



Northern Ireland  
Assembly

Committee for Justice

# OFFICIAL REPORT (Hansard)

Independent Monitoring Board for Northern  
Ireland

16 May 2024

# NORTHERN IRELAND ASSEMBLY

## Committee for Justice

Independent Monitoring Board for Northern Ireland

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**Members present for all or part of the proceedings:**

Ms Joanne Bunting (Chairperson)  
Mr Doug Beattie  
Mr Maurice Bradley  
Mr Stewart Dickson  
Mr Alex Easton  
Mrs Ciara Ferguson  
Mr Justin McNulty

**Witnesses:**

Ms Yvonne Adair	Independent Monitoring Board for Northern Ireland
Mr John Denvir	Independent Monitoring Board for Northern Ireland
Mr Patrick McGonagle	Independent Monitoring Board for Northern Ireland

**The Chairperson (Ms Bunting):** I welcome John Denvir, who is chair of the independent monitoring board (IMB) for Maghaberry prison; Mr Patsy McGonagle, who is a member of the independent monitoring board for Maghaberry prison; and Yvonne Adair, who is vice-chair of Hydebank Wood and a member of the independent monitoring board for Maghaberry prison.

You are all very welcome. Thank you very much for taking the time to come to speak to us today. We are looking forward to hearing what you have to say. I will hand over to you. Usually, you can take 10 to 12 minutes for a presentation, and then we will have some time for questions. Does that fit in with your plans?

**Mr John Denvir (Independent Monitoring Board for Northern Ireland):** That fits perfectly. Thanks very much for allowing us to come along and talk to you about the Independent Monitoring Board for Northern Ireland. Most members of the Justice Committee will have heard of independent monitoring boards but not really have a deep understanding of what they do, so I hope that this presentation will deal with some of that.

We are unpaid observers and monitors of the prison establishments. We deliberately avoid the use of the word "volunteer" because, if you say the word "volunteer", people will have an opinion of who you are, so we are unpaid observers.

The board came about under the Prison Act 1952. At the start, it was called the Board of Visitors, and it moved to the Independent Monitoring Board for Northern Ireland in around 2004. We are an arm's-length body of the Justice Department, but we are fiercely independent of the Department in everything that we do. I will talk about that in a second or two.

We are part of the UK National Preventive Mechanism, which is a UK-wide organisation. It involves not only the IMB but others, such as the police and healthcare staff. We are all under the umbrella of the Optional Protocol to the United Nations Convention against Torture (OPCAT) of the UN Human Rights Commission. That is the basis of where we come from and where we establish ourselves.

In Northern Ireland, as you will know, there are three prisons: Hydebank Wood; Magilligan; and Maghaberry. Each prison has an independent monitoring board, with a chair and a vice-chair, and there is an overarching executive council, which represents all three prisons. Three representatives from each of those boards are on the executive council. It is there to give strategic guidance about matters to do with the board and mainly to do with the sponsor body.

Our establishment figures are what we believe are required to do the job efficiently and effectively in each of the three prisons. The establishment will be around 24 for Maghaberry. You can see the figures in the briefing. I do not need to read them all out to you. We believe that the total for the establishment is somewhere around 48. The reality of the strength is only 19, so you can see that we are under a huge amount of stress and strain right from the word go.

When I joined the IMB — Patsy has been here even longer than I have — the work was sold on the basis of there being three to four days of volunteering in a month, from Monday to Friday. It is now probably closer to eight to 10 days in a month, from Monday to Monday, including weekends, because of things that have happened in the prisons. There is a huge amount of strain. Even among the people represented by that figure, at a strength of 19, only some, who may be retired like me, can give extra. Some people work and may be able to give only one day in a month, so you can see where the strain is on the rest of the people.

You can see where the IMB fits into how we look at prisons. As you will know, we have Criminal Justice Inspection Northern Ireland (CJINI); the Prisoner Ombudsman, which looks at prisons; and the IMB. This is not a point-scoring exercise, but CJINI will be in prisons three or four times in three or four years to do major inspections. The Prisoner Ombudsman will go in when issues are raised by prisoners. I have not seen too much of the Prisoner Ombudsman in prisons; I am sure that they are there, but I do not see them that often. The IMB is there for the guts of 320-odd days in the year. The point of my saying that is that, if you want to know what is happening in prisons, come to the IMB to ask. Other people will tell you lots of things, but the IMB will give you an independent and truthful answer about what is happening in prisons. That is the background to what we do. As I said, we are in prisons nearly every day.

We work in partnership with the likes of CJINI and the Prisoner Ombudsman. We talk regularly to the director general of the Prison Service, to you on the Justice Committee and to the Human Rights Commissioner about issues that we think are strategic and may need to be dealt with.

What do we monitor? The list shows the kind of things that we monitor in prisons. Body scanners are very topical at the minute. A report has been done on care and supervision units (CSUs) in the past couple of years. We monitor healthcare, equality and diversity and prison safety. The annual report is really important. As unpaid monitors and observers, we are asked to do an annual report, which, again, can be onerous for people who are being asked to give up their time to do it. We provide yearly reports, and they are sent to the Minister and relevant bodies.

If you will indulge me, I will take a second to chat about the annual reports. The annual report that we put forward for 2021-22 did not appear anywhere for a significant time. After some discussion about where the report was, where it should be or why it had not been published, we were told accidentally by civil servants that they had held it back, not because of anything to do with prisons but because, in the report, we had been truthful about and critical of how we were being supported by the Department, in terms of the number of people we were trying to get in, and of the general support that was being given by the Civil Service. The Civil Service did not like that and held back our report on that basis.

As you can imagine, we were unhappy with that. We were given some ultimatums by the Civil Service about how the report could be published if we changed things or did things differently. It was about one statement, which was not about the prisons. However, as you are about to find out, the IMB has robust people. We held our ground and said, "No. Publish. We are happy for you to repudiate anything that we said. We are happy that all the facts that we provided are facts." It was eventually published, but that was almost 12 months later, and that, obviously, had a knock-on effect, because prisons cannot act on a report that is already a year out of date when they get it.

That was extremely disappointing for us. We saw it as interference by the Civil Service in an independent report. We do not think that that should happen in any shape or form. I suspect that it will not happen again in what we are trying to do, but we want to make that point because it was an important issue for us, which you should know about. As I said, it will not be the case as we move forward.

I will turn to the executive council and some of the things that we do and what we have achieved in 2023-24. There was no protocol with the sponsor body, but we now have something along those lines. On the issue of recruitment, our chair and one of our other members sit on the recruitment panel. Funding is not part of our remit: at our annual general meetings, we simply ask what the funding streams are and how we can effect the training that we want to do. We have now engaged with all of that. We engage regularly with our partners in England, Scotland and Wales. We have a local and national preventative mechanism, which you will know about. We have inter-prison visits: we have been down to Dublin, especially to visit the women's prisons. Maghaberry is about to have a presentation on X-ray body scanners. That may be a bit late, because the scanner has been in operation for a year, but the Prison Service is going to do a presentation for us on 31 May.

I hope that that has worked out for you time-wise. That is a general overview of what we do. If you have any questions that you want to ask us, feel free.

**The Chairperson (Ms Bunting):** I think we do, John. I will kick off, if that is all right. There are just a few things that I want to ask. It is really interesting to hear from you about your work. The fact that you have come to give evidence is very valuable to us, so that we know what is actually going on in the prisons. As far as you see it, what are the biggest issues facing prisons?

**Mr Denvir:** Currently, and probably historically, illicit drugs being brought into the prisons is a huge issue. If you go back and look at the records, the IMB has been calling for X-ray body scanners to be introduced in Northern Ireland for a number of years. They have already been introduced in some other UK prisons. We welcome the introduction of X-ray body scanners. We have some queries about that, because we want to make sure that the policies and procedures around that are correct. There are human rights issues. If you are found to be, or suspected of potentially, holding something, you are placed in a restricted regime. You can find yourself held in a restricted regime in the prison, in the CSU — I did not want to say isolation because that is not quite right — for up to 25 days. We have asked questions about that, and about how we can ensure that everyone's human rights are dealt with. Obviously, however, the overarching thing is to keep everybody in prison safe. So, we have no issues about that. The issue is, of course, that if you cannot get illegal drugs in the prison, prescription drugs become the issue. The movement of prescription drugs is an issue for us.

**Ms Yvonne Adair (Independent Monitoring Board for Northern Ireland):** May I add to that, quickly? Females do not go through the body scanner. Obviously, some women are past child-bearing age, but the prisons do not want to make that decision. Women do not get body-scanned at all, which means that, as John said, there is an increasing concern now about women trading for meds in the prison. There is more trading by women now, but there are also concerns that women are being put under pressure to bring stuff in because they are not body-scanned. I am sorry, John, I just wanted to add that before moving on.

**Mr Denvir:** No, that is fine.

**Mr Patrick McGonagle (Independent Monitoring Board for Northern Ireland):** We really pushed the body scans at the start. However, we have found a shortcoming with them. In a CSU, you may have 60 people sitting who have failed a body scan. They may fail a body scan but may be scanned seven, eight or nine times after that and found to have nothing. We have troubles with that, where people are being held for 25 or 26 days, and, at the end of that, they had nothing. During that 25 or 26 days, we will have visited that person, and, at no stage, would we have found them in any way, for example, two sheets to the wind or anything, if you want to put it that way.

The body scan is fantastic for keeping drugs out of the prison, but there are some issues with the way that it is being organised and run at the moment. We may need to take a look at that and fine-tune it, because there are human rights issues with people who have come into prison with nothing and, after 20 days, they still have nothing. There are problems with that.

**Ms Ferguson:** May I come in on that? It is something that I raised in one of our initial meetings. I have been inundated with queries from family members and solicitors on that issue. Of course, it is

important, and I am not saying that body scanners do not have a role to play. I have grave concerns, however, particularly regarding the approach taken to human rights. The individuals are not informed. There may be something, or the operator may have seen something, but they are not being educated or getting a full picture of what they have seen. As you said, the prisoners are then put in — we will not use the word "isolation", as you called it — the CSU for weeks on end. That may be young people who have done something on a night out who, it will be obvious to a solicitor or anyone else, have no intention of trying to bring something into a prison, yet they are kept in isolation for weeks and weeks.

**Mr McGonagle:** To highlight what you are saying, we had a situation where a prisoner was taken out to hospital for a minor procedure. There were officers with him. When he came back in, he was scanned and went back into the CSU. During that time, he was basically in a bubble, so there was no possibility that anything could have been passed to him. We find it kind of strange that some guy could be out for a legitimate reason, scanned again as he comes back in and put back down into the CSU for, maybe, a week. That does not land very well with us.

**Ms Ferguson:** It is just the interpretation of the scan.

**Mr Denvir:** That is one point, and we may move on to something else, but one thing about X-ray body scanners is that it is not a red and green light situation. It is not a case of being X-rayed and a red light or green light turns on. The scan is interpreted. That is not a failing. The scan is looked at by a prison officer, and that prison officer determines whether you have something. It is not like there is a red or green light situation. That is a concern for us. To weigh that up, preventing drugs coming into prisons, keeping prisoners and prison officers safe is right at the forefront of our minds, but we have to balance that with where we are. We point people in the direction of the legal avenues that they can go down if they feel unhappy, and they can look at those things.

I will not move away from this, but you asked me a question about other things, so I will just for a second. One big thing that we find is that prisoners who are about to be released or pre-released find it difficult to access the courses and the type of arrangements that should progress them out of the prison. They are held back. They do not get access, because of understaffing or other issues. They do not get access to the pre-programmes to get them out of prison, and that is a problem.

The big problem at the minute, of course — in Maghaberry, certainly — is that there are something like 1,250 prisoners. That is a huge number of prisoners, and that is difficult from the point of view of the prison staff. We have had periods of lockdowns of prisoners because there have not been enough staff to get them through their daily routine. That especially happens at this time of the year, when there is lots of — I was laughingly going to say "good weather" — hot weather and stuff like that. Locking people up for 23 hours of the day does not make for a good working relationship with anybody.

The whole point of the IMB, and what we contribute to, is trying to have a stable regime within prisons, where prisoners believe that they can come to the IMB, as a totally independent body, and talk to us about any issues that they have. There is a complaints procedure. We encourage them to go through the complaints procedure. Our job is to make sure that the complaints procedure has been done correctly.

The three big issues that we see at the minute are probably X-ray body scanners, pre-release courses and, sometimes, the manning of the prisons. You might have a slightly different one, Yvonne.

**Ms Adair:** As you know, Hydebank houses all the female prisoners in Northern Ireland. I have been an IMB member for eight or nine years, now. One of the issues is the increase in the number of females in prison. When I started, there were around 50. At one stage, we hit over 100, which was the highest. The last time I checked, it was 88, so it has come down a bit. Quite often, however, you are sitting with around 90 to 95. I spoke to staff recently, particularly to those from Start360, which is one of the non-profit organisations that does a lot of work in the prison. They see a lot more females coming in with serious drug problems, such as with cocaine and crack, and major issues with alcohol. Some of the more mature ladies have an acquired brain injury through alcohol abuse. There is really severe alcohol abuse; the women are clearly brain-injured. That makes it really difficult for staff to deal with those women, because they have a brain injury.

An increasing number of women come in with very serious mental health issues. Unfortunately, they have to be placed in the care and supervision unit, which they still call "the block". The younger prisoners, in particular, know it as "the block"; it is not the care and supervision unit to them at all. I

have observed the women who are held there. They cannot be put in the general population because their behaviour is so erratic. We have women who will not put clothes on etc. It was well reported, a couple of years ago, that we had two ladies over the age of 80, one of whom had dementia. The staff are not trained to deal with mental illness. There are women who have quite a severe personality disorder, which is, as you know, very hard to treat.

There are definitely huge issues with drugs. That is the same with the young men. In the past year, 59 women who came to Hydebank had been using substances literally just prior to committal. The same was true of 61% of the young men. Increasingly, they are quite severely under the influence of substances upon arrival at the prison. That has to be seen as a huge issue. Healthcare has to be grappled with. I say only "grappled", because how can you —?

**Mr McGonagle:** People come in to prison having been receiving treatment on the outside. I have been in Maghaberry for 13 years, and it has gradually degenerated. I am not a medical person, but you see a lot of people who are not well and should not really be there. You think to yourself, "Who made the decision to put that person in prison?", because all that is doing is making them worse.

If someone comes into prison and fails the X-ray body scan, they are put in a CSU. That person could have been on tramadol, nerve tablets or some sort of medication, outside, all their life, but, while they are in the CSU, that is all cut off, so a lot of people go cold turkey in it. It is the same for people who come in suffering from an alcohol problem; they go cold turkey in it. That is a health issue as well. It is about balancing the right thing. It is not right for somebody who has been on medication outside, given that the Prison Service can now link to the health service to find out all of that quite simply. There is something wrong when that happens. It is not right.

**The Chairperson (Ms Bunting):** I am familiar with that issue. I have heard about that before. The prison doctor says, "No, you don't need that; I'm taking you off it", which will instil a sense of panic in anybody anyway; they will think, "I need my medication". It just exacerbates the cycle.

**Mr McGonagle:** The thing is that it is all medication. It is the same for a guy who comes in with diabetes or some other illness that needs to be treated every day. All medication is cut off. That is not the right way to do things at all.

Some years ago, a court decided that we have to make every effort, as far as practicable, to attend and look into rule 32s. Rules 32s are internal courts in the prison. If a guy is unscanned, he has to, after two days, go to a rule 32, which is an internal court, where he comes up in front of a governor, and a decision is made about what to do with him. We are duty-bound to attend those; otherwise, we could be held in contempt of court. Our people do a lot of work with the rule 32s in the CSU, and that ties up a lot of our time. You could have 25 or 30 rule 32s, but you are a volunteer. I live two hours away from the prison. I get out of the prison at 5:00 pm, but I do not get home until 7:00 pm. You ask yourself whether you are giving your time away for nothing. Those things have to be taken into consideration for IMB people.

**Mr Denvir:** I attended some of the rule 32s. Around 80% of the people in Maghaberry have some sort of mental health issue. I want to make a slight correction, just to be clear: anyone who has failed the X-ray body scanner and comes into the CSU with a heart-related condition, or something like that, is not taken off medication.

There are issues. In the CSU report, which happened a number of years ago under the Minister's guidance, there was some criticism of the fact that it was not looking after people correctly. That was when we had, on average, 18 to 20 people. The average now is 55 to 60 people being held because of X-ray body scanners. Let me make it absolutely clear: I have no hesitation in telling you that the prison officers who work in the CSU are doing an exceptional job. They are looking after people who should be out, being looked after by other, different disciplines in the broader spectrum of Northern Ireland, but they are doing an exceptionally good job in there. The IMB has no hesitation whatsoever in saying that.

**Ms Adair:** I agree with that.

**Mr Denvir:** They are extremely good at what they do. They have built up knowledge, maybe through the practices that they have seen, and they can de-escalate situations really quickly. We want to say that the CSU team, in particular, is doing a very good job. However, expanding the number of people in the CSU from 18 to 55 will stretch your resources. The fact is that people may well be missed.

Newcomers come in — they are just being held in custody; it does not necessarily mean that they have been convicted of anything, by the way — and are put into a restricted regime, a prison situation that they know nothing about, and that can be a scary time for those people. I understand that prisoners are prisoners in some people's eyes, but these people are simply being held in custody. It does not necessarily mean that they have been convicted of anything.

**The Chairperson (Ms Bunting):** I think that we are very cognisant of that.

I am conscious that I have a queue and a few more questions to bang out. I will give you all my questions, and you can work through them with us. Then we will move around the room, because I appreciate that people have a number of areas of interest.

We are conscious that the scanners have caught hold of prescription drugs. Now, we have actual prescription drugs — there are hard drugs versus prescription drugs — and people are trading in them. There is a CJINI recommendation on improvements around that, but, as far as we can tell, I am not clear how the Prison Service can do that, on the basis that it does not know what prisoners hold or what prisoners' baselines are. How is it supposed to address the trading of prescription drugs in a prison when it does not know what people have or what the baselines are? Do you have any thoughts on that?

**Mr Denvir:** Certainly, the issue for us in Maghberry is that it is the constant battle between healthcare and the Prison Service. They are two separate bodies working within the same boundaries here. Healthcare, obviously, has responsibility for the protection of the people it looks after. The very simple answer would be to enforce supervised swallowing of prescription drugs and ensure that people get one at a time, or whatever the case may be. That is really impractical for lots of occasions. For a number of years, the IMB has been raising the issue that, especially around holiday times — either Easter time or Christmastime — prescription drugs are being handed out to lots of prisoners on a large scale. I understand, as we all do, the pressures that healthcare is under. The issue with that, of course, is that, once you put those prescription drugs into people's hands, regardless of whether they are diligent people who will take the drug only as prescribed — they could be — they are now open to bullying, harassment and other things. We have raised that issue in a number of reports. We have spoken about it in reports for the past five years. Healthcare knows about it, but its hands are tied in lots of different ways.

**The Chairperson (Ms Bunting):** Patient confidentiality.

**Mr Denvir:** Absolutely.

**Mr McGonagle:** Prisoners are issued with a lockbox to keep their stuff in. Checks are supposed to be done every so often to find out whether a prisoner is either taking too many tablets or has traded in them. There has to be some form of mechanism put in, so that prisoner officers can see rather than have to run around checking them all the time. If some guy puts a white tablet into a box, it might not be the tablet that he was issued with at all. There is a problem there. There has to be some form of investigation into a mechanism for prisoners holding their own drugs. Like John said, we have had instances where guys have come in off the street and been issued 14 diazepam at once and things like that. That is not right. Thankfully, those instances are few and far between, but there definitely is a problem with the allocation of meds to prisoners, with how they take their meds and with knowing the best practice for them to get and hold their meds.

**Ms Adair:** We often get complaints from prisoners about, as the Chair and John mentioned, their medications being reduced when they come in. They are told, "You don't need that amount. You were getting far too much in the community, and you don't need it". Staff are trying to do things in Hydebank, particularly for the women, and I applaud their attempts. The psychologists and pharmacists are running sleep hygiene programmes to try to re-educate them. It is very hard to re-educate people who have been using prescription drugs, alcohol or other drugs for 40 years to help them sleep, but they are trying to help those people by looking at other ways, like relaxation and therapeutic practices. They try to do that, but the success of the programme remains to be seen. Let us face it: it is not good for people to be using drugs constantly, for either the person themselves or the prison. There are programmes to try to counteract that, but, as I said, there has definitely been an increase in trading for drugs, and, as John said, in bullying. Some women bully others to get their meds off them, and even though healthcare staff try really hard to make sure that the right person takes the right stuff, it is not foolproof.

**Mr McGonagle:** In my 13 years in Maghaberry, I have seen a gradual increase in drug use in the prison. We have seen that outside prison too. Prison is a microcosm of society outside.

**Ms Adair:** On committal, 76% of women and 90% of young men report being a drug user. That is self-reported, but they are usually fairly honest. There is no reason for them to say otherwise.

**Ms Ferguson:** What percentage of men did you say?

**Ms Adair:** I am talking about young men in Hydebank, 90% of whom report to being a drug user. I have no reason to think that that is not accurate. Drugs are part of their lives.

**The Chairperson (Ms Bunting):** It is staggering and terrifying in equal measure.

**Ms Adair:** Yes. I was telling John and Patsy earlier about something that happened but does not happen regularly. Two weeks ago, I was in for a rule 32 hearing. A young guy had come in heavily under the influence. He had tried to self-harm in the police station and had been brought into Hydebank. The X-ray scanner showed a package in his system. The rule 32 review has to be done within 72 hours, so, two days later, I went up for the review. He had failed the body scanner again, so he kicked off severely. Staff thought he was still probably under the influence of something, possibly because of the package having leaked. They brought him back, put him in the safer cell and gave him safer clothing. I was able to watch it through the camera and I found it distressing, even though I have worked in the criminal justice system all my life. He headbanged against the wall. He kept doing that and screaming and screaming. Eventually, the nurse went up. He was not aggressive to her at all. He sat down, and she did his obs. He was fine, but, as soon as she left, he started doing it again. She went back up and gave him something, but they are worried about doing that. I was saying, "Why do you not give him something to calm him down?", and they said, "We don't know what he has taken, and it might counteract that". They took him to hospital that afternoon to check him for concussion, and he was fine. I saw him three days later. He had a lot of bruising, but he had come down and was fine. He was just coming down off stuff or whatever.

Staff are dealing with a lot, and that is on a small scale. Hydebank is much smaller in scale. The population of young men at Hydebank has really gone down. As the population of women has gone up, the number of men has gone down.

**The Chairperson (Ms Bunting):** I am conscious that I have a few bits and pieces to ask about, and there is a queue. We need to try to be a bit more succinct. I have three more questions, and I will rattle them out.

First, I hope that your relationship with the Department has improved since the issue last year. I appreciate that the report was not published until 2023, but it will be interesting to hear how things are. Secondly, you mentioned that you do inter-prison work. It would be helpful for us to have an idea of how we compare with prisons in other jurisdictions.

You touched on the vulnerabilities. What is the extent of the vulnerabilities among the prison population? Finally, do you consider that a personality disorder should be recognised? I ask that, because, currently, it is not, as far as I know. Those are my questions. I will open it out to members when you have answered those.

**Mr Denvir:** By asking about personality disorders, you have touched on something that we have been talking about for a number of years. A personality disorder should absolutely be recognised here. In Maghaberry prison, we have had a number of people held in the CSU for their own safety and for the safety of everyone else. I cannot name people, obviously, but somebody was held in solitary confinement for over four years. It was not forced, but that is where they were; that is where their mindset was. Everyone in the prison knew that that person was in the wrong place, but where we sat on mental health and personality disorder did not fit with where we would have wanted him to be. Thankfully, that person has moved out and is in Shannon House, where he is being looked after. He has been out for about four months, and, to be fair, that is probably where he should have been four years ago.

As you know better than I do, the relevant legislation is really difficult. It should be looked at. I am not an expert on the legalities of all those things, but, certainly, we should come into line with the rest of the UK. That is where we should be. It has caused difficulties for not only prison staff but governors and the Prison Service in general, because, sometimes, prison is seen as a storing house for people who nobody else can deal with, but that is not what the Prison Service should be. You have very



professional people trying to do a very professional job, but they are dealing with people in a situation that they do not have the skills to deal with. That is no reflection on them; it is just that they do not have those skills.

You asked about the vulnerability of individuals. There are vulnerable people in prison. Public sympathy for people in prisons is not high. I give a talk to prison officers when they join, and I say, "There are people in prison who have done bad things", "There are bad people", "There are people who have made mistakes", and, "There are people who were always destined to be in prison because the environment that they were brought up in was always going to lead them here". The mental health issues that we have, as a society, can be added to that.

I will touch on mental health, if I can. When people talk about access to mental health services, doctors, dentists or whatever the case may be, they say that it takes three or four weeks but that that is how long it takes outside. The difference between prison and normal society is like apples and oranges. If you have a sore tooth or a sore head, you have the ability to walk down the street and go to the pharmacy, or, if you want to, you can walk along the beach. That cannot happen in prison. Therefore, it is not right to compare them as if they are the same, because that is not where they are. If you have been in prisons — I am sure you will be, if you have not — you will know that they are noisy places. They are not the most congenial of places to be if you have something wrong with you or if your mental health is not good. A prison is a noise box, which does not help most of the people who are there.

You will have to forgive me, because I have forgotten your first two questions.

**Ms Adair:** I will just add that there has been a significant increase in article 51s. I assume that it is the same in Maghaberry. An article 51 is where a judge remands a prisoner specifically for a mental health assessment. It has been reported to us in Hydebank that there has been an increase in those. That shows, again, that judges are seeing that there is a need for mental health assessments.

**Mr McGonagle:** Again, the mental health people are under a lot of pressure. When you have 1,250 prisoners in Maghaberry, and 75% of them need help, the people working in mental health are under a lot of pressure to provide assessments and a lot of strain to treat those people. That needs to be looked at as well; it is part and parcel of the same thing.

**The Chairperson (Ms Bunting):** We understand the massive —

**Ms Adair:** The other question was about inter-prison visits. I have been involved in one. We went to the Dóchas Centre in Dublin about 18 months ago. One of the issues that I wanted to bring today is the fact that we do not have a separate women's prison in Northern Ireland. As you are aware, Hydebank is one big campus, and, yes, the women are in one area, but the women and men are, literally, together.

**The Chairperson (Ms Bunting):** Cheek by jowl.

**Ms Adair:** Yes. There have been some instances recently, as reported in the media, of inappropriate interaction between the women and men. It used to be that everybody went over for education and skills at the same time, but now the men go in the morning and the women go in the afternoon, or the other way around. They have had to totally segregate the learning and skills centre, which is unfortunate because it means that they can go there for only half a day as opposed to a full day, as they did previously.

The director general has said that there is definitely no money for a separate women's prison, but we would be very keen to have that. Female prisoners present with very different issues from male prisoners, and there could be more bespoke programmes etc, but this is where we are.

**Mr McGonagle:** The centre in Dublin has a completely different regime. In the women's section, there is no lock-up. All the women have a key to their own door, and they go back and forward to suit themselves. It is a completely different set-up from Hydebank Wood. It is not relaxed — it is still well monitored — but they have the privacy of being able to close their own door.

**Ms Adair:** In Hydebank, if women get enhanced status, they get a relatively good regime. Certainly, those who are at the very top of enhancement have a fair bit of freedom in the prison.

As you will know, Murray House is the women's unit. There is just one female in it at the minute. It is very unfortunate that it has been so underused. The staff and governors are disappointed in that as well. Unfortunately, some women go down to Murray House but just cannot cope with the relative freedom and have to be returned to the general population. Some do very well. I think that it has capacity for six women, but I do not think that they have ever had six women in it. You can only go there in the last six months of your sentence. Those who are lifers and are very stable and steady cannot go there, because, obviously, it would not be seen to be in the public interest for someone who still has three years to do to be allowed that freedom.

**Mr Denvir:** On your question about our relationship with the Department, yes, it is getting a bit better, but it is a work in progress.

**The Chairperson (Ms Bunting):** That is good to hear.

**Ms Ferguson:** I will try to be succinct. Thanks very much for coming along today, for your honesty and for covering the key areas and priorities. Your presentation was excellent.

You mentioned the pre-release programme and the delays before people get out of prison. Can you give us a general idea of the scale of that and how it has changed or got worse over time?

I would love to get an idea of the geographic spread of the individuals on the board and of the numbers. As you said, Patsy, you live two hours away. What are the key barriers to encouraging more people to take up that really critical role and be part of the IMB?

Finally, you could nearly provide real-time information given the number of days that you are in the prisons. What data do you utilise? How do you capture it? Is it through qualitative reports, or is there a data-capture process whereby that information can be analysed? You can generally provide real-time information. How is the data captured and processed and, then, reported in your annual report?

**Mr Denvir:** With regard to moving people out of prison and having the correct courses, the issue really peaked during COVID because, to a greater or lesser degree, lots of people from probation were not in the prisons, as most of us were not. That caused a hiatus in getting courses for people. We have moved beyond that, but prisoners still come and talk to us about that on a fairly regular basis. We are not the first point of complaint. We are not a complaint service in the true sense — there are other avenues — but, when prisoners feel frustrated that they cannot get the programmes to get them out, they come and talk to us. I think that, if the Prison Service were here today, they would recognise that there is a problem there. Some of that is down to staffing, getting people there and, generally, getting sentence managers — they are called something else.

**Ms Adair:** Coordinators.

**Mr Denvir:** Coordinators. There are problems, but, as much as we accept all that and we accept where we are, there are fundamental flaws in the process. Prisoners are not being engaged by coordinators at an early enough stage — prisoners do not know who their coordinators are; it is not a regular thing — but that can be overcome with better communication. Every disaster is about communication. Communication is the issue. Communication for us, as we talk here today, is different from communication for a prisoner sitting in a cell. Communication is really important to prisoners. For you and I not to talk for a couple of days is no big deal, but, for people in prison, not talking for two or three days has a knock-on effect their mental health and how they perceive everything. That is part of it.

You talked about data collection. The IMB is not a slick organisation. We are a group of unpaid volunteers who come in and do our best. We have to work with handwritten stuff, because having computers in prisons is not high on the agenda. A lot of the work is based on us taking information, writing it up in books and then going back, towards the end of the year, to look at what we have done. That is where we are. There is no way of getting around that. A quantitative approach would require the information to be fed into computers, and, again, you can imagine the time and effort that that would take from us.

**Ms Adair:** You have asked a very good question, and I have often thought about it. As John said, we record everything that we do. It is written in our log books, and I often think, "Where will all this information go?". We have to record everything because, if something happens, we could be judicially

reviewed, but it sometimes feels as though more use could be made of all that information. We collate it, obviously, and put it into the annual report, but you only get —

**Ms Ferguson:** It is hard to collate qualitative information.

**Ms Adair:** Yes.

**Ms Ferguson:** You need a mix.

**Ms Adair:** It is hard enough just writing everything up. After that, we will not have the time to start —.

**Ms Ferguson:** Of course.

**Mr McGonagle:** When you go into the prison, you will check who is on rule 32 that day, you will check how many calls or requests there are, and you will go and see a prisoner. You will go and see Joe Bloggs, and he will say, "I am getting out of prison in three months' time, but I don't have a house. Where do I go to get a house?". You will point him in the direction of whoever he is supposed to see, or you might lift the phone to the sentence manager and say, "Joe needs a bit of help with the Housing Executive as he is getting out". You will log that in your book, because you might find out three months down the line — this has happened to us on quite a few occasions — that Joe was not happy with the house that he got and he has applied for a judicial review of how he was handled and how the house was allocated. The Police Ombudsman or the Prisoner Ombudsman will come to us and say, "We want to see all the paperwork that you did on that". They will then make an assessment of the way forward.

We also work with a system called PRISM. That will tell you about every prisoner who is in the place. It will break down the numbers by — I did not want to use these words — Catholic, Protestant, foreign national, Eastern European and Asian, for example. You can go into PRISM, get a breakdown and see how many of each are in the prison. Prisons will always have trends. You might see that more Eastern Europeans are coming in and ask why that is, but we do not have any way of doing anything about that material. It is all there for you to see, but it goes further up the chain, and I cannot give you an answer about who it goes to.

**Mr Denvir:** That type of information is held by the Prison Service. If we want to look at that, we would go to the Prison Service for a chat. It will be open about what it wants to give us and what it will show us, so there are no issues with that, but, from our point of view, as Yvonne said, stuff is usually written down, and I do not see how we can overcome that in the near future, to be honest.

**Ms Ferguson:** I am conscious that it is a monitoring board, so I assumed that that was your core work.

**Mr Denvir:** "Independent Monitoring Board" is probably the wrong name, if you know what I mean. You talked about recruitment to the IMB. Recruiting people to the IMB is a really difficult task. It is not an attractive prospect to say to someone, "I'll tell you what I want you to do: I want you to come in and spend the whole day volunteering, not just an hour or two. There will be a couple of hours' driving to get you here, and, when you come in, you can only go between 10.00 am and 12.00 noon. You are going to be meeting people who, normally, you probably would not meet on a day-to-day basis. You are going to be talking to people who have a lot of mental health issues, and who are going to focus on you". If you wrote that on a billboard and put it up on the street, it would not attract people.

**Ms Ferguson:** Does the board advertise annually for members?

**Mr McGonagle:** We have a secretariat that looks after our paperwork. That secretariat is managed by an arm's-length body. Part of the problem that we had with the arm's-length body was that it was not recruiting people. It was not advertising properly. It was not pushing it, as far as we were concerned. Our members now sit on a recruitment panel, which is right, because we can see the shortcomings of bringing the wrong people in. We have had to push recruitment, because we have been under so much strain. The arm's-length body needs to keep on top of recruitment. Maghberry is down to 12 people, and, of those 12, only seven are full-time. The other five might do just one day here or there.

**Mr Denvir:** Around five years ago, we identified that there was going to be a recruitment issue. England and Wales have recognised that, across the board, volunteers are difficult to get now,

especially since COVID. In England and Wales, the terms of tenure go up to 15 years. That was recognition of the fact that they were not getting people in. Why would you let them drop off the escalator without replacing them? So, in England and Wales, they elongated the escalator to 15 years. We have said, "Let's have a look at that, because we are in a real crisis". We have written letters to the Minister, and we wrote to the permanent secretary during COVID. We told them that we were in crisis and that someone needed to look at what we were doing. One of our disappointments was that we genuinely did not think that we were being listened to particularly well.

There are obvious answers that would not solve the problem but would give us a period in which to look at what a possible answer might be. Time after time, that has not been allowed. To be honest with you, we do not understand why. Even to this day, we do not understand why that has not been done. At the time, the Minister said that she was of a mind not to do that, but I am not quite sure why she was of that mind, to be fair. At no point did she come and talk to us, as the IMB, and ask, "What are your problems? What is going on?". I accept that the Minister may well send other representatives to talk to us, but I am not sure that they have done a very good job of taking on the crisis that we were in, and remain in, and looking at alternatives to what is happening.

**Ms Ferguson:** What is the arm's-length body?

**Mr McGonagle:** It is attached to the PSNI strategies department. The guy in charge of it is in charge of two or three things, including the IMB. He has a secretariat that does our paperwork.

**Mr Denvir:** We have a sponsor body, and we are the arm's-length body in relation to that.

**Ms Ferguson:** There is a sponsor body.

**Mr Denvir:** There is a sponsor body, and we are the arm's-length body in relation to that. As I said, over a number of periods, we have had interesting discussions with it. We want to be absolutely and fiercely independent in what we say. We want to be in a position where, if you ask us anything about the Prison Service, we will tell you what is happening: good, bad or indifferent; that is what it is all about. We want to be the go-to people to whom you can say, "You are not going to give us the glossy version of what is happening". I guarantee that, if you go to visit prisons, the smell of paint will be in your nostrils as you head in through the doors. We will give you something that is a little bit different from that. We will be more realistic about what is going on.

Why would people not want to use us to ask, "How do we improve? How do we get better?"? To be fair, a number of governors have recognised that the IMB is a resource that they should be using and said, "Listen, this is how well we are doing things. Come along and see what we are doing". The IMB is more than happy to do that.

**Ms Adair:** One of the issues with recruitment is that we do not feel that it is spread widely enough or reaching the right people. As John said, it is not for everyone. You cannot do it if you are already working in a fairly intense job. It is intense, and it is not an hour a week: it is much more than that. When you have to be held to account and to keep records etc, some people will say that they cannot take on that responsibility. However, I just want to assure you that not everybody has to drive two hours. I live only two miles from Hydebank.

**Ms Ferguson:** I assume that you get supervision.

**Mr McGonagle:** We had to push for that. It is still not set in a solid block. It is there; we have been told that it is there, but it has never been —. My supervision is phoning John and battering his ears for two hours as I go back to Strabane in the evening. That is my supervision.

I want to finish off on a point about independence. Independence is twofold. There is independence between the prison and the Department of Justice. That independence is very important. There is also independence between prisoners and the prison system, of which we sit in the middle. That, too, is very important. Prisoners look on us as independent people. If they thought, for one second, that we were not independent, they would not come near us or talk to us; they would stay away from you. That independence is the main crux of what we do, and it is something that we try to hammer home to the Department all the time. We need that independence, otherwise we may as well pack up and go home. Our secretariat works through the Prisoner Ombudsman's office, and we have a wee concern about the fact that we are supposed to be out on our own, but that is a discussion for another day.

**Ms Adair:** Before we move on, on a positive note, it is important to say that the voluntary organisations that work in the prisons deserve a lot of credit. A lot of them do a lot of good work to help prepare people for release. It is not enough, however. The different organisations that work in the prison really try to work closely with prison staff, but, quite often, it is not enough. A woman, on the day before her release, said to me, "I'm going to a hostel, but I don't know where that hostel is". She knew that she was going to a hostel, but she did not know where it was.

**The Chairperson (Ms Bunting):** I am really conscious of time. Ciara, are you done?

**Ms Ferguson:** Yes. Thank you.

**Mr Beattie:** I hope that you can hear me. John and the team, thank you for your presentation and for all that you do. From listening to you, it seems as though you are a live, independent pulse on what is going on in our prisons on a day-to-date basis. However, I have to be honest and say that, from listening to you, a few alarm bells are ringing with me.

Who publishes your reports? Does the Department of Justice publish your reports on its website to show that it is listening and that we can interact with it? Where do you go if there is a conflict between what you are saying and what other people are saying back to you about some of the issues? Who is your go-to person to raise an issue?

Last year's Magilligan report states:

*"Night Guard staffing levels are inadequate".*

I have been saying that for a long time, but, every time that I speak to the Prison Service, I am told, "No. All the levels are fine and within the parameters".

You do a really good, important job, but where is the output from it and what are the outcomes? Who ensures that your observations are taken seriously?

This is my last question; I will not ask any more. Can you outline what your relationship is like with the prison staff, not necessarily the governors, on a day-to-day basis and with the wider Department?

**Mr Denvir:** The reports are published by the Department of Justice. After we write up a report, it is checked for accuracy by the healthcare staff and the governors. Once that has been done, we hand the report over to the Department of Justice for publication, we hope, as quickly as possible. Sometimes it takes a little bit of time, but we eventually get there. That is the process.

As for whom we raise matters with — if that is generally what you are talking about — if a matter is raised with us, we raise that with the governor of the prison. Hopefully, we will get a resolution to whatever problem there may be by bringing that to their attention. If we do not get a resolution or are not satisfied with that, we have the ability to go to the Minister. That is the direct line. We have regular meetings with the director general, whom we can talk to if there are issues. My understanding is that we can go to the Minister and express concerns about what is happening. As for how successful that has been and how well it has been managed, I am not totally convinced.

Frustratingly, over the past years, we have found it really difficult to get anybody to listen to our concerns, to be honest. When the permanent secretaries were in charge, we went to them and put forward some of our concerns. I will be candid: I am not quite sure that we were listened to in any shape or form. Listen, I understand the importance of the IMB in the context of the bigger world. We may not be big, but, for those people who are looking after us, the IMB should be a major part of doing that. We found that we were given lip service on many occasions and, sometimes, not even that, to be honest.

Certainly, the direct line through which we can talk to the Minister about our concerns about recruitment, for instance, and about how we saw the crisis is not obvious. I understand that bureaucracy is such that there are lots of levels before you get to who you have to talk to. From our perspective, however, we are an independent body that, we believe, should have a direct line to the Minister to say things to her, because that is the whole point of the Independent Monitoring Board. That has been difficult on occasions. I hope that it improves. Maybe today will be the start of an improvement along those lines. Everybody is busy, and we accept that, but, as people who are unpaid monitors and observers in prisons, we do a pretty worthwhile job. A prison service reflects society in

general. The knock-on effect of a solid, stable prison regime, in which prisoners believe that they are listened to by independent people, is having a better regime for the prison officers, the prisoners and prisons in general.

It is about a joined-up approach. I do not go into prisons to visit prisoners. That might be a strange thing to say, but I do not do that. I go in to look at the procedures and policies and at whether the Prison Service is adhering to those. The prison laid down those policies. The policies are not mine but theirs. We make sure, if we can, that the prison adheres to them. If they do, you will have, in general, a stable regime. If they do not, you will have chaos.

**Ms Adair:** In general, to a certain extent, we are listened to. A governor comes to our monthly board meeting, and, when we raise issues, we go first to the governor. If that does not work, we can take it to the next stage. There are issues. For example, we raised the fact that the child protection policy in Hydebank appeared to be somewhere in a cupboard. That has been really brought out. We brought that to their attention, because we were concerned. Child protection is such a big issue, particularly with the women and young men coming into Hydebank. There is a long way to go when it comes to really being listened to. We have to be careful that we are raising issues that are feasible, because we are looking at a difficult regime, and there are a lot of complexities in it.

**Mr McGonagle:** You can resolve a lot of the local issues in each prison with the governors. You can resolve some of them with the senior officers (SOs), and, if not, you can resolve a lot of them with the governors. That is easy enough to do. There are things, however, that we could go to the Minister about, but that can complicate a lot of issues, so there is a reluctance to do so. We try to keep everything at a local level and get it resolved as best we can.

I want to mention the television programme on Maghaberry prison, which the IMB has talked about. It did not bring Maghaberry prison any benefit. It showed the prison in a completely false light. We brought that to Beverley Wall, because we were very unhappy with the situation. We have not had an answer about whether it will ever happen again, but I am just putting it on record at Committee. We were not happy. In the programme, prisoners were re-traumatised. It was almost like a retrial and a re-sentencing, which may have led to the situation in which some prisoners could have damaged themselves. We were not happy with it. It is not the prison that we work in. It caused a lot of trouble and resentment in the prison. So far, we have not been told whether such a programme will ever happen again, but we are putting a marker down about it here at Committee.

**Mr Beattie:** That raises the point that I am trying to make. Were you informed that the filming would be taking place, or did it come as news to you when you were dealing with the aftermath of it? I have a real concern that you are making good and valid points to which people say, "Yes, you are right", but, strategically, they are not making fundamental changes. That is my concern. You have outlined that quite well at various different levels.

**Mr Denvir:** In fairness, Doug, about a year and a half before the TV programme was made — the programme itself is not for us to talk about — we asked about the protection of the prisoners to make sure that things were put in place and that the rights of prisoners were being looked at when it came to the programme. The programme went ahead, which was fine. Our concerns were simply about making sure that vulnerable prisoners were being looked after and that people were not signing pieces of paper without understanding what they were signing. When we brought all that to the director general, there was a fairly open door. Some of the stuff around media policies and procedures could have been tighter. TV programmes are TV programmes. Our concern was about protecting potentially vulnerable prisoners who could have left themselves open to other things in the prison. That is where we were coming from.

**Mr McGonagle:** You asked about relationships with prison officers and the prisoners. We have a good, robust relationship with many of the officers. We can go and talk to them, and they take our points on board. They may not take our points on board if they disagree, but we have a good relationship with officers.

When John took over as chairman, he set up a programme, with new recruits coming in. I have done ones myself. We go and talk to the new recruits about who we are, what we are and what we do. An odd one will say, "You're the enemy". We are not the enemy. We put on the table what we do and what we can help with. A lot of officers stop me on a wing and say, "Patsy, you wouldn't have a word with such-and-such? He's not too well at the minute", or, "He has troubles at home". That is the relationship that we have with them. It is a good working relationship.

**Ms Adair:** I concur with that in terms of Hydebank. There are a lot of new recruits. It is constantly being used, because there has been a huge intake of new recruits, which is great in one way, because the staffing was really under pressure last year. Staff are very open to us, as far as I can see. However, I have had issues with staff a couple of times when I observed and listened to them speaking to prisoners. Some women came to me last year to say that they were concerned about the way in which the prison officer in their landing was speaking to them and her language. I went to the governor and raised that, and it was dealt with. We raise issues when we see any officers who are not treating prisoners with respect. They are there to respect and look after those people, no matter what they have done. Generally, our relationship is very good.

**Mr Dickson:** Thank you for coming along today. It has been a fascinating insight. Most of us on the Committee have, in one way or another, had a lot of interaction with the Prison Service. I have previously been on the Committee, and I am back on it. I have visited all of the prison facilities. Although a lot of what you are saying chimes with me, it also jars with some of the information that is given by the other players in the situation. I have observed some of the things that you have told us about. However, at the same time, the Prison Service gives a lot of statistics about all the things that go on. You are right: I do not think that you ever smell fresh paint in a prison, but you certainly see a lot of what would be held up as good things happening. However, we all know that there are lots of concerns, not least simply because of budgetary pressures and the numbers that are currently there.

There are a number of issues that I want to raise with you. On the one hand, you are saying that a major part of your role is to deal with the rules and to ensure that the rules are being fairly, properly and adequately applied. I assume that, at the same time, where you feel that there is an absence of rules, you have the insight to be able to recommend additional rules to deal with circumstances as they arise. However, you also dealt with and said to us about your personal interaction with prisoners and the issues that they raise with you about various things that they have. I am still struggling, therefore, to understand your relationship to the Prisoner Ombudsman. If I were a prisoner who had a complaint, surely all those things are also the Prisoner Ombudsman's role. Is it that somebody will come to you because you are more often in the prison and that, to interact with the Prisoner Ombudsman, they would have to make a complaint and the ombudsman would have to come to them? I am still trying to get my head around that.

On top of all that, there is the Criminal Justice Inspection. Presumably, it also has a major role in examining all those rules and regulations and also has to be a listening ear for the prison population. How do you all come together to share your concerns? That is not to undervalue your independence, which is absolutely crucial to all of this, but are there opportunities for all of you, as well as the governors and the director general, to come together and share all this on a quarterly or biannual basis, on the basis of your written reports, in conference sessions or whatever?

That is my first question. I want to come on to the issue of health, about which I also have serious concerns.

**Mr Denvir:** I need to be absolutely clear that the IMB does not make rules in the prisons or ask for additional rules in the prisons.

**Ms Adair:** He asked whether we were looking at the prison rules.

**Mr Dickson:** Yes.

**Mr Denvir:** Yes, but he also asked about additional rules.

**Mr Dickson:** What I was saying was this: if you think that something is missing, can you make a recommendation?

**Mr Denvir:** No. We look at the rules that are there. It is not our role to look at additional rules; that is the role of the Prison Service. If the rules are there, they need to be implemented properly. We are there to make sure that the rules that are there are implemented properly. It would be dangerous for us, as an independent body that looks at prisoners and how they are being treated, to get involved in a situation where we are adding rules to something that a prisoner may have to be involved in. That was something that the board of visitors did, but that changed when we moved to being an independent board.

You asked about our interaction with the Prisoner Ombudsman and CJINI. We have a pretty good relationship with them. We meet on a quarterly or six-monthly basis. We are different. Where we specifically differ from the Prisoner Ombudsman is that a lot of things that happen are things that we can deal with in the prison. When a procedure has not been followed properly, we can deal with it there. If, by any means, a prisoner wants to take a legal look at that, they would move to the Prisoner Ombudsman. We would point them in that direction. If we do not believe that we can go through the procedure and check that everything has been done properly, we would signpost them to the Prisoner Ombudsman's office, so that they can go there for them to have a look at that.

I know that it sounds a bit convoluted, but we are completely separate. What we do is completely separate from what the Prisoner Ombudsman does.

**Mr McGonagle:** At that stage, as John said, we take a lot of work away from the Prisoner Ombudsman, because we can sort out a lot of problems at a local level. If a prisoner decides that he wants to go to the ombudsman, however, we can point him in that direction. At the stage of the game, the minute that he goes to the ombudsman, we step back and do not deal with that problem any more.

**Mr Dickson:** I will come back to one point that you maybe did not quite understand. I understand your examination of rules and the fact that you see that they are applied properly and all that. If you see gaps in the rules, however, how do you deal with that? I will come to one specific area. We have had a lot of discussion, in the Committee and with you, about the relationship between the healthcare provider and the Prison Service and the issue of data-sharing. A very simple Google search this afternoon told me that there is an information-sharing protocol between NHS England and the UK Prison Service. It is all there. It has to be shared; it is as simple as that. In fact, on admission to a prison, a person has to complete a consent form, which basically allows the Prison Service to have access to their entire medical record, including to information about their medications and all of that. If they refuse, the matter can be referred to a judge. They may not have the mental capacity to approve. The point that I am making is not so much about the issue of a protocol — clearly, we need a protocol here, if we can have one — as about the research and understanding that you have for the background of a situation such as that. Clearly, there is a gap there. Are you the organisation that says, "This gap needs to be dealt with", or is it CJINI or the Prisoner Ombudsman?

**Ms Adair:** We have raised it in our current annual report, because, as far as I know, there is no protocol. What healthcare tells us is that, if the prisoner gives consent for information to be shared, they will then share that, but it is done on a one-off basis; it is an ad hoc thing.

One of the issues that we have raised is that, particularly if prisoners are held in the care and supervision unit (CSU), when they clearly have mental health issues or physical health issues, how can staff be given that good information so that they know how better to deal with them and respond to them? We are told that healthcare will say, "If the prisoner gives consent, we will pass that on". We see a gap, and we have raised that. It was also raised last year in our annual report. It is not foolproof; it is ad hoc.

**Mr Dickson:** Yes, and the fact is that, in other jurisdictions, there is a protocol: it does work, and it does exist.

**Ms Adair:** Healthcare will say very clearly, "These are patients, and we have to maintain patient confidentiality".

**Mr Dickson:** I wholly understand that. NHS England also said that, but somebody said to them, "Actually, that is true, but, in the case of prisoners, you will have to share the data, and here is the reason why you have to do it", and it was ordered to happen in a joint protocol.

**Mr McGonagle:** On that point, that happened in Northern Ireland. There used to be a hospital in Maghaberry prison. When that was shut down, the South Eastern Trust bartered for the job of looking after the prison, but there were a lot of shortcomings. In that agreement between the prisons and the South Eastern Trust, a lot of things were not handed out. Things such as Alzheimer's disease and prisoners getting older were not teased out properly. There is a big gap in there. Work needs to be done by some organisation, and we have identified that. Work needs to be done to highlight those problems, which constantly come along.



**The Chairperson (Ms Bunting):** We can come to that at the end and talk about how we take some of those issues forward. Please forgive me, but I am acutely conscious that we started ahead of schedule and are now considerably behind with two other presentations waiting. Stewart, do you have any further questions?

**Mr Dickson:** No, that is fine. There are issues around all of it, but they fall into the broader category of what the Committee will do.

**Mr McNulty:** Thanks, Yvonne, Patsy and John. I sense almost exasperation in your tone and body language based on what you are experiencing at the coalface in prisons. I empathise with what you are experiencing, what prison officers are experiencing and what the prison population is experiencing. The mental health implications across the board must be enormous, including for you, with the burden placed on you, so I empathise big time.

The Minister recently told us:

*"We undoubtedly see people with complex needs who would normally have been in institutionalised forms of care — people who pose a risk to themselves and, potentially, others — and are now in the community but often without the required community services to manage them appropriately, because of stretched resources, ending up in the prison system. It is indicative that eight out of 10 calls to the PSNI are not reports of crime; they are from people in distress."*

Similarly, the CJINI chief inspector said that Woodlands is often used as a place of safety, because there are no available alternatives.

Given that the number of people held in prisons and detention centres is posing problems, what steps are being taken or can feasibly be taken to place those individuals with complex or challenging needs, whether those be educational, addiction or mental health, in more suitable environments?

**Ms Adair:** John mentioned earlier about someone being transferred to Shannon clinic, which is our secure psychiatric unit. Several women in Hydebank clearly needed that, and I alluded to that earlier, but, again, its numbers are restricted. For someone to be transferred, they will be under a transfer direction order (TDO). The prison will work towards trying to get people transferred to a more specific unit, but the numbers there are so restricted. Some women have eventually been transferred out of prison into Shannon clinic. We had a woman who was in Hydebank for arson, and no hostel or Fold accommodation would take her. She had been in Fold accommodation. She was an elderly lady of 81. There was nowhere for her to go because of her arson charge.

**Mr McGonagle:** It goes back to the gap. That case falls into the gap. John talked earlier about a guy being held for four years in the CSU. He was on dirty protest for those four years because there was nowhere to put him. I am well aware that governors in Maghaberry were pulling their hair out because they had nowhere to put him and way to deal with him. The staff worked fantastically with him. It goes back to the fact that so many people are now in the CSU. CJINI made a load of recommendations on the health and mental well-being of prisoners in the CSU. Those recommendations were put in place, but, now that the scanners have come in and there are so many in the CSU, all that good work has been lost because there are not enough staff for there to be the time to do it.

Your question falls into the gap. We do not have an answer for you, but, somewhere along the line, someone will have to investigate that gap.

**Ms Adair:** The only thing that we can say is that it is obvious that there are people in our prisons who have such serious mental health issues that they should not be there, but where can you put them?

**Mr Denvir:** We have to be careful that we do not expand our remit. Our remit is quite clear. It is about looking after the people held in prisons. Decisions will be made way above our level, and those are way above our remit as volunteers. We can certainly make our observations and say things to people, but we do not have any powers to implement any of those things. Had we access, or better access, to the Minister, that is one of the things that we would discuss.

Everybody around this table will, I think, agree that the solutions to those things are really difficult. If it was all easy, we would not be here. That is the bottom line. We deal with what prison officers have to deal with day-to-day. It is OK having this meeting and other committee meetings, but, tomorrow, prison

officers will be dealing with the same people who are hitting their heads off walls, banging doors or giving them a hard time.

**Ms Adair:** Unfortunately, there is a revolving door. In Hydebank, I see women, some of whom are young, going round and round. They get out, but they have severe addictions, and, unfortunately, despite the best will in the world, they are back in again. Quite often, it is for fairly petty offending, because, for them, going round and round the system is just so ingrained.

**Mr Denvir:** The big thing for us is that there are no countries in the world that do not have prisons. There is an idea that the world will have no prisons, but we are here as the Independent Monitoring Board to ensure that when people go to prison, the Prison Service does the job that it is meant to do. From our perspective, it is really simple. If you want to know whether the Prison Service is doing its job, come to the Independent Monitoring Board, and we will give you an honest answer about where things are.

We talked about CJINI. CJINI tends to be far more strategic. We feed into it, obviously, but we will give you the day-to-day reality of where we are. If that is useful for you as a Committee or for the Minister, we are more than happy to do that.

**Mr McNulty:** What do you mean by "better access to the Minister"?

**Mr Denvir:** Talking to the Minister.

**Mr McNulty:** Are you not getting enough access now?

**Mr Denvir:** The Minister is a very busy person. We have not been allocated any time with the Minister. She has been back in post, and I think that we have been allocated one meeting in the year with her. We have not spoken with the Minister since she has come back. There are lots of things happening. It may be busy, and I am sure that officials will want to chat to us in the not-too-distant future

**The Chairperson (Ms Bunting):** Certainly, you have raised some issues that we can take forward. Prior to your coming in, we had a discussion about our strategic priorities, and some of the issues that you raised featured heavily in that discussion. We will come on to that later in the agenda.

This evidence session has been incredibly useful and absolutely fascinating for all of us, which you can tell, I think, from the extent of the engagement. Coming out of this session, if Members are agreeable to doing so, I propose that we write to the Department to ask questions: what is being done to address the recruitment crisis in the IMB; what consideration is being given to extending tenures to allow room to address the IMB recruitment issues; and what is being done on potential protocols, akin to those in England with the NHS, around Health and prisons? We might tease out some of those issues further. It would be really helpful for us to meet you reasonably regularly to have some understanding of what is going on as we progress through our work in this mandate. I cannot thank you enough for the evidence that you have shared with us. It has been really insightful and very helpful not to get the sanitised version. Everybody wants to put their best foot forward, but, in order to address some of the issues, we have to see what is under the rock at times.

**Ms Ferguson:** How the data and the qualitative information on the IMB's work are analysed and collated needs to be looked at as well. Can that be added to your list?

**Mr Denvir:** OK.

**The Chairperson (Ms Bunting):** Thank you so much.

**Mr Denvir:** Thank you for listening.