58%	43%	58%	58%
11.3 Have you been involved in vocational or skills training while in this prison?	64%	75%	64%	69%
For those who have had vocational or skills training while in this prison:				
11.3 Do you feel the vocational or skills training will help you on release?	66%	56%	66%	56%
11.3 Have you been involved in education while in this prison?	70%	80%	70%	78%
For those who have been involved in education while in this prison:				
11.3 Do you feel the education will help you on release?	66%	58%	66%	69%
11.3 Have you been involved in offending behaviour programmes while in this prison?	52%	71%	52%	61%
For those who have been involved in offending behaviour programmes while in this prison:				
11.3 Do you feel the offending behaviour programme(s) will help you on release?	44%	49%	44%	48%
11.4 Do you go to the library at least once a week?	37%	42%	37%	45%
11.5 Does the library have a wide enough range of materials to meet your needs?	41%	45%	41%	40%
11.6 Do you go to the gym three or more times a week?	24%	33%	24%	31%
11.7 Do you go outside for exercise three or more times a week?	59%	54%	59%	59%
11.8 Do you go on association more than five times each week?	62%	61%	62%	69%
11.9 Do you spend ten or more hours out of your cell on a weekday?	19%	17%	19%	23%
<b>SECTION 12: Friends and family</b>				
12.1 Have staff supported you and helped you to maintain contact with family/friends while in this prison?	48%	33%	48%	47%
12.2 Have you had any problems with sending or receiving mail?	25%	43%	25%	41%
12.3 Have you had any problems getting access to the telephones?	24%	21%	24%	17%
12.4 Is it easy/ very easy for your friends and family to get here?	32%	28%	32%	29%

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<b>SECTION 13: Preparation for release</b>				
For those who are sentenced:				
13.1 Do you have a named offender manager (home probation officer) in the probation service?	52%	80%	52%	70%
For those who are sentenced what type of contact have you had with your offender manager:				
13.2 No contact?	56%	36%	56%	29%
13.2 Contact by letter?	0%	33%	0%	5%
13.2 Contact by phone?	0%	27%	0%	1%
13.2 Contact by visit?	44%	31%	44%	67%
13.3 Do you have a named offender supervisor in this prison?	53%	75%	53%	75%
For those who are sentenced:				
13.4 Do you have a sentence plan?	61%	61%	61%	83%
For those with a sentence plan:				
13.5 Were you involved/very involved in the development of your plan?	64%	54%	64%	64%
Who is working with you to achieve your sentence plan targets:				
13.6 Nobody?	28%	46%	28%	27%
13.6 Offender supervisor?	15%	38%	15%	19%
13.6 Offender manager?	34%	27%	34%	40%
13.6 Named/ personal officer?	32%	12%	32%	29%
13.6 Staff from other departments?	14%	15%	14%	15%
For those with a sentence plan:				
13.7 Can you achieve any of your sentence plan targets in this prison?	64%	61%	64%	71%
13.8 Are there plans for you to achieve any of your targets in another prison?	14%	20%	14%	17%
13.9 Are there plans for you to achieve any of your targets in the community?	29%	28%	29%	38%
13.10 Do you have a needs based custody plan?	8%	6%	8%	12%
13.11 Do you feel that any member of staff has helped you to prepare for release?	27%	15%	27%	20%
For those that need help do you know of anyone in this prison who can help you on release with the following:				
13.12 Employment?	34%	33%	34%	41%
13.12 Accommodation?	40%	35%	40%	46%
13.12 Benefits?	43%	37%	43%	54%
13.12 Finances?	30%	27%	30%	32%
13.12 Education?	38%	33%	38%	42%
13.12 Drugs and alcohol?	56%	41%	56%	55%
For those who are sentenced:				
13.13 Have you done anything, or has anything happened to you here to make you less likely to offend in future?	51%	54%	51%	59%



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