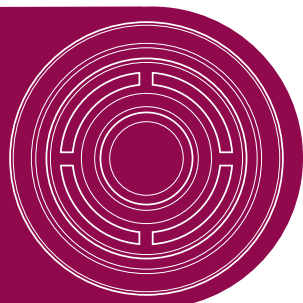


Report on an unannounced inspection of
**ASH HOUSE WOMEN'S
PRISON HYDEBANK WOOD**

9-19 May 2016

October 2016



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by the Chief Inspector of Criminal Justice in Northern Ireland;
Her Majesty's Chief Inspector of Prisons; the Regulation and Quality
Improvement Authority; and the Education and Training Inspectorate.

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Justice (Northern Ireland) Act 2002 (as amended by paragraph 7(2) of
Schedule 13 to The Northern Ireland Act 1998 (Devolution of Policing
and Justice Functions) Order 2010) by the Department of Justice.

October 2016



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Prisoner Survey Responses can be obtained directly from the CJI website - www.cjini.org



List of abbreviations

AD:EPT	Alcohol and Drugs: Empowering people through Therapy
BMC	Belfast Metropolitan College
CAB	Challenging Anti-Social Behaviour (policy)
CAT	Clinical Addictions Team
CJI	Criminal Justice Inspection Northern Ireland
C&R	Control and Restraint
DoJ	Department of Justice
ECS	Extended Custodial Sentence
ESOL	English for Speakers of Other Languages
ETI	Education and Training Inspectorate
GP	General Practitioner
HMIP	Her Majesty's Inspectorate of Prisons in England and Wales
ICS	Indeterminate Custodial Sentence
IMB	Independent Monitoring Board
MDT	Mandatory Drug Test
NIPS	Northern Ireland Prison Service
NMC	Nursing and Midwifery Council
NPM	National Preventive Mechanism
OPCAT	Optional Protocol to the Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
OST	Opiate Substitution Treatment
PDM	Prisoner Development Model
PDP	Personal Development Plan
PDU	Prisoner Development Unit
PE	Physical Education
PECCS	Prisoner Escort and Court Custody Service
PPANI	Public Protection Arrangements Northern Ireland
PREPs	Progressive Regime and Earned Privileges scheme
PRISM	Prison Record Information System Management (computer system used by NIPS)
PSNI	Police Service of Northern Ireland
PSST	Prisoner Safety and Support Team
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SPAR	Supporting Prisoners at Risk



Chief Inspectors' Foreword

Ash House is Northern Ireland's only female prison and has been located in the grounds of the Hydebank Wood Secure College for young men since it moved from Maghaberry's Mourne complex in June 2004. While there were agreed plans to build a separate prison for women in Northern Ireland, this was unlikely to happen for the foreseeable future.

On 13 April 2015 the Northern Ireland Justice Minister officially opened the Hydebank Wood Secure College. While its main focus was on providing better educational opportunities for the young men held on the site, it was also intended to benefit the women in Ash House. This report should be read in the context of continuing challenges in Northern Ireland where dissident groups constitute a real and present threat to the staff who work in the Northern Ireland Prison Service (NIPS) including Hydebank Wood and Ash House. This was recently evident with the tragic murder of officer Adrian Ismay in March 2016 who was a member of staff at the prison.

This unannounced inspection of Ash House was led by HM Inspectorate of Prisons (HMIP) on behalf of Criminal Justice Inspection Northern Ireland (CJI), and was supported by CJI Inspectors, the Education and Training Inspectorate for Northern Ireland (ETI) and

the Regulation and Quality Improvement Authority (RQIA). It used HMIPs' *Expectations for Women in Prison* inspection criteria, which focus on four internationally recognised tests of a health prison – safety, respect, purposeful activity and resettlement. At our last inspection of Ash House in February 2013 we found that while most women felt reasonably safe, there were disappointing outcomes in respect, purposeful activity and resettlement. This latest inspection was more encouraging, but the mixing of women and the male young adult population remained a significant challenge.

The change in function of Hydebank Wood since the last inspection to become a secure college had resulted in a major shift in the ethos of the institution. The focus was now on providing educational and learning opportunities to break the cycle of reoffending and enhance opportunities within the prison, and on release,



to live a more purposeful and law-abiding life. The campus also contained a variety of 'normalising' features, including the pleasant external environment, the enhanced landings, *The Cabin* café and tuck shop. Sensibly prison service management in Northern Ireland had extended this approach to include the women held in Ash House, and we saw a real improvement in the environment and quantity and quality of the learning and skills opportunities available to the women. Nearly all of those held were now engaged in some form of purposeful activity, although it remained the case that the location of women within a male establishment placed limits on what they could access and achieve.

Gaining access to the developing range of provision meant that women needed to move more freely around the campus, which in turn resulted in more day-to-day contact with the young men held. There were obvious dangers in this around both safety and respect, and while managers had sought to take appropriate steps to manage this dynamic, it did not come without risks. We urge senior managers to keep these risks under constant review. While we considered that the institution was making the most of what was described by the Prison Review Report as a wholly unsuitable environment, we again urge the NIPS and the Northern Ireland Assembly to expedite plans for a separate women's prison in the country.

The population of Ash House remained a complex one, with many of the women experiencing mental health issues, high levels of self-harming behaviour, domestic violence and drug and alcohol abuse. Nearly all of them arrived in custody with problems and in our survey, 42% reported having a disability. Given these levels of need, it was reassuring that most staff adopted a

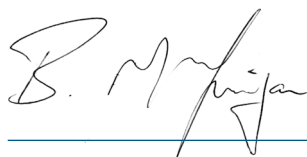
caring and supportive approach, while still challenging poor behaviour when needed. A few women presented particular challenges and were responsible for much of the violence and disruption evident at Ash House. Some of them were obviously ill and while they needed secure accommodation, we felt this should be within a mental health or hospital setting, rather than at the Hydebank Wood campus. We were also concerned that given the problems within the population, mental health support needed to be much better.

Most women felt safe most of the time, but many complained to us about the lack of staff on landings, a few women with problematic behaviour and the prevalence of drugs, which they felt were much more available than previously and led to bullying and intimidation. Work to address problems with drugs and the diversion of prescribed medications remained inadequate and in our view, a matter to be prioritised.

Partnership work was extensive; the developing relationship with Belfast Metropolitan College (BMC) was key to the progress already made. In addition, a huge range of innovative and beneficial relationships had been fostered with a variety of external organisations, many of whom actively supported work around learning and skills and resettlement. This needed to be fully integrated into a business plan outlining how Hydebank Wood/Ash House would develop in the future and how the various strands of provision delivered by the NIPS and BMC would be embedded to achieve the aims stated. Murray House provided real opportunities for a small number of women coming towards the end of long custodial sentences to experience a gradual, but supported, reintegration back into the community.

In addition, work around risk reduction, risk management and resettlement was now a strength of the institution, but again this needed to be better integrated with learning and skills provision.

Overall we found that outcomes for the women held at Ash House had improved significantly since our last inspection. The mixing of the women and the young men on the single site remained deeply problematic, but managers had become less risk averse and this had opened up opportunities for women.



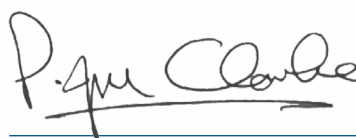
Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland

October 2016

Criminal Justice Inspection
Northern Ireland
a better justice system for all



We commend the NIPS and the local managers for their bravery and the single minded determination in fostering a culture of improvement and creating a prison with much greater rehabilitative ethos. Much has been achieved in a short space of time, but a great deal of hard work is still needed if Hydebank Wood is to fully achieve its aims. It will need ongoing support from the NIPS to maintain the momentum gained, and to take the institution to the next level in terms of outcomes for those held, and to benefit of the wider community of Northern Ireland.



Peter Clarke CVO OBE QPM
HM Chief Inspector of Prisons
in England and Wales

October 2016





Fact page

Task of the establishment

The prison accommodates all Northern Ireland's female prisoners.

Prison status

Public sector.

Department

Department of Justice Northern Ireland (DoJ).

Number held

57 on 17 May 2016.

Certified normal accommodation

71.

Operational capacity

71.

Date of last full inspection

18 - 22 February 2013.

Brief history

Ash House is a stand-alone residential unit within Hydebank Wood Secure College campus adjacent to the young men's accommodation. Ash House opened for women prisoners on 21 June 2004 following a major refurbishment programme. Further refurbishments, including the installation of in-room sanitation, were completed in April 2007, while the ground floor was refurbished and opened in September 2014. Murray House, located outside Hydebank Wood, opened in October 2015.

Short description of residential units

Ash House had five self-contained landings, each with dining and association areas. All rooms had integral sanitation.

Ash House landing 2 was used as a first night centre and for women on induction. Ash House landing 5, the best accommodation, housed women who required little supervision and who were on the enhanced regime; it was self-contained. Ash House landing 4 also accommodated women on the enhanced regime, while the remainder of the landings held a mix of women on all regime levels. There were two observation rooms for those needing additional supervision and observation on landing 1, one on landing 3, and a further one on landing 2, which also had a room adapted for women with disabilities. Two mother and baby rooms were located on landing 4. The Ornella Suite on the ground floor had a hairdressing classroom, a training kitchen, a multi-faith room, a drop-in centre and a medical facility. There was a purpose-built reception for the women.

Murray House, a six-bedroom unit for women nearing the end of their sentence housed those requiring little supervision who were working in the community.

Name of governor/director

Austin Treacy.

Escort contractor

In-house Northern Ireland Prison Service – Prisoner Escort and Court Custody Service (PECCS).

Health service provider

South Eastern Health and Social Care Trust (SEHSCT).

Learning and skills providers

Belfast Metropolitan College (BMC).

Independent Monitoring Board chair

Brian Doherty.



About this inspection and report

HMIP is an independent, statutory organisation which reports on the treatment and conditions of those detained in prisons, young offender institutions, secure training centres, immigration detention facilities, police and court custody and military detention. CJI is an independent statutory inspectorate, established under the Justice (Northern Ireland) Act 2002, constituted as a non-departmental public body in the person of the Chief Inspector. CJI was established in accordance with Recommendation 263 of the Review of the Criminal Justice System in Northern Ireland of March, 2000.

All inspections carried out by HMIP and those prison inspections jointly carried out with CJI contribute to the UK's response to its international obligations under the Optional Protocol to the UN Convention against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT). OPCAT requires that all places of detention are visited regularly by independent bodies – known as the National Preventive Mechanism (NPM) – which monitor the treatment of and conditions for detainees. HMIP and CJI are two of several bodies making up the NPM in the United Kingdom.

The ETI is a unitary inspectorate, and provides independent inspection services and information about the quality of education, youth provision and training in Northern Ireland. It also provides inspection services for CJI, of the learning and skills provision within prisons, in line with an agreed annual Memorandum of Understanding and an associated Service Level Agreement.

The RQIA is a non-departmental public body responsible for monitoring and inspecting the quality, safety and availability of health and social care services across Northern Ireland. It also has the responsibility of encouraging improvements in those services. The functions of the RQIA are derived from The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

The Inspectorates who participated in this inspection are all independent, statutory organisations which report on the treatment and conditions of those detained in prisons, young offender institutions, immigration detention facilities and police custody.

All HMIP and CJI reports carry a summary of the conditions and treatment of prisoners, based on the four tests of a healthy prison. The tests are:

Safety	women, particularly the most vulnerable, are held safely;
Respect	women are treated with respect for their human dignity;
Purposeful activity	women are able, and expected, to engage in activity that is likely to benefit them; and
Resettlement	women are prepared for their release into the community and effectively helped to reduce the likelihood of reoffending.



The 'Bangkok Rules'¹ sets out internationally agreed standards that should govern the treatment of women in prison. These standards are directly applicable to women's prisons in England and Wales. Since September 2014, we have *Expectations* which specifically address the outcomes we expect for women in prison

Under each test, we make an assessment of outcomes for women and therefore of the establishment's overall performance against the test. There are four possible judgements: In some cases, this performance will be affected by matters outside the establishment's direct control, which need to be addressed by the NIPS.

- **Outcomes for women are good.**

There is no evidence that outcomes for women are being adversely affected in any significant areas.

- **Outcomes for women are reasonably good.**

There is evidence of adverse outcomes for women in only a small number of areas. For the majority, there are no significant concerns. Procedures to safeguard outcomes are in place.

- **Outcomes for women are not sufficiently good.**

There is evidence that outcomes for women are being adversely affected in many areas or particularly in those areas of greatest importance to the well-being of women. Problems/concerns, if left unattended, are likely to become areas of serious concern.

- **Outcomes for women are poor.**

There is evidence that the outcomes for women are seriously affected by current practice. There is a failure to ensure even adequate treatment of and/or conditions for women. Immediate remedial action is required.

Our assessments might result in one of the following:

- **Recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be reviewed for implementation at future inspections.
- **Examples of good practice:** impressive practice that not only meets or exceeds our expectations, but could be followed by other similar establishments to achieve positive outcomes for women.

Five key sources of evidence are used by Inspectors: observation; prisoner surveys; discussions with women; discussions with staff and relevant third parties; and documentation. During inspections we use a mixed-method approach to data gathering and analysis, applying both qualitative and quantitative methodologies. Evidence from different sources is triangulated to strengthen the validity of our assessments.

Since April 2013, all our inspections in Northern Ireland have been unannounced, other than in exceptional circumstances. This replaces the previous system of announced and unannounced full main inspections with full or short follow-ups to review progress. All our inspections now follow up recommendations from the last full inspection.

1. United Nations Rules for the treatment of Women Prisoners and Non-custodial Measures for Women Offenders.

This report

This explanation of our approach is followed by a summary of our inspection findings against the four healthy prison tests. There then follow four sections each containing a detailed account of our findings against our *Expectations: Criteria for assessing the treatment of and conditions for women in prisons*. The reference numbers at the end of some recommendations indicate that they are repeated, and provide the paragraph location of the previous recommendation in the last report. Chapter 5 collates all recommendations, housekeeping points and examples of good practice arising from the inspection.

Appendix 1 details the Inspection team and Appendix 2 lists the recommendations from the previous inspection, and our assessment of whether they have been achieved.

Details of the prison population profile and findings from the survey of women and a detailed description of the survey methodology can be found in Appendices 3 and 4 respectively. This material can be obtained directly from the CJI website – **www.cjini.org**.

Please note that we only refer to comparisons with other comparable establishments or previous inspections when these are statistically significant.² Again, this material can be obtained directly from the CJI website – **www.cjini.org**.

2. The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.



Executive summary

Safety

Women still regularly shared transport with men when escorted to and from the prison, which was poor practice. Support during women's early days at Ash House was generally good. More than half the women surveyed said they had felt unsafe at some time, which was likely to have been because of the complex mix of the population and the availability of drugs. Some aspects of the work with people who self-harmed needed to be improved but day-to-day care was generally good. The complexity of the population required a more co-ordinated approach. Security arrangements had improved and 'free flow' (which allows prisoners to move about the prison unescorted) worked well. Disciplinary hearings were conducted fairly. Use of force paperwork was poor. Arrangements to segregate women in their cells were well managed. Substance misuse provision remained very weak and supply reduction strategies were poor. **Outcomes for women were reasonably good against this healthy prison test.**

At this inspection in February 2013 we found that outcomes for women in Ash House were reasonably good against this healthy prison test. We made 24 recommendations in the area of safety. **At this follow-up inspection we found that five of the recommendations had been achieved, 10 had been partially achieved and nine had not been achieved.**

Women still regularly shared transport with men when being transported to the prison, which was not appropriate. Fewer women than in the comparator said they felt safe while being transported to Ash House, but most journeys were relatively short. Women were no longer subjected to a full routine search on arrival, which was positive. Reception and first night procedures were generally good, although we found instances where risk information from police custody was not shared with health or committal landing staff. Induction processes remained comprehensive, but were still not always completed promptly.

Over half of women said they had felt unsafe at some time. This was likely to have been because of the complexity of the population, perceived staff shortages, diverted medication, the increased availability of illicit drugs and associated bullying and victimisation. A more considered and creative approach was needed to address issues related to poor behaviour. However, recorded levels of violence were not excessive and a small number of women accounted for much of the disorder. Staff responses to allegations of bullying and victimisation addressed the needs of individuals. The work was particularly challenging in Ash House given the population, and creative responses, such as formal mediation, were under-used. The Progressive Regimes and Earned Privileges (PREP) scheme was well managed and used proactively to encourage good behaviour. The enhanced unit in Ash House was popular and women considered it an incentive.

Case management interventions for those at risk of self harm through the Supporting Prisoners at Risk (SPAR) documents had improved but not all were complete and quality still needed to be better. It was very positive that those on SPAR documents were encouraged to attend work and education. Observation cells and strip-clothing were used too often. There was still no Listener scheme (in which prisoners are trained by the Samaritans to provide confidential emotional support to fellow prisoners) for those in crisis or on a SPAR.

Some progress was being made in developing and drafting safeguarding policies but we found no evidence that an adult safeguarding referral had ever been made, despite the population's needs.

Security risk management was improving and many unnecessary restrictions had been lifted. Ash House had a local security strategy but links with safer custody were not strong enough and some gaps remained, for example, intelligence was not used well enough, and initiatives to limit the drug supply were weak. Women and staff said it was easy to obtain drugs, including synthetic cannabis (a man-made drug that mimics the effects of cannabis but is much stronger with no discernible odour and cannot be detected by drug tests) and illicit medication. Random positive Mandatory Drug Testing (MDT) rates were low, but when refusals were included, they did highlight significant concerns about the illicit use of drugs. Threats, however, were being identified and dynamic security remained good, predicated upon a more predictable regime and good relationships between staff and prisoners.

Disciplinary hearings were conducted fairly and had been moved to late in the afternoon so activities were not disrupted. The use of force had increased since the last inspection but most interventions were low key. Aspects of governance had improved but much important supporting paperwork was incomplete, and some forms were missing. Accounts from officers often lacked sufficient detail and did not assure us that force was always used as a last resort. Three-quarters of staff had not completed up-to-date control and restraint (C&R) training. Management of the small number of women segregated in their cells in Ash House for short periods was very good.

The strategic approach to drugs and alcohol remained poor. Psychosocial services were good, but no high intensity provision was available. Specialist clinical addiction services did not meet the needs of the population, primarily due to staff shortages and commissioning issues. Integration between clinical and psychosocial services remained weak.

Respect

Despite efforts since our last inspection to improve conditions and a fundamentally respectful approach, the existence of Ash House on the site of a secure college for young men remained very poor practice. The quality of accommodation was mixed but the enhanced unit was very good. The outside areas and overall appearance of the prison was very good. Staff-prisoner relationships were strong and had moved on considerably since our last inspection. The management of equality and diversity work needed further development, but outcomes were generally equitable. The management of complaints needed attention. There was some appropriate legal support. Healthcare provision had improved overall, but some aspects of mental health provision were inadequate. The food was reasonable, and the tuck shop and the prison café *The Cabin*, were excellent. **Outcomes for women were not sufficiently good against this healthy prison test.**



At the last inspection in February 2013 we found that outcomes for women in Ash House were poor against this healthy prison test. We made 32 recommendations in the area of respect.³ At this follow-up inspection we found that 15 of the recommendations had been achieved, nine had been partially achieved and eight had not been achieved.

The continued lack of a dedicated women's prison in Northern Ireland remained unacceptable and resulted in poorer outcomes than would otherwise have been possible. As far as we could be we were confident that appropriate steps were being taken to ensure the supervision of contact between women and young men offset any inherent risks. However, the arrangements needed ongoing review and scrutiny to ensure they were appropriate. External areas were very attractive and well maintained and real efforts had been made to improve the overall environment at Ash House. The standard of accommodation was mixed; the enhanced unit was very good, but other landings were dark and cramped.

Significant progress had been made to improve the staff culture and to provide women with much better opportunities to improve their circumstances. The interactions we observed were consistently positive and in some cases outstanding. Staff generally showed an interest in the welfare of those in their care.

The promotion of equality and diversity required improvement. There was no external scrutiny and the monitoring and analysis of equality and diversity data needed to be more transparent. Previous disparities in outcomes for Catholic women were not evident from our focus groups or conversations with the women during the inspection. Good relationships ensured the needs of most minority groups were met. A section of the accommodation could hold a mother and her baby, but it had not been used for some time. The arrangements were inadequate and needed substantial improvement before they would be satisfactory. Support for pregnant women was good. Faith provision remained good, as was pastoral care and access to corporate worship.

Although most replies to complaints were reasonably good, some were superficial and did not demonstrate that the complaint had been sufficiently investigated. A few were particularly dismissive. We were not confident that complaints against staff were always dealt with adequately and too many women said they had been prevented from making a complaint. Legal rights support was appropriate although many complained about legal letters being inappropriately opened.

Corporate governance of healthcare was good and a prison reform team drove improvements. The compilation of serious adverse incident reports had improved. Healthcare facilities were good but there were some infection control issues. Some resuscitation equipment was missing or out-of-date. A range of health promotion activities was in place but further progress had been hampered by staff shortages, for example there was no Band 6 manager responsible for this area of work in place. Access to screening and vaccinations was good. General Practitioners (GPs) could be seen within a reasonable timescale, waiting lists were well managed and the overall management of chronic diseases was good.

³ This included recommendations about the incentives and earned privileges scheme which, in our updated Expectations (Version 4, 2012), now appear under the healthy prison area of safety.

We saw some good initiatives in medicines management. However, we observed inadequate supervision at the treatment hatches, which created a risk of bullying and diversion. Medication that should have been administered under supervision was being given in-possession at night without monitoring checks taking place. A list of critical medicines needed to be devised. Dental services were generally good; waiting lists were not excessive and urgent cases were seen promptly. Oral health promotion was exceptional.

Mental health assessments during committal could have been improved. The provision of services for those with learning disabilities, autism, post-traumatic stress disorder or personality disorders needed improved. Care for those on a mental health caseload was generally good, but review planning needed improvement. Waiting times for urgent mental health assessments were too long. The wider criminal justice and healthcare systems needed to provide alternatives to custody for vulnerable women.

Women had mixed views about the food, but catering had improved significantly overall and was good. The introduction of self-catering on Ash House landing 5 and access to the prison café *The Cabin* was impressive. Women could buy a suitable range of reasonably priced items from the tuck shop, which was an excellent facility.

Purposeful activity

Women had a good amount of time out of their cells and nearly everyone had meaningful purposeful activity. Evening association was frequently curtailed. Learning and skills provision had moved on considerably since the last inspection, although opportunities for women were still limited. There was, however, a clearer vision of how they would be further developed. Innovative programmes were being implemented and Inspectors identified a broad range of effective practice. Much of it was not yet fully embedded and more accredited activities were needed. Nevertheless, women were beginning to show more positive attitudes towards learning.

Outcomes were reasonably good against this healthy prison test.

At the last inspection in February 2013 we found that outcomes for women in Ash House were poor against this healthy prison test. We made 12 recommendations in the area of purposeful activity. **At this follow-up inspection we found that two of the recommendations had been achieved, eight had been partially achieved and two had not been achieved.**

The core day offered nearly all women good time out of their cells. However, association periods were frequently curtailed, reducing time out-of-cell for all but those on the enhanced level landings. Lockdowns were imposed fairly but were not always predictable. Nevertheless, the working day was given priority.

The Hydebanks Wood college senior management team (which also covered Ash House) was innovative and demonstrated a high level of commitment to providing quality learning and skills provision that supported progression in line with the institution's ethos. Partnership working with



community-based groups and organisations was excellent and had helped the most marginalised groups. The impact of these interventions needed to be evaluated more effectively.

An effective partnership had been established with BMC. The curriculum was broader and better than previously and there were more opportunities to attain accredited qualifications. Joint planning between Hydebank Wood and BMC was at an early stage of development and potential benefits had not been fully realised. The process of scheduling learning and skills activities was a positive development but needed refining; late changes in the groups of learners had a negative impact on learning. Nearly all women were involved in purposeful work activities, but too few were accredited. The learning and skills accommodation was not sufficiently good and the physical resources to support learning and training were limited.

Participation levels and attendance were good. While the range of accredited learning had been extended, it remained insufficient and did not provide adequate opportunities for progression to higher levels. The curriculum available for women still needed development. The introduction of an early initial assessment process to identify literacy and numeracy needs was a positive development. Further work was required to address the literacy and numeracy skills of the small number of women whose abilities were below entry level.

The quality of the teaching, training and learning was good or better in 77% of the sessions observed; just over 40% of those observed were very good across the whole site. Most of the construction-related provision had important areas for improvement. Inspectors observed innovative and effective practice, including in the gardens, as well as in hospitality, industrial cleaning, recycling, furniture restoration and animal care. Links with external agencies were also effective. The quality of the literacy and numeracy skills provision was good overall, a noteworthy improvement since the previous inspection; one-to-one literacy and numeracy provision was particularly effective. The provision of English for Speakers of Other Languages (ESOL) was insufficient.

Working relationships in learning and skills between the staff and women were mostly good or better than previously and focused well on meeting pastoral needs. The women were beginning to develop more positive attitudes to learning and progression. While the levels of achievement remained generally low, they were improving as the focus on learning and skills evolved. Achievements in literacy and numeracy had improved.

The library supported the emphasis on learning, literacy, personal and social skills. It offered a range of opportunities, including sign language, life skills, reading development, discussion groups and interventions to support contact with families.

Physical education (PE) facilities were good and well maintained, but not used sufficiently; the outdoor provision was particularly underused. Access to PE was too restricted. While the gym offered some good opportunities, its contribution to learning, skills and the women's well-being was underdeveloped.

Resettlement

An impressive range of community agencies and groups supported resettlement work. Temporary release was used extensively. The Prisoner Development Unit (PDU) provided good support but quality assurance for high risk cases needed to be better and learning and skills targets should have been integrated into sentence plans. Most work was up-to-date and reasonable. Reintegration planning and resettlement support was good and Murray House excellent. Some good family work was offered. **Outcomes for prisoners were reasonably good against this healthy prison test.**

At the last inspection in February 2013 we found that outcomes for women in Ash House were not sufficiently good against this healthy prison test. We made 14 recommendations in the area of resettlement. **At this follow-up inspection we found that six of the recommendations had been achieved, six had been partially achieved and two had not been achieved.**

There was a clear focus on identifying and addressing resettlement needs and a wide range of third sector and community organisations worked in partnership to support resettlement. Temporary release was used extensively as part of resettlement planning. Staff needed to explore the reasons why few women at Ash House felt resettlement work had made it less likely they would reoffend in the future.

Personal Development Plan (PDP) co-ordinators were well motivated, had reasonable caseloads and had received a range of appropriate training. Levels of contact between staff and women were relatively good and most women staying more than two months had a PDP. PDPs had improved, but learning and skills targets were not included. Most casework was good, although quality assurance processes were not effective enough, which was particularly a concern in the highest risk cases.

Public protection arrangements were proportionate and well understood. Reports were thorough and on time. Child safeguarding arrangements were sound. Security intelligence information on higher risk women needed to be communicated to PDP co-ordinators. The new security categorisation process was more meaningful than previously and effectively supported resettlement planning.

Reintegration planning was generally good but the process took too long for those staying for a short period. Murray House, which offered independent living accommodation outside the prison gate for those coming towards the end of their sentence, was an excellent new addition. It was particularly helpful for some women serving lengthy or indeterminate custodial sentences (ICS).

Family work was good and an impressive range of outside agencies provided support, information, relationship counselling and parenting courses, but the work needed to be better co-ordinated. Skype and email were available. Visits were reasonably good, searching was appropriate and respectful and staff were polite. Extended family visits, in an attractive room, were available. *The Caravan*, a well equipped facility offering extended visits for grandmothers, mothers and children was a very positive initiative.



Prisoner Development Unit (PDU) staff were aware of a range of agencies to which they could refer women who had experienced abuse, rape or domestic violence. Women could call Women's Aid confidentially. Work to identify women involved in prostitution and/or trafficked women needed developing, as did aspects of staff training on disclosing vulnerabilities.

Workers from voluntary agency Housing Rights provided a valuable service and had good links with accommodation providers. Few women were released without an address and efforts were made to find accommodation. Committal information could have been used more effectively to support meeting the housing needs of the population.

High quality external work placements had been set up with a range of supportive employers. As a result, an increasing number of women benefited from the opportunity to progress to employment outside the prison and some retained their employment on release. Longer serving women needed additional opportunities.

Discharge planning in primary health care was being formalised. Work had started on developing a palliative and end-of-life care pathway. Links with community providers for those discharged with mental health problems had improved, but varied across the region.

An appropriate range of pre-release substance misuse interventions was offered to those involved with drug services; however, most women were not and were therefore left without any harm reduction advice, which put them at risk.

The support available on finance, benefits and debt needed to be reviewed to ensure it was meeting the needs of the population. Reasonable support was offered to those with debt problems, and benefits advice was provided when needed. Women received assistance to open bank accounts.

The range of offending behaviour programmes was good, but an anger management intervention was not available, although one-to-one work was.

Main concerns and recommendations

Concern: *Women and staff reported illicit drugs and medication, including new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), were easily available. A co-ordinated approach to drugs and alcohol including supply reduction remained weak. Access to specialist clinical assessment, support and some aspects of prescribing for women with drug and alcohol dependency was inadequate and unsafe. Additionally, women who arrived with dependency issues did not receive any additional overnight monitoring during the first five days while they were stabilising which meant that severe withdrawals or over sedation could have been overlooked. Women had no access to group work or high intensity psychosocial support for substance misuse issues.*

Recommendation 1

A more strategic, multi-disciplinary approach to substance misuse dependency is needed. This should address both supply and demand issues, be informed by a needs assessment of the population, and result in an action plan that ensures that those dependent on drugs or alcohol have prompt access to specialist support, which includes addressing links to offending behaviour.

Concern: *The population was very complex and many of the women held had significant mental health and well-being issues. While some good work took place to manage these dynamics, the prison needed a more co-ordinated approach to ensure it was carried out safely and therapeutically. A small number of women had both significant vulnerabilities and challenging behaviour and it was extremely difficult for the prison to manage them safely within the confines of Ash House.*

Recommendation 2:

The complex needs of many women held at Ash House must be recognised and a more co-ordinated approach adopted. The wider criminal justice and healthcare systems need to provide therapeutic alternatives to Ash House for the small number of highly vulnerable women with the most challenging behaviour.

Concern: *The Hydebank Wood campus remained an inappropriate location for Northern Ireland's women's prison. Women told us that they were sometimes subjected to verbal abuse from the young men held, and while real efforts had been made since our last inspection to enhance the regime offered to women, opportunities remained more limited than would otherwise have been the case.*

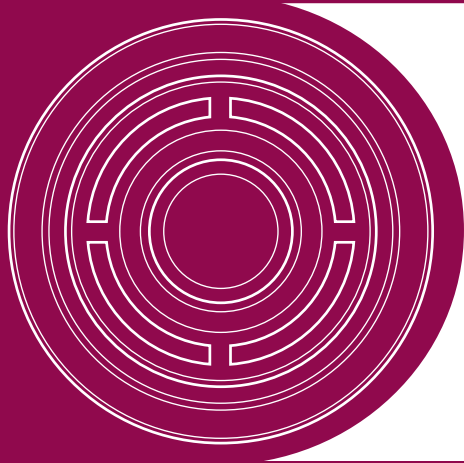
Recommendation 3

There should be a dedicated women's prison for Northern Ireland.

Concern: *The developing relationship between Hydebank Wood/Ash House and BMC had led to a much better range of purposeful activity for the women, but further developments were required. The relationship was in its early stages and had not yet reached its full potential. Activities needed to be scheduled to ensure greater continuity in learning. Women needed further learning and skills opportunities, including a greater range of accredited activities, some above level 2, that built on their previous experiences and enabled them to progress.*

Recommendation 4

Joint planning between Hydebank Wood/Ash House and BMC management teams should be further developed to ensure all women benefit fully from high quality, well-planned learning and skills and work provision that supports efforts to reduce their likelihood of future reoffending.



Inspection Report



Safety

Courts, escorts and transfers

Expected outcomes:

Women transferring to and from the prison are treated safely, decently and efficiently.

- 1.1 Women still regularly shared transport with men when being transported to the prison, which was not appropriate. Fewer women than in the comparator said they felt safe while being transported to Ash House. Most journeys were relatively short, but there was no drinking water and women had no access to toilet facilities while on the vans. All new committals were routinely cuffed throughout their journey from court – in the van and while being taken to reception; the cuffs were only removed at the front desk, which was disproportionate. Video link facilities continued to be used effectively for court appearances. Property and private cash still did not accompany individuals on remand to court.

Recommendation

- 1.2 **Handcuffs should only be used under escort if justified by an individual risk assessment.**

Early days in custody

Expected outcomes:

Women are treated with respect and feel safe on their arrival into prison and for the first few days in custody. Women's individual needs are identified and addressed, and they feel supported on their first night. During a woman's induction she is made aware of the prison routines, how to access available services and how to cope with imprisonment.

- 1.3 An average of six new receptions arrived each week. The reception area consisted of one large room and two small holding rooms. Only female staff completed reception interviews, which was good. We welcomed the introduction in 2014 of a proportionate risk and intelligence-based approach to searching on arrival. This meant that full searches were no longer routine, but only carried out on the basis of intelligence. As at the last inspection, women were interviewed one at a time while other arrivals were located in individual holding rooms where they could not be observed, which was inappropriate.

- 1.4 In our survey more women than in comparable prisons reported having problems with feeling depressed or suicidal (59% against 34%) and having mental health problems (64% against 34%) on arrival. Reception staff were welcoming and women we spoke to were generally positive about their reception experience. Officers gathered relevant risk information including details about dependants. Not all staff working in reception were familiar with reception processes, which created risks; for example, we observed that risk information from police custody (PER 15 forms) was not passed on to health staff, but incorrectly filed in reception.
- 1.5 New arrivals had prompt access to clothing, a reception pack (containing items such as biscuits, sweets and orange juice) and their own property. Women were transferred promptly to the first night and induction landing (Ash House 2). Generally women told us they received a friendly welcome and relevant information; however, those arriving during a lockdown received little verbal information until the next day. Staff checked on new arrivals at least hourly for the first 24 hours and extended this support if required. In our survey a similar number of women to the comparator reported that they felt safe on their first night, despite more than the comparator reporting that on arrival they needed protection from other prisoners.
- 1.6 Useful induction information was freely available on Ash House 2, including a DVD and information in languages other than English. The formal induction programme took five days and included a walk around the prison, a meeting with substance misuse staff and a DVD presentation on set days. However, we were not confident that all women received the full induction programme.
- 1.7 Most aspects of the induction were completed in private. The chaplaincy saw all new arrivals within 24 hours. A prison Insider scheme (in which prisoners introduce new arrivals to prison life) had been re-launched; an Insider attended the landing every day but we were not confident that all new arrivals were seen.

Recommendation

- 1.8 **All women should receive a full induction that starts with key essential information on the first full day after their arrival.**

Safe and supportive relationships

Expected outcomes:

Safe and supportive relationships are encouraged. Everyone feels and is safe from victimisation (which includes verbal and racial abuse, theft, violence and assault or threats). Women are protected from victimisation through active and fair systems known to staff, women and visitors, and which inform all aspects of the regime. Any sanctions on behaviour are applied fairly, transparently and consistently.

- 1.9 A monthly safer custody steering group oversaw anti-bullying and violence reduction work. Women experiencing or presenting difficulties were discussed at a weekly safety and support meeting.
- 1.10 In our survey, 57% of women said they had felt unsafe at Ash House at some time. The reasons for this were complicated; while the assault rate was low, a small number of women displayed very challenging and unpredictable behaviour. The confined nature of Ash House meant that managing the behaviour of these women was difficult, which had an effect on everyone in the house. In addition, many residents had problems on arrival at the prison, such as feeling depressed or suicidal or having mental health problems, which sometimes had an impact on the dynamics of the house (see concerns and main recommendation). Staff usually managed the situation with sensitivity and common sense.
- 1.11 Opening up the grills so that women could move around Ash House had created a more relaxed environment but also made supervision more difficult. Staff and women told us that having fewer officers around meant the unit felt less safe. However, staff were knowledgeable about most of the women in their care and the potential risks they posed.
- 1.12 Allegations of threats or intimidation were managed through the 'challenging anti-social behaviour' (CAB) policy. In the previous six months, behaviour had been formally monitored in 19 cases. CAB investigations took place promptly and the investigation reports we read revealed a caring attitude and took account of the individual. Staff spoke to all the women involved individually and in three of the 10 cases we looked at informal mediation had taken place. Women who were having difficulties coping were offered daily support from landing staff.
- 1.13 However, underlying or long-term tensions and more complex situations, such as where two women each alleged they were being victimised by the other, were not always addressed fully. The challenge of managing women in a potentially claustrophobic environment where there were very few options regarding their location meant that ongoing conflicts and difficulties needed to be more actively resolved. The dynamic on landings was complex and more creative responses, such as formal mediation or therapeutic group work, were required.
- 1.14 Staff needed to focus on the issue of women being victimised for prescribed medication. In our survey, 25% of women responding said they had been victimised because of medication, much higher than the comparator of 6%. Although some steps had been taken to resolve the problem, for example, by providing lockable cupboards in rooms, we were told that some women were afraid to carry the keys. We were not convinced that the issue was given a high enough priority (see also paragraph 2.66).
- 1.15 The PREP scheme policy document had been reviewed. The new policy described how the system worked, how women could progress through the levels and the standards of behaviour expected.

- 1.16 Generally the scheme was well managed and there was evidence that it was being used effectively to manage prisoners' behaviour; good behaviour was encouraged and rewarded, and sanctions were applied where necessary.
- 1.17 During our inspection, four women were on the basic regime, 24 on the standard level and 29 on the enhanced regime. Most women only spent a relatively short time on the basic level; they were usually promoted to the standard regime within a week or two. Reviews for those on the basic level were held every week and women could incrementally earn privileges for adhering to the rules and showing a willingness to comply with the regime. They all had full access to work and education and most had some association in the early evening.
- 1.18 Enhanced level units in Ash House were popular; the women regarded them as meaningful incentives to improve their behaviour. In our survey, more than half of respondents (52%) said the scheme had encouraged them to change their behaviour and 60% said they were treated fairly by the scheme.

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Vulnerable women are identified at an early stage and given the necessary support. All staff are aware of and alert to vulnerability issues, are appropriately trained and have access to proper equipment and support.

- 1.19 The NIPS had drafted a suicide and self-harm prevention policy, which had been awaiting sign-off from the SEHSCT since May 2015. The establishment's 2012 policy needed updating in line with the new draft national policy. A specific strategy was required to address the needs of the large number of women at Ash House with mental health problems and complex needs, including those at risk of self-harm and suicide (see also paragraph 2.78 and concerns and main recommendations).
- 1.20 The quarterly safer custody steering meeting addressed management issues, while multi-disciplinary safety and support meetings focused on those with more complex, longer-term issues requiring management attention and support, including women with adult safeguarding needs. Both meetings were well attended and involved staff from a range of disciplines. Appropriate action was taken although it was not always recorded.
- 1.21 In the six months before the inspection, 11 women had carried out 17 acts of self-harm and 48 SPAR documents had been opened. Some good work was undertaken with individual women, but staff needed to focus on the underlying reasons for women being in crisis. In nine of the 10 SPAR documents we looked at, women had gone into crisis because of a family situation or difficulties with other women on their landing, although the prison had not identified this as a concern.

- 1.22 SPAR documents had improved but issues remained about their quality and completeness. In-depth, supportive conversations with women were not always recorded. However, we were confident from our discussions with the women, that those having difficulties received support from landing staff every day. It was good that those on a SPAR could attend work and education. We saw women in crisis receive some good creative support, for example, they could use the gardens or take part in art classes.
- 1.23 Observation cells had been used 17 times and anti-ligature clothing six times in the six months prior to the inspection, which was high. We reviewed some cases where this approach had been adopted and saw little justification for actions which risked causing more trauma to already distressed women. The observation cells gave women no privacy and we were not convinced that alternatives were properly considered.
- 1.24 There was still no Listener scheme (in which prisoners are trained by the Samaritans to provide confidential emotional support to fellow prisoners) for those in crisis or on a SPAR. It was positive that Ash House had Insiders, but they needed training and better support. Staff from the Samaritans attended Ash House once a week and any women could ask to speak to them. Women could also contact them through a portable phone.

Recommendations

- 1.25 **SPAR documents should be further improved.**
- 1.26 **Observation rooms and anti-ligature clothing should only be used exceptionally, and after all other alternatives have been considered and discounted.**
- 1.27 **Insiders should receive support and training.**

Safeguarding (protection of adults at risk) and women with complex needs

Expected outcomes:

The prison promotes the welfare of all prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.⁴

- 1.28 A draft safeguarding policy for Hydebank Wood had been produced in collaboration with input from representatives from the SEHSCT; NIPS needed to take this forward and implement it in Northern Ireland Prisons. Since the previous inspection, working relationships between Hydebank Wood and the SEHSCT had become closer and regular meetings now took place. Local adult safeguarding partnerships were responsible for all safeguarding in Northern Ireland, but the NIPS was not formally represented.

4. We define an adult at risk as a person aged 18 years or over, 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation'. 'No secrets' definition (Department of Health 2000)

- 1.29 The policy was comprehensive and contained clear referral routes and contact details for adult social services. It specifically referred to the distinctive needs of women who might have experienced domestic abuse or been involved in sex work. However, NIPS staff were not yet aware of the safeguarding policy or when to refer someone or seek advice from social services.
- 1.30 Despite there being some women who were extremely vulnerable, no safeguarding referrals had been made to a local authority in any of the women's home areas. Healthcare Inspectors found evidence of a serious safeguarding concern that had not been followed up. We raised this issue with senior SEHSCT managers and were assured action would be taken. (see paragraph 2.46).

Recommendation

- 1.31 **Key staff should be trained in identifying adult safeguarding concerns and set up a referral process to local authorities in women's home areas.**

Security

Expected outcomes:

Physical and procedural security measures are specific to the risks in a women's prison. Security and good order are underpinned by effective security intelligence and positive staff-prisoner relationships. Women are safe from exposure to substance misuse while in prison.

- 1.32 The links between Ash House and the security department, based in Hydebank Wood Secure College, had improved since the last inspection and security information was shared reasonably well. Ash House now had its own security strategy but links with the safer custody team still needed improvement.
- 1.33 Risk management systems had improved significantly and there was now little evidence that Ash House was risk averse in the way it allocated activity spaces to women. The free-flow system allowed all women to move to education and other activities under supervision during the beginning and end of the planned day; the process seemed well managed and proportionate. Women could also attend appointments outside main movement times within the secure campus under appropriate supervision.
- 1.34 Risk assessments were used more effectively than at the last inspection and many unnecessary security practices, such as the excessive use of full searches and locking down the whole establishment whenever an alarm bell was activated, had stopped. Women were no longer subjected to a random full search after visits.
- 1.35 The flow of information into the security department had also improved and the number of security information reports had increased since the last inspection. Security staff at the secure college processed and categorised the information promptly and disseminated it swiftly to staff at Ash House, which allowed them to respond appropriately to immediate issues.

- 1.36 Monthly security committee meetings were given a high priority and representatives from Ash House attended regularly. However, intelligence to help inform strategies, such as those on drug supply and violence reduction was not used sufficiently well (see also paragraph 1.14).
- 1.37 Important elements of dynamic security remained in place. Relationships between staff and women were good and it was clear staff knew and cared about the women under their supervision. The regime was purposeful and predictable and CCTV covered the grounds extensively, which made supervising women when they went to activities easier.
- 1.38 In our survey more women than at similar prisons reported that it was easy to get illegal drugs and that they had developed a problem with drugs and diverted medication since they had been at Ash House. Women and staff we spoke to said it was easy to get drugs, including synthetic cannabis (a man-made drug that mimics the effects of cannabis but is much stronger with no discernible odour and cannot be detected by drug tests) and illicit medication. Most search finds were of drug-related equipment. (See also paragraph 2.67.) An effective and co-ordinated approach to these challenges remained poor (see paragraph 1.54).
- 1.39 The random MDT positive rate for the six months to April 2016 was not high at 3.8%, but the rate for women refusing to take the test for the same period was high at 15.38%. No weekend random MDT testing occurred and generally the programme was too predictable. Some risk and suspicion MDT was carried out, however too many requested suspicion drug tests were not completed. The majority of positive drug tests were for buprenorphine, tramadol and benzodiazepines, but tests did not detect synthetic cannabis. All women who tested positive or refused tests were referred to substance misuse services. The MDT testing suite was not sufficiently clean and the location of the observation panel did not give women sufficient privacy while they were giving a sample.

Recommendations

- 1.40 Intelligence should be used to inform strategies to reduce supplies of illegal drugs and the diversion of prescribed drugs to support efforts to reduce bullying and violence.**
- 1.41 Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision.**
(Repeated recommendation 1.47)

Disciplinary procedures

Expected outcomes:

Disciplinary procedures are applied fairly and for good reason. Women understand why they are being disciplined and can appeal against any sanctions imposed on them.

Disciplinary procedures

- 1.42 The number of adjudications was high at 113 in the previous six months and had more than doubled when compared to the previous inspection. However, a small number of women with very complex needs and challenging behaviour accounted for a disproportionate number. A total of three women were subject to about 25% of all formal adjudications.
- 1.43 As at the previous inspection, there was a Northern Ireland-wide punishments tariff for all prisoners, regardless of their sex or age. However, adjudicators now took account of the circumstances applying in Ash House.
- 1.44 Disciplinary hearings had been moved to late in the afternoon so activities were not disrupted. Records of hearings we examined and hearings we attended, showed that proceedings were conducted fairly and that women could explain their version of events. On the whole, punishments were fair and there were examples of adjudicating governors dismissing cases due to a lack of evidence.
- 1.45 The appeals process was explained to all women directly after the formal hearing and again on leaving the adjudication room.
- 1.46 Although there was no adjudication standardisation meeting to monitor the standard of hearings, senior managers undertook quality checks of records and an analysis of information to identify trends or patterns was presented at senior management team meetings. We found no evidence of unofficial or collective punishments.

Good practice

- 1.47 *Holding adjudications in the late afternoon meant they did not interfere with women's attendance at activities.*

The use of force

- 1.48 Force was used frequently and had increased since the last inspection. There had been 21 incidents in the six months prior to the inspection, which was four times higher than in 2013. All interventions were low key and none had involved full use of pain compliance techniques and many of the incidents related to a small number of women with particularly challenging behaviour.
- 1.49 Formal monitoring arrangements for incidents were improving and there were better links between Ash House, the security committee based at the secure college and the senior management team than at the last inspection. Incidents were discussed at monthly use of force committee meetings held at the secure college, chaired by the head of residence, and the governor and deputy governor reviewed some video recorded incidents.

- 1.50 However, important aspects of oversight were not effective. The analysis of data to identify patterns or trends was underdeveloped and was not being used effectively to help reduce the number of incidents. We found that some use of force forms had not been processed properly or completed and some were missing altogether. Accounts from officers often lacked sufficient detail and did not assure us that force was always used as a last resort. It was unacceptable that 75% of operational staff had not completed up-to-date control and restraint training.

Recommendations

- 1.51 Senior managers should scrutinise all use of force incidents, including paperwork completed by all the officers involved, and deal with emerging issues promptly.**
- 1.52 All prison officers should have up-to-date training in control and restraint.**
(Repeated recommendation 1.63)

Segregation

- 1.53 There was no segregation unit at Ash House. As at the last inspection, women could be segregated in their rooms as punishment following adjudication, to maintain good order in the house or pending investigation of an incident. The number of women segregated in their rooms had trebled since the last inspection from six cases to 21 at this inspection. However, one incident accounted for eight cases and three separate women accounted for about 12. Cases were formally reviewed every day and women spent short periods in segregation. We could find no examples where women had spent more than two days segregated in their rooms. In many cases women were locked in only during association and as at the last inspection, could mostly participate in normal activities in Ash House. No one was segregated during the inspection.

Substance misuse

Expected outcomes:

Women with drug and/or alcohol problems are identified at reception and receive effective treatment and support throughout their stay in custody.

- 1.54 The strategic approach to drugs and alcohol, including supply reduction, remained poor. A 2014 joint draft drug and alcohol strategy between Hydebank Wood and SEHSCT had not been implemented. Hydebank Wood's own strategy, drawn up in 2016, was not based on a needs assessment, lacked an action plan and did not adequately address all areas, such as new psychoactive substances (new drugs that are developed or chosen to mimic the effects of illegal drugs such as cannabis, heroin or amphetamines and may have unpredictable and life threatening effects), clinical treatment or women's specific needs. The drug and alcohol committee had not met since January 2015 (see concerns and main recommendation).

- 1.55 The SEHSCT provided clinical drug treatment services and commissioned *Start360* to provide AD:EPT, an alcohol and drugs service. All new arrivals were seen on induction and provided a reasonable range of one-to-one, low-to medium-intensity interventions, including counselling, but high intensity support and group work was still not available. AD:EPT staff reported that attempts to introduce groups such as Building Skills for Recovery had failed due to low numbers. A total of 19 women (36% of the population) were involved with AD:EPT. Staff from Alcoholics Anonymous provided weekly input, but there were no substance misuse peer supporters.
- 1.56 The SEHSCT was finalising a treatment-specific needs assessment but the draft Inspectors saw had several weaknesses, for example, there was no input from women. In our survey fewer women than the comparator who had drug or alcohol problems said they had received support for their drug problems (32% against 81%) or alcohol problems (38% against 80%) while at Ash House.
- 1.57 The commissioned specialist clinical interventions remained inadequate for the needs of the population. Women who arrived dependent on alcohol received prescribing and monitoring through the primary care department, although this generally occurred without them seeing a GP or specialist. There were no dedicated stabilisation facilities and women were not monitored overnight, which meant staff might have overlooked severe withdrawals or over sedation.
- 1.58 Women dependent on illicit opiates received symptomatic support only, which was inhumane and increased the demand for illicit drugs. Waiting times for the clinical addictions team (CAT) had always been excessive at up to nine weeks, but staffing shortages in 2016 meant only women arriving on community opiate substitution treatment (OST) or with high risk needs such as those who were pregnant, were seen. No data were available on how many women were affected. Several women however said they were using illicit opiates in the prison because they could not access OST.
- 1.59 The four women receiving OST during the inspection were all appropriately maintained and administration processes were good. OST prescribing was flexible and all the women had care plans and regular reviews. Integration with the AD:EPT service had been adversely affected by CAT staffing shortages, but was being addressed. Women with substance use and mental health needs were referred to the mental health service.



Respect

Residential units

Expected outcomes:

Women live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions. Women are aware of the rules and routines of the prison which encourage responsible behaviour.

- 2.1 Although the environment and opportunities for women in Ash House had been enhanced, it was still inappropriate that women were located within a secure college for young men. Some women complained about young men shouting abusive slogans at them and some cells in the secure college overlooked the women's accommodation. Given the limitations of the current arrangements we applauded efforts by local managers and staff to offer the women at Ash House a richer and more varied purposeful regime (see paragraph 3.5). However, while appropriate steps were taken to ensure women and young men were properly supervised when the populations mixed, the risks were obvious and the arrangements needed ongoing review and scrutiny to ensure they remained appropriate.
- 2.2 External areas were very attractive and well maintained and real efforts had been made to improve the overall environment at Ash House. Efforts had been made to make Ash House less claustrophobic by opening up the grills and allowing women to move more easily between the landings. This had given them more autonomy and access to communal space.
- 2.3 The ground floor was bright and attractive with very good training facilities and a drop-in room. The cells on landing 5 for women on the enhanced level were excellent and women there had their own kitchen. The other landings were dreary and cramped. Although women complained about not having access to cleaning material, cells and landings were clean.
- 2.4 Cells were reasonable and properly equipped but some needed redecoration. The cell bell records we saw showed that most emergency calls were answered within five minutes. Staff usually knocked and waited for a response before entering a cell. Observation panels were free of obstructions.

- 2.5 All women occupied single cells. They could personalise their cell and have a generous number of items in their possession. All cells had screened toilets but no lids. The height of the doors in the communal toilets and showers needed to be increased to ensure privacy. In our survey, 58% of women, lower than the comparator of 92%, said they could shower every day; they said this was due to unplanned lock-ups during evening association (see paragraph 3.2). All women did their own laundry, which was good. They received appropriate footwear and clothing for outdoor work, such as gardening.
- 2.6 Information about outside support agencies was available on the landings. However, there was not enough information about Ash House's policies. Not all women understood the rules and some felt that individual women were treated differently. Staff tried to support women with additional needs, but this approach needed to be explained more clearly to other women so they did not perceive inconsistencies in treatment.
- 2.7 Most women who responded to our survey said it was easy to make an application. Applications were computer-based and women could make one themselves or ask a staff member to submit one. Most applications we saw were about property or canteen. Responses were flexible and prompt.
- 2.8 There was an effective monthly meeting, which the unit manager and landing representatives attended, where women could raise concerns about their living conditions. (See also concerns and main recommendation)

Recommendation

- 2.9 **The arrangements for monitoring and managing the interactions between the female and young male populations at the Hydebank Wood campus needed ongoing scrutiny and periodic formal review.**

Staff-prisoner relationships

Expected outcomes:

Women are treated with respect by staff throughout the duration of their time in custody, and are encouraged to take responsibility for their own actions and decisions.

- 2.10 Significant progress had been made to create a culture that was more positive and respectful at Ash House and to provide women with better opportunities to improve their circumstances. The interactions we observed between staff and women were consistently positive and in a few cases, outstanding. Officers frequently showed an interest in the welfare of women and often tried to be helpful. Examples of constructive interaction could regularly be seen in the prison café *The Cabin* and tuck shop, where the relaxed ethos created an informal environment.

- 2.11 Staff entries in landing files continued to be mainly about behaviour and conduct instead of a record of interactions about their well-being. Discussion forums in Ash House took place every month and records indicated that staff gave fair consideration to the issues the women raised, often providing detailed responses and explanations.

Equality and diversity

Expected outcomes:

The prison demonstrates a clear and co-ordinated approach to eliminating discrimination, promoting equitable outcomes and fostering good relations, and ensures that no prisoner is unfairly disadvantaged. This is underpinned by effective processes to identify and resolve any inequality. The distinct needs of each protected characteristic⁵ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), transgender issues, sexual orientation and age.

Strategic management

- 2.12 The strategic management of equality and diversity needed further development. Women and young adult representatives met prior to a monthly equality and diversity meeting to identify concerns they wished to raise. However, the women representatives did not attend with sufficient consistency, which meant they were not experienced or confident enough to raise issues. There was no guidance for this role or sufficient opportunities for them to canvass opinions from their peers. In two of the previous five representatives' meetings, no women had been present; at a third meeting only one woman was present.
- 2.13 Women did not consistently attend the full equality and diversity meetings and were only present at the initial part; meetings could have been restructured to be more inclusive. They were chaired by the deputy governor and included the equality and diversity co-ordinator who led the daily management of this area. An equalities officer from NIPS headquarters attended but not all key departments were represented regularly, and no senior manager from Ash House had been present at the previous three meetings. A member of the Independent Monitoring Board (IMB) and chaplaincy participated in meetings, but there was no external scrutiny or consultation with experienced practitioners.
- 2.14 There was no clear statement outlining the terms of reference for the equality and diversity meeting and the standing agenda still did not include all protected groups falling under section 75 of the Northern Ireland Act 1998. Over the previous three months there had been no recorded discussion about sexual orientation and no recognition of the problems of homophobia. There was little evidence of a strategic approach to disability, particularly mental health concerns, in partnership with the healthcare department, despite the population having significant problems in this area.

5. The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).

- 2.15 A NIPS corporate equality and diversity improvement plan for 2012-15 had been drawn up. It provided comprehensive practice notes on the service's obligations to promote equality and outlined how equality and diversity teams should operate, including in areas such as consultation with external agencies. The current equality and diversity action plan dated March 2015, included outstanding issues from 2014.
- 2.16 Monitoring of equality and diversity data included outcomes for women by religion, race and age, and covered key areas, such as the PREP scheme, adjudications, complaints, home leave applications and decisions. Outcomes were generally equitable. Previous disparities in outcomes for Catholic women were not evident from our focus groups or conversations with women during the inspection. Outcomes from data monitoring and analysis needed to be more transparent and disseminated among staff and women.
- 2.17 Complaints about perceived discrimination remained part of the general complaints system and were processed under five main headings: discrimination; harassment; racial; disability; and verbal abuse. Residential senior officers investigated complaints, which were overseen by the equality and diversity co-ordinator. A total of 18 complaints about alleged discrimination had been submitted in Ash House in the previous six months. Most related to harassment and often pointed to disagreements between women rather than clear discriminatory behaviour. Complaints about staff were referred to the deputy governor.
- 2.18 A range of gender specific policies had been developed over recent years. There was no agreed policy to ensure women who were pregnant were managed consistently. Draft guidelines had been produced in April 2016 for managing transsexual prisoners and staff displayed some understanding of the issues. The ratio of male (25%) to female staff (75%) in Ash House was appropriate.
- 2.19 An NIPS foreign national prisoner strategy from 2014–16 covered all key areas and acknowledged the need for a dedicated foreign national liaison officer for Ash House, which was not yet in place.
- 2.20 Some limited celebrations of diversity had included the Chinese New Year and Holocaust Memorial Day.
- 2.21 Some staff received initial equality and diversity training but there was no refresher training; 72 (35% of) staff across the college had not had any training in equality and diversity.

Recommendation

- 2.22 **The strategic management of equality and diversity should have a multi-disciplinary approach and more involvement from and a greater focus on women. Monitoring data should be clearly explained and publicised and external practitioners should be consulted in line with the NIPS equality and diversity improvement plan.**

Protected characteristics

- 2.23 All women who disclosed that they had a disability, were a foreign national or a Traveller on committal, were interviewed by a safety and support officer to identify any specific needs. There were few diverse minority ethnic groups within the population in Ash House. Only three women were from Asian or mixed ethnic groups; 95% were white.
- 2.24 There were no routine meetings with a specific focus on the protected characteristic groups, but the good relationships ensured most minority groups' needs were met. It also helped that women had better access to activities than previously and for most, there were fewer restrictions on their movement around the Hydebank Wood campus.
- 2.25 Nine (16%) foreign national women were being held, none solely for immigration reasons. The Home Office held surgeries twice a year or when requested. All women, regardless of their nationality, had access to Skype. While this was an excellent initiative women had only used the facility on 14 occasions in 2016 and it could have been better promoted. Face-to-face interpreting services had been used on a range of occasions, including during committal interviews, explaining immigration correspondence and supporting prisoners at risk reviews. The telephone translation service was also well used. A new NIPS contract allowed some foreign nationals to make international telephone calls at reasonable rates but not all.
- 2.26 Eight women were over 50 years of age. There was no specific provision for older women or for the two young women under 21, but because there were only a small number of them, their needs could be met.
- 2.27 Our survey indicated 42% of women said they had a disability. This compared to 23% (13) recorded on the Prisoner Record Information System Management (PRISM) (NIPS' computerised prison record system). Most related to mental health, which indicated that there were still problems confirming data about the number of women with a disability. However, women in our survey who said they had a disability reported very similar outcomes across all areas when compared to non-disabled women. A Motability scooter had been provided to help those with mobility problems to get around the large grounds. Where required personal emergency and evacuation plans (PEEPs) were completed by the fire officer.
- 2.28 Support for pregnant women was good. Facilities for mothers and babies consisted of two large cells with integral toilets on a normal upper landing (Ash House 4). However they did not provide a positive or appropriate environment to hold mothers and their babies. The facilities had been used once since our last inspection.
- 2.29 The 2006 mother and baby policy had not been revised and was still not specific to Ash House. There was a clear application policy and one application had been rejected by a multi-professional panel since our last inspection. Staff were not specially trained to work in the facility. We were informed that all women on the landing would be risk assessed and requisite staff training, including child protection and infant resuscitation, provided if an admission

was planned. As at the last inspection, a mother in the facility could nominate other prisoners to take care of her baby in certain instances, such as while she was at court. We remained concerned that this process had not been agreed with the local safeguarding children board.

Recommendation

- 2.30 The mother and baby unit should provide an appropriate environment for mothers and babies and be staffed by appropriately trained officers. A current mother and baby policy agreed with all key stakeholders should be established to reflect the specific arrangements at Ash House, including childcare arrangements.**

Faith and religious activity

Expected outcomes:

All women are able to practise their religion fully and in safety. The chaplaincy plays a full part in prison life and contributes to women's overall care, support and resettlement.

- 2.31 Faith provision remained good. The chaplaincy included four part-time and one managing chaplain – all from Christian faiths, which reflected the population; 90% of women were registered to Christian traditions. The team drew on support from the Belfast Faith Centre when required and visits from chaplains were arranged. A range of religious texts and artefacts were available from the chaplaincy.
- 2.32 Weekly services for Catholic and Protestant women were held. Ash House had a large well equipped chapel and a small but adequate multi-faith room. There were few opportunities for faith groups outside corporate worship but an annual three-day inter-denominational retreat had taken place.
- 2.33 Only 55% of women said they saw a chaplain on arrival but we were confident all new committals were seen; 85% said they could speak to a religious leader in private if they wanted to. Pastoral care was good. A Catholic nun provided good individual support for women from all faiths and was well respected.
- 2.34 Bereavement support and counselling through the charity CRUSE were available as was practical and financial support from the St Vincent de Paul Society, which also arranged visits. The chaplaincy had good links with families. The managing chaplain attended key policy groups, including prisoner safety and support meetings and equality and diversity meetings. There were plans to develop links to church communities through Skype so that women could feel part of funerals and other family religious services they were unable to attend.

Complaints

Expected outcomes:

Effective complaints procedures are in place for women, which are easy to access, easy to use and provide timely responses. Women feel safe from repercussions when using these procedures and are aware of an appeal procedure.

- 2.35 Complaint forms were freely available and prisoners understood the process. There had been 108 formal complaints in the six months prior to the inspection, many of which were minor, concerning simple domestic issues.
- 2.36 Quality assurance processes were in place and some complaints were discussed at senior management team meetings. A senior manager checked a sample of about 20% of responses to complaints each month. Although most replies we examined were good, a smaller, but significant, number were superficial, and did not demonstrate that sufficient investigation had taken place. A few were particularly dismissive.
- 2.37 We were not confident that complaints about staff were always dealt with properly and there were examples of a few that did not reflect a full investigation of the facts. We also saw replies that promised a full investigation but were not followed through.
- 2.38 In our survey only just over a third of respondents said the complaints process operated fairly and 43% said they had been prevented from making a complaint. There were still no confidential access envelopes so prisoners could make a complaint directly to the governor.

Recommendation

- 2.39 **Women's lack of confidence in the complaints process needs to be understood and the process should be implemented consistently; replies should be respectful and address the issue raised and an adequate investigation of complaints about staff should be undertaken.**

Legal rights

Expected outcomes:

Women are fully aware of, and understand their sentence or remand, both on arrival and release. Women are supported by the prison staff to freely exercise their legal rights.

- 2.40 On committal, a sentence development co-ordinator asked about any outstanding legal matters and where required would make a bail hostel application and liaise with solicitors.

- 2.41 More women in our survey than we usually see thought it was easy to communicate with legal representatives and facilities for solicitors were good. Legal visits took place six days a week. There were sufficient spaces and facilities provided privacy. However 72% of women, compared to 39% in comparator prisons, said staff had opened their legal mail when they were not present. Women had access to an appropriate range of legal texts in the library.

Recommendation

- 2.42 **Managers should investigate whether systems are robust enough to ensure legally and other privileged mail is not being opened without the prisoner being present.**

Health services

Expected outcomes:

Women are cared for by a health service that assesses and meets their health needs while in prison and which promotes continuity of health and social care on release. The standard of health service provided is equivalent to that which women could expect to receive elsewhere in the community.

Governance arrangements

- 2.43 The SEHSCT provided all primary and mental health services for both the women and young men at the centre. Delays in agreeing the third health needs assessment had led to the postponement of its implementation. Corporate governance was good and a new senior management team and a prison reform team were driving service improvements. Some risk assessments were out of date, largely because health managers were not trained to complete them; however the issue was being addressed. An appropriate range of local strategic and operational forums addressed all relevant areas, although the regular non-attendance by some key personnel reduced their efficacy. Serious adverse incidents were monitored, although we observed the Trust's monthly performance report needed to be reviewed, as there were variations in the reporting of incidents and dental services were not reporting on waiting times.
- 2.44 Permanent middle grade support was needed for the operational nurse manager. For example, the acting Band 7 was returning to their permanent post in another prison and the acting Band 6s were only present for a three-month period which may be increased by the Trust. Service delivery and consistency of staffing in the houses was adversely affected by ongoing staff recruitment and retention issues. Retention of staff had been affected by the attitude of some staff and the challenges and demands of working with this client group.
- 2.45 Most health staff were positive about line management support and involvement and we observed a more open culture that welcomed discussion. However a minority of staff had not yet embraced these changes. Health staff's access to training, supervision and appraisal, including preparation for reappraisal was generally good. Some new health staff said they would have welcomed more time shadowing more experienced staff on induction, however the SEHSCT was developing a more robust induction programme.

- 2.46 Health staff had access to an adult safeguarding policy and training, but we were concerned to find in our review of clinical records that a significant safeguarding issue that was reported to a nurse had never been addressed (see paragraph 1.30). The Trust Director of Prison Healthcare assured action on a potential safeguarding issue.
- 2.47 A daily lunchtime meeting of all health staff supported effective communication and continuity of care. Lessons learned from incidents were also discussed at the meeting. Overall collaborative working between health staff, Hydebank Wood and relevant external agencies had improved, although information-sharing policies and procedures had not been finalised.
- 2.48 Healthcare facilities were good, but there were some infection prevention and control issues, such as no appropriate clinical hand-washing sink in newly refurbished areas.
- 2.49 Appropriate resuscitation equipment was distributed across the healthcare rooms; however we found some expired or missing items, despite daily recorded checks. Prison staff could access defibrillators across Ash House, but they had to break the glass to get a key which slowed access. We were unable to check the equipment as no master key could be provided.
- 2.50 A range of health promotion activities had taken place but further progress had been hampered by staff shortages. At the time of the inspection, we were informed that the acting Band 6 with responsibility for health promotion was currently on maternity leave, and all proactive activities had stopped. Women had good access to community screening programmes, vaccinations and support for blood borne viruses. A smoking cessation pilot was starting in June 2016.

Recommendations

- 2.51 **Health service delivery should be informed by an up-to-date health needs assessment.**
- 2.52 **Details of investigations into adverse incidents and lessons learned should be published promptly and the Trust monthly performance report reviewed to improve data collection.**
- 2.53 **There should be sufficient permanent well-trained and motivated health staff to provide consistently all required health services.**
- 2.54 **There should be current regularly reviewed information-sharing policies and procedures in place to support effective collaborative working.**
- 2.55 **All clinical areas should fully comply with relevant infection prevention and control standards.**
- 2.56 **Emergency resuscitation equipment should be in good order and an effective monitoring system should be in place.**

Delivery of care (physical health)

- 2.57 All new arrivals received an initial health assessment and a more in-depth assessment within 72 hours. However, the committal process needed to be reviewed to standardise it with healthcare services in the other prisons. In our review of clinical records we were concerned to find that some essential risk information from courts and the police was still not being passed on to healthcare staff (see paragraph 1.4).
- 2.58 In our survey a similar proportion of women as the comparator and compared with the last inspection said access to and the overall quality of health services were good. Some women we spoke to complained about delays seeing a GP and the quality of health provision. A recent service user involvement questionnaire also indicated women were dissatisfied with the quality of health services. The SEHSCT planned to explore the matter and develop prisoner peer support services.
- 2.59 Waiting lists were managed well and SEHSCT waiting times were generally met, although nurses needed training in the PRISM system to make the booking of triage assessments more efficient. Overall the management of chronic diseases was good, although further work was needed on EMIS (Egton Medical Information System) and medical markers to ensure the latter were being correctly recorded. A GP had completed a review of some chronic diseases, screening and medication prescribing, which had informed service improvements and led to some positive patient outcomes. Health staff received good telephone support from the diabetic nurse specialist.
- 2.60 Care for pregnant women was good; staff from community midwifery services paid regular visits and there was effective communication with community antenatal services. There was no inpatient facility.
- 2.61 The poor availability of NIPS staff occasionally affected the timeliness of routine and emergency external hospital appointments. At our last inspection, the SEHSCT planned to introduce a suturing policy so women did not have to visit a hospital as often, but it had still not been implemented.

Recommendations

- 2.62 **All relevant risk information from courts and the police for new arrivals should be passed on to health staff before they complete an initial reception health screening interview.**
- 2.63 **Women should have access to external hospital appointments within community equivalent waiting times.**

Pharmacy

- 2.64 The administration of medications was good, but health reception procedures sometimes caused short delays in women receiving important medication on committal.
- 2.65 We observed some good initiatives in medicine management. Prescribers used a Northern Ireland prison formulary (medications used to inform prescribing). A significant reduction in the number of prescriptions issued for hypnotic medicines was noted. Drug interactions and alerts were managed appropriately. Medicines were stored securely and arrangements for the management of controlled drugs were robust. Women had access to advice from SEHSCT pharmacists, including medication reviews and management. Pharmacy staff monitored prescribing patterns and took appropriate action if required. Except where some controlled drugs were concerned, no records were kept on the disposal of medicines at high risk of being misused or traded.
- 2.66 An in-possession medicines policy was used and in-possession risk assessments were completed during the reception health screening. Prescribers and nurses had easy access to them as they were attached to the prescription cards. The risk assessment form needed to be reviewed. Women could now store medication securely in their cells (but see paragraph 1.14). However, staff did not check the medication women had in their possession to ensure it was being taken correctly and in our survey, far more than we usually see said they had been victimised by other prisoners for their prescribed medications.
- 2.67 Controlled drugs were administered in the main healthcare department. All other drugs were available from a landing-based clinical room three times daily. Officers did not routinely observe medication administration and we saw crowding around the hatch area, which compromised confidentiality and increased the likelihood of bullying and diversion. Medication was not usually administered at night time due to a shortage of nursing and discipline staff, and nurses routinely handed out medication that should have been administered under supervision as a take away dose, which was inappropriate. There was no list of critical medicines so nurses knew whom to follow-up urgently if they did not attend medication administration sessions.

Recommendations

- 2.68 **Compliance checks should be completed on in-possession medicines in accordance with Hydebank Wood's policy.**
- 2.69 **Discipline staff should routinely supervise medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion.**
- 2.70 **The practice of routinely providing some medication that should be taken under supervision as take away doses should end and appropriate alternative measures put in place to ensure women receive their medication as prescribed.**
- 2.71 **A list of critical medicines where timeliness of administration is crucial should be devised.**

Dentistry

- 2.72 Dental services were generally good, waiting lists were not extensive and urgent cases could be seen promptly. Oral health promotion was impressive. The dental nurse visited all new committals and triages to offer advice on effective oral hygiene and set up an oral care plan. The dental facility was reasonable and refurbishment was planned to meet best practice. An ongoing issue with out-of-range radiation readings on some meters had been investigated and appropriate remedial action taken. The decontamination of dental instruments did not fully comply with current guidance.

Recommendation

- 2.73 **Work to ensure compliance with current guidance on the decontamination of reusable dental and medical instruments should be completed.**

Good practice

- 2.74 *The impressive oral health promotion activity completed by the dental nurse helped women maintain good oral hygiene and health.*

Delivery of care (mental health)

- 2.75 In our survey 77% of women said they had emotional well-being or mental health problems, against a comparator of 56%. A number of mental health awareness events had been held for staff. Women received a brief mental health screening as part of their reception health screening, but we were concerned that it was inadequate.
- 2.76 An integrated team of mental health nurses, occupational therapists and a psychiatrist provided mental health services. The service was not commissioned to meet the needs of women with learning disabilities, autism spectrum, post-traumatic stress disorder or personality disorders. Waiting times for urgent assessments were too long. For those involved with mental health services, care was generally good; however our review of clinical records indicated that review planning and the quality of recording was not always sufficiently good. Nurses were poorly prepared for multi-disciplinary team meetings. Some mental health nurses required performance management.
- 2.77 One of the occupational therapists had set up a prison choir to help the women develop positive self-esteem, improve their well-being and promote recovery. This initiative was now co-facilitated by an external group Voices of Recovery. Participants were positive about the choir. The mental health team recently won a UK Compassionate Patient Care award for this work.

- 2.78 The team supported a very vulnerable woman with a learning disability. She was segregated from other women most of the time because of her volatile behaviour. Ash House was not an appropriate environment for the woman and we were concerned that there were insufficient alternatives to custody for women with severe mental health issues, challenging behaviour and other vulnerabilities.

Recommendations

- 2.79 **Mental health assessment at committal should be reviewed to ensure they are of sufficient depth.**
- 2.80 **The mental health service should ensure all urgent referrals are seen promptly and that it meets the needs of all women including those with learning disabilities, autism spectrum, post-traumatic stress disorder and personality disorders.**
- 2.81 **Performance management should take place for some mental health nurses and preparation for multi-disciplinary team meetings should be improved.**

Good practice

- 2.82 *The prison choir supported women in their recovery from mental health and addiction problems.*

Catering

Expected outcomes:

Women are offered varied meals to meet their individual requirements and food is prepared and served according to religious, cultural and prevailing food safety and hygiene regulations.

- 2.83 Women had mixed views about the food. Some women we spoke to complained the menu was repetitive and the healthy choices were too limited. Overall the food had improved since our last inspection and was good. In 2013 the menus changed to ensure five portions of fruit and vegetables were provided every day after input from local health Trust dieticians. The three-week menu cycle indicated different dietary options and those with special cultural or health requirements were catered for. Hot lunch and dinner options were available every day and there were hot breakfast options at the weekend. Women's feedback regularly drove menu changes.
- 2.84 Meal times were appropriate and women could eat together; however, they had their meals in their cells in the evening when staffing levels were low. Residents valued the excellent self-catering facilities on A5 landing and plans to extend them to A4 were welcome. Most women could visit the prison café *The Cabin* occasionally, which allowed them to experience an everyday event and purchase home-cooked food.

- 2.85 The kitchen was clean, appropriately equipped and well maintained. Annual external hygiene audits were completed. The women working there were positive about the skills they had gained but could not gain catering qualifications; however, this was being addressed. Unit serveries were reasonably clean but not all women working there were appropriately dressed and catering staff did not complete servery checks frequently enough.

Good practice

- 2.86 *The Cabin provided prisoners and staff with a social space and those working there gained valuable training; it played an important part in supporting the ethos of Hydebank Wood and gave those held the chance to experience similar situations to those in the community to which they would eventually be released.*

Purchases

Expected outcomes:

Women can purchase a suitable range of goods at reasonable prices to meet their diverse needs, and can do so safely.

- 2.87 Since the previous inspection the tuck shop had been transformed into a facility that closely resembled a local shop. Each residential area had a set time when they could use it and women could visit the shop in the same way an ordinary customer would in any non-institutional setting.
- 2.88 The shop was staffed by two officers and a woman from Ash House who worked as a store person. We observed women being served politely. There was a reasonably wide range of products available and the items sold were relatively cheap. Fifty-nine per cent of respondents to our survey said the tuck shop provided a suitable range of products to meet their needs. All cash transactions took place electronically and women were issued with a running total of their account when they had completed their purchase. Women had access to catalogue shopping.

Good practice

- 2.89 *The tuck shop enabled women to experience an everyday environment where they could buy a suitable range of reasonably priced items.*



Purposeful activity

Time out of cell

Expected outcomes:

All women are actively encouraged to engage in activities available during unlock and the prison offers a timetable of regular and varied activities.⁶

- 3.1 Time out of cell was good for most women. The published core day allowed them around nine and a half hours out of their rooms. Women now had more equitable access to activities, which meant they spent more time unlocked. Those on Ash House landing 4 did not have to be in their rooms until 10pm, which was very good, and there were no restrictions for women on landing 5. At weekends most women could be unlocked for around seven and half hours.
- 3.2 However, evening association was frequently curtailed through full or restricted lockdowns – on 44 occasions between December 2015 and April 2016 – reducing the amount of time unlocked for all except those on the enhanced level; there were also fewer opportunities for exercise as a result. Lockdowns were imposed fairly but were not always predictable. Ash House, unlike other units, was often locked so that the reception could be staffed to receive new committals. Nevertheless, the working day was prioritised and nearly everyone had meaningful purposeful activity.

Recommendation

- 3.3 **All women should have the opportunity for a daily period of association and exercise.**

Learning and skills and work activities

Expected outcomes:

All women can engage in activities that are purposeful, benefit them and increase their employability. Women are encouraged and enabled to learn both during and after their sentence. The learning and skills and work provision is of a good standard and is effective in meeting the needs of all prisoners.

⁶ Time out of cell, in addition to formal 'purposeful activity', includes any time prisoners are out of their cells to associate or use communal facilities to take showers or make telephone calls.

ETI Inspectors made the following assessments about the learning and skills and work provision:

• Achievements of women engaged in learning and skills and work:	Important area for improvement;
• Quality of learning and skills and work provision:	Important area for improvement;
• Leadership and management of learning and skills and work:	Good.

Management of learning and skills and work

- 3.4 There had been a notable, positive change in the ethos at Hydebank Wood (which also covered Ash House); it focused now on supporting learning and skills and work. The senior management team was innovative in its planning to improve the quality of purposeful activity. The team had demonstrated a high level of commitment to providing relevant, contemporary, high quality learning and skills and work provision that supported women to overcome barriers to learning and progression.
- 3.5 Partnership working with community-based groups and organisations was excellent and had led to a range of innovative strategies particularly to assist the most marginalised groups. The impact of these interventions had not been evaluated effectively enough and the outcomes had not been used to inform future planning.
- 3.6 An effective partnership had been established with the BMC in August 2015 to offer accredited learning and skills provision and to focus on the areas identified as requiring improvement in the service level agreement with Ash House.
- 3.7 The collaborative partnership with BMC, while at an early stage, had led to a wider, better curriculum, with more opportunities for women to attain accredited qualifications.
- 3.8 Joint planning between Hydebank Wood and BMC management teams was still in its initial stage of development and the full range of benefits of the partnership was not yet fully realised. In particular, purposeful activity needed to be more coherently planned and integrated. The arrangements for data collection, collation and analysis needed to be strengthened so that the impact of the provision on the women's progression could be monitored and curriculum planning and self-evaluation enhanced.
- 3.9 The daily scheduling of learning and skills and work activities was a positive development and helped ensure women got to activities. However, the scheduling process still needed to be refined; the team responsible made too many late changes to the groups of learners, which were not communicated effectively to learning and skills staff. Ash House also required a more effective system of contingency planning to deal with issues that impacted on delivery such as staff absences and late enrolments, so that attendance at sessions was more predictable.

- 3.10 The learning and skills accommodation was not sufficiently good. While it was well maintained, almost all the classrooms were poorly ventilated and only a few had natural daylight. The workshops required investment so that a broader and more contemporary curriculum could be offered.

Recommendation

- 3.11 **The learning and skills accommodation should provide a good learning environment that supports a wider range of provision matched to the needs of the women, and offer better progression opportunities.**

Provision of activities

- 3.12 Learning and skills and work activities had become firmly established as central to the Ash House regime and most of the women welcomed the change and participation levels and attendance at activities were generally good. However, more needed to be done to broaden further the range of vocational courses available to the women; courses also needed to be better matched to their interests, capabilities and potential employment opportunities. The range of options for women on longer-term sentences was limited.
- 3.13 Purposeful activity was available for almost all women and most of them undertook work activities, although too few of them were accredited. More work roles needed to be linked to accredited training that offered progression in learning and skills, including apprenticeships, to enhance women's employability. For example, women working in the kitchens did not have access to accredited hospitality qualifications to formalise their training and offer progression.
- 3.14 It was good that the early initial assessment process to identify the women's literacy and numeracy needs had been introduced. For the small number of women who were below entry level standard in literacy and numeracy, further work was required to support and develop these skills more formally.

Quality of provision

- 3.15 The quality of the learning, teaching and training was good or better than previously in 77% of the sessions observed; just over 40% of the sessions observed were very good. In just under one quarter of the sessions observed, there were important areas for improvement.
- 3.16 In most of the construction-related provision there were important areas for improvement identified. The provision was not entirely relevant to many of the women. The wider curriculum was not coherently planned and the majority of the learning and skills and work activities did not provide sufficient opportunities for the women to acquire technical skills or knowledge at the level required in the workplace.

- 3.17 Innovative and effective practice was observed, including in work in the gardens, hospitality, industrial cleaning, recycling, furniture restoration and animal care. Links with external agencies were also effective in developing the provision and establishing a number of high quality external work placements with a range of supportive employers (see section on reintegration planning, education, training and employment).
- 3.18 The literacy and numeracy provision for women was good overall, a significant improvement since the previous inspection. One-to-one literacy and numeracy provision in small group sessions was particularly effective.
- 3.19 ESOL provision was insufficient and there were important areas for improvement identified.

Personal development and behaviour

- 3.20 There was a positive ethos in the learning and skills centre and working relationships between staff and women were mostly good or better. The women received targeted effective support to meet their pastoral needs. A majority of the women were beginning to develop more positive attitudes to learning and progression through a variety of interventions, and improved access to learning and skills and work activities. Peer mentors were used well to encourage and support other women in their work and learning.

Education and vocational achievements

- 3.21 The range of accredited learning had been extended but remained insufficient at levels 1 and 2, and did not provide women with adequate opportunities to progress to higher levels of education and training. The curriculum was not sufficiently aligned to women's interests or aspirations and had a negative impact on their level of attainment. While achievements were low, there was an improving trend as a stronger focus on learning and skills evolved and examples of women progressing from entry level to level 2 were becoming more regular. Women's achievements in literacy and numeracy had improved since the last inspection.

Library

- 3.22 The contribution of the library to the overall provision was very good and supported women's literacy, personal and social skills development well. The library offered a range of learning and enrichment opportunities, including sign language, life skills, reading development and discussion groups. It also offered women with family responsibilities to maintain important home links through the Tales for Tots, Big Book and Storybook initiatives to support contact between the women and their children.
- 3.23 A reasonably good range of fiction and non-fiction texts was available as was some material on contemporary topics. In addition, the library offered a reading club and women could participate in reading initiatives such as Turning Pages, which were linked to the work to improve the women's overall levels of literacy. Other activities included visits from guest authors and poets.

Physical education and healthy living

Expected outcomes:

All women understand the importance of healthy living, and are encouraged and enabled to participate in physical education in safe and decent surroundings.

- 3.24 The physical education (PE) facilities were good, mostly well maintained but not used sufficiently, particularly those outdoors. Instruction was also mostly good; however, despite the introduction of open gym sessions, access for women was overly restricted. There were no timetabled gym sessions for women during core times from Monday to Friday, which was inappropriate.
- 3.25 While there was a good range of one-off events and activities for the women, not enough was being done to widen the PE curriculum to attract and encourage more of them to participate in appropriate physical activities. Needs assessment data were not used sufficiently to inform planning for the development of PE for women.
- 3.26 Staff organised events to celebrate the achievements of a small number of women, who valued the opportunity to engage and participate in physical activity. While the PE department offered some good opportunities, its contribution to learning, skills and the well-being of the women was underdeveloped.

Recommendation

- 3.27 **Women's access to PE needs improvement and a broader range of activities, specific to their needs, should be offered.**



Resettlement

Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on her arrival at the prison. Resettlement underpins the work of the whole prison, supported by strategic partnerships in the community and informed by assessment of prisoner risk and need. Good planning ensures a seamless transition into the community.

- 4.1 Managers from the three prisons in Northern Ireland met regularly with NIPS headquarters policy leads to consider resettlement policy, and had identified and met some areas of need. Up-to-date needs assessment data were now available but were based on a single source – a needs profile interview (see paragraph 4.8) – rather than a range of evidence. In particular they did not include women's views or any reference to the substantial literature on meeting women prisoners' needs. Nevertheless, most staff had a good understanding of the needs of the women held, both generally and individually.
- 4.2 Staff, including Personal Development Plan (PDP) co-ordinators, probation officers, psychologists, chaplains and employees from third sector organisations, were based in the Prisoner Development Unit (PDU). The PDU was responsible for resettlement work with women at Ash House as well as with the young men held at Hydebank Wood. The arrangement promoted effective working relationships and good links between sentence planning, public protection and resettlement activities. Formal meetings to monitor performance locally had been cancelled frequently in the previous 12 months, but were now happening regularly.
- 4.3 The range of third sector and community organisations supporting resettlement was impressive, but constantly shifting, depending on funding arrangements. Some initiatives catered specifically for women and supported some good through-the-gate support (see paragraph 4.20).
- 4.4 Release on temporary licence was used extensively to support resettlement planning. In the six months prior to our inspection, 13 women had been approved for either home or resettlement leave and six had been released on the working out scheme. Other forms of temporary release were used for compassionate circumstances or to test those serving ICS or ECS prior to release.

Occupational therapists were sometimes used to support temporary release for those with mental health concerns.

- 4.5 Despite this, in our survey, only 31% of women (compared with 70% of the young men in the secure college) said that something had happened to them at Ash House to make them less likely to offend in future. This was significantly fewer than in comparator prisons.

Recommendation

- 4.6 **Managers should work with women to establish the reasons for their negative perceptions of the impact of resettlement work on their prospects of reoffending on release and develop a strategy for improvement.**

Offender management and planning

Expected outcomes:

All women have a sentence based on an individual assessment of risk and need, which is regularly reviewed and implemented throughout and after their time in custody. Women, together with all relevant staff, are involved in drawing up and reviewing plans.

- 4.7 The Prisoner Development Model (PDM) replaced offender management units and led to the establishment of the PDU. There were seven PDP co-ordinators: five prison officers and two probation officers. They were well motivated, had reasonable caseloads and had received a range of appropriate training. Levels of contact between co-ordinators and the women were relatively good. The small site promoted frequent informal contact, and most women were seen at least every month. However, prison officer PDP co-ordinators were regularly redeployed elsewhere, which detracted from their main duties, and there was an ongoing risk that their work would deteriorate, especially if caseloads increased.
- 4.8 The PDP co-ordinators assessed women's immediate needs and provided key information during a committal interview with all new arrivals. Most women staying over two months, including those on remand, had a PDP based on a needs profile assessment (see also paragraph 4.1). They were more tailored to the individual than at our previous inspection, but most did not contain specific learning and skills targets. Reviews took place on time and most tracked progress effectively. While most casework was good, there were exceptions. A quality assurance process known as a 'record check' was in place, but staff did not prioritise high risk cases and too few files had been checked for it to be effective. Probation officers received regular case supervision, and a similar process had begun for prison officer PDP co-ordinators in April 2016. However, the case supervision process for prison officer PDP co-ordinators was not yet robust enough to assure the quality of risk management. This was a particular concern because prison officer PDP co-ordinators, who were less experienced in managing risks, now managed high risk cases at the start of a sentence.

- 4.9 The PDP co-ordinators routinely asked new arrivals if they could contact family members, and they often met families on visits. PDPs often contained objectives related to contact from family and friends. A conditional early release scheme had just begun for the lowest risk prisoners and four women had been released.

Recommendation

- 4.10 **PDPs should include the learning and skills targets women agree, so that their achievements at work and in education can be used to assess their ongoing risks.**

Public protection

- 4.11 Prison officer PDP co-ordinators identified women who qualified for Public Protection Arrangements Northern Ireland (PPANI) on arrival. They had a sound knowledge of the processes and a thoughtful and proportionate approach. Risk of serious harm assessments were in place and were reviewed. No women were subject to mail or telephone monitoring. Five women were subject to PPANI, one of whom was approaching release. Local area public protection meetings took place regularly and staff submitted good quality reports on time.
- 4.12 Women presenting ongoing risks were managed internally through weekly cross-departmental case conference meetings. Some women with complex needs had bespoke management arrangements known as 'standard operating procedures' which were designed to promote positive outcomes for the women and for the staff caring for them. However, security managers did not routinely disseminate relevant intelligence to sentence co-ordinators, which meant that opportunities to identify behaviour indicating ongoing risks might have been overlooked.
- 4.13 Staff had been concerned that they could not always identify who was subject to a non-molestation order (a court order prohibiting someone from contacting or going near a specific person) and therefore now checked all telephone numbers on women's phone accounts.
- 4.14 Women convicted of offences against children were not allowed contact with children unless they successfully applied for it. Staff were aware of other child safeguarding issues and three referrals had been made in the previous six months.

Recommendation

- 4.15 **Intelligence on women presenting a high risk of serious harm or on potential PPANI cases should be disseminated to sentence co-ordinators.**

Allocation

- 4.16 The allocation process had been changed and was now far more effective. The security department assessed all women on arrival, including those on remand, and categorised them as high, medium or low risk. Sentence co-ordinators reviewed the decision after 60 days, following input from the woman and a variety of departments. Low-risk prisoners could then be found suitable for either supervised or unsupervised community activities.

- 4.17 Routine reviews took place every six months as well as on an ad hoc basis either to respond to concerns or assess a woman's risk for a particular resettlement opportunity. Some categorisation decisions had not been signed off by a senior manager, and around 10% of reviews were overdue.

Indeterminate sentence women

- 4.18 The previous system for managing those on ICS from Maghaberry prison had ceased. The six women serving indeterminate sentences each had a multi-disciplinary case conference every six months and would be managed by a probation officer sentence co-ordinator for the last four years of their custodial period. There were no specific services for this group of women, although several of them lived in the enhanced level accommodation on landing 5. A discussion forum had been trialled, but the small number involved meant it had not been productive. The psychology team prioritised the delivery of reports requested by parole commissioners; reports were up to date.

Reintegration planning

Expected outcomes:

Women's resettlement needs are addressed prior to release. An effective multi-agency response is used to meet the specific needs of each individual prisoner in order to maximise the likelihood of successful reintegration into the community.

- 4.19 PDP co-ordinators conducted a needs assessment for each woman, which triggered referrals to the various resettlement agencies. This was usually done within six weeks of their arrival, in line with requirements and the PDP was subsequently completed based on the information collected. The process was too long for those with the shortest sentences, because referrals were not made at the earliest possible opportunity, which particularly affected the women, a greater proportion of whom were sentenced to less than six months.
- 4.20 The Adjust (adolescents leaving the justice system) programme, run by support agency *Start 360*, provided assistance during the last six weeks of some women's sentence and in the community for six months after their release. This offered a series of one-to-one sessions seeking to address personal, social, educational and employment issues for young people pre- and post-release. The results of an independent evaluation were very encouraging, but future funding was uncertain. The *Inspire* project, which had previously helped women to access the services of community women's centres in preparation for release, was no longer available. Staff had valued the project and were frustrated by its closure.
- 4.21 However, the new six-bed Murray House was an excellent addition; it gave women the opportunity to live independently and work in the community during the last part of their sentence. It was particularly valuable for those serving many years who would otherwise have remained in Ash House for their entire custodial period. Six women had benefited from it in the six months prior to our inspection, and four were resident during the inspection.

Recommendation

- 4.22 **The needs assessment should be completed as soon as possible after arrival to ensure that women have the maximum benefit from resettlement services.**

Children, families and contact with the outside world

- 4.23 Family work was good, and an impressive range of outside agencies provided support, information and relationship counselling. A part-time Barnardo's worker provided one to one support and parenting courses. Family liaison work was part of the PDU's remit. PDP managers made contact with women shortly after arrival, assessed their family needs and, with the women's permission, met the family during a visit. However, there was no strategy to ensure the positive work carried out by the chaplaincy, landing staff, sentence managers and outside organisations was effectively co-ordinated.
- 4.24 Women could send and receive letters free of charge and email and Skype were available, although we were told that take-up was low. Women could make phone calls in private and had good access to telephones. Family members could leave messages for women and those in landing 5 cells for enhanced level women had their own phones.
- 4.25 Reception visits usually took place within 24 hours of committal. Staff and visitors told us that it could be difficult to get through on the booking line. NIACRO, an agency providing services for offenders, ran a bus service for visitors, which now only operated on Saturdays due to budget cuts. Staff from People Plus, an employment charity, welcomed visitors and offered them information in the pleasant visitors' centre. It was good that visitors could hand in property and money for the women and book visits in person.
- 4.26 Visits were reasonably good, searching was appropriate and respectful and staff were polite. The visits hall needed decorating and the layout in some areas made supervision difficult. There were no toilet facilities for visitors in the visit hall. Although women could pick up their child while at the table, they could not take their child to the supervised play area themselves. Refreshments were available.
- 4.27 Visits sometimes started late, but staff allowed visitors to stay longer to compensate. However, this made it more difficult to ensure that women's visits did not coincide with those of the young men in the secure college.
- 4.28 Extended family visits were available in an attractive room. The facility was excellent and could be used for larger family groups and families with adult children.
- 4.29 *The Caravan*, a fully furnished mobile home located behind Ash House, offering extended visits for grandmothers, mothers and children, was a very positive initiative and could have been used more often. Release on temporary licence was used well to support family ties (see paragraph 4.4).

Recommendation

- 4.30 **The wide range of family support work delivered by a variety of staff and agencies should be properly co-ordinated to maximise its effectiveness.**

Victimisation, abuse and vulnerability

- 4.31 The draft safeguarding policy (see paragraphs 1.28 and 1.29) made reference to the women's distinctive needs. There was no formal strategy for supporting women who had experienced abuse, rape or domestic violence or who had been involved in prostitution. Staff had a growing awareness of these women's needs, but lacked confidence in identifying and supporting victims. Two sentence managers had been appointed as 'champions' and knew of the agencies offering support. We were also told that the prison had secured funding for Nexus (a charity supporting people who had experienced rape or sexual abuse) to run one-to-one counselling and awareness sessions. Staff had run a domestic violence workshop and women could call Women's Aid confidentially on the phones used to contact the Samaritans.
- 4.32 The Northern Ireland Department of Justice (DoJ) had a national strategy for supporting women in prostitution and the Department of Health had developed a programme of assistance, but Ash House's identification of, and support for, women involved in prostitution was not sufficiently developed. Landing and PDU staff did not know how to identify women who might have been trafficked and were not aware of the national referral mechanism (which identifies, protects and supports victims of human trafficking); however, they knew of support agencies in the community.

Recommendation

- 4.33 **Staff should receive training so they can encourage women to disclose experiences of domestic violence, rape, abuse or prostitution and refer them to specialist services.**

Accommodation

- 4.34 In our survey, 43% of women who required housing said they knew of someone in Ash House who could help them on release. Better information was now available at committal and as part of the PDM process, but it was not used to identify or inform the future accommodation needs of the population.
- 4.35 PDP co-ordinators identified and assessed the women's housing needs, and a small number had received housing rights training. They could refer cases to an experienced housing worker from Housing Rights, a voluntary organisation co-located with PDP co-ordinators on a part-time basis, who provided women with information, advocacy and advice on all housing issues. The housing worker had good links with the Northern Ireland Housing Executive, hostels and other accommodation providers. A pre-release interview identified any outstanding needs.

- 4.36 Social housing was in limited supply and there were fewer hostel places for women than for young men or men on release. Due to the demand, hostel places could only be confirmed on the day of a woman's release, which could cause anxiety for those concerned. Women's Aid accommodation was also available. Few women were released without an address and efforts were made with providers to source suitable accommodation.

Recommendation

- 4.37 **The PDM process should be used to identify and inform the future accommodation needs of the population.**

Education, training and employment

- 4.38 More women had benefited from the opportunity to progress to employment outside Ash House as a result of the establishment of high quality external work placements with a range of supportive employers. Women could build on the employability skills they had acquired at Ash House and developed new skills to contribute to their resettlement; evidence confirmed that a small number retained their employment on release. Additional work activity opportunities were needed for those women serving longer sentences to help them prepare for reintegration and resettlement (see concerns and main recommendation).
- 4.39 Most of the work activities the women were engaged in and the external work placements were purposeful and productive and products they were involved in creating were often sold through social enterprises to support other activities at the prison. Women's personal training plans and reviews needed to be strengthened to reflect more accurately their progression in work activities, skills development and overall learning.

Healthcare

- 4.40 Discharge planning in primary healthcare was being formalised. An audit of receptions and discharges informed developments in this area. A palliative and end-of-life care pathway was being developed. Staff worked regionally across all five Trusts to assist with mental health discharges, and referrals with protocols were agreed. However, each of the Trusts had a different model of working, which had an effect on seamless discharge. Work had begun to standardise the process.

Drugs and alcohol

- 4.41 The clinical and psychosocial drugs teams liaised effectively with community services to secure assistance for women on their caseload. Pre-release support for women involved with alcohol and drugs service AD:EPT was good and included relapse prevention sessions and training on how to administer naloxone (a drug to reverse opiate overdose). Those not on the caseload received no co-ordinated input, which meant they were at risk of unsafe substance use post-release. Joint working with supervising officers was good. AD:EPT2, an alcohol-specific through-the-gate service provided six weeks' input prior to release, as well as ongoing support in the community for women with alcohol dependence issues, which was excellent.

Recommendation

- 4.42 **All women being released should be offered pre-release drug and alcohol harm reduction advice.**

Finance, benefit and debt

- 4.43 In our survey, 30% of those requiring help with benefits knew who could help them on release, fewer than the comparator and compared with 2013. Of those with finance problems, only 24% said they knew where to get help.
- 4.44 Better information on finance, benefit and debt was now available at committal as part of the recently introduced PDM process, but the information was not sufficiently analysed to identify or inform the population's future needs.
- 4.45 The financial needs of all new arrivals were identified and assessed but the part-time specialist provision that was available at the last inspection no longer existed owing to budget cuts. PDP co-ordinators used the benefits advice helpline if women needed assistance, but there was a gap in the provision. A pre-release interview identified any unmet needs. Sentence co-ordinators assisted any women who needed a bank account and the residents of Murray House used bank accounts on a daily basis (see paragraph 4.21).
- 4.46 Referrals could be made to the Housing Rights beyond-the-gate scheme, where project workers provided support on release.
- 4.47 Pre-release or prior to work placement, women met the BMC personal development tutor for targeted support on money and related matters.

Recommendation

- 4.48 **The NIPS should review the provision of specialist advice on finance, benefits and debt, using the PDM process to ensure it meets the women's needs.**

Attitudes, thinking and behaviour

- 4.49 Offending behaviour programme opportunities were sufficient, but the small number of women in the population made group delivery challenging. One woman had completed the enhanced thinking skills programme in the year to March 2016 on an individual basis. There were no women-specific programmes to address either anger issues or alcohol-related violence. However, some short-term one-to-one offence-related work had been undertaken with several others.

Recommendation

- 4.50 **The range of offending behaviour programmes available to women should be extended to meet their needs.**



Summary of recommendations and housekeeping points

The following is a listing of repeated and new recommendations, housekeeping points and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report, and in the previous report where recommendations have been repeated.

Main recommendations

To the Governor

- 5.1 A more strategic, multi-disciplinary approach to substance misuse dependency is needed. This should address both supply and demand issues, be informed by a needs assessment of the population and result in an action plan that ensures that those dependent on drugs or alcohol have prompt access to specialist support, which includes addressing links to offending behaviour.
- 5.2 The complex needs of many women held at Ash House must be recognised and a more co-ordinated approach adopted. The criminal justice and health care systems need to provide therapeutic alternatives to Ash House for the small number of highly vulnerable women with the most challenging behaviour.
- 5.3 There should be a dedicated women's prison for Northern Ireland.
- 5.4 Joint planning between Hydebank Wood/Ash House and BMC management teams should be further developed to ensure all women benefit fully from high quality, well-planned learning and skills and work provision that supports efforts to reduce their likelihood of future reoffending.

Recommendations

Courts, escort and transfers

- 5.5 Handcuffs should only be used under escort if justified by an individual risk assessment. (1.2)

Early days in custody

- 5.6 All women should receive a full induction that starts with key essential information on the first full day after their arrival. (1.8)

Self-harm and suicide prevention

- 5.7 SPAR documents should be further improved. (1.25)
- 5.8 Observation rooms and anti-ligature clothing should only be used exceptionally, and after all other alternatives have been considered and discounted. (1.26)
- 5.9 Insiders should receive support and training. (1.27)

Safeguarding (protection of adults at risk) and women with complex needs

- 5.10 Key staff should be trained in identifying adult safeguarding concerns and set up a referral process to local authorities in women's home areas. (1.31)

Security

- 5.11 Intelligence should be used to inform strategies to reduce supplies of illegal drugs and the diversion of prescribed drugs to support efforts to reduce bullying and violence. (1.40)
- 5.12 Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.41, repeated recommendation 1.47)

Disciplinary procedures

- 5.13 Senior managers should scrutinise all use of force incidents, including paperwork completed by all the officers involved, and deal with emerging issues promptly. (1.51)
- 5.14 All prison officers should have up-to-date training in control and restraint. (1.52, repeated recommendation 1.63)

Residential units

- 5.15 The arrangements for monitoring and managing the interactions between the female and young male populations at the Hydebank Wood campus needed ongoing scrutiny and periodic formal review. (2.9)

Equality and diversity

- 5.16 The strategic management of equality and diversity should have a multi-disciplinary approach and more involvement from and a greater focus on women. Monitoring data should be clearly explained and publicised and external practitioners should be consulted in line with the NIPS equality and diversity improvement plan. (2.22)
- 5.17 The mother and baby unit should provide an appropriate environment for mothers and babies and be staffed by appropriately trained officers. A current mother and baby policy agreed with all key stakeholders should be established to reflect the specific arrangements at Ash House, including childcare arrangements. (2.30)

Complaints

- 5.18 Women's lack of confidence in the complaints process needs to be understood and the process should be implemented consistently; replies should be respectful and address the issue raised and a full investigation of complaints about staff should be undertaken. (2.39)

Legal rights

- 5.19 Managers should investigate whether systems are robust enough to ensure legally and other privileged mail is not being opened without the prisoner being present. (2.42)

Health services

- 5.20 Health service delivery should be informed by an up-to-date health needs assessment. (2.51)
- 5.21 Details of investigations into adverse incidents and lessons learned should be published promptly and the Trust monthly performance report reviewed to improve data collection. (2.52)
- 5.22 There should be sufficient permanent well-trained and motivated health staff to provide consistently all required health services. (2.53)
- 5.23 There should be current regularly reviewed information-sharing policies and procedures in place to support effective collaborative working. (2.54)
- 5.24 All clinical areas should fully comply with relevant infection prevention and control standards. (2.55)
- 5.25 Emergency resuscitation equipment should be in good order and an effective monitoring system should be in place. (2.56)
- 5.26 All relevant risk information from courts and the police for new arrivals should be passed on to health staff before they complete an initial reception health screening interview. (2.62)
- 5.27 Women should have access to external hospital appointments within community equivalent waiting times. (2.63)
- 5.28 Compliance checks should be completed on in-possession medicines in accordance with Hydebank Wood's policy. (2.68)
- 5.29 Discipline staff should routinely supervise medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion. (2.69)
- 5.30 The practice of routinely providing some medication that should be taken under supervision as take away doses should end and appropriate alternative measures put in place to ensure women receive their medication as prescribed. (2.70)

- 5.31 A list of critical medicines where timeliness of administration is crucial should be devised. (2.71)
- 5.32 Work to ensure compliance with current guidance on the decontamination of reusable dental and medical instruments should be completed. (2.73)
- 5.33 Mental health assessment at committal should be reviewed to ensure they are of sufficient depth. (2.79)
- 5.34 The mental health service should ensure all urgent referrals are seen promptly and that it meets the needs of all women including those with learning disabilities, autism spectrum, post traumatic stress disorder and personality disorders. (2.80)
- 5.35 Performance management should take place for some mental health nurses and preparation for multidisciplinary team meetings should be improved. (2.81)

Time out of cell

- 5.36 All women should have the opportunity for a daily period of association and exercise. (3.3)

Learning and skills and work activities

- 5.37 The learning and skills accommodation should provide a good learning environment that supports a wider range of provision matched to the needs of the women, and offer better progression opportunities. (3.11)

Physical education and healthy living

- 5.38 Women's access to PE needs improvement and a broader range of activities, specific to their needs, should be offered. (3.27)

Strategic management of resettlement

- 5.39 Managers should work with women to establish the reasons for their negative perceptions of the impact of resettlement work on their prospects of reoffending on release and develop a strategy for improvement. (4.6)

Offender management and planning

- 5.40 PDPs should include the learning and skills targets women agree, so that their achievements at work and in education can be used to assess their ongoing risks. (4.10)
- 5.41 Intelligence on women presenting a high risk of serious harm or on potential PPANI cases should be disseminated to sentence co-ordinators. (4.15)

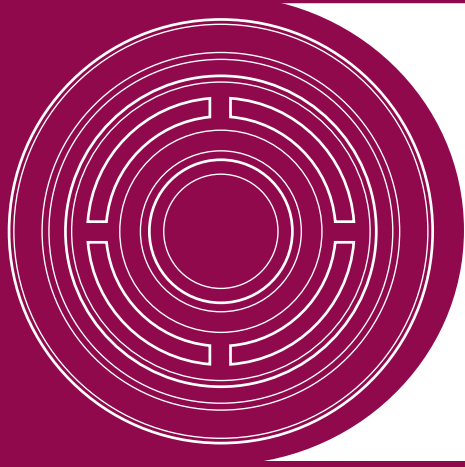
Reintegration planning

- 5.42 The needs assessment should be completed as soon as possible after arrival to ensure that women have the maximum benefit from resettlement services. (4.22)

- 5.43 The wide range of family support work delivered by a variety of staff and agencies should be properly coordinated to maximise its effectiveness. (4.30)
- 5.44 Staff should receive training so they can encourage women to disclose experiences of domestic violence, rape, abuse or prostitution and refer them to specialist services. (4.33)
- 5.45 The PDM process should be used to identify and inform the future accommodation needs of the population. (4.37)
- 5.46 All women being released should be offered pre-release drug and alcohol harm reduction advice. (4.42)
- 5.47 The NIPS should review the provision of specialist advice on finance, benefits and debt, using the PDM process to ensure it meets the women's needs. (4.48)
- 5.48 The range of offending behaviour programmes available to women should be extended to meet their needs. (4.50)

Examples of good practice

- 5.49 Holding adjudications in the late afternoon meant they did not interfere with women's attendance at activities. (1.47)
- 5.50 The impressive oral health promotion activity completed by the dental nurse helped women maintain good oral hygiene and health. (2.74)
- 5.51 The prison choir supported women in their recovery from mental health and addiction problems. (2.82)
- 5.52 The Cabin provided prisoners and staff with a social space and those working there gained valuable training; it played an important part in supporting the ethos of Hydebank Wood and gave those held the chance to experience similar situations to those in the community to which they would eventually be released. (2.86)
- 5.53 The tuck shop enabled women to experience an everyday environment where they could buy a suitable range of reasonably priced items. (2.89).



Appendices



Appendix 1: Inspection team

Brendan McGuigan	Chief Inspector, CJI
Martin Lomas	Deputy Chief Inspector, HMIP
Sean Sullivan	Team leader, HMIP
Dr Ian Cameron	Inspector, CJI
Francesca Cooney	Inspector, HMIP
Paul Fenning	Inspector, HMIP
Jeanette Hall	Inspector, HMIP
Ian MacFadyen	Inspector, HMIP
Majella Pearce	Inspector, HMIP
Gordon Riach	Inspector, HMIP
Anna Fenton	Researcher
Natalie-Anne Hall	Researcher
Joe Simmonds	Researcher

Health and learning and skills were inspected by Inspectors from the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI) respectively.



Appendix 2: Progress on recommendations from the last report

The following is a summary of the main findings from the last report and a list of all the recommendations made, organised under the four tests of a healthy prison. The reference numbers at the end of each recommendation refer to the paragraph location in the previous report. If a recommendation has been repeated in the main report, its new paragraph number is also provided.

Safety

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2013, reception and first night arrangements were reasonable. Most prisoners felt safe. Care was mixed for prisoners at risk, and there was no peer support scheme. Security arrangements were not always proportionate or well co-ordinated. The progressive regimes and earned privileges scheme (PREPS) did not motivate positive behaviour for many. Adjudications were well managed. Use of force was very low and women were not segregated. Substance misuse services were poorly coordinated and of mixed quality. Outcomes for women were reasonably good against this healthy prison test.

Main recommendations

Supporting prisoners at risk (SPAR) procedures should be improved with an emphasis on individualised care plans, regular staff engagement, less use of observation cells and greater involvement in activity, including a peer support scheme and input from mental health workers. (HP49)

Partially achieved

Recommendations

Male and female prisoners should be transported separately. (1.6)

Not achieved

Property and private cash should accompany unsentenced prisoners to court. (1.7)

Partially achieved

All interviews with new arrivals should be undertaken in private. (1.15)

Partially achieved

New arrivals should only be strip-searched on the basis of an individual risk assessment. (1.16)

Achieved



Managers should investigate why many prisoners feel unsafe on their first night, and take action to address any concerns. (1.17)

Partially achieved

There should be essential and effective first night arrangements for all new arrivals, and induction should start on the first full working day following reception. (1.18)

Partially achieved

There should be a dedicated safer custody manager and a safer custody committee for Ash House focusing on anti-bullying, the prevention of suicide and the reduction of self-harm. (1.26)

Not achieved

There should be regular landing meetings led by trained staff to resolve tensions caused by small group living. (1.27)

Not achieved

The governor should initiate contact through the Department of Health, Social Services and Public Safety with regional and local partnership arrangements for safeguarding adults. (1.38)

Achieved

There should be better communication and information sharing between the security department in Hydebank Wood and Ash House. (1.45)

Achieved

Security objectives should be set following a thorough analysis of intelligence, key threats relevant to Ash House should be identified and acted upon, and risk management systems should be improved. (1.46)

Partially achieved

Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.47)

Not achieved (recommendation repeated, 1.41)

Prisoners doing the same job should receive the same rate of pay. (1.51)

Partially achieved

There should be a specific punishment tariff for women in Ash House. (1.58)

Not achieved

Adjudication standardisation should take place to monitor the standard of adjudication and to use information to help identify trends. (1.59)

Achieved

Unofficial punishments should cease. (1.60)

Achieved

All prison officers should have up-to-date training in control and restraint. (1.63)

Not achieved (recommendation repeated, 1.52)

The structure of the use of force committee should be improved and links with Ash House, and information about use of force should be used to inform violence and minimisation strategies. (1.64)

Partially achieved

A fully integrated multidisciplinary addictions team should be established to deliver timely and effective clinical and psychosocial drug and alcohol services, including group work, based on a full needs assessment. (1.76)

Partially achieved

Meetings that discuss the drug strategy should involve all relevant departments and service providers to improve communication and the coordination of services. (1.77)

Not achieved

The establishment should repeat its substance misuse needs analysis annually to ensure that service provision matches current prisoner need, and reflect this in an up-to-date strategy that contains an action plan and performance measures. (1.78)

Not achieved

The health care department, clinical substance misuse service and AD: EPT psychosocial service should work together to improve care planning and care coordination through joint care plans and reviews. (1.79)

Not achieved

There should be a dual diagnosis service for women who experience both mental health and substance-related problems. (1.80)

Partially achieved

Respect

Prisoners are treated with respect for their human dignity.

At the last inspection, in 2013, the co-location of women and men was unacceptable, and led to fundamentally disrespectful outcomes which undermined positive work elsewhere. Conditions of cells and communal areas were reasonable but for indeterminate sentence prisoners the environment was particularly claustrophobic. Outside areas were good but co-location with male prisoners severely restricted access. There was a lack of progression opportunities for indeterminate sentence prisoners. Staff-prisoner relationships were generally good. Diversity provision and analysis of outcomes were weak. Faith provision was good and valued by prisoners. Legal services were satisfactory. Complaints were reasonably well managed. Health services had improved but outcomes were not good enough. Prisoners disliked the food but the shop was reasonable. Outcomes for women were poor against this healthy prison test.



Main recommendations

Women should no longer be held at Hydebank Wood. (HP50)

Not achieved

There should be individualised support for all the protected groups, and monitoring and consultation arrangements to establish the concerns and needs of the various groups. (HP51)

Not achieved

Recommendations

All prisoners should be able to make telephone calls in private. (2.9)

Achieved

The mother and baby unit policy should reflect the specific arrangements and facilities at Ash House, and its requirements should be implemented. (2.19)

Not achieved

There should be a clear process, agreed with the local safeguarding children board, for arranging childcare for babies at Ash House. (2.20)

Not achieved

Staff working at Ash House should receive training on working with women prisoners. (2.27)

Not achieved

Staff entries in prisoner records should be objective and factual, and should regularly detail the support offered to women across the prison in order to promote good communication between staff and prisoners. (2.28)

Partially achieved

Prisoner-staff consultation meetings should take place at least monthly. (2.29)

Achieved

The terms of reference for the equality and diversity meeting should include all the protected characteristics, and there should be an appropriate focus on female prisoners. (2.37)

Not achieved

All staff, including the equality and diversity manager, should receive regular refresher training focused on the Northern Ireland context. (2.38)

Not achieved

Information about prisoners who have committed a racially aggravated offence or been involved in racist bullying should be collated and used in cell sharing risk assessments. (2.39)

Achieved

Senior managers should quality check complaints robustly to ensure they are thoroughly investigated and concluded, and analyse complaint statistics and address any issues identified. (2.56)

Achieved

There should be information sharing protocols to enable the efficient and confidential sharing of relevant information. (2.73)

Partially achieved

Data collection to inform the health needs assessment should be improved and used to finalise a prison health care strategy. (2.74)

Achieved

Induction programmes for nurses should be improved to ensure they are equipped for the responsibility of the post. (2.75)

Not achieved

Paediatric life support training should be provided. (2.76)

Achieved

Nursing staff should not undertake prison officer duties. (2.77)

Achieved

Safety checks on resuscitation equipment and drugs should be monitored, and safety checks on defibrillators under the responsibility of the Northern Ireland Prison Service should be recorded. (2.78)

Partially achieved

A full health care assessment should be completed within 72 hours of committal. (2.89)

Achieved

The collection of data on access to health care professionals should be improved to avoid unacceptable delays. (2.90)

Achieved

Nurses should work within their competency framework. (2.91)

Achieved

Data should be collected on prisoners with lifelong conditions and care provided by nurses with the relevant skills and competency. (2.92)

Partially achieved

There should be a robust audit tool to measure compliance with the standard operating procedures, and a monthly treatment room audit which includes date and stock control checks. (2.100)

Partially achieved



In-possession forms should be monitored for accuracy. Compliance checks should be completed and reviews recorded. The policy on non-compliance with in-possession medication should be reviewed. (2.101)

Partially achieved

There should be compliance with the health technical memorandum on decontamination of reusable dental and medical instruments (HTM 01-05), and a legionella risk assessment. (2.108)

Partially achieved

The criteria for referral to the mental health service should ensure that there are no undue delays in prisoners using mental health services, including after serious cases of self-harm. (2.120)

Partially achieved

Mental health staff should be involved in committal assessments. (2.121)

Partially achieved

There should be improved communication and collaboration between mental health staff and GPs, consultant psychiatrist, primary care and discipline staff. (2.122)

Achieved

Multidisciplinary team decisions should be shared with the patient, all contacts with prisoners receiving mental health care should be documented, and patients should sign care plans and assessments to demonstrate partnership working. (2.123)

Achieved

The menu should be less repetitive and include at least five portions of fruit and vegetables a day. (2.132)

Achieved

New arrivals without money should be offered a repayable advance to make a purchase from the shop. (2.139)

Achieved

Prisoners should not be charged a fee on catalogue orders. (2.140)

Achieved

Purposeful activity

Women are able, and expected, to engage in activity that is likely to benefit them.

At the last inspection, in 2013, regular curtailment of the regime significantly affected prisoners' time out of cell and access to purposeful activity. There was poor access to outside areas and exercise. Management and leadership of learning and skills were poor and co-ordination needed to be improved. There were not enough activity places, which particularly affected women prisoners, and those available were poorly used. Levels of attainment and accreditation were low and use of data to improve standards was poor. The library was excellent and the gym offered some good opportunities. Outcomes for women were poor against this healthy prison test.

Main recommendation

The prison should deliver the advertised core day consistently and not routinely curtail it, unless there is a substantive reason to do so. (HP52)

Partially achieved

The quality and effectiveness of the leadership and management of learning and skills provision should be improved significantly to ensure that prisoners are offered an appropriate range of purposeful activity, including a strong focus on the development of their essential skills of literacy and numeracy, which enhances their employability and also contributes to reducing the likelihood of their reoffending. (HP53)

Partially achieved

Recommendations

Prisoners should be given the opportunity of at least one hour of evening association every day. (3.5)

Not achieved

Quality assurance and self-evaluation arrangements should be strengthened, particularly through more effective collation, analysis and use of data. (3.13)

Partially achieved

The curriculum should be broadened to meet the needs, interests and aspirations of the prisoners, and improve their preparation for employment on release. (3.19)

Partially achieved

More women prisoners should engage in learning and skills or work activities regularly, and the number and quality of work activities should be increased. (3.20)

Achieved



Prisoners should arrive at learning and skills and work activities on time to maximise their learning and work time. (3.21)

Achieved

The quality of teaching, training and learning should be improved to engage all prisoners more effectively. (3.26)

Partially achieved

The curriculum offered should be broadened so that prisoners can acquire and apply skills at a range of levels, and the number of women achieving essential skills qualifications in literacy, numeracy and information and communications technology should be improved. (3.29)

Partially achieved

The library should be open at weekends. (3.32)

Not achieved

PE staff should achieve the qualifications required to reintroduce a range of outdoor and adventurous activities, subject to security risk assessments. (3.37)

Partially achieved

The PE department should develop effective working arrangements with the learning and skills and health care departments to develop prisoner understanding of the importance of maintaining a healthy lifestyle. (3.38)

Partially achieved

Resettlement

Women are prepared for their release back into the community and effectively helped to reduce the likelihood of reoffending.

At the last inspection, in 2013, strategic management of resettlement had improved but still lacked a current needs analysis. Offender management arrangements were good. Public protection had improved but internal communication was still inadequate. Support for indeterminate sentence prisoners needed to improve. Services for reintegration were generally good but learning and skills provision was poor and there were other significant gaps. Prisoners were aware of how to access support. Outcomes for women were not sufficiently good against this healthy prison test.

Main recommendation

All sentence plans should be individualised and have meaningful targets and a range of viable options available in the prison regime to provide opportunities to reduce the risk of reoffending. (HP54)

Partially achieved

Recommendations

The resettlement strategy should be strengthened by incorporating a needs analysis, reference to life sentence prisoners and SMART (specific, measurable, achievable, realistic and time-bound) targets. (4.6)

Not achieved

All residential staff should be trained to provide support for prisoners' resettlement. (4.7)

Partially achieved

Ash House should extend its working out scheme. (4.17)

Achieved

All relevant staff should be made aware of the NIPS Safeguarding Children Framework and Guidance, which should be fully implemented. (4.22)

Achieved

Indeterminate sentence prisoners who are detained at Ash House should be managed by the local offender management unit. (4.28)

Achieved

Prisoners should have better access to the internet to improve their job search skills. (4.35)

Partially achieved

There should be more opportunities for prisoners to acquire work-related skills and participate in suitable work placements before release. (4.36)

Achieved

Community social services should be asked to contribute to detailed social histories where appropriate. (4.39)

Partially achieved

Prisoners should be assisted to open a bank account. (4.43)

Achieved

Adult children should be able to accompany younger siblings on child-centred visits. (4.53)

Achieved

There should be separate visiting facilities for male and female prisoners. (4.54)

Partially achieved

Prisoners who are primary carers should be offered additional free letters and should be able to receive incoming telephone calls from their dependants. (4.55)

Partially achieved

There should be a strategy to encourage women to disclose experiences of domestic violence, rape, abuse or prostitution, and specialist services to support them. (4.62)

Not achieved



Appendix 3: Prison population profile

Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

(Status	Number of prisoners	%
Sentenced	30	52.63%
Unsentenced	26	45.61%
Fine	1	1.75%
Total	57	100%

Sentenced prisoners	Number of prisoners	%
Adult determinate custody sentence (DCS)	8	25.81%
Adult sentenced	10	32.26%
Adult lifer	5	16.13%
Adult extended custody sentence (ECS)	4	12.90%
Adult appellant	2	6.45%
Adult indeterminate custody sentence (ICS)	1	3.23%
Adult Fine Defaulter	1	3.23%
Total	31	100%

Sentence	Number of prisoners	%
Less than 6 months	6	19.35
6 months to less than 12 months	7	22.58
12 months to less than 2 years	1	3.23
2 years to less than 4 years	6	19.35
4 years to less than 10 years	5	16.13
10 years and over (not life)	1	3.23
Life/Indeterminate	5	16.13
Sentence not calculated		
Total	31	100%

Length of stay (unsentenced)	Number of prisoners	%
Less than 1 month	16	61.54%
1 month to 3 months	4	15.38%
3 months to 6 months	2	7.69%
6 months to 1 year	3	11.54%
1 year to 2 years	1	3.85%
Total	26	100%

Main alleged offence	Number of prisoners	%
Other offences against the person	21	36.84%
Burglary/robbery/theft	11	19.30%
Murder	9	15.79%
Other offences	7	12.28%
Drug offences	5	8.77%
Criminal damage	2	3.51%
Sex offences	2	3.51%
Total	57	100%

Age	Number of prisoners	%
18 years to 20 years	2	3.51%
21 years to 29 years	23	4.35%
30 years to 39 years	14	24.56%
40 years to 49 years	10	17.54%
50 years to 59 years	6	10.53%
60 years to 69 years	2	3.51%
Total	57	100%
Youngest prisoner	19	
Oldest prisoner	62	
Average age	37	



Home address	Number of prisoners	%
NFA	4	7.02%
Establishment address	1	1.75%
Null or unmappable postcodes	4	7.02%
0 – 20 miles	22	38.60%
21 – 50 miles	9	15.79%
> 50 miles	17	29.82%
Total	57	100%

Nationality	Number of prisoners	%
Northern Irish	34	59.65%
British	5	8.77
British - England	2	3.51
Irish	7	12.28
Foreign national	9	15.79
Total	57	100%

Ethnicity *(and nationality)	Number of prisoners	%
White	54	94.74%
Asian or Asian British	2	3.51%
Mixed/Multiple Ethnic Groups	1	1.75%
Total	57	100%

* Ethnicity – this is prisoners' self-declared affiliation to a particular group based on common ancestry, race or distinctive culture

Ethnicity *(and nationality)	Nationality	Number of prisoners	%
White	Northern Irish	33	61.11%
	Irish	7	12.96%
	British	5	9.26%
	Lithuanian	4	7.41%
	British - England	2	3.70%
	Polish	1	1.85%
	Romanian	1	1.85%
	Slovakia	1	1.85%
	Sum	54	100%
Asian or Asian British	Chinese	2	100%
Mixed/Multiple Ethnic Groups	Northern Irish	1	100%
Total		57	100%

Religion	Number of prisoners	%
Roman Catholic	28	49.12
Presbyterian	5	19.30
Church of Ireland	11	8.77
Nil	3	5.26
Baptist	1	1.75
Buddhist	1	1.75
Other	2	3.51
Christian	3	5.26
Free Presbyterian	1	1.75
Orthodox	1	1.75
Elim	1	1.75
Total	57	100%

Breakdown of community background figures of staff

GRADES	PROTESTANT	ROMAN CATHOLIC	NON-DETERMINED/ Not known	MALE	FEMALE
Prison grades – Male Residential	83%	7%	10%	99	41
Prison grades – Ash	83%	13%	4%	8	23
General service grades	71%	23%	6%	8	19



Appendix 4: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of a representative proportion of the prisoner population was carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Sampling

Questionnaires were offered to all prisoners.

Distributing and collecting questionnaires

Every attempt was made to distribute the questionnaires to respondents individually. This gave researchers an opportunity to explain the purpose of the survey and to answer respondents' questions. We also stressed the voluntary nature of the survey and provided assurances about confidentiality and the independence of the Inspectorate. This information is also provided in writing on the front cover of the questionnaire.

Our questionnaire is available in a number of different languages and via a telephone translation service for respondents who do not read English. Respondents with literacy difficulties were offered the option of an interview.

Respondents were not asked to put their names on their questionnaire. In order to ensure confidentiality, respondents were asked to seal their completed questionnaire in the envelope provided and either hand it back to a member of the research team at a specified time or leave it in their room for collection.

Refusals were noted and no attempts were made to replace them.

Survey response

At the time of the survey on 9 May 2016 the prisoner population at Hydebank Wood College and Women's Prison (Ash House) was 54. Using the method described above, questionnaires were offered to all 54 women.

We received a total of 42 completed questionnaires, a response rate of 78%. This included two questionnaires completed via interview. Three respondents refused to complete a questionnaire, and nine questionnaires were not returned.

Presentation of survey results and analyses

Over the following pages we present the survey results for Hydebank Wood College and Women's Prison (Ash House).

First a full breakdown of responses is provided for each question. In this full breakdown all percentages, including those for filtered questions, refer to the full sample. Percentages have been rounded and therefore may not add up to 100%.

We also present a number of comparative analyses. In all the comparative analyses that follow, statistically significant differences⁷ are indicated by shading. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading. If the difference is not statistically significant there is no shading. Orange shading has been used to show a statistically significant difference in women's background details.

Filtered questions are clearly indented and preceded by an explanation of how the filter has been applied. Percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the entire sample. All missing responses have been excluded from analyses.

Percentages shown in the full breakdown may differ slightly from those shown in the comparative analyses. This is because the data have been weighted to enable valid statistical comparison between establishments.

The following comparative analyses are presented:

- The current survey responses from Hydebank Wood College and Women's Prison (Ash House) in 2016 compared with responses from prisoners surveyed in all other women's prisons. This comparator is based on all responses from prisoner surveys carried out in 12 women's prisons since April 2011.
- The current survey responses from Hydebank Wood College and Women's Prison (Ash House) in 2016 compared with the responses of prisoners surveyed at Hydebank Wood College and Women's Prison (Ash House) in 2013.
- A comparison within the 2016 survey between the responses of prisoners who consider themselves to have a disability and those who do not consider themselves to have a disability.

7. A statistically significant difference between the two samples is one that is unlikely to have arisen by chance alone, and can therefore be assumed to represent a real difference between the two populations. Our significance level is set at 0.05 which means that there is only a 5% likelihood that the difference is due to chance.

Survey summary

Section I: About You

Q1.1	What wing or house block are you currently living on? See shortened methodology.	
Q1.2	How old are you?	
	Under 21	1 (2%)
	21 - 29.....	15 (37%)
	30 - 39.....	14 (34%)
	40 - 49.....	9 (22%)
	50 - 59.....	2 (5%)
	60 - 69.....	0 (0%)
	70 and over	0 (0%)
Q1.3	Are you sentenced?	
	Yes.....	24 (57%)
	Yes - on recall.....	1 (2%)
	No - awaiting trial.....	7 (17%)
	No - awaiting sentence	10 (24%)
	No - awaiting deportation.....	0 (0%)
Q1.4	How long is your sentence?	
	Not sentenced.....	17 (43%)
	Less than 6 months.....	6 (15%)
	6 months to less than 1 year	5 (13%)
	1 year to less than 2 years.....	3 (8%)
	2 years to less than 4 years	2 (5%)
	4 years to less than 10 years	2 (5%)
	10 years or more.....	1 (3%)
	ICS/ ECS	3 (8%)
	Life.....	1 (3%)
Q1.5	Do you hold UK citizenship?	
	Yes.....	34 (83%)
	No.....	7 (17%)
Q1.6	Do you understand spoken English?	
	Yes.....	41 (100%)
	No.....	0 (0%)
Q1.7	Do you understand written English?	
	Yes.....	41 (98%)
	No.....	1 (2%)

Q1.8	What is your ethnic origin?			
	White - British	24 (59%)	Asian or Asian British - Chinese 1 (2%)	
	White - Irish	13 (32%)	Asian or Asian British - other 0 (0%)	
	White - other.....	2 (5%)	Mixed race - white and black Caribbean 0 (0%)	
			
	Black or black British - Caribbean.....	0 (0%)	Mixed race - white and black African... 0 (0%)	
	Black or black British - African	0 (0%)	Mixed race - white and Asian..... 0 (0%)	
	Black or black British - other	0 (0%)	Mixed race - other	0 (0%)
	Asian or Asian British - Indian	0 (0%)	Arab.....	0 (0%)
	Asian or Asian British - Pakistani.....	0 (0%)	Other ethnic group.....	1 (2%)
	Asian or Asian British - Bangladeshi.....	0 (0%)		
Q1.9	Do you consider yourself to be Gypsy/ Romany/ Traveller?			
	Yes	2 (5%)		
	No.....	37 (95%)		
Q1.10	What is your religion?			
	None	3 (8%)	Buddhist	0 (0%)
	Church of Ireland	4 (10%)	Hindu	0 (0%)
	Catholic	19 (48%)	Jewish	0 (0%)
	Protestant	9 (23%)	Muslim	0 (0%)
	Presbyterian	2 (5%)	Sikh.....	0 (0%)
	Methodist.....	1 (3%)	Other	0 (0%)
	Other Christian denomination	2 (5%)		
Q1.11	How would you describe your sexual orientation?			
	Heterosexual/ Straight	38 (100%)		
	Homosexual/Gay	0 (0%)		
	Bisexual.....	0 (0%)		
Q1.12	Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?			
	Yes	17 (43%)		
	No.....	23 (57%)		
Q1.13	Are you a veteran (ex-armed services)?			
	Yes	0 (0%)		
	No	38 (100%)		
Q1.14	Is this your first time in prison?			
	Yes	23 (56%)		
	No.....	18 (44%)		
Q1.15	Do you have children under the age of 18?			
	Yes	25 (61%)		
	No.....	16 (39%)		

Section 2: Courts, transfers and escorts

Q2.1	On your most recent journey here, how long did you spend in the van?	
	Less than 2 hours	28 (70%)
	2 hours or longer	9 (23%)
	Don't remember	3 (8%)

Q2.2	On your most recent journey here, were you offered anything to eat or drink?	
	<i>My journey was less than two hours.....</i>	28 (68%)
	<i>Yes.....</i>	1 (2%)
	<i>No.....</i>	10 (24%)
	<i>Don't remember</i>	2 (5%)
Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours.....</i>	28 (68%)
	<i>Yes.....</i>	2 (5%)
	<i>No.....</i>	11 (27%)
	<i>Don't remember</i>	0 (0%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes.....</i>	21 (54%)
	<i>No.....</i>	10 (26%)
	<i>Don't remember</i>	8 (21%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes.....</i>	28 (68%)
	<i>No.....</i>	11 (27%)
	<i>Don't remember</i>	2 (5%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well.....</i>	7 (17%)
	<i>Well.....</i>	15 (37%)
	<i>Neither</i>	13 (32%)
	<i>Badly.....</i>	0 (0%)
	<i>Very badly</i>	5 (12%)
	<i>Don't remember.....</i>	1 (2%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you.)	
	<i>Yes, someone told me</i>	31 (76%)
	<i>Yes, I received written information.....</i>	0 (0%)
	<i>No, I was not told anything</i>	7 (17%)
	<i>Don't remember</i>	3 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes.....</i>	22 (54%)
	<i>No.....</i>	17 (41%)
	<i>Don't remember</i>	2 (5%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	31 (74%)
	<i>2 hours or longer</i>	6 (14%)
	<i>Don't remember</i>	5 (12%)

Q3.2	When you were searched, was this carried out in a respectful way?			
	Yes		30 (77%)	
	No		5 (13%)	
	Don't remember.....		4 (10%)	
Q3.3	Overall, how were you treated in reception?			
	Very well		9 (22%)	
	Well.....		18 (44%)	
	Neither		10 (24%)	
	Badly.....		1 (2%)	
	Very badly.....		1 (2%)	
	Don't remember		2 (5%)	
Q3.4	Did you have any of the following problems when you first arrived here? (Please tick all that apply to you.)			
	Loss of property	6 (15%)	Physical health	11 (27%)
	Housing problems.....	13 (32%)	Mental health	26 (63%)
	Contacting employers	3 (7%)	Needing protection from other prisoners	10 (24%)
	Contacting family	15 (37%)	Getting phone numbers.....	19 (46%)
	Childcare.....	5 (12%)	Other	1 (2%)
	Money worries.....	15 (37%)	Did not have any problems.....	4 (10%)
	Feeling depressed or suicidal	24 (59%)		
Q3.5	Did you receive any help/support from staff in dealing with these problems when you first arrived here?			
	Yes.....		18 (46%)	
	No.....		17 (44%)	
	Did not have any problems.....		4 (10%)	
Q3.6	When you first arrived here, were you offered any of the following? (Please tick all that apply to you.)			
	Tobacco		31 (78%)	
	A shower		16 (40%)	
	A free telephone call.....		26 (65%)	
	Something to eat.....		29 (73%)	
	PIN phone credit.....		15 (38%)	
	Toiletries/ basic items		28 (70%)	
	Did not receive anything		0 (0%)	
Q3.7	When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you.)			
	Chaplain		21 (55%)	
	Someone from health services.....		27 (71%)	
	A Listener/Samaritans		7 (18%)	
	Tuck shop/ canteen		16 (42%)	
	Did not have access to any of these		6 (16%)	

Q3.8	When you first arrived here, were you offered information on the following? (Please tick all that apply to you.)	
	What was going to happen to you	15 (41%)
	What support was available for people feeling depressed or suicidal	16 (43%)
	How to make routine requests (applications)	18 (49%)
	Your entitlement to visits.....	20 (54%)
	Health services	18 (49%)
	Chaplaincy	14 (38%)
	Not offered any information	9 (24%)
Q3.9	Did you feel safe on your first night here?	
	Yes.....	23 (59%)
	No.....	14 (36%)
	Don't remember	2 (5%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course.....	13 (33%)
	Within the first week.....	16 (41%)
	More than a week	5 (13%)
	Don't remember	5 (13%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course.....	13 (34%)
	Yes.....	13 (34%)
	No.....	5 (13%)
	Don't remember	7 (18%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment.....	10 (26%)
	Within the first week.....	11 (28%)
	More than a week	13 (33%)
	Don't remember	5 (13%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to...						
		Very easy	Easy	Neither	Difficult	Very difficult	N/A
	Communicate with your solicitor or legal representative?	8 (22%)	15 (41%)	5 (14%)	3 (8%)	3 (8%)	3 (8%)
	Attend legal visits?	9 (26%)	14 (40%)	7 (20%)	2 (6%)	0 (0%)	3 (9%)
	Get bail information?	1 (3%)	7 (22%)	8 (25%)	2 (6%)	4 (13%)	10 (31%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters.....						5 (13%)
	Yes.....						28 (72%)
	No.....						6 (15%)
Q4.3	Can you get legal books in the library?						
	Yes.....						13 (33%)
	No.....						5 (13%)
	Don't know						21 (54%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:			
		Yes	No	Don't know
	Do you normally have enough clean, suitable clothes for the week?	29 (73%)	10 (25%)	1 (3%)
	Are you normally able to have a shower every day?	23 (57%)	16 (40%)	1 (3%)
	Do you normally receive clean sheets every week?	13 (34%)	23 (61%)	2 (5%)
	Do you normally get cell cleaning materials every week?	6 (15%)	29 (74%)	4 (10%)
	Is your cell call bell normally answered within five minutes?	10 (26%)	22 (58%)	6 (16%)
	Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?	18 (47%)	19 (50%)	1 (3%)
	If you need to, can you normally get your stored property?	11 (30%)	22 (59%)	4 (11%)
Q4.5	What is the food like here?			
	Very good.....			3 (8%)
	Good.....			10 (25%)
	Neither.....			7 (18%)
	Bad.....			13 (33%)
	Very bad.....			7 (18%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?			
	Have not bought anything yet/ don't know.....			1 (3%)
	Yes.....			23 (59%)
	No.....			15 (38%)
Q4.7	Can you speak to a Listener at any time, if you want to?			
	Yes.....			12 (31%)
	No.....			16 (41%)
	Don't know.....			11 (28%)
Q4.8	Are your religious beliefs respected?			
	Yes.....			27 (68%)
	No.....			5 (13%)
	Don't know/ N/A.....			8 (20%)
Q4.9	Are you able to speak to a Chaplain of your faith in private if you want to?			
	Yes.....			34 (85%)
	No.....			2 (5%)
	Don't know/ N/A.....			4 (10%)
Q4.10	How easy or difficult is it for you to attend religious services?			
	I don't want to attend			7 (18%)
	Very easy.....			10 (26%)
	Easy.....			15 (38%)
	Neither.....			3 (8%)
	Difficult			1 (3%)
	Very difficult.....			2 (5%)
	Don't know			1 (3%)

Section 5: Applications and complaints

Q5.1	Is it easy to make an application?			
	Yes.....			29 (76%)
	No			5 (13%)
	Don't know			4 (11%)

Q5.2	Please answer the following questions about applications (if you have not made an application please tick the 'not made one' option).			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are applications dealt with fairly?	7 (21%)	13 (38%)	14 (41%)
	Are applications dealt with quickly (within seven days)?	7 (21%)	14 (42%)	12 (36%)
Q5.3	Is it easy to make a complaint?			
	Yes			31 (82%)
	No			5 (13%)
	Don't know			2 (5%)
Q5.4	Please answer the following questions about complaints (if you have not made a complaint please tick the 'not made one' option).			
		<i>Not made one</i>	<i>Yes</i>	<i>No</i>
	Are complaints dealt with fairly?	11 (33%)	8 (24%)	14 (42%)
	Are complaints dealt with quickly (within seven days)?	11 (37%)	9 (30%)	10 (33%)
Q5.5	Have you ever been prevented from making a complaint when you wanted to?			
	Yes			13 (42%)
	No			18 (58%)
Q5.6	How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?			
	Don't know who they are			11 (30%)
	Very easy			3 (8%)
	Easy			7 (19%)
	Neither			6 (16%)
	Difficult			8 (22%)
	Very difficult			2 (5%)

Section 6: Progressive regimes and earned privileges scheme

Q6.1	Have you been treated fairly in your experience of the progressive regimes and earned privileges (PREP) scheme? (This refers to enhanced, standard and basic levels.)		
	Don't know what the PREP scheme is		6 (17%)
	Yes		21 (60%)
	No		6 (17%)
	Don't know		2 (6%)
Q6.2	Do the different levels of the PREP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels.)		
	Don't know what the PREP scheme is		6 (18%)
	Yes		18 (53%)
	No		9 (26%)
	Don't know		1 (3%)
Q6.3	In the last six months have any members of staff physically restrained you (C&R)?		
	Yes		3 (8%)
	No		34 (92%)

Q6.4	If you have spent a night in the segregation and separation unit (SSU) in the last six months, how were you treated by staff?	
	<i>I have not been to the SSU in the last 6 months</i>	30 (86%)
	<i>Very well.....</i>	2 (6%)
	<i>Well.....</i>	0 (0%)
	<i>Neither.....</i>	2 (6%)
	<i>Badly.....</i>	0 (0%)
	<i>Very badly</i>	1 (3%)

Section 7: Relationships with staff

Q7.1	Do most staff treat you with respect?	
	<i>Yes.....</i>	31 (82%)
	<i>No.....</i>	7 (18%)
Q7.2	Is there a member of staff you can turn to for help if you have a problem?	
	<i>Yes.....</i>	30 (81%)
	<i>No.....</i>	7 (19%)
Q7.3	Has a member of staff checked on you personally in the last week to see how you are getting on?	
	<i>Yes.....</i>	15 (39%)
	<i>No.....</i>	23 (61%)
Q7.4	How often do staff normally speak to you during association?	
	<i>Do not go on association</i>	1 (3%)
	<i>Never</i>	2 (6%)
	<i>Rarely.....</i>	10 (28%)
	<i>Some of the time</i>	12 (33%)
	<i>Most of the time.....</i>	6 (17%)
	<i>All of the time.....</i>	5 (14%)
Q7.5	When did you first meet your personal (named) officer?	
	<i>I have not met him/her</i>	12 (32%)
	<i>In the first week</i>	16 (43%)
	<i>More than a week</i>	7 (19%)
	<i>Don't remember</i>	2 (5%)
Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/ I have not met him/ her</i>	12 (32%)
	<i>Very helpful.....</i>	11 (29%)
	<i>Helpful</i>	5 (13%)
	<i>Neither</i>	7 (18%)
	<i>Not very helpful</i>	1 (3%)
	<i>Not at all helpful.....</i>	2 (5%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes.....</i>	22 (58%)
	<i>No.....</i>	16 (42%)
Q8.2	Do you feel unsafe now?	
	<i>Yes.....</i>	6 (16%)
	<i>No.....</i>	31 (84%)

- Q8.3 In which areas have you felt unsafe? (Please tick all that apply to you.)**
- | | | | |
|--------------------------|----------|------------------------------|----------|
| Never felt unsafe | 16 (46%) | At meal times | 5 (14%) |
| Everywhere | 4 (11%) | At health services | 5 (14%) |
| SSU..... | 0 (0%) | Visits area | 2 (6%) |
| Association areas..... | 8 (23%) | In wing showers..... | 2 (6%) |
| Reception area | 3 (9%) | In gym showers | 1 (3%) |
| At the gym | 1 (3%) | In corridors/stairwells..... | 7 (20%) |
| In an exercise yard..... | 8 (23%) | On your landing/wing..... | 10 (29%) |
| At work..... | 7 (20%) | In your cell | 6 (17%) |
| During movement | 11 (31%) | At religious services..... | 1 (3%) |
| At education | 12 (34%) | | |
- Q8.4 Have you been victimised by other prisoners here?**
- | | |
|-----------|----------|
| Yes | 19 (50%) |
| No..... | 19 (50%) |
- Q8.5 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)**
- | | |
|--|----------|
| Insulting remarks (about you or your family or friends) | 11 (29%) |
| Physical abuse (being hit, kicked or assaulted)..... | 4 (11%) |
| Sexual abuse | 1 (3%) |
| Feeling threatened or intimidated | 14 (37%) |
| Having your canteen/property taken | 6 (16%) |
| Medication..... | 9 (24%) |
| Debt | 2 (5%) |
| Drugs..... | 2 (5%) |
| Your race or ethnic origin..... | 1 (3%) |
| Your religion/religious beliefs | 4 (11%) |
| Your nationality | 2 (5%) |
| You are from a different part of the country than others | 3 (8%) |
| You are from a traveller community | 0 (0%) |
| Your sexual orientation | 0 (0%) |
| Your age..... | 2 (5%) |
| You have a disability | 2 (5%) |
| You were new here..... | 8 (21%) |
| Your offence/ crime | 5 (13%) |
| Gang related issues..... | 1 (3%) |
- Q8.6 Have you been victimised by staff here?**
- | | |
|-----------|----------|
| Yes | 18 (47%) |
| No..... | 20 (53%) |
- Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you.)**
- | | |
|--|----------|
| Insulting remarks (about you or your family or friends) | 12 (32%) |
| Physical abuse (being hit, kicked or assaulted)..... | 2 (5%) |
| Sexual abuse | 0 (0%) |
| Feeling threatened or intimidated | 8 (21%) |
| Medication..... | 4 (11%) |
| Debt | 1 (3%) |
| Drugs..... | 2 (5%) |
| Your race or ethnic origin..... | 0 (0%) |
| Your religion/religious beliefs | 0 (0%) |
| Your nationality | 2 (5%) |
| You are from a different part of the country than others | 0 (0%) |
| You are from a traveller community | 0 (0%) |
| Your sexual orientation | 0 (0%) |

Your age.....	0 (0%)
You have a disability.....	1 (3%)
You were new here.....	3 (8%)
Your offence/ crime.....	5 (13%)
Gang related issues.....	0 (0%)

Q8.8 If you have been victimised by prisoners or staff, did you report it?

Not been victimised.....	14 (44%)
Yes.....	13 (41%)
No.....	5 (16%)

Section 9: Health services

Q9.1 How easy or difficult is it to see the following people:

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	0 (0%)	0 (0%)	8 (21%)	5 (13%)	13 (34%)	12 (32%)
The nurse	1 (3%)	3 (8%)	15 (42%)	8 (22%)	7 (19%)	2 (6%)
The dentist	5 (14%)	0 (0%)	8 (22%)	4 (11%)	12 (32%)	8 (22%)

Q9.2 What do you think of the quality of the health service from the following people:

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	5 (13%)	1 (3%)	9 (24%)	1 (3%)	11 (29%)	11 (29%)
The nurse	1 (3%)	4 (12%)	12 (35%)	9 (26%)	7 (21%)	1 (3%)
The dentist	8 (23%)	1 (3%)	9 (26%)	6 (17%)	6 (17%)	5 (14%)

Q9.3 What do you think of the overall quality of the health services here?

Not been.....	1 (3%)
Very good.....	1 (3%)
Good.....	9 (24%)
Neither.....	8 (22%)
Bad.....	5 (14%)
Very bad.....	13 (35%)

Q9.4 Are you currently taking medication?

Yes.....	33 (87%)
No.....	5 (13%)

Q9.5 If you are taking medication, are you allowed to keep some/ all of it in your own cell?

Not taking medication.....	5 (14%)
Yes, all my meds.....	10 (27%)
Yes, some of my meds.....	8 (22%)
No.....	14 (38%)

Q9.6 Do you have any emotional or mental health problems?

Yes.....	30 (77%)
No.....	9 (23%)

Q9.7 Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?

Do not have any emotional or mental health problems.....	9 (25%)
Yes.....	12 (33%)
No.....	15 (42%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes.....	16 (41%)
	No.....	23 (59%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes.....	16 (42%)
	No.....	22 (58%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy.....	11 (29%)
	Easy.....	8 (21%)
	Neither.....	5 (13%)
	Difficult.....	2 (5%)
	Very difficult.....	0 (0%)
	Don't know.....	12 (32%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy.....	0 (0%)
	Easy.....	0 (0%)
	Neither.....	3 (8%)
	Difficult.....	1 (3%)
	Very difficult.....	11 (31%)
	Don't know.....	21 (58%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes.....	9 (24%)
	No.....	28 (76%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes.....	12 (32%)
	No.....	25 (68%)
Q10.7	Have you received any support or help (for example substance misuse teams) for your drug problem, while in this prison?	
	Did not / do not have a drug problem.....	18 (49%)
	Yes.....	6 (16%)
	No.....	13 (35%)
Q10.8	Have you received any support or help (for example substance misuse teams for your alcohol problem, while in this prison?	
	Did not / do not have an alcohol problem.....	22 (58%)
	Yes.....	6 (16%)
	No.....	10 (26%)
Q10.9	Was the support or help you received, while in this prison, helpful?	
	Did not have a problem/ did not receive help.....	27 (73%)
	Yes.....	7 (19%)
	No.....	3 (8%)

Section 11: Activities

Q11.1 How easy or difficult is it to get into the following activities, in this prison?

	<i>Don't know</i>	<i>Very Easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>
Prison job	4 (11%)	12 (32%)	15 (39%)	4 (11%)	1 (3%)	2 (5%)
Vocational or skills training	7 (21%)	4 (12%)	14 (42%)	4 (12%)	2 (6%)	2 (6%)
Education (including basic skills)	2 (6%)	8 (23%)	16 (46%)	7 (20%)	1 (3%)	1 (3%)
Offending behaviour programmes	16 (48%)	3 (9%)	6 (18%)	3 (9%)	3 (9%)	2 (6%)

Q11.2 Are you currently involved in the following? (Please tick all that apply to you.)

<i>Not involved in any of these</i>	8 (21%)
Prison job	29 (76%)
Vocational or skills training.....	11 (29%)
Education (including basic skills)	17 (45%)
Offending behaviour programmes.....	6 (16%)

Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?

	<i>Not been involved</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Prison job	3 (9%)	16 (47%)	9 (26%)	6 (18%)
Vocational or skills training	5 (16%)	16 (50%)	8 (25%)	3 (9%)
Education (including basic skills)	2 (7%)	18 (60%)	8 (27%)	2 (7%)
Offending behaviour programmes	7 (27%)	9 (35%)	5 (19%)	5 (19%)

Q11.4 How often do you usually go to the library?

<i>Don't want to go</i>	6 (16%)
<i>Never</i>	9 (24%)
<i>Less than once a week</i>	9 (24%)
<i>About once a week</i>	11 (30%)
<i>More than once a week</i>	2 (5%)

Q11.5 Does the library have a wide enough range of materials to meet your needs?

<i>Don't use it</i>	10 (28%)
<i>Yes</i>	20 (56%)
<i>No</i>	6 (17%)

Q11.6 How many times do you usually go to the gym each week?

<i>Don't want to go</i>	10 (26%)
<i>0</i>	13 (34%)
<i>1 to 2</i>	10 (26%)
<i>3 to 5</i>	4 (11%)
<i>More than 5</i>	1 (3%)

Q11.7 How many times do you usually go outside for exercise each week?

<i>Don't want to go</i>	6 (18%)
<i>0</i>	14 (42%)
<i>1 to 2</i>	9 (27%)
<i>3 to 5</i>	3 (9%)
<i>More than 5</i>	1 (3%)

Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	3 (9%)
	<i>0</i>	8 (24%)
	<i>1 to 2</i>	6 (18%)
	<i>3 to 5</i>	9 (27%)
	<i>More than 5</i>	7 (21%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.)	
	<i>Less than 2 hours</i>	4 (11%)
	<i>2 to less than 4 hours</i>	4 (11%)
	<i>4 to less than 6 hours</i>	9 (25%)
	<i>6 to less than 8 hours</i>	7 (19%)
	<i>8 to less than 10 hours</i>	2 (6%)
	<i>10 hours or more</i>	5 (14%)
	<i>Don't know</i>	5 (14%)

Section 12: Contact with family and friends

Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	19 (50%)
	<i>No</i>	19 (50%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	14 (38%)
	<i>No</i>	23 (62%)
Q12.3	Have you had any problems getting access to the telephones?	
	<i>Yes</i>	13 (36%)
	<i>No</i>	23 (64%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	9 (24%)
	<i>Very easy</i>	4 (11%)
	<i>Easy</i>	6 (16%)
	<i>Neither</i>	5 (14%)
	<i>Difficult</i>	4 (11%)
	<i>Very difficult</i>	8 (22%)
	<i>Don't know</i>	1 (3%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	<i>Not sentenced</i>	17 (47%)
	<i>Yes</i>	13 (36%)
	<i>No</i>	6 (17%)
Q13.2	What type of contact have you had with your offender manager since being in prison?	
	<i>Not sentenced/ NA</i>	23 (66%)
	<i>No contact</i>	6 (17%)
	<i>Letter</i>	0 (0%)
	<i>Phone</i>	1 (3%)
	<i>Visit</i>	5 (14%)


Q13.3	Do you have a named offender supervisor in this prison?	
	Yes.....	12 (39%)
	No.....	19 (61%)
Q13.4	Do you have a sentence plan?	
	Not sentenced.....	17 (47%)
	Yes.....	14 (39%)
	No.....	5 (14%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/ not sentenced.....	22 (61%)
	Very involved.....	3 (8%)
	Involved.....	5 (14%)
	Neither.....	4 (11%)
	Not very involved.....	0 (0%)
	Not at all involved.....	2 (6%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you.)	
	Do not have a sentence plan/ not sentenced.....	22 (65%)
	Nobody.....	4 (12%)
	Offender supervisor.....	1 (3%)
	Offender manager.....	3 (9%)
	Named/ personal officer.....	5 (15%)
	Staff from other departments.....	5 (15%)
Q13.7	Can you achieve any of your sentence plan targets in this prison?	
	Do not have a sentence plan/ not sentenced.....	22 (61%)
	Yes.....	7 (19%)
	No.....	1 (3%)
	Don't know.....	6 (17%)
Q13.8	Are there plans for you to achieve any of your sentence plan targets in another prison?	
	Do not have a sentence plan/ not sentenced.....	22 (61%)
	Yes.....	0 (0%)
	No.....	6 (17%)
	Don't know.....	8 (22%)
Q13.9	Are there plans for you to achieve any of your sentence plan targets in the community?	
	Do not have a sentence plan/ not sentenced.....	22 (61%)
	Yes.....	2 (6%)
	No.....	2 (6%)
	Don't know.....	10 (28%)
Q13.10	Do you have a needs based custody plan?	
	Yes.....	2 (6%)
	No.....	12 (35%)
	Don't know.....	20 (59%)
Q13.11	Do you feel that any member of staff has helped you to prepare for your release?	
	Yes.....	8 (26%)
	No.....	23 (74%)

**Q13.12 Do you know of anyone in this prison who can help you with the following on release?
(Please tick all that apply to you.)**

	<i>Do not need help</i>	<i>Yes</i>	<i>No</i>
Employment	5 (16%)	8 (25%)	19 (59%)
Accommodation	7 (23%)	10 (33%)	13 (43%)
Benefits	4 (13%)	8 (27%)	18 (60%)
Finances	3 (11%)	6 (21%)	19 (68%)
Education	4 (14%)	7 (24%)	18 (62%)
Drugs and alcohol	9 (30%)	11 (37%)	10 (33%)

Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?

<i>Not sentenced</i>	17 (46%)
<i>Yes</i>	6 (16%)
<i>No</i>	14 (38%)



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