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|  | Independent Monitoring Board  Annual Report 2013 - 2014  MAGHABERRY PRISON |

**Mission Statement**

To enhance the quality of prison life, by working to ensure fairness and accountability in prison.

**Statement of Purpose**

Members of the Independent Monitoring Board for Maghaberry Prison are appointed by the Justice Minister under Section 3 of the Treatment of Offenders Act (NI) 1968 and under the Prison Act (NI) 1953.

The Board is required to:

* visit Maghaberry Prison regularly and report to the Justice Minister on the conditions of imprisonment and the treatment of offenders;
* consider requests and complaints made by prisoners to the Board;
* report matters of concern to the Governor or, in serious cases, the Justice Minister; and
* exercise certain powers that are given under the Prison and Young Offender Centre Rules (NI) 2005.

The Prison Rules further require the Board to satisfy itself as to:

* the treatment of prisoners including provision for their healthcare and other welfare while in prison;
* the facilities available to prisoners to allow them to make purposeful use of their time;
* the cleanliness and adequacy of prison premises.

To enable the Board to carry out these duties effectively its members have free access at any time to all prisoners and to all parts of the prison to which they are appointed. The Board shall also have reasonable access to any of the records of the prison.

**UK NATIONAL PREVENTATIVE MECHANISM**

The Independent Monitoring Board is part of the United Kingdom National Preventative Mechanism (UK NPM) as required by the Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).

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**CHAIRPERSON’S INTRODUCTION**

I am pleased to introduce the report for the Independent Monitoring Board (The Board) for Maghaberry Prison covering the period April 2013 – March 2014.

This is my second year as Chair and I would like to thank all the Board members for the time, effort and commitment they bring to a voluntary role and for their support to me in the role of Chair. They come from a wide and varied range of backgrounds and as such, contribute a great range of skills, knowledge and experience to the Board. This year we welcomed five new members to our Board following a recruitment campaign and following a mentoring period they now take a full and active part in the visiting rota. One new member was also transferred from another Board. Unfortunately, one member left the Board at the end of their appointment having served ten years as a Board Member; another member resigned from the Board during the year.

I would like to take this opportunity to also thank the Governing Governor, Deputy Governor and Governors of the various areas within the prison and staff at all levels who have been both helpful and courteous to the Board at all times. All are willing to meet and discuss issues - not only at our monthly meetings but - as they arise on a daily / weekly basis. The Board also appreciates the fact that we are invited to attend meetings, case conferences and reviews and any event held within the prison. As part of our role, we also attend any serious incident that occurs within the prison.

The current reporting year unfortunately also saw four deaths in Maghaberry: two from natural causes, one suicide within the prison and one who died very shortly after release. To all of these families, we extend our sympathy on the loss of a loved one.

It is disappointing to note that Healthcare continues to have ongoing problems and issues especially since it was fully taken over by the South Eastern Health and Social Care Trust (SEHSCT – to be referred to as The Trust.) Lack of cooperation with both prison staff and Board members is a very obvious and continuing issue and this is often to the detriment of the prisoner/patient. Drugs - both prescribed and illegal - continue to cause problems as is highlighted in greater detail in our report. However the Board welcomes the joint Police Service Northern Ireland (PSNI) and Northern Ireland Prison service (NIPS) initiative on drugs.

Reduced staffing throughout Maghaberry is becoming an increasingly worrying issue and is affecting prisoners with a reduced regime and increased lockdowns and safety of both prisoners and staff with insufficient staff on landings should a serious incident occur. Sick leave amongst staff is high; this is in part due to stress and assaults on staff and this increases the pressure on the remaining staff, who endeavour to maintain as much of the normal regime as is possible.

On a more positive note, unescorted movement continues without any serious incident and gives prisoners some freedom and sense of responsibility. The Family Matters programme continues to be a great success in helping fathers build and maintain good relationships with their children. It is hoped that the Prisoner Assessment Unit (PAU) will re-open in Belfast early in the next reporting year under the new name of Burren House; this will be a positive step for prisoners nearing end of long sentences and should help to integrate them back into the community. A new Drugs Recovery Unit in the currently unoccupied Glen House is also due to open in July and the staff that have been chosen to work there are very enthusiastic about this new venture.

Staff have continued to leave on the severance package throughout the year and we wish them a long and well deserved retirement.

Finally the work of the Board would not be possible without the support, assistance and guidance of the IMB Secretariat and I would like to thank them for all the time and effort they put in to ensure our Boards operate smoothly.

**Margaret McCauley**

**Chairperson**

**OVERVIEW OF ESTABLISHMENT**

1. Maghaberry Prison is a modern high security prison which holds adult male long-term and short-term sentenced and remand prisoners in both integrated and separated units. The regime in the prison is intended to focus on the balance between appropriate levels of security and the Healthy Prison Agenda – safety, respect, constructive activity and resettlement – of which addressing offending behaviour is an important element.
2. The majority of the prisoners are accommodated in seven residential houses on the main site.

* Bann House accommodates mainly committal and prisoners on induction.
* Bush and Roe Houses accommodate separated prisoners on two landings each with the other two landings used for general prison population.
* Foyle House was closed for a time during this reporting year in order to be refurbished to accommodate the expected large number of protesters from the G8 Summit which did not materialise. This is now back in use as a normal residential house although not fully utilised.
* Erne and Lagan Houses are the other two original houses within the complex.
* A new house – Quoile – was opened during the last reporting year. This modern purpose-built house accommodates key workers, a drugs-free landing, a family focus landing and Donard landing.

1. Shimna House is the Witness Protection Unit but is currently unoccupied. There is a separate Care and Supervision Unit (CSU) and the former Healthcare Unit is now renamed Moyola and is a normal landing within the prison. Martin, Wilson and Braid Houses are located in the Mourne complex across the road from the main site. Braid House holds mostly life sentence prisoners and Wilson House is used to house prisoners who are nearing the end of their life sentences and have participated in and completed all relevant programmes. This was previously used as a stepping stone to Prisoner Assessment Unit (PAU) located at Crumlin Road in Belfast. This has been closed since 2011 but is due to re-open early in the next reporting year. Martin House was formerly the Witness Protection Unit but now houses the Vulnerable Prisoner Unit (VPU). The currently unoccupied Glen House is also due to re-open as a Drug Recovery Unit in next the reporting year.
2. Healthcare for all prisoners is provided by the South Eastern Health and Social Care Trust (The Trust.) The drug and alcohol service for prisoners who are in need of consultation is provided by Alcohol and Drugs; Empowering People through Therapy (Ad;ept) in partnership with the Trust and NIPS. Education and training is provided by local services.
3. Various charitable and voluntary organisations maintain a presence on site:

* Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO) provide guidance through the Jobtrack scheme for prisoners trying to obtain a job on release;
* CRUSE Bereavement Care provides support in dealing with bereavement issues;
* Barnardo’s support prisoners over family issues;
* Housing Rights Services staff support prisoners in obtaining housing, benefits and grants when they leave prison;
* Quaker Service manages the refreshment facilities in visits and at the visitor centre and provide transport between the centre and the prison. They also provide help and support to the families and organise seasonal events at the centre for the children.

1. Spiritual and religious matters are the remit of the prison Chaplaincy team who try to facilitate the practice of all faiths within the prison community and provide great support to prisoners and their families. Additional help is provided by the Prison Fellowship.

**SUMMARY OF RECOMMENDATIONS**

The Board recommends that:

1. **ACCOMMODATION**
2. The square houses should be replaced with more modern accommodation. A rolling programme of maintenance and redecoration is put in place in the meantime. (Paragraph 1.1)
3. **ALCOHOL AND SUBSTANCE ABUSE**
4. A much higher priority should be given to the Drugs Strategy Meetings within Maghaberry through attendance, input and co-ordination. (Paragraph 2.6)
5. A protocol should be established to ensure vital medication not withdrawn as a punishment. (Paragraph 2.7)
6. **CATERING AND KITCHENS**
7. The serving of the evening meal be delayed to a later and more realistic time. (Paragraph 3.4)
8. The practice of prisoners eating in cramped shared cells is reviewed. (Paragraph 3. 5)
9. **CHAPLAINCY**
10. The Chaplaincy hours are maintained at least at the current level if not increased to reflect the rise in prison population. (Paragraph 4.8)
11. **EDUCATION AND TRAINING**
12. Staff from training and education to visit the individual landings to encourage prisoners to participate in available courses (Paragraph 5.1)
13. Steps are taken to ensure prisoners participate in workshops with a view to achieving National Vocational Qualifications (NVQs) (Paragraph 5.2)
14. There should be a view of the education and workshops available in the Mourne complex (Paragraph 5.3)
15. Consideration is given to selling crafts, garden furniture, plants etc. produced by prisoners (Paragraph 5.4)
16. **EQUALITY AND DIVERSITY**

No recommendations.

1. **HEALTHCARE AND MENTAL HEALTH**
2. Clarity is provided by NIPS and SEHSCT regarding the short, medium and long term future of the healthcare area of Maghaberry. (Paragraph 7.3)
3. A review of the Complaints Procedure is undertaken to establish a more confidential system for the making of a complaint. (Paragraph 7.7)
4. A protocol should be put in place between SEHSCT and IMB to allow for information sharing. (Paragraph 7.9)
5. **LIBRARY**

No recommendations.

1. **LIFE SENTENCED PRISONERS**
2. Courses are available for life sentenced prisoners from commencement of sentence (Paragraph 9.2)
3. More work is made available specifically for life sentence prisoners (Paragraph 9.4)
4. **RECEPTION AND INDUCTION**
5. There should be sufficient staff detailed to work in Bann House. (Paragraph 10.2)
6. Where possible, first time prisoners are not doubled up with repeat offenders, to ensure the safety of both prisoners and staff. (Paragraph 10.3)
7. New staff get specific and appropriate training to work in Bann House and are trained in Applied Suicide Intervention Skills Training (ASIST) (Paragraph 10.5)
8. **RESETTLEMENT**

No recommendations.

1. **SAFER CUSTODY**

No recommendations.

1. **SEGREGATION – CARE AND SUPERVISION UNIT (CSU)**
2. The prison does not compromise on maintaining set staffing of the unit because of the special skills and knowledge required by those looking after highly vulnerable and volatile prisoners. (Paragraph 13.2)
3. There is an exit plan in place for each prisoner entering CSU – be that on cellular confinement or held under Rule 32. (Paragraph 13.3)
4. Adjudication process should be looked at with view to reducing volume (Paragraph 13.4)
5. The number of governors hearing adjudications is reduced and regular reviews are conducted to address inconsistency in both awards and procedure (Paragraph 13.6)
6. **SEPARATED PRISONERS**

No recommendations.

1. **SPORT AND RECREATION**

No recommendations.

1. **TUCK SHOP**
2. Prisoners who work in the tuck shop should get accredited NVQ training (Paragraph 16.2)
3. All products are competitively priced (Paragraph 16.3)
4. **VISITS**
5. The process of transferring items left at visits reception is looked at to lessen the delay in reaching the prisoner. (Paragraph 17.3)
6. Visits to Wilson and Martin House should be restored. (paragraph 17.7)

**Section 1 – ACCOMODATION**

1.1 Several previous reports recommended that the square houses of Bann, Erne, Foyle and Lagan be replaced but unfortunately, due to the present economic climate and reductions in budget, the Board realises this is unlikely to happen. The increase in the prison population has led to overcrowding in these houses which impacts negatively on prisoners as there is little privacy - particularly when there are lengthy periods of lock down.

***Recommendation: The Board continues to see these houses as unfit for purpose and recommends they be replaced. It also recommends a rolling programme of maintenance and redecoration until such times as this happens.***

1.2 The two linear houses Roe and Bush accommodate (in respective houses, in specific wings) separated Republican and Loyalist prisoners. Following the end of the ‘dirty protest’ in Roe last year major refurbishment of the damaged cells is now completed. The Board is aware that this was a lengthy and costly exercise but commends the NIPS for the efficiency with which it was being done.

1.3 The Board welcomed the opening of two new houses last year – Shimna and Quoile. Quoile House is a modern purpose-built house which can accommodate 120 prisoners in excellent conditions. Prisoners and staff have given very positive feedback on the modern facilities which are available.

1.4 Martin House in the Mourne complex was refurbished last year and became the Vulnerable Prisoner Unit (VPU) with prisoners previously accommodated in Glen House moving there. The refurbishment has created a relatively spacious unit which provides excellent accommodation and a much better regime with access to the garden. Those prisoners to whom members have spoken have expressed their satisfaction at the move so the Board commends this initiative.

1.5 Most people would not expect a Category A prison to include in its environs an Area of Special Scientific Interest; beautifully mown green areas complete with plump rabbits; hanging baskets; flower troughs, well-tended gardens, poly-tunnels and vegetable growing areas. At Maghaberry a lot of care and attention has gone in to creating areas of beauty in an otherwise drab and utilitarian site. The Area of Special Scientific Interest relates to an area of perimeter grasslands which is ‘home’ to around 30 pairs of breeding lapwings. These birds are becoming very rare in Northern Ireland thus Maghaberry is a very important breeding site. The NIPS must be given credit for recognising the importance of making the outdoor areas as pleasant as possible. Credit also has to go to the instructors, staff and prisoners who carry out the work and tend to the various outdoor areas. It is very heartening to see so many prisoners undertaking outdoor duties, from grass-cutting, to planting. Added to this is the signage which makes the prison estate much more user friendly.

**Section 2 - ALCOHOL AND SUBSTANCE ABUSE**

2.1 The Department of Health, Social Services and Public Safety (DHSSPS/PSNI) in their 2011 – 2016 Strategic Direction for Alcohol and Drugs makes reference to “a continuum of treatment and support opportunities between custody and release of offenders back into the community.” Societal issues regarding drugs and alcohol are reflected in the prison population. Like other prisons across the UK and Ireland, there is a drugs culture in Maghaberry. This has been acknowledged by the NIPS and a number of strategies are in place both to work with those who are addicted to substances, and to root out those who are supplying such illegal substances.

2.2 Services for those suffering from Addictions are provided by Ad:ept who have just launched a new therapeutic programme and are an integral part of the Prisoner Safety and Support Team (PSST). Their waiting lists are lengthy due to the large numbers of prisoners with substance abuse issues. Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) visit the Prison to hold meetings, but many prisoners to whom IMB members have spoken, do not wish to become involved.

2.3 As mentioned in the Healthcare section of the report, there are staffing difficulties within the Addiction Team which has resulted in individuals having to wait long periods for assessment - or reassessment - in order to access the Substitute Prescribing programme. We have talked to individuals who have gone down the route of ‘self-medicating’ whilst waiting for assessment. We are aware that there are plans to introduce mental health nurses with a ‘dual’ addictions role. IMB will monitor this to ensure that staff have been fully trained in the field of addictions.

2.4 IMB are aware through their visits to the various wings, attendance at Supporting Prisoners at Risk (SPAR) reviews, PSST meetings, Serious Case Reviews, Adjudications and Rule 32 Case Conferences, of the drug issues within Maghaberry. Prisoners often allude to the availability of illegal substances. IMB members are aware that drugs are used as a currency within the prison and can often be a source of bullying (particularly in relation to prescription medication). In addition, it would appear that families become involved on the outside, when drug debts build up. It has also come to the attention of IMB members that prisoners ask to move away from certain areas of the prison due to fears over their safety when their drug debts spiral.

2.5 IMB acknowledges and applauds the joint NIPS/PSNI initiative in tacking those found with drugs in their possession. In addition, there has been a significant increase in the drugs finds during this reporting period. We have been advised that staff are getting much more alert to the passing of drugs, which has led to significant seizures during visits.

2.6 It is disappointing however - in view of the efforts made by the joint working with PSNI and the increase in drugs seizures - that the Drug Strategy meetings have not been given the same priority or input. As part of the IMB monitoring role, a member has been part of the Drug Strategy group and has reported that often the meetings are cancelled at short notice, are not attended by key personnel and often, the role and function of the meetings seems unclear.

***Recommendation: That a much higher priority be given to the Drugs Strategy meetings within Maghaberry, through attendance, input and coordination.***

2.7 When talking with prisoners, it is often obvious that they are under the influence of substances. Most, when challenged, do not see ‘taking a few pills’ as substance abuse or that they are doing anything illegal, but rather a continuation of how they lived their lives before coming into prison. Other prisoners have told us that it is an escape from the boredom of having nothing else to do, particularly in houses where there are few jobs available and no access to education due to waiting lists. Prescription medication still continues to be abused despite measures having been taken by Healthcare to identify the main tradable medications being issued by themselves. However, it remains a commodity for trading and there is evidence that individuals are being bullied to hand over medication. Unfortunately when such an individual is found to have medication missing, he is ‘punished’ by not having the medication replaced for at least a week. On two occasions IMB have intervened when it was established that individuals had had their anti-seizure medication withdrawn when some went missing. In both cases, the medication was restored to the prisoners concerned.

***Recommendation: That a protocol be established to ensure that vital medication is not withdrawn as a punishment.***

2.8 The IMB is very supportive of the new Drugs Rehabilitation Unit which is due to come into being in next reporting period. We see this as a positive response to the issue of substance abuse and wish it well. Talking to staff who have already undertaken training to enable them to work in the unit, it would appear that they have found this to be a very worthwhile exercise.

2.9 The amount of drugs finding their way into the prison is most concerning. Whilst the IMB Members must acknowledge the sizeable seizures of illegal substances by prison staff, we are very aware of the amount of drugs circulating within the prison.

2.10 In relation to prescribed medication, IMB are aware that the more vulnerable prisoners are prime candidates for bullying. It is very difficult for these vulnerable individuals to either stand up to such intimidation or report it to staff. Whilst we acknowledge that from a healthcare perspective, a prison should mirror the prescribing procedures to that of the general population, unfortunately a prison setting is not the same as a community setting and consequently, supervised swallows would appear to be the only option available in trying to prevent bullying.

**Section 3 – CATERING AND KITCHENS**

3.1 The catering facility at the prison is a recent build of approximately four years old. Over 1000 meals are prepared twice daily. This number reflects the increased population at the prison this year. The quality of the food served is reasonable and every effort is made on the menus to try and accommodate all diverse cultural and religious needs. Prisoners have an opportunity through meetings of the Prisoner Forum to address comments or complaints with the Catering Manager.

3.2 Staffing in the unit includes 16 prisoners who are drawn from across the population and reflect the various cultures in the prison. Prisoners clearly enjoy working in the kitchen and on the serving areas in the houses. Delivery of the meal trolleys from the kitchen to all the houses are now being carried out by selected inmates who are given permission to work unaccompanied and this seems to be working well.

3.3 The IMB is pleased to note that, a training programme is in operation where prisoners can avail of accredited training to achieve NVQ qualifications and Food Hygiene Certificates. This can provide them with skills to help them secure employment upon release, which is an essential part of their rehabilitation into society. Prisoners who attend the Donard Centre are enjoying the opportunity to take lessons in cooking and learn about healthy diet and food choices as part of their Learning and Skills educational courses.

3.4 As reported many times previously, the timing of meals in the prison, especially the evening meal, can be very early and do not reflect normal meal times. It had been hoped that when the NIPS established the new core day for staff this would be rectified, but this has not happened.

***Recommendation: The serving of the evening meal be delayed to a later and more realistic time.***

3.5 The NIPS are to be applauded for including communal dining areas in refurbished houses and in all new builds, but members regularly observe that prisoners are still taking their meals in their cells. The Board is aware that the prison is overcrowded and space is limited in the dining areas, but still finds it unacceptable that prisoners have to eat in a confined space that also holds their toilet and washing facilities.

***Recommendation: The practice of prisoners eating in cramped shared cells is reviewed.***

**Section 4 – CHAPLAINCY**

4.1 The Chaplaincy team in Maghaberry is made up of the main faiths represented in the broader Northern Ireland community: Church of Ireland, Roman Catholic, Presbyterian, Methodist, Free Presbyterian and Muslim. To facilitate the ever increasing number of Foreign National Prisoners (FNPs) assistance is available by way of a Polish and a Lithuanian priest, an Imam and a Chinese pastor.

4.2 Due to the complex nature of the prison and the various levels of security, Mass and weekly Services have to be held not only in the prison chapel, but also in Moyola (formally Healthcare) Bush and Roe Houses and in the Mourne complex.

4.3 As the prison population continues to rise in Maghaberry, so also does the demand placed upon the work of the chaplains. On committal, every prisoner will have an opportunity to meet a member of the chaplaincy team and “register” with the chaplain of his desired denomination. This is a most important service because of the vulnerability of prisoners at this point.

4.4 In last year’s IMB Annual Report, we reported our disappointment that the chaplaincy was under review as part of a cost cutting exercise. After two years, the NIPS has finally given its proposals to the churches. These proposals give little regard to improving the service but are primarily concerned with cutting costs. This exercise in itself, is an insult to the work of the Chaplains and is making a judgement on the quantitative rather than the qualitative outcomes or effects of their work.

4.5 Since the last review into the Chaplaincy, prisoner numbers have risen from 850 to circa 1070. The two year period of review has had a detrimental effect on the morale of the chaplains and has been a distraction to their essential function. In addition to this, they have not seen an increase in pay for 6 years.

4.6 The Board believes that despite the continuing situation of overcrowding (170+ in one square house alone) and heightened stress, the chaplains - whose presence helps to de-stress and engage with prisoners and staff - will have their hours cut from 24 to 16 hours per 100 prisoners.

4.7 The IMB firmly believe that to cut back the hours in the Chaplaincy is to misunderstand their role. They form a vital link in the life of the prison, speaking to vulnerable and needy prisoners, keeping in regular contact with the staff and Prison Service Management, as well as other agencies involved with the welfare of prisoners. In addition to this, they assist in the maintenance of family links and are used by the Prison Service to accompany prisoners on temporary release for funerals and other necessary occasions. In practice, if chaplains were to stop attending case conferences and meetings - where their input is most vital - and simply concentrate their efforts on one to one contact with a prisoner, the Prison Service will be losing out on an extremely important contribution into the welfare and wellbeing of prisoners.

4.8 In conclusion, the IMB think it demonstrates extreme short-sightedness of the NIPS to cut costs within the Chaplaincy. Chaplains encourage and lift morale within the prison - at a time when it is most needed. They address and resolve many minor complaints on a daily basis and without fuss and without seeking recognition. As an IMB, we fear that should these cuts go ahead, the prison will leave itself open to many more unresolved complaints, anger and frustration among the prison population and ultimately, a greater social and financial cost in terms of Judicial Reviews, Prisoner Ombudsman's complaints upheld - perhaps even death in custody investigations. Those charged with the review should also recognise that the NIPS itself also owes a respect to the Chaplaincy when its staff and their families have need of a Chaplain's presence, help and support. Instead, the NIPS should recognise what a valuable resource the Chaplaincy is and with proper consultation and working in partnership, move forward for the welfare and wellbeing of all in the prison - both prisoner and staff members - and stop looking a means to cut and demoralise the chaplains and diminish the crucial work they carry out in Maghaberry.

***Recommendation: The Board recommends that the Chaplaincy hours are maintained at least at current level - if not increased - to reflect rise in prison population.***

**Section 5 - EDUCATION AND TRAINING**

5.1 Education is based in the new Learning and Skills Centre. The main focus is to provide a range of courses in areas such as literacy, numeracy and practical skills development. Each prisoner is tested on arrival for essential skills and deficiencies and is encouraged to participate in improvement classes as part of their overall resettlement programme. While some of the more popular classes have long waiting lists, it is disappointing to note the poor attendance at some of the classes given the excellent facilities that are available in the new centre.

***Recommendation: The Board recommends that staff from Training and Education visit the individual landings and encourage prisoners to participate in available courses.***

5.2 Maghaberry workshops provide a range of work and vocational training which can lead to nationally recognised qualifications such as National Vocational Qualifications (NVQs). Furniture-making and gardening are very popular but non-attendance at workshops still causes some concern. Participation in workshops can make a valuable contribution to successful reintegration on release by giving prisoners the skills to enable them to seek employment.

***Recommendation: The Board recommends that steps are taken to*** ***ensure that prisoners participate in workshops with a view to achieving NVQs.***

5.3 The Mourne complex offers wheelchair and bicycle refurbishment workshops as well as having a Braille unit which teaches a very specialised and rare skill. The Board commends the NIPS for setting this up but there is very little other work or education for the prisoners in the Mourne complex. Given that most of these are life sentenced prisoners, this is an area that needs to be looked in greater depth.

***Recommendation: The Board recommends a review of the education and workshops available in the complex.***

5.4 The Board has suggested on many occasions that there should be an outlet where the goods as crafts, garden furniture and plants produced by prisoners, could be sold to generate money for the Governor’s Fund. The excellent reception centre for visitors run by the Quakers’ Service (the Quakers) is an obvious choice given the large numbers that use the facilities there over the course of a year.

***Recommendation: The Board again recommends that an outlet where crafts, garden furniture and plants can be sold should be considered.***

**Section 6 - EQUALITY AND DIVERSITY**

6.1 Foreign National Prisoners (FNPs) continue to represent a significant proportion of the prisoner population in Maghaberry. By the end of the reporting period, they represented around 10% of the total population and consisted of 25 different nationalities with Polish, Chinese, Lithuanian, Romanian and Portuguese highest in terms of numbers. Irish Travellers also continue to represent a significant minority group within the population.

6.2 The Equality and Diversity Committee has responsibility for eliminating discrimination from Maghaberry. The Board also notes that the Committee has responsibility for promoting equality within Maghaberry and endorses the active steps that continue to be taken towards this. In March 2012, Senior Management in Maghaberry decided that the Equality and Diversity Committee would be more effective if there was service user involvement at the monthly meetings. The Equality Manager recruited a number of prisoners who were representative of the prison population and currently, ten are involved both at pre-meetings and actual monthly meeting. As a result of issues raised in previous year’s reports, the Equality and Diversity Committee is now being chaired by the Deputy Governor. Membership of the Committee also includes a wide spectrum from all the various departments and supporting agencies who attend the monthly meetings. Equality and Diversity is still overseen by the now established PSST. All of this is welcomed by the Board.

6.3 In previous reports, the Board has continually raised with the appropriate authorities the fact that a noticeable majority of adjudication charges were laid against Catholic/Nationalist population, as compared to the total of charges laid against other religions. Subsequently the NIPS commissioned an independent research project into this issue and further examination across all three prison establishments produced no evidence to support this. The Board will continue to monitor this process.

6.4 There has been a significant increase in the usage of the Big Word Translation service due to the increase in FNPs. It has been identified that while most FNPs can speak some English, they can experience difficulties in group session work which can have a detrimental effect on essential courses they need to partake in as part of their sentence. Conversations in a Healthcare setting can also prove difficult for FNPs.

6.5 Key Equality and Diversity related achievements throughout the year have included:

* All job vacancies are now advertised with the provision of equality of opportunity;
* Provision of mobility scooters;
* Tuck shop lists are available in various foreign languages;
* New Testament translated into Braille;
* Pictorial aids provided to assist communication with non-English speaking prisoners;
* Introduction of a process that allows a prisoner to self-disclose a disability which is then referred to Healthcare;
* Increase in number of visits from UK Border Agency;
* Narcotics Anonymous Sessions;
* An improved property recording service;
* Regular disability surveys and the establishment of Foreign National forums.

**Section 7 - HEALTHCARE AND MENTAL HEALTH**

7.1 Prisoners’ access to health services must be appropriate to their needs and equivalent to those services available to the public. The Trust states that it will:

* Improve the health and wellbeing of the people they serve in partnership with key stakeholders; and
* Provide person centred, safe and effective care.

7.2 This is now the third consecutive Annual Report of the IMB where we have to highlight continuing concerns about healthcare within Maghaberry Prison. It is the Board’s opinion that staffing levels continue to remain low with retention of newly recruited staff seeming problematic. Consequently, this has a knock-on effect on existing staff and on the level of service provided to prisoners. At the time of writing this report, yet another recruitment drive is about to take place. We are aware that the Mental Health Team has recruited new staff members, but the successful candidates are unlikely to take up post until June 2014. The IMB notes with concern that the ongoing staffing situation remains unresolved after three years. It is the Board’s opinion that this would appear to be an issue relating mainly (but not exclusively) to the Maghaberry site and whilst it is acknowledged that Maghaberry is a Category A prison, is over-crowded and - like many other prisons - deals with individuals who present challenges, this situation cannot be allowed to continue.

7.3 A major change in healthcare since last Annual Report lies in the reconfiguring of the service provision in relation to in-patient beds. There are effectively no in-patient beds in the Healthcare Unit and what was the ‘ward’, has now reverted to a prison wing renamed Moyola. It is the Board’s opinion that there would appear to be a degree of ambiguity surrounding this area of the prison. The IMB has been advised that there are beds available for those who are seriously mentally ill within Moyola. We have also been advised that the longer term plan for Moyola is to house prisoners with serious mobility problems and the increasing elderly prisoner population.

***Recommendation: That clarity is provided by NIPS and the Trust regarding the short, medium and long term future of the Healthcare Unit in Maghaberry.***

7.4 In a previous IMB report, it was recommended that a system be devised to speed up provision of prisoners’ prescribed medication following committal. In last year’s report, we referred to a new computerised system of patient records coming into place, which would alleviate the sometimes lengthy delays in a prisoner receiving his prescribed medication. However, IMB members continue to receive complaints about individuals not being able to access prescribed medication for some days following committal. This is particularly the case where individuals are committed at weekends.

7.5 Addictions assessments are still problematic due to length of time between referral, assessment and treatment. In particular, we would highlight the lack of Addiction Nurses. This has led to unacceptable delays in individuals accessing the Substitution Therapy and we are aware that some prisoners will have accessed illegal substances in the interim. We understand that the Trust have advertised for specialist Addiction Nurses. At the time of writing this report, some of the Mental Health Nurses who have shown an interest in Addictions, are fulfilling a dual role, and the Trust envisages that this will continue. IMB will liaise with Operational Nurse Manager to ensure that such staff have received appropriate training in the specific function of Addictions Nursing.

7.6 The IMB acknowledges the difficult circumstances that the healthcare staff have faced over the past year; it is the Board’s opinion that short staffing has caused pressures on existing staff coupled with the significant changes within the healthcare function. In addition, the prison population has grown considerably and we acknowledge the challenges which additional prisoner numbers has on the front line staff.

7.7 The main complaints that IMB members are receiving from prisoners in relation to healthcare issues relate to:

* Medication: Reductions with no explanation other than, ‘it’s the Trust Policy’;
* Medication: Withdrawal of medication when an individual’s ‘in possession’ medication goes missing. In two cases which IMB pursued, the medication which had gone missing was anti-seizure medication. This was reinstated after intervention by IMB.
* Individuals not receiving their prescribed medication at committal and in some instances, not for some days following committal;
* Appointments to see the GP: Individuals have alleged to IMB members that they have been waiting for at least 6 weeks to see a GP. In addition, prisoners have also raised the fact that in many cases a nurse makes the decision as to whether or not a prisoner should see the GP. An example of this is when a prisoner wanted to discuss what he termed ‘a very personal issue’ with the GP. but the nurse refused to put his name forward for appointment unless he discussed the issue with her first;
* Complaints. Prisoners are still unwilling to make complaints against medical/nursing staff as the complaint goes - in the first instance - to the person against whom the complaint is being levelled.
* Staff attitudes towards prisoners: The IMB has been present and observed occasions when the attitude displayed by a small number of nursing staff, was less than would be expected from a nursing professional.

***Recommendation: We recommend that a review of the Complaints Procedure is undertaken to establish a more confidential system that is not reliant on the prisoner making the complaint having to take his complaint to the House Nurse.***

7.8 Unfortunately over the past few months, it has become increasingly difficult for members of the IMB to take forward any issues that prisoners have brought to us regarding healthcare issues, which makes us unable to carry out part of our role of ensuring there is equality in the service provision to prisoners in comparison to other members of the community.

7.9 The relationship between the Trust and IMB Maghaberry has deteriorated during this reporting period. The IMB have been prevented in their role of helping to resolve prisoners’ issues by the refusal of some Trust staff to discuss prisoners’ healthcare issues, even with permission from the prisoner. Members of the IMB acknowledge the confidentiality issues involved - and are sensitive to these but would point out that we would have no wish to discuss confidential or personal issues that are not relevant to any query. However, what we are seeking is a degree of flexibility in information-sharing. After all, we participate or observe in many meetings where such sensitive information is discussed among a large multi-disciplinary group.

***Recommendation: We recommend that a protocol be put in place between the SEHSCT and IMB to allow for information sharing.***

7.10 Unfortunately during this reporting period, IMB members have had to resort to making a formal complaint to the Trust in relation to observed practice issues within the service. We are concerned at how the complaint has been investigated and the fact that to date, no feedback has been received from the Trust. In addition to the formal complaint, other practice issues were brought to the attention of the Director and Assistant Director of Prison Health at a meeting in September 2013. It is worrying that some staff members appeared unconcerned that IMB members were in the vicinity when various practice issues were observed**.**

7.11 The IMB have invited the Operational Nurse Manager to attend at the start of our monthly Board meetings, in order to address any issues that arise during members’ rota visits. We are hopeful that this initiative will result in a good working relationship between the healthcare function and the IMB.

7.12 It is very pleasing to note that there is a very good level of clinics taking place in Healthcare. We can see that the pathway towards Primary Care is now firmly established. For example, we can report that among the clinics currently operating, are those dealing with:

vaccination, genitourinary medicine, surgical, optician, podiatry, physiotherapy, radiology, ear nose & throat, dermatology, minor surgery, audiology, dentistry, diabetic and electrocardiography. We are advised that there are plans to offer blood-borne virus, medication review and epilepsy clinics in the near future. The provision of such clinics reflects the standards and procedures currently adhered to in the community; the Trust is to be commended on this. We also acknowledge that the Mental Health Team very much reflect the manner in which the Mental Health Services operate within the country in general.

7.13 The IMB do acknowledge the impact that the increase in the prison population has on the Healthcare service; for example, the high number of individuals who arrive into prison having been prescribed medication by their own GPs, those with drug and alcohol problems, individuals with mental health problems, personality disorders, physical health and mobility problems and the increasing number of elderly prisoners. The IMB acknowledges these challenges place additional burdens on an already stretched service.

7.14 It is very pleasing to note that the issues highlighted in last year’s IMB Annual Report in relation to Prison Escorting and Court Custody Services (PECCS) has been resolved and that this service appears to be working extremely well with healthcare.

7.15 On a positive note, the advent of the new GPs is welcome. One IMB member observed the courtesy shown by one of the new GPs towards a prisoner when ushering him into the surgery for a consultation – he introduced himself with a smile and remembered the patient’s name. In addition, the nursing service provided at Committals, won the Health Management Award 2013; this is to be applauded. There have also been observed examples of excellent multi-agency working in relation to a number of complex individuals who present particular challenges to services.

7.16 It would be remiss of us not to mention the work of the PSST, and whilst not part of Healthcare, it takes the bulk of the responsibility for the management and support of a large number of high risk individuals. The prison population includes a high number of individuals who are labelled as having a variety of personality disorders, and by virtue of such diagnosis, do not come under the Mental Health Order; the management of such individuals rests with the PSST, which benefits from the input of the Personality Disorder Nurse. Members of the IMB often sit in on a portion of the weekly PSST meeting and acknowledge the difficulties faced in the support of such challenging individuals.

**It should be noted that the Trust has responded and has disagreed with some of the content of the report; however the Board is content that for the year being reported on, its findings are accurate.**

**Section 8 - LIBRARY**

8.1 The library is a well-stocked facility with books supplied by NI Libraries where prisoners are made to feel at ease and to relax. It provides a choice of several thousand books, magazines and newspapers in a wide range of languages to meet the needs of all prisoners. Approximately 600 prisoners use the facility every month. The library also stocks Law Reference Books which enable prisoners to look up information regarding their own cases. A comprehensive stock of over 500 CD’s is also available.

8.2 The library is also the centre of the Book and Tape Club. This enables fathers in prison to record stories to send to their children and is very important in maintaining family links for young children. These can then either be posted out or collected.

8.3 The library staff also assist prisoners by printing out information, work for courses and designs on handicrafts and also looking up prices of items if necessary. The Board remains impressed with the library and commends those who staff it.

**Section 9 - LIFE SENTENCED PRISONERS**

9.1 There are currently approximately 170 life sentenced prisoners in Maghaberry with some others on various pre-release schemes. The largest number is located in Braid and Wilson Houses with the majority of Category A prisoners housed in Erne House. Most if not all the other houses have at least one life sentenced prisoner. Following closure of the PAU in Belfast in April 2011, all the prisoners who were located there returned to Maghaberry where they continue with their pre-release programmes. The former PAU is now due to re-open early in the next reporting year; this will be a positive move for prisoners nearing the end of their sentence.

9.2 While in prison there are several programmes to help those prisoners serving life sentences. These programmes address issues regarding alcohol and drug abuse - including the new Building Skills for Recovery (BSR) programme. Other longer courses include the Sex Offender Treatment Programme, Cognitive Self Change Programme and Motivational Enhancement Group and Anger Management courses. Unfortunately most of these courses only start within 3 years of release as that is when life sentence prisoners are first reviewed for possible release on parole.

***Recommendation: The Board recommends that there should be courses for life sentenced prisoners from commencement of their sentence.***

9.3 A large number of lifers have quite low levels of numeracy and literacy and all are encouraged to avail of the education facilities available. The Essential Skills Curriculum covers from very low educational levels to the equivalent of GCSE and prisoners can study to degree level. There is also a special Duke of Edinburgh award which is specifically designed to be delivered in prison. However, as the majority of life sentenced prisoners are located in the Mourne Complex the opportunities for education are limited.

9.4 Given the large numbers of life sentence prisoners it would be beneficial if there were more work available. Of nearly 300 jobs available in the prison, there are only around 40 available for the life sentenced prisoners so it can be difficult for them to use their lengthy sentences in a constructive manner.

***Recommendation: The Board recommends yet again that more work is made available specifically for life sentenced prisoners.***

**Section 10 – RECEPTION AND INDUCTION**

10.1 The Reception area is where the prisoners arrive at the prison. Those arriving for the first time can be nervous and apprehensive, so the Board commends the reception staff for their calm and professional manner which helps put the new arrivals at ease.

10.2 When prisoners leave reception area they are taken to Bann House for induction which usually lasts a few weeks. Again, for those in prison for the first time, this can be a very vulnerable time so staff need to be aware of these vulnerabilities and observe whether a prisoner leaves his cell and mixes with other prisoners, or stays behind the door. Staff also need to have time to talk to new prisoners but increasingly, Board members have recognised that the reduction in staff numbers means they are just too busy and do not have time to speak to all those who may want to share concerns or just want a listening ear. For this reason, it is essential that Bann House should always be adequately staffed. As the population of this house is constantly changing staff need to be very vigilant - they do not have the time to get to know a prisoner in the way staff in the more ‘settled’ houses do. For first time prisoners, there are a lot of questions about everything from visits, phone, showers etc. and staff are constantly under pressure to answer these questions and sort out any other issues. As staff cuts become ever more stringent, more pressure is put on remaining staff. This is causing visible signs of stress and increasingly the Board are approached by staff who are concerned they will miss something serious regarding a prisoner’s well-being, which could lead to a serious incident or – in extreme circumstances – the death of a prisoner subsequently putting the well-being of staff and/or his career in jeopardy.

***Recommendation: The Board recommends that there should be sufficient staff detailed to work in Bann House to ensure the safety of both prisoners and staff.***

10.3 Where possible the Board also recommends that first time prisoners are not doubled up to share a cell with an “experienced” prisoner. Those who have been inside before know the system and this can lead to a new prisoner getting into trouble by being bullied into doing things.

***Recommendation: The Board recommends that where possible first time prisoners are not doubled up with repeat offenders.***

10.4 The Board has concerns about the number of prisoners that are on SPAR in Bann House. This takes up a large amount of staff time between checking prisoner and the associated paperwork to ensure the process is completed effectively. If there are several prisoners on SPAR at any one time, it can fully occupy one member of staff leaving insufficient staff to cover the remainder of work on the landing; this can consequently lead to a quiet or vulnerable prisoner being overlooked as staff are so busy.

10.5 Experience is desirable in this environment but with all the new staff, it is now inevitable that many will be sent Bann House. For this reason the Board recommendthat new staff get specific training to work in Bann. As so many of the experienced staff have left under the recent severance package, it is quite common to see that the most experienced person on the landing may have less than one year’s service . This puts undue pressure on new staff who are being constantly faced with new situations with no-one to whom they can immediately refer. The Board also again recommends that all induction staff are trained in Applied Suicide Intervention Skills Training (ASIST).

***Recommendation: The Board recommends that staff get specific and appropriate training to work in Bann***

10.6 Despite the problems raised above the Board commend the staff in Bann. Every new committal presents a challenge in a busy house with a lot of different demands; their professional manner is appreciated.

**Section 11 – RESETTLEMENT**

11.1 A successful and efficient resettlement programme minimises the risk of a prisoner reoffending on release. With no supportive network in place, on release prisoners with poor coping skills frequently reoffend in order to return to prison which they regard as a ‘safe’ option or environment. The Resettlement team in Maghaberry works with the various groups within the prison, but also relies heavily on working in partnership with many outside agencies. The Board acknowledges the support given by all the associated agencies in trying to provide a focused and detailed resettlement package for prisoners.

11.2 The Resettlement team works with both sentenced and remand prisoners, but given the increasing number of prisoners currently in Maghaberry, spaces on programmes are limited. The increase in lockdowns because of staff shortages reduces the time available to carry out these programmes and with further staff reductions due in the coming year, the Board hopes this time will not decrease even further.

11.3 Family support is essential to successful resettlement, so child-centred visits and the family work undertaken by the Family Liaison Team and the Quakers Service are invaluable. The Board commends the work done by the NIPS in setting up the Family Focus landing in the new Quoile House. Prisoners on this landing get longer visits with their children in the Donard Centre and the prisoners prepare food for their family. These visits are very informal and are an excellent opportunity for children to spend time with their father in a more relaxed surrounding than the normal prison visit. Other support staff are on hand to talk to and support partners / wives.

**Section 12 - SAFER CUSTODY**

12.1 Safer Custody meetings are held on a regular basis and are usually well attended. In some cases, the families of prisoners are involved and that is definitely beneficial as those who are visited by family are less likely to reoffend than those who receive no visits. It has long been established that one of the main risk factors for self-harming and suicide is isolation and lack of visits. The “Quaker Connections” volunteer continues to benefit the many prisoners who fall into this category and the Board acknowledges this.

12.2 The SPAR process is a means whereby staff can work together to provide individual care to prisoners in order to help defuse a potential suicidal crisis and help them to better manage and reduce their distress. A percentage of SPAR documentation is now checked on a daily basis and regular audits are held There are approximately 750 SPAR opened in the year – the largest numbers in Bann House - which presents a huge challenge for PSST staff.

12.3 The treatment of vulnerable prisoners is one of the biggest challenges facing the NIPS. Prisoners can be vulnerable for many reasons including mental health issues or because the nature of their crime makes them open to attack by other prisoners and therefore kept apart for their own safety. Last year saw the Vulnerable Prisoner Unit (VPU) moved from Glen to Martin House. This enabled the prisoners to have a greatly enhanced regime with access to gardens and greater freedom within the unit. The Board commends this improvement. The main disadvantage of the closed environment is lack of education and work opportunities. Staff generally engage well with these prisoners. They are familiar with their family circumstances and backgrounds and can quickly identify any difficulties or issues before they escalate.

12.4 The Donard Landing (formerly known as REACH) now based in Quoile House is aimed at prisoners described as ‘poor copers’ or those with symptoms commonly associated with personality disorders or other mental illness. Many prisoners on this landing have fluctuating levels of distress and have poor communication or inter-personal skills. During the day, prisoners from this landing go to the new Donard Centre which, as previously mentioned, is a well-equipped valuable resource where the staff engage well with the prisoners and again have a good knowledge of their backgrounds. The Board also commends this facility but is disappointed to note that it is not as well used as it could be and is often closed because of staff shortages.

12.5 There are approximately 130 prisoners recorded as having a disability although almost five times that number declared a disability on arrival at prison. This can range from mental illness, drug or alcohol dependency, learning difficulties to an actual physical disability. As the prison population in Maghaberry has now got an increasing number of elderly prisoners, this presents additional challenges in their management.

12.6 The Board is pleased that the issue of bullying is being addressed in a more robust manner and being recorded via Bullying Incident Reports (BIRs) and discussed at weekly Safer Custody Meetings.

**Section 13 – SEGREGATION – CARE AND SUPERVISION UNIT (CSU)**

13.1 The Care and Supervision Unit (CSU) exists to hold prisoners apart from normal location within the prison. This can be for a number of reasons; the placement under Prison Rule 32 (generally for the good order and discipline within the prison or, for a prisoner’s own safety based on security information) or for a period of cellular confinement awarded through the adjudication process. In addition to the cellular confinement accommodation within the unit, adjudications and case conferences are held in the board room on the ground floor. There are also dry cells where a prisoner may be held for a number of hours to “cool off” and safer cells for prisoners at risk of self-harming and suicide are held. The CSU is always at full capacity.

13.2 The regular officers working in the unit continue to exercise extreme professionalism. The Board seldom receive complaints about staff from the prisoners. However, like other houses in the prison, in recent times, there have been occasions when officers are sent to the unit for a shift to make up shortfalls in staffing. As this is a unit with particular needs, prison management must not allow the culture of casual staffing to become the norm.

***Recommendation: The Board recommends that the prison does not compromise on maintaining set staffing of the unit because of the special skills and knowledge required by those looking after highly vulnerable and volatile inmates.***

13.3 The regime in the CSU is extremely restricted with only limited association given to the prisoners who are there for long periods. The Board has always insisted that, because of this restricted regime, prisoners should have an exit plan shortly after their arrival as it is not a house that is conducive to the good mental well-being of the prisoners therein. It is unfortunate that management, whilst they may agree, continue to hold prisoners for longer than necessary periods and leave prisoners in the CSU as it can become increasingly difficult to find alternative accommodation elsewhere in the prison estate.

***Recommendation: The Board recommends that there is an exit plan in place for each prisoner entering the CSU be that on a cellular confinement or held under rule 32***.

13.4     The formal disciplinary process for dealing with alleged misconduct by prisoners is adjudication.  Adjudications are held most mornings in the CSU.  Board members attend as many adjudication hearings as possible and seek to satisfy themselves that due process has been followed and that decisions to restrict association etc. are reasonable and fair.  However, members have noticed an increasing amount of adjudications over the past reporting year and feel that staff could deal with some of these issues before they need to go to the formal process of adjudication thus reducing the time spent on unnecessary paperwork. Over a weekend it is not unusual for Adjudication Officer to have to deal with the paperwork for in excess of 40 adjudications. Members do not attend at the request of or to represent a prisoner.

***Recommendation: The Board recommends that the Adjudication process is looked at with a view to reducing the numbers.***

13.5 Over the reporting year, the reduction in staffing levels has inevitably had an impact on the adjudication process; fewer staff are available to attend and read their statements. On most occasions, the prisoner accepts the statement being read in the officer’s absence but if he disputes the evidence and wishes to question the officer, the adjudication has to be adjourned until such time as the officer can attend. This creates a backlog which may delay an adjudication hearing for weeks or even months.

13.6 Throughout the year, the Board has raised concerns about the consistency of the awards given and the review of the evidence presented. Several different governors hear adjudications and the scrutiny of evidence and decisions / awards given vary widely across similar charges.

***Recommendation: The Board recommends that the number of governors hearing adjudications is reduced and regular reviews are conducted to address inconsistency in both awards and procedure.***

**Section 14 – SEPARATED PRISONERS**

14.1 In 2003, the UK Government accepted the Steele Review recommendation that Republican and Loyalist prisoners with paramilitary affiliations should be accommodated separately from each other and from the rest of the prisoner population on a voluntary basis within Maghaberry Prison. Throughout this reporting year, the numbers of both republican and loyalist prisoners held in ‘separated’ conditions continued to rise.

14.2 Following the end of the ‘dirty protest’ by separated republicans in Roe House in the last reporting year, the landings are now being manned by normal prison staff. The damage caused to the fabric of the building by this protest, required an extensive and costly programme of refurbishment. This was completed during the year and the Board commends NIPS for the efficient manner in which it was carried out.

14.3 The Board notes that separated republican and loyalist prisoners continue to benefit from a greatly enhanced regime in comparison to the remainder of the prison population. This can understandably cause friction and resentment with other prisoners who may be locked for a greater part of the day.

**Section 15 - SPORT AND RECREATION**

15.1 Over the last year, the sport and recreation facilities have been used extensively by all prisoners. The Board commends the increase in these facilities with the building of additional football pitches. The gym facilities are also very good.

15.2 The Board receive few complaints with regard to sport and recreation. This is due to the high quality of diverse programmes on offer, which are designed to cater for all inmates irrespective of age or fitness level. It is also a testament to the commitment of the PE staff.

**Section 16 - TUCK SHOP**

16.1 The tuck shop provides remains a crucial and integral part of the prisons operation. It provides prisoners with extra products of their choosing by way of a weekly delivery. The shop is well managed and carries a good range of stock items which is revised regularly to meet general prisoner requests and the needs of the foreign national prisoners with different religious and cultural needs. Additional seasonal food items are available at Christmas and Easter.

16.2 Staffing in the facility includes six prisoners who assemble orders. Prisoners employed in the shop enjoy the work and usually stay in post for a long time. The Board have said over the past few years that these prisoners would benefit from NVQ accredited training which could help them secure retail employment upon release.

***Recommendation: The Board recommends that NVQ accredited training is made available.***

* 1. As stated in previous reports, prisoners feel that tuck shop prices are high and they have the opportunity to bring this to the Prisoner Forum meetings for discussion. The Board has been advised that prices are subject to contract but continues to monitor the situation.

***Recommendation: The Board recommends that that all goods are priced competitively.***

**Section 17 – VISITS**

17.1 For those who lose their freedom, family ties are important and many studies have shown the value to prisoners of regular family visits.  Several voluntary organisations support families’ visits in various ways.

17.2 For many coming to visit Maghaberry, transport can be a problem. NIACRO (supported by PBNI) run a minibus service from several areas of the province charging economical fares.  The Quaker Service also provides a bus link to the local train station twice a day and try to facilitate those who find the journey difficult.   The Family Centre which provides a café, crèche, advice and assistance for visitors is also run by the Quaker Service.  Leaflets are provided in a number of languages to facilitate foreign national visitors.

17.3 Family Support Officers are available at the reception area where families who have concerns or issues about their relative can talk to an officer in private.  Visitors can leave in money, cards, clothing etc. reception area but there are times when it take a considerable time to reach the prisoner they are visiting.

***Recommendation: The Board recommends that the process of items left at reception for prisoners is looked at to lessen the delay in prisoner receiving them.***

17.4 Visits in Maghaberry take place in the main visits area and also in Braid House within the Mourne complex.  The visits areas must strike a balance between facilitating families and the need for security. All visitors are subject to testing by a passive drug dog and at least three prison officers supervise the area. In previous years the Board has recommended that the CCTV system in the visits area is upgraded so is pleased to see that new surveillance cameras have been installed in both the segregated visits area and ordinary visits area.  Despite the secure setting, the visitors’ arrival area endeavours to present a “family friendly” image and during the summer holiday period additional activities are organised for children. The Board is also aware that there are plans to look at the further at upgrading the visits area in the future.

17.5 Child-centred visits operate throughout the year, enabling fathers and children to play in a supported, supervised manner and bond in a way that is not always possible during a normal visit. Since inception, these visits have been jointly delivered by Quaker Service and prison staff. For prisoners on the Family Focus landing, extended visits with their children are arranged on a monthly basis and held in the Donard Centre.  These are made possible by the Prison Visits team, Family Officers and the Quaker Service. This is superb example of different organisations working together for the benefit of prisoners and their families and the Board commends these initiatives.

17.6 While many prisoners receive regular visits from friends and family there are a significant number who serve their sentence with little or no contact with anyone outside.  As previously mentioned the Quaker Service operates the “Quaker Connections” which provides visits to these prisoners. In a similar context, the Board also commends the Quaker Befriending Scheme.

17.7 It was disappointing to note this year that prisoners in Wilson and Martin House had the location of their visits changed to the Braid House visiting area. The Board feels this is a retrograde step; the visits in Wilson helped prisoners who were in the final stages of life sentences, build and maintain relationships with their families in a relaxed atmosphere. For the vulnerable prisoners in Martin House, it has raised concerns about their safety and the safety of their visitors, with some reluctant to take visits and subject their family, especially children, to remarks from other visitors/prisoners.

***Recommendation: The Board recommends that visits to Wilson and Martin Houses are restored.***

17.8 In conclusion, the NIPS and the agencies and organisations which provide visit services should be commended for the help and support given to visitors on a daily basis.

**MAGHABERRY PRISON**

**BOARD MEMBERS 2013-2014**

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| --- | --- | --- |
| 1 | Mrs Margaret McCauley | Chair: No change |
| 2 | Mr James McAllister | Tenure completed March 2014) |
| 3 | Mr Phillip Lees | No change |
| 4 | Mrs Shelley Maybin | Appointed: June 2013 |
| 5 | Mrs Valerie McConnell | No change |
| 6 | Mrs Bernadette McCollum | Transferred from Magilligan: April 2013 |
| 7 | Mr Patrick McGonagle | Appointed: May 2013 |
| 8 | Mrs Lynn Nevin | Appointed: June 2013 |
| 9 | Mrs Hazel Baird | Appointed: September 2013 |
| 10 | Mr Andrew Hayes | Appointed: June 2013 |
| 11 | Mrs Sally Cunningham | No change |
| 12 | Mr Gordon Ramsey | Resigned: May 2013 |