

**Report of the External Review of
Supporting People at Risk
Evolution
SPAR-Evo**

May 2024

Page left bank for printing

Contents

Item	Page Number
Executive Summary	1
List of Recommendations	4
Introduction	6
Review Terms of Reference	6
Overview of Review Approach	7
Strategic Context and Best Practice, Guidelines & Framework	8
SPAR Evo Development and Approach	9
SPAR Evo Data Analysis	10
Person in Prison – Experience of SPAR Evo	20
Prison Support	26
PECCS	28
Healthcare in Prison	28
Training and Development	39
Records and Information Sharing	40
Leadership and Governance	42
Appendices	
Appendix 1 Terms of Reference and Review Team Membership	44
Appendix 2 Summary of Strategic Documents and Best Practice Guidelines & Frameworks	47
Appendix 3 Data Analysis; Further Data	51
Appendix 4 People in Prison Interview Summaries	58

Executive Summary

This external review follows from the RQIA Review of Services for Vulnerable Persons detained in Northern Ireland Prisons (October 2021). The sixteen recommendations in that report included recommendation thirteen:

“The joint NIPS and SEHSCT Executive Group should jointly commission an external review of the SPAR Evolution approach. This should assess the effectiveness of input from healthcare in prison and evaluate outcomes for vulnerable people detained in NI Prisons.”

To fulfil this recommendation, in July 2023, the Northern Ireland Prison Service (NIPS) and the South East Health and Social Care Trust (SEHSCT) jointly commissioned an external review of the SPAR Evolution (SPAR Evo) approach.

Aims and Objectives

NIPS and the SEHSCT developed joint terms of reference for the review setting out the following overall aim;

“The overall aim of this review is to assess the effectiveness of input from Healthcare in Prison, the NI Prison Service (NIPS) and others and evaluate outcomes for people in prison in Northern Ireland who may be at risk of suicide or serious self-harm.”

The terms of reference stated the purpose of the review as being to:

- “review the effectiveness of the SPAR Evo approach, procedures in place to support people who may be at risk of suicide and serious self-harm in NI prisons; and
- make practical, good practice recommendations to improve outcomes for people in prison, acknowledging good practice that is already in place.”

Methodology

The review Team undertook an analysis of relevant strategies and best practice guidelines and used these as a framework to highlight areas of good practice and ensure any recommendations made were aligned to these.

The review Team gathered information from a variety of sources as follows:

- Ten site visits were made – two to Hydebank Wood Secure College and Women’s Prison, three to Magilligan, four to Maghaberry and one to the custody suite at Laganside Court. During these visits the review Team met with people in prison and heard their experiences and views as well as NIPS and SEHSCT staff. These were voluntary meetings and the people who were asked to meet the Team all had personal experience of SPAR Evo. Those in prison were invited to take part based on the judgement of NIPS staff that they were of sufficient distance from that experience to be able to reflect on their experience with us.
- A dataset of key indicators relevant both to overall outcomes for the prison community and to the operation of SPAR Evo was developed by the Review Team.

This collected statistics from across prison and healthcare systems, to provide quantitative data on the impact and workings of the SPAR Evo procedures, to inform the Review's assessment and recommendations.

- Meeting with Senior Managers
- Meeting with a small number of community and voluntary organisations who work in prison.

Review Overall Findings

The Review Team overall reflected positively on how people in prison are being supported through the SPAR Evo approach. The Review Team noted that the significant increase in the scale of the prison population in recent years has not been accompanied by an increase in deaths which were “potentially self-inflicted”*, nor in an increase in the numbers of people in prison who are self-harming. This is overall indicative that the SPAR Evo approach, and other associated supports and inputs in the prison setting, are operating effectively.

The Review Team found that the SPAR Evo approach is well embedded and commonly used across the three Northern Ireland prisons, with thresholds for raising a concern under SPAR Evo being broadly consistent across the three prison settings.

The inclusion in SPAR Evo of a risk assessment outcome of those individuals assessed as having no apparent risk with Referral/Other Action is an important improvement from the previous SPAR approach. The Review Team could clearly see the advantage of this additional risk assessment outcome in widening the options open to staff at reviews in responding to individuals needs and in promoting consideration of additional supports to those individuals assessed as those individuals assessed as having no apparent risk.

The Review Team found evidence to support that decision making by staff is generally appropriately individualised and person centred and not tending to more risk adverse decision making.

The feedback from people in prison, with experience of being supported through the SPAR Evo approach, was generally positive with individuals expressing that the process was responsive to their needs. The majority of those interviewed also spoke positively about their experience of SPAR Evo reviews, indicating that they felt listened to and felt able to participate in the review meetings.

The Review Team was impressed by the knowledge and understanding of SPAR Evo processes and approaches across all the staff they interviewed from NIPs and Healthcare in Prison.

In engaging with NIPS staff across the three prisons and with PECCS staff, the Review Team was impressed by the skill and sensitivity with which staff shared their experiences of supporting vulnerable people in prison and court custody. The Review Team would acknowledge staffs' use of language and the way they respectfully described people in prison and/or court custody settings.

The Review Team found that healthcare in prison staff are invested in the SPAR Evo

*The Review Team were advised by NIPS that this is the preferred term. It should be noted that “potentially self-inflicted” does not include those categorised by NIPS as “death in custody substance related”.

approach with teams commenting positively on the approach, believing it to be more person centred and individualised than the previous SPAR approach. Healthcare in prison staff expressed that their opinions and inputs are valued by NIPS colleagues in the SPAR Evo approach.

The Review Team also notes that the move to a digital solution has been a significant enhancement to the operation of SPAR Evo, supporting the more efficient raising of concerns, improved information and information sharing across prison services and proving a support process which is experienced as less stigmatising by people in prison.

Overall, the Review Team found evidence that joint working across NIPS and Healthcare in Prisons has improved over recent years supported through collaborative initiatives such as SPAR Evo, Towards Zero Suicide and most recently the Joint Suicide and Self-Harm Risk Management Strategy. This is commendable and it is important that the leadership of both NIPS and Healthcare in Prison continues to sustain and nurture opportunities for joint working and relationship building.

Recommendations

The Review makes eleven recommendations aimed at supporting the good practice found and ensuring the ongoing development of the SPAR Evo approach in supporting people at risk in the prison setting. The Review's recommendations aim to be as practical and as feasible as possible.

Recommendations include reviewing data to support future learning and development of the SPAR Evo approach and in reviewing the arrangement to supporting individuals who are frequently in crisis; ensuring the most effective use of healthcare staff input to SPAR Evo and the availability of wider healthcare supports in prison for common mental health problems and self-harm interventions; augmenting the training of SPAR Evo, particularly around how to further embed good practice across NIPS and Healthcare in Prison staff through a combination of refresher training and reflective practice processes and reviewing and refreshing overall governance and leadership arrangements relevant to supporting people at risk, across NIPS and SEHSCT.

List of Recommendations

Recommendation 1: NIPS undertake an analysis of the individuals who are assessed as having No Apparent Risk or NAR+ to identify themes and trends and any learning from this which could potentially lead to a focus on pre-emptive and preventive measures being established. This could help inform training and guidelines to staff in informing their decisions in raising a concern under SPAR Evo. This should be subject to regular review and evaluation.

Recommendation 2: The Safer Custody forum should undertake a review of No Apparent Risk outcomes in Maghaberry to understand the lower use of NAR+ Referral/other actions. This would include getting feedback from staff on reasons why NAR+ Referral/other actions is not used more often and to assess to what extent pathways to and engagement with community and voluntary partners within the prison setting are being utilised within SPAR Evo approach.

Recommendation 3: NIPS and SEHSCT should review the approach to supporting the small number of individuals who are frequently in crisis with a view to revising the approach to their case management jointly across prison care and Healthcare in Prison to respond to the needs of these individuals more effectively. A bespoke case management approach could also involve community & voluntary sector services that the person may be engaged with and, as appropriate, family.

Recommendation 4: SPAR Evo review arrangements should be sensitive to the needs of the individual, taking into account how they can best be conducted to support the individual to feel at ease and be able to participate fully in the review.

Recommendation 5: The fabric and cleanliness of the safer custody cells sites is reviewed across each prison establishment to create and maintain a consistent standard of environment.

Recommendation 6: The SEHSCT should consider the feasibility of establishing a 7-day rota for mental health staff. As a minimum this would include a dedicated mental health resource at weekends and bank holidays in Maghaberry with on-call arrangements for the other two prisons.

Recommendation 7: SEHSCT and NIPS should review and consider adopting an approach to mental health staff attending SPAR Evo reviews, that is in line with the Quality Network for Prison Mental Health Services Standards.

Recommendation 8: SEHSCT should liaise with the Department of Health (SPPG)/ Public Health Agency commissioners of Healthcare in Prison services, to assess the need for and ensure the commissioning of a Step 2/3 Primary Care Talking Therapy Service and a Self-Harm Intervention Service to be available to people in prison.

Recommendation 9:

- Refresher training on SPAR Evo is delivered for all operational staff including healthcare in prison staff to complete every two years.
- Each prison establishment builds a pattern of holding SPAR Evo Reflective Practice workshops for all staff (NIPs and Healthcare in Prison) to share

practice experiences and consider how practice may be improved. These workshops should include a recording of key themes, issues, ideas and concerns to be shared with senior management and disseminated across sites. Reflective Practice workshops have the potential to build a psychologically safe space for staff to explore how to improve their own practice. They also become forums where emerging research into work with vulnerable individuals may be introduced for consideration.

Recommendation 10: NIPS and SEHSCT should jointly review and agree the minimum data set on SPAR Evo activity and outcomes to strengthen their joint oversight and management of the SPAR Evo approach through the Safer Custody Forum.

Recommendation 11: The role and function of each meeting/ forum within the leadership and governance structure should be reviewed and the terms of reference and membership agreed and refreshed.

External Review of SPAR-Evo Approach

1. Introduction

As is the case across the UK, a higher proportion of people in prison in Northern Ireland have mental health problems, a history of suicide attempts/self-harm and/or drug/alcohol addictions and non-adherence to prescribed medications than in the general population. This leaves people in prison at greater risk and more vulnerable to self-harm and suicide, in what can be a highly stressful environment.

Following recommendations from the Prisoner Ombudsman and the Criminal Justice Inspectorate NI, the Northern Ireland Prison Service (NIPS), in partnership with the South Eastern Health and Social Care Trust, (SEHSCT) developed a new approach to supporting people who may be at risk, from suicide and/or self-harm. The Supporting People at Risk - Evolution (SPAR Evo) replaced the previous Supporting Prisoners at Risk (SPAR) approach which had been criticised as being too process-driven, not person-centred, and lacking input from healthcare. The SPAR Evo approach began implementation in 2018 and was fully rolled out across the three prison settings by 2020.

In October 2021, the Regulation and Quality Improvement Authority (RQIA) published its *“Review of Services for Vulnerable People Detained in NI Prisons”*. This review focussed on people in prison who were “vulnerable” due to mental health issues and who were at risk of suicide or self-harm. It overall made sixteen recommendations, with recommendation number 13 being:

“The joint NIPS and SEHSCT Executive Group should jointly commission an external review of the SPAR Evolution approach. This should assess the effectiveness of input from healthcare in prison and evaluate outcomes for vulnerable people detained in NI Prisons.”

To fulfil this recommendation, in July 2023, the Northern Ireland Prison Service (NIPS) and the South East Health and Social Care Trust (SEHSCT) jointly commissioned an external review of the SPAR Evolution (SPAR Evo) approach.

2. SPAR Evo Review – Terms of Reference

In commissioning this Review the NIPS and the SEHSCT developed joint terms of reference setting out the following overall aim;

“The overall aim of this review is to assess the effectiveness of input from Healthcare in Prison, the NI Prison Service (NIPS) and others and evaluate outcomes for people in prison in Northern Ireland who may be at risk of suicide or serious self-harm.”

The terms of reference stated the purpose of the review as being:

- (a) to review the effectiveness of the SPAR Evo approach, procedures in place to support people who may be at risk of suicide and serious self-harm in NI prisons; and

- (b) To make practical, good practice recommendations to improve outcomes for people in prison, acknowledging good practice that is already in place.

The full terms of reference for the Review and the Review Team membership are set out in Appendix 1 of this report.

3. SPAR Evo Review – Overview of Review Approach

The terms of reference for the Review (appendix 1) were jointly signed off by the NIPS and the SEHSCT and issued to the Review Team leads at an initial briefing meeting. From this the Review Team developed a workplan for the completion of the Review.

The workplan involved a review of the relevant literature including strategic documents and best practice guidelines and frameworks as relevant to the focus of the Review. (Section 4 and appendix 2).

A dataset of key indicators relevant both to overall outcomes for the prison community and to the operation of SPAR Evo was developed by the Review Team. This collected statistics from across prison and healthcare systems, to provide quantitative data on the impact and workings of the SPAR Evo procedures, to inform the Review's assessment and recommendations (Section 6 & appendix 3).

Qualitative data was collected through visits by the team to the three prisons, to meet and hear the views and experiences of key stakeholders of the SPAR Evo approach. This comprised meetings with:

- people in prison who had experienced the SPAR Evo approach (Section 7 & appendix 4);
- prison staff from a range of areas and particularly those directly supporting individuals whose were supported on a SPAR Evo care plan (Section 8); and with the
- Healthcare in Prison teams (Section 9),

Interviews with these stakeholders were undertaken using a semi-structured interview approach developed by the Review Team.

In considering Healthcare arrangements the Review engaged with the Public Health Agency lead currently completing a needs assessment exercise for prison health to help inform the development of a regional service specification for the commissioning of healthcare in prison (Section 9).

The Review Team met with NIPS Prisoner Escorting and Court Custody Service (PECCS), including a visit to Laganside Courthouse (Section 10). The Review Team also had opportunity to meet with START360 and NIACRO to help inform our understanding of support to vulnerable individuals and family liaison.

The Review Team considered the training arrangements for Senior Officers and had the opportunity to attend and participate in SPAR Evo refresher training which helped inform its consideration of training arrangements relevant to supporting people at risk of suicide and/or self-harm in prison (Section 11).

The Review Team met with leadership across NIPS and Healthcare in Prison. This engagement along with reference to relevant policies, procedures and strategies helped to inform the Review's consideration of leadership and governance in the operation and management of SPAR Evo and associated support systems for people in prison (Section 12).

SPAR Evo operates as part of a wider system of care, which is essential both to the effective operation of SPAR Evo and to the Review Team's overall consideration of improving outcomes for people who may be at risk of suicide and/or self-harm in NI prisons. In completing the Review of SPAR Evo the Review Team has therefore, also considered and made recommendations more broadly where relevant to its remit to make practical, good practice recommendations to improve outcomes for people in prison.

The prison communities and consequent resourcing and approaches vary across the three prison sites with the predominant focus of the Review report being Maghaberry prison as the largest site with the greatest level of SPAR Evo activity. Where there are specific findings relevant to Magilligan or Hydebank Wood College then this is identified.

Throughout the Review the Team liaised with the joint commissioner leads including engagement on emerging findings. A draft report was shared with the joint commissioners for comment prior to submission of this final draft report.

The NIPS and SEHSCT adopted the term, Supporting People at Risk, in the SPAR Evo approach and the Review Team in completing this report reflected this terminology, using the term person in prison, or individual, rather than prisoner when referring to individuals detained in prison.

4. Strategic Context and Best Practice Guidelines & Frameworks

The Review Team extensively reviewed key policies, strategies, reviews, inspections and best-practice guidance that span a 15-year period. This included policies from Department of Justice, Department of Health, Northern Ireland Executive, cross-departmental policies and relevant reports from Scotland and Republic of Ireland. Regional and national best-practice guidelines and frameworks were also reviewed. This is an important context for the review of SPAR Evo to assure the Executive Group that:

- the development and progress of SPAR Evo thus far is consistent and in line with regional and national cross government policies and strategies; is responsive to recommendations in recent reviews and inspections and adheres to national and regional best practice guidelines and frameworks;
- any suggested areas for improvement and recommendations by the Review Team in this report are consistent and in line with such key policies and strategies and are based on evidenced-based practice guidelines.

A summary of the key documents considered by the Review Team is provided in Appendix 2 of this report.

5. SPAR Evo Development and Approach

Following recommendations from the Prisoner Ombudsman and the Criminal Justice Inspectorate NI, the NIPS in partnership with the SEHSCT in 2018 reviewed the existing Supporting Prisoners at Risk (SPAR) approach. This review led to the development of a new joint approach to providing additional support for people at risk from suicide and self-harm. This new approach is called Supporting People at Risk Evolution or, as abbreviated to, SPAR Evo.

The SPAR Evo approach was co-designed by staff from across the Prison Service and the SEHSCT healthcare in prison staff and included input from people in prison who had experienced the then existing SPAR process. It introduced a simplified person-centred approach, focussed on care planning to support the individual. It aims to support the individual needs of people in crisis or distress, addressing the root cause of their crisis or distress, while supporting them through that period in a way that is right for them.

In developing the SPAR Evo approach, the Scottish and Irish Prison Services were consulted on good practice in their arrangements for supporting people at risk of suicide and serious self-harm. In particular SPAR Evo drew on the Scottish Prison Service (SPS) “Talk to Me”⁽¹⁾, Strategy for the Prevention of Suicide in Prison approach, a key principle of which is that;

“The SPS assumes a shared responsibility for the care of those at risk of suicide, to work together. This provides a person-centred care pathway, based on an individual’s needs, strengths and assets, promoting a supportive environment where people in custody can ask for help”¹.

NIPS adopted good practice elements of the SPS model, whilst evaluating what would be changing during the Review, with those elements included in a proof of concept.

A development phase ran from January to March 2018 that was built on designing out what didn’t work, while retaining what did, and learning from others. A proof of concept ran from April 2018 to July 2018, which tested the new approach in the live environment. Magilligan was chosen as the site for the proof of concept, as it historically had low levels of self-harm, but provided sufficient activity for the test period. During the proof of concept, feedback was taken weekly from staff (NIPS, Healthcare in Prison, Start 360) as well as from people in prison.

The approach continued to develop on an iterative basis, taking regular feedback from all involved and was formally signed off between NIPS and SEHSCT on 5th April 2019.

A further improvement to support effective and efficient information sharing across NIPS staff, was a digital solution for SPAR Evo developed on the prison service, PRISM IT system. This was delivered in June 2019 and rolled out across the organisation.

¹ [TalkToMeStrategy_2016-2021_Strategies.pdf \(sps.gov.uk\)](https://www.sps.gov.uk/TalkToMeStrategy_2016-2021_Strategies.pdf)

SPAR Evo introduced the option of raising a concern and formal risk assessment with three possible outcomes - At risk, No apparent risk, or No apparent risk with referral/other action. This revised approach to risk assessment was aimed at supporting greater flexibility in meeting the needs of the individual than possible under the previous SPAR arrangements.

Where there is a concern that any individual may be at risk of suicide or self-harm, the person will be supported under the NIPS Suicide and Self-harm Prevention policy and the associated NIPS Standard Operating Procedures, with new procedures agreed as above reflecting SPAR Evo. The new SPAR Evo procedures effectively replaced chapters 3-5 of the Standard Operating Procedures.

Where a concern is raised, a formal risk assessment is completed, as a minimum, by trained prison staff with input from Healthcare in Prison staff, and where they are known to the mental health team, by a member of that team.

If the person is assessed to be at risk, and a care plan cannot be immediately agreed, then a "Keep Safe" plan is put in place which identifies specific actions, that will contribute to keeping the person safe until a care plan can be agreed. Actions will vary depending on the needs of the individual. A care plan is agreed as soon as practicable which identifies interventions both to support the person through the crisis and to address the root cause of the crisis or distress.

When an individual presents in a way where it is believed that they cannot keep themselves safe from harm, a decision may be taken to place them in special accommodation. This must be weighed against the impact on an individual's mental health of being housed there. People placed in an observation cell on camera, are subject to a minimum 15-minute observations.

A reception risk assessment is completed for every person committed to prison in NI under SPAR Evolution.

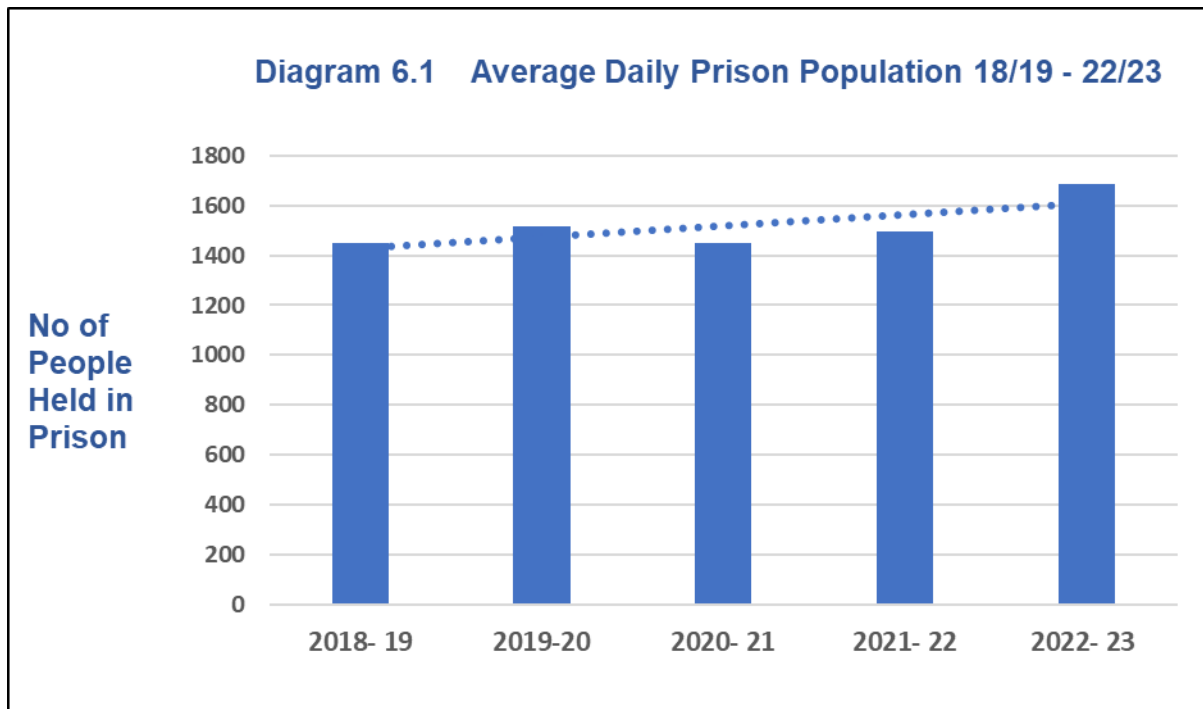
6. SPAR Evo Data Analysis

In assessing the effectiveness of SPAR Evo the Review Team established a data set relevant both to overall outcomes for the prison population and to the operation of SPAR Evo. This dataset is considered below and comprised the following data items;

- Suicide/Potential Suicide Deaths in Custody,
- Individuals Self-harming,
- SPAR Evo Concerns Raised,
- SPAR Evo Risk Assessment Outcomes,
- Use of safer cells and
- At Risk Outcomes per individual

Prison Population Numbers

In reviewing the data for prison community outcomes and the operation of SPAR Evo the Review Team looked firstly at data on the overall scale of the prison community as an important context to considerations of safety and support for people in prison. Diagram 6.1 below sets out the Average daily prison population across the five-year period 2018/19 to 2022/23.



Source: [Northern Ireland Prison Population 2022/23 \(justice-ni.gov.uk\)](https://justice-ni.gov.uk)

Overall, this shows broadly static numbers of people in prison across the three-year period, 2018/19 to 2020/21, with then an increase in numbers across the years 2020/21 to 2022/23 with a 16% increase in prison population across these final three years. Whilst women in prison are a small proportion of the prison population overall, it is noteworthy that their numbers increased by 37% over the period 2018/19 to 2022/23. Over this period the remand population increased by 39% and in 2022/23 was at the highest level it had been for over the last eight years.

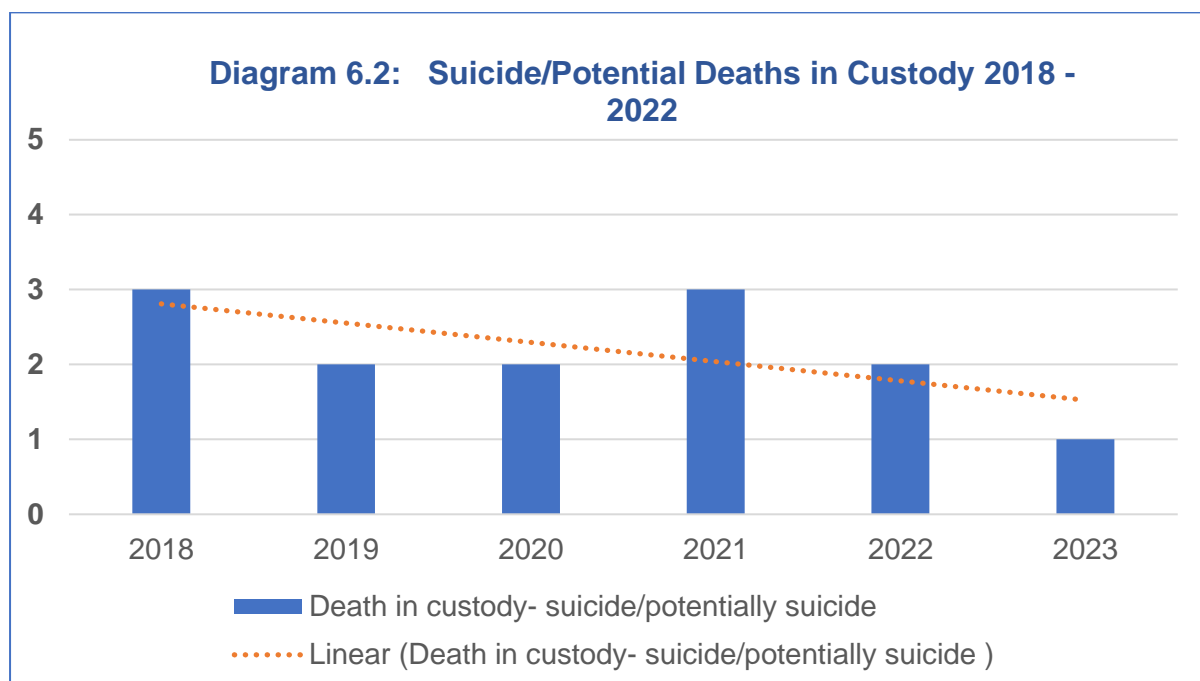
The trends noted in Diagram 6.1 have continued into 2023/24 with, on the 01/12/2023 the overall number of people in prison being 1,853, an increase of 28% on the 2020/21 average and the number of women in prison 95, an increase of 76% from a 2018/19 baseline.

An increasing number of people in prison would be anticipated to increase risk in the prison system through both the impact of a larger number of people being supported and through the likelihood of a consequent increased sharing of cells, increased pressures on resources, and a reduced level of access to activities for individuals.

Outcomes for the Prison Population

SPAR Evo was implemented in Magilligan in April 2018, and expanded into PECCS in August 2018, women in Hydebank Wood in September 2018, young men in Hydebank Wood in December 2018, followed by Maghaberry in February 2019. Rollout at Maghaberry was not completed until August 2020, due to the complexity of the site and the impact of the COVID-19 pandemic.

At its most fundamental SPAR Evo aims to prevent deaths through intentional self-harm by people in prison. The Review Team looked at the statistics for suicide deaths in custody over a six-year period from 2018 to 2023. These are set out in Diagram 6.2 below which shows the number of deaths in custody which either have been confirmed as a death by suicide or, where a coroner's hearing has not as yet been completed, are judged by NIPS to potentially be by suicide. It may be noted that over this period NIPS report a further 10 deaths through natural causes and 2 deaths which were substance related.



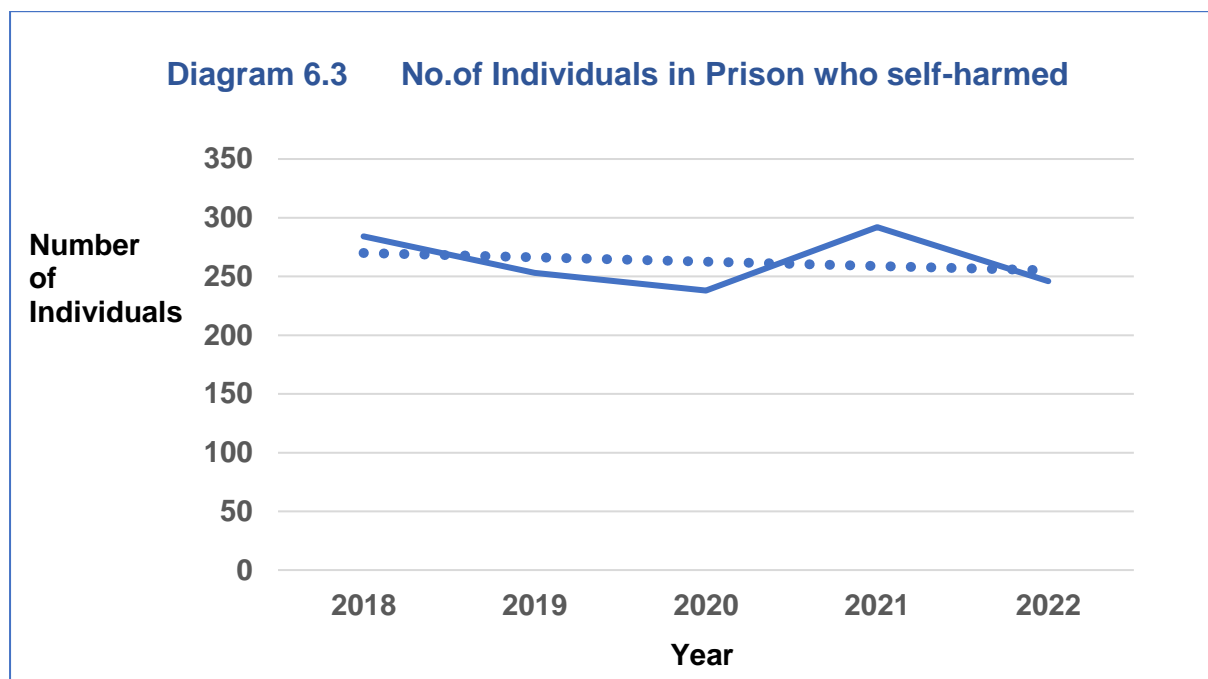
Over the period 2018- 2023 there were a total of 13 deaths by suicide/potentially self-inflicted death of people in prison. Eleven of these deaths took place in Maghaberry and two in Magilligan. There were no potentially self-inflicted deaths over this period in the Hydebank Wood population. Whilst acknowledging each death by suicide as an individual tragedy, the numbers from year to year are of a scale that makes it difficult to make any observations other than to note that the increase in the scale of the prison population, and the associated increased risk of suicide and self-harm, has not resulted in an increase in deaths by suicide or potentially by suicide.

The Review Team then considered the number of individuals in prison who self-harmed as these will form an important subset of those who are supported through SPAR Evo. The numbers are set out in Diagram 6.3 below, covering the period 2018 to 2022, which shows an overall trend of a slight decrease in the numbers of individuals

self-harming over this period. This Diagram shows an increase between 2020 and 2021 which also coincides with an increase in the numbers of potentially self-inflicted deaths in Diagram 6.1 which may reflect the impact of Covid19 restrictions.

Overall given the increasing number of people in prison across the years 2021 – 2022, and the impact that this will have on numbers of individuals presenting with risk and on prison resources, the Review Team is of the view that it is highly positive to note that this has not been accompanied by a commensurate increase in the numbers of individuals who self-harm.

Of further note from the analysis of self-harm data is that the number of women self-harming has increased by 36% over this period, which is broadly in line with the increase in the population of woman in prison over the same period (37%).



SPAR Evo Data

The Review Team then considered data to inform the evaluation on how SPAR Evo is operating across the three prison settings. A range of data was looked at over the two-year periods of November 2021 – October 2022 and November 2022 – October 2023. The data presented in the remainder of this section relates to that period. This is considered in summary below with further detail on individual prisons provided in appendix 3.

SPAR Evo Concerns Raised

Data was collected on the volume of SPAR Evo activity overall as indicated by the number of concerns raised during each of the two-year periods. This is set out in Diagram 6.4 below.

Diagram 6.4 Number of SPAR Evo Concerns Raised* 11/22 – 10/23

Prison	Nov 21 - Oct 22	Nov 22 - Oct 23	Total
Maghaberry	4829	6711	11540
Magilligan	1055**	730	1785
Hydebank Female	659	843	1502
Hydebank Male	338	491	829
Total	6881	8775	15656

* Concerns raised includes those raised arising from reception risk assessments for every new committal.

** March & April 2022 figures were inflated for Magilligan as everyone in the prison was risk assessed under covid response arrangements.

This level of activity indicates that the SPAR Evo procedure is well embedded and commonly used across the three prisons. The generally increasing numbers of concerns being raised across Maghaberry and Hydebank Wood will partially reflect the increasing number of committals and people held in those two prisons over the period, however the percentage increase in concerns raised (28%) exceeds the increase in the prison population (15%). Just under three-quarters of concerns were raised in Maghaberry.

SPAR Evo Risk Assessment Outcomes

When a concern is raised under SPAR Evo an individual risk assessment is completed with three possible outcomes of the person being assessed to be;

- At Risk, or
- No Apparent Risk
- No apparent risk with referral/other action (NAR+ referral).

The inclusion of the latter risk assessment outcome of NAR+ referral/other action is an important development of SPAR Evo from the previous SPAR procedure. This is considered by the Review Team to be an improvement to the previous SPAR procedure providing staff with a further opportunity to consider and respond to presenting needs of the individual.

Diagram 6.5 below shows the risk assessment outcomes for the two-year period across the three prisons.

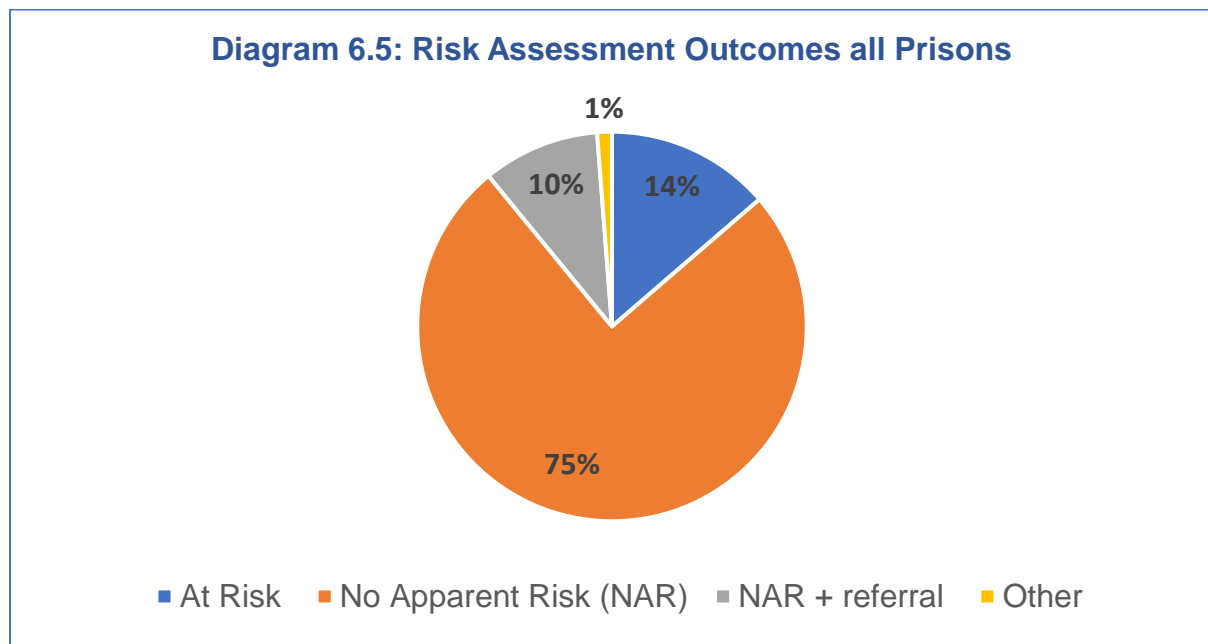
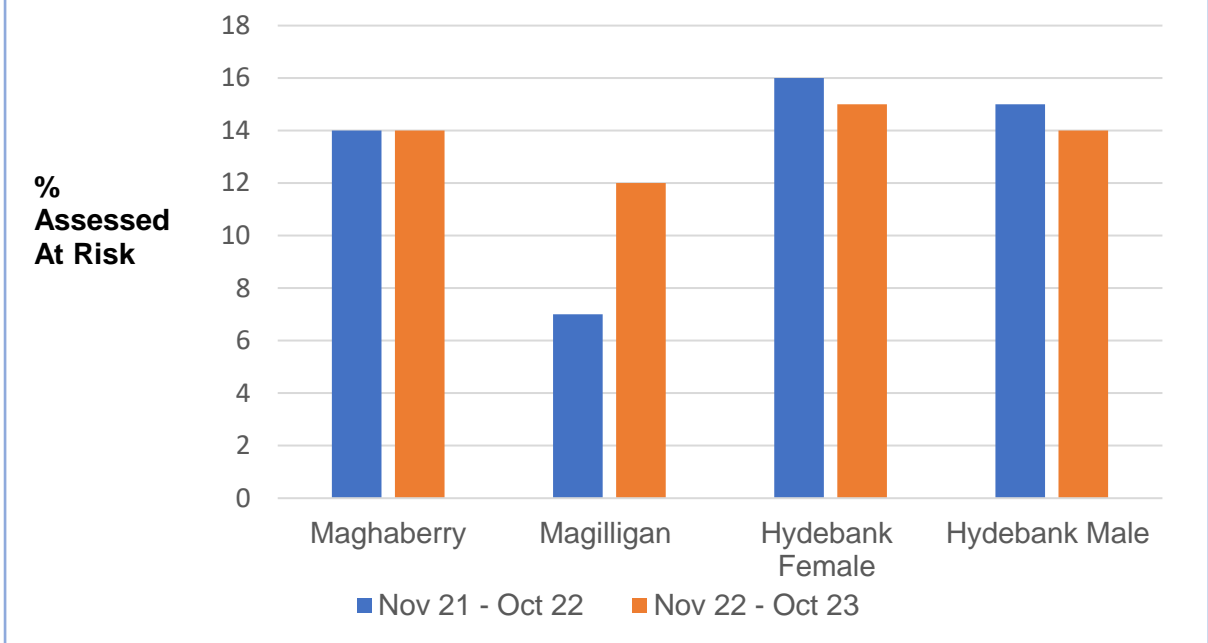


Diagram 6.5 indicates that some 14% of risk assessment outcomes find that an individual about whom a concern is expressed is At Risk with overall 86% being No Apparent Risk or NAR+ referral.

By prison, No Apparent Risk or NAR+ referral ranges from 91% in Magilligan, 86% in both Maghaberry and Hydebank Wood male and 82% in Hydebank female. This range suggests that the thresholds for raising a concern under SPAR Evo is broadly consistent across the three prisons. This finding is further supported in considering the outcomes of risk assessments across the two years set out in Diagram 6.6 below which shows that, whilst as indicated earlier, there has been an increase in the numbers of concerns raised (Diagram 6.4) the percentage of concerns assessed as being At Risk has remained consistent across the two-year period. Whilst Diagram 6.6 indicates an increase across the two years in the % assessed as being AT Risk in Magilligan, this difference may be at least partially accounted for by the additional Covid19 risk assessments in 2021/22 referenced above.

Diagram 6.6: % of SPAR Evo Risk Assessments with an Outcome of At Risk



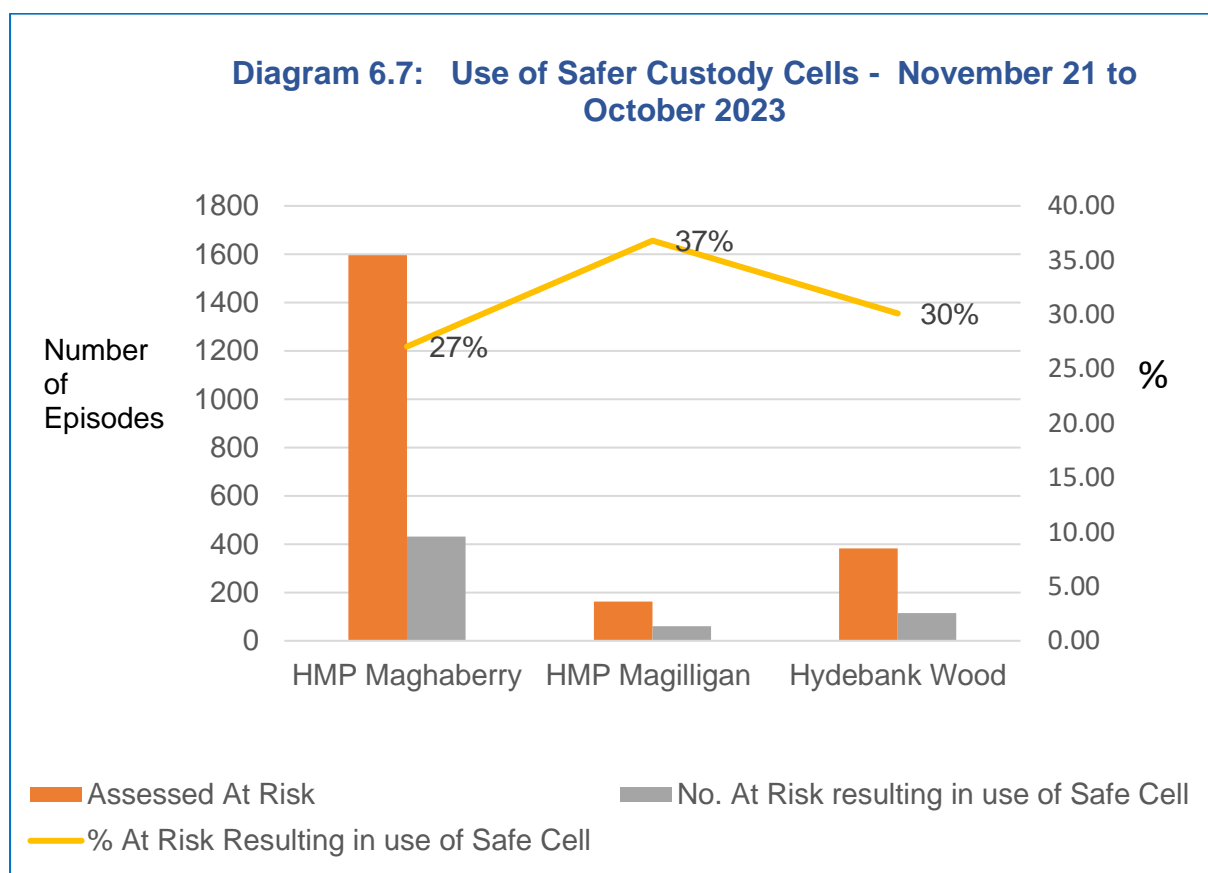
Whilst the data suggests that the thresholds for raising concerns under SPAR Evo are consistently established across the prisons, there is a high % who are overall assessed as No Apparent Risk and NAR+. The Review Team were advised that reception risk assessments account for a fair number of concerns raised and that in response to Ombudsman recommendations, staff are trained to raise a concern where someone’s behaviour changes, a bad letter received etc, not just where a threat to self-harm is made or a self-harm act happens. NIPS further informed the Review Team that the point of a concern is to give staff a vehicle to formally respond when something may seem “a bit off” at least and that very often the person does not have a “need” which is why overall NAR is the greatest proportion.

Whilst acknowledging this, the Review Team was also made aware that people in prison may use the SPAR Evo approach as a means of having issues addressed such as with their medication or use the process to get access to goods such as cigarettes, welfare cards or to the tuck shop. This may contribute to the high percentage who are then assessed as No Apparent Risk or NAR+. The Review Team believes that it is timely to look at the data further to identify if there are themes and trends and any learning from this which could potentially lead to a focus on pre-emptive and preventive measures being established. This could further help inform training and guidelines to staff in informing their decisions in raising a concern under SPAR Evo.

Recommendation 1: NIPS undertake an analysis of the individuals who are assessed as having No Apparent Risk or NAR+ to identify themes and trends and any learning from this which could potentially lead to a focus on pre-emptive and preventive measures being established. This could help inform training and guidelines to staff in informing their decisions in raising a concern under SPAR Evo. This should be subject to regular review and evaluation.

Looking further at the SPAR Evo risk assessment outcomes the Review Team considered the numbers which resulted in an individual being detained in a safer cell. It is noteworthy that less than 4% of concerns raised resulted in a decision to place someone in a safer cell. The Review considered further the use of safer cells for those assessed as being At Risk. This is set out in Diagram 6.7 below.

Diagram 6.7 indicates that for those assessed as meeting a threshold of being At Risk the threshold for the use of a safer cell is appropriately higher again, with a minority of those assessed as being At Risk consequently being placed in a safer custody cell – 28% overall. Whilst there is no means to the Review Team of benchmarking this data against other prison settings, overall, this, along with feedback from individuals with experience of being on SPAR Evo care plans, would suggest to the Review Team that decision making by staff is generally appropriately individualised and person centred and not tending to more risk adverse decision making.



As noted above an improvement in SPAR Evo over the previous SPAR approach is the change to the risk assessment with the additional outcome option of NAR+ Referral/other actions. The Review Team can clearly see the advantage of this additional outcome in widening the options open to staff at reviews, in responding to individuals assessed and expressed needs and in promoting consideration of additional supports to those individuals who are not assessed as being At Risk.

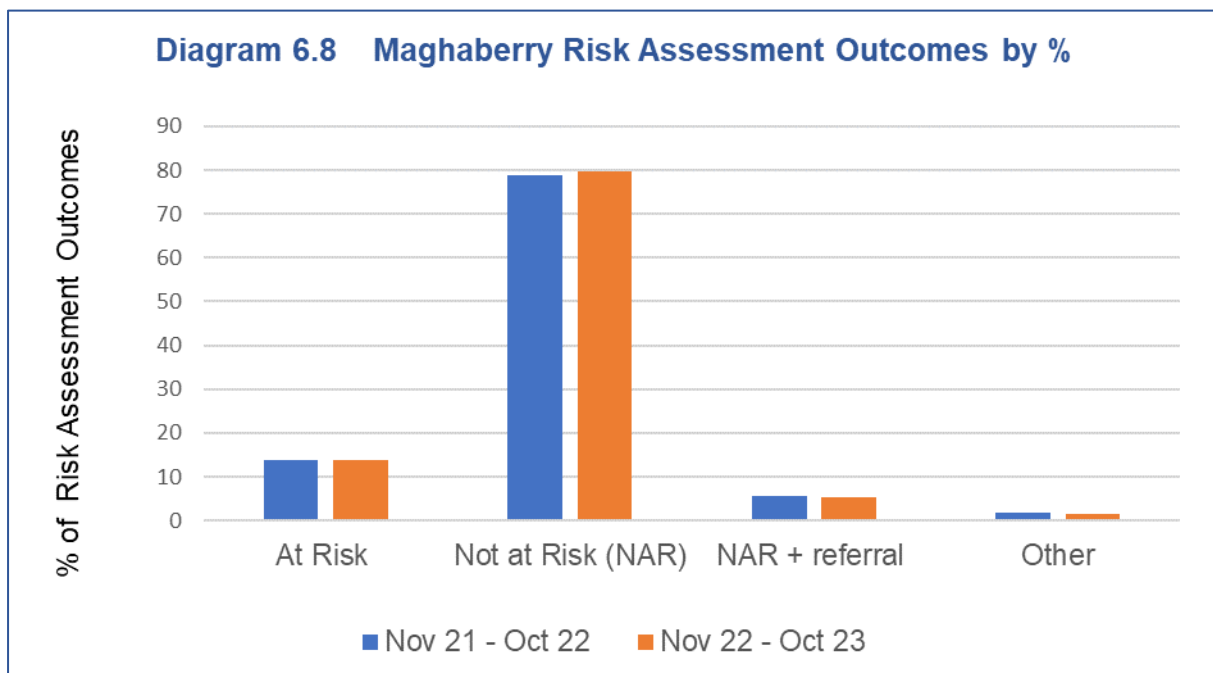
The Review Team collected data across the individual prisons on the use of NAR+ Referral/other actions which is set out for each prison in appendix 3. As indicated in

Diagram 6.5 approximately 10% of risk assessments have an outcome of NAR+ Referral/other actions.

When this is considered by individual prison then the percentage for Maghaberry is lower again, as shown in Diagram 6.8 below, where the numbers are consistent at 6% of assessments across the two 12-month periods with an outcome of NAR+ Referral. The Review Team, whilst mindful of the NIPS comment that often an individual placed on a SPAR Evo does not have a “need”, would view that overall, this is a low percentage resulting in a NAR+ Referral/other actions. The data for Maghaberry can be contrasted with Hydebank Wood where the data is 38% of assessments in Nov 21 - Oct 22 and 26% of assessments in Nov 22 - Oct 23.

The Review Team would view that the lower number of risk assessments resulting in a NAR+ Referral particularly in Maghaberry and to a lesser extent in Magilligan, may reflect either a lack of capacity in services and supports to refer to in these settings or a different threshold in making referrals to services and supports, or both. The Review Team were advised by NIPS that Training has been provided to SOs and some Governors in the last quarter of 2023 to address this and other issues. Overall, this data would suggest that referral rates may be low, particularly in Maghaberry and it would be important that this was explored further.

Recommendation 2: The Safer Custody forum should undertake a review of No Apparent Risk outcomes in Maghaberry to understand the lower use of NAR+ Referral/other actions. This would include getting feedback from staff on reasons why NAR+ Referral/other actions is not used more often and to assess to what extent pathways to and engagement with community and voluntary partners within the prison setting are being utilised within SPAR Evo approach.



The Review Team notes and commends the higher levels of NAR+ Referrals in Hydebank Wood (appendix 3) and the range of supports available to people in this setting whilst also observing that the numbers of NAR+ Referrals has reduced over the two years which may be indicative of increasing numbers of people detained in Hydebank Wood and the impact this is having on resources.

SPAR Evo Care Plans per Individual.

The final aspect of SPAR Evo data that the Review Team considered is the numbers of SPAR Evo care plans per individual detained in prison over the two-year period. This data is summarised in Diagram 6.9 below with a more detailed breakdown of the data provided in appendix 3.

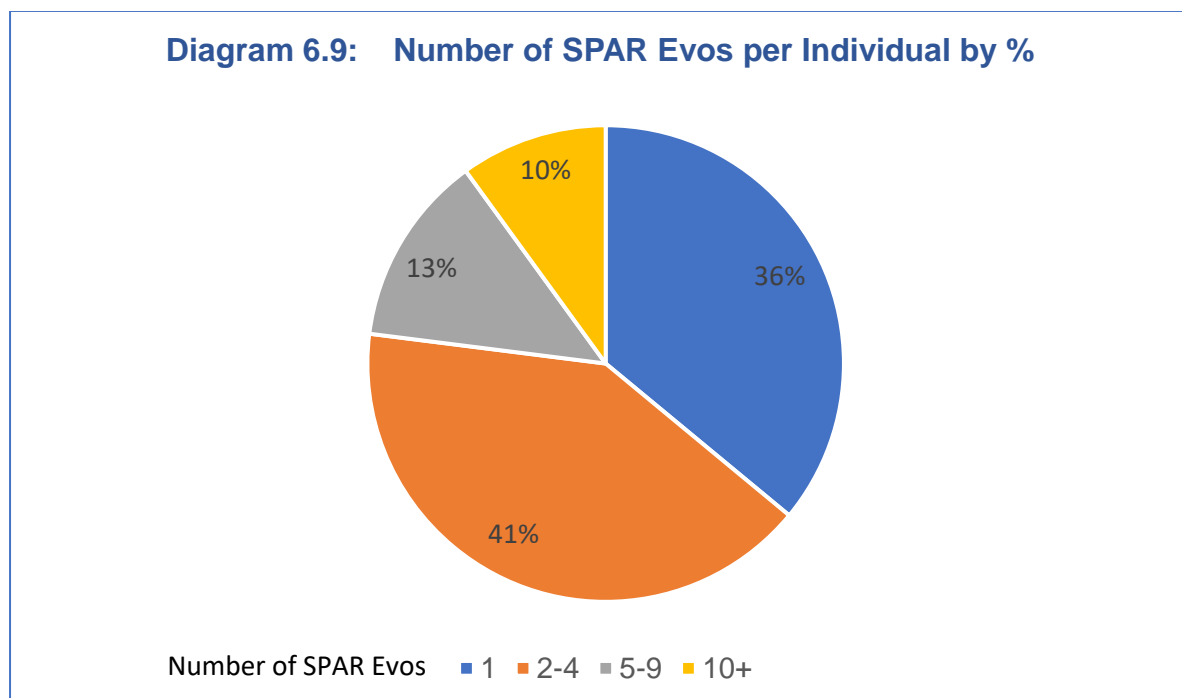


Diagram 6.9 shows an analysis of SPAR Evos care plans over the two-year period broken down by numbers per individual person. This indicates that of individuals who had a SPAR Evo care plan initiated during this period, 36% had one care plan, whilst 10% had ten or more. Overall, this indicates that for individuals for whom SPAR Evo care plans are drawn up, the approach is broadly effective in resolving issues for over one third of people with a single care plan and in over three quarters with four or fewer care plans. Whilst the Review Team recognises that there are other factors which will influence these statistics, particularly people released from custody, we nevertheless view that taken along with the qualitative feedback received from individuals detained in prison that this broadly supports that the SPAR Evo care planning approach is working to achieve satisfactory outcomes for individuals.

At the other end of the scale Diagram 6.9 indicates that 10% of people supported through SPAR Evo had 10 or more care plans over the two-year period. Within this 10% a small number of individuals had significant numbers of care plans. Four individuals had 213, 187, 155, & 132 SPAR Evo care plans respectively and another twenty-seven individuals had between 20 and 60 care plans. Engagement with NIPS indicate that the four individuals, not unexpectedly, are recognised by prison management as having highly complex needs. Whilst the crisis support provided through SPAR Evo is an essential element to helping ensure immediate safety, this would indicate that as a strategy for responding to the needs of these more complex individuals it may not on its own be a sufficient approach.

Recommendation 3: NIPS and SEHSCT should review the approach to supporting the small number of individuals who are frequently in crisis with a view to revising the approach to their case management jointly across prison care and Healthcare in Prison to respond to the needs of these individuals more effectively. A bespoke case management approach could also involve Community & Voluntary Sector services that the person may be engaged with and, where appropriate, family.

7 People in Prisons' Experience of SPAR Evo

The previous SPAR approach had been criticised by a number of prison inspection and review reports as being too process-driven and not person-centred.

The SPAR Evo approach aims to be person-centred with an emphasis on the individualised care of the person, through engagement, to understand what is causing the distress, and the provision of tailored support to address that distress.

Engagement with people in prison who have been supported through SPAR Evo to hear how they experienced the approach was therefore essential to the Review Team's evaluation of the SPAR Evo arrangements.

The Review Team met people in prison from Maghaberry, Magilligan as well as women and young men in Hydebank Wood College. This engagement aimed to collect in-depth qualitative feedback through individual interviews undertaken by the Review Team using a semi-structured interview approach. The Review Team co-worked these to allow one person to lead the interview at any time, whilst their colleague recorded. The individuals met with the Review Team of their own volition. All had experience of SPAR Evo and were at a stage where staff assessed they could talk with those individuals assessed as having no apparent risk.

Each prison was visited on two occasions with the Review Team interviewing 13 individuals overall (summaries of individual interviews are included as appendix 4).

Timeliness of Support

Individuals largely felt that the application of SPAR Evo had been timely for them. Two people said they had been asking for help for a week or more and described how an

act of self-harm was the catalyst for the application of SPAR Evo. Others said that staff had noticed they were struggling and needed extra support for a time with one commenting that:

'They knew me and knew something was up.'

One other person felt that the application of the SPAR Evo approach was some time after he felt he needed support. He said that he had been asking for help for a week before taking matters into his own hands. He said he cut himself with a plastic knife and that the response then was immediate. He felt the help from the opening of SPAR Evo was then *'very good.'* He described how he was referred to ADEPT and went onto develop new work practices.

Others informed the Review Team that they had cut themselves so that a SPAR Evo care plan would be instigated as a means for them to be *'heard'* or *'listened to'*. They reported that they felt this was the only option available to them to try to have their needs met. This was summed up by one woman who said;

"When I cut myself it's kind of like, cut yourself to be heard, and it shouldn't have to come to that. After a SPAR review you are taken away from safer custody – if you're taken off SPAR there needs to be a stronger follow up to help you."

One woman spoke positively that that she has been part of a group in Hydebank Wood led by a psychologist which looks at mental health. She reported that this has been very helpful for her and other women. It gave her an understanding of her mental health and wellbeing and enabled her to ask for what she needed without self-harming. The Review Team commends this type of preventative and person-centred initiative.

Quality of Staff Support

A number of those interviewed felt that the SPAR Evo arrangements were conducive in helping them to engage with staff. There were a few people in prison who commented:

"The contact with staff on the landing can be a problem- if you had a row with an Officer earlier in the week then you won't trust them to have a talk with."

'It's more public to talk on a landing.'

The quality of relationship between NIPS staff and people in prison was overall described favourably by more than half of those interviewed :

"The staff go out of their way to help"

"The older staff are kinder."

"Sometimes it's easier to talk to female staff, but they are not always on the landing."

"There were Officers who went the extra mile to talk to you.'

Staff like ___ talk to you like a normal person."

"The staff got me stuff from the tuckshop-fair play to them."

"I was on a SPAR for 2 to 3 weeks and the staff were very helpful."

Many of those interviewed also described that they had felt listened to by staff which was clearly of importance to them with comments;

“It was good, I was listened to and everyone worked fast to help me, I got a new job at the end of SPAR Evo and that helped too.”

“I knew I was being cared for.”

“The S.O. was very good- he explained everything.”

“The staff were caring and compassionate.”

“Safety and Support team have done wonders for me. Patient with and persevered with meit would have been good to see mental health a bit quicker.”

“I would give the safer custody staff 15 out of 10....other staff can look at you if you self-harmed and tell you’re an idiot.”

One man raised the issue of medication reduction impacting on him. He reported that he would be able to manage this better if there was better interaction/ understanding and planning with medical staff.

Another man indicated that whilst the quality of staff support was good that he, *“would be glad of a bit more follow-up rather than the process just ending”*.

Understanding and Involvement in SPAR Evo

When asked if the SPAR Evo approach had been explained to them, individuals generally indicated a good understanding of SPAR Evo with most saying that they had received a clear explanation of what being placed on a SPAR Evo meant for them with one individual commenting;

“I was sat at a table, and it was explained to me. I had it all back to front before that, never knew what it was. I was also given stuff to read”.

The majority of those interviewed also spoke positively about their experience of SPAR Evo reviews, indicating that they felt listened to and were able to participate in the review meetings with comments such as:

“I was able to say what I wanted and also I had a few questions I got asking.”

“The staff member and medic came and explained everything. I was allowed to put my own clothes on for the review. The people at the meeting asked me how I was, where was my mind. If it wasn’t for this help I’ve been given I don’t know where I would be...I may not be here.”

“The staff were listening, not just ticking a box. The mental health nurse came a few times and that helped me too. Staff just sitting and listening, that helped.”

One person said however there were too many people at his review meeting and that this felt *‘overwhelming.’* This comment was in relation to a review where the person reported nine people attending the review. This person also explained that they had been suicidal and had come through that state into a more stable place

Another said *“These review meetings were redundant, my view didn’t count- it made me feel infantilised and redundant.”*

One person commented that it would have been preferable for him if a mental health practitioner had been at his review.

Recommendation 4: SPAR Evo review arrangements should be sensitive to the needs of the individual, taking into account how they can best be conducted to support the individual to feel at ease and be able to participate fully in the review.

Safer Custody Cells

Safer custody cells are used to accommodate individuals arising from a concern raised under SPAR Evo where they are considered to be at risk of suicide or serious self-harm. These cells are designed to make the act of suicide or self-harm by ligaturing as difficult as possible. It is intended that they should be used for as brief a period as necessary. Data indicate that less than 4% of concerns raised result in a person being placed in a safer custody cell. (Section 6).

Individuals were asked about their experiences of safer custody cells. One person said;

“the safer cells are bad- the clothes, the mattress, you’re freezing.”

Another person said that the safer cell was *‘isolating and cold’* and that the *‘checking you through the door was impersonal’* and in his experience *‘more talking to me would have been better.’*

One person felt strongly that the decision to place them in a safer cell was wrong:

Wasn’t a good experience. I asked to be left and the search team dragged me across to the safe cell. Safe cells are demeaning. Decisions needs to be more personalised – a lot of people ticking boxes.

Whilst individuals spoke about their understanding of the protective use of anti-ligature clothing, several found the experience of wearing anti-ligature clothing as *‘traumatic’*. One woman in prison felt her dignity was compromised by the use of these clothes. Another commented;

“I felt lonelier, not having my own clothes was harsh, you’re not getting any better being watched through a door.”

The vigilance of staff was affirmed by one person who told the Review Team that he tried to cover the camera in the safer cell and that staff were in the cell ‘in seconds’ to remove it. This person said he had previously told a nurse he was intent on suicide.

One individual reflected positively on the use of the safer custody cell as giving him *‘a bit of space’*, managing what he described as *‘out of control anxiety’*.

Several individuals said they were in the safer custody cell for up to three days and were unclear that they could use facilities outside the cell during that time.

The Review Team understand that those individuals placed in safer custody cells are given an explanation on facilities which are open to them outside the cell. The Review Team see this as part of the process to keep under review through the recommendations outlined in the staff development section. This also includes monitoring the efficacy of the SPAR Evo electronic monitoring through PRISM. This forms an important part of care plan reviews.

The Review Team visited a number of safer custody cells across all prison sites and discussed their use with NIPS and Healthcare in Prison staff. The Team picked up some ambiguity in how some staff in NIPS and Healthcare in Prison staff discussed the purpose of the safer custody cells. Several said that the cells were not meant to be pleasant, inferring that a person placed there would not want to stay for any length of time in an uncomfortable environment. The majority of staff interviewed spoke with clarity and understanding of the values underpinning SPAR Evo. The exploration, explanation, and affirmation of the value base of this work is also territory to revisit through staff development activities as well as the normal supervisory practices that exist.

The Review Team also noted variation in the quality of the physical fabric of safer custody cells. Whilst all struck the Review Team as austere in design and feel, several appeared unclean with worn out fixtures and fittings.

Recommendation 5: The fabric and cleanliness of the safer custody cells sites is reviewed across each prison establishment to create and maintain a consistent standard for this environment.

SPAR Evo Signifiers

In one establishment magnetic stickers were used throughout the day on cell doors to signify the individual was on a SPAR Evo. This can be stigmatising and draw unwanted attention to the individual, with one person commenting that;

“The red badge on the cell door is like a magnet”

The Review Team were assured by NIPS that if this is happening it contravenes SPAR Evo procedures that such signs are used at night-time to assist night staff and that they should only be displayed after evening lock up and removed before morning unlock.

Family Involvement

A core objective cited in the NIPS and SEHSCT Joint Suicide and Self-Harm Risk Management Strategy (2023) is to ensure a person-centred approach is the explicit aim of all services in mitigating the risk of suicide and self-harm by encouraging family engagement with consent. This is also a recommendation in **September 2022: NICE Guideline 225 Self-harm: assessment, management and preventing recurrence**, which stresses that the person’s response to whether family should be involved is regularly reviewed and it is an underpinning element of the recently published SHARE NI Guidance on Consent, Confidentiality and Information Sharing in Mental Healthcare and Suicide Prevention (DoH, 2023) [SHARE Guidelines Northern Ireland | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/share-guidelines)

Appropriate involvement of family can be important in supporting individuals through a crisis. The intention under SPAR Evo is that individuals are asked if they would like their family to be notified at the point in which a concern under SPAR Evo is opened. The individuals interviewed by the Review Team were questioned on whether they were asked about their family being involved. The responses to this varied. Some of

those interviewed said they did not want their family to know there was heightened concern about their welfare and that they asked staff not to contact their family members.

“I didn’t want them to be worried about me” characterised some responses. One person said, *‘my family are the cause of my problems and its best for me to stay away from them because they are bringing me down.’*

Several added that they did not want family to know as they anticipated the SPAR Evo to be temporary and something they felt they would move beyond relatively quickly; *“I just didn’t want them worrying about me I knew I would be ok.’*

One person said they did not have any family to communicate with. A few said that they were not asked by staff if they wanted a family member(s) involved. This contradicts the SPAR Evo approach and underlines the importance of clarifying and reclarifying the wishes of individuals at all stages throughout the process.

NIPS and Healthcare in Prison staff interviewed by the Review Team acknowledged the importance of family support. The Review Team understands that within SPAR Evo the requirement is that all persons at risk should be asked if they wish a family member to be notified that they are being cared for through the SPAR Evo approach. The Review Team believes that the possibility of family involvement should be a consistent feature of dialogue with the vulnerable person raised at each review and in other moments that seem timely.

NIPS has a range of community and voluntary sector partners. The Review Team had opportunity to meet representatives of NIACRO and Start 360. These organisations are well placed to help with family work and wider supports. Finding opportunities to involve them in SPAR Evo training may be another way to open dialogue about how they and other partners can further contribute to the efforts of NIPS and Healthcare in Prison.

Women in Custody

The Review Team interviewed women in custody as well as staff involved in their care.

One woman described how her care plan and experience of SPAR Evo led to her participation in what she described as a ‘mental health group’ stating;

“it was very helpful when you are with others that have similar problems and you hear people saying similar things and I think this helped prevent more self-harm.”

This person also said that;

“Having to repeat my story over and over again was hard for me as it brings up a lot of stuff that is hard.”

Another woman said she felt stigmatised by the use of a sign on her cell door to indicate she was on a care plan including at that time SPAR Evo.

The processes of SPAR Evo for women, including initial training should reflect the priorities in Supporting Change – A strategy for women and girls in or at risk of contact with the justice system (a multi-agency justice wide strategy for Northern Ireland 2022-2029). Priorities 7, 8 and 9 under ‘In and Beyond Custody a fit for purpose,

rehabilitative, restorative, therapeutic custodial environment for women', should be clearly reflected in SPAR Evo. Priority 8 refers to a gender and trauma informed environment and workforce focused on the holistic needs of women. The Review Team believes that gender informed approaches to SPAR Evo should continue to be monitored to ensure that staff possess the knowledge and skills in working with vulnerable women to appropriately address their needs. This should include reviewing training materials.

The opportunity to design trauma informed and psychological health approaches into SPAR Evo is reflected in the section on training.

8 Prison Support

Person Centred Care & Support

Implicit to the application of SPAR Evo is the value of the person-centred approach focussing care and support on the individual needs of each person in prison. In engaging with staff, the Review Team looked for evidence that they were using this approach in the application of SPAR Evo.

As noted in section 7 feedback from people in prison was generally positive. Most of those interviewed felt they were cared for and about, as individuals during the SPAR Evo approach. They said that the quality of information and explanation they received was high, and that they felt involved in reviews. Some were effusive in their praise of individual officers who were regarded as '*going the extra mile.*' Phrases like '*treated me as a human*' and '*took time to listen to me*' were used.

The Review Team were impressed with the strong ethos of prevention and early intervention and strong leadership displayed by the staff team in Bann House, Maghaberry, the Safer Custody Team at Magilligan and the Safer Custody Team in Hydebank Wood. They conveyed a focus on compassionate and meaningful engagement and activity based on individual needs. The Review Team felt that there were consistent high standards of practice.

The practice examples of the work being done to support vulnerable people in prison, also resonates with 'Take 5 Steps to Wellbeing', the set of evidence-based public health messages aimed at improving the wellbeing of the whole population. It is based on the Five Ways to Wellbeing developed by the New Economics Foundation (NEF) as the result of research undertaken as part of the Foresight Project on Mental Capital and Wellbeing (2008)². NEF states that if practised regularly the Five Ways to Wellbeing³ will contribute to improving personal wellbeing. The Review Team suggest that NIPS and Healthcare in Prison consider how their practices align with this,

The Review Team feel there is an ongoing challenge to monitor how the person-centred focus in SPAR Evo sits alongside the need on occasions to use control and

² Foresight Mental Capital and Wellbeing Project (2008). Final Project report. The Government Office for Science, London.

³ New Economics Foundation (NEF). (2008). Five ways to wellbeing: The evidence. London. nef

compulsion to keep someone safe. This has implications for how person-centeredness is experienced by individuals. A number of staff also reflected on how they felt human rights issues were heightened when working with vulnerable people. The Review Team affirm that human rights principles continue to form part of recruit training and are included in all forms of professional development in this area.

Person Centred Language

In engaging with staff across the three prisons the Review Team was impressed by the skill and sensitivity with which staff shared their experiences of supporting vulnerable people in prison. The Review Team acknowledge staffs' use of language and the way they respectfully described people in prison. The use of language is one of the key ways in which organisations reveal the authenticity of any claim to be person centred. Training and refresher training in SPAR Evo should emphasise this and draw attention to how language also has the capacity to dehumanise, stigmatise and discriminate. Language is a form of action and the person-centred language the Review Team heard staff use is fundamental to the dignity of people in prison.

The Review Team highlight this as it places SPAR Evo as one key process that is located within the broader requirement that NIPS staff operate within a framework of person -centred approaches. The relational quality that we heard people in prison and staff independently describe is both hopeful and a template that may be disseminated across wider groups of staff. As referred to earlier some of those interviewed discerned a more personal 'meaningful' contact with safer custody staff compared to usual contact with staff on a landing.

Response to Need

A number of staff interviewed by the Review Team whilst speaking very positively about the SPAR Evo approach also referenced a view that some people in prison used the SPAR Evo approach as a means of 'manipulating' the care process to get what they wanted. This view extended to both prison and healthcare in prison staff.

On exploration with staff this was attributed to the person in prison having issues such as, with their medication regime, which they wanted to have addressed or using the process to get access to goods such as cigarettes, welfare cards or to the tuck shop.

As indicated in Section 7 this is to an extent borne out by some people in prison who, for example, indicated that they had cut themselves so that a SPAR Evo would be raised within which they would then be 'heard' or 'listened to'. They reported that they felt this was the only option available to them to try to have their needs met. One interpretation of this is that it represents a form of manipulation, a way of trying to bypass normal procedures.

It is apparent to the Review Team that both staff and people in prison share some frustration regarding this perception of the SPAR Evo approach. However, whilst acknowledging that this can cause a sense of frustration, staff also reflected to the Review Team that maintaining high standards of practice steered them away from creating a hierarchy of need among those people whose needs were being addressed by a SPAR Evo care plan. NIPS staff are trained to take every statement of intent to self –harm, seriously and that such statements are regarded as indicators of need. The Review Team commends this.

9 PECCS

The Review Team met staff from the Prisoner Escorting and Court Custody Service (PECCS), on three occasions including spending a morning at the Laganside Court facility. The Review Team were impressed by this custodial suite and the knowledge of the staff met there. The Review Team did not visit other courts.

PECCS interventions are at the start of the committal process. PECCs staff confirmed that they have been trained in SPAR Evo at the Prison College. All NIPS recruits receive the same SPAR Evo training regardless of their role. PECCS staff also receive training on how to apply the risk assessment tool within the Care and Custody app which links all entries to PRISM. The Review Team were advised that it is only those courts with digital infrastructure where the app can be used-otherwise paperwork is needed to risk assess all new committals.

PECCS staff also have to satisfactorily pass an assessment in their initial training based on safer custody issues within a court setting. The Review Team commend this specificity training and believe that this training bears further examination to consider how it may continue to be modified for the PECCS environment.

Court custody and the transport work from court to prison presents its own challenges in managing a person at risk. The Review Team note that there may be heightened levels of emotional responses from people in this environment.

Some PECCS staff commented that verbal communication at handover from PECCS to custodial staff also had value

“it’s all very well having information on PRISM but you also have to talk to someone when you get the prisoner to the prison.”

It was unclear how rigorous this is and what value it adds. The nature and structure of verbal ‘handovers’ is worth further examination to check alignment with written/digital information and ensure consistency of practice.

10 Health Care in Prison

Healthcare in Prison Arrangements

Healthcare in Prison is described by SEHSCT as an Integrated Primary Care model delivered by a multidisciplinary team of healthcare professionals to address and support the mental health, physical health and substance dependence needs of people in prison. There is a strong focus on public health and wellbeing initiatives and collaboratively working with NIPS staff and community and voluntary partners commissioned to provide services within prisons. The team also works closely with service providers in all five Health and Social Care Trusts.

The Healthcare in Prison Team objective is to provide care that is broadly equivalent to that available within community GP led health centres and community secondary care mental health and addiction services.

All people newly committed to prison are offered a face-to-face mental health triage by a mental health practitioner (Registered Mental Health Nurse/ Occupational Therapist or Social Worker). NICE guidance NG66 recommends that a mental health triage should be undertaken within seven days of committal if concerns are identified at the committals assessment stage. This triage consists of a mini mental state consultation to determine current risks and the requirement for a full mental health assessment either on an urgent or routine basis. It also allows people to be signposted to other appropriate services to meet their needs in line with the stepped care model of service provision.

Stepped Care Model

SPAR Evo operates within a wider system of care that is essential both to its effective operation and to overall considerations of improving outcomes for vulnerable people in prison custody. In line with best practice guidance and policies it is important that suicide and self-harm risk is managed in the context of a broader continuum of activities and interventions that are designed to promote positive mental health and well-being, are recovery focussed and reduce stigma. This is the vision of the NIPS and SEHSCT, Joint Suicide and Self-Harm Risk Management Strategy (July 2023). This important Strategy sets out objectives which include a whole prison, preventative approach to health and wellbeing that maximises opportunities for collaborative working.

In Northern Ireland the You in Mind (2017) Stepped Care model, Diagram 10.1, sets out a comprehensive framework which can be applied to the prison setting and can crucially highlight where there are opportunities for strengthening collaboration and gaps in provision that are needed to mitigate and manage risk within the prison environment.

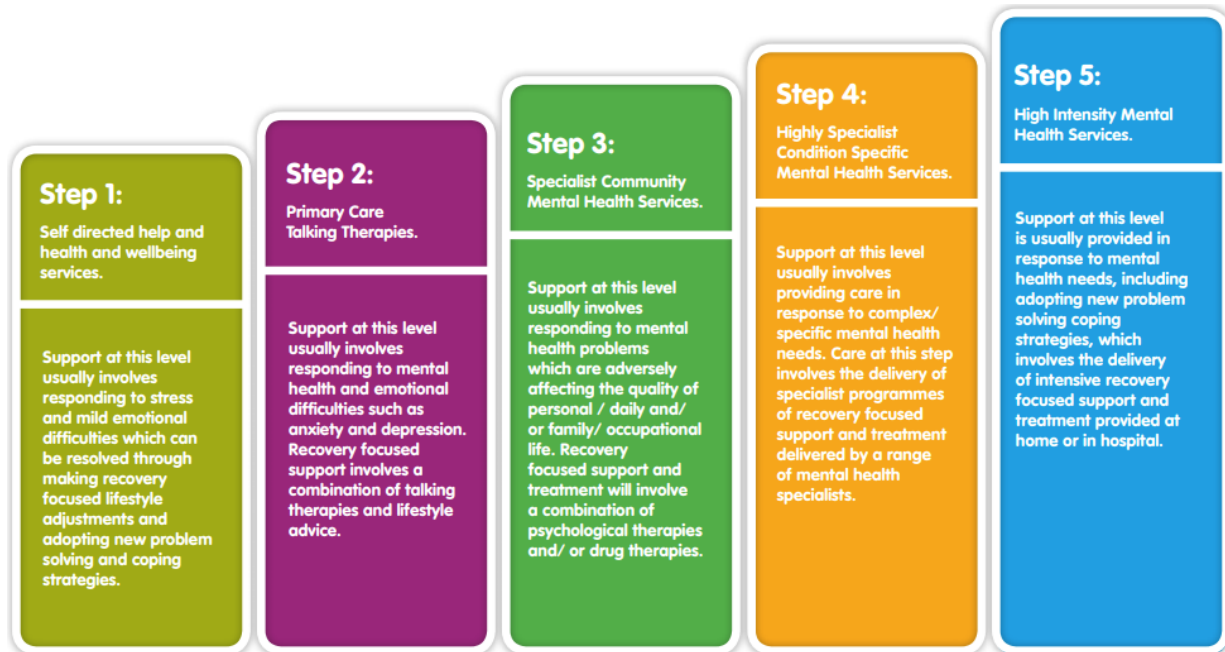
Step 1 The foundation level requires a collaboratively owned 'Whole Prison' approach; providing preventative self-help information, advice, guidance and signposting to relevant health and non-health supports including:

- Providing self-help information and advice for use across the establishment (including TAKE 5 messaging);
- Providing mental health and suicide awareness training for prison and healthcare staff at agreed intervals;
- Co-delivering suicide awareness training with people with lived experience to individuals in prison;
- Participation in establishment wide health promotion events
- Developing a prison-specific collaborative Wellbeing and Safety Plan
- Promoting access to activities likely to support them including; Purposeful activity (all forms of workshop employment), Orderly roles, Charity Support, Education, Physical exercise, Listeners/ buddies, General programmes of wellness support, Chaplaincy, Samaritans and other telephone support services, Meditation, Drama, arts and music, Gardening (where available), Pet Therapy

Step 1 provision involves significant support delivered by NIPS and other Community and Voluntary Sector providers. Staff and individuals in prison interviewed in

Maghaberry informed the Review Team of the importance of the Donard Centre activities listed to their wellbeing and recovery.

Diagram 10.1 You in Mind Stepped Care Model



Step 2 Interventions are for those with mild to moderate mental health needs (e.g., anxiety and depression). These include:

Care delivered may be structured through a mixture of one to one and group work activities. It is expected that between 1- 8 face to face sessions would be appropriate at Step 2.

The prison mental health team and psychology services will work with the Primary Care Team and the Prison Staff to enable onward referrals and group work sessions to be run.

Step 3 interventions are for those whose mental ill health is characterised by clinical disturbance in an individual's cognition, behaviour and emotional regulation. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning. Recovery focussed interventions provided by the Healthcare in Prison team are generally a combination of psychological therapies, medication therapy and engagement in activities to improve physical, psychological and social functioning which are supported by the whole establishment. Patients in receipt of interventions at Step 3 may require input from the team's consultant psychiatrist who will provide consultation and liaison.

Step 4 Interventions are in response to complex/ specific mental health needs generally focussed on those with more acute presentations either in their illness or risk or both. A range of mental health specialists provide care at Step 4. They will include:

- Daily mental state assessment and review incorporating person-centred risk and safety formulation as part of the TZS Suicide Prevention Care Pathway
- Medication review
- Provision of treatment e.g., Evidence based interventions such as Dialectical Behaviour Therapy delivered by the mental health team

People accessing interventions at Step 4 will be closely monitored by the team's consultant psychiatrist.

Step 5 interventions are intensive and often refer to in-patient care or a period of intensive 'home treatment'. Provision of interventions are as per STEP 4. Assessment, monitoring and review by the consultant psychiatrist is more intensive and may also include requisite documentation being prepared for the patient to be assessed for transfer to a secure inpatient facility or Psychiatric Intensive Care Unit in line with the Transfer Direction Order procedure under the Mental Health (NI) Order 1986.)

It is important to understand that to operate effectively SPAR Evo arrangements require that individuals in crisis receive support from across these levels of care appropriate to their assessed needs, through a "whole prison" approach to supporting people at risk. So, for example, individuals requiring healthcare input at Step 3 or 4 will also require access to the "whole prison" supports and interventions at Steps 1 & 2 to support them in their recovery.

SPAR Evo Healthcare in Prison Input

A key task for the Review Team is *"to assess the effectiveness of input from Healthcare in Prison"* within the SPAR Evo approach. The Review Team engaged with primary and mental health care staff across the three prisons sites and with the Healthcare in Prison senior leadership team.

The Review Team found that both Healthcare in Prison primary care and mental health teams have clearly identified and understood roles and involvement within the SPAR Evo approach across all steps of care. Collectively staff from these teams contribute to initial assessments, reviews and care planning undertaken under the SPAR Evo procedure. Primary care staffs' involvement is primarily at the initial assessment and decision making following where or when a concern is identified at the point of committal. Primary care staff work in Reception at Maghaberry and contribute to initial risk assessments determining if an individual's needs should be addressed using the SPAR Evo approach.

Mental Health staff aim to attend all initial SPAR Evo assessments where the person is open to the mental health team or is known to have a history of mental illness. Mental Health staff attend care plan reviews for those individuals who have been assessed as being "At Risk" under SPAR Evo at initial assessment. Healthcare may be represented by primary care at care plan reviews taking place in evenings or at weekends (primarily in Maghaberry) as mental health staff are not on a seven-day rota. However, the Review Team were advised that the SEHSCT have implemented an on-call system for the mental health team to support staff to attend care plan reviews particularly those where the individual is open to the mental health team. This forms part of the operational on-call management system.

Health Care staff alignment with SPAR Evo Approach

The Review Team found that healthcare in prison staff are invested in the SPAR Evo approach with teams commenting positively, believing it to be a more person centred and individualised approach than the previous SPAR. Staff expressed that overall, the SPAR Evo approach works well, judging it as being better quality than the previous SPAR approach.

It was evident to the Review Team that healthcare staff, whilst viewing SPAR Evo as being led by the prison service, are committed to the partnership working in the SPAR Evo approach, expressing their experience that their inputs and contributions to decision making are taken on board and valued by prison staff.

Healthcare staff view that individuals are appropriately supported within the SPAR Evo approach and expressed that they are encouraged to communicate and connect with their families. Review meetings are viewed by healthcare staff as very good with the length of reviews depending upon the needs of the person in prison.

Healthcare in Prison aim for every person coming into prison custody to receive a mental health triage within seven days, and within this the mental health team prioritises triage towards those individuals for whom a concern has been identified under SPAR Evo.

Joint Working

It was evident to the Review Team that Healthcare in Prison and NIPS staff are committed to working collaboratively within the SPAR Evo approach with healthcare staff positively expressing how well NIPS and healthcare teams work together. Healthcare staff clearly articulated a value that joint working and collaborative relationships across healthcare and NIPS is essential to safely and effectively support people who may be at risk of suicide or serious self-harm in prison.

Primary healthcare staff working in Reception in Maghaberry described a “*completely collaborative*” approach where they would speak to the NIPS Officer who initially had interviewed the person in prison, following which they jointly interview the individual leading to a shared decision. The mental health team described good joint working work with the Prisoner Safety and Support Team at the Donard Centre in Maghaberry. Mental health staff in Magilligan and Hydebank Wood reported very good joint working across healthcare and the Prison Safety and Support Team. In Magilligan they described collaborative working where the Safety and Support Team actively follow up on mental health care plans with the individuals in their care providing mental health staff with insightful feedback to help inform future care planning.

Healthcare staff across the prisons expressed that joint working has improved over recent years with a view stated by Maghaberry mental health staff of a need for this to continue to be nurtured and built upon. Healthcare staff stated that there is good communication between prison and healthcare staff. The Review Team believes that the evident positive development of relationships has been supported through joint working on initiatives over recent years such as SPAR Evo, Towards Zero Suicide and most recently the Joint Suicide and Self-Harm Risk Management Strategy. This is commendable and it is important that the leadership of both NIPS and Healthcare in Prison continue to sustain and nurture opportunities for joint working and relationship

building. This theme is developed further in the section on Leadership and Governance.

Healthcare Innovations

The Review was impressed by a range of good practice innovations being implemented by Healthcare in Prison both strategically in partnership with NIPS, and locally by highly motivated practitioners and leads. Strategically this importantly includes the development in 2023 of the Joint Suicide and Self-Harm Risk Management Strategy by the SEHSCT and the NIPS.

It is commendable that the Towards Zero Suicide (TZS) programme, set up under Northern Ireland's Protect Life 2 suicide prevention strategy, has a specific healthcare in prison resource and workstream. TZS in prisons is a joint programme between NIPS and healthcare in prison, with NIPS staff and Governors having significant input to the suicide prevention awareness programme and other initiatives. The TZS Healthcare in Prison Service Improvement Manager shared with the Review Team the TZS Regional Action Plan 2023 – 2025 which sets out a broad range of actions and initiatives including those for implementation within Northern Ireland's prison settings. The Review was advised that the SEHSCT is partnering with MerseyCare NHS Foundation Trust in joint and shared learning in improving patient safety using a Zero Suicide approach. The Review Team was advised that TZS is currently testing a co-designed and co-facilitated suicide prevention awareness programme in each prison setting utilising the 'See, Say, Signpost' approach which is jointly facilitated with an Ask HiM Peer Mentor.

TZS is working with MerseyCare Trust to develop this training programme further, specifically for prison settings with TZS further developing the role of peer mentors in this regard. In addition to integrating safety planning, and training planned for staff on a Suicide Prevention Care Pathway, the TZS programme is also working with NIPS and other colleagues to develop a pathway to support people prior to release, and is working to review existing care pathways locally and on a regional basis. Overall, the Review Team was impressed by the scope of ambition for this programme.

Healthcare in Prison management shared with the Review how they are actively reviewing the deployment of their team resources to make more effective usage of the staff available and to improve support to people in prison and improve outcomes.

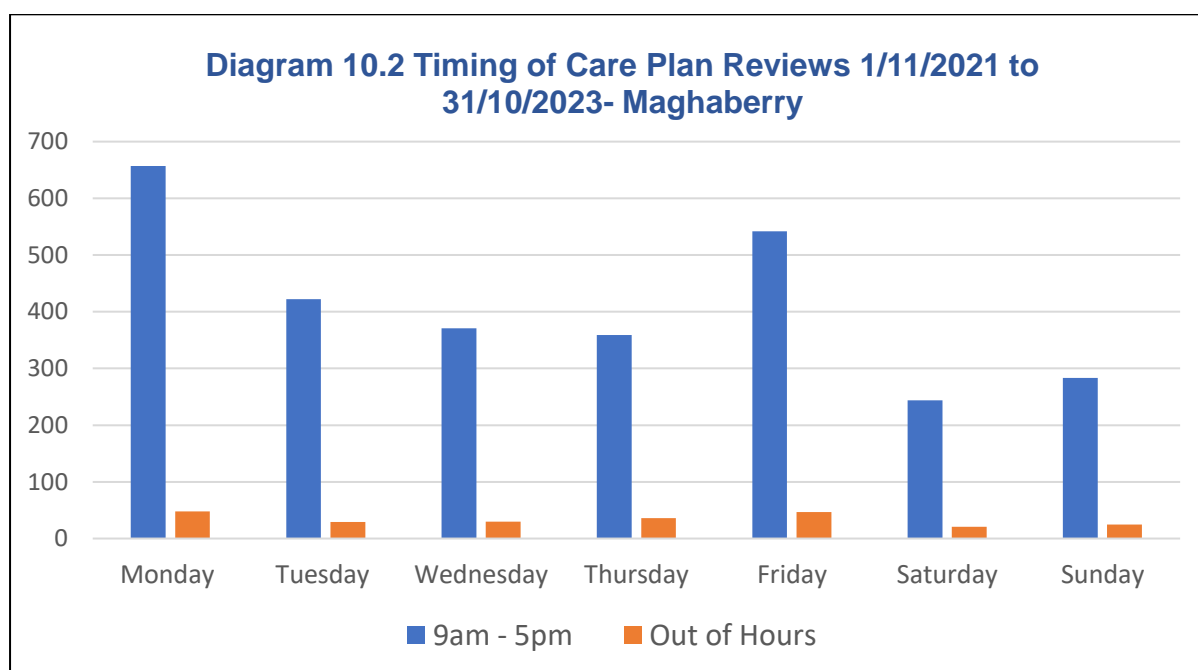
In response to the needs of people with an intellectual disability in Maghaberry the mental healthcare team now provide a specific intellectual disability clinic on Friday mornings. The mental health team in Maghaberry described providing training to NIPS staff on autism awareness in recognition of the numbers of people with autism present in the prison population. The Review Team were also advised of the development of an intellectual disability pathway within Healthcare in Prison with plans to recruit three learning disability specialist nurses to provide screening, 1:1 support and staff awareness training.

The speech and language therapist in Magilligan described attending SPAR Evo reviews to support individuals who have communication difficulties. This is important to supporting these individuals' communications and understanding of what's happening at the reviews and the decisions made.

Prison Health Care - Opportunities for Improvement

The Terms of Reference for the SPAR Evo Review includes for the team “to make practical, good practice recommendations to improve outcomes for people in prison”. A number of practical opportunities for improvement were identified in the course of the Review.

Mental Health Staff Weekend Working: As indicated above the SEHSCT has more recently implemented an on-call system to support mental health staff to attend care plan reviews particularly those where the individual is open to the mental health team. The Review considered the profile of timings of SPAR Evos reviews across the three prisons with the data for Maghaberry set out in Diagram 10.2 below (data for Hydebank Wood and Magilligan are included in appendix 2).



This shows the profile of reviews across the week both in-hours and at other times. It indicates a relatively high level of reviews taking place at weekends in Maghaberry, averaging five reviews per weekend. The Review Team was also advised by the SEHSCT that it is reviewing the deployment of its mental health staff in best meeting the mental health needs of the prison population. The Review would view that this should include consideration of the feasibility of having mental health staff working on rotas over the weekend at Maghaberry rather than as an on-call arrangement. In addition to supporting SPAR Evo reviews providing a seven-day service could potentially contribute to developing the capacity of mental health service to provide the equivalence in Maghaberry of a Mental Health Home Treatment service.

Recommendation 6: The SEHSCT should consider the feasibility of establishing a 7-day rota for mental health staff. As a minimum this would include a dedicated mental

health resource at weekends and bank holidays in Maghaberry with on-call arrangements for the other two prisons.

Input to SPAR Evo reviews: The mental health team in Maghaberry, where some three quarters of SPAR Evo concerns are raised, highlighted to the Review Team the time commitment for them in attending SPAR Evo reviews. Currently they attend all reviews and whilst no data is collected or readily available to substantiate, mental health care staff in Maghaberry estimate that approximately 10% of individuals at SPAR Evo reviews have a secondary mental health care need. They expressed a view that many people on SPAR Evo concerns have needs relating to adjustment reactions or are looking for access to something such as tobacco, rather than having a mental health need at a level requiring their specialist input. Overall, the review was advised that attending SPAR Evo reviews is estimated to require the equivalent of a full-time mental health practitioner each week at Maghaberry. Mental health staff expressed that attendance at reviews, where individuals have no identified mental health needs, may not be the most effective use of their time and skills. They did however recognise the importance of their input to SPAR Evo reviews in helping determine where a newly referred individual has a mental health need and importantly that not all suicidal risk relates to a diagnosed mental illness. The Quality Network for Prison Mental Health Services Standards⁴ under Safety Standard 33 states that mental health staff should attend review meetings for *all newly opened cases, for all the reviews for anyone on their caseload, and where required and relevant to attend.*

Recommendation 7: SEHSCT and NIPS should review and consider adopting an approach to mental health staff attending SPAR Evo reviews, that is in line with the Quality Network for Prison Mental Health Services Standards.

Information and Records: Mental Health staff in Maghaberry described attending SPAR Evo reviews with little or no information on the individuals being discussed. They advised that the mental health team receives a list of names in the morning of the day of the review leaving little time to collect information on those individuals attending the reviews. Concerns were also expressed by healthcare in prison staff on the limited information they have on individuals who are supported on a SPAR Evo as the approach record, risk assessment and care plan are all held on the NIPS PRISM system which is not readily accessible to healthcare in prison staff. This may contribute to a lack of ownership by healthcare in prison staff of SPAR Evo care plans with a view expressed by Maghaberry healthcare in prison staff that these are NIPS care plans. This view will also reflect that most people on a SPAR Evo care plan are not open to mental health services, with their support coming mostly from Donard/ Prisoner Safety and Support.

Where the individual is open to mental health then healthcare staff attending reviews currently need to make separate records of the reviews on the SEHSCT, EMIS patient record system which is both a duplication of effort and a governance concern as different staff involved with the individual at risk are working from different records.

This issue is considered further under Section 13 which looks at records & information sharing.

⁴ [gnpmhs-standards-for-prison-mental-health-services-publication-6th-edition.pdf \(rcpsych.ac.uk\)](#)

Mental Health Service Gaps

The Review's remit includes making "*practical, good practice recommendation to improve outcomes for people in prison*" and the Review Team therefore considered under this remit, identifying any important gaps in mental health care supports, the absence of which might increase the risk of suicide and serious self-harm behaviours in prison. In completing this the Review engaged with the Public Health Agency which is currently completing a comprehensive needs assessment exercise for prison health to help inform the development of a regional service specification for the commissioning of healthcare in prison.

RQIA in its Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons states that the prison mental health stepped-care approach is perceived to offer equivalence to provision within the community as it is essentially the same model of care. It is generally accepted therefore that individuals in prison should have access to a broadly equivalent range of services and interventions, based on need, as the population in the community. The RQIA Review further states that the principle of equivalence pertains to offering the same standard and quality of healthcare but does not require the service model to be identical. This reflects that it would not be feasible or even desirable to attempt to replicate the array of functional mental health teams and services available in the community within a prison setting.

The Review Team reflecting this approach, undertook a mapping of the current mental health and emotional wellbeing supports and services in prison based on the 'You in Mind' stepped care model. This is set out in Diagram 10.3 below.

This mapping exercise is not a comprehensive review of prison mental health service provision, which is outside the terms of reference for this Review, however it does identify important gaps in mental health care supports, the absence of which may increase the risk of suicide and serious self-harm behaviours and lead to poorer outcomes for people in the prison setting.

Primary Care Talking Therapy Services. The Mental Health Strategy 2021 – 2031 has as a priority equitable access to talking therapies for people with common mental health problems at Steps 2/3 mild to moderate mental health problems. These services, which are in the community delivered through talking therapy hubs, provide earlier interventions and help prevent a deterioration of mental health. In the context of the prison setting these would also potentially reduce demand on the prison mental health care team, allowing it to operate more effectively as a secondary mental health care service. The need for more of this type of service was also indicated by a person in prison who stated that, "*Some counselling/ talking would be helpful*". In the community these interventions are provided by a range of community and voluntary sector providers. There is currently a working group under Action 5 of the Mental Health Strategy completing a regional service specification for the future commissioning of these services across N Ireland. Future commissioning of these services should aim to ensure they are available through in-reach working by community providers into prison settings. This is in line with action 5.6 in the Improving Health within Criminal Justice Strategy 2019.

Self-Harm Intervention Services (SHIP). SHIP services are available across Northern Ireland providing interventions to those who self-harm. Referrals to these are predominately from mental health teams working in emergency departments where

individuals present with self-harm. These services are a key response to self-harming behaviours within our population and should also be available to individuals living in a prison setting, within whose population the rate of self-harm is proportionately higher. An effective Self-harm intervention service is also a central component of the Towards Zero Suicide Approach being implemented by the SEHSCT within the prisons. SHIP services are provided by community and voluntary sector providers as commissioned by the Public Health Agency. This is currently being reviewed for re-tendering and re-tendering should include consideration of access to these services for people detained in a prison setting. This is in line with action 5.6 in the Improving Health within Criminal Justice Strategy 2019.

Recommendation 8: SEHSCT should liaise with the Department of Health (SPPG)/ Public Health Agency commissioners of Healthcare in Prison services, to assess the need for and ensure the commissioning of a Step 2/3 Primary Care Talking Therapy Service and a Self-Harm Intervention Service to be available to people in prison.

Diagram 10.3 Mapping of Mental Health and Emotional Wellbeing Supports and Services & Gaps

Step Care	Types of Services	How Delivered in Prison	Key Gaps (?)
Step 5 Interventions are intensive and often refer to in-patient care or a period of intensive 'home treatment'	Inpatient Care, Home Treatment	Inpatient care accessed through referral to external providers via the TDO procedure.	Home Treatment – high intensity model of Care (as a mid-step before consideration of secure inpatient admission.)
Step 4 – Interventions are in response to complex/ specific mental health needs generally focussed on those with more acute presentations either in their illness or risk or both.	Generic and Specialist CMHTs, Crisis Response Services & Liaison Services , Specialist OST services, Psychological Therapy Services	Prison Mental Health Team, consultant psychiatrist (?) , addictions psychiatrist/practitioners; Clinical Psychology Crisis response working incorporating TZS Safety Planning and Suicide Prevention Care Pathway. Addictions OST	Specialist services eg Eating Disorders, Personality Disorders, Specialist ID
Step 3 – Interventions for those whose mental ill health is characterised by clinical disturbance in an individual's cognition, behaviour and emotional regulation	Generic CMHTs, Peer Support C&V Providers – Primary Care Hubs Community Addictions Services	Health Care in Prison Mental Health MD Team, Consultant Psychiatrists MH & Addictions. Consultant Psychologist Addictions practitioners (Supported by Donard Centre /Safer Custody Staff & Peer mentors)	Primary Care Hubs – Talking therapies for Step 3 Common MH problems – moderate severity Self-Harm Intervention Services (SHIP)
Step 2 – Interventions are for those with mild to moderate mental health needs (e.g., anxiety and depression)	Community and Voluntary Sector providers, Digital Mental Health Community Wellbeing Hubs	AD:EPT - Start 360 Peer mentors Nexus Cruse Samaritans	Primary Care Hubs – Talking therapies for Step 2 Common MH problems – mild severity. Self-Harm Intervention Services (SHIP)
Step 1 – The foundation level requires a 'Whole Prison' approach; providing preventative self-help information, advice, guidance and signposting to relevant health and non-health supports	Social Prescribing, Take 5 On-line resources	Samaritans. Prisoner Safety and Support Teams/Donard Patient support Programmes. Peer mentors. MH Awareness groups. AD:EPT, Start 360 , Prison Induction/Bann Unit, TZS suicide prevention awareness programme. Prisoner Education etc *	Consistent approach/services across all three prisons Recovery college approaches Collaborative wellbeing and Safety planning

* To note that this reflects a small section of Step 1 activities available in prison

11 Training & Development

NIPs New Recruits Training and SPAR Evo.

The Review Team considered firstly the initial training received by recruits to all grades in NIPS. In addition to the remarks made about training in the section of the report on PECCS the Review Team draw attention to the following:

- The SPAR Evo training workshop was reviewed last June by Prison management and some adjustments were made to delivery accordingly.
- The content acknowledges milestones in the evolution of the process.
- The content also addresses how Human Rights underpin the process.
- SPAR Evo practices and the statutory responsibility of NIPS staff to safeguard and protect life.
- The pedagogy enables students to understand how to recognise the ways in which people in prison may show vulnerability and how to respond to this. Scenarios are used to help recruits apply learning.
- Staff are trained in ways to draw on information to respond effectively to signs of risk. This includes having awareness of a person's recent 'history' on the landing, family contact and the dynamics of group life on the landing.
- Recruits are trained in how to open a concern about a person in prison and what that means, including how this sits within a risk assessment framework, their role, and the role of the Senior Officer.
- The training helps staff explore the process for responding to both the, 'No Apparent risk with referral/other action' and the 'at risk' determinations.
- Recruits use a paper version of the recording process in the initial training and then at a later stage in their training when they learn about the use of PRISM they revisit and practice SPAR Evo on the digital system. PECCS staff are trained in the use of the Care and Custody app.

The Review Team view that the initial training provided to all NIPs recruits is sound. As outlined above the course was reviewed in June 2023. Given the detail and importance of SPAR Evo the Review Team recommend that this initial training would benefit from having some additional time spent on it – perhaps up to a further half day to allow CPO students to practice the process further and use scenarios to apply new knowledge and skills. This may also enable NIPS to go further in addressing the

knowledge and skills needed in working with women in prison. If feasible, the input and contribution from Healthcare in Prison staff would be very beneficial and add value to the training.

PCO recruits are required to develop a learning portfolio in the twelve months following their initial training. The Review Team suggest that all portfolios should include one reflection on personal experience of SPAR Evo during that time span.

Professional Development and SPAR Evo.

The Review Team was impressed by the knowledge and understanding of SPAR Evo processes and approaches across all the staff they interviewed from NIPs and Healthcare in Prison. Individually and collectively, they carry a significant amount of practice knowledge in this area. There was evidence in some interviews that staff benefitted from observing experienced staff through mentoring conversations and through seeing examples of good practice. The Review Team heard descriptions that “every SPAR Evo process is an experience that contains learning.”

Staff from both NIPs and Healthcare in Prison also said they would benefit from ‘top up’/ refresher training. While tacit processes for learning do matter it is the Review Team’s view staff share their expertise through a more formal knowledge sharing practices.

Recommendation 9:

- Refresher training on SPAR Evo is delivered for all operational staff including healthcare in prison staff to complete every two years.
- Each prison establishment builds a pattern of holding SPAR Evo Reflective Practice workshops for all staff (NIPs and Healthcare in Prison) to share practice experiences and consider how practice may be improved. These workshops should include a recording of key themes, issues, ideas and concerns to be shared with senior management and disseminated across sites. Reflective Practice workshops have the potential to build a psychologically safe space for staff to explore how to improve their own practice. They also become forums where emerging research into work with vulnerable individuals may be introduced for consideration.

12 Records and Information Sharing

SPAR Evo is a joint NIPS and SEHSCT procedure and process reflecting the importance of collaborative working across health and prison staff teams to ensuring best outcomes in supporting vulnerable people in prison. The capacity of information systems to support joint working and information sharing across services is therefore an important factor to achieving best outcomes.

In completing its work, the Review Team considered how well the system of care for vulnerable individuals is supported by the current digital information systems and processes.

Prison Services and Healthcare in Prison

Joint Risk Assessment and Care Planning by NIPS staff and prison health care staff is at the core of the SPAR Evo approach. However, each service has its own separate digital record system, the PRISM system used by NIPS staff and the EMIS system used by Healthcare in Prison staff. SEHSCT staff, who are CTC cleared can have a PRISM account and access SPAR Evo records and input on SPAR Evo logs if they wish, however the Review was advised that Healthcare in Prison staff, for a number of reasons, tend mostly not to avail of this facility.

The previous SPAR approach utilised a paper-based booklet to raise the concern, complete the risk assessment and record the keep safe plan and the care plan. With the development of SPAR Evo the decision was made to implement, from June 2019, a digital solution with concerns now raised on PRISM and the use of the paper based booklet dispensed with in favour of a digital record. The Review Team notes that the move to a digital solution has been a significant enhancement to the operation of SPAR Evo, supporting the more efficient raising of concerns, improved information and information sharing across prison services and proving a support process which is experienced as less stigmatising by people in prison.

The Review was advised by SEHSCT that there are agreements in place regarding sharing risk information with work ongoing to get these legalised. It was also clarified that SEHSCT now have a code on the EMIS system for opening a concern with the procedure being that if healthcare staff attend the SPAR Evo review, they should write a summary on the EMIS consultation record re outcome/care plan/ if observations have changed etc.

The Review Team was advised that SEHSCT is migrating to Encompass which is the new digital health and social care record for Northern Ireland. Whilst Healthcare in Prison has not moved to Encompass in the first phase of implementation it is expected to do so over the next two years.

Whilst recognising the challenges to staff working in a joint care process, of operating across two separate record systems, the Review Team was assured that both NIPS and SEHSCT continue to actively seek to improve on this issue in order to minimise any potential governance or safety issues.

PECCS

PECCS have an important role in ensuring the safe custody of individuals in their care. They may, through risk assessment at courts, or at any time during the transfer of a person between courts and prisons, identify a concern and initiate a “Keep Safe”. Historically PECCS records systems had not been integrated with the NIPS PRISM system meaning that SPAR and SPAR Evo processes relied upon the sharing of paper records and verbal handovers at the point of transfer of responsibility of the individual from PECCS staff to prison custody staff and vice versa.

Following the roll out of new IT arrangements whereby PECCS staff can access the PRISM system at court locations, as described earlier in this report, this system is changing. The new IT arrangements mean that risk assessment information, and if the person is on a Keep Safe, is available on PRISM to staff at reception in Maghaberry or Hydebank Wood in advance of the individual arriving. However, an escalation occurring in PECCS transport currently means that they revert to using paper. PECCS management described an objective of moving completely to digital information sharing through the development of handheld electronic devices allowing capture and share of information during transfers of individuals in custody. The Review would fully endorse the development of this handheld capacity during transfer as an enhancement to supporting vulnerable people under SPAR Evo.

Assurance and Performance Monitoring

With the implementation of the digital solution for SPAR Evo there is a considerable wealth of data available on the PRISM system to facilitate NIPS and SEHSCT staff in scrutinising and strengthening joint oversight of SPAR Evo and the support given to people at risk of suicide and/or self-harm in prison. Section 6 of this Review Report and the associated data in appendix 3, sets out a range of relevant data descriptors that could usefully be incorporated into a regular management reporting framework, to strengthen the joint oversight and management by the NIPS and SEHSCT of the SPAR Evo approach. This could be added to by relevant data from the healthcare system particularly following the implementation of Encompass with the significantly enhanced capacity that it presents for data collection and analysis.

The leadership and governance arrangements for SPAR Evo are discussed in section 13 of this report. To support these arrangements SEHSCT and NIPS should jointly review and agree a revised data set of key indicators to be reviewed monthly by the Safer Custody Forum.

Recommendation 10: NIPS and SEHSCT should jointly review and agree the minimum data set on SPAR Evo activity and outcomes to strengthen their joint oversight and management of the SPAR Evo approach through the Safer Custody Forum.

13 Leadership and Governance

As highlighted in the RQIA Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons (October 2021), strong governance and accountability arrangements are required to assure the quality of care provided to service users and to enable learning and continuous improvement. The Review Team notes that, whilst previous CJINI/RQIA inspection reports highlighted that challenges in partnership working had impacted on joint oversight and quality assurance, that this has more recently been improved upon as is exemplified in the development of a number of joint strategies and policies. Most recent and relevant to this Review is the Northern Ireland Prison Service and South Eastern Health and Social Care Trust Joint Suicide and Self-Harm Risk Management Strategy (July 2023).

The Review Team considered the leadership and governance structure within which SPAR EVO is operating and overseen meeting with a number of NIPS leaders on all the sites including PECCS. The Review Team also met with the senior management

team for healthcare in prison. The Review Team did not meet with or attend any of the groupings or meetings outlined in the governance structure provided.

The Review Team understands that the key meeting where SPAR EVO operational issues are discussed and resolved is a joint monthly NIPS & SEHSCT meeting designed to address the broad health and wellbeing agenda for people in prisons. This is a meeting that takes place involving the Assistant Director for Healthcare in Prison and the Northern Ireland Prison Service Lead for Prisoner Wellbeing.

The Review Team views that the implementation of the Joint Suicide and Self-Harm Risk Management Strategy (July 2023) will require strong collective leadership and governance to support the collaborative, interagency working envisaged across NIPS, SEHSCT and other key stakeholders necessary to ensure a 'Whole Prison' approach in supporting people at risk of suicide and/or self-harm.

The Review Team views the operationalisation of the joint strategy as an opportunity for NIPS and SEHSCT to review and re-invigorate their overall joint leadership and governance structure. The remit for this joint structure should also include for the implementation of the recommendations from this SPAR Evo review, many of which require a strongly collaborative approach across organisations.

The Review Team notes that NICE Guidance 105 recommends that leadership and governance structures undertake ongoing review and assessment of SPAR Evo to ensure information sharing is facilitated in a safe and timely manner and to interpret and act on findings and monitor the impact of restricted regimes on suicide risk, e.g., use of the safer cell and anti-ligature clothing.

Recommendation 11: That the role and function of each meeting/ forum within the leadership and governance structure should be reviewed and the terms of reference and membership agreed and refreshed.

This review should be of arrangements at both an operational level where practical challenges to the effective operation of SPAR Evo can be discussed and resolved and, at a more senior level to have oversight of key strategic service development and reform including the implementation of the Joint Strategy, oversight of the work plan for the implementation of Towards Zero Suicide in prisons and as a forum to which risks and issues, not resolvable at the operational level, can be escalated to for resolution.

These refreshed structures should have a key role in supporting the data oversight and assurance of SPAR Evo processes as envisaged in Recommendation 10 of this Review report and in the overall implementation of the recommendations contained within this report.

NICE 105 guidance states the importance of clear governance and accountability structures. Crucially it states the need for this to be linked to other relevant multi-agency partnerships in the wider community. In Northern Ireland this is the Protect Life 2 governance and implementation structures. NIPS Head of Prisoner Wellbeing and the SEHSCT Towards Zero Suicide Service Improvement Manager are currently involved in the implementation structures for Protect Life 2.

SPAR Evo External Review – Terms of Reference & Review Team Membership

Review of the Supporting People at Risk Evolution Approach

Introduction

1. The overall aim of this review is to assess of the effectiveness of input from Healthcare in Prison, the NI Prison Service (NIPS) and others and evaluate outcomes for people in prison in Northern Ireland who may be at risk of suicide or serious self-harm.

Background

2. Since April 2008, the Department of Health (DoH) has had responsibility for the provision of healthcare services for people in prison in Northern Ireland. Enhanced multi-disciplinary primary care, mental health and addictions services are currently delivered by the South Eastern Health and Social Care Trust (SEHSCT) incorporating allied healthcare provision, with secondary/tertiary level services delivered via the 5 Trusts.
3. A higher proportion of people in prison in Northern Ireland have mental health problems, a history of suicide attempts/self-harm and/or drug/alcohol addictions than in the general population in NI, as is the case across the UK. This leaves people in prison at greater risk of serious self-harm and suicide, in what can be a highly stressful environment.
4. In November 2016, the Ministers for Justice and Health announced a joint review into the services provided to vulnerable prisoners in NI.⁵ Following a request in December 2018 from the DoH Permanent Secretary, the Regulation and Quality Improvement Authority (RQIA) completed a progress-update rapid review in February 2019 that provided an overview of the work undertaken to that point.
5. In October 2021, RQIA published its *“Review of Services for Vulnerable People Detained in NI Prisons”*. The Review focussed on people in prison who were “vulnerable” due to mental health issues who were at risk of suicide or self-harm,

⁵ <http://data.niassembly.gov.uk/HansardXml/plenary-21-11-2016.pdf>

and highlighted the significant underfunding of Healthcare in Prisons in NI (circa £4m) and included 16 recommendations, one of which was:

Recommendation 13

The joint NIPS and SEHSCT Executive Group should jointly commission an external review of the SPAR Evolution approach. This should assess the effectiveness of input from healthcare in prison and evaluate outcomes for vulnerable people detained in NI Prisons.”

Purpose of Review

6. In the context that the issues relating people in prison who have mental health issues and/or have a history of self-harm/suicide attempt in NI have been laid out in the RQIA Review of Services for Vulnerable People detained in NI prisons and considered as part of recent reviews, NIPS and the SEHSCT wish to commission the joint Review Team:
 - to review the effectiveness of the SPAR Evo approach, procedures in place to support people who may be at risk of suicide and serious self-harm in NI prisons; and
 - to make practical, good practice recommendations to improve outcomes for people in prison, acknowledging good practice that is already in place.
7. The review is not intended to be an audit, but rather a focussed, point in time assessment of the effectiveness of the approach and how organisations work together to support those who need additional support within our prisons.
8. In making practical recommendations the review should examine the findings of recent studies which identify good practice in the rest of the UK and Republic of Ireland.

Review Management

9. The review will be overseen by a Steering Group of NIPS and SEHSCT senior people who will meet with the review Team once bi-monthly, or more often if required, to provide advice and comment, as well as to resolve any issues arising. A single point of contact for both organisations will be provided for information gathering purposes.

Review Timetable and Output

10. It is expected that this review will commence in June 2023 and be completed by December 2023. Emerging findings should be provided to the Steering Group at each meeting and a draft Final Report should be provided by the end of October 2023.

Review Team Membership

Dave Bowden; Former prison officer and governor NIPS. Former Prison Superintendent of the Turks and Caicos Islands. Panel of Experts member for the Office of the Inspector of Prisons.

Hugh Campbell; Senior Lecturer Ulster University. Subject lead on Prison Custody work and Restorative Justice.

Oscar Donnelly; Former Director of Mental Health NHSCT. Health and Social Care Independent Associate, HSC Leadership Centre.

Geraldine Hamilton; former Forensic Managed Care Network Manager, Department of Health; Independent Associate, HSC Leadership Centre; HCPC registered Occupational Therapist (Mental Health)

**Key Strategic and Documents and Best Practice Guidelines/ Frameworks
relevant to SPAR Evo**

**2013: Northern Ireland Prison Service Suicide and Self-Harm Prevention Policy
2011 – revised 2013**

The Northern Ireland Prison Service (NIPS) Suicide and Self Harm Prevention Policy aims to identify vulnerable prisoners at risk of self-harm or suicide, and provide the necessary support and care to minimise the harm an individual may cause to themselves throughout their time in custody.

[Suicide and Self Harm Prevention Policy 2011 \(justice-ni.gov.uk\)](https://www.justice-ni.gov.uk/Suicide-and-Self-Harm-Prevention-Policy-2011)

2019: Improving Health within Criminal Justice Strategy

Relevant actions are:

2.1 Introduce formal arrangements to share health and social care information within the CJS where it is in the best interests of the individual, supported by a suite of information-sharing protocols that cover all health and criminal justice interfaces.

2.2 Develop and implement an integrated risk assessment tool/personal safety plan for health and social care needs that can be refreshed and built upon as an individual progresses along the criminal justice journey.

2.9 Review the recording and analysis of self-harm incidents within prison custody settings with a view to improving the collection, analysis and sharing of this data in order to improve services for self-harm prevention and response.

5.4 Take steps to ensure that the revised Protect Life Strategy includes suicide prevention in custodial settings.

5.5 Develop a suicide and self-harm strategy to cover NIPS including a review of Supporting Prisoner at Risk (SPAR) procedures.

5.6 Consider and make a determination on the potential for an in-reach counselling/mentoring service and review referral pathways from custody settings to self-harm services.

[Microsoft Word - Improving Health Within Criminal Justice Strategy - Final Version \(June 2019\) \(health-ni.gov.uk\)](#)

[Microsoft Word - Improving Health Within Criminal Justice - Action Plan - Final Version \(June 2019\) \(health-ni.gov.uk\)](#)

2019: Suicide Prevention Strategy - ‘Protect Life 2’

Protect Life 2 is a cross-departmental strategy. It requires a sustained collaborative and co-ordinated response across government, statutory and community services and the various sectors of society at regional and local level.

The strategy highlights people incarcerated within the criminal justice system as a high-risk population and relevant actions for this review are as follows:

Action 1.6 Safer Custody: Implement suicide prevention and self-harm elements of the Improving Health within Criminal Justice Strategy.

Action 6.3 Ensure safe custody in relation to suicide prevention.

[Protect Life 2 \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/protect-life-2)

2021-2031: Mental Health Strategy and Action Plan

This Mental Health Strategy and Action Plan sets out a clear direction of travel to support and promote good mental health, provide early intervention to prevent serious mental illness, provide the right response when a person needs specialist help and support, as well as outlining how the system will work to implement these changes.

Relevant action for this review is ACTION 27. Create a Regional Mental Health Crisis Service that is fully integrated in mental health services and which will provide help and support for persons in mental health or suicidal crisis.

[doh-mhs-strategy-2021-2031.pdf \(health-ni.gov.uk\)](https://www.doh-mhs-strategy-2021-2031.pdf)

August 2021: Quality Network for Prison Mental Health Services: Standards for Prison Mental Health Services – Fifth Edition

Relevant Standards re: Safety and the SPAR Evo review include the following:

- The mental health team are actively involved in the prison process managing self-harm and suicide. They will attend review meetings for all newly opened cases, for all the reviews for anyone on their caseload, and where required and relevant to attend. (Standards reference SPAR Evolution)
- There is a representative from the mental health team who attends the prison governance meeting to support the prison with self-harm and suicide
[qnpmhs-standards-for-prison-mental-health-services-publication-6th-edition.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/qnpmhs-standards-for-prison-mental-health-services-publication-6th-edition.pdf)

October 2021: Review of Services for Vulnerable Persons Detained in Northern Ireland Prisons

The report highlights that the Supporting People at Risk Evolution implementation in 2018 has resulted in a reduction in the numbers of people identified as ‘at risk’,

however it states that it still lacks the benefits of joint working between Northern Ireland Prison Service and the Healthcare in Prison Team. Recommendation 13 in the Report was included by RQIA to expedite a formal evaluation of SPAR Evo as a valuable opportunity to show case work and progress made to date.

[Regulation and Quality Improvement Authority - RQIA Inspection Reports | Regulation and Quality Improvement Authority Standards Reports](#)

2022: Supporting Change - A strategy for women and girls in or at risk of contact with the justice system (2022)

This strategy provides a strategic foundation for doing more to address and take account of the unique needs and situation of women and girls in our society and potential links with offending. It sets out a vision for a fit for purpose, rehabilitative, restorative, therapeutic custodial environment for women. Relevant priorities for this review are:

Priority 7 Bespoke rehabilitative support and pathways from offending for women within and beyond custody.

Priority 8 A gender and trauma informed environment and workforce focused on the holistic needs of women.

[Women's and Girls Strategy](#)

July 2023: Joint Suicide and Self-Harm Risk Management Strategy (Northern Ireland Prison Service and South Eastern Trust)

This Strategy, a reviewed and revised version of the originally approved 2017 Strategy, supports collaborative, interagency working and emphasises the need for a 'Whole Prison' approach, combined with a targeted 'person centred' approach for those who at high risk from suicide and self-harm behaviours.

[23 147467 23 115663 17 9361 Joint Suicide and Self-Harm Risk Management Strategy version 2.0 - final.DOCX \(live.com\)](#)

Best Practice Guidelines/ Frameworks

March 2017: NICE Guideline 66 Mental Health of Adults within the Criminal Justice System

This guideline is for Commissioners and providers of health and justice services. It covers assessing, diagnosing and managing mental health problems in adults (aged 18 and over) who are in contact with the criminal justice system.

[Overview | Mental health of adults in contact with the criminal justice system | Guidance | NICE](#)

September 2018: NICE Guideline 105 Preventing Suicide in Community and Custodial Settings

Amongst many important recommendations outlined, this Guideline recommends the development of a multi-agency partnership for suicide prevention within custodial settings that has clear leadership, governance and accountability structures. It also states that such a partnership should have clear links with relevant multi-agency partnerships in the community.

Of relevance to this review, this guideline also recommends that constructive, meaningful and preventative activities such as physical activity, education etc. are an important focus and should be evaluated along with suicide data.

[Preventing suicide in community and custodial settings \(nice.org.uk\)](https://www.nice.org.uk/guidance/CG105)

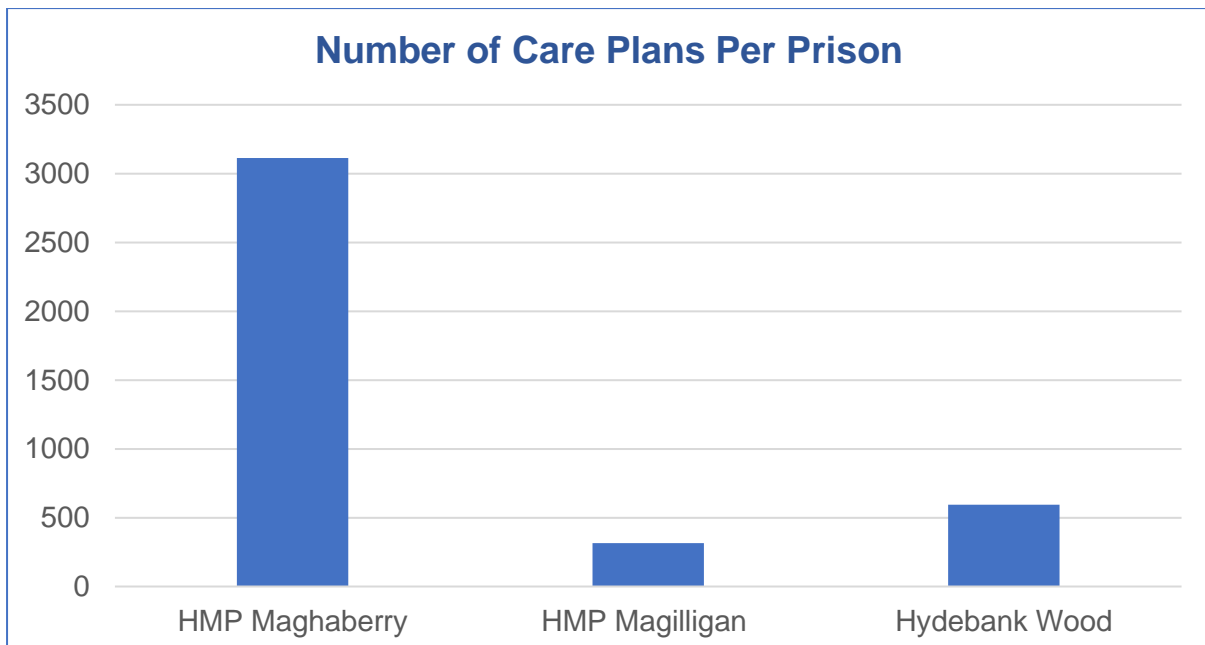
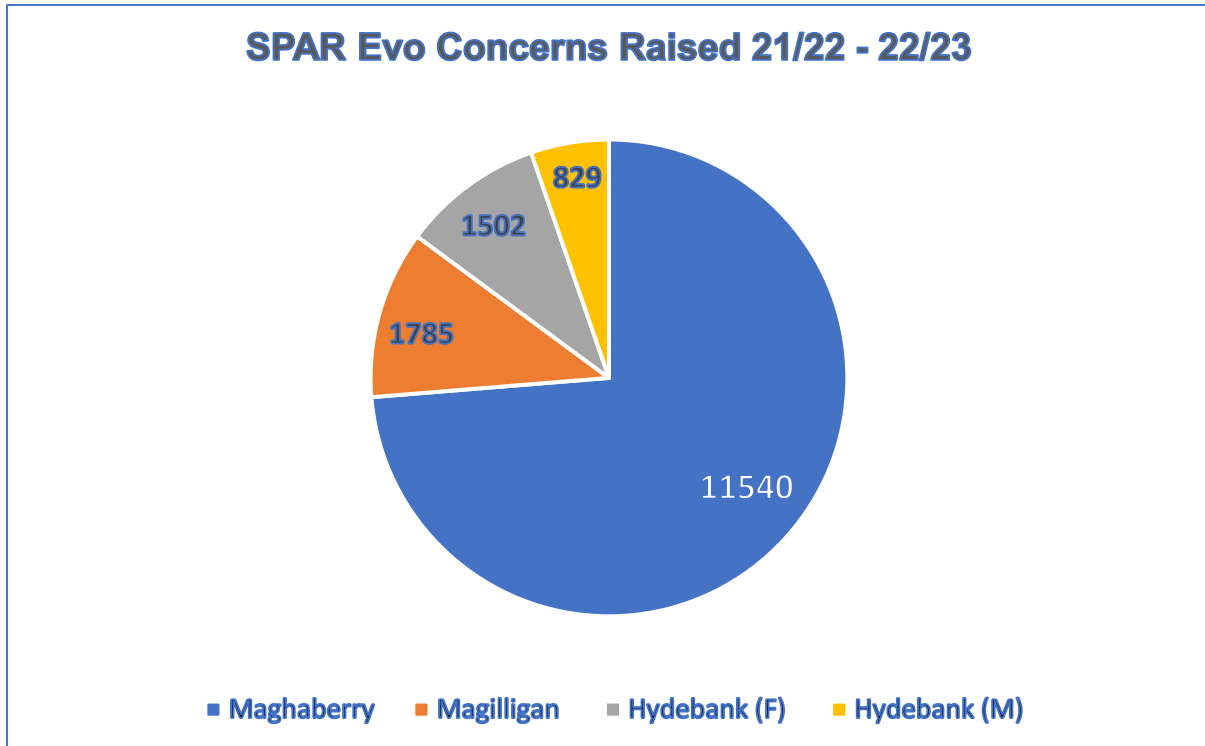
September 2022: NICE Guideline 225 Self-harm: assessment, management and preventing recurrence

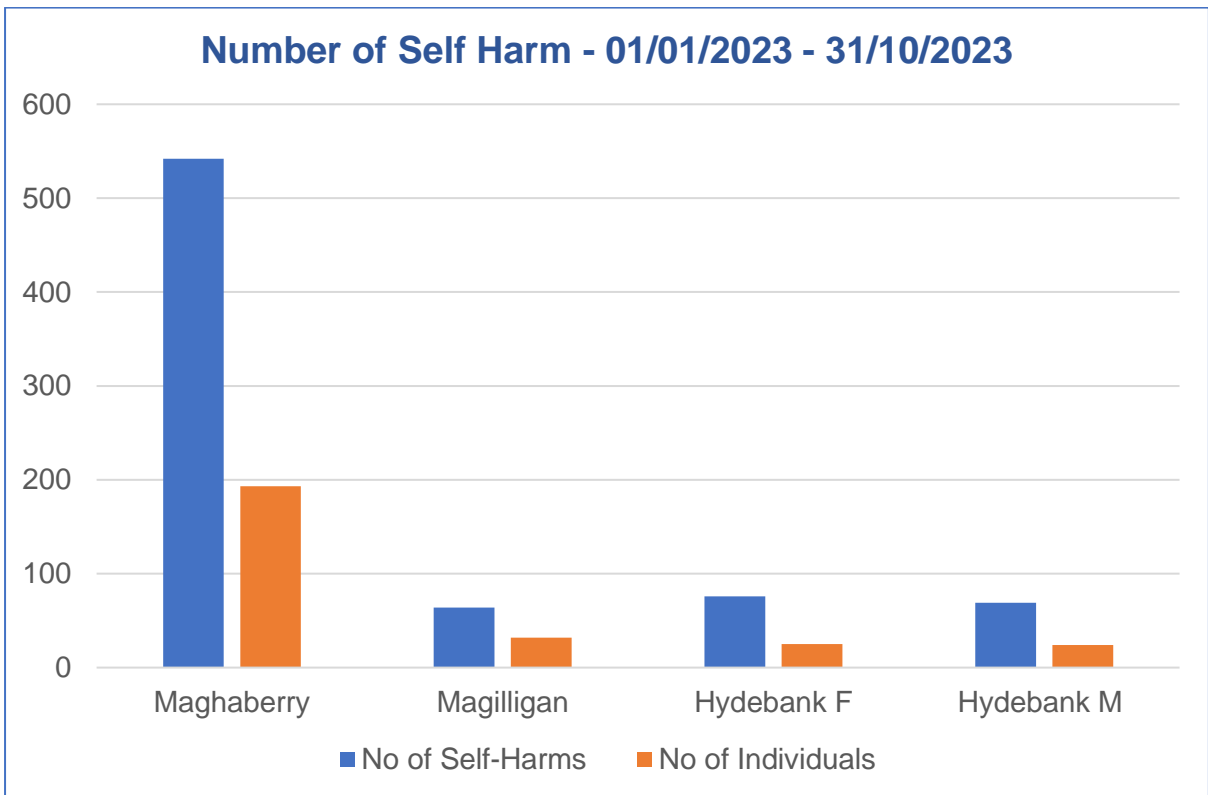
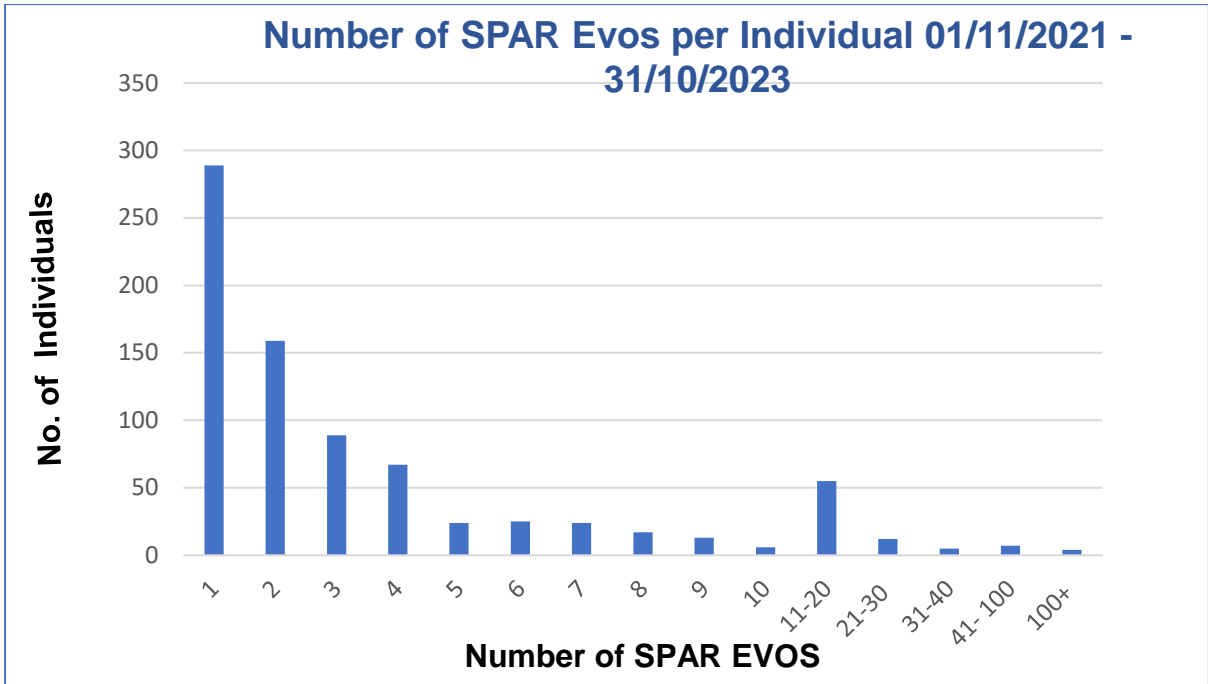
As well as outlining assessment and care for those who have self-harmed for both healthcare and non-healthcare staff, it also highlights that those working in criminal justice settings should be aware of:

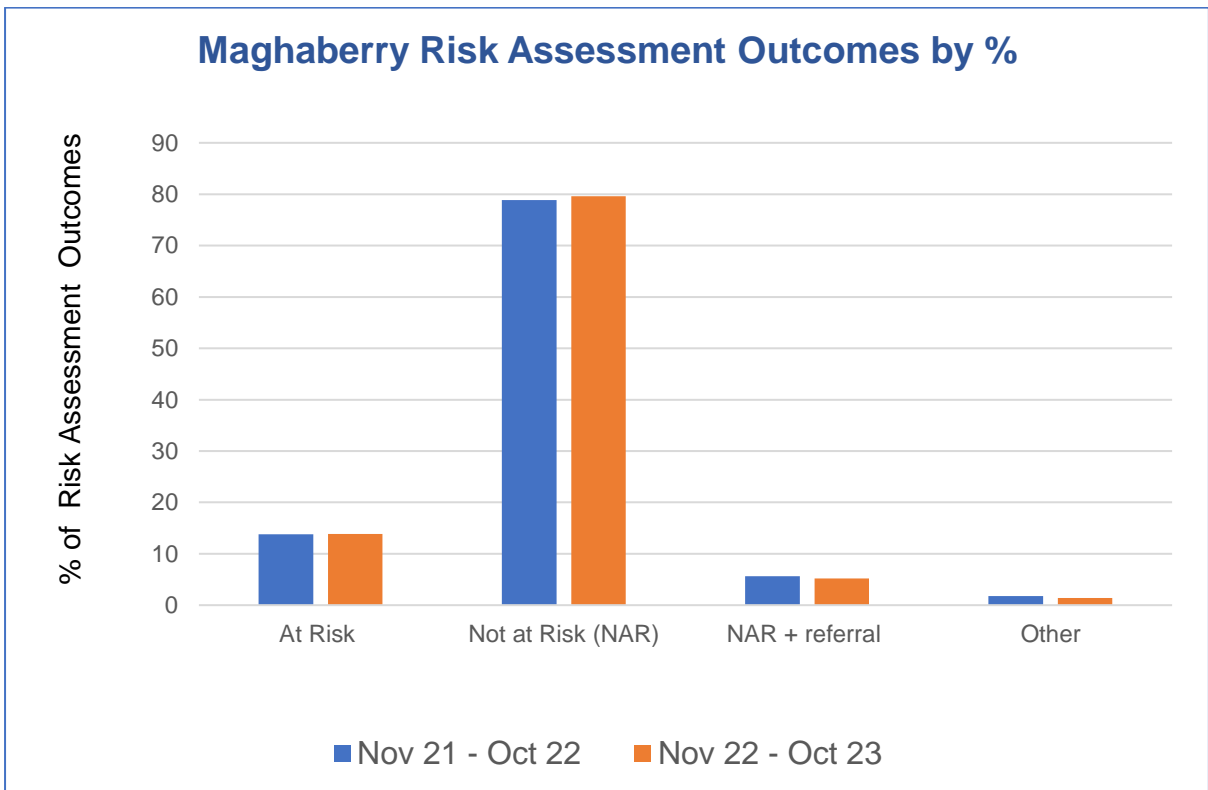
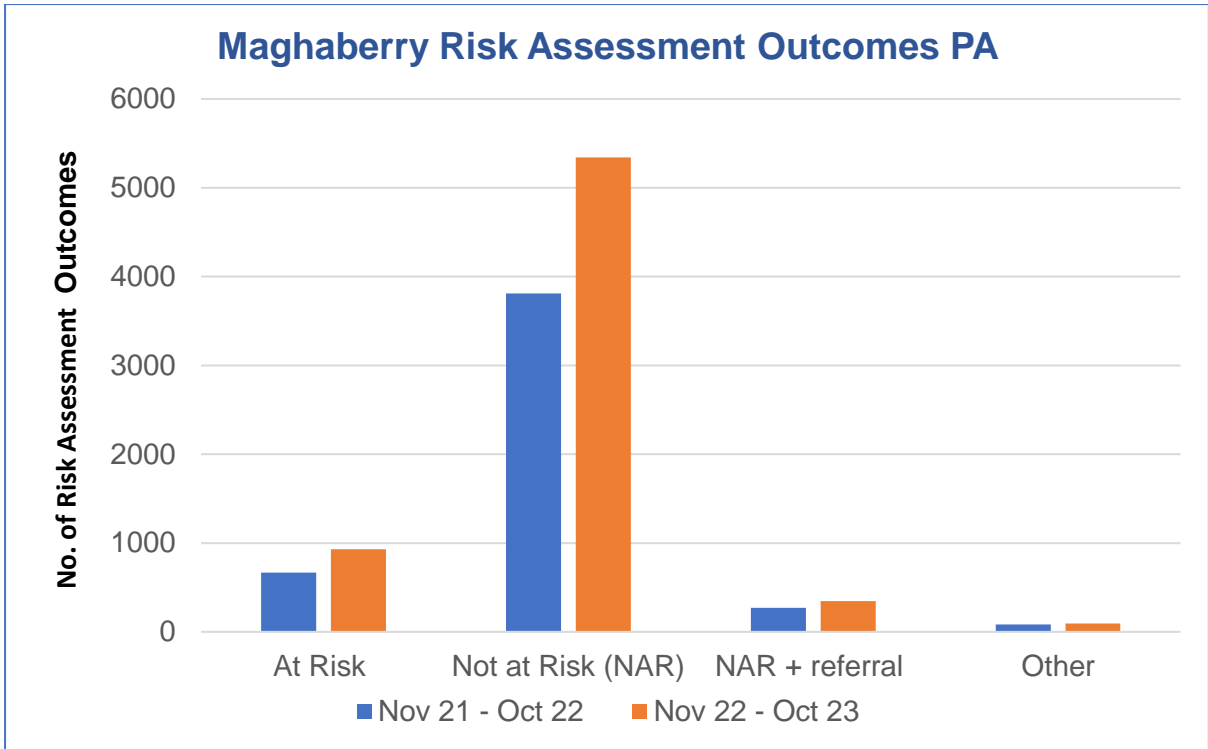
- The importance of seeking to involve family members and carers (with consent) and reviewing this regularly
- Support services available to them to support their own wellbeing.

[Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE](#)

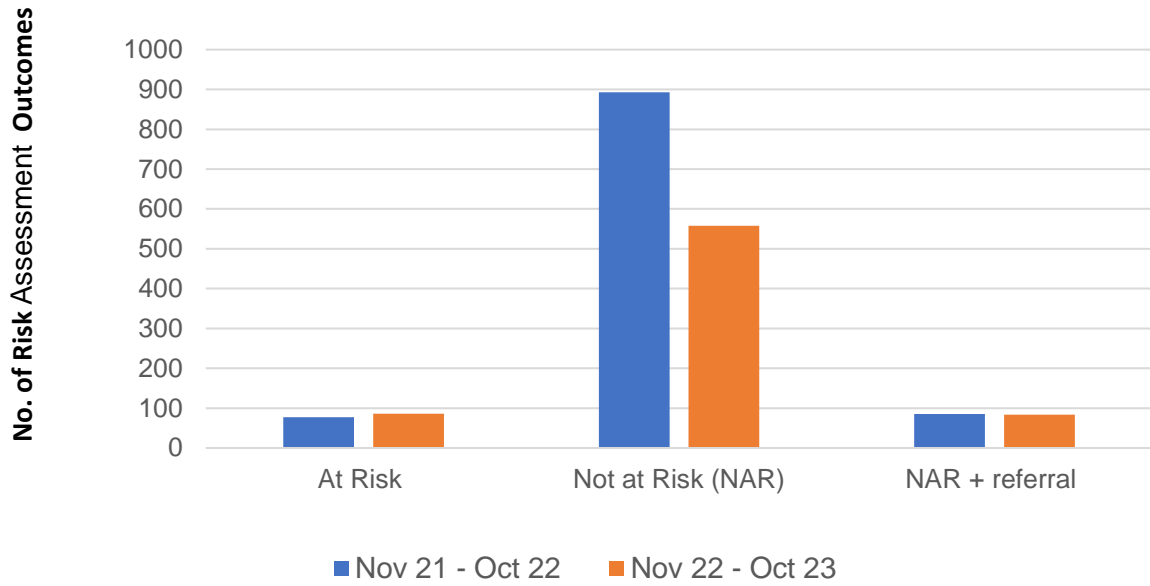
SPAR Evo Further Data (November 2021 – October 2022 and November 2022 – October 2023)



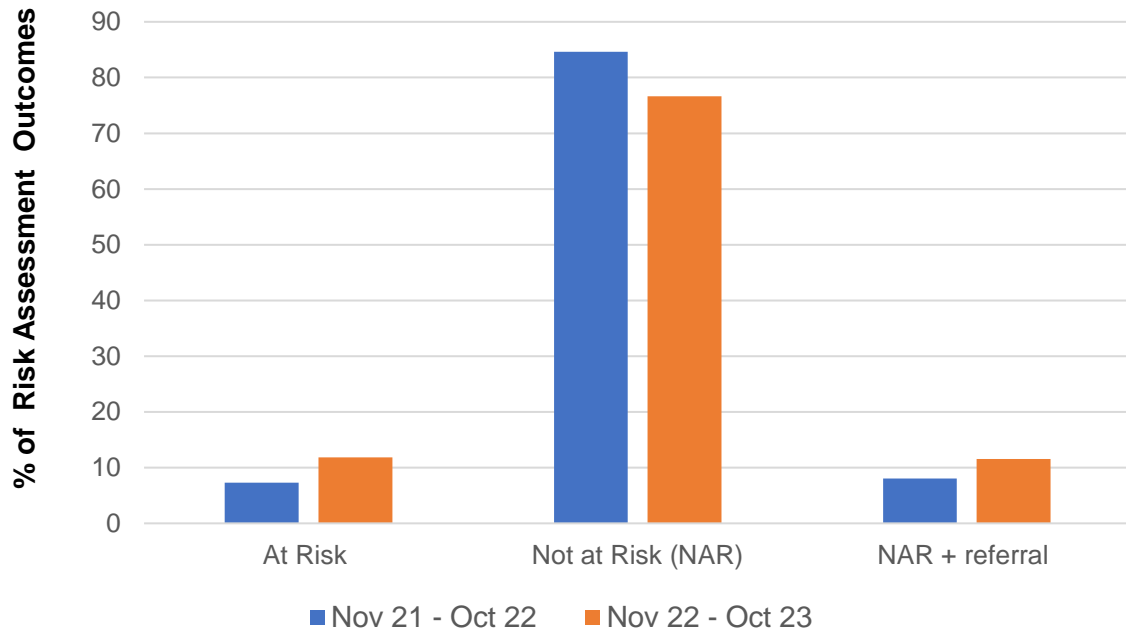




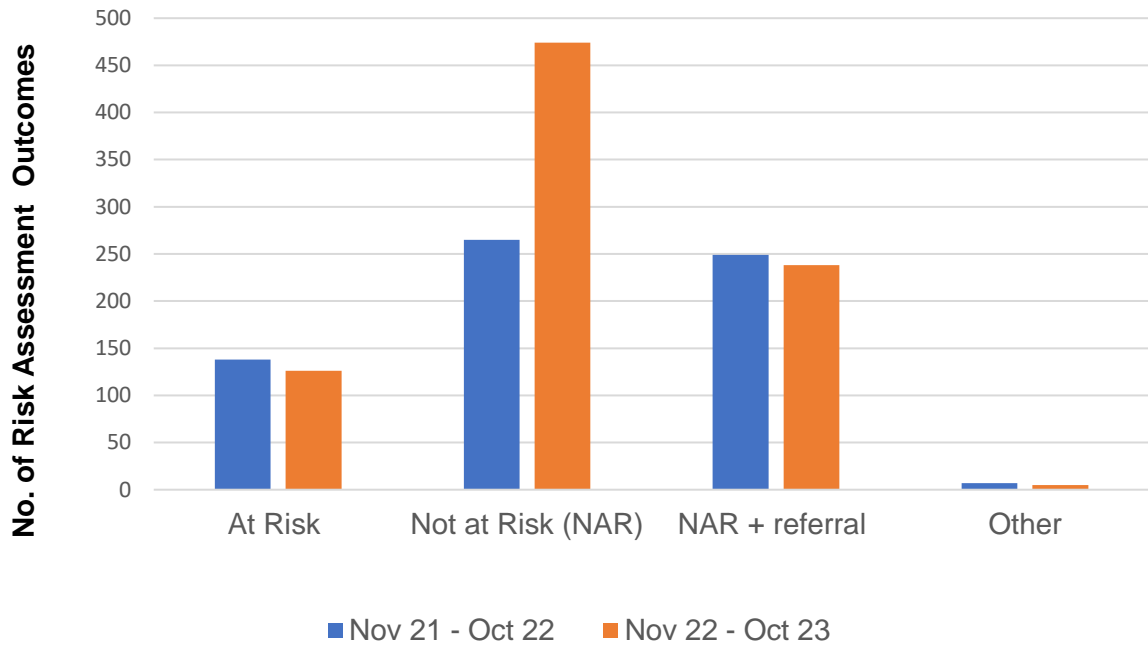
Magilligan Risk Assessment Outcomes PA



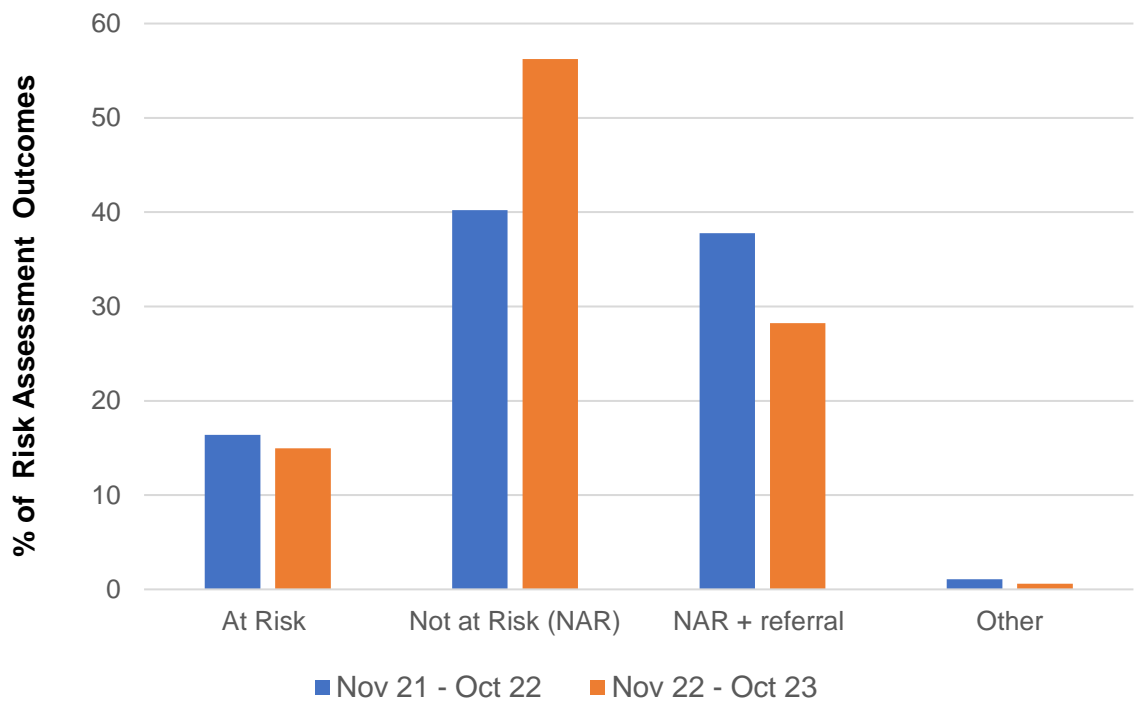
Magilligan Risk Assessment Outcomes by %



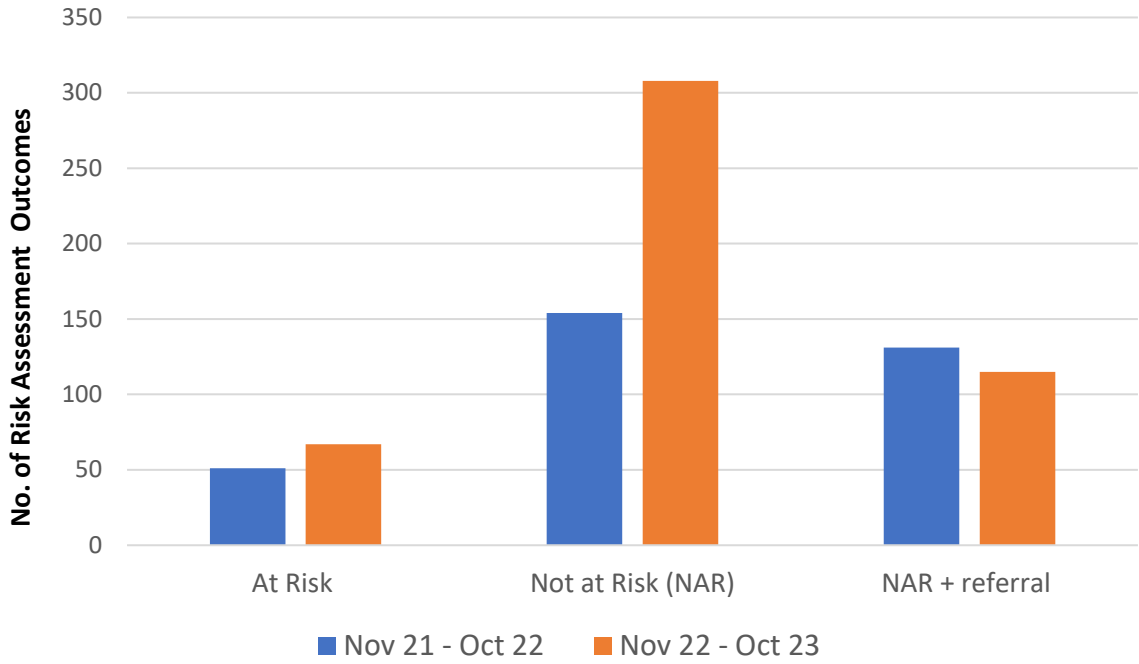
Hydebank Female Risk Assessment Outcomes PA



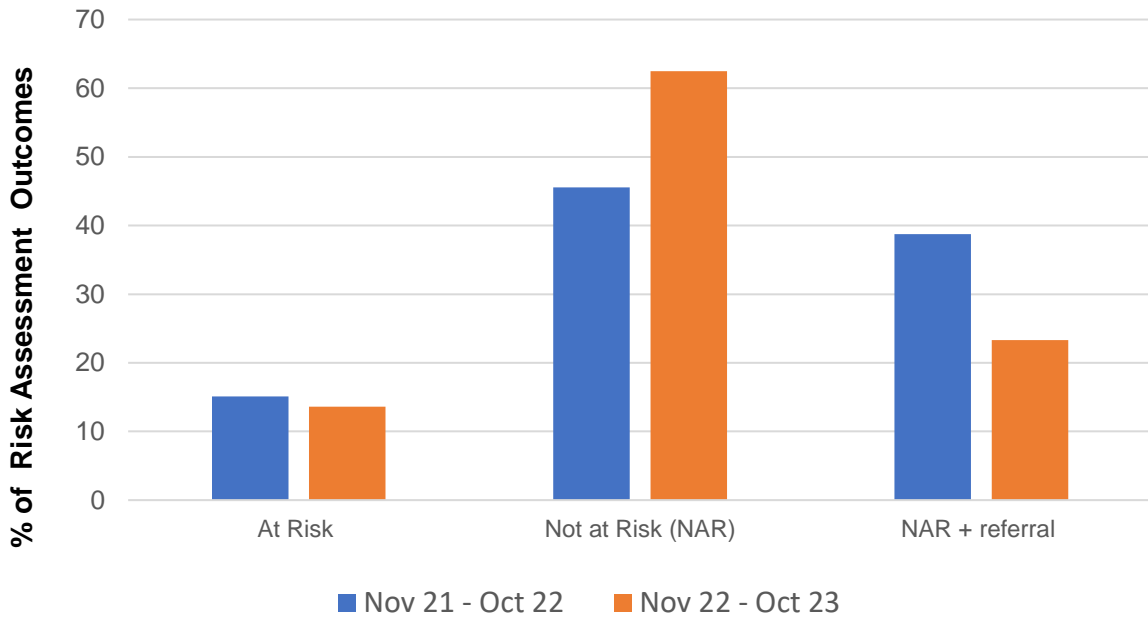
Hydebank Female Risk Assessment Outcomes %

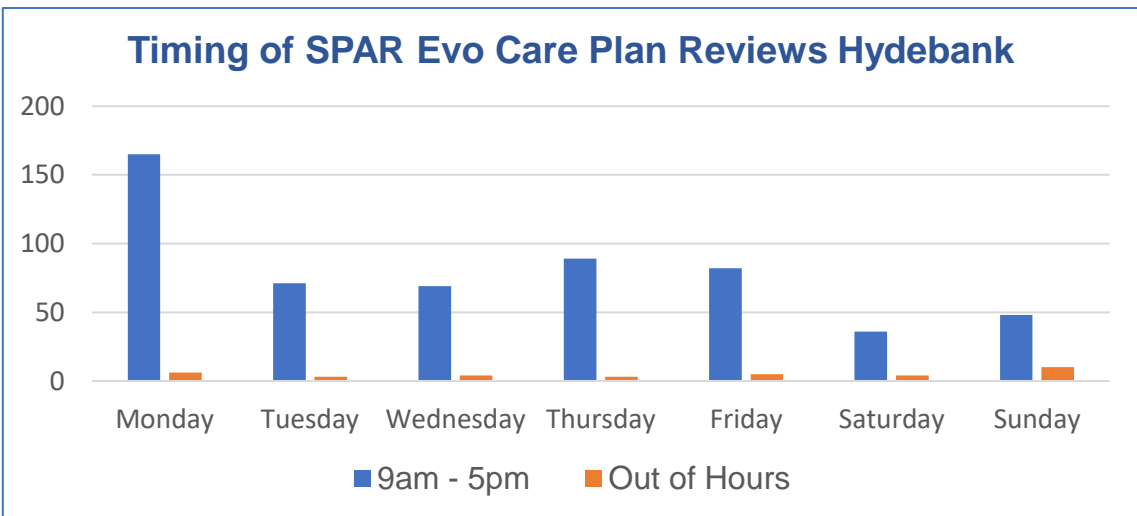
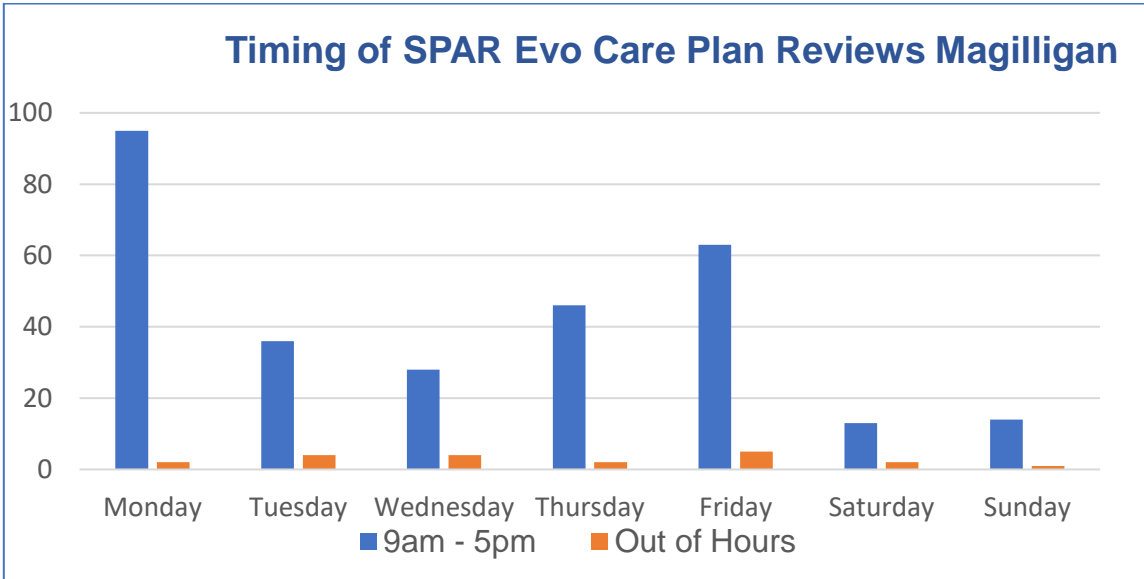
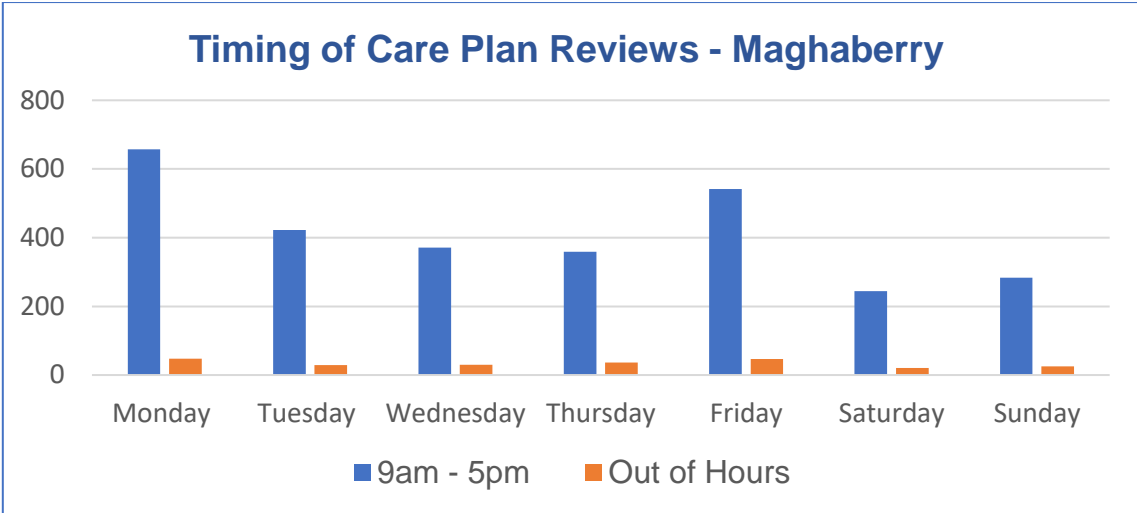


Hydebank Male Risk Assessment Outcomes PA



Hydebank Male Risk Assessment Outcomes %





People in Prison Interview Summaries

Appendix 4

Prison	Understanding of being placed on SPAR? Was it explained	Was it timely	Felt listened to, respected /Views taken into account	Did it help you feel safer/ supported	Family involvement	What worked well	Didn't work well/could be improved	Other comments
Maghaberry.	It was all explained to me. The SO came and visited him everyday	Yes – cut himself and disclosed to nurse that he had made plans for suicide.	Yes – described questions asked	Yes. Felt they were generally trying to progress you at the reviews.		Process worked well. Down to work with AD:PT – they		Placed in safer clothing in the cell (doesn't bother me). Covered the camera and they were there a few seconds later
Hydebank (M)	'I was sat at a table and it was explained to me- I had it all back to front before that, never knew what it was. I was also given stuff to read.	I have been on a SPAR for weeks.	The safer custody was quieter- 15 out of 10 for those staff.	I dislike SPAR because you are looked at all the time.	Not apparent	Staff are cruel. They have the upper hand.”	This individual said he was deprived of TV and that was hard” nights are worse’.	There are staff who genuinely cared.
Maghaberry	Yes, I was already familiar as I had previously been on a SPAR in Hydebank. Safe cell etc. explained to him	I was asking for help for weeks – it was only when I self-harmed that there was a reaction		I felt people were really trying to help me.	Family not involved, not asked – would have helped.	After cutting got the help that he needed. At SPAR review was able to talk to MH	Lack of anonymity – anyone can see his status on the door.	Was waiting for a medical care to his cuts for 5 hours Had been open to MH
Magilligan	Yes. Things were explained to him including the role of everyone who was	Yes. Staff picked it up. Staff know here – knew	Yes. Good level of confidentiality. Felt treated with respect.	Yes, it kept me safe. Big difference between old SPAR and new SPAR is people	Family were not involved but I was asked if I wanted	More ownership now by the SOs, they are more involved. Reviews lasted ½ hour		Safety and support taken very seriously in Magilligan.

People in Prison Interview Summaries

Appendix 4

Prison	Understanding of being placed on SPAR? Was it explained	Was it timely	Felt listened to, respected /Views taken into account	Did it help you feel safer/ supported	Family involvement	What worked well	Didn't work well/could be improved	Other comments
--------	---	---------------	---	---------------------------------------	--------------------	------------------	------------------------------------	----------------

	there and the actions agreed.	he wasn't quite himself		actually care now.	them to be so	– everything was explored.		Healthcare is stretched to capacity
Magil (S)	SPAR was explained and why I was on it. I am not aware of a care plan.		Wasn't a good experience. I asked to be left and the search team dragged me across to the safe cell. Safe cells are demeaning. Decisions needs to be more personalised – a lot of people ticking boxes. .	Other than the initial experience of the safe cell and how he was placed there he felt cared for in the SPAR process.	Family were not included – that was my choice.		Limit the number of people in the reviews – 9 people was too many, felt intimidating. He felt that MH could have had a greater input.	Safety and Support team have done wonders for me. Patient with and preserved with me. Should be quicker to see mental health
Magilligan	No understanding of what it was called or the process but this might have been because my 'head was all over the place'	Asked for help one week before and 'nothing happened' – Self-harmed with plastic knife and there was a same day response	Yes felt listened to once there was a reaction to the self-harming. Once involved in SPAR Evo felt supported and heard. Was	Yes it felt safe and supportive and the outcome was good. Referred to AD:EPT – got a job, moved to a single cell	Not asked. Wouldn't have want to worry family	Getting a bit of space in the safer cell – 'I have social anxiety' – getting a job, going to the library – getting a single cell. An SO took time to talk and shared experiences which 'made me feel not so alone'	Responding sooner	Would be glad of a bit more follow-up rather than the process just ending

People in Prison Interview Summaries

Appendix 4

Prison	Understanding of being placed on SPAR? Was it explained	Was it timely	Felt listened to, respected /Views taken into account	Did it help you feel safer/ supported	Family involvement	What worked well	Didn't work well/could be improved	Other comments
--------	---	---------------	---	---------------------------------------	--------------------	------------------	------------------------------------	----------------

	Aware of review meeting but unsure who was there – it was very short		given work to do/ employment. Moved to a single cell. This was very important					
Magilligan	Understood the SPAR Evo process well and had multiple experiences of it. Reported that the most recent experience was first time he had felt suicidal – previously he reported it was more about self-harm	Yes – the officers knew him well and ken something 'wasn't 'right'	Yes – told SO that Safer Cell would increase his risk and agreement reached to ensure he was safe in his own cell. Significant issue reported re: medication reduction and no access to medication. D reported this wasn't addressed properly	Yes	Not asked. Girlfriend rings all the time and was telling staff how I felt.	I felt they were keeping a closer eye on me	Safe cell is isolating and cold. The checking can be stressful. Be helpful if there was more talking to you and more to do than just checking	Some counselling/ talking would be helpful

People in Prison Interview Summaries

Appendix 4

Prison	Understanding of being placed on SPAR? Was it explained	Was it timely	Felt listened to, respected /Views taken into account	Did it help you feel safer/ supported	Family involvement	What worked well	Didn't work well/could be improved	Other comments
Magilligan	Very clear understanding of SPAR and process. Has had multiple experiences of SPAR. Recent experience was a good experience. T reported that this is because he was in a different 'place' – i.e., ready to make changes in his life	Yes – it was timely	Yes – the team were all very good. I was able to tell them what I needed which was to be working and kept busy and they sorted that very quickly	Yes – I felt safer and supported	Not asked. Wouldn't have wanted family to know	Being listened to about what I knew I needed and everyone acting fast to set up work for me	Felt it was overall a positive experience and all staff involved were caring and compassionate	Raised issue of medication reduction impacting on him. He reported that he would be able to manage this better if there was better interaction/ understanding and planning with Medical staff
Hydebank (F)	Yes had clear understanding of SPAR Evo process.	Yes it was timely	Felt Safer Cell was cold and wearing anti-ligature clothing was 'traumatic'	See comments	Not asked	See comments	Didn't like the label being put on the door when someone is on a SPAR	Experienced a similar process in a Prison in England – she reported that there was access to someone to talk to at all times as it wasn't being watch via a camera but by a person. She reported that she has been part of a Group in Hydebank led by a psychologist

People in Prison Interview Summaries

Appendix 4

Prison	Understanding of being placed on SPAR? Was it explained	Was it timely	Felt listened to, respected /Views taken into account	Did it help you feel safer/ supported	Family involvement	What worked well	Didn't work well/could be improved	Other comments
--------	---	---------------	---	---------------------------------------	--------------------	------------------	------------------------------------	----------------

								which looks at mental health. She reports this has been very helpful for her and other women. It gave her an understanding of her mental health and wellbeing and enabled her to ask for what she needed without self-harming.
Hydebank (F)	Yes it was explained		<p>"At the reviews I am asked what I want"</p> <p>Some staff say to me' you need to keep your head down' and I say' "You Need to Understand!!"</p>	"They don't take my conditions into consideration, i am bored out of my brains"	No			"Older staff are kinder

People in Prison Interview Summaries

Appendix 4

Prison	Understanding of being placed on SPAR? Was it explained	Was it timely	Felt listened to, respected /Views taken into account	Did it help you feel safer/ supported	Family involvement	What worked well	Didn't work well/could be improved	Other comments
Hydebank (M)	"Yes the cuttings were replaced by talkings"		They should come see you every day to know that you are there and to know you are not forgot about"		"The hardest thing is missing the family" Family not involved in the SPAR.	"Sometimes it's easier to talk to female staff." The start 360 staff are good- they are all women."	"Relationships on the landing is more problematic- if you had a row with an officer earlier in the week you therefore won't trust them the same. Also talking there is more public."	"I'm scared to sleep because of my dreams" The red badge on the cell door is like a magnet

