

Race, nationality and ethnicity

The national and ethnic mix in prisons in Northern Ireland has changed considerably in recent years, and this is a particular challenge in a community which is predominantly white and English-speaking. The majority of foreign nationals are from eastern Europe, primarily Lithuania and Poland, or from China. Only around 1% of the prison population is Black or South Asian. Irish Travellers also account for about 1% of the population.

NIPS collates annual statistics on use of force and regime levels by ethnicity and nationality, which do not show any areas of concern except for high usages of force against Travellers in Maghaberry and Hydebank Wood. It is not possible to detect disproportionality in the routine equality and diversity reports, or in any other area, as there is no ethnic breakdown of the population as a comparator.

In discussion with black and minority ethnic and foreign national prisoners in all three prisons, it was clear that there was a considerable degree of cultural and racial blindness. To varying degrees, prisoners reported discriminatory attitudes and treatment, varying from casual racism, often exhibited in the use of discretion. Many said that the best opportunities went to those who were white, Protestant and Northern Irish (nearly all foreign nationals were Catholic or non-Christian); and some Travellers reported discriminatory treatment. No prisoners said that they had had active contact from a diversity or foreign national officer, or help with immigration issues. Prisoners at Magilligan and Hydebank were more mixed in their responses, and those at Magilligan stressed that it was better than Maghaberry.

This was confirmed in the Maghaberry meetings. Prisoners provided many examples of racist and abusive language and favouritism. There was particular concern about the absence of interpretation, especially for health problems, and several examples of undiagnosed serious illness, including a heart attack. One prisoner seeking to make a request to an officer was told he could only do so if he wrote it in English. Many reported feeling depressed and isolated and pointed

out that there had been two suicides of foreign nationals in the prison recently. One extremely distressed prisoner raised a number of easily resolvable practical problems, which should have been spotted and dealt with earlier.

Limited and inconsistent information is available about the use of interpretation and translation, but what is available shows very low usage, especially at Maghaberry, and usage that is confined mainly to specialist services, such as offender management and immigration. There is no evidence of use by healthcare and no recorded use on the residential wings, except for some at committal in Hydebank. At all prisons, there was a local rule that foreign nationals could not have free phone calls in lieu of visits if they had more than £50 in their private cash; they therefore faced the choice between saving for their release or to help their families overseas, or being unable to afford expensive overseas calls.

Recommendation 10

Equality and diversity reports should be presented in a form that signals clearly where there are differential outcomes in relation to religion, race or ethnicity. They should be routinely examined in equality committees and if necessary action taken. Ethnicity and disability should be better recorded and monitored.

Recommendation 11

Records of interpretation usage should be kept in each prison, by department and unit or house and regularly interrogated by managers. Support groups for foreign nationals should be established, and issues raised actioned by managers.

CHAPTER 6: HEALTHCARE AND SUBSTANCE MISUSE

Summary

Independent reviews of healthcare and substance misuse services, three years after responsibility transferred to the DHSSPS, showed some progress, but also gaps and weaknesses, especially in healthcare. Both areas suffered from systemic problems identified elsewhere in this report: waste of money and resources because of over-restrictive or inefficient prison regimes; silo working that inhibited joint care; gaps in data collection and analysis to assess need, develop services and monitor outcomes. They also revealed the need for joint work across criminal justice, and between criminal justice and health, to ensure adequate provision outside prison and continuity of care afterwards.

Governance and accountability structures for the delivery of healthcare were complex. Clinical management was being strengthened. A lack of information-sharing protocols inhibited joint care and planning, and pathways for primary and mental health care had not yet been developed. Attempts were being made to deal with longstanding problems of prescribing and medicines management. New centres at Maghaberry offered an opportunity for better support for those with mental or personality disorders.

Substance misuse services had developed, though first night prescribing for opiate dependent prisoners, and prescribing systems for those dependent on prescription drugs were not sufficiently consistent or safe. There were long waiting times for psycho-social support. Throughcare arrangements were developing, but were hindered by the lack of joined-up working within and outside prison.

Three years after the transfer of responsibility for prison healthcare and substance misuse services to the Department for Health, Social Services and Public Safety (DHSSPS), we commissioned two independent reviews into the delivery of these services. Their detailed findings are summarised in separate reports, issued alongside this one, which describe the service being provided at each of the three prisons in April 2011²⁷. Here we focus on high-level issues and key recommendations.

Both reviews showed that there had been some progress, particularly in substance misuse services, but that there remained significant gaps and weaknesses. The slow pace of progress, especially in healthcare, reflects in microcosm some of the systemic issues and barriers to transformational change in the prison system in general. Among them are: the waste of money and deficiencies in care caused by over-restrictive prison regimes; unresolved staffing issues; silo working between different departments; insufficient data and data analysis to assess need, develop and implement strategies and monitor outcomes. As with the prison service in general, the process that is needed is much more than simply the transfer of budgets and responsibility; it requires a transformational change, changing cultures as well as practices and processes.

An accurate assessment of health needs in each prison is essential

A further important finding from these reviews, which feeds into our analysis of desistance in Chapter 8, is the need for service provision and continuity of care outside, as well as inside, prison. Information exchange and diversion are important within the criminal justice system, but the responsibilities go wider. Untreated and unsupported mental health and substance use problems are key factors in offending; too often the treatment

that is needed is accessed only through the prison gate, and also ceases at the gate. The endemic benzodiazepine problem, the need for acute mental health beds and supported accommodation are issues that need to be tackled in the community, not just in prison. These were some of the key findings of the Bamford Review, which issued its final report in 2007/8.

Healthcare

In April 2008, responsibility for commissioning and delivering prison healthcare passed over to the DHSSPS. It is commissioned by the Health and Social Care Board (HSCB), in conjunction with the Public Health Agency, and delivered by the South Eastern Health and Social Care Trust (SE Trust).

The overall finding of the independent review was that, while there had been some progress, and more was planned, the services provided were basic, and still reminiscent of prison health delivery before the transfer of responsibility for health services. In summary, the reviewer found that both the primary care and mental health pathways were not developed, that medical and nursing staff were not used effectively, and that services were not sufficiently geared to assessed need. Reviews and inspections have chronicled some of these deficiencies, most recently in the inspection of Hydebank Wood, and show that there is considerable unmet need, in terms of both mental and physical health.

One of the HSCB's commissioning teams, the Prison Health Commissioning Team, is responsible for the commissioning and performance oversight of healthcare in prisons, under a service and budget agreement (SBA) with the SE Trust. Governance and management arrangements for the actual delivery of healthcare are, however, complex, and are not conducive to joint working and clear accountability. Though the Trust is commissioned to deliver services, it does not directly employ or manage the great majority of staff who provide it, and who are still employed by NIPS. Funds were only transferred over for health and not social care, and only for direct provision, not for the clinical,

²⁷ *Prison Health Services April 2011*, Susan Russell; Report on *Substance Misuse Treatment in the Prisons of Northern Ireland*, Anthony Hewitt. Reviews commissioned by the Prison Review Team.

management and administrative systems that lie behind it, or for the unmet need that a professionally-delivered service was likely to expose.

There is still no finalised and agreed strategy or implementation framework with clearly identified priorities, accountabilities, resource requirements, timescales and success measures. A Partnership Board was set up to manage the transition, but this now needs to become a more robust permanent structure, under the direction of the HSCB /PHA, with clear linkages to commissioning and delivery. The routine interface with NIPS is not at a sufficiently senior or direct level: it requires senior healthcare input at Board level to ensure joint strategic planning. At a seminar we convened, some of those responsible for commissioning health services in prisons were not aware of, and had not been involved in, the NIPS change programme. Moreover, it is essential to ensure that healthcare provision within prisons can be effectively linked to support on release, and that there exist community services that can prevent unnecessary use of custody. This will require buy-in from the four other health and social care trusts in Northern Ireland. A mapping exercise (Annex 2) shows that most prisoners are released into the area covered by the Belfast Trust and that there are significant clusters in towns in each of the other three.

There has not yet been an accurate assessment of health needs in each of the three different Northern Ireland prisons. That is an essential prerequisite to developing a health improvement plan for each prison, providing a work programme and framework for three implementation sub-groups reporting to the main Board and feeding into an overview and planning systems for Northern Ireland as a whole. Those plans will need to recognise the needs of specific groups: women, young adults, older and disabled prisoners, and those from ethnic minorities or other countries. Equally, now that information is held on a Trust platform, there is an opportunity to develop, and to interrogate, much more robust performance management measures: at the time of the review, there was no accurate

measure of take-up of services or attendance at clinics.

There is a need for strong clinical leadership of all three healthcare centres, to support and train staff and change cultures, and to ensure that healthcare is not simply subsumed into security and operational needs. It is helpful that clinical management is being improved, with a lead GP and primary and mental health leads across prisons, but healthcare managers also need to play a key role and be part of each prison's senior management team.

It is hoped that the much-delayed transfer of all healthcare staff to the SE Trust will take place by April 2012. This is welcome, though it has been allowed to drift for too long without decisive action at a sufficiently high level. But irrespective of that, most staff are nurse-trained and it is essential to ensure proper clinical accountability and governance, so that they fulfil their professional responsibilities and the requirements of the Nursing and Midwifery Council Code. There is not as yet a sufficiently clear distinction between healthcare and security, with nursing posts focusing on a therapeutic role and the delivery and quality of services. The arrival of healthcare assistants has been a positive measure, but there is also the need to define the role of non nurse-qualified staff and reduce the use of agency nurses.

Silo working gets in the way of joint care

The review clearly showed how silo working in prisons, and the absence of agreed information-sharing protocols, got in the way of joined-up care. Healthcare staff were not sufficiently involved in the reviewing and support of prisoners at risk of suicide or self-harm. There was limited information exchange and insufficient joint working across health, offender management and residential care. Similarly, there were not yet agreed and implemented pathways for either primary or mental health care and that impeded continuity of care within and between prisons.

There continued to be resistance from nursing staff to this approach.

GP care is being reorganised and restructured to mimic a GP practice in the community. But, especially at Maghaberry, there remained major problems of access to clinics and appointments because of regime restrictions. This created delays and wasted precious clinical resources. Nurses were not always deployed to best use, and sometimes redeployed elsewhere, limiting the number and consistency of nurse-led clinics, which should complement GP care and provide health promotion services and support for long-term conditions. Monitoring of the use of and necessity for outside hospital appointments was much-needed: ideally the considerable associated costs of escorts and bed-watches should be borne by healthcare, with resources transferred from NIPS, as an incentive to provide services within the prison where feasible.

Prescribing and medicines management have been persistent and well-recorded problems, even following the transfer of healthcare. There has not been consistent prescribing in relation to those who are heavy users of prescription drugs in the community (see substance use section below) and in addition prisoners have not been able to access prescribed medication immediately on committal. This has had consequences for prisoner safety and care, and will hopefully be addressed under the new GP arrangements and pharmacy contract.

Continuity of care on release is also important, particularly for short-stay prisoners and those with substance misuse or mental health problems. The Trust funded two discharge liaison nurses, who were using referral criteria developed in the community for those at extra risk released from hospital. These criteria are too narrow for use in prison: most prisoners are vulnerable on release, and their risk of reoffending is compounded if mental health, substance misuse or other health problems are not supported. All health centres should have effective pre-release discharge arrangements, in conjunction with service providers outside, including registration with a GP, who is often

the gateway to mental health and substance use services in the community.

Mental health is a major issue in all prison systems. Too many people with mental health problems end up in prison by default, because these issues are not picked up or treated earlier. The need for a joint approach, and for sufficient community services, was highlighted in the final report of the Bamford Review²⁸. These issues were picked up in the 2010 CJINI report, *Not a marginal issue*²⁹, which called for earlier screening and assessment, more diversion and better reintegration, with greater collaboration between criminal justice agencies and between justice and health. In that context, it is disappointing that the fledgling mental health diversion scheme, with a mental health nurse operating out of only one police station, has not been extended.

Within prisons, the need for a pathway and effective information sharing is particularly important in this area, as is training for all staff, not just healthcare staff, in mental health awareness and dealing with people with personality disorders: including all residential staff, education staff, IMB members and the chaplaincy. In relation to personality-disordered prisoners, offender management is key to identifying risks and needs and ensuring that relevant services are available as part of a sentence plan. Personality disorder is not yet covered under the Northern Ireland Mental Health Order, though there are plans to do so. It is also necessary to establish and monitor the need for secondary care for those with severe and acute mental disorder – both to ensure speedy transfers where needed and to press for sufficient beds in secure and psychiatric intensive care (PICU) units to meet the demand. There is not enough of this provision in general, and in particular for women and young adults.

The re-opening of the REACH unit at Maghaberry and the new Donard day centre, whose running is funded through the Northern Ireland personality disorder strategy, are important and potentially valuable additions

28 *A comprehensive legal framework for mental health and learning disability* Bamford Review, August 2007

29 *Not a marginal issue*, Criminal Justice Inspectorate of Northern Ireland, March 2010

to the care of vulnerable or mentally or personality disordered prisoners. But it will be important to ensure support and training for staff, proper criteria for admission, reintegration strategies back into the main prison, and that the expensive resources provided are properly used and their use monitored.

This is still a service in development, and we were reminded many times by the SE Trust that there are plans, processes and committed individuals in place, and that progress is being made. But it is nevertheless disappointing that, three years later, we were often reviewing plans, not outcomes. The slow pace of change is a telling reminder, in the context of the overall NIPS change programme, that transformational and cultural change are not simply a matter of new leadership, or even new money, but require a dedicated change management team.

The detailed healthcare review provides pointers to the way forward, as the service develops further. Here we list some key high-level recommendations.

Recommendation 12

The current governance structure for the delivery of healthcare in prisons should be strengthened and clarified, in the context of links between criminal justice and healthcare more generally. This should include direct representation from health and social care at a senior level on the Prisons Board. It should also include clarifying and strengthening the governance of healthcare delivery, through a permanent board, linked to the commissioning structure and accountable for the implementation of an agreed strategy.

Recommendation 13

There should be a joint healthcare and criminal justice strategy, covering all health and social care trusts, with a joint board overseeing commissioning processes within and outside prisons, to ensure that services exist to support diversion from custody and continuity of care.

Recommendation 14

Data collection and monitoring should be improved, and health needs assessments carried out in each prison to frame and support individual improvement plans and assess performance and delivery.

Recommendation 15

The transfer of healthcare staff to the SE Trust should be expedited. In the meantime, clinical leadership and governance should be strengthened, so that nurses fulfil their professional obligations.

Recommendation 16

Clear pathways for primary healthcare and mental healthcare should be established and implemented as a matter of urgency, and the operation of the REACH and Donard units monitored.

Recommendation 17

Joint working between healthcare and other prison departments and services should be developed to support prisoner care and resettlement, and information-sharing protocols should be developed to enable this.

Substance misuse

One of the major problems in Northern Ireland is the over-prescribing, diversion and misuse of prescribed medication, particularly benzodiazepines, in the community at large. There has been some work to address this in the 'Beating the Blues' project, but, as noted in the most recent report of the Bamford Monitoring Group³⁰, this needs to be strengthened, and increased psychosocial support provided, to deal with anxiety management. This problem inevitably affects prisons, as individuals arrive with significant and often risky levels of use. A coordinated approach, inside and outside prisons, is therefore essential.

In relation to all substance misusers, advance information about risks and needs from other agencies (such as police, courts and probation) would assist safe treatment, and protocols with those agencies would assist early identification.

As in many other areas, data is not effectively used to identify need. Data collected during healthcare screening is not collated to provide analysis, nor is it sufficiently sophisticated or in-depth, particularly in relation to prescription drugs. This almost certainly underestimates the problem and does not assist identification of risk or clinical planning based on assessed need. It also does not allow effective strategic planning. Each prison should have an annual substance misuse needs assessment and review to inform its planning, with an annual strategy and action plan monitored by senior managers. Individual strategies should align with the revised national strategy, and be overseen by a multi-disciplinary group, including those responsible for supply reduction.

Prison health performance indicators for Northern Ireland need to be more specific about clinical substance use interventions, to reflect good practice. Current pathways for addressing substance misuse problems lack specificity or guidance in important areas of clinical decision-making. Treatment options are therefore left to doctors who may not be specialists and whose approach has lacked

consistency. There is a need for integrated pathways, involving all the relevant agencies and departments within and outside the prison, based on a prisoner's care plan, and emphasising the need for throughcare. Some of the treatment protocols need developing and expanding, particularly in relation to substitute prescribing. However, actual clinical practice does not always follow protocol, particularly in relation to withdrawal or reduction from benzodiazepine dependency, and the psychosocial support needed (as stated in Chapter 4, this has a direct connection to self-harm and suicide risks). There is a need for regular audit and increased governance oversight.

First night treatment for opiate users did not meet best clinical practice, relying on symptomatic relief, when in some cases substitution treatment would be more appropriate. A particular issue was the fact that community providers were not always able or willing to continue treatment on release, but protocols could be developed to manage this more safely. As in the rest of healthcare, waiting times for treatment were not monitored, to ensure that where appropriate substitute prescribing could begin within 24 hours.

Alcohol misuse is taken seriously in prison and the community.

It was positive that alcohol misuse was taken seriously, and prisoners referred for treatment if it was a factor in their offending, not only if their levels of use were hazardous; and also that a focus on alcohol misuse was a feature of community services also.

There were a number of different teams involved in the care and treatment of substance misusers. The primary care team carried out initial screening and all clinical interventions for benzodiazepine and alcohol dependency. Specialist substance misuse nurses from the prisons addiction team dealt with opiate-dependent prisoners and developed their treatment plans. Care and

³⁰ Annual Report of the Bamford Monitoring Group, August 2011 pp28-9

treatment was therefore divided on the basis of the substance used. This meant that some individuals with complex needs or risks, who were not opiate dependent, were not referred to the specialist team, and also that the Northern Ireland healthcare standards on substance misuse were not applied to their treatment.

AD:EPT provided all psycho-social interventions, including counselling. They were an active presence on wings and houses, and prisoners were able to self-refer for support and treatment. There were however waiting lists for their services in all prisons, and some prisoners were not able to be seen before release. It is important to review this provision to see whether there is a need to change the service model to eliminate delays, or whether additional resources are needed. It is important not to dilute the service.

There are currently few programmes in prisons to motivate and support change, and it is unlikely that there are sufficient numbers of prisoners to benefit from the usual programmes, which may be better delivered in the community, with prisons focusing on one-to-one interventions and support, such as the 12-step programme. Narcotics Anonymous could also be introduced, and there is considerable potential for peer support from long-term abstinent prisoners (see for example the Prince's Trust work with young adults at Hydebank Wood).

There is at present a low number of prisoners in Northern Ireland recognised as being opiate dependent, though this may underestimate actual use, which appears to be growing. There is an opportunity to avoid some of the problems that were created in England and Wales as a result of over-reliance on substitute prescribing, without a similar focus on supporting prisoners towards recovery and abstinence. Strategic planning, both in prisons and the community, would allow the development of specialised group interventions and programmes, peer support and one-to-one interventions to help support change, without increasing risk. This could also apply to prescribed medication.

As in other areas of prison life, silo working and poor communication inhibited effective and joined-up prisoner care. There was room for more integrated working between the three agencies involved in treatment: primary care, secondary care addictions teams, and AD:EPT, and in particular there was a need for closer partnership between the two health teams and AD:EPT. An integrated multi-disciplinary team, particularly at Maghaberry, would be beneficial, and in any event there should be weekly formal meetings and joint reviews and joint working for substance misusers with complex needs or particular risks.

Over-prescribing and misuse of prescription drugs is a major problem

More generally, there was a need for better communication with, and understanding from, other parts of the prison, particularly the offender management unit and residential staff. In general, residential staff attitudes were thought to have improved, but there was still a limited understanding of substance misuse and a tendency to refer all issues to healthcare. There was a particular problem with information-sharing and communication and, as in all healthcare matters, a need for information-sharing protocols to ensure that relevant information could be exchanged in prisoners' best interests. This is also particularly relevant in dealing with the many prisoners who have dual disorders - mental health or personality disorder along with substance misuse - which necessitates joint working with mental health teams and those supporting personality-disordered prisoners.

Throughcare and aftercare are crucial. Continuity of care between prisons seemed good, but a much greater concern is the risk of overdose and death immediately after release. This requires good throughcare planning and prompt and effective community take-up. Release planning should begin at committal, ensuring connection with community agencies; the current waiting times for AD:EPT treatment can prevent this. Links for opiate dependent prisoners were developing well but one major

gap was that AD:EPT teams, largely responsible for other forms of substance misuse, were not able to talk directly to community addiction teams or make direct referrals. This again pointed to the need for information-sharing among all those, including the offender management unit, who might be involved in the care of prisoners – to allow integrated offender management, with a case manager responsible for oversight and coordination of care plans, particularly in complex cases. This should be supported by inreach services from key community agencies, for example those that can provide accommodation.

Effective protocols between prison and community providers are essential in ensuring continuity of care, especially for remand prisoners who can be released midway through a course of treatment, and for those dependent on prescribed drugs. Remand protocols only existed with one trust at the time of the review, though others were being developed; but there were none for prescribed drugs. It was very positive, however, that community services for alcohol misuse were well developed, with 60% of provision being for alcohol. However, most services were concentrated in Belfast and there was little rural provision.

Recommendation 18

There should be a cycle of annual needs assessments, service monitoring and planning for substance misuse services, supported by effective data collection.

Recommendation 19

There should be increased partnership working and integrated care amongst the three providers of substance misuse services (primary care, secondary care and AD:EPT), and with other departments and services in the prisons, supported by information-sharing protocols.

Recommendation 20

There should be a clinical audit specific to substance misuse, to ensure low dosage withdrawal-led substitute prescribing, beginning at committal, for all those dependent on opiates and consistent and safe prescribing for those who are benzodiazepine dependent.

Recommendation 21

In relation to both healthcare and substance use, there should be integrated discharge and care planning between prison and community services, in all health and social care trusts. This should be supported by information-sharing protocols, inreach and outreach links and transfer protocols, to ensure continuity of treatment and support after release.

difficulty of the process, we also consider that there should be quarterly reports to a high-level Ministerial oversight group, with external representation from a non-executive director of the Prisons Board and the Criminal Justice Inspectorate. There should be regular progress reports to the Justice Committee, to ensure public and Assembly oversight and engagement with the process. We also believe that the Criminal Justice Inspectorate should be given additional funds to create a dedicated resource to independently monitor the actual outcomes in prisons and other associated areas of criminal justice against the recommendations of this report and to provide independent confirmation of progress to these meetings.

In the longer term, we believe that the model under which NIPS is currently working inhibits its ability to act as an effective operational body, able to respond swiftly to developing events, particularly when trying to drive through fundamental change. The PSNI is able to benefit from its constitutional separation, in operational matters, from government and executive. NIPS, rightly, does not have the same level of separation, being directly democratically accountable to Ministers, but neither is it simply another part of the generic civil service or the Department of Justice.

NIPS is in theory an executive agency, but it lacks the operational freedom that was originally envisaged for such agencies: direct control of decisions to hire and fire, ability to set pay and conditions, procure and contract, seek legal advice and take legal action, or even invest. This is not an effective model for a highly operational service, which needs to be able to respond swiftly to developing events and is trying to drive through fundamental change. In our view, once the necessary structural reforms have been achieved, the Director General should be directly accountable through the Minister to the Assembly for the operation of the service, with a devolved budget and the operational freedom to run the service within the financial and political parameters set by the Executive. This of course

assumes that the reforms that we advocate, and that the system requires, are achievable within a wholly publicly-run service.

Recommendation 22

A dedicated change management team should urgently be put in place, headed by an experienced change manager, to coordinate, prioritise, oversee and communicate the complex change process that is required, reporting regularly to a programme steering group headed by the Director General. In particular, this will require expert human resources input.

Recommendation 23

There should be oversight of the change process, by a high-level Ministerial group including external involvement from a non executive director of the Prisons Board and the Chief Inspector of Criminal Justice, with regular reports to the Justice Committee. The CJINI should be given additional resources to carry out independent monitoring of outcomes against our recommendations.

Recommendation 24

A new operating model for the staffing of prisons should be agreed within the next six months. It should include more flexible and efficient working practices and staff deployment, as set out in our interim report (pp 47-49), a review of staffing numbers at all levels of the service, and the reform of dispute procedures.

Recommendation 25

The Strategic Efficiency and Effectiveness programme should be shared with other relevant government departments, particularly DFP, DHSSPS and DEL, who may have an interest in, or be affected by it, and integrated into their planning and implementation processes.

Developing staff

A changed service requires a changed approach from staff. As we noted in our interim report, NIPS is a service which has not recruited

to main grade prison officers since 1994, and where continued staff development and training has been and continues to be neglected. Therefore, one of the key recommendations in our interim report was for a twin-track approach: to allow sufficient staff to leave the service so that new staff can be recruited, and at the same time to inaugurate a 'staying on' package for the wholesale reskilling and development of the staff who remain.

The exit package has been the main talking point within the service and within government for the last eight months. That is unfortunate, for it has focused attention on those who may, or can, leave, at the expense of those who want, or are needed, to stay. Of course, there needs to be a sufficiently generous package so that those who wish or need to leave can do so with dignity, and to create enough spare capacity to refresh and recruit new staff at all grades, for example to allow progression for well-motivated support staff, who were promised it when they joined. That package also needs to be part of a greater whole, towards a more efficient and effective service, and we deal above with the progress, or lack of it, in moving forward to address the fundamental problems that still remain.

But it also, crucially, needs to be part of a twin-track approach, as we made clear in our interim report. The other track is a large-scale process of development and training to refresh those staff and managers who remain – staff as well as prisoners need to be open to change and challenge. Alongside this, there is a need for a code of ethics and values, supported by clear and well-implemented processes of appraisal and discipline. Both were essential parts of the transformation of the PSNI.

Staff quality of life surveys were carried out in all three prisons, using appreciative inquiry methods. These surveys are now carried out in prisons in England and Wales as part of the audit and performance assessment processes. There was a common pattern across all three prisons among discipline staff, who in general were distant and distrustful towards both prison managers and prisoners (see the graph

at Annex 3). They did not feel that their work was recognised or that they were involved in decisions about the running of the prison, did not feel safe or secure, and reported high levels of stress at work. Compared to other prisons surveyed, they reported a greater social distance from prisoners, and a greater reliance on authority and control. This was particularly the case at Maghaberry and Magilligan. In all prisons discipline staff were likely to be more negative about relationships with and support for prisoners than other grades, and female staff more positive than male staff. This indicates the degree of cultural change that is needed, as well as the need for more effective management skills, to support, communicate with and engage staff in the change process.

Existing training methods and facilities will not be sufficient: they are likely simply to replicate and reinforce what is, rather than what ought to be. Nor will small-scale projects that develop the skills of a small number of staff and managers, without providing peer or institutional support for those skills to be used. For that reason, our interim report recommended a training programme, externally delivered, that could reach a large number of staff at all grades during an 18-month period. We said that tenders for delivery should be invited.

We repeat that this is both essential and urgent. Given the delays so far, we consider that there should be a three-pronged approach: short courses, using external expertise, that can be delivered and accessed swiftly by a significant number of staff and managers; an exchange programme for staff and managers with other jurisdictions in the UK, that should be mandatory before any promotion; and the development of longer training programmes that become part of staff recruitment, induction and development, in line with the proposals for a two-tier approach to prison officer work, which envisages some officers becoming qualified offender supervisors, working alongside those in support roles.

The first two would kick-start a process of change: reinforcing and supporting a different approach, and allowing staff and managers to experience other ways of running prisons and to work alongside those with experience in other systems. The third should be a pillar of the new and refreshed service. However, without tackling the waste and over-staffing in the current operational model (see above), it will be difficult to release staff for training and development.

Staff training and development, across all grades, is urgent and essential

This staff training and development programme should be accompanied by a new approach to discipline and appraisal. The current disciplinary system is complex and negative: setting out a detailed list of things that are prohibited and fostering a culture of blame and defensiveness. It does not work, nor does it inculcate or reinforce the ethical and value systems that should underpin work in prisons. A new disciplinary system should be based upon positive values and an ethical code: a clear statement of what actions and behaviours are required, with a series of interventions and approaches to ensure that staff who fall short of this are encouraged to learn from their mistakes, helped to understand what they have done and supported or retrained to ensure it does not recur. However, if that fails, and staff refuse to engage, or if there is serious wrongdoing, managers have to be able to take formal action, which can lead to dismissal. Such actions or negligence, and misplaced loyalty to colleagues, damage the service and its public acceptability. In the interim, and while the current systems exist, there should be a dedicated professional standards unit headed by a capable manager, which focuses on discipline issues and professional standards

and deals directly with all serious discipline matters.

Equally important is a well-run and clearly-understood appraisal system, which rewards and reinforces good practice and is the basis for progression through the workforce. Prison staff carry out very difficult work, hidden from public view, and therefore often unrecognised and unacknowledged. Public recognition of this important and difficult work, both internally within the prison system and externally among the general public, is essential in validating and supporting good practice and commitment. We therefore think that it would be helpful for NIPS to set up and publicise its own awards system, with external input, to recognise individuals or teams who carry out positive and innovative work.

Recommendation 26

There should be a twin-track approach to refreshing and developing staff. There should be an early retirement scheme which allows a significant number of staff to leave and new staff to be recruited, alongside a training and development programme, externally delivered, for those who remain or join. This should include short courses and exchange programmes that can swiftly be delivered, alongside the development of longer training programmes to equip staff for the new roles envisaged.

Recommendation 27

There should be a new code of ethics and values, and new disciplinary and appraisal systems based on the code. In the interim, a professional standards unit should oversee all disciplinary matters.

Recommendation 28

The Northern Ireland Prison Service should develop its own awards scheme, with external assessors, to provide public recognition for innovative and positive work done in prisons.

CHAPTER 8: MOVING ON: PARTNERSHIPS FOR CHANGE

Summary

A prison system geared towards change and desistance needs to be supported by effective partnerships with statutory, voluntary and community agencies and organisations. Prisons should assess need in order to develop individual custody and sentence plans and to ensure that the right services are in place and planned. The partnership with probation, which has successfully launched offender management units, can be strengthened further, as can wider integrated offender management work, involving police and the voluntary sector.

Education, skills training, employment and housing are all important; as are soft skills, peer mentoring and restorative justice projects. All departments, not just the Department of Justice, have an interest in reducing crime and can help deliver services in and outside prisons. Voluntary and community sector organisations are also key partners, and are already involved in some successful and innovative schemes. But real partnership involves joint planning, not just delivery, and a commitment to facilitate and support this work as part of core business, both operationally and financially.

Desistance is a social as well as an individual issue and therefore requires engagement with the places and circumstances to which prisoners return, to build up the social capital they will need. Families and communities can and should play a key role, and there are some good examples to build on. Finally, the principle of justice reinvestment for a safer society – placing resources in communities to reduce crime – should be central to Northern Ireland’s reducing offending strategy. The need to prevent offending and reoffending should be built into all departments’ strategies and plans.

In Chapters 2 and 3, we set out the principles, structures and practical outcomes for a prison system that works with others towards helping prisoners to change and to desist from crime. This chapter develops this in the context of Northern Ireland, and describes the partnerships, in and outside criminal justice, that need to be developed to sustain this approach. Joint working within prisons has proved problematic and it is therefore scarcely surprising that partnership working with other agencies – statutory, voluntary and community – has been patchy and fragile. But these partnerships are essential if effective work of sufficient quality is to be done in prisons and continued afterwards.

Prisons and criminal justice partnerships

As we made clear in Chapter 3, there needs to be a whole prison approach to enabling change and desistance among prisoners. Yet this report frequently refers to silo approaches, in which different parts of the prison and different agencies work separately, or in competition. Health, substance misuse, education and training, offender management, chaplaincy, security and residential functions operate in their own areas, sometimes not even exchanging information and often in competition or collision with each other. As we noted in our interim report, this can mean a ‘prisoner beauty contest’ where some prisoners are working with a plethora of agencies and others, often the most needy, with none. There are plans for a new role for prison staff, focused on offender management; but to be successful that will require a much more sophisticated approach to identifying and meeting need, and to joint planning and delivery of interventions and support. We also make frequent reference to the way in which regime restrictions undermine positive work and activity, and therefore new operational models are essential to support desistance-focused work.

In Chapter 2, we stress the need for personalised custody and sentence plans to be developed with each individual prisoner, focused around her or his needs, risks and strengths and engaging all the agencies and disciplines that will be needed to deliver

change. This is the golden thread that needs to run through custody and beyond.

There are also wider organisational consequences. Creating a desistance-based prison system requires a fresh look at NIPS’s approach to, rationale for, and monitoring of the planning and commissioning of services in prisons. When making or reviewing decisions, NIPS needs to be clear about exactly where and how the service is supposed to fit in the process of supporting positive change and development in prisoners, and which is the best organisation, individual or group to provide that service. Internal commissioning of offender programmes, external commissioning of specialist substance misuse services, arts interventions, learning and skills, and the development of follow-on services such as step-down accommodation and support – all of these decisions need a transparent logic rooted in the central aim of developing a prison system that supports a safer society by helping people to change.

There is no department that does not have an interest in the reduction of crime.

It is not possible to ensure that provision is relevant without an accurate and regularly updated assessment of need. The information base available to NIPS in this, as in other areas, is at present inadequate and data is not routinely collected or analysed. It is a waste of scarce resources to commission services that are not relevant to prisoners’ requirements, and a waste of precious opportunities not to know where the gaps in provision are. Not everything needs to be provided within prison, and we sketch out below the partnerships with other agencies that need to be deployed after release. But without an accurate assessment of need, it is impossible to plan or partner effectively.

One of the key partnerships is between prisons and probation services. Legally, these are the two statutory organisations charged with executing the sentences of the courts, and increasingly the legislative context (for

example, the release arrangements required by the Criminal Justice Order (CJO)) requires them to work more closely together. In our review, we have found evidence that their relationship is becoming more effective; the successful development of the Offender Management Units (OMUs) in the prisons is the most obvious example. With the proposed move away from OMUs as such, and towards the development of offender supervision as one of the two key roles for residential prison officers, the challenge will be to retain the focus, quality and multi-disciplinary approach that has characterised offender management work so far. In addition, the challenge presented by the increasing number of prisoners now being recalled to prison for breaches of licence under the CJO demands close cooperation between the two services, to monitor the reasons for and the necessity of recall to custody and ensure that risks are managed and minimised (see Chapter 4).

The prisons-probation partnership in Northern Ireland can and should develop much further, without threatening the operational independence and different traditions of the two services. For example, deeper understanding of each other's practices, responsibilities, strengths and challenges could be secured by a staff exchange programme. Community-based probation staff could do more work inside prisons (for example, in offending behaviour work, where some have particular expertise that prisons desperately need). Prison staff, particularly those who have developed positive relationships with prisoners during their sentences, could do more work in the community, following some prisoners out and being part of initial post-release supervision and support. Some resources could be shared by the two services, particularly those required in the delivery of specialised assessments and interventions. In a small jurisdiction, it would seem to be worth examining whether both services could share their forensic and clinical psychology services, for example; and also to be clear about where offending behaviour programmes should most usefully and effectively be done.

Members of the Review Team have also seen a number of examples of formal inter-agency working that includes police as well as probation in England and Wales, usually in the form of integrated offender management (IOM) projects. There are different models and target groups: some are police-led, some probation-led and a few voluntary sector led. At their best, they use the different skills and expertise of the different partners, and in some cases use ex-offenders as peer mentors. They usually work with prolific offenders, whether they are subject to formal supervision or not. Many of those they work with are ex-prisoners who have served numerous short sentences for acquisitive crimes. Most of the projects combine strategies to 'prevent and deter', 'catch and control' and 'rehabilitate and resettle'. Those who engage are offered every support to make the positive changes required; those who do not will become targets of increased policing efforts, if intelligence suggests that they are actively offending. The projects that work best are genuine partnerships, ideally with pooled budgets, that recognise the skills and expertise of each agency. Lessons learnt from the evaluations of such schemes could help inform the developing IOM project in Northern Ireland³⁴.

However, this work also crucially depends on effective partnerships outside criminal justice. Prisoners are people as well as offenders, and people who will usually spend only short periods at any one time in prison. Many of the key reforms and progress in prison systems throughout the world have been achieved by letting the outside in: encouraging, and indeed even requiring, other agencies to provide services in prison and continued support on release.

That involves other departments in Northern Ireland accepting responsibility for, and contributing to, the rehabilitation of, ex-prisoners – both while they are in prison and when they leave. We have already referred to the role of the DHSSPS both in delivering

³⁴ *An evaluation of the Diamond Initiative: year 2 findings*, London Criminal Justice Partnership April 2011; forthcoming evaluation of *Innovative Voluntary and Community Sector Involvement in Integrated Offender Management* (available from Clinks, London); see also *Community or Custody, Make Justice Work*, September 2011.

healthcare and substance use services in prisons and in planning to ensure alternatives to custody and continuity of treatment on release. Other departments responsible for education and training, employment and housing, social services and community development also need to be engaged in the resettlement and rehabilitation of prisoners. There is virtually no department in the devolved administration that does not have an interest in, and a need to contribute to, the reduction of crime. However, there has so far been little interest in cooperating with, or planning, such work. The recent Cost of Crime survey³⁵ showed most departments unwilling or unable to estimate the effects of crime in the areas for which they are responsible. Hence the recommendation in our interim report: that the role of prisons should sit within a Northern Ireland wide safer society strategy, engaging all parts of the Executive as well as voluntary and community services and partners.

For example, the Department for Employment and Learning has not so far been a key partner in the planning and delivery of education and skills training in prisons. Except in Magilligan, where there has been some positive engagement with North West Regional College, prison education and training operates in a vacuum, delivering courses that may or may not be relevant to prisoners' needs or employment possibilities and which are often disrupted or under-used because of regime restrictions. The funding arrangements that further education colleges rely on, which depend upon successful course completions, have proved unworkable in a prison setting, particularly prisons which hold short-term prisoners. It has therefore been uneconomic for colleges to provide services into Maghaberry and Hydebank Wood. A review of the delivery of education and training is now taking place.

This is not a role for statutory services alone. There are many effective voluntary organisations in Northern Ireland, offering essential support and training for social and economic integration. To be effective, though, they need not to be merely seen

as delivery agents – in other words, where the statutory agency decides what should be done and looks out for other agencies or groups to sub-contract that activity to, often with limited funding and no certainty of continuity. Real partnership involves joint planning, as well as delivery; it means that statutory as well as voluntary agencies may need to change the way they operate, and jettison some cherished practices or beliefs. Otherwise, what commonly happens is that a number of individual agencies orbit prisons and prisoners, sometimes replicating services, sometimes leaving gaps, sometimes letting prisoners down by failing to be able to sustain a service, and sometimes offering a model that is contradicted and undermined by the way the rest of the prison works.

External expertise is needed to structure new partnerships.

Some of the most successful and innovative projects involve cooperation between the voluntary, statutory and community sectors, stretching into and outside prison. One of those is the Jobtrack project: a partnership between prison and probation services and NIACRO that has successfully helped many prisoners – nearly one in four of those who complete the course – to get into employment. This has involved building links with employment services, community training and education providers, ex-prisoner and community groups and employers, and offering proactive support to prisoners who are, often for the first time, engaged in full-time employment. Another voluntary sector agency, Extern, has developed a range of initiatives to support prisoners into employment, including a training and work experience programme with long-sentenced prisoners in Maghaberry. The Give and Take partnership between Include Youth and the health and social care trusts offers employment and support to young people who are not in education, employment or training, including ex-prisoners and offenders, and who are often hard to reach. In the sections on women and young adults that

³⁵ *Cost of Crime in Northern Ireland: Report No 1*, Department of Justice July 2010

follow, we note some of the other positive, joined-up and community-focused work that is already under way with those groups, and which we believe should be built on as the mainstream way of working. That could serve as a model for engagement with offenders more widely.

Much more could, however, be done. Most of these partnerships are fragile, in that they depend on external, often time-limited, funding: they are not a core part of what prisons do. As yet, they touch only a minority of prisoners. They are not yet true partnerships, as the prison service cannot be relied upon to ensure consistent access for outside agencies into the prison, or for prisoners to education and work opportunities. Prison regimes are not configured around education, training and purposeful activity as the central part of the prison day: for example, a state of the art education centre at Maghaberry is under-used and under-developed. Like all the other agencies, from health to education, who are putting, or who might put, resources into prisons, external partners cannot be sure that some of that investment will not be wasted because of regime shut-downs or restrictions on access.

Moreover, many opportunities are missed – for example, the possibility of external employers coming in to the prison to run work training projects (such as the Timpsons workshops in some English prisons, or the employer-run projects in Finland). There is as yet no strategic planning or delivery of a whole-service programme or policy to provide quality interventions in prisons, with through the gate support afterwards.

The prison service needs to identify and structure partnerships with other key statutory, voluntary and community organisations and agencies, and then to ensure that its side of the bargain is kept. In our interim report, we noted that there was a lack of expertise and understanding in this area within NIPS and we called for an external appointment, of a post at senior level to plan and direct this work. At present, NIPS is undertaking a review of education and skills training, with a view to further work that can result in this being tendered out. But this is a

lengthy process, with the likelihood that these crucial areas will lag behind other parts of the change programme. We remain convinced that it is only by bringing in external expertise, from a Director with experience of outside training or resettlement work, that there will be the required drive, understanding and approach.

Providing prisoners with education and employability skills and possibilities is, however, only part of the picture. Too often it has been assumed that there is a kind of simple equation: add in literacy, numeracy and IT skills and a cognitive behaviour programme and out will come a changed and law-abiding citizen. As we have already stated, the process of desistance from crime is much more complex, involving both personal and social elements.

Innovative projects involve cooperation between statutory, voluntary and community sectors

It is important to provide activities and opportunities for the kind of personal development that is essential, both to encourage engagement with formal education and skills training and to stimulate the personal change and responsibility that is needed to make best use of any successes in prison. The use of arts projects, sports and teamwork activities, and other aspects of personal development, such as parenting and life skills courses, can create opportunities for prisoners to develop new skills and relationships, to begin to see themselves differently and to be seen differently by others, and to open up the possibility of change and the motivation to take other steps to support their development. In many cases, this is best done by voluntary and community sector partners, who bring both expertise and the essential post-release links.

Aspects of prison life that allow prisoners to take responsibility for themselves and others are also important. Prison can take away personal responsibility – for oneself and for

families, communities and victims. Allowing elements of personal responsibility and choice, within the limits of necessary security and safety, is important. That can be through peer supporter schemes, such as the Toe by Toe system (whereby prisoners help others with literacy problems), the Listener scheme (where trained prisoners, with the support of the Samaritans, provide support for those at risk of suicide or self-harm) or the work of peer advisers, trained to give advice and help with practical reintegration issues. These schemes have a double benefit, both to those receiving and those providing the service.

Restorative justice also has a place within prisons, both as a way of avoiding and dealing with conflict and in projects that allow prisoners to give something back to others are an important factor. That may involve carrying out work for disadvantaged individuals in the community or overseas – repairing bicycles, wheelchairs, spectacles or white goods. Shotts prison in Scotland has taken this further: prisoners who undertake voluntary work in prison, through schemes like this, can gain ‘time credits’ which are donated to a time bank in the local community, so that residents and organisations in the community can use them to access services from other members of the time bank without charge – such as gardening, decorating or transport services.

Recommendation 29

Accurate data should be collected about prisoners’ needs and risks in all three prisons, as a basis for planning and commissioning services.

Recommendation 30

Each prisoner should have a personalised custody or sentence plan, developed together with him or her, which reflects his or her own needs, strengths and risks. It should identify and engage all the other agencies and disciplines within and outside prison that are needed to support change.

Recommendation 31

The Northern Ireland Prison Service and the Probation Board for Northern Ireland should undertake joint work to plan and deliver integrated services, explore staff exchange and consider shared services.

Recommendation 32

The Northern Ireland Prison Service should create and recruit to a new post at Director level, focused on rehabilitation: bringing in expertise in working with other statutory, voluntary and community agencies and private sector employers, to structure and develop appropriate partnerships. This should focus on effective and professionally delivered education, work and skills training within prisons, linked to employment and educational opportunities and support in the community, as well as other soft skills necessary to support personal development and change.

Wider partnerships: social and community

Desistance is as much a social issue as an individual project; if its ultimate objective is successful social integration, then it is as much about the state, the communities and the families doing the reintegrating (or the rejecting) as it is about the individual trying to become a better citizen. The challenges of desistance and reintegration – of supporting change – are both private and public, both personal and political, both individual and collective.

It is essential to provide help and support with the practicalities of re-entry to the community, particularly for those prisoners who lack family and social support or experience of settled accommodation or employment. That requires work within prisons – resettlement planning that begins at committal and continues throughout the period spent in custody, whether on remand or sentence – but also continuity of support on release, to reinforce change and progress made in prison and to help unlock sources of help and opportunity outside. That requires engagement with the

communities to which people will return, in order to build the ‘social capital’ they will need to restructure their lives. There are already examples in Northern Ireland of successful and innovative cooperation between statutory, voluntary and community organisations, which should be built on.

Families are the closest communities to which prisoners may return. Historically, access to and by families was seen by prisons as at best peripheral and at worst an annoying interruption to prison regimes. More recently, children and families have been identified as an important part of resettlement work, with initiatives that range from child-centred visits to parenting support and courses. The best of these are facilitated by, and rely on the expertise of, voluntary sector organisations which can maintain links with the family outside prison, and which recognise the needs and rights of the family as well as the prisoner or prison: the strains imposed by the imprisonment of a family member, and the generational effect this may have on children in particular. If visits, for example, are seen as part of a child’s right to family life, as provided for in the International Convention on the Rights of the Child,³⁶ rather than a prisoner’s privilege, they are not something that should either be used as an incentive or taken away as a punishment; and they should take place in as normal a setting as possible³⁷.

Increasingly, prisons also have family support officers, whose role is to organise family friendly events and to help prisoners keep in touch with families and deal with family problems. Yet there is still a strong sense that these activities and approaches are seen as optional extras, not essential components of a good prison regime, reflecting the rights and needs of families, particularly children. Specialist services that support a child- or parent-centred approach are still not fully recognised, and are extremely vulnerable to be

decommissioned or cut back when regimes are stretched³⁸.

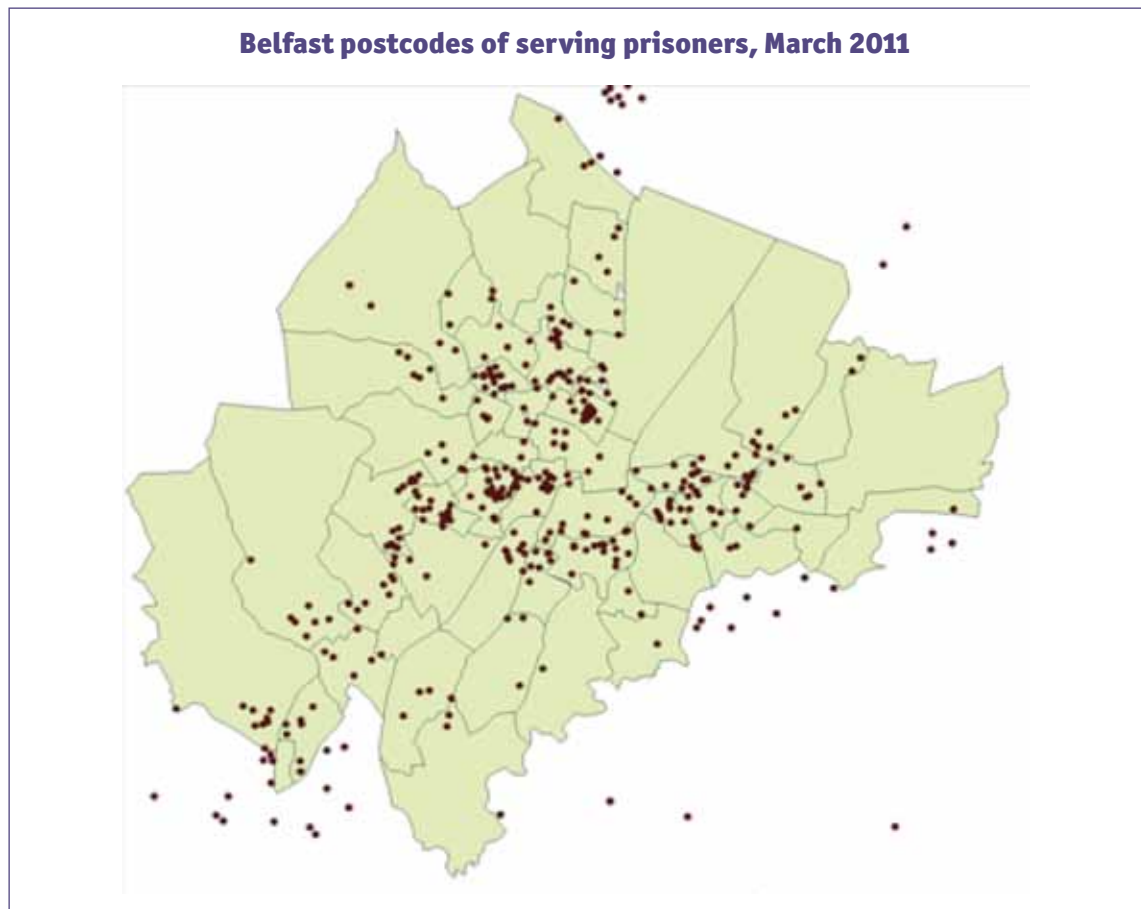
Prisoners will also return to the wider local community. A ‘prisons-out’ approach to reintegration is likely to fail; a ‘communities-in’ approach is also required. The community aspect is particularly crucial in Northern Ireland: both because of the fact that communities are still divided, and also because, in a small jurisdiction, returning prisoners, particularly those who have committed serious offences, will not be anonymous and therefore may find it harder to find acceptance or to re-invent themselves. Communities’ ability and willingness to accept and reintegrate offenders is therefore an essential part of desistance. Grass-roots community groups, many of them with considerable experience of working with ex-prisoners, need to be integral partners, alongside statutory and voluntary agencies.

The Base 2 project, supporting those who are under threat if they return to their communities, is an example of such cooperative work, using community restorative justice initiatives to reduce tensions and intra-community violence. In a different context, the Inspire project for women has also been able to draw upon decades of experience in women’s centres, and the Northern Ireland Housing Executive has identified and actively worked on the links between community safety and support for released prisoners (see Chapter 9). These projects benefit society as a whole, as well as ex-prisoners, and could be further developed across the prison system to support reintegration, at least in cases where simmering conflicts remain unresolved and threaten a prisoner’s resettlement prospects. We also heard encouraging evidence about the development of community chaplaincy as a means of developing social capital and social support for ex-prisoners.

³⁶ See *International Convention on the Rights of the Child* eg Article 16 on the child’s right to family life and Article 9.3 in relation to children separated from a parent.

³⁷ See *European Prison Rules*. 24.4

³⁸ For a more detailed discussion of the needs and rights of children with parents in prison, see *Children of imprisoned parents*, Danish Institute of Human Rights, European Network for Children of Imprisoned Parents, University of Ulster and Bambinisenzasbarre, ed, Scharff-Smith and Gampell, 2011, for an overview of the arrangements in place for children of prisoners and detainees within the EU



We are grateful to Professor Shadd Maruna and Dr Pete Shirlow of the Institute of Criminology and Criminal Justice at Queen's University Belfast and to Professor Victor Mesev of Florida State Tallahassee for their generous help with the mapping and analysis of prisoner postcodes. This sheds significant light on the communities where this approach might yield results. Supplied with postcode data for all prisoners in custody on a given day in March 2011, the ICCJ mapped the prisoners' home addresses. While it is no surprise that most prisoners come from Belfast, with a second cluster in Derry, the distribution of prisoners within Belfast is revealing.

This mapping technique, which would need to be repeated several times to generate reliable data, has been used in other jurisdictions to suggest where justice system resources might be invested upstream in areas of deprivation to reduce crime and to reintegrate ex-prisoners. We mention below the broader debate about 'justice reinvestment' which we believe should inform the proposed Reducing Offending Review. The more immediate and

pragmatic point is that this kind of mapping at least points to where the reintegration issues and challenges are likely to be felt most keenly – both by ex-prisoners and by their communities. If NIPS does nothing during the sentence to work with community organisations to mediate the relationships between prisoners and their communities, it runs the risk of investing heavily in individual change while neglecting the social or community context in which that investment will succeed or fail.

Community groups and networks, such as community restorative justice groups, have played a part in community safety initiatives, such as the West Belfast Community Safety Forum. A recent CJINI inspection found that this has made a positive contribution, helping to focus the needs of existing agencies in the area and provide a connection between local demands and the services provided by government agencies. The CJINI has also reported positively on community restorative justice schemes, delivered through both Community Restorative Justice Ireland and

Northern Ireland Alternatives, recording the value of work done outside the formal criminal justice process, particularly with young people, and recommending that it be continued and broadened. As the agencies of the state acquire greater legitimacy in the new Northern Ireland, it is important not to ignore the important role of grassroots community groups, which can play a key role both in preventing crime and mediating its consequences.³⁹

The unique history and circumstances of Northern Ireland also mean that its communities contain a significant number of politically motivated ex-prisoners, fewer than 6% of whom have reoffended. Though there are important differences between the experiences of politically-motivated ex-prisoners and ‘ordinary’ ex-prisoners, there are lessons to be learnt from the former about the personal, familial, community-level and legal aspects of reintegration – and about the part that peer support can play in coping with the challenges it presents⁴⁰. Much could be gained by drawing on these experiences to develop a ‘bottom-up approach’ to developing the reintegration agenda engaging ex-prisoners and community groups, so as to counteract some of the deficiencies that may arise from a top-down process. The PBNI has considerable experience of effective community engagement in this context, which predates the peace process, and continues to invest 7% of its budget in community development. This history and experience could be drawn upon.

Recommendation 33

The desistance strategy developed in NIPS must involve partnership with and support for families and community organisations to build social capital and prevent social exclusion, drawing upon and extending existing initiatives and experience.

Justice reinvestment

It is essential that prisons are an active and effective partner in reducing reoffending and creating a safer society. They need to have the resources, and even more importantly, the vision and culture, for this to happen. However, a narrow focus on prisons alone risks diverting energy and resource into custody at the expense of more effective and crucial work outside prison, to prevent offending, provide more effective community interventions and support prisoners on release. That is the message of ‘justice reinvestment’: placing resources into the communities from which prisoners come and to which they will return, to deal at source with the social, community and economic issues that lie behind offending and affect the life of the whole community.

‘Justice reinvestment’ requires a cross-departmental safer society strategy.

This will require active engagement and support from departments outside the Department of Justice: not only the obvious departments such as DHSSPS and DEL, but all other parts of the Executive. The need to prevent offending and reoffending should be built into departments’ strategies and plans, with links into prisons and probation and community safety partnerships. However, there is at present little incentive for other departments, or local authorities, to invest in preventive, alternative or rehabilitative work. Indeed, financially, the reverse is true: imprisonment can be a ‘free good’ in that some of the most difficult, challenging and costly individuals for agencies working in the community are taken off their books, at least for a short period, and paid for out of the NIPS budget. Merely shifting resources, such

³⁹ *Northern Ireland Alternatives*, CJINI, February 2010: *Community Restorative Justice Ireland*, CJINI, August 2011. McEvoy, K. and Eriksson, A. *Who owns Justice? Community, state and the Northern Ireland transition*, in Shapland, J. ed (2007) *Justice, Community and Civil Society*.

⁴⁰ Dwyer, C.D. (2010) *Release and reintegration: the experience of ‘politically motivated’ former prisoners in Northern Ireland* PhD thesis, Queen’s University Belfast; Shirlow, P. and McEvoy, K. (2006) *Beyond the Wire: former prisoners and conflict transformation in Northern Ireland*, London: Pluto Press

as the relocation of healthcare funding to the DHSSPS, is only part of the answer: as we point out, it did not come with the requirement that every health and social care trust, and mental health provision throughout Northern Ireland, should operate in a way that minimises the use of prison and contributes to reducing offending.

In order to avoid perverse incentives on local authorities and agencies, there have been pilot projects in the US whereby budgets have been devolved to local state authorities, with a clawback arrangement for every resident of that area who is then sent to custody. The Institute of Public Policy Research has recently suggested a similar arrangement for regional local authorities in England⁴¹ and the Youth Justice Board is piloting this approach in relation to young offenders in four local areas, providing enhanced budgets to youth offending services with clawback for each young person imprisoned.

In a small and coherent jurisdiction like Northern Ireland, it should be possible to develop a cross-departmental strategy that fulfils that aim by deploying resources most effectively and rewarding preventive work. We raised this in our interim report, and believe that this is the model that should be developed in the Reducing Offending Review, planned for early 2012.

Recommendation 34

There should be a cross-departmental safer society strategy, agreed by the Executive and overseen by the Assembly, to ensure that reducing offending is part of each department's strategy and budgeting, and which engages voluntary and community organisations in both planning and delivery.

⁴¹ Redesigning justice: reducing crime through justice reinvestment, IPPR August 2011

CHAPTER 9: WOMEN AND YOUNG ADULTS

Summary

Women and young adults are poorly catered for in prison systems geared around adult males. Hydebank Wood is an unsuitable environment for both.

In general, women offenders have low levels of risk but high levels of vulnerability. They are more likely to be main carers of children, and less likely to reoffend. Recent reports, and human rights standards, stress the focus on community-based models, and the Inspire project has provided an innovative, flexible and dynamic approach. This model should be extended and properly funded and should become the default setting for women who offend or are at risk of offending, while retaining its community and voluntary sector focus and holistic approach. A new small prison should be built for the small number of women requiring custody. Isolation will be a major problem, and this facility therefore needs to be located within an actual or virtual community network, to ensure permeability of service provision and support, and with cross-deployment of staff.

Young adults are often prolific offenders, but the right intervention at this stage pays dividends, whereas the wrong intervention can embed exclusion and continuing criminality. Better transition between youth and young adult services is needed, with additional support during this period. There is some innovative work, such as the RIO project, but this is usually time-limited and externally-funded. There should be a community-based pilot for young adults, on the model of the Inspire project, involving statutory, community and voluntary agencies. Hydebank Wood is inadequate for those who need to be in prison, with poor activity provision. It should be reconfigured as a secure college, focused around education and skills training, with specially trained staff, working in collaboration with colleges, employers and the voluntary sector. Children under 18 should not be held there.

There are two groups of prisoners for whom most prison systems cater badly: women and young adults. The majority of prisoners are adult men, and prisons to a large extent reflect their needs and risks. Women, who form only a small proportion of the prison system, have particular vulnerabilities and needs. Young adults, in transition from childhood to adulthood, find at the age of 18 that many of the systems and specific protections they enjoyed as juveniles fall away, and that includes the specialist support available in the juvenile justice system.

In Northern Ireland, both of these groups are held on the same site, in separate parts of Hydebank Wood. It is an entirely unsuitable environment for either group. A reformed and desistance-focused prison system might usefully begin with these groups: both because of their vulnerability and the opportunity that they present, and because some innovative work has already started, or could be built on relatively easily. Lessons learnt around the treatment of these niche populations could then be extended through the prison system as a whole.

Women

There has been a great deal of recent work and research into the specific needs and suitable environments for women who offend, or who are at risk of offending, including in Northern Ireland⁴². Throughout the UK, they are a small minority of those held in prison systems largely designed around the needs and risks of men. As a group, they present low levels of risk but high levels of vulnerability, particularly in relation to mental health, substance misuse and previous abuse.

Women in prison are very likely to be main or sole carers of children and much less likely than their male counterparts to be able to rely on someone else to keep home and family together if they are imprisoned: studies suggest that nine out of ten men in prison are able to rely on their children being cared for by their partner, whereas this is true for only a quarter of women. Women in prison in Northern Ireland are also in general an

older population than men: the majority are aged between 30 and 50. The most recent reconviction rates for women offenders are much lower than those for men, at 20%.

Baroness Corston's report on women in the criminal justice system in England and Wales was subtitled 'the need for a distinct, radically different, visibly-led, strategic, proportionate, holistic, women-centred, integrated approach'. It led to increased focus on community alternatives to custody, and support for 45 separate projects – which themselves built on existing centres in England and Scotland that offered one-stop, holistic support, tailored to the assessed needs of women as people and mothers rather than just to their perceived risks as offenders. The different centres offer different models of community-based work: ranging from the 218 Centre in Glasgow, which contains within it a quasi-custodial unit; through centres where attendance is part of compulsory licence conditions; to those which resist any links with enforcement, where attendance is purely voluntary and the service offered may be open to all women, not just those who have offended or are at risk. This approach is also the one adopted in the most recent development of international standards governing the treatment of women in prison and non-custodial alternatives, the Bangkok Rules, adopted by the United Nations in July 2010:

'Gender-specific options for diversionary measures and pre-trial and sentencing alternatives shall be developed within Member States' legal systems, taking account of the history of victimization of many women offenders and their caretaking responsibilities.

'Women offenders shall not be separated from their families and communities without due consideration being given to their backgrounds and family ties. Alternative ways of managing women who commit offences, such as diversionary measures and pre-trial and sentencing alternatives, shall

⁴² see Scraton, P. and Moore, L. (2005) *The Hurt Inside: the imprisonment of women and girls in Northern Ireland*, Northern Ireland Human Rights Commission.

*be implemented wherever appropriate and possible.*⁴³

There are some issues that are specific to Northern Ireland. The first is the large number of women drawn into prison because of fine default. As our interim report noted, half the women committed to Hydebank Wood in 2010 were there for fine default, and at our most recent visit, six of the 52 women held there were fine defaulters. This amounts to criminalising poverty: very often women go to prison because they cannot afford to pay the fine. Secondly, as elsewhere, a high proportion of women in prison (36% in August 2011) are on remand. We deal with fine defaults and remand issues in general in Chapter 4. The over-use of prescription drugs, particularly benzodiazepines, is also something that affects Northern Ireland in general, but disproportionately affects women (see Chapter 5).

On a more positive note, there is a long and strong history of women's centres in Northern Ireland, which grew out of the women's movement and communities themselves, and which provide a model of positive engagement with women in general, and women who are marginalised or vulnerable in particular. It was out of that experience that the Inspire project in Greater Belfast was developed, led by the PBNI, and involving NIACRO and the Women's Support Network (of women's centres). It is a very effective partnership between statutory, voluntary and community agencies and services. Its most recent evaluation has shown significant improvements in self-reported approaches to reoffending, self-esteem, relationships and substance use. Its inreach work into Hydebank Wood, through the Women's Community Support Project (WCSP) has changed attitudes and approaches among prison staff, as well as offering essential through the gate support for women prisoners. Workers from WCSP have been able to offer what other agencies rarely can: out of hours support for women in crisis.

The fact that Inspire is operating outside the mainstream and with separate funding has allowed it to be innovative, flexible and dynamic. It has had to build on services and support systems that already exist for all women, rather than creating new and specific ones for women who offend, and thus pushing them into a criminal silo. However, the downside of this is that its funding is fragile and its reach limited. Some services are not resourced at all. The valuable Barnardo's project to help women's relationships with their teenage children folded for want of £10,000 a year. The Women's Community Support Network receives only short-term funding for one full-time and two part-time workers, and indeed at one point the service into Hydebank Wood was being sustained by unpaid time from workers at Shankill Women's Centre. There is no equivalent service outside the Greater Belfast area.

There is broad agreement that this is a model that can and should be built on, and that this, rather than prison, should be the default setting for dealing with women who offend or are at risk of offending. This is the direction of travel suggested by the Northern Ireland Strategy for the Management of Women Offenders⁴⁴. It would require buy-in and funding from mainstream services and departments to provide access to accommodation, healthcare, employment and educational provision. But it is vitally important that it retains its community and voluntary sector base, does not become a criminal justice silo, and retains the principle that services should cohere around a woman, rather than women having to access multiple, and sometimes conflicting, services.

There are also some tensions and issues both for statutory and voluntary services: principally the nexus between community support and enforcement. There are centres in England (such as the Isis project in Gloucester) which have successfully managed to retain a community, women-centred ethos while also being an attendance centre for those subject to probation supervision. The advantage of the

⁴³ *UN Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders* (Bangkok Rules) July 2010: Rules 57 and 58. See also *The Hurt Inside* (op. cit)

⁴⁴ *Strategy for the management of women offenders*. NIO, February 2009

Women's Support Network is that it could offer different models of intervention and support for women at different times and places, with the possibility of step-down facilities from prison through probation to generic community provision.

There will, however, continue to be a need for custodial provision for the small number of women who have committed serious or violent offences. There is also clearly a need for a separate medium secure provision for women with severe mental or personality disorder. The European Prison Rules require that particular attention is paid to the specific 'physical, vocational, social and psychological needs' of women in all aspects of their detention⁴⁵, and the Bangkok Rules specify in much greater detail the specific needs of women in relation to families, support, reintegration and previous abuse and vulnerability⁴⁶.

It is accepted that the current custodial environment for women, in Ash House, is wholly unsuitable: because of its design, its mixed population of short-sentenced, remanded, mentally ill and long-sentenced women, and its co-location with young adults. There are designs – such as The Orchard in Ealing, London – which provide a much more therapeutic environment for women who need to be held securely, whether for mental health or other reasons. There is a need for both kinds of facility – custodial and medium secure mental health provision – in Northern Ireland, so that women could be moved from one to the other when and if acute care was needed.

However, size matters. In Chapter 4, we stressed the dangers, in general, of increasing capacity in prisons and therefore increasing their use. That is even more the case in relation specifically to women. Women's imprisonment has a generational effect on their children and families, and therefore engages their children's rights, as well as their own. The vulnerability and different pattern of offending and reoffending has already been alluded to. If community provision is the norm, as recommended above, custodial provision should be smaller, not larger.

Providing the necessary range, quality and variety of services for a small custodial population will be challenging. Many of the women will be serving long sentences, and may spend decades in prison. The consequences of enclosed and self-contained environments where a small number of women see only each other, without being exposed to outside stimulus, were evident in the claustrophobic women's wing in Durham prison in England, where there was a succession of suicides. For that reason, the wing closed and women were dispersed elsewhere. That is not an option in Northern Ireland.

The Inspire project has been innovative, flexible and dynamic

It will therefore be necessary to locate a small women's prison within an actual or virtual community network, to prevent isolation and ensure a range of service provision. Women in custody will need to tap into and be supported by the same services that support women in the community – and therefore a key link should be with the community provision described above. The custodial facility should be staffed by a multi-disciplinary and properly-trained staff group providing support and care. The ideal configuration would be a complex of buildings that contained a secure custodial pod, with other services (education, health, probation, community service, programmes etc) attached and within a secure perimeter. These services could be accessed by all women either in custody, under supervision or subject to other court orders.

Even without physical proximity, however, it would be possible to create a virtual complex, drawing on staff and support from the WCSP and other agencies and ensuring permeability of service provision and support between prison and the community. Good interaction and integration with community services, social services and health services could create a first class seamless service for women. That would also allow cross-deployment of staff: when the custodial population was low, staff

⁴⁵ *European Prison Rules* 34.1

⁴⁶ *Bangkok Rules* passim

could be deployed to work in the community with the client group.

Recommendation 35

The Inspire model should be adopted as the norm for dealing with women who offend. It should be centrally funded, but planned and delivered by a partnership of statutory, voluntary and community organisations.

Recommendation 36

A new small custodial facility for women should be built, staffed and run around a therapeutic model. It should be supported by an acute mental health facility and draw on a network of staff, services and support in the community.

Young adults

The young adult population of Hydebank Wood is in many ways a forgotten group in the Northern Ireland penal system; and this is true of young adults throughout the United Kingdom, for whom much statutory support and protection fall away at age 18. The resources available at Hydebank Wood are far poorer than those for the under-18s held at Woodlands; young adults also fall outside the remit of the Youth Justice Agency and the innovative restorative justice approach used for juveniles; and they lose the specialist support of child and adolescent mental health services.

Compared to the women who share the site, the young offenders centre has also attracted far less political, media or academic interest. Yet this is an age-group which on the one hand is prone to prolific offending and reoffending and on the other is capable of change and redirection. In England and Wales, they constitute less than 10% of the population, but a third of those within the criminal justice system. The right intervention at this crucial time can pay dividends; the wrong intervention, such as a short prison sentence, can embed exclusion and continuing criminality.

Though young adults are not specifically covered in any of the international conventions relating to custody, they are referred to in

the Beijing Rules (the UN Minimum Standards for the Administration of Juvenile Justice). Section 3.3 states that 'Efforts shall be made to extend the principles embodied in the Rules to young adult offenders.'

Those principles are:

'To further the well-being of the juvenile and her or his family.

To develop conditions that will ensure a meaningful life in the community and foster a process of personal development and education.

Take positive measures, using families, volunteers, schools and other community institutions to reduce the need for legal intervention.

Ensure that juvenile justice is an integral part of national development within a framework of social justice.

Improving and sustaining the competence of personnel involved in the services, including their methods, approaches and attitudes⁴⁷.

Adult statutory services are not geared or resourced to deal with this age-group effectively. It is not realistic to assume that an eighteenth birthday celebration results in an instant transformation from child to adult: the process of maturity is much more gradual and differential than that. For that reason, Transition to Adulthood (T2A), an alliance of practitioners, academics and policy groups, has been developing and evaluating ways of working with young adults. It has drawn on academic studies on maturity and examples in other countries, such as Germany, where young people usually continue to be dealt with in the youth justice system up to the age of 24. It is running three pilot projects in England and supporting a project in Northern Ireland.

One of the important features of this work, which has also been picked up in the Northern Ireland Youth Justice Review, is the need for proper transition between youth and young adult services. Too often, young adults fall

⁴⁷ UN Minimum Standards for the Administration of Juvenile Justice (Beijing Rules) November 1985: Part I and 3.3.

through the gap and are 'lost in transition'⁴⁸. This has implications for work both in the community and custody. One of the key messages coming out of three very different T2A pilots, all involving partnerships between voluntary and statutory agencies, is the need for additional support for this age-group. At least for a time, young people need a key worker, who they can relate to and who will be alongside them – helping to negotiate their way through adult services, signpost them to the right provision and crucially be there at times of maximum need and temptation (which may well not be between 9 and 5 on a weekday). Interestingly, probation officers working in the pilots have also valued this way of working, which fits more readily into the social work base from which they came, which has of course been retained much more strongly in Northern Ireland. This approach, and its positive effect in reducing rates of reoffending, was particularly commended in the independent evaluation of the English pilot schemes⁴⁹.

There should be a community-based pilot project for young adults

The focus in much of this work has been on effective support in the community, as an alternative to, or a support after, custody. This has particular resonance in Northern Ireland. Community divisions and paramilitary activity play a significant role, particularly for young people. The substance use review we commissioned noted the difficulty of persuading young people to admit to drug dependency for fear of repercussions on return to their communities. But conversely, as shown in the previous chapter, community restorative justice schemes, developed during the Troubles, have a much greater role to play than would be the case in England and Wales: reference has already been made to the Base 2 initiative. There are also strong voluntary

sector organisations, such as Include Youth, the Prince's Trust and NIACRO, with long experience in working innovatively with this age-group.

There are already some innovative projects: such as the RIO project, supported by the Northern Ireland Housing Executive and Belfast City Council, with the help of NIACRO. This offers support, through community organisations, for short-sentenced young adults from Hydebank Wood who have no other statutory support and who are at risk of reoffending – recognising that they would otherwise be problematic, and reduce the quality of life in their communities on release. The Give and Take scheme is run by Include Youth for 16-21 year olds who are referred through the health and social care trusts and who would not otherwise be in employment or education and are hard to place, often because of lives spent in care or in prison. Young people can participate for up to 24 months and mentoring and support is provided during this period and in transition from the scheme. The Prince's Trust has been providing a peer mentoring scheme for young adults with substance misuse problems, together with support on release.

Yet, as with the Inspire project, these are all time-limited and externally-funded initiatives, not part of the core business and funding streams; and too often they start in prisons, rather than in the community. Out of these experiences and the experience of the English pilots, we recommend that there should be a community-based pilot project, on the same model as Inspire, bringing together statutory, voluntary and community sector partners, to provide holistic community-based support for young adults who have offended, and to identify and seek solutions to the barriers to their reintegration, such as safe and suitable accommodation. In addition to this, there will clearly be a need for custodial provision for young adults who commit serious or prolific offences. This needs to be an environment which supports, stretches and challenges young adults and helps to make good some of the deficits in their previous life experience in order to bring about change. At present, provision in Hydebank Wood falls woefully

⁴⁸ *Lost in Transition*, Report of Barrow Cadbury Trust Commission on young adults in the criminal justice system, 2005

⁴⁹ *Found in Transition* (Final Report of Formative Evaluation of T2A Pilots), Burnett and Hanley Santos, Centre for Criminology Oxford University, December 2010

short of that: there is insufficient activity, some of dubious quality, and it was rated as 'poor' (the lowest possible rating) in the most recent inspectorate report. There was no coherent strategy, an outdated curriculum, insufficient collaboration with external partners, serious problems of teaching and under-achievement and poor allocation systems⁵⁰ Resources and external investment were not only insufficient, but were wasted and under-used.

Hydebank Wood should become a secure college, in collaboration with outside agencies

Young men who arrive at Hydebank from Woodlands quite often welcome the move, but they do so for the wrong reasons: because they are essentially left alone. In our own visits, we found that there is too little proactive engagement with residential staff, or real understanding of the needs and risks of young people.

There is therefore a need for considerable investment of resources and personnel at Hydebank Wood. We have already recommended that children under 18 should not be held there, and we continue to do so. However, that is only a beginning: it is not just a question of moving 15-18 year olds to Woodlands, but moving the Woodlands ethos to Hydebank Wood, so that it provides focused support, challenge and opportunity for this forgotten age group.

The residential accommodation at Hydebank is wholly unsuitable to allow and facilitate positive engagement between staff and young people. Providing a new women's prison elsewhere would create an opportunity for a gradual and much-needed building programme. But that is not the main problem, nor should necessary change wait on those resources being available. What is needed is a change of culture, approach and provision. Essentially, the Young Offender Centre should

become a secure college, reconfigured around education and skills training, including soft skills, and working in collaboration with outside colleges, employers and voluntary sector organisations. It should have a multi-disciplinary and multi-agency staff group, committed and trained to work with adolescents and young adults, and with the capacity to offer one to one interventions where needed. Finally, it should be permeable, with routine engagement from statutory, voluntary and community services that can support young men on release, and with strong links to the kind of community multi-agency partnership described above.

As we said in the previous chapter, this requires genuine partnerships and mutual accountability. It could be a model for provision across the prison estate, and of good practice internationally.

Recommendation 37

A community-based pilot project should be set up for young adult offenders, on the model of the Inspire project, as a statutory, voluntary and community partnership offering an alternative approach and providing community support for young adult offenders.

Recommendation 38

Under-18s should not be held at Hydebank Wood.

Recommendation 39

There should be a rebuilding programme at Hydebank Wood YOC, to provide suitable accommodation that allows proactive and safe engagement between staff and young people.

Recommendation 40

Hydebank Wood should become a secure college, offering a full programme of skills-based activities and one to one support, with a multi-disciplinary trained staff group, and working in partnership with a range of external providers and agencies.

⁵⁰ Report on a short follow-up inspection of Hydebank Wood, Criminal Justice Inspectorate of Northern Ireland April 2011.

ANNEXES:

**ANNEX 1: PERCENTAGES OF PRISONERS
BY RELIGION IN DIFFERENT
CATEGORIES**

**ANNEX 2: PRISONERS' HOME ADDRESSES
IN JULY 2011 BY HEALTH AND
SOCIAL CARE TRUST**

**ANNEX 3: FROM SQL SURVEY RESEARCH
CARRIED OUT IN THREE
NORTHERN IRELAND PRISONS**

ANNEX 4: TITLE

ANNEX 5: RECOMMENDATIONS

PERCENTAGES OF PRISONERS BY RELIGION IN DIFFERENT CATEGORIES

JANUARY-JUNE 2011¹

Hydebank Wood Young Offender Centre (excludes adults)		
	Catholic	Protestant
Average % population	56%	34%
Basic privileges level	74% (63)	21% (17)
Enhanced privileges level	49% (242)	43% (213)
Adjudications	62% (367)	24% (143)
Use of force	61% (33)	22% (12)
In segregation unit	71% (22)	19% (6)
Approved leave applications	36% (36)	64% (63)

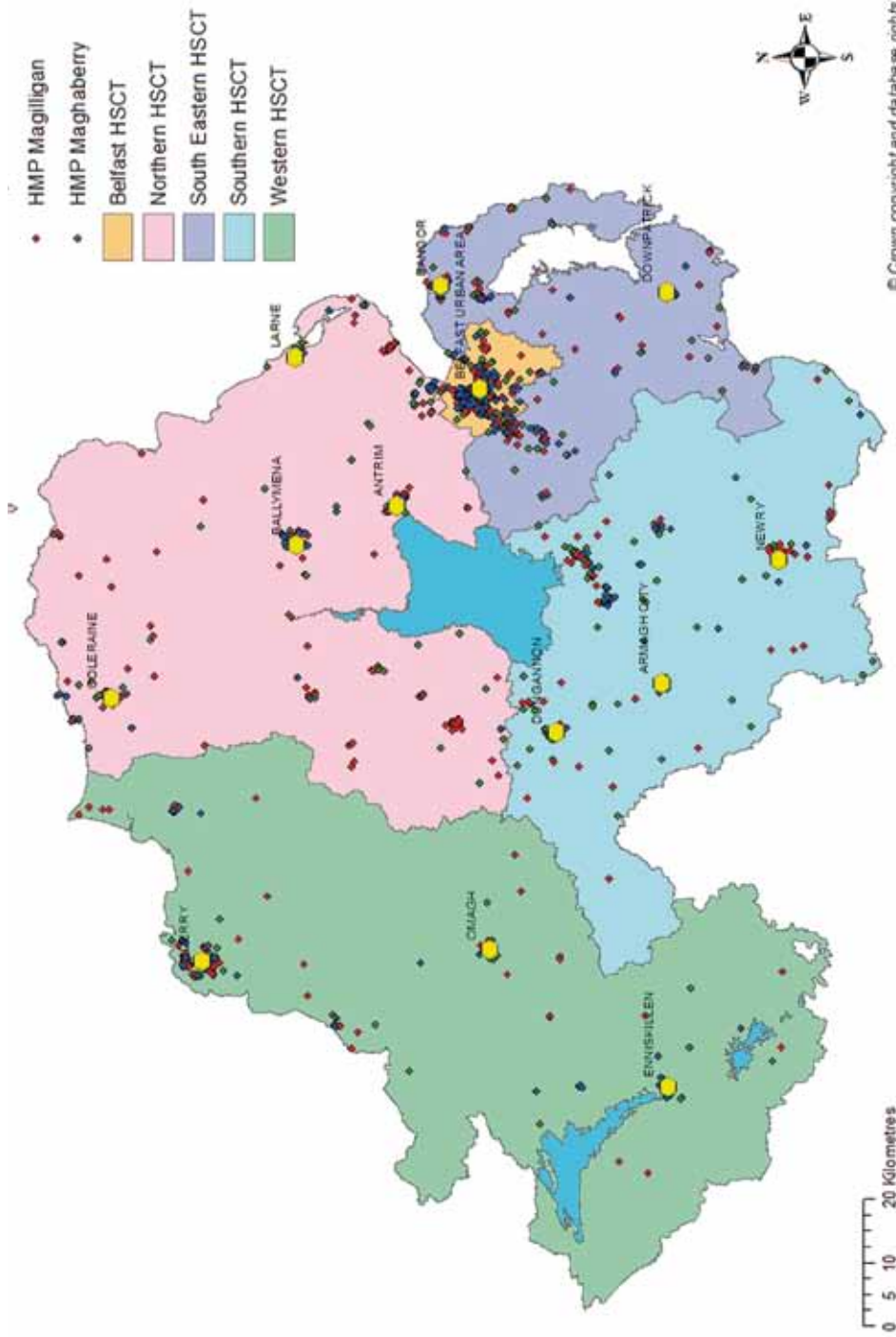
HMP Maghaberry (excludes young adults and separated prisoners)		
	Catholic	Protestant
Average % population	54%	34%
Basic privileges level	66% (101)	21% (32)
Enhanced privileges level	44% (850)	41% (789)
Adjudications	67% (407)	23% (142)
Use of force	68% (133)	20% (40)
In segregation unit	64% (54)	28% (24)
Approved leave applications	36% (65)	64% (118)

HMP Magilligan (excludes young adults)		
	Catholic	Protestant
Average % population	56%	35%
Basic privileges level	82% (91)	16% (18)
Enhanced privileges level	52% (1008)	38% (738)
Adjudications	73% (178)	21% (52)
Use of force	95% (18)	5% (1)
In segregation unit	67% (22)	27% (9)
Approved leave applications	58% (425)	37% (275)

¹ Source: *Equality and Diversity reports*, Northern Ireland Prison Service

Prisoners' Home Addresses in July 2011 by Health and Social Care Trust

JANUARY-JUNE 2011

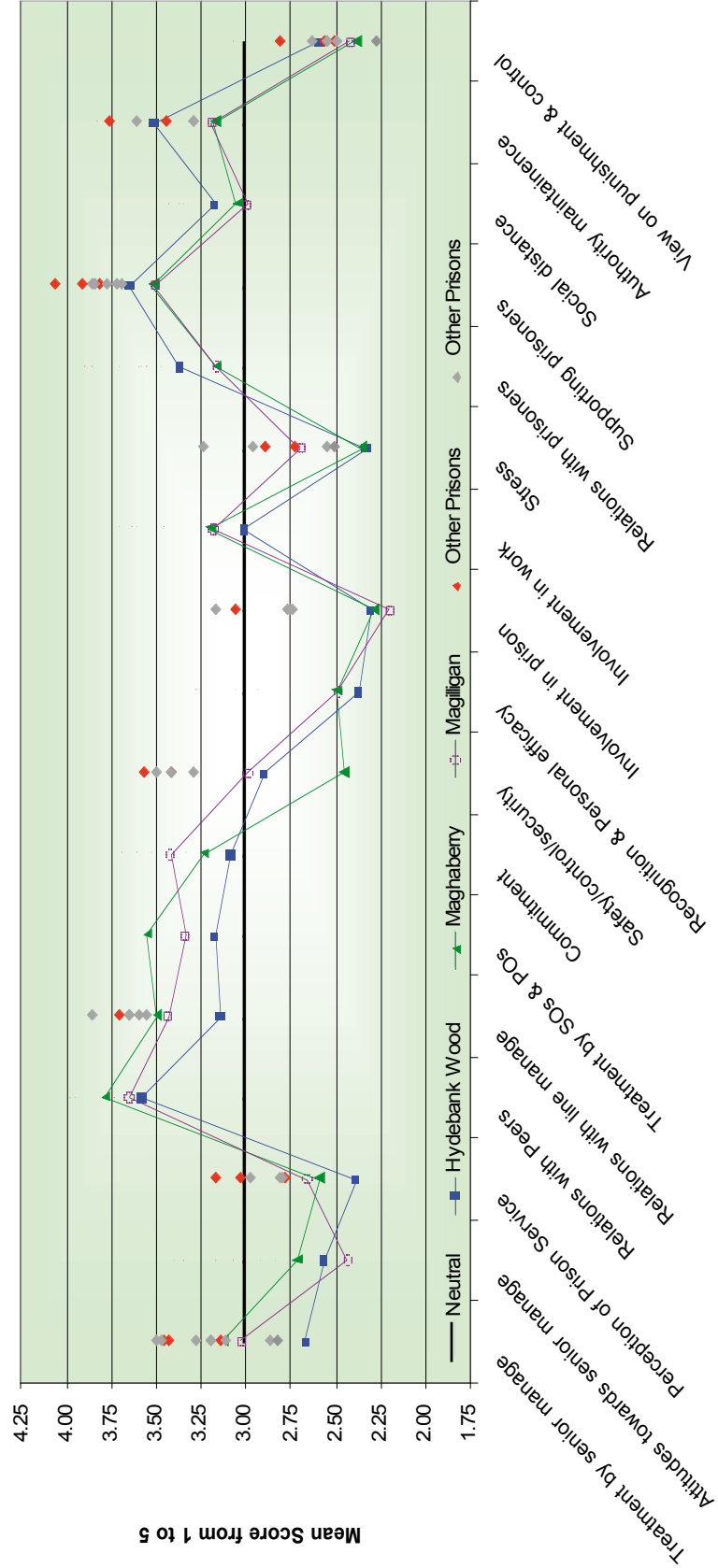


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From SQL Survey Research carried out in three Northern Ireland Prisons

Discipline Staff Scores for Hydebank Wood Prison Compared to other Prisons

JANUARY 2011



Note: The 'Other Prisons' scores, highlighted in red, should be treated with caution as only about 20 participants contributed to each.

EVIDENCE, MEETINGS & VISITS

Responses to Call for Evidence

NI Prison Service

Staff & Prisoners
Maghaberry Independent Monitoring Board

Outside Organisations Working in Prisons

Barnardo's
Children's Law Centre
Extern
Include Youth
NIACRO
Parole Commissioners for NI
Prison Fellowship NI
Probation Board NI
Quaker Service
Shannon Trust – Toe by Toe

Independent Bodies

British Irish Rights Watch
Committee on the Administration of Justice
NI Ombudsman
Northern Ireland Human Rights Commission
Prisoner Ombudsman
The Law Centre (NI)
Disability Action
Prison Reform Trust
Victim Support

Health

Department of Health,
Social Services & Public Safety
Northern Health & Social Care Trust
Public Health Agency, Health and Social Care
Board
Royal College of Nursing
South Eastern Health & Social Care Trust

Ministerial/Departmental

DENI Education & Training Inspectorate
Department for Employment & Learning
Department of Culture Arts & Leisure
Director General NIO

Political

Alliance Party
DUP
SDLP
Sinn Féin
Lisburn City Council

Academic and other contributions

Corston Report

Liz Hogarth, former Head of Women's Policy
Team, NOMS
Clare Hyde, Calderdale Women's Centre

Queen's University Belfast

Professor Shadd Maruna, Institute of
Criminology and Criminal Justice
Professor Kieran McEvoy, Institute of
Criminology and Criminal Justice
Dr Nicola Carr, School of Sociology, Social
Policy & Social Work
Professor Phil Scraton, Institute of Criminology
and Criminal Justice
Dr Azrini Wahidin, School of Sociology, Social
Policy & Social Work

University of Cambridge

Dr Loraine Gelsthorpe, Institute of Criminology

University of Ulster

Dr Derick Wilson, Social Policy & Research
Institute

Public Health Agency
 Quakers
 Queen's University Belfast – Institute of Criminology and Criminal Justice,
 School of Law; School of Sociology, Social Policy & Social Work
 Reducing Reoffending Review Team
 Regulation & Quality Improvement Authority (RQIA)
 Samaritans
 SDLP
 Separated Prisoners (Loyalist and Republican)
 Sinn Féin Senior Team
 South Eastern Health and Social Care Trust
 Tar Isteach
 The Prince's Trust, Northern Ireland - 1-1 Project
 University of Ulster – School of Social Sciences; School of Sociology & Applied
 Social Studies; School of Criminology, Politics and Social Policy;
 School of Education; School of Law
 Welcome Organisation, Belfast
 Women's Aid
 Women's Centres – Shankill; Windsor; Falls; North West
 Women's Support Network
 Young Voices
 Youth Justice Agency
 Youth Justice Review Team

Reviews & Surveys Commissioned

Prison Health Services
 Prisoner postcode survey (Queen's University, Belfast)
 Report on substance misuse treatment in the prisons of Northern Ireland
 Survey of Prisoners at Maghaberry
 (HM Inspectorate of Prisons for England and Wales)
 Survey of the Quality of Staff Life (SQL) at all three Prisons
 (NOMS Audit and Corporate Assurance Team)

Visits Carried Out

218 Project for Women Offenders, Glasgow
 Derry Women's Centre
 HMP Belmarsh, England
 Maghaberry Prison
 Magilligan Prison
 HMP Wormwood Scrubs, England
 Hydebank Wood Young Offenders Centre & Prison
 Integrated Offender Management Pilot, Gloucestershire Association for Voluntary and Community Action (GAVCA)
 Portlaoise and Midlands Prison, Republic of Ireland
 Transition to Adulthood (T2A) Alliance
 Woodlands Juvenile Justice Centre, Bangor
 Young Voices (Hydebank Wood)

Seminars & Focus Groups

November/December 2010 May 2011	Staff/Prisoner Focus Groups – Hydebank Wood, Maghaberry, Magilligan
16 May 2011	New Approach to Women Offending in NI
1 & 2 June 2011	Desistance, Resettlement and Reintegration in Northern Ireland's Communities
25 July 2011	Prisons Substance Misuse & Healthcare

RECOMMENDATIONS

Recommendation 1

There should be supervised activity order pilot schemes in more than one location, rolled out during 2012. Building on the lessons learnt, and the resources required, there should be legislation in 2013 so that supervised activity or restraint of income is a presumption in cases of fine default.

Recommendation 2

Statutory time limits between arrest and disposal should be implemented in stages over the next three years, beginning with cases in the youth court and moving on to magistrates' courts and finally crown court cases.

Recommendation 3

The Reducing Offending Review should develop proposals, including a statutory presumption, to ensure that effective community sentences are the preferred method of dealing with those who would otherwise get short custodial sentences, and that there is the necessary investment in community alternatives.

Recommendation 4

The Northern Ireland Prison Service should keep and publish more detailed routine data on the prison population, including those recalled, and those serving sentences of up to 6, 12 and 24 months.

Recommendation 5

The Maghaberry site should be reconfigured into three 'mini-prison' areas: for short-sentenced and remand prisoners and new committals; long- and life-sentenced prisoners; and category A and separated prisoners, with appropriate support, regimes and security for each. The square houses should be demolished when new accommodation is built.

Recommendation 6

A clear decision should be made on the role and future of Magilligan. Ideally, a new prison should be built in a more accessible location. Failing that, there should be a timed programme either to rebuild it for a new role or to refurbish existing accommodation.

Recommendation 7

Funding should be found, in partnership with probation and voluntary and community organisations, for halfway house and step-down accommodation to manage long-sentenced prisoners' return into the community and provide supported accommodation for those with mental health and substance use issues.

Recommendation 8

Efforts should be continued to see whether there is an effective and less intrusive method than full body-searching of ensuring that prisoners leaving and entering prison are not bringing in contraband.

Recommendation 9

The Prisoner Ombudsman should be invited to carry out random reviews of SPAR documentation, and her findings should be reflected in training for managers and staff.

Recommendation 10

Equality and diversity reports should be presented in a form that signals clearly where there are differential outcomes in relation to religion, race or ethnicity. They should be routinely examined in equality committees and if necessary action taken. Ethnicity and disability should be better recorded and monitored.

Recommendation 11

Records of interpretation usage should be kept in each prison, by department and unit or house and regularly interrogated by managers. Support groups for foreign nationals should be established, and issues raised actioned by managers.

Recommendation 12

The current governance structure for healthcare in prisons should be strengthened and clarified, in the context of links between criminal justice and healthcare more generally. This should include direct representation from health and social care at a senior level on the Prisons Board. It should also include clarifying and strengthening the governance

of healthcare delivery, through a permanent board linked to the commissioning structure and accountable for the implementation of an agreed strategy.

Recommendation 13

There should be a joint healthcare and criminal justice strategy, covering all health and social care trusts, with a joint board overseeing commissioning processes within and outside prisons, to ensure that services exist to support diversion from custody and continuity of care.

Recommendation 14

Data collection and monitoring should be improved, and health needs assessments carried out in each prison to frame and support individual improvement plans and assess performance and delivery.

Recommendation 15

The transfer of healthcare staff to the SE Trust should be expedited. In the meantime, clinical leadership and governance should be strengthened, so that nurses fulfil their professional obligations.

Recommendation 16

Clear pathways for primary healthcare and mental healthcare should be established and implemented as a matter of urgency, and the operation of the REACH and Donard units monitored.

Recommendation 17

Joint working between healthcare and other prison departments and services should be developed to support prisoner care and resettlement, and information-sharing protocols should be developed to enable this.

Recommendation 18

There should be a cycle of annual needs assessments, service monitoring and planning for substance misuse services, supported by effective data collection

Recommendation 19

There should be increased partnership working and integrated care amongst the three providers of substance misuse services (primary care, secondary care and AD:EPT), and with other departments and services in

the prisons, supported by information-sharing protocols.

Recommendation 20

There should be a clinical audit specific to substance misuse, to ensure low dosage withdrawal-led substitute prescribing, beginning at committal, for all those dependent on opiates and consistent and safe prescribing for those who are benzodiazepine dependent.

Recommendation 21

In relation to both healthcare and substance use, there should be integrated discharge and care planning between prison and community services, in all health and social care trusts. This should be supported by information-sharing protocols, inreach and outreach links and transfer protocols, to ensure continuity of treatment and support after release.

Recommendation 22

A dedicated change management team should urgently be put in place, headed by an experienced change manager, to coordinate, prioritise, oversee and communicate the complex change process that is required, reporting regularly to a programme steering group headed by the Director General. In particular, this will require expert human resources input.

Recommendation 23

There should be oversight of the change process, by a high-level Ministerial group including external involvement from a non executive director of the Prisons Board and the Chief Inspector of Criminal Justice, with regular reports to the Justice Committee. The CJINI should be given additional resources to carry out independent monitoring of outcomes against our recommendations.

Recommendation 24

A new operating model for the staffing of prisons be agreed within the next six months. It should include more flexible and efficient working practices and staff deployment, as set out in our interim report (pp 47-49), a review of staffing numbers at all levels of the service, and the reform of dispute procedures.

Recommendation 25

The Strategic Efficiency and Effectiveness programme should be shared with other relevant government departments, particularly DFP, DHSSPS and DEL, who may have an interest in, or be affected by it, and integrated into their planning and implementation processes.

Recommendation 26

There should be a twin-track approach to refreshing and developing staff. There should be an early retirement scheme which allows a significant number of staff to leave and new staff to be recruited, alongside a training and development programme, externally delivered, for those who remain or join. This should include short courses and exchange programmes that can swiftly be delivered, alongside the development of longer training programmes to equip staff for the new roles envisaged.

Recommendation 27

There should be a new code of ethics and values, and new disciplinary and appraisal systems based on the code. In the interim, a professional standards unit should oversee all disciplinary matters.

Recommendation 28

The Northern Ireland Prison Service should develop its own awards scheme, with external assessors, to provide public recognition for innovative and positive work done within prisons.

Recommendation 29

Accurate data should be collected about prisoners' needs and risks in all three prisons, as a basis for planning and commissioning services.

Recommendation 30

Each prisoner should have a personalised custody or sentence plan, developed together with him or her, which reflects his or her own needs, strengths and risks. It should identify and engage all the other agencies and disciplines within and outside prison that are needed to support change.

Recommendation 31

The Northern Ireland Prison Service and the Probation Board for Northern Ireland should undertake joint work to plan and deliver integrated services, explore staff exchange and consider shared services.

Recommendation 32

The Northern Ireland Prison Service should create and recruit to a new post at Director level, focused on rehabilitation: bringing in expertise in working with other statutory, voluntary and community agencies and private sector employers, to structure and develop appropriate partnerships. This should focus on effective and professionally delivered education, work and skills training within prisons, linked to employment and educational opportunities and support in the community, as well as other soft skills necessary to support personal development and change.

Recommendation 33

The desistance strategy developed in NIPS must involve partnership with and support for families and community organisations to build social capital and prevent social exclusion, drawing upon and extending existing initiatives and experience.

Recommendation 34

There should be a cross-departmental safer society strategy, agreed by the Executive and overseen by the Assembly, to ensure that reducing offending is part of each department's strategy and budgeting, and which engages voluntary and community organisations in both planning and delivery.

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The Inspire model should be adopted as the norm for dealing with women who offend. It should be centrally funded, but planned and delivered by a partnership of statutory, voluntary and community organisations.

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