

EXECUTIVE SUMMARY

The CPT's 2017 visit to Northern Ireland provided an opportunity to examine the developments that have taken place in the province as regards policing and prison matters since the previous visit in 2008. More specifically, the Committee wanted to examine the situation at Maghaberry Prison and at Ash House, where women prisoners are held, and to look into the operation of Shannon Clinic, the only forensic psychiatric unit in Northern Ireland. The co-operation received from the Northern Ireland authorities and from the staff at the establishments visited was excellent.

Law enforcement agencies

The CPT highlights the enormous culture change that has taken place within the police of Northern Ireland since the late 1990s. It notes that most persons interviewed by its delegation stated that they had been well treated by members of the PSNI at the time of their apprehension and during custody. However, reference is made to a few allegations of physical ill-treatment and excessive use of force upon apprehension as well as of complaints of excessively tight handcuffing.

The CPT found that the safeguards against ill-treatment (notably, the right to inform a third person of one's detention, the right to a lawyer and the right to a doctor) operated satisfactorily and that the manner in which they were applied in several police stations might be considered best practice. Nevertheless, recommendations are made to improve confidentiality of medical data, to provide training and supervision for forensic medical officers (and access to electronic medical files) and to draw up a protocol for the management of persons who self-harm. The CPT also proposes that the model observed at Antrim Police Station concerning the treatment of persons suspected of being body-packers be standardised across all police stations. As regards conditions of detention, the Committee notes the plan to renovate the custody suite at Strand Road Police Station in Derry/Londonderry and recommends that provision be made to build secure outdoor yards for persons detained in police stations longer than 24 hours.

Prisons

Following the devolution of responsibility of prison matters to the Northern Ireland Assembly and Executive in 2010 and the publication of the "Owers Report" in October 2011, the prison system has been the subject of extensive reform. Overall prisoner numbers are down to around 1,450 with a rate of imprisonment of 76 per 100,000; nevertheless, the Committee encourages the authorities to expand further the use of alternatives to custody.

Maghaberry Prison remains the only high security prison in Northern Ireland and accommodates various categories of male prisoners, including remand, life sentenced and those with paramilitary affiliations. Since December 2015, its occupancy levels have hovered around the 850 mark for an official capacity of 1,100. At the time of the visit, the vast majority of prisoners at Maghaberry stated that they were treated correctly by prison officers with levels of alleged physical ill-treatment, notably by the Search Teams, having greatly diminished in recent years. Incidents of inter-prisoner violence had also decreased since 2008 and most prisoners stated they felt safe. However, a number of prisoners in Bann, Erne and Lagan Houses stated that they felt unsafe and did not leave their cells. This was particularly the case in Bann House where several inmates alleged that they had been assaulted by other prisoners, apparently because they were sex offenders. The CPT makes a number of recommendations concerning prison discipline and segregation; in particular, a psycho-social support system should be put in place for prisoners placed in the Care and Support Unit under Rule 32 for longer than two weeks.

The CPT welcomes the recent introduction of a core day regime, which potentially permits a prisoner to be unlocked from his cell for nine and a half hours a day. Further, the emphasis on work and education as tools in the prevention of re-offending after release was in evidence, with a wide range of activities and programmes on offer to prisoners. Nevertheless, far too many prisoners were effectively confined to their cells for periods of up to 22 or 23 hours a day. The prison management should pursue their efforts to provide all prisoners with purposeful activities. It is also important that every sentenced prisoner is provided with a sentence plan and is involved in drawing it up, which was not the case at the time of the visit. As regards material conditions, they ranged from good in the new build Quoile and Shimna units to generally acceptable in the square houses. The CPT recalls that cells of 7m² (i.e. a standard cell) should not be occupied by more than one prisoner and that the toilets should at least be partially partitioned; this applies equally to the new 360 cell block under construction. Comments are also made on contact with the outside world, prisoners in separated regimes and on complaints and inspection procedures.

Prison health care, under the South Eastern Health and Social Care Trust, has made significant progress since 2008. Nevertheless, action is required to appoint a prison health care coordinator; to bring together the Donard Centre and the prison health care unit under a single management structure; and to enhance medical confidentiality and the recording of injuries by doctors. There is also a need for a more comprehensive drug strategy programme. At present, opioid substitution treatment is insufficient with some prisoners subjected to “cold turkey” upon admission. Harm reduction measures to prevent the transmission of blood-borne viruses and the spread of infectious diseases should also be introduced. Further, the procedures for dealing with persons suspected of having ingested or secreted drugs within their body need to be reviewed with an emphasis on keeping such persons under medical observation. The report also raises several concerns about the inadequate provision of psychiatric care and the long waiting times for persons to be transferred to an appropriate psychiatric facility for treatment. As regards the Supporting Prisoners at Risk process, it should be enhanced by the establishment of a psycho-social team.

Ash House, located within Hydebank Wood College, is the only facility for women prisoners in Northern Ireland and held 54 prisoners for an official capacity of 66. Regrettably, plans to build a separate facility, staffed and run around a therapeutic model, are on hold due to lack of funding. At the time of the visit, the CPT found that the low staffing levels were threatening the maintenance of a safe environment and impacting negatively on the amount of time certain women spent out of their cells. Staffing levels should be significantly increased and staff provided with greater support from management. Particular emphasis is placed on developing the admission process to take into account the vulnerabilities of women prisoners, which should include screening for sexual abuse or other forms of gender-based violence inflicted prior to entry to prison. Recommendations are also made to review the policy and conditions under which a mother and her baby are kept at Ash House, to improve the sentence plans for prisoners and to set up specialised psychological support or counselling for women who are victims of rape, sexual abuse and other gender-based violence.

As regards health, staff should have access to a pharmacy whenever required to ensure a continuity of care for new arrivals, and prisoners should not be prescribed medication before they have been examined by a doctor. The recording and reporting of injuries and the treatment of drug addiction should also be improved. The report documents the cases of four vulnerable women held in Ash House with mental health or learning disabilities who were not getting the care and support they required. The CPT recommends that clear protocols and operating procedures among the PSNI, NIPS, the judiciary, health care and social services be established to ensure that such women are placed in an appropriate environment where they can be properly looked after. Recommendations are also made to promote family contacts and on the application of control and restraint.

Shannon Clinic Medium Secure Psychiatric Unit

The CPT's delegation gained a very positive impression of Shannon Clinic. The general environment was calm, caring and humane, and the staff were very committed. Material conditions were excellent, with a wide range of therapeutic activities on offer. Further, somatic and psychiatric care was found to be good and a detailed care plan, drawn up with the participation of the patient and regularly reviewed, was in place for every patient. Nevertheless, the CPT found that there is a need for increased psychological support and that steps need to be taken to overcome the operational/security issues which in practice prevented patients from engaging in the 25 available hours of activities per week. Following the complete smoking ban, greater attention should also be paid to assisting patients with addiction-related disorders. Likewise, more should be done to encourage healthy eating. Patients were afforded a good level of contact with the outside world and an efficient complaint mechanism (including mediation by a Patient Advocate) was in place.

The mixing of female patients at all stages of hospitalisation with male patients on the care and treatment ward gave rise to specific challenges and risks, and the CPT supports the plans for a future separate female ward. As regards consent to treatment, the safeguards need to be reinforced. The CPT considers that an external psychiatric opinion should be required in any case where a patient does not agree with the treatment proposed by the establishment's doctors. There is also a need to file the written consent or second opinion forms in a more coherent and complete manner.

Management of agitated patients was prompt and any restraint entailed the use of mainly manual low-level holds which were not pain compliant and were accompanied by safeguards completely in accordance with CPT standards. However, staff felt that there was a lack of systematic de-briefing after patient-on-staff violence. Also, despite good staffing levels, the high rate of sick leave (18%) placed a greater burden on remaining staff who expressed some disquiet over a lack of adequate management support.

Finally, the CPT welcomes the passing of the Mental Capacity Act 2016, which combines mental health and mental capacity law. It will cover persons with personality disorders who are not currently considered to be suffering from a mental illness and will introduce additional safeguards when it enters into force in 2020/21. The CPT requests information on the preparations being made for entry into force of the Act, including as regards any provision for high secure and low secure psychiatric places.