



REPORT ON AN UNANNOUNCED
INSPECTION OF

ASH HOUSE WOMEN'S PRISON HYDEBANK WOOD

23–24 OCTOBER &
4–7 NOVEMBER 2019

JUNE 2020



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The Regulation and
Quality Improvement
Authority



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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.

Laid before the Northern Ireland Assembly under Section 49(2) of the 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.

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Prisoner survey responses can be obtained directly from the CJI website – www.cjini.org



LIST OF ABBREVIATIONS

ACE	Assessment, Case management and Evaluation
AD:EPT	Alcohol and Drugs: Empowering People through Therapy
Belfast Met	Belfast Metropolitan College
CAB	Challenging Antisocial Behaviour
CER	Conditional Early Release
CJI	Criminal Justice Inspection Northern Ireland
DoJ	Department of Justice
EAT	Equality Action Team
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
ICT	Information and Communication Technology
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 UN Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment
PDP	Prisoner 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
ROTL	Release on Temporary Licence
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 the only women's prison in Northern Ireland. It is a stand-alone unit situated within the campus of Hydebank Wood Secure College, Belfast. It is no exaggeration that over the last seven years Ash House has made remarkable progress against the healthy prisons tests.

The multi-disciplinary Inspection Team included Inspectors from Criminal Justice Inspection Northern Ireland (CJI), Her Majesty's Inspectorate of Prisons in England and Wales (HMIP), the Regulation and Quality Improvement Authority (RQIA) and the Education and Training Inspectorate (ETI). The arrangements whereby HMIP supports the inspection of prisons in Northern Ireland are set out in the body of this report.

Ash House was last inspected in May 2016, and before that in 2013. In 2013 it was judged that three of the four healthy prison tests were either 'poor' or 'not sufficiently good' with only safety found to be 'reasonably good'. By 2016, significant progress had been made with improvements in three tests. This report shows even more marked progress with improvements in three of the healthy prison tests judged to be at the highest standard, 'good', and in particular, respect had improved from 'not sufficiently good' to 'good' – an increase of two grades and a very significant achievement.

As mentioned previously, an important contextual issue is that Ash House sits within the Hydebank Wood Secure College (the College) campus. At the time of this inspection, the College held some 90 young adult male prisoners between 18 and 24 years of age. There is a small amount of well-managed contact between the male and female prisoners, which has caused some discussion as to whether this is fully in accordance with international standards concerning the separation of the sexes in the custodial environment. Our observations during this inspection, supported by observations from both male and female prisoners, is that if properly supervised and managed, such contact can be of considerable benefit to both men and women. The then two Chief Inspectors, at the invitation of a group of women, joined a group discussing the impact of trauma, and they were very clear in their views that there were distinct benefits to properly controlled contact.

It was perhaps of little surprise to find, after we had come to our judgements, that 58% of our recommendations made at the last inspection had been fully achieved, and a further 13% partly achieved.

This is an exceptionally high figure, and shows what improvement can be achieved when inspection recommendations are approached constructively and positively.

Ash House is a safe establishment; violence was at a lower level than at the last inspection, and also lower than at other women's prisons HMIP inspect in England and Wales. It was also notable that self-harm, an issue that is sadly all too prevalent in women's prisons, was much lower than we normally see.

Even with the overall level of safety at Ash House, we were concerned that despite our previous recommendations, governance of the use of force was not sufficiently robust. Too many reports did not explain why force had been necessary, they were not reviewed by managers quickly enough and body-worn camera and CCTV footage was not systematically reviewed. This was a key concern arising from this inspection.

A further key concern was that the strategy to reduce the supply of illicit drugs and prescribed medicines in the establishment was not sufficiently robust, given that they were easily available. Too many women were testing positive for drugs and when intelligence was acted on, finds of illicit substances were frequent. However, intelligence was not used sufficiently well, and the drugs supply reduction strategy needed to be made far more effective.

We found Ash House to be a respectful establishment, with the positive relationships between prisoners and staff a particular strength. It was notable that staff did not wear Prison Officer uniforms, and that relationships were conducted on a first name basis. However, this did not in any way compromise the essential authority of the staff in carrying out their duties. It was also notable that in the area of respect, 16 out of 23 recommendations from the last inspection had been fully achieved, and one partially achieved.

Improvements to collaborative working between health and prison staff at all levels is also encouraging. Prisoners/students have good access to primary health care services and they are treated professionally with compassion and dignity. The quality improvement work underway has the potential to deliver further positive outcomes for prisoners/students.

The only area in which the establishment was judged not to be at the highest level was in the area of purposeful activity, where our colleagues from the ETI were of the view that there needed to be more attention paid to the overall impact of the learning and skills provision on the women, improved workshops and enhanced utilisation of them and that there should be better use of data and more involvement of the various providers and agencies. This issue constitutes one of our three key concerns and recommendations.

Overall, this was a heartening inspection that shows how progress can be made when there is a clear vision and drive for improvement from effective leadership and good teamwork. Both Chief Inspectors are thoroughly impressed by the findings of this inspection and commend all who have worked so hard over many years to achieve, sustain and build on this.

We express our thanks to the Inspection Team and all those who assisted them during this inspection.



Jacqui Durkin

Chief Inspector of Criminal Justice
in Northern Ireland

June 2020



Peter Clarke CVO OBE QPM

HM Chief Inspector of Prisons
in England and Wales

June 2020



FACT PAGE

Task of the establishment

Ash House accommodates all Northern Ireland's female prisoners.

Certified normal accommodation (CNA) and operational capacity¹

Prisoners held at the time of inspection:	Baseline certified normal capacity:	In-use certified normal capacity:	Operational capacity:
70	86	96	99

Prison status (public or private) and key providers

Public

 South Eastern Health and Social Care Trust

Physical health provider

Mental health provider



Prison education framework provider

 South Eastern Health and Social Care Trust



Substance use treatment providers

NORTHERN IRELAND

 PRISON SERVICE

Prisoner Escort and Court Custody Service

Escort contractor

Prison Department



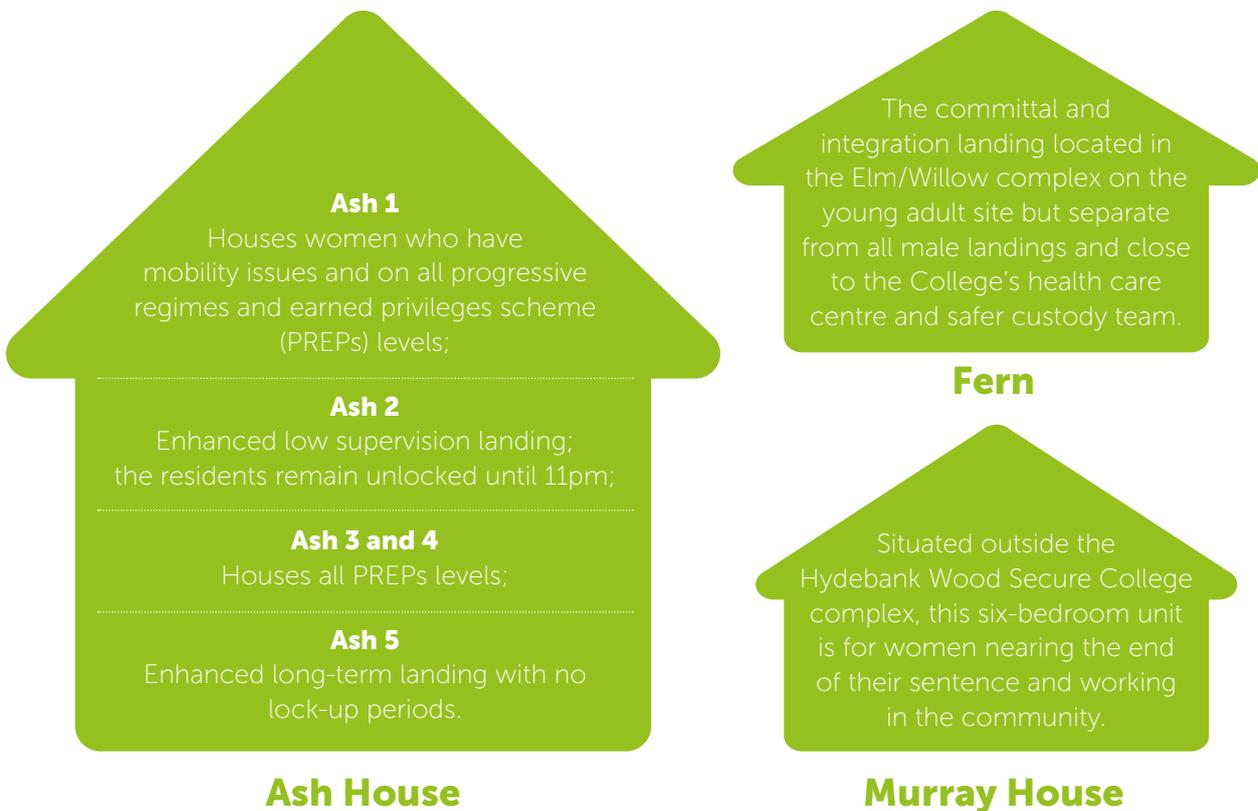
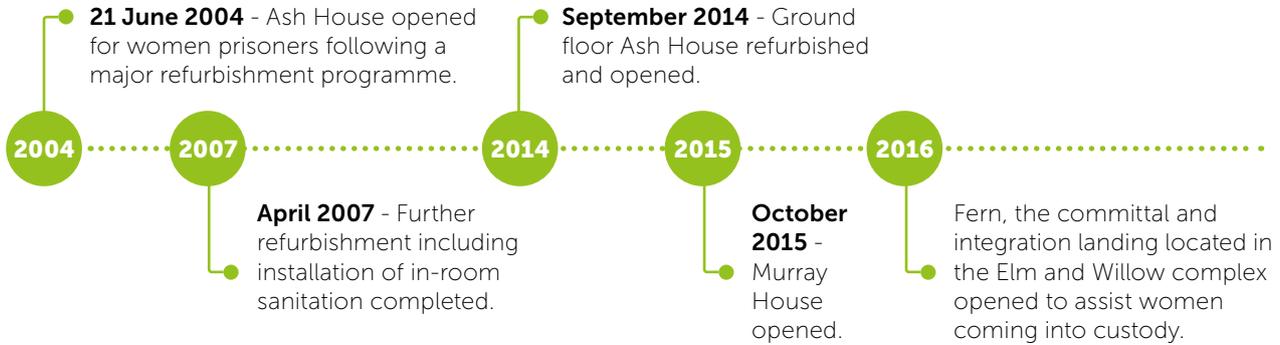
Date of last inspection

See page 7.

1 Baseline CNA is the sum total of all certified accommodation in an establishment except cells in segregation units, health care cells or rooms that are not routinely used to accommodate long stay patients. In-use CNA is baseline CNA less those places not available for immediate use, such as damaged cells, cells affected by building works, and cells taken out of use due to staff shortages. Operational capacity is the total number of prisoners that an establishment can hold without serious risk to good order, security and the proper running of the planned regime.

Brief history

Ash House is a stand-alone residential unit within the Hydebank Wood Secure College campus adjacent to the young men's accommodation.



Name of governor and date in post

Gary Milling, April 2018.

Independent Monitoring Board (IMB) chair

Hazel Patton.

Date of last inspection

9-19 May 2016.

Copies of all previous inspection reports can be found on the CJI website – www.cjini.org.

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.

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.

All inspections carried out by HMIP and those prison inspections jointly carried out with CJI in Northern Ireland with support from RQIA 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, CJI and RQIA are three 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 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 CJ1 reports carry a summary of the conditions and treatment of prisoners, based on HMIP's 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 2010 *'Bangkok Rules'* set out internationally agreed standards that should govern the treatment of women in prison. Since September 2014, HMIP has had *Expectations* which specifically addresses the outcomes expected for women in prison which are underpinned by human rights treaties and standards, including the Bangkok Rules.

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 Northern Ireland Prison Service (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 prisoners. 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 prisoners. Immediate remedial action is required.

Our assessments might result in one of the following:

- **Key concerns and recommendations:** identify the issues of most importance to improving outcomes for women and are designed to help establishments prioritise and address the most significant weaknesses in the treatment and conditions of women.

- **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; or
- **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 prisoners; 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.

All inspections of prisons in Northern Ireland are conducted jointly with the ETI and the RQIA. This joint work ensures expert knowledge is deployed in inspections and avoids multiple inspection visits.

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 chapters 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 (2016) inspection report. Chapter 5 collates all recommendations and examples of good practice arising from the inspection.

Appendix I details the members of the Inspection Team. Appendix II lists the recommendations from the previous inspection report and our assessment of whether they have been achieved. Appendix III includes photographs of the condition of and facilities used by the women at the time of the inspection fieldwork.

Details of the prison population survey methodology, prison population profile and findings from the prison population survey can be found in Appendices IV and V respectively.

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

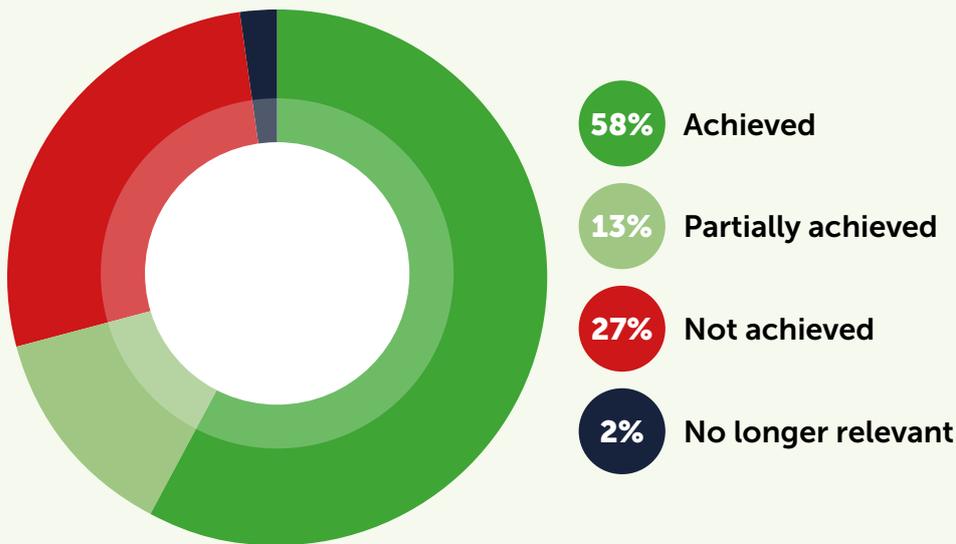
² The significance level is set at 0.01, which means that there is only a 1% chance that the difference in results is due to chance.

EXECUTIVE SUMMARY

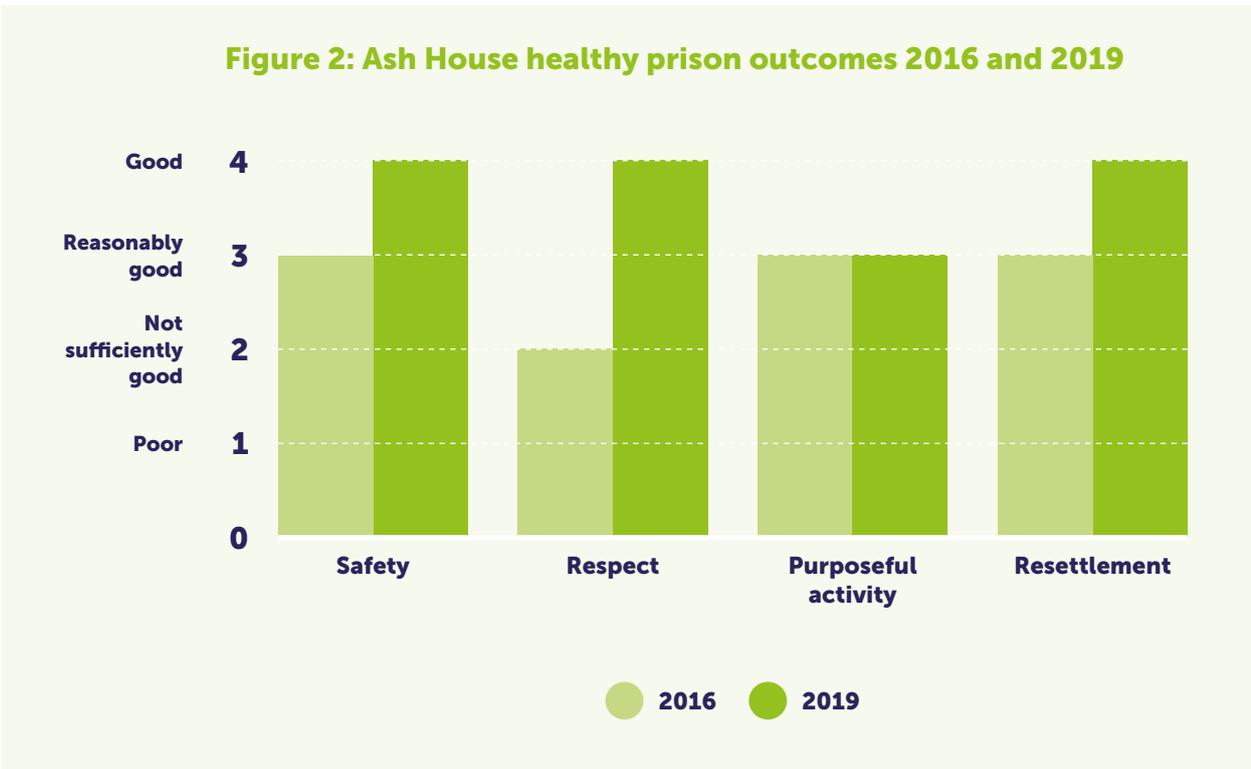
We last inspected Ash House in 2016 and made 48 recommendations overall.

At this inspection we found that the prison had achieved 28 of those recommendations; partially achieved six recommendations; and not achieved 13 recommendations. One recommendation was no longer relevant.

Figure 1: Ash House progress on recommendations from last inspection (n=48)



Since our last inspection outcomes for women have improved in three healthy prison areas with outcomes for safety and resettlement improving from 'reasonably good' to 'good' and outcomes in respect improving from 'not sufficiently good' to 'good'. Outcomes for women remained 'reasonably good' in the healthy prisoner areas of purposeful activity.



SAFETY

Work to support women in their early days was good. Levels of violence had reduced and were lower than in similar prisons. The earned privileges scheme successfully motivated good behaviour. Levels of self-harm were much lower than in similar prisons and care for women in crisis was good. Physical and procedural security was proportionate and supported the positive environment. Drug supply reduction measures were not sufficiently robust. There were some weaknesses in the management of intelligence. Weaknesses in the adjudication system left some rule breaking unpunished. The use of force was lower than at the previous inspection but governance arrangements were not sufficiently robust. Segregation was managed reasonably well. Psychosocial and clinical substance treatment was reasonably good. **Outcomes for women were good against this healthy prison test.**

At the last inspection in May 2016 we found that outcomes for women in Ash House were reasonably good against this healthy prison test. We made 11 recommendations in the area of safety. At this inspection we found that three of the recommendations had been achieved, two had been partially achieved and six had not been achieved.

In our survey, most women said they spent less than two hours in reception and were treated respectfully by staff, although they were more negative about searching than the comparator. Holding rooms were small and basic, but arrivals were there for a relatively short time. First night interviews covered all key risk information but were not conducted in private, which inhibited the sharing of confidential information.

First-night accommodation was well equipped and clean. Staff conducted appropriate welfare checks on new arrivals. Induction was comprehensive and supported well by peer workers. Women on induction spent most of their time out of their cells, which was better than we usually see.

In our survey, a significant number of women said they had experienced victimisation at the prison. Recorded levels of violence had reduced since the previous inspections and were much lower than in similar prisons. The approach to managing behaviour was more cohesive and effective than previously, but actions identified following anti-social incidents needed more focus. The prison was effective in keeping the vulnerable prisoner population safe, and there was good support for women who were social isolators. The PREPs was used effectively to encourage good behaviour.

At the time of fieldwork, there had been no deaths in custody since the previous inspection. Incidents of self-harm were much lower than in similar prisons. The monthly safer custody meeting was well attended and included good analysis of data, although subsequent actions were not always well recorded. Women in crisis told us they received good support from staff who were well informed about their specific issues. Serious case reviews were held to discuss women with complex and long-term needs. However, we were not assured that there was an effective system to refer women to the Health and Social Care Trust's (HSCT's) adult safeguarding team where appropriate.

Most aspects of physical and procedural security were proportionate and contributed to a relaxed atmosphere in the prison. The management of intelligence did not focus sufficiently on identified risks. Positive Mandatory Drug Testing (MDT) results were marginally higher than we see in similar prisons. Drug supply reduction measures were not sufficiently robust.

The governor routinely scrutinised adjudication data to identify potential learning points. Nevertheless, almost half of all adjudications were not concluded, which left some serious breaches of rules unpunished. Records of adjudication did not always demonstrate sufficient investigation. The number of incidents involving the use of force had reduced, but governance of its use was not sufficiently robust. Body-worn cameras were not yet used to good effect and documentation did not always provide clear justification to explain why force was necessary. Women were segregated on their units, generally for short periods, and were positive about their treatment while segregated. The length of segregation had increased and we were not assured this was always appropriate.

Psychosocial and clinical substance treatment teams provided reasonably good services. Although there was no intense group therapy, improvements to the provision were under way.

RESPECT

Prisoner's living conditions were excellent. Good staff and prisoner relationships were a real strength. The management of equality work had improved significantly and was good. The chaplaincy was active in providing valuable spiritual and pastoral support. Prisoner requests and complaints were managed well and consultation was effective. The management and provision of health services had improved and were appropriately patient-centred. Catering arrangements and access to an on-site shop were good.

Outcomes for women were good against this healthy prison test.

At the last inspection in May 2016 we found that outcomes for women in Ash House were not sufficiently good against this healthy prison test. We made 23 recommendations in the area of respect. At this inspection we found that 16 of the recommendations had been achieved, two had been partially achieved, four had not been achieved and one was no longer relevant.

In our survey, women were positive about many aspects of daily life. Living conditions for most were excellent. Each prisoner had a single cell that was well equipped, well presented and clean, as were shower facilities. Communal areas were bright and welcoming, and association facilities were good. Rules and routines were generally well understood.

Relationships between women and staff were relaxed and friendly. The use of first names helped to break down barriers and normalise the environment, without compromising staff authority. Our survey and observations demonstrated that staff were aware of the needs of individuals and offered good care. Women felt supported and many of their day-to-day issues were resolved informally.

The management of equality work had significantly improved. An equality strategy broadly met the needs of the population, although the corporate action plan had not been updated since 2015. There was excellent analysis of equality monitoring data, and no significant disparities in outcomes for women from protected groups. This was confirmed in our focus groups and survey. Women with protected characteristics were identified on arrival, although this part of the committal process was not carried out in a confidential setting. There was good local support for foreign national prisoners, and the introduction of computer tablets to aid translation was an excellent initiative. However, there were weaknesses in communication regarding immigration status. Work to support women with different sexual orientations was underdeveloped.

Faith provision was good. The chaplaincy was also active in providing valuable pastoral support for all women.

Consultation with women was regular and effective. The 'requests' process was managed well. In our survey, comments on the complaints system were more positive than in similar establishments. There was improved monitoring of complaints and all

complainants were seen face-to-face, which enabled quick resolution of minor issues. In our survey, women were more positive than at comparable prisons about access to legal services, and they could exercise their legal rights freely.

The working culture and clinical environment in health care had improved, which contributed to better conditions for the delivery of patient-centred care. Identification of patients eligible for health screening programmes, such as cervical and breast cancer screening, was not systematic, and we were not assured that all eligible patients had been screened. Patients had good access to primary care and mental health services that were, in most cases, equivalent to those in the community. At the time of the inspection there were no formal arrangements for access to mental health services out-of-hours, although there were credible plans to expand the services to seven days a week.

Prison Officers were not always present during the administration of medicines, which introduced an unnecessary risk of diversion of medicines. The disposal of certain medicines prescribed but no longer required was not audited, increasing the risk of misuse.

Menus were varied and met dietary and religious needs, and women could dine communally. Those located on one of the two enhanced landings could place orders from a local supermarket and prepare their own meals. Poor staff supervision of the meal service compromised hygiene and portion control. A range of reasonably priced grocery items were available through the on-site tuck shop, and new arrivals had access to the shop on their first full day in custody. Women could also shop from online catalogues.

PURPOSEFUL ACTIVITY

*Time out of cell was better than in many similar establishments. The leadership and management of education, skills and work was collaborative and there was a positive learning culture. The range of activities had improved although vocational workshops were underused. The provision from Belfast Metropolitan College (Belfast Met) was good, as was the quality of learning, teaching and training. Attendance and behaviour were excellent. The number of registrations and accreditations had increased but there was a lack of access and progress in essential skills. Too few work activities provided accreditation and progression into employment on release. The library and Physical Education (PE) provision were very good. **Outcomes for women were reasonably good against this healthy prison test.***

At the last inspection in May 2016 we found that outcomes for women in Ash House were reasonably good against this healthy prison test. We made four recommendations in the area of purposeful activity. At this inspection we found that two of the recommendations had been achieved and two had been partially achieved.

The core day offered generally good time out of cell for women, and we found very few locked up during our inspection. This was better than we often see, and staff clearly

prioritised attendance at activities. However, recent unpredictable regime curtailment had resulted in some women being locked up for short periods.

The leadership and management of education, skills and work was collaborative and good. Leaders had successfully established and embedded a culture of mutually respectful and supportive relationships with women. There had been significant investment in the education environment but, by contrast, the vocational workshops needed extensive refurbishment and were underused. Almost all women participated fully in a broader range of education, skills and work activities than previously. The provision was at times ad hoc and affected by staff absence. The self-evaluation and quality improvement planning processes required improvement.

Women had good opportunities to develop and apply employability skills. However, the waiting lists in important areas, such as essential skills, needed to be addressed with more urgency. Lack of access to and progress in essential skills constrained learner access to Level Two work and attainment. The College provision was good overall, and some of it was very good. The curriculum for workshop-based vocational training was not wide enough to meet the needs of the population. The arrangements for the continuing professional development of NIPS instructors required improvement, particularly in learning, teaching and assessment.

The quality of the learning, teaching and training was good, or better, in almost all the sessions observed. Women had very good opportunities to participate in work, training or education, with almost all engaging in activities throughout the week. They now had more opportunities to work in the grounds, such as with animal husbandry and gardening. However, too few of the work activities provided the opportunity to achieve accreditation and possible progression into employment on release. Access to relevant curriculum provision had improved notably for the small number of vulnerable women and was now good. The provision for English for Speakers of Other Languages (ESOL) was good.

Attendance at education and work activities was high during our inspection, at over 90%. There was very good learner engagement in almost all the sessions observed, and most women demonstrated good practical skills. Provision for the essential skills of literacy, numeracy and Information and Communication Technology (ICT) required improvement. Almost all women who engaged regularly in education and skills were developing better social and life skills. The number of registrations and accreditations had increased over the last three years, although a high proportion were short-course qualifications. The curriculum did not accurately match employment potential on release.

Arrangements for care, welfare and support had a positive effect on teaching, training and learning, and the outcomes attained. The very good relationships between tutors and learners were characterised by high levels of trust, encouragement and self-confidence.

The library provision was very good. The services for PE were also very good, and there had been investment in outdoor and indoor facilities.

RESETTLEMENT

*An impressive range of voluntary organisations and the work of Personal Development Plan (PDP) co-ordinators ensured that most prisoner needs were met. Co-ordinators were well trained and had good contact with women on their caseload. Development plans were good quality and reviewed regularly. Public protection arrangements were sound. There was a broad range of personal development programmes and extensive one-to-one work. Children and families work was excellent. Pre-release work was managed effectively. **Outcomes for women were good against this healthy prison test.***

At the last inspection in May 2016 we found that outcomes for women in Ash House were reasonably good against this healthy prison test. We made 10 recommendations in the area of resettlement. At this inspection we found that seven of the recommendations had been achieved and three had not been achieved.

The strategic management of resettlement work was informal, and not informed by a specific needs analysis. This was somewhat offset by the good group of PDP co-ordinators, who used a person-centred approach to meet the women's needs. Most women had a PDP, which included learning and skills targets. Plans were of good quality and were reviewed regularly. An impressive range of voluntary and community sector organisations continued to support resettlement work. In our survey, 79% of women said that their experience at the prison had made them less likely to reoffend in future.

The number of PDP co-ordinators had increased and they were now less likely to be cross-deployed. Their manageable caseloads supported good levels of contact with women. Co-ordinators received appropriate supervision and training, including awareness of domestic violence and sexual abuse. Very few women were eligible for conditional early release. Release On Temporary Licence (ROTL) was also used well to support resettlement.

Co-ordinators identified new arrivals who were subject to Public Protection Arrangements Northern Ireland (PPANI) and contributed to the management of these cases. The few women identified as presenting a significant risk of serious harm to others were managed effectively, with multi-agency case conferences arranged as required. There were appropriate child contact processes and arrangements to monitor mail and telephone calls for women presenting public protection risks.

Local categorisation arrangements were proportionate and well managed. However, there was no opportunity for women on long-term sentences to progress from Ash House.

Work to help women maintain family ties was excellent. They had good access to telephones on their units, and there was a wide range of visiting opportunities, including a separate room for family visits and the opportunity to have unsupervised visits. A family worker offered one-to-one parenting interventions. There had been significant improvements to the visits hall. Skype was used where visits were not possible. A fortnightly family forum improved the visits experience.

Co-ordinators ensured that suitable referrals of women were made to resettlement agencies on release. In the previous six months, no sentenced prisoner had been released without an address. Pre-release arrangements for patients with continuing health, mental health and substance use treatment needs were very good. Some women had received beyond-the-gate support, although the prison did not collect data on this. Practical support on release included the provision of clothing, refreshments, signposting to support agencies, and the opportunity to charge mobile phones.

There were very few accredited offending behaviour programmes, although waiting lists were small. Partner agencies delivered a broad range of personal development programmes, and there was extensive one-to-one work. The introduction of a violence reduction programme and the recent appointment of a women's safety worker were positive.

Key concerns and recommendations

Key concern: Illicit drugs and diverted prescribed medicines were easily available. The positive drug test rate was high, and searches resulted in many finds relating to drug use. Despite this, security intelligence was not used effectively to understand and manage the risks of drugs, the substance misuse strategy was weak and there was no drug supply reduction action plan.

Recommendation: An effective strategy should be implemented to reduce the supply of drugs. (To the governor)

Key concern: Despite our previous recommendations, governance of the use of force was not sufficiently robust: reports did not explain why force had been necessary and what de-escalation efforts had taken place; managers did not review reports quickly enough; some paperwork was signed off without comment; body-worn camera and CCTV footage was not systematically reviewed; we saw no evidence of debriefs; and the meetings to consider data or trends were infrequent and insufficiently analytical. The rationale for using anti-tear clothing was not always clearly recorded.

Recommendation: The scrutiny of incidents involving the use of force (including the use of anti-tear clothing) should ensure that it is only used as a last resort, and is legitimate, necessary and proportionate. (To the governor)

Key concern: Key education and prison staff did not reflect sufficiently on the impact of the overall learning and skills provision on the population. They did not use available data or first-hand evidence, and did not take into account the work of external providers and agencies. The quality improvement plan was not used to drive improvement.

Recommendation: The learning and skills self-evaluation and quality improvement planning process should have a stronger impact, including more incisive use of data and first-hand evidence, and better involvement of all the various providers and agencies to inform a more coherent strategic plan for the further development of the provision. (To the governor)

CHAPTER 1: SAFETY

COURTS, ESCORTS AND TRANSFERS

Expected outcomes:

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

- 1.1 Escort vans were clean and well equipped. Most journeys to the prison were relatively short, but women and men still sometimes shared transportation, which was not appropriate. New arrivals were not routinely handcuffed, which was positive, and there was an effective handover between escort and reception staff to inform initial risk assessments.

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.

- 1.2 In our survey, most women said they had been treated well in reception and spent less than two hours there. However, they were more negative about their search than the comparator. Most new arrivals had a rub-down search rather than a full search, but we encouraged managers to explore why some women were so negative about this procedure.
- 1.3 The reception was clean but cluttered with prisoners' property, not just that belonging to new arrivals. The prison ensured that female staff completed reception interviews. There was one large room and four holding rooms, which were bare and poorly ventilated, although staff said they were rarely used because of the low number of new arrivals. Women were offered a hot drink and a shower, and their property was processed in front of them.

- 1.4 Reception staff completed an initial interview which covered all key risk information but the interviews did not take place in private, which could inhibit the sharing of confidential information. A member of staff from the committal landing (where new arrivals spent their first night and induction period) escorted arrivals to their cell.
- 1.5 The first night cells we looked at were clean and well equipped. New arrivals were given bedding and toiletries, and a basic reception pack to prevent them from getting into debt on their first night. They could access the full tuck shop the next working day, which was positive (see paragraph 2.77).
- 1.6 On the committal landing, new arrivals were offered a free telephone call and hot food. They were all subject to enhanced checks for their first 24 hours, which worked well, and there was a good handover with night staff. First night staff completed a further interview, either on the first night or the next morning, to confirm any safety issues. They also provided some brief details about the regime, prison rules and a handbook with useful information about the prison. The handbook was detailed but the font used made it difficult to follow. New arrivals were expected to sign too many compacts in their first few days.
- 1.7 Induction started the next working day. In our survey, 92% of women said they had received an induction and most said it covered everything they needed to know. The five-day course was comprehensive and was primarily completed by staff and partners such as education, gym and the chaplaincy. 'Insiders' (prisoners who introduce new arrivals to prison life) saw all new arrivals within their first 48 hours. Due to the low number of new arrivals each induction session took place on a set day, which meant that women could wait up to six days to complete a particular session, depending on their day of arrival. However, staff on the committal landing were flexible and gave new arrivals the basic information they needed.
- 1.8 Although new arrivals could not begin activities until they had completed their induction, they spent most of their time out of their cell doing wing activities, which was better than we usually see (see paragraph 3.1).

Recommendation

- 1.9 **First night interviews in reception should be conducted in private.**

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.

- 1.10 In our survey, more women than at the previous inspection and the comparators said they had experienced some victimisation at the prison and only 20% had not experienced any victimisation from their peer group.
- 1.11 We found that recorded levels of violence involving women had reduced further since 2016 and were much lower than we find in similar prisons. In the previous six months, there had been one assault on staff, seven recorded assaults between women and five fights. Very few incidents were of a serious nature.
- 1.12 A revised safety strategy had been introduced in the previous six months, underpinned by a standalone policy for the management of violence. The prison's approach to managing behaviour was more cohesive and effective than at the previous inspection. All relevant departments were represented at a well-attended monthly safer custody meeting, which was now supplemented by two additional meetings. A weekly operational meeting identified and discussed any individual highlighted as posing a risk to themselves or others, and reviewed incidents or concerns from the previous week. The second was a bi-monthly safety committee, chaired by the governor, to provide strategic direction.
- 1.13 However, the strategy was not informed by an analysis of data on incidents of violence or antisocial behaviour, and there was no action plan to record or drive progress. Analysis of data at meetings was often limited, and actions arising from discussions were rarely identified or recorded.
- 1.14 The safety team and managers continued to make effective use of the Challenging Antisocial Behaviour (CAB) strategy to investigate and manage incidents between women. There had been 33 CAB investigations in the previous six months; most related to verbal abuse or intimidation. The CAB strategy we reviewed demonstrated reasonable investigation, and the quality of the documentation was more robust and consistent than we see elsewhere. All CAB strategies were signed off by a senior manager who contributed to good quality assurance of the process. Where appropriate, the victim was advised of the outcome, which increased their confidence in reporting incidents of bullying.

1.15 Outcomes from CAB documentation showed an improvement in the management of long-term or complex cases, such as those involving vulnerable women. There was evidence of regular mediation following a CAB investigation. In extreme circumstances, women lost association from others under rule 32 (see paragraph 1.57). In an effort to keep women safe, the prison had locked off the grilles (gates) between landings on Ash House. This had improved the ability of staff to supervise smaller groups and manage the tensions that built up.

1.16 There was good support for prisoners who were reluctant to engage in social situations or communal activities such as showering, often referred to as social isolators. The safer custody team had highlighted a small number of foreign national prisoners who were not engaging with the regime. In response, the prison had issued these women with electronic tablets that enabled them to translate and communicate information and requests. This significantly improved their access to the regime and their personal safety.

1.17 The PREPs was used effectively to encourage good behaviour. This was reflected in our survey where more women than the comparator, 71% against 49%, said that the scheme encouraged them to behave well. The scheme continued to offer better incentives to encourage positive behaviour than we find elsewhere, such as generous access to visits, time out of cell and private cash, with regular reviews for all women. Almost half the women were on enhanced privileges at the time of inspection and none were on the lowest level of the scheme at basic. Oversight of the scheme was good, with behaviour reviews held monthly for enhanced women and weekly for anyone placed on basic.

1.18 Landings Two and Five of Ash House were still used to accommodate women on the enhanced regime. These landings included excellent self-catering opportunities and provided a meaningful incentive to maintain good behaviour.

1.19 While the approach to managing behaviour was encouraging, managers needed to ensure that PREPs was used more robustly to deter poor behaviour, such as drug use and the refusal to produce a sample for drug testing (see paragraph 1.40).

Good practice

1.20 *The prison had issued electronic tablets to some foreign national women not engaging with the regime. The tablets enabled them to translate and communicate information and requests, and significantly improved their access to the regime and their personal safety.*

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.

- 1.21 Levels of self-harm were relatively low. In the previous six months, there had been 20 incidents of self-harm by 17 women, similar to our previous inspection but far fewer than at similar prisons. There had been no deaths since our last inspection, and the small number of near misses were thoroughly investigated with any learning points identified and shared.
- 1.22 The prison's strategy to manage self-harm and suicide was not informed by an analysis of the self-harm data, and there was no action plan to help drive and record progress. Nevertheless, self-harm had reduced substantially, and good relationships between staff and women had played a substantial role in this (see paragraph 2.9).
- 1.23 Well-attended monthly safer custody meetings incorporated some good analysis of data. However, managers did not then use this data to inform the prisons strategy and action plan to help reduce self-harm further. We found evidence that the prison had implemented changes in response to data and discussions at the meeting (such as activity packs for women in crisis), although this was not well recorded. A useful weekly operational meeting discussed women about whom the prison was concerned, which was more action-focused.
- 1.24 At the time of the inspection, two women were on a Supporting Prisoners At Risk (SPAR) care plan, and 15 had been on a SPAR plan in the previous six months, which was low for the type of establishment. In July 2019, the SPAR process had become electronic and now included a new initial concern form to decide whether a full care plan was needed. Since its introduction, the prison had raised 38 concern forms, and staff across the prison had good knowledge of how to raise a concern.
- 1.25 The care for women on a SPAR was generally good, and staff had good knowledge of those who were monitored. The women we spoke to were very positive about the care they received. However, not all staff had sufficient knowledge of how to navigate the new electronic system and were unable to show us a care plan. The care plans we looked at were not sufficiently individualised and not always updated following a change in circumstances. However, our own observations assured us that the care provided was personal and appropriate.

1.26 There was still no Listener scheme (prisoners trained by the Samaritans to provide confidential emotional support to fellow prisoners). The prison had worked closely with the Samaritans and decided it was not viable to introduce the scheme, given the low number of women involved. The women we spoke to said they had no problems using the Samaritans telephone line, and those in observation cells had a direct line to the Samaritans. Women also had some peer support through the Insider scheme (see paragraph 1.7), which was well managed.

1.27 Use of observation cells that had CCTV and anti-tear clothing had reduced since our previous inspection. All decisions for such use were approved by a governor and regularly reviewed. However, the reasons for use were not always adequately recorded and so we were not always confident that they were used as a last resort (see Key concern and recommendation).

Recommendations

1.28 All staff should have good knowledge of the Supporting Prisoners At Risk (SPAR) process and how to access information about women on care plans.

1.29 Care plans should reflect the individual needs of the prisoner and be updated when there is a change in circumstances.

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.³

1.30 The prison held serious case reviews to discuss those with complex and long-term needs. It had also updated its safeguarding adults policy, giving the Safer Custody Department the responsibility for making referrals to the HSCT safeguarding adults team. However, staff in safer custody were not aware of this or whether any referrals had ever been made. In fact, health care staff had made two referrals directly to the HSCT in the previous six months which safer custody staff were not aware of. We were not confident that there was an effective system to make adult safeguarding referrals when needed.

Recommendation

1.31 The prison should ensure that it makes adult safeguarding referrals to the HSCT where appropriate.

³ 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).

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 Most aspects of physical and procedural security were proportionate and supported the positive culture of the prison. Prison Officers did not wear a uniform or carry a baton, and this did not compromise their authority or diminish safety outcomes. Women were escorted when they moved outside of Ash House, but staff did this in a sensitive and unobtrusive manner.
- 1.33 The Security Department was a shared resource between the young adult and women's sites. There had been some improvements in communication between the small security team and other prison departments. For example, the Security Department was represented at the weekly operational meeting (see paragraph 1.13), and a security representative contributed to the monthly safety meeting and other key meetings.
- 1.34 Despite improvements in communication, there were significant flaws in the management of intelligence. Over 1,300 security intelligence reports had been submitted in the previous six months, of which around a third related directly to women at Ash House. The most common theme was drug-related activity, predominately the trading of prescribed medication. The prison responded to immediate identified concerns, but there were no staff suitably skilled to analyse the large amount of intelligence received. Training was under way to address this shortfall.
- 1.35 Many intelligence reports that we reviewed contained very little detailed scrutiny, and a high proportion had not been signed off as complete by a security manager. The problem was further compounded because the guidance in the comprehensive local security strategy was not followed.
- 1.36 There was some examination of security intelligence at the monthly security meeting chaired by the deputy governor. However, this important meeting to discuss intelligence and identify key threats to security did not take place consistently. As a result, the meeting in July 2019 covered intelligence for the previous three months, much of which was too out of date to be of use. In addition, key stakeholders, such as health care staff and the local police, did not attend the meeting.

- 1.37 Attendees at the security meeting referred to a local intelligence matrix designed to extract content from intelligence reports to identify gaps and key concerns and direct operational decision making. However, the matrix was not used effectively due to the lack of quality analysis of intelligence, and the report was predominantly a rehash of data from other meetings. The security meeting failed to identify actions to ensure that the management of intelligence focused sufficiently on identified risks.
- 1.38 In our survey, 47% of women said it was easy to get illicit drugs in the prison. There had been just 12 random MDTs during the previous six months, of which there had been one failure. A further two women had refused to provide a sample for testing, and the results of three tests dating back to May 2019 were yet to be returned to the prison at the time of the inspection. There had also been 29 suspicion drug tests in the previous six months, of which 31% had tested positive; a further five women had refused to engage in testing. Resourcing issues had also resulted in many requested tests not being carried out.
- 1.39 Searching records indicated that there had been 39 drug-related finds following searches of women between April and September 2019. Much of the data provided and our discussions with women indicated that diverted medication remained a key concern.
- 1.40 Women who failed drugs tests or did not engage were considered for the failed drug test programme (see paragraph 1.46) as well as for a PREPs review. The prison also segregated women on their unit following a positive drug indication from the passive drugs dog (see paragraph 1.57). However, given the number of failed tests and refusals by women to participate, managers needed to review the effectiveness of current deterrents in addressing substance use.
- 1.41 Although the prison had identified the supply of drugs as a key threat, supply reduction measures were not sufficiently robust. The recently revised substance misuse strategy was descriptive but was not informed by an analysis of data, in part due to the poor management of security intelligence. There was no supply reduction action plan to record or drive progress. Furthermore, the drug strategy was not discussed in detail at any meeting (see Key concern and recommendation).

Recommendations

- 1.42 **Security intelligence should be analysed promptly by trained staff.**
- 1.43 **Intelligence objectives should be reviewed at regular security meetings, shared across the prison and monitored for their effectiveness.**
- 1.44 **Mandatory drug testing (MDT) should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision.** (Repeated recommendation 1.41, 2016 Inspection Report)

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

- 1.45 The number of adjudication charges did not indicate unnecessary use of the process. The majority related to abusive language or unauthorised articles, including drugs. However, in the previous six months, 58% of charges had been withdrawn for various administrative reasons. This left some rule-breaking unpunished, which potentially undermined the effectiveness of the adjudication system and meant women were unsure whether their charge would be heard. It was particularly concerning that serious charges referred to the police, but not prosecuted, were not then completed by an adjudicator at the prison.
- 1.46 The prison had recently introduced a failed drug test programme as part of the adjudication process. When a woman failed a drug test but was willing to engage with drug support services, the adjudication was adjourned. If engagement continued for over three months and there were no further positive tests, the charge was dismissed. This was a promising initiative but it was too early to evaluate.
- 1.47 The governor reviewed adjudication data and a selection of hearings monthly. He provided feedback to individual adjudicators and held periodic meetings to discuss more general issues. Despite this, many records of hearings lacked detail, and did not provide assurance that charges were investigated thoroughly or that women were always given sufficient opportunity to explain what had happened.
- 1.48 Hearings continued to be held in the late afternoon to maximise attendance at activities. Punishments were not excessive and, in the absence of detailed records of discussions, some appeared lenient.

Recommendation

- 1.49 **Records of adjudications should be detailed enough to provide assurance that the outcome is fair and proportionate.**

Good practice

- 1.50 *Adjudication hearings were held in the late afternoon to maximise prisoner attendance at activities and minimise disruption to their learning.*

The use of force

- 1.51 Force had been used 15 times in the previous six months, less than at our previous inspection and broadly in line with similar prisons. Around half the incidents involved restraint techniques and none were part of a planned intervention.
- 1.52 Most use of force reports contained good detail about staff actions. However, it was often not sufficiently clear why force had been necessary and what de-escalation efforts had been used. Reports by supervising officers did not reliably list all the officers involved in an incident, which meant that managers could not easily check whether all staff involved had submitted a report (see Key concern and recommendation).
- 1.53 Use of force incidents were mentioned at daily meetings but we were not assured that incidents were scrutinised to identify good practice or opportunities for improvement. Governance was still not sufficiently robust: managers did not review reports promptly; some paperwork was signed off without comment; body-worn camera and CCTV footage were not systematically reviewed; we did not see any evidence of debriefs; and the meetings to consider data or trends were infrequent and insufficiently analytical (see Key concern and recommendation).
- 1.54 At our previous inspection, only 25% of officers had up-to-date use of force training. This had been improved to 77%, but this was recent and needed to be maintained.
- 1.55 Governors had approved the use of anti-tear clothing on seven occasions in the previous six months, which was much more frequent than we generally find. Decisions were regularly reviewed but the reasons for use were not always adequately recorded, and we could not be confident that it was only used as a last resort. Anti-tear clothing was laid out ready for use in some observation cells, which was inappropriate (see Key concern and recommendation).

Segregation

- 1.56 There was no segregation unit for women prisoners. Prisoners were segregated in their own cell or in part of A1 landing that could be separated by a gate. Staff and women told us that this arrangement sometimes meant curtailing the regime for non-segregated women so that segregated women could have their statutory entitlements.
- 1.57 In our survey, all women who had been segregated said they had been able to shower, take exercise and use the telephone every day. We saw segregated women having more than one hour a day out of their cell. We were assured that segregated women saw a governor every day, but records of visits by health professionals were less reliable.

1.58 Fifteen prisoners had been segregated between April and September 2019, which was fewer than in the six months before our previous inspection and not excessive. The average length of segregation was now nine days, more than at our previous inspection. However, this was skewed by some long stays – just under half of women stayed three days or less. There had been one period of cellular confinement and one pending adjudication. Only one prisoner had been segregated while at risk of self-harm.

1.59 Decisions to segregate prisoners under rule 32 (restriction of association) were recorded appropriately and generally subject to effective managerial scrutiny. We saw evidence that local managers shortened periods of restriction authorised by NIPS managers if the restriction was no longer justified. The use of rule 32 had increased threefold between April-September 2018 and the same period in 2019, largely because of a new policy to segregate women following an indication by the passive drug dog. Some women reported frustration about a lack of follow-up checks by the dog to prove that they were no longer in possession of drugs, which they felt left them segregated for too long. The available documentation did not fully justify the length of segregation in all these cases.

Recommendation

Decisions to retain women in segregation following passive drug dog indications should be fully recorded and justified.

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.

1.60 The substance misuse strategy included relevant components of demand reduction and treatment, but there was no associated action plan (see paragraph 1.43 and Key concern and recommendation.) Prison staff awareness of the harmful effects of 'spice' (an illicit psychoactive substance) was reasonably good. Prescribing for withdrawal was available from the GP or out-of-hours GP.

1.61 The SEHSCT provided clinical treatments for substance misuse and commissioned Start 360 (a non-profit support service) to provide AD:EPT (Alcohol and Drugs: Empowering People through Therapy). The NIPS commissioned Start 360 to provide mentoring and advocacy psychosocial services.

- 1.62 New arrivals were screened for drug and alcohol issues and referred as required to AD:EPT, which was available five days a week. Although patients waited over two weeks for assessment, which was too long, during this time they were supported by mentors from Start 360 to reduce the likelihood of disengagement.
- 1.63 Forty-six women were accessing AD:EPT services as we inspected. While interventions included in-cell workbooks, one-to-one work, psychoactive substances (including 'spice') awareness, counselling, 'start' group access and acupuncture, a more intensive programme of support was not available. There were plans to introduce an eight-week 'SMART' (self-management and recovery training) programme to provide more intensive support.
- 1.64 Recruitment of two peer recovery workers was under way. Alcoholics Anonymous and Narcotics Anonymous visited the prison weekly, although the latter was unavailable when we inspected.
- 1.65 Clinical support had improved since the previous inspection. Practices were now evidence-based with symptomatic relief and opiate substitute treatments available from competent practitioners. First night opiate substitute treatment could be prescribed, subject to satisfactory checks on current prescriptions. However, a revised local version of the SEHSCT's protocol on treatment of withdrawal was not yet available.
- 1.66 The requirement for opiate substitute treatment was low with only four patients as we inspected – two on stabilisation and two on maintenance. Although treatment regimens were patient-focused and flexible, five-day or 13-week reviews were not always completed jointly with AD:EPT practitioners, which guidance recommends. Controlled drug administration in the health centre was safe and well supervised.

Recommendations

- 1.67 **An intensive programme of psychosocial support for patients with substance misuse needs should be available to women at Ash House.**
- 1.68 **A local protocol for prescribing for substance misuse withdrawal should be agreed and implemented.**

CHAPTER 2: 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 Living conditions for women were excellent. Cells were well-presented and among the best we have seen. None lacked basic equipment or furniture, and all had curtains and flasks. However, toilets did not have lids and most toilet pans were stained. Cells on A2 and A5 had sprung mattresses, and furniture on A5 was free-standing. Although during our inspection all women had their own cells, which they could personalise, in August 2019 some women had shared single cells that we considered too small for two people.
- 2.2 The units were clean and cleaning equipment was readily available. Shower and bathing facilities were dated, but clean and well maintained. The shower doors on Fern unit did not provide adequate privacy. Association and communal dining areas were bright and welcoming. The use of ordinary domestic furniture in these areas helped to soften the atmosphere created by the gates and other security features. All landings had some basic cooking equipment, and A2 and A5 landings had full self-catering facilities (see paragraph 2.58 and photograph Appendix III).
- 2.3 Staff routinely knocked on doors before entering cells. In our survey, 52% of women said their cell bell was not normally answered within five minutes. The prison did not routinely monitor the time taken for staff to answer cell bells, even though it had the facility to do so. Contact between women and young men was carefully controlled and managed. None of the women we spoke to expressed concern about the controlled contact and thought that it provided some normalisation in their daily lives. Managers routinely monitored the risks associated with contact between women and young men at the security and operations meetings.
- 2.4 Women understood the rules and routines on the units. Staff dealt with many requests informally, but there was also a request system. Local data indicated that 84% of requests were answered within seven days.

- 2.5 There were sufficient telephones for the population, and all were in booths for privacy. Women on A5 had in-cell telephones.
- 2.6 Women wore their own clothes and could have clothing handed or sent in. They could also buy clothing through the prison shop or chaplaincy, or select from donated second-hand clothing in the Chic Boutique shop. Each landing had its own well-maintained laundry facilities, which women could use every day. Women were issued with bed linen on arrival and laundered it themselves.
- 2.7 Murray House, outside the prison walls, provided excellent independent living conditions for up to six women during the final part of their sentence (see paragraph 4.34).

Recommendation

- 2.8 **The showers on Fern unit should be suitably private.**

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.

- 2.9 We saw relaxed and friendly interactions between staff and women. In our survey, women were positive about relationships with staff, and 92% said they knew a staff member they could turn to if they had a problem. The small landings on Ash House meant that staff had good knowledge of the women in their care, and most felt supported. In our survey, more women than at comparable prisons said a member of staff had asked how they were getting on in the last week.
- 2.10 Staff wore civilian clothing and staff and prisoners generally addressed each other using first names. These arrangements helped break down barriers and normalised the environment without compromising staff authority. Staff written entries in PRISM (the electronic case-note system) and their written contributions to decisions about women were respectful and generally informative, but it was anomalous that they referred to them in writing by their surname without a title.
- 2.11 Most staff had received training about the specific needs of women in custody. The governor responsible for Ash House was visible and well known. She held a monthly consultation meeting where women raised a range of issues, mostly low level. These were taken seriously and were often easily resolved. The gender balance of staff working regularly on Ash House was appropriate.

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 characteristic⁴ 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 management of equality work had improved since the previous inspection. Senior managers had taken responsibility for this area, which had led to improvements. An equality strategy broadly met the needs of the population. Progress was driven through a corporate action plan, although this had not been updated since 2015.
- 2.13 The equality team was led by the head of safety and support and included one senior officer and two officers. The officers' responsibilities were distributed fairly between safety and equality work, and the minimal cross-deployment to other tasks had a positive impact on outcomes.
- 2.14 A monthly Equality Action Team (EAT) meeting took place as scheduled. The EAT was focused and demonstrated a commitment to ensure equality of service for all prisoners. Issues raised by the equality representatives and the latest equality monitoring data were disseminated to all attendees in advance of the meeting. This was an effective approach that enabled preparation and quicker responses to issues raised. The meetings were led by the deputy governor with good attendance from across the prison, including equality representatives and the NIPS equality lead. However, attendance from health care and learning and skills representatives was irregular.
- 2.15 There was excellent analysis of equality monitoring data. Outcomes for women were analysed by religion, race, age and gender, and covered key areas, such as the PREP scheme, adjudications, complaints, control and restraint, and searches. The prison had not identified any significant disparities in outcomes for women from protected groups. This was supported by our focus groups and survey. The prison had strategies for managing foreign nationals, transgender prisoners and those with disabilities, which covered key areas.

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

2.16 There were two equality representatives for both sites. Although they were well known across the two sites, they were not trained and had received little guidance about how to carry out their role to the best effect. They met with the safety and support team monthly to raise issues on behalf of their peers so that responses could be prepared for the equality meeting. Despite this, a number of prisoners reported to the equality representatives and to us that their views and requests were not listened to.

2.17 Celebration of events relevant to different groups had significantly improved since our last inspection with external multi-agency involvement. Events had included a disability awareness day, a cultural awareness day and Easter celebrations involving families of women.

2.18 Staff received initial equality and diversity training during their induction but there was no refresher training.

2.19 Complaints about discrimination fell under section 75 of the Northern Ireland Act 1998 and were handled through the general complaints system. They were processed under four main headings – discrimination, harassment, disability and verbal abuse. Residential senior officers investigated complaints. There had been 20 section 75 complaints submitted in the previous six months. The general complaints system, which was used to deal with discrimination was managed well (see paragraph 2.34).

Protected characteristics

2.20 At the time of the inspection, there were few diverse groups in the population. Of the 70 women prisoners, 65 were white and five identified as black or of mixed heritage. Similarly, the majority population were Christian, with 34 Roman Catholics and 20 members of other Christian denominations.

2.21 Women with protected characteristics were identified on arrival. The exception to this was sexual orientation, which was not recorded; consequently, work to support women with different sexual orientations was underdeveloped. The identification of protected characteristics during the committal process was not carried out in a confidential setting (see paragraph 1.3 and recommendation 1.9), which could inhibit disclosure. The Safety and Support Team met all foreign nationals and women who had declared a disability within two days of their arrival.

2.22 Although there were no regular formal consultative forums for women in protected characteristic groups, the small number of women on landings and good relationships with staff ensured needs were met. This was confirmed by our own focus groups.

2.23 There was generally good local support for women identified as foreign nationals. All women had access to Skype, and those who were not fluent in English were issued with Google translation tablets. This was an excellent initiative and gratefully received by the women. Staff were also conscious that such translation aids should not replace face-to-face or telephone interpreting, for example during the committal stage. Home Office Immigration Enforcement surgeries were routinely held twice a year. However, there were gaps in the provision of independent legal advice, and correspondence from the Home Office or information about immigration status were not always shared promptly with women.

2.24 In our survey, 60% of women said they had a disability, compared with 37% recorded on the electronic prison record system (PRISM). This indicated that there were still problems in confirming data on prisoner disabilities and providing appropriate support. Two cells had been adapted for wheelchair users and could be accessed by an external ramp. Women in our survey who said they had a disability did not indicate any adverse outcomes compared with those without a disability.

2.25 The prison had been working with Action on Hearing Loss to identify an appropriate support pack for women with a hearing impairment. Although this had not yet been introduced, aids such as a wrist receiver had been identified should a hearing-impaired woman be committed. The library had introduced a service to translate books into Braille, which were published and disseminated by Maghaberry Prison to the local community (see paragraph 3.36).

2.26 At the time of the inspection, there was one pregnant woman on site. She had received good care with appropriate referrals to external agencies resulting in multi-agency care planning. However, there was no formal strategy to ensure consistency in the treatment of pregnant women.

2.27 Facilities for mothers and babies consisted of two large cells with integrated toilets on a general population wing. This was not an appropriate environment to hold mothers and their babies, and not all staff working on this landing had received the appropriate training, including child protection and infant resuscitation. There had been no mother and baby admissions since our last inspection. The mother and baby policy had been revised and covered key areas with multi-agency involvement.

Recommendation

2.28 **Staff working with mothers and babies should have the appropriate child protection and infant resuscitation training.**

Good practice

2.29 *The issue of electronic translation devices to non-English speaking prisoners facilitated better integration and communication with staff and other prisoners.*

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.

- 2.30 Faith provision was very good. The managing chaplain continued to provide strong leadership and much-valued compassionate pastoral support. The chaplaincy consisted of one managing chaplain and four part-time chaplains, all from the Christian faith, reflecting the current population. The managing chaplain had good links with the local community to cater for other faiths. The chaplaincy worked well with the Belfast Cultural Centre, which could provide literature and information about most faith groups as and when the need arose. A Muslim chaplain was available for the small number of Muslim women, although their attendance and support was not always regular and consistent.
- 2.31 The chaplaincy met all new arrivals within 24 hours and confirmed recording of their religious denomination. Change of religion was not encouraged while in custody but was facilitated if required.
- 2.32 Chaplaincy facilities were good. The chapel was well furnished and suitable for worship and services. Two additional multi-faith rooms were of a good size and accessible for both sites; they were underused but available if required. A range of religious texts and artefacts were available and provided on request.
- 2.33 The managing chaplain attended some key prison meetings, such as equality and diversity and safety and support, but due to being at the prison for half days only, attendance at all key meetings was not possible. The managing chaplain was the lead chaplain for all Roman Catholic chaplains in the Northern Ireland prison estate, which aided consistency and sharing of best practice.

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.

- 2.34 Complaints were managed well through a new complaints system. In the previous six months, 91 complaints had been received; accommodation and the approach of staff were common themes. Complaint forms were replenished regularly on the wings.
- 2.35 Responses to complaints were tracked and monitored effectively. Complainants were seen face-to-face within 24 working hours in 98% of cases, which was impressive. Where this was not the case apologies were given. Written responses were polite, detailed and usually addressed the issues raised. In the complaints we sampled explanations were clear and apologies given where appropriate.
- 2.36 The deputy governor sampled complaints each month, and a minority of written responses were rejected and complaints investigated again. The depth of interrogation into complaints by house block, wing and subject matter allowed for detailed scrutiny of themes and trends, which the senior management team used effectively. Serious complaints about staff were investigated independently by the NIPS professional standards office. In some cases, this had resulted in staff disciplinary action.
- 2.37 The prison exit survey was a simple yet effective way of learning the views of prisoners on discharge. Comments indicated that over 80% of respondents said that their complaints had been dealt with satisfactorily.

Good practice

- 2.38 *Every prisoner making a complaint was seen promptly face-to-face, which ensured that they felt listened to and often enabled resolution of the complaint at that stage.*
- 2.39 *The prison exit survey was a simple but effective way of learning prisoner views on the complaints system to inform development.*

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 Access to legal visits was very good. In our survey, 70% of women, against the comparator of 46%, said it was easy to communicate with a legal representative. Legal visits could be booked well in advance, and slots were available daily, except Sunday. There were well-used private consultation rooms and several video-links that were used to contact legal representatives and probation staff, and undertake court hearings.
- 2.41 Staff at the prison did not give bail advice. However, women had access to the Law Society list of solicitors on each wing, and they were enabled to select a solicitor to telephone for advice.

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.

- 2.42 The inspection of health and social care services was undertaken by the RQIA.

Governance arrangements

- 2.43 The South Eastern Health and Social Care Trust (SEHSCT) was responsible for providing health and social care services in the prison. Health services were well led, staff morale was good, and health care staff reported feeling valued and supported by senior managers. There had been no recent health needs assessment to guide service developments, but an assessment was being prepared by the Public Health Agency and the Health and Social Care Board and facilitated by the SEHSCT.
- 2.44 Bank and agency staff were used to ensure satisfactory levels of staffing. Health care staff were well trained and supervised. A comprehensive range of services were available, with primary care nurses on site 24 hours a day. New health staff received a comprehensive and structured induction programme. The records of mandatory training showed that not all staff had received this, and managers were actively addressing this.

- 2.45 Collaborative working between prison and health staff had improved at strategic and operational levels. There were weekly operational meetings with prison and health care staff to identify health care priorities.
- 2.46 Corporate governance of health and social care was effective. The SEHSCT used Datix (incident and safety management system) for the reporting of incidents and identification of trends. Health care staff attended daily safety meetings, which ensured that risks and safety issues were highlighted and shared. The staff we spoke to knew of key learning points arising from recent incidents.
- 2.47 We noted many quality improvement projects in progress, with the potential to improve patient outcomes. These included the introduction of a nurse-led sexual health service and a speech and language service to support women with communication needs. Although staff were enthusiastic about the projects, as there were so many they needed to be fully co-ordinated and prioritised.
- 2.48 We observed that health care staff interactions with patients were professional and respectful. Nurses knew their patients and treated them with compassion and dignity.
- 2.49 Health care treatment rooms were clean, with some areas recently refurbished. There were equipment inspection audits and resuscitation equipment checks in each treatment room. A therapy room had been provided, primarily used by the Occupational Therapists which was a well-equipped therapeutic space. Clinical records were held electronically.
- 2.50 Responses to medical emergencies were prompt, and resuscitation equipment was sited conveniently throughout the prison and regularly checked. Paediatric resuscitation equipment was also available; paediatric life support training was planned for nurses.
- 2.51 In the six months to the end of September 2019 there had been one formal health care complaint and nine informal complaints. Complaints were investigated appropriately under the SEHSCT's complaints procedure. The complaints we reviewed concerned reductions in individual patients' medications and poor communication.
- 2.52 Several departments were involved in promoting health and well-being, including catering and the gym. There was health campaigning on topics such as smoking cessation, blood-borne viruses and self-examination for breast cancer.
- 2.53 Age-appropriate immunisation and vaccination programmes were available, such as influenza, as was general health screening, including sexual health and blood-borne virus screening. Although patients could access public health screening programmes the identification of eligible patients was not systematic so there was a risk that they could miss screening opportunities.

- 2.54 The NIPS employed two health and wellness champions who encouraged their peers to engage with projects and programmes to promote well-being.

Recommendation

- 2.55 **There should be a systematic approach to identification of those women eligible for public health screening programmes whilst in prison, with effective oversight and assurance of delivery.**

Delivery of care (physical health)

- 2.56 Patients were very positive about their relationship with health staff. All new arrivals received an initial health screen by nurses, followed by a comprehensive health and social care assessment within 72 hours. The health assessment information recorded by reception health care staff that we reviewed covered all the required areas, and work was ongoing to improve the initial health screen. Thereafter, women could refer themselves to health care through an application form. We did not identify any barriers to accessing appointments.
- 2.57 Primary care services included access to GPs, nurses and allied health professionals, such as a physiotherapist. Visiting specialists provided in-reach clinics, including diabetes, retinopathy and sexual health. Care for pregnant women was good with evidence of regular engagement with community midwives. Although some patients commented about long waiting times to access a GP or mental health nurse, the SEHSCT's performance data indicated that waiting times were at least equivalent to those in the community. GP referrals were triaged by primary care nurses and prioritised to ensure those in urgent need were assessed quickly. Each GP clinic had slots for urgent cases.
- 2.58 Patients with long-term conditions, such as asthma and diabetes, had their needs met. Patients, prison and health staff told us that there were no delays for women to access external health appointments.
- 2.59 Social workers were not commissioned to work as part of primary care services. Needs assessments were completed by the multi-disciplinary team.

Pharmacy

- 2.60 The management of medicines was in line with professional standards. The medicine needs of patients were identified at their initial health screening.
- 2.61 The pharmaceutical service was effective and responsive. A practice pharmacist and two medicines management technicians were employed, who assisted with the medicines administration. There were plans to introduce an automated dispensing robot that would automatically dispense prescriptions into labelled pouches for patients to collect at flexible times.

2.62 Prison staff carried out intelligence-led spot checks of medicines held in-possession by patients, and nurses confirmed that medicines held were in line with those prescribed. However, we were not convinced that this was a sufficient deterrent to the diversion of prescribed medicines.

2.63 Drugs on schedules 2 and 3 of the Controlled Drugs Act 1971 and medicines in the out-of-hours cupboards were well managed. However, there were still no records of the disposal of medicines at high risk of misuse or diversion.

2.64 Prison Officers were not always available to manage medicine administration queues effectively. As a result, patients crowded at the treatment room hatch, which affected confidentiality and introduced a risk of bullying.

Recommendations

2.65 **The NIPS should work with the SEHSCT to agree and implement a robust policy and procedure for the safe management of medicines held in-possession by patients.**

2.66 **The disposal of medicines at high risk of misuse or diversion should be recorded and audited.**

2.67 **Discipline staff should routinely supervise medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion.**
(repeated recommendation 2.69, 2016 Inspection Report)

Dentistry

2.68 Dental services were generally good, waiting lists were not extensive and urgent cases could be seen promptly. The recruitment of an additional dentist had reduced waiting times for routine appointments. Oral health promotion was good, with staff offering opportunities to promote smoking cessation and dietary improvements to women.

2.69 The dental clinic had been refurbished since the previous inspection and the sinks were due to be upgraded, which was necessary. Reusable dental instruments were no longer decontaminated in-house and were now sent to the SEHSCT's central decontamination services.

Delivery of care (mental health)

2.70 In our survey, three-quarters of women said they felt depressed on arrival at the prison, and 38% said they felt suicidal.

2.71 The SEHSCT provided mental health services at Ash House. The mental health team comprised nursing staff, occupational therapists and a psychiatrist. The service was available Monday to Friday, 9am to 5pm, although there were plans to move to a seven-day service. Arrangements for access to mental health services out of hours were unclear. Staff said there was no established procedure to access out-of-hours services whereas senior managers confirmed that there were arrangements through the SEHSCT for on-call senior managers to access the crisis response team, although this was rarely requested.

2.72 Access to mental health services was good. Mental health staff screened all new arrivals on the day after they arrived, which was impressive. Patients confirmed that their experience of care was good.

2.73 Care records did not fully detail actual care planned and delivered, and did not reflect UK Nursing and Midwifery Council (NMC) standards for record keeping, and there was no evidence that care documentation was audited.

Recommendations

2.74 **Arrangements for accessing mental health crisis response service out of hours should be specified and communicated to staff.**

2.75 **Mental health care documentation should record the assessed need of the patient and meet professional standards.**

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.

2.76 The kitchen provided a variety of menus and catered for dietary and religious needs. Meal times were appropriate and meals served from well-equipped serveries, with facilities for women to dine communally. The food we sampled was adequate in quality and quantity. However, the supervision of meals was inconsistent, which could compromise hygiene and portion control. In our survey, 74% of women said they got enough to eat at meal times.

2.77 Eight women were employed in catering and undertaking relevant vocational qualifications. Two orderlies worked in The Cabin café, which prisoners could visit accompanied at morning break times. The kitchen and Cabin café had received a 5* food and hygiene rating from the local council.

2.78 Women on the enhanced landings had full self-catering facilities (see photograph Appendix III), and they could place food orders with a local supermarket through the tuck shop. This facilitated the retention and development of their domestic and budgetary skills, as well as increasing association.

Recommendation

2.79 **The serving of meals should be supervised consistently to ensure that hygiene arrangements and portion control are observed.**

PURCHASES

Expected outcomes:

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

2.80 The tuck shop provided a wide range of groceries, often at prices well below those in the community. New arrivals had access to the shop within their first 24 hours. Weekly shop orders were managed efficiently and effectively. Women could also shop online for clothing, hobby materials and other approved purchases, and the prison responded promptly to applications for these. In our survey, 75% of women said that the shop sold the things that they needed, compared with 59% at the previous inspection.

CHAPTER 3: 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.⁵

- 3.1 In our daily roll checks, over 84% of women were fully engaged in purposeful activity. They could spend up to nine hours 15 minutes out of their cells each weekday and eight hours at weekends. Women had the opportunity to exercise in the open air for at least an hour a day and had evening association throughout the week. Women on some units had extensive time out of cell, and some in advanced rehabilitation at Murray House could spend all day and evening out of cell. All women had a personal weekly programme, and allocations staff were proactive in their efforts to follow up absences, which reduced non-attendance at activities.
- 3.2 At the time of the inspection, only one or two women were locked in their cells with a limited regime. However, staff shortages in recent months had led to lockdowns and regime curtailment. These were usually short and affected all wings equally.

LEARNING, SKILLS AND WORK ACTIVITIES (ETI)⁶

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.

5 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.

6 Learning and skills were inspected by Inspectors from the ETI. 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 memorandum of understanding and an associated service level agreement.

3.3 The ETI has made the following assessments about the learning, skills and work provision:

Overall effectiveness of education, skills and work:	Capacity to identify and bring about improvement
<i>Achievements of prisoners engaged in education, skills and work</i>	Good
<i>Quality of education, skills and work provision, including the quality of teaching, training, learning and assessment</i>	Good
<i>Personal development and behaviour</i>	Good
<i>Leadership and management of education, skills and work</i>	Impacts positively

Management of learning and skills and work

- 3.4 The leadership and management of the learning and skills provision had stabilised after a period of flux, and senior and middle leaders articulated a good vision for its further development. The organisation and impact of the provision had recently been reviewed and restructured to good effect, and the strategy for getting the right learner in the right place at the right time was largely working. This resulted in better targeting of the provision to the needs of the prisoners, and had assisted the quality of the tutors' planning. A few members of staff remained on long-term sickness absence and this affected some of the provision, in particular essential skills.
- 3.5 The leadership and management, supported by the staff, had successfully established and embedded a culture of mutually respectful and supportive relationships with the prisoners. This was evident in the good behaviour and the courteous and sensitive interactions we observed across the provision.
- 3.6 There had been significant investment in the learning and skills environment, resulting in a positive environment now much more conducive to effective learning, teaching and training, and socialisation (see photographs Appendix III). By contrast, the vocational workshops needed extensive refurbishment and were underused.
- 3.7 A more balanced and predictable core day was well-embedded throughout the prison, and almost all the prisoners participated fully in a broader range of education, skills and work activities. However, a significant proportion of the workshop and work activity relied on individual Prison Officer instructors and external providers – this was sometimes ad hoc and affected by staff absence or unavailability.

- 3.8 The self-evaluation and quality improvement planning processes required improvement. The approach to self-evaluation was not sufficiently concise or evaluative, and was not well enough informed by the available data and other first-hand evidence. Consequently, it did not accurately reflect the quality and range of what was provided to prisoners. The associated action plans did not focus sharply enough on the areas that required improvement, targets were loose and the impact of improvement actions difficult to measure. There needed to be better coherence with the provision delivered through the NIPS and the wide range of external agencies who run programmes and projects in the prison (see Key concern and recommendation).
- 3.9 NIPS and Belfast Met staff were collaborating to good effect to develop and implement a more coherent and accessible electronic learner development planning process, although this was still at an early stage. This work was informed by the initial assessment process, the prisoner's interests and aspirations, prior qualifications, individual learning plans across a range of areas and progress against milestones. Information management systems needed to be integrated and refined further to enhance staff access to accurate data that would better inform planning to support the prisoner's progress and achievement. The impact of work with external providers also needed to be included in this process.
- 3.10 Women had good opportunities to develop and apply employability skills, particularly in The Cabin café and the Bean and Book coffee outlet in the learning and skills centre, both open to staff and prisoners. There were also good opportunities for prisoners to engage in social enterprise activities and other projects.
- 3.11 The prison needed to address with more urgency the waiting lists in important areas such as essential skills, exacerbated by long-term staff sickness. Prisoners' lack of access to, and progress in, essential skills constrained their progress to Level Two work and attainment.
- 3.12 The provision managed and delivered through the College was good overall, and some of it was very good. The involvement of Belfast Met had brought continuity to the provision. The art, contract cleaning, hospitality and catering, and hairdressing and barbering courses were very good and met the needs of the prisoners very well.
- 3.13 The curriculum for workshop-based vocational training was an important area for improvement; there was no coherent plan to meet the needs of the prisoners. The current provision was mainly not suitable - too few of the construction programmes led to accredited or appropriate qualifications, too little of it was sufficiently relevant to the women, and the facilities were of a poor quality and often closed.

3.14 Curriculum planning was not well enough informed by an analysis of prisoners' destinations after release, or understanding the jobs they progressed to and the barriers they faced, to ensure it provided the best resettlement and employability opportunities.

3.15 The on-site induction for new Prison Officers included good awareness-building of the potential positive impact of participation and engagement in education and skills on prisoners. There needed to be better arrangements for the continuing professional development of NIPS instructors, particularly in the area of learning, teaching and assessment.

Recommendations

3.16 **The prison should improve the uptake and impact of the provision for essential skills.**

3.17 **The workshop-based curriculum and resources should be improved, as well as prisoner access to appropriate progressive accreditation.**

Good practice

3.18 *Women had good opportunities to develop and apply employability skills in work environments such as The Cabin and Bean and Book, as well as to engage in social enterprise activities and projects.*

Provision of activities

3.19 Women had very good opportunities to participate in work, training or education, with most engaging in activities through the week. The number refusing to engage had dropped significantly to a few each day.

3.20 The College was reviewing the education and skills curriculum, including analysing local labour market trends and potential future opportunities. Although participation by women was now higher than at the last inspection, there were gaps in the curriculum, and women still had limited access to provision in the therapeutic and creative arts, including digital technology.

3.21 Women had more opportunities to work outdoors, including in animal husbandry and gardening, which had a positive impact on their mental health. Accredited qualifications were offered in recycling but too few work activities provided the opportunity to achieve accreditation and enhance prisoner progression into employment on release.

Good practice

3.22 *The opportunities for women to work with animals had a positive impact on prisoners' mental health and well-being.*

Quality of provision

- 3.23 The quality of learning, teaching and training was good or better than at the last inspection in almost all the sessions we observed, and was very good in almost half of them. Tutors and staff had established very good relationships with prisoners, almost all of who engaged well in their learning. In the best practice, prisoners were beginning to take responsibility for their own learning.
- 3.24 Provision of essential skills in literacy, numeracy and ICT were important areas for improvement. Too few prisoners registered, attained and progressed through these essential skills, and too little of the provision was above Level One, with no pathways to GCSE and higher level provision.
- 3.25 The quality of the provision for ESOL was good and gave prisoners effective support. Initial diagnostic testing was used well to inform learning pathways and the course met the needs of prisoners well. Attendance was good and prisoners had positive learning dispositions and aspirations.
- 3.26 A few women had undertaken study at the Open University, which was encouraging, although the onus was very much on them to self-manage their learning. They lacked support to overcome operational issues, and this was likely to create barriers to their progression, completion and accreditation.
- 3.27 Provision for formal careers education, information, advice and guidance was underdeveloped. Prisoners required better access to more regular provision, which was particularly important given the transient nature of the population. Employer engagement to provide job opportunities on release was also underdeveloped.

Personal development and behaviour

- 3.28 The arrangements for the care, welfare and support of learners had a positive impact on teaching, training and learning, and the outcomes attained. Staff were very aware of the mental health needs of prisoners and used a wide range of appropriate strategies to support them. These included listening, providing one-to-one support, signposting to relevant support organisations, and the creative use of art and animal therapy. One-quarter of all staff were trained health and wellness champions.
- 3.29 Tutors and prisoners had very good relationships, characterised by high levels of trust and encouragement, which enhanced prisoner self-confidence.

Education and vocational achievements

- 3.30 Attendance at education and work activities was high during the inspection, at over 90%. Most prisoners demonstrated good to very good practical skills in areas such as hairdressing and barbering, horticulture, art, hospitality, catering and cleaning. These included providing services to other students and staff, such as haircuts, beauty treatments, and hospitality and catering.

3.31 There was very good engagement by women in almost all the sessions we observed. They participated well, followed instructions, supported each other and completed the tasks set. Prisoners valued the accredited qualifications they had achieved, resulting in raised self-esteem and motivation to continue their learning. We noted good examples of peer-to-peer mentoring in many of the sessions.

3.32 Too few prisoners attained essential skills. In ICT, they were only able to attain entry level, which was well below the capability of some of them. Over the past three years, only a small number had attained Level Two in literacy and/or numeracy.

3.33 Almost all women who engaged regularly in education and skills were developing better social and life skills. These included following routines, taking responsibility for tasks, working with others to achieve a goal, and recognising the importance of education and training in achieving personal goals and increasing self-esteem. Those participating in non-accredited art sessions delivered by the Prison Arts Foundation were developing their capacity to address and manage their mental health and well-being.

3.34 The number of registrations and accreditations had increased over the last three years, although a high proportion were short-course qualifications. In addition, as recognised by the curriculum review, the curriculum needed to be rebalanced towards areas with better employment potential, including engineering, retail, food manufacture and automotive skills.

Library

3.35 The quality of the library provision was very good. There was a purpose-built library within the learning and skills building, which was a bright, spacious and modern facility. A dedicated librarian led a valuable learning resource that hosted a range of well-planned literacy-related activities and wider cultural awareness events. The library stock comprised a wide selection of fiction and non-fiction, including books that promoted inclusion, supported a diverse range of reading abilities, and also met the needs of foreign national women. Broader media materials included DVDs, CDs and talking books. There were sufficient up-to-date legal texts. Women's access to the library was good and they could also access additional books available in their residential building.

3.36 Women valued the library. They could attend various activities, such as creative writing classes, a reading group and book-folding (making artwork out of book pages). The library had introduced a service to translate books into Braille. These were then published and disseminated by Maghaberry Prison to the local community. This created good links for any visually impaired prisoners.

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.

- 3.37 The provision for PE was very good and there had been investment in outdoor and indoor facilities (see photograph Appendix III). Flexible access arrangements took account of women's learning and work commitments. A range of recreational programmes was well supported by provision from a variety of representative sports governing bodies. There were no vocational PE courses at the time of the inspection. PE staff provided sensitive support on health and well-being issues.

CHAPTER 4: 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 The prison's population changed regularly, and 40% of women at the time of the inspection (28 out of 70) were on remand. Of the remainder, almost a quarter were serving less than one year.
- 4.2 The managers from the three prisons in Northern Ireland still met regularly with the Director of Rehabilitation at the Probation Board for Northern Ireland (PBNI) and policy leads for the reducing offending directorate of the NIPS. This meeting ensured consistency of approach, and the sharing of good practice.
- 4.3 Prison managers held a regular meeting that considered performance data and the work of partner agencies. The prison did not have a specific reducing reoffending needs analysis or an action plan setting out longer-term actions to meet the needs of the population. However, this was mitigated to some extent by PDP co-ordinators who had adopted a person-centred approach to meeting the individual needs of women.
- 4.4 The Prisoner Development Unit (PDU) accommodated many staff involved in supporting resettlement work, including PDP co-ordinators, psychologists, chaplains, and an impressive range of voluntary and community sector representatives. This integration promoted effective working relationships. PDP staff could now also access the Prison Record Information System Management (PRISM), which improved information sharing.
- 4.5 Every new arrival, whether on sentence and remand, was allocated a PDP co-ordinator. The number of PDP co-ordinators had increased since the previous inspection, and seven Prison Officers and three Probation Officers now performed the role. The Prison Officer co-ordinators were now cross-deployed less frequently and all felt that their caseloads were manageable. We observed good contact between co-ordinators and women, and good quality case notes.

Co-ordinators adopted a person-centred approach in many cases, and clearly devoted considerable time to ensuring individual needs were met. They received appropriate training, including risk assessment, and awareness of domestic violence and sexual abuse.

Recommendation

- 4.6 **The prison should conduct a local needs analysis to ensure it can meet the rehabilitation needs of all women.**

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 immediate rehabilitation needs of new arrivals were identified in a committal interview, and a co-ordinator was assigned within the first few days. All new arrivals who had been sentenced also had an Assessment, Case management and Evaluation (ACE)⁷ score, which represented their risk of reoffending. At the time of the inspection, 11 women had a high ACE score (30 and over). Co-ordinators subsequently completed a more comprehensive needs assessment and used this to create a PDP. The target to complete these tasks was 30 and 40 days respectively after committal, which limited the time available to address the needs of those on short sentences. However, we saw a few cases where these had been completed sooner.
- 4.8 Most prisoners had a PDP, which now included learning and skills targets. We found copies of these plans held on residential units, and they were also incorporated into the recently introduced learning development document held by teachers. Plans were reviewed regularly and were of good quality, with an emphasis on an individual's strengths linked to appropriate objectives. In our survey, 67% of women said that staff were helping them achieve their objectives, and 79% said that their experience at the prison had made them less likely to reoffend in future.
- 4.9 Probation and prison co-ordinators received regular professional supervision. Some Prison Officer co-ordinators were concerned that their supervision meetings had focused solely on quantity (such as number of tasks completed) rather than quality. The prison had introduced a new process to address this in the previous month, but it was too early to assess its effectiveness.

⁷ Used by the PBNI to assess the likelihood of general reoffending within a two-year period. The assessment is completed before sentencing and presented as a numeric score.

4.10 PDP co-ordinators routinely asked new arrivals for permission to contact their family members, and often met families on visits. In addition, PDPs usually contained objectives for contact with family and friends.

4.11 The national criteria for Conditional Early Release (CER) were restrictive, and eligibility depended on an individual having an ACE score of 15 or less. Only two women had been eligible for this scheme in the previous six months, and in both cases their applications were refused for relevant reasons. However, we did find some cases where ACE scores were reviewed appropriately to increase the opportunity for CER.

4.12 ROTL continued to be well used to support resettlement planning. In the previous six months, 10 women had been approved for either home or resettlement leave.

Recommendation

4.13 **The resettlement needs assessment should be completed as soon as possible after arrival to ensure that prisoners have the maximum benefit from resettlement services** (repeated recommendation 4.22, 2016 Inspection report).

Public protection

4.14 There was no risk management policy or mechanism, such as a multi-disciplinary risk meeting, to provide assurance that risks posed by prisoners were identified and managed. This was somewhat mitigated by the probation manager who reviewed all release plans to ensure risks had been addressed. PDP co-ordinators had received training in PPANI. They used this knowledge to identify those who qualified for the arrangements on arrival and refer them to the PPANI 'Links' team (Police Officers trained to undertake assessment of prisoner risk). A total of 12 women had been referred to PPANI at the time of the inspection. Local Area Public Protection Panels (LAPPPs) took place regularly to agree the prisoner's PPANI category, and a designated risk manager was appointed to implement their risk management plan. PDU staff submitted good quality reports to support the panel meetings.

4.15 The three women identified as posing a significant risk of serious harm were managed effectively, with multi-agency case conferences arranged as required, and were subject to oversight from the probation manager.

4.16 There were appropriate arrangements to monitor mail and telephone calls for those who posed public protection risks, although no prisoners were subject to such monitoring at the time of the inspection. There were also the required arrangements to restrict contact with children for prisoners convicted of an offence against children, but none were subject to such restrictions during the inspection.

Allocation

- 4.17 The risk categorisation process at the prison was a local arrangement to determine the level of supervision women needed, particularly in relation to free-flow movement across the campus. All new committals were initially classified at medium level, which PDP co-ordinators were meant to review four to six weeks later, although this did not always happen. At the time of the inspection, three women were classified as requiring high supervision; 47 as medium; and 16 as low – the classification required for outside work.

Indeterminate sentence women

- 4.18 At the time of the inspection, there were six life-sentenced prisoners in Ash House, and each had an annual lifer review. Women serving long sentences who had reached their tariff could apply to live at Murray House, a low-supervision unit for prisoners qualified to work outside on ROTL and prepare for independent living. There were limited opportunities for progression for those not eligible.

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 In our survey, 68% of women said that someone was helping them prepare for release. In the previous six months, 49 women were released after completing their sentence. Co-ordinators prepared a release plan for all women 12 weeks before release, which included appropriate referrals to an impressive range of voluntary agencies, many located in the PDU.
- 4.20 Some women received through-the-gate mentoring from a range of voluntary agencies, such as the Engage project by Start360, which had supported 48 women in the previous six months.
- 4.21 On release, all prisoners could charge their mobile phones, and were offered a plain 'survival bag' to carry their belongings. It contained refreshments for their onward journey, a toothbrush and written information about support agencies in the community.

Good practice

- 4.22 *All those being discharged were offered a plain 'survival bag' to carry their belongings, which included refreshments for their onward journey and information on support agencies in the community.*

Children, families and contact with the outside world

- 4.23 Work to encourage women to maintain contact with families was excellent, and supported by a wide range of external agencies. The work was overseen by the PDU manager and commensurate with the NIPS family strategy, which supported a person-centred approach linked to work with safer custody. A Barnardo's family worker delivered one-to-one support to help prisoners develop parenting skills.
- 4.24 PDP co-ordinators met the families of prisoners, with their permission, as soon as possible after their arrival to explain the prison's function. In our survey, more respondents than the comparator, 71% against 42%, said staff had encouraged them to keep in touch with family and friends. Each unit had private telephone booths, and 100% of women said they could use the telephone every day.
- 4.25 Visiting arrangements were good, and the fortnightly family forum allowed visitors and residents to make suggestions for improvement. The visits hall had been refurbished and now provided a bright, comfortable and child-friendly space. In our survey, 41% of women said they received a visit at least once a week, which was far higher than at comparable prisons, at just 20%. An impressive range of visiting opportunities included a private 'family room', and the Caravan, which offered women an opportunity for an extended unsupervised visit with their children/ grandchildren. Women could also take Sunday lunch with their family in The Cabin cafe. Skype was available for those unable to receive visits, which similar prisons in England and Wales rarely offered.
- 4.26 There were regular events where families of a large number of prisoners could visit at the same time, including family information days, as well as occasions such as Halloween and Christmas. Graduation ceremonies enabled families to celebrate the success of prisoners who had completed programmes.

Victimisation, abuse and vulnerability

- 4.27 Co-ordinators had received training to raise awareness of issues such as human trafficking and sexual abuse, and knew how to make referrals for specialist support, for example to Women's Aid. In the previous six months, four women had been referred to **Nexus NI**, which provides services for those affected by sexual violence. Co-ordinators also made referrals to a health centre in Belfast for those involved in prostitution. However, the prison did not systematically collect and analyse data on women who had been involved in prostitution or were victims of abuse so it could be assured it was providing adequate support and care.
- 4.28 A women's safety worker took up post during the inspection. This role was to include support for women in the community whose partners were in custody for domestic abuse, as well as supporting women in custody who had been subject of such abuse.

Recommendation

- 4.29 **The prison should develop better systems to identify, monitor and support the victims of abuse.**

Accommodation

- 4.30 In the previous six months, no sentenced women had been released as homeless, although they often did not know the location they were going to until the day of release. There was no prison data on whether release addresses were sustained over time, or the number of women on remand released homeless following a court appearance.

- 4.31 A development worker from Housing Rights worked part time in the PDU to provide assistance with accommodation, including retention of tenancies during short stays in custody. Two peer workers on long sentences had been trained to support this work, particularly during induction, which was good practice. Housing Rights also provided beyond-the-gate mentoring, although the prison did not hold data on this.

Recommendation

- 4.32 **The prison should monitor the number of women in sustainable accommodation 12 weeks after their release to determine longer term outcomes.**

Good practice

- 4.33 *Peer mentors were trained in housing rights and could provide prompt support and advice to women, enabling them to better understand and identify need.*

Education, training and employment

- 4.34 Women who qualified to work outside Ash House on ROTL could move to Murray House. Six women had used this opportunity to gain work experience in the previous six months. However, too few women progressed to further education and training on release. More coherent planning of post-release support was required to sustain and build on the progress made by women through their engagement in purposeful activity. While there was good evidence that the PDU worked well with women who were close to release, Belfast Met was not sufficiently involved.

Recommendation

- 4.35 **There should be more coherent planning of support for women beyond their release that can sustain and build on the progress made through their engagement in purposeful activity.**

Health care

- 4.36 Women being released were given GP letters and medication as required. Pre-release health planning for patients with mental health needs involved collaborative working with community teams in the Trusts they were returning to. A representative from the patient's Trust attended pre-discharge meetings to plan effectively for their care on discharge. Health staff said there were challenges in discharge planning when a woman was released directly from court.

Drugs and alcohol

- 4.37 The AD:EPT team had useful links with the PDU and contributed to sentence planning. Joint working with community drug and alcohol services facilitated treatment continuation. Harm minimisation advice and naloxone (a drug to reduce the harmful effects of opiates) training and supplies were now available at release, reducing the likelihood of adverse effects of overdose after release.

Finance, benefit and debt

- 4.38 In our survey, 89% of women said they needed help with benefits on release, but only 31% said they were receiving help with this. A worker from the charity NIACRO (Northern Ireland Association for the Care and Resettlement of Offenders) attended monthly to provide advice on finance, benefit and debt, but the prison's data indicated a long waiting list for this advice. The NIACRO also provided benefits and debt advice for women's families in the community.

Recommendation

- 4.39 **All women should have prompt access to advice on finance, benefit and debt.**

Attitudes, thinking and behaviour

- 4.40 The small number of accredited offending behaviour programmes available met most prisoners identified needs. In the previous six months, eight women had completed Enhanced Thinking Skills (ETS) delivered by Prison Officer co-ordinators. The prison had identified a need to provide an intervention for women who had engaged in violent behaviour, and in October 2019 commenced delivery of the Beyond Violence programme to nine women.
- 4.41 Waiting lists were small with eight women waiting for ETS, which reflected the needs of the small population. Individual one-to-one work was available, and the psychology team had conducted such work with six women in the previous six months. Prison Officer co-ordinators delivered a victim impact programme, and voluntary agencies in the PDU also provided interventions. Women were positive about the programmes they were involved in, and there was good participation in the sessions we observed.

CHAPTER 5: SUMMARY OF RECOMMENDATIONS AND GOOD PRACTICE

The following is a listing of repeated and new key concerns and recommendations, general recommendations and examples of good practice included in this report. The reference numbers in the right-hand column refer to the paragraph location in the main report.

Key concerns and recommendations	Directed to:	Paragraph reference in report
<p>Key concern: Illicit drugs and diverted prescribed medicines were easily available. The positive drug test rate was high, and searches resulted in many finds relating to drug use. Despite this, security intelligence was not used effectively to understand and manage the risks of drugs, the substance misuse strategy was weak and there was no drug supply reduction action plan.</p> <p>Recommendation: An effective strategy should be implemented to reduce the supply of drugs.</p>	The governor	Executive summary
<p>Key concern: Despite our previous recommendations, governance of the use of force was not sufficiently robust: reports did not explain why force had been necessary and what de-escalation efforts had taken place; managers did not review reports quickly enough; some paperwork was signed off without comment; body-worn camera and CCTV footage was not systematically reviewed; we saw no evidence of debriefs; and the meetings to consider data or trends were infrequent and insufficiently analytical. The rationale for using anti-tear clothing was not always clearly recorded.</p> <p>Recommendation: The scrutiny of incidents involving the use of force (including the use of anti-tear clothing) should ensure that it is only used as a last resort, and is legitimate, necessary and proportionate.</p>	The governor	Executive summary

Key concerns and recommendations	Directed to:	Paragraph reference in report
<p>Key concern: Key education and prison staff did not reflect sufficiently on the impact of the overall learning and skills provision on the population. They did not use available data or first-hand evidence, and did not take into account the work of external providers and agencies. The quality improvement plan was not used to drive improvement.</p> <p>Recommendation: The learning and skills self-evaluation and quality improvement planning process should have a stronger impact, including more incisive use of data and first-hand evidence, and better involvement of all the various providers and agencies to inform a more coherent strategic plan for the further development of the provision.</p>	<p>The governor</p> <p>Head of Prison Education (Belfast Met)</p>	<p>Executive summary</p>

General recommendations	Directed to:	Paragraph reference in report
<p>First night interviews in reception should be conducted in private.</p>	<p>The governor</p>	<p>1.9</p>
<p>All staff should have good knowledge of the supporting prisoners at risk (SPAR) process and how to access information about women on care plans.</p>	<p>The governor</p>	<p>1.28</p>
<p>Care plans should reflect the individual needs of the prisoner and be updated when there is a change in circumstances.</p>	<p>The governor</p>	<p>1.29</p>
<p>The prison should ensure that it makes adult safeguarding referrals to the HSCT where appropriate.</p>	<p>The governor</p>	<p>1.31</p>
<p>Security intelligence should be analysed promptly by trained staff.</p>	<p>The governor</p>	<p>1.42</p>
<p>Intelligence objectives should be reviewed at regular security meetings, shared across the prison and monitored for their effectiveness.</p>	<p>The governor</p>	<p>1.43</p>
<p>Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (Repeated recommendation 1.41, 2016 report)</p>	<p>The governor</p>	<p>1.44</p>

General recommendations	Directed to:	Paragraph reference in report
Records of adjudications should be detailed enough to provide assurance that the outcome is fair and proportionate.	The governor	1.49
Decisions to retain women in segregation following passive drug dog indications should be fully recorded and justified.	The governor	1.60
An intensive programme of psychosocial support for patients with substance misuse needs should be available to women at Ash House.	SEHSCT	1.68
A local protocol for prescribing for substance misuse withdrawal should be agreed and implemented.	SEHSCT	1.69
The showers on Fern unit should be suitably private.	The governor	2.8
Staff working with mothers and babies should have the appropriate child protection and infant resuscitation training.	The governor	2.28
There should be a systematic approach to identification of those women eligible for public health screening programmes whilst in prison, with effective oversight and assurance of delivery.	SEHSCT	2.55
The NIPS should work with the SEHSCT to agree and implement a robust policy and procedure for the safe management of medicines held in-possession by patients.	SEHSCT and the NIPS	2.65
The disposal of medicines at high risk of misuse or diversion should be recorded and audited.	SEHSCT	2.66
Discipline staff should routinely supervise medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion. (Repeated recommendation 2.69, 2016 report)	SEHSCT and the NIPS	2.67
Arrangements for accessing mental health crisis response service out of hours should be specified and communicated to staff.	SEHSCT	2.74
Mental health care documentation should record the assessed need of the patient and meet professional standards.	SEHSCT	2.75
The serving of meals should be supervised consistently to ensure that hygiene arrangements and portion control are observed.	The governor	2.79

General recommendations	Directed to:	Paragraph reference in report
The prison should improve the uptake and impact of the provision for essential skills.	The governor	3.16
The workshop-based curriculum and resources should be improved, as well as prisoner access to appropriate progressive accreditation.	The governor	3.17
The prison should conduct a local needs analysis to ensure it can meet the rehabilitation needs of all women.	The governor	4.6
The resettlement needs assessment should be completed as soon as possible after arrival to ensure that prisoners have the maximum benefit from resettlement services. (Repeated recommendation 4.22, 2016 report)	The governor	4.13
The prison should develop better systems to identify, monitor and support the victims of abuse.	The governor	4.29
The prison should monitor the number of women in sustainable accommodation 12 weeks after their release to determine longer term outcomes.	The governor	4.32
There should be more coherent planning of support for women beyond their release that can sustain and build on the progress made through their engagement in purposeful activity.	The governor	4.35
All women should have prompt access to advice on finance, benefit and debt.	The governor	4.39

Examples of good practice

<i>The prison had issued electronic tablets to some foreign national women not engaging with the regime. The tablets enabled them to translate and communicate information and requests, and significantly improved their access to the regime and their personal safety.</i>	1.20
<i>Adjudication hearings were held in the late afternoon to maximise prisoner attendance at activities and minimise disruption to their learning.</i>	1.50
<i>The issue of electronic translation devices to non-English speaking prisoners facilitated better integration and communication with staff and other prisoners.</i>	2.29
<i>Every prisoner making a complaint was seen promptly face-to-face, which ensured that they felt listened to and often enabled resolution of the complaint at that stage.</i>	2.38
<i>The prison exit survey was a simple but effective way of learning prisoner views on the complaints system to inform development.</i>	2.39
<i>Women had good opportunities to develop and apply employability skills in work environments such as The Cabin and Bean and Book, as well as to engage in social enterprise activities and projects.</i>	3.18
<i>The opportunities for women to work with animals had a positive impact on prisoners' mental health and well-being.</i>	3.22
<i>All those being discharged were offered a plain 'survival bag' to carry their belongings, which included refreshments for their onward journey and information on support agencies in the community.</i>	4.22
<i>Peer mentors were trained in housing rights and could provide prompt support and advice to women, enabling them to better understand and identify need.</i>	4.33

APPENDIX I: INSPECTION TEAM

Peter Clarke CVO OBE QPM	Chief Inspector, HMIP
Brendan McGuigan CBE	Chief Inspector, CJI
James Corrigan	Deputy Chief Inspector, CJI
Deborah Butler	Team leader, HMIP
Ian Dickens	Inspector, HMIP
Paddy Doyle	Inspector, HMIP
Jeanette Hall	Inspector, HMIP
Alice Oddy	Inspector, HMIP
David Owens	Inspector, HMIP
Nadia Syed	Inspector, HMIP
Paul Tarbuck	Health and Social Care Inspector, HMIP
Tom McGonigle	Inspector, CJI
Stevie Wilson	Inspector, CJI
Emer Hopkins	Inspector, RQIA
Dr Gerry Lynch	Inspector, RQIA
Wendy McGregor	Inspector, RQIA
Dr Stuart Brown	Inspector, RQIA
Sharlene Andrew	Researcher, HMIP
Claudia Vince	Researcher, HMIP

A small team of ETI Inspectors reported on learning, skills and work provision.

APPENDIX II: PROGRESS ON RECOMMENDATIONS FROM THE LAST INSPECTION 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. The recommendations in the main body of the report are based on the fifth edition of *Expectations*, but those below are based on the fourth edition. Their order may therefore differ slightly from the main report.

SAFETY

Prisoners, particularly the most vulnerable, are held safely.

At the last inspection, in 2016, 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.

Main recommendation

A more strategic, multi-disciplinary approach to substance misuse dependency is needed. The strategy should 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, including those that address links to offending behaviour (Main recommendation 1).

✘ **Not achieved**

Recommendations

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

✔ **Achieved**

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

✔ **Achieved**

SPAR documents should be further improved (1.25).

✘ **Not achieved**

Observation rooms and anti-ligature clothing should only be used exceptionally, and after all other alternatives have been considered and discounted (1.26).

✘ **Not achieved**

Insiders should receive support and training (1.27).

✔ **Achieved**

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).

✔ **Partially achieved**

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).

✘ **Not achieved**

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).

✘ **Not achieved** (recommendation repeated, 1.44)

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).

✘ **Not achieved**

All Prison Officers should have up-to-date training in control and restraint. (1.52, repeated recommendation 1.63).

✔ **Partially achieved**

RESPECT

Prisoners are treated with respect for their human dignity.

*At the last inspection, in May 2016, 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. Health care 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.***

Main recommendations

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 (Main recommendation 2).

✘ **Not achieved**

There should be a dedicated women's prison for Northern Ireland (Main recommendation 3)

✘ **Not achieved**

Recommendations

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).

✔ **Achieved**

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).

✔ **Achieved**

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).

✘ **Not achieved**

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).

✔ **Achieved**

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)

✔ **Achieved**

Health service delivery should be informed by a current health needs assessment (2.51).

✔ **Partially achieved**

Details of investigations into adverse incidents and any lessons learned should be published promptly and the Trust monthly performance report reviewed to improve data collection (2.52).

✔ **Achieved**

There should be sufficient permanent well-trained and motivated health care staff to provide consistently all required health services (2.53).

✔ **Achieved**

There should be current regularly reviewed information-sharing policies and procedures in place to support effective collaborative working (2.54).

✔ **Achieved**

All clinical areas should comply fully with relevant infection prevention and control standards (2.55).

✔ **Achieved**

Emergency resuscitation equipment should be in good order and an effective monitoring system should be in place (2.56).

✔ **Achieved**

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).

✔ **Achieved**

Women should have access to external hospital appointments within community-equivalent waiting times (2.63).

✔ **Achieved**

Compliance checks should be completed on in-possession medicines in accordance with Hydebank Wood's policy (2.68).

✔ **Achieved**

Discipline staff should routinely supervise medication administration to maintain patient confidentiality and reduce the potential for bullying and diversion (2.69).

✘ **Not achieved** (recommendation repeated, 2.67)

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).

✔ **Achieved**

A list of critical medicines where timelines of administration is crucial should be devised (2.71)

✔ **Achieved**

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

✔ **Achieved**

Mental health assessment at committal should be reviewed to ensure that they are of sufficient depth (2.79).

✔ **Partially achieved**

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).

✔ **Achieved**

Performance management should take place for some mental health nurses and preparation for multi-disciplinary team meetings should be improved (2.81).

No longer relevant

PURPOSEFUL ACTIVITY

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

At the last inspection, in May 2016, 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 for women were reasonably good against this healthy prison test.

Main recommendation

Joint planning between Hydebank Wood/Ash House and BMC [Belfast Met] 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 (Main recommendation 4).

✔ **Partially achieved**

Recommendations

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

✔ **Achieved**

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).

✔ **Partially achieved**

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

✔ **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 May 2016, 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 women were reasonably good against this healthy prison test.***

Recommendations

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).

✔ **Achieved**

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

✔ **Achieved**

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

✔ **Achieved**

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).

✘ **Not achieved** (recommendation repeated, 4.13)

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

✔ **Achieved**

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).

✔ **Achieved**

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

✘ **Not achieved**

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

✔ **Achieved**

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).

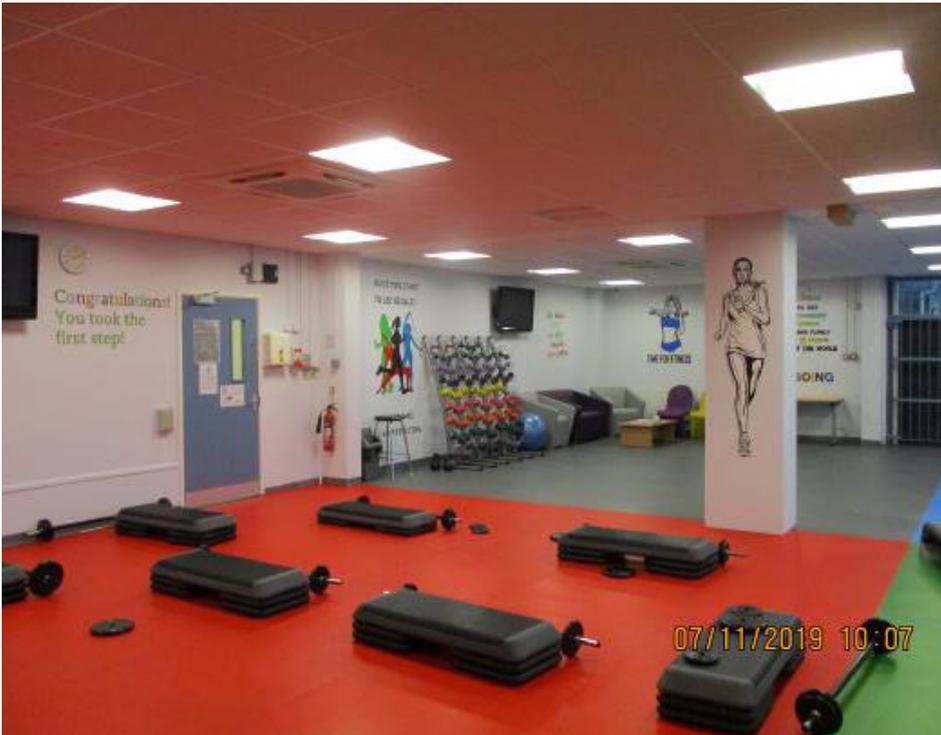
✘ **Not achieved**

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

✔ **Achieved**



APPENDIX III: PHOTOGRAPHS



Gym



Kitchen



Main internal entrance corridor for Ash House and Hydebank Wood Secure College used by women and young adults



Learning and Skills building



Learning and Skills building

APPENDIX IV: PRISON POPULATION PROFILE

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

Population breakdown by:

Status	18–20 yr olds	21 and over
Sentenced	1	37
Recall	0	4
Remand	1	27
Detainees		*4 (included in sentenced and remand figures)
Total	2	68*

Sentence	18–20 yr olds	21 and over
Unsentenced	1	27
Less than six months	0	3
Six months to less than 12 months	0	7
12 months to less than 2 years	0	8
2 years to less than 4 years	1	11
4 years to less than 10 years	0	6
Life	0	6
Total	2	68

Age	Number of prisoners
Under 21 years	2
21 years to 29 years	13
30 years to 39 years	25
40 years to 49 years	13
50 years to 59 years	13
60 years to 69 years	4
Total	70

Nationality	18–20 yr olds	21 and over
British	0	8
British – England	0	4
Foreign nationals	0	10
Irish	0	6
Northern Irish	2	40
Total	2	68

Security category	18–20 yr olds	21 and over
High supervision	0	3
Medium supervision	2	49
Low supervision	0	16
Total	2	68

Ethnicity	18–20 yr olds	21 and over
White	2	60
Gypsy/Irish Traveller	0	3
Mixed	0	1
Chinese	0	3
African	0	1
Total	2	68

Religion	18–20 yr olds	21 and over
Baptist	0	1
Christian	0	1
Church of Ireland	0	6
Roman Catholic	2	32
Elim	0	1
Free Presbyterian	0	1
Methodist	0	3
Presbyterian	0	7
No religion	0	16
Total	2	68

Sentenced prisoners only

Length of stay	18–20 yr olds	21 and over
	Number	Number
Less than 1 month	0	4
1 month to 3 months	0	7
3 months to six months	0	7
Six months to 1 year	1	8
1 year to 2 years	0	5
2 years to 4 years	0	5
4 years or more	0	5
Total	1	41

Unsentenced prisoners only

Length of stay	18–20 yr olds	21 and over
	Number	Number
Less than 1 month	1	9
1 month to 3 months	0	5
3 months to six months	0	6
Six months to 1 year	0	5
1 year to 2 years	0	2
Total	1	27

Main offence	18–20 yr olds	21 and over
Burglary/robbery/theft	0	16
Criminal damage	0	4
Drug offences	0	8
Motoring offences	0	1
Murder	0	8
Non-police offences	0	1
Other offences	0	9
Other offences against the person	2	19
Sex offences	0	2
Total	2	68

APPENDIX V: PRISONER SURVEY METHODOLOGY AND RESULTS

PRISONER SURVEY METHODOLOGY

A representative survey of prisoners is carried out at the start of every inspection, the results of which contribute to the evidence base for the inspection.

HMIP researchers have developed a self-completion questionnaire to support HMIP *Expectations*. The questionnaire consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions which enable us to compare responses from different sub-groups of the prisoner population. There are also three open questions at the end of the questionnaire which allow prisoners to express, in their own words, what they find most positive and negative about the prison.⁸

The questionnaire is available in 14 languages and can also be administered via a telephone translation service if necessary.

The questionnaire was revised during 2016–17, in consultation with both inspectors and prisoners. The current version has been in use since September 2017.

Sampling

On the day of the survey a stratified random sample is drawn by HMIP researchers from a PRISM prisoner population printout ordered by cell location. Using a robust statistical formula HMIP researchers calculate the minimum sample size required to ensure that the survey findings can be generalised to the entire population of the establishment.⁹ In smaller establishments we may offer a questionnaire to the entire population.

Distributing and collecting questionnaires

HMIP researchers distribute and collect the questionnaires in person. So that prisoners can give their informed consent to participate, the purpose of the survey is explained and assurances are given about confidentiality and anonymity.¹⁰ Prisoners are made aware that participation in the survey is voluntary; refusals are noted but not replaced within the sample. Those who agree to participate are provided with a sealable envelope for their completed questionnaire and told when we will be returning to collect it. We make arrangements to administer the questionnaire via a face-to-face interview for respondents who disclose literacy difficulties.

8 Qualitative analysis of these written comments is undertaken by HMIP researchers and used by inspectors.

9 95% confidence interval with a sampling error of 7%. The formula assumes a 75% response rate (65% in open establishments).

10 For further information about the ethical principles which underpin our survey methodology, please see *Ethical principles for research activities* which can be downloaded from HMIP website www.justiceinspectorates.gov.uk/hmiprisons/about-our-inspections/

Survey response

At the time of the survey on 22 October 2019, the prisoner population at Ash House, Hydebank Wood was 68. Questionnaires were distributed to all 68 prisoners. We received a total of 52 completed questionnaires, a response rate of 76%. Six prisoners declined to participate in the survey and 10 questionnaires were either not returned at all, or returned blank.

Survey results and analyses

Over the following pages we present the full survey results followed by various comparative analyses for Ash House Hydebank Wood. For the comparator analyses, each question was reformulated into a binary 'yes/no' format and affirmative responses compared.¹¹ Missing responses have been excluded from all analyses, and for some questions, responses from a sub-group of the sample are reported (as indicated in the data).

Full survey results

A full breakdown of responses is provided for every question. Percentages have been rounded and therefore may not add up to 100%.

Responses from Ash House, Hydebank Wood 2019 compared with those from other HMI Prisons surveys¹²

- Survey responses from Ash House, Hydebank Wood in 2019 compared with survey responses from other women's prisons inspected since September 2017.
- Survey responses from Ash House, Hydebank Wood in 2019 compared with survey responses from Ash House, Hydebank Wood in 2016.

Comparisons between self-reported sub-populations of prisoners within Ash House, Hydebank Wood 2019¹³

- Responses of prisoners aged 50 and over compared with those under 50.
- Responses of prisoners who reported they had mental health problems compared with those who did not.
- Responses of prisoners who reported they had a disability compared with those who did not.
- Responses of Protestant prisoners compared with those of Catholic prisoners
- Responses of non-heterosexual prisoners compared with heterosexual prisoners.

Please note that we only carry out within-prison comparator analysis where there are sufficient responses in each sub-group.¹⁴

11 Using the Chi-square test (or Fisher's exact test if there are fewer than five responses in a group).

12 These analyses are carried out on summary data from all survey questions. As we have been using a new version of the questionnaire since September 2017, we do not yet have full comparator data for all questions.

13 These analyses are carried out on summary data from selected survey questions only.

14 A minimum of 10 responses which must also represent at least 10% of the total response.

In the comparator analyses, statistically significant differences are indicated by shading.¹⁵ Results that are significantly more positive are indicated by green shading and results that are significantly more negative are indicated by blue shading. Orange shading has been used to show a statistically significant difference in demographic or other background details. If there is no shading, any difference between the two results is not statistically significant and may have occurred by chance. Grey shading indicates that there is no valid comparative data for that question.

Filtered questions are indented and preceded by an explanation in italics of how the filter has been applied. In the comparator analyses, percentages for filtered questions refer to the number of respondents filtered to that question. For all other questions, percentages refer to the total number of valid responses to the question.

15 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. In order to appropriately adjust p-values in light of multiple testing, $p < 0.01$ is considered statistically significant for all comparisons undertaken. This means there is only a 1% likelihood that the difference is due to chance.

SURVEY SUMMARY

1.1 What wing or house block are you currently living on?

Ash Unit	47 (90%)
Willow Unit	5 (10%)

1.2 How old are you?

Under 21	0 (0%)
21 - 25	3 (6%)
26 - 29	6 (12%)
30 - 39	18 (36%)
40 - 49	11 (22%)
50 - 59	9 (18%)
60 - 69	3 (6%)
70 or over	0 (0%)

1.3 What is your ethnic group?

White - English/Welsh/Scottish/Northern Irish/British	30 (61%)
White - Irish	10 (20%)
White - Gypsy or Irish Traveller	3 (6%)
White - any other White background	2 (4%)
Mixed - White and Black Caribbean	0 (0%)
Mixed - White and Black African	0 (0%)
Mixed - White and Asian	0 (0%)
Mixed - any other Mixed ethnic background	1 (2%)
Asian/Asian British - Indian	0 (0%)
Asian/Asian British - Pakistani	0 (0%)
Asian/Asian British - Bangladeshi	0 (0%)
Asian/Asian British - Chinese	1 (2%)
Asian - any other Asian Background	1 (2%)
Black/Black British - Caribbean	0 (0%)
Black/Black British - African	0 (0%)
Black - any other Black/African/Caribbean background	0 (0%)
Arab	0 (0%)
Any other ethnic group	1 (2%)

1.4 How long have you been in this prison?

Less than six months	25 (53%)
Six months or more	22 (47%)

1.5 Are you currently serving a sentence?

Yes	31 (62%)
Yes - on recall	1 (2%)
No - on remand or awaiting sentence	18 (36%)
No - immigration detainee	0 (0%)

1.6 How long is your sentence?

Less than 6 months	7 (14%)
6 months to less than 1 year	7 (14%)
1 year to less than 4 years	9 (18%)
4 years to less than 10 years	5 (10%)
10 years or more	2 (4%)
IPP (indeterminate sentence for public protection)	0 (0%)
Life	3 (6%)
Not currently serving a sentence	18 (35%)

Arrival and reception

2.1 Were you given up-to-date information about this prison before you came here?

Yes	11 (22%)
No	35 (70%)
Don't remember	4 (8%)

2.2 When you arrived at this prison, how long did you spend in reception?

Less than two hours	34 (67%)
Two hours or more	4 (8%)
Don't remember	13 (25%)

2.3 When you were searched in reception, was this done in a respectful way?

Yes	33 (65%)
No	8 (16%)
Don't remember	10 (20%)

2.4 Overall, how were you treated in reception?

Very well	26 (50%)
Quite well	15 (29%)
Quite badly	4 (8%)
Very badly	2 (4%)
Don't remember	5 (10%)

2.5 When you first arrived here, did you have any of the following problems?

Problems getting phone numbers	12 (24%)
Contacting family	12 (24%)
Arranging care for children or other dependants	2 (4%)
Contacting employers	3 (6%)
Money worries	16 (32%)
Housing worries	19 (38%)
Feeling depressed	37 (74%)
Feeling suicidal	19 (38%)
Other mental health problems	22 (44%)
Physical health problems	14 (28%)
Drug or alcohol problems (e.g. withdrawal)	19 (38%)
Problems getting medication	17 (34%)
Needing protection from other prisoners	13 (26%)
Lost or delayed property	13 (26%)
Other problems	8 (16%)
Did not have any problems	6 (12%)

2.6 Did staff help you to deal with these problems when you first arrived?

Yes	23 (49%)
No	18 (38%)
Did not have any problems when I first arrived	6 (13%)

First night and induction

3.1 Before you were locked up on your first night here, were you offered any of the following things?

Tobacco or nicotine replacement	37 (76%)
Toiletries/other basic items	34 (69%)
A shower	20 (41%)
A free phone call	31 (63%)
Something to eat	39 (80%)
The chance to see someone from health care	31 (63%)
The chance to talk to a Listener or Samaritans	11 (22%)
Support from another prisoner (e.g. Insider or buddy)	9 (18%)
Wasn't offered any of these things	4 (8%)

3.2 On your first night in this prison, how clean or dirty was your cell?

Very clean	7 (14%)
Quite clean	17 (34%)
Quite dirty	6 (12%)
Very dirty	16 (32%)
Don't remember	4 (8%)

3.3 Did you feel safe on your first night here?

Yes	28 (57%)
No	17 (35%)
Don't remember	4 (8%)

3.4 In your first few days here, did you get:

	Yes	No	Don't remember
Access to the prison shop/canteen?	32 (70%)	12 (26%)	2 (4%)
Free PIN phone credit?	33 (69%)	10 (21%)	5 (10%)
Numbers put on your PIN phone?	33 (70%)	8 (17%)	6 (13%)

3.5 Did your induction cover everything you needed to know about this prison?

Yes	27 (56%)
No	17 (35%)
Have not had an induction	4 (8%)

On the wing

4.1 Are you in a cell on your own?

Yes	50 (100%)
No, I'm in a shared cell or dormitory	0 (0%)

4.2 Is your cell call bell normally answered within 5 minutes?

Yes	17 (34%)
No	26 (52%)
Don't know	6 (12%)
Don't have a cell call bell	1 (2%)

4.3 Please answer the following questions about the wing or house block you are currently living on:

	Yes	No	Don't know
Do you normally have enough clean, suitable clothes for the week?	45 (90%)	4 (8%)	1 (2%)
Can you shower every day?	41 (87%)	5 (11%)	1 (2%)
Do you have clean sheets every week?	38 (83%)	6 (13%)	2 (4%)
Do you get cell cleaning materials every week?	35 (78%)	9 (20%)	1 (2%)
Is it normally quiet enough for you to relax or sleep at night?	27 (60%)	18 (40%)	0 (0%)
Can you get your stored property if you need it?	23 (50%)	20 (43%)	3 (7%)

4.4 Normally, how clean or dirty are the communal/shared areas of your wing or house block (landings, stairs, wing showers etc.)?

Very clean	11 (23%)
Quite clean	29 (60%)
Quite dirty	6 (13%)
Very dirty	2 (4%)

Food and canteen

5.1 What is the quality of food like in this prison?

Very good	5 (10%)
Quite good	24 (49%)
Quite bad	12 (24%)
Very bad	8 (16%)

5.2 Do you get enough to eat at mealtimes?

Always	22 (45%)
Most of the time	14 (29%)
Some of the time	12 (24%)
Never	1 (2%)

5.3 Does the shop/canteen sell the things that you need?

Yes	36 (75%)
No	10 (21%)
Don't know	2 (4%)

Relationships with staff

6.1 Do most staff here treat you with respect?

Yes	40 (83%)
No	8 (17%)

6.2 Are there any staff here you could turn to if you had a problem?

Yes	43 (91%)
No	4 (9%)

6.3 In the last week, has any member of staff talked to you about how you are getting on?

Yes	29 (60%)
No	19 (40%)

6.4 How helpful is your personal or named officer?

Very helpful	18 (38%)
Quite helpful	11 (23%)
Not very helpful	1 (2%)
Not at all helpful	2 (4%)
Don't know	2 (4%)
Don't have a personal/named officer	13 (28%)

6.5	How often do you see prison governors, directors or senior managers talking to prisoners?	
	Regularly	20 (42%)
	Sometimes	19 (40%)
	Hardly ever	6 (13%)
	Don't know	3 (6%)
6.6	Do you feel that you are treated as an individual in this prison?	
	Yes	26 (57%)
	No	20 (43%)
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	
	Yes, and things sometimes change	18 (38%)
	Yes, but things don't change	13 (27%)
	No	9 (19%)
	Don't know	8 (17%)
	Faith	
7.1	What is your religion?	
	No religion	4 (9%)
	Catholic.	21 (45%)
	Protestant	15 (32%)
	Other Christian denomination	4 (9%)
	Buddhist	1 (2%)
	Hindu	0 (0%)
	Jewish	0 (0%)
	Muslim	0 (0%)
	Sikh	0 (0%)
	Other	2 (4%)
7.2	Are your religious beliefs respected here?	
	Yes	31 (69%)
	No	4 (9%)
	Don't know	6 (13%)
	Not applicable (no religion)	4 (9%)

7.3 Are you able to speak to a chaplain of your faith in private, if you want to?

Yes	36 (78%)
No	1 (2%)
Don't know	5 (11%)
Not applicable (no religion)	4 (9%)

7.4 Are you able to attend religious services, if you want to?

Yes	36 (77%)
No	3 (6%)
Don't know	4 (9%)
Not applicable (no religion)	4 (9%)

Contact with family and friends

8.1 Have staff here encouraged you to keep in touch with your family/friends?

Yes	32 (71%)
No	13 (29%)

8.2 Have you had any problems with sending or receiving mail (letters or parcels)?

Yes	21 (45%)
No	26 (55%)

8.3 Are you able to use a phone every day (if you have credit)?

Yes	48 (100%)
No	0 (0%)

8.4 How easy or difficult is it for your family and friends to get here?

Very easy	5 (11%)
Quite easy	13 (29%)
Quite difficult	10 (22%)
Very difficult	14 (31%)
Don't know	3 (7%)

8.5 How often do you have visits from family or friends?

More than once a week	6 (13%)
About once a week	13 (28%)
Less than once a week	16 (35%)
Not applicable (don't get visits)	11 (24%)

8.6 Do visits usually start and finish on time?

Yes	24 (73%)
No	9 (27%)

8.7 Are your visitors usually treated respectfully by staff?

Yes	32 (100%)
No	0 (0%)

Time out of cell

9.1 Do you know what the unlock and lock-up times are supposed to be here (or roll check times if you are in an open prison)?

Yes, and these times are usually kept to	27 (57%)
Yes, but these times are not usually kept to	17 (36%)
No	3 (6%)

9.2 How long do you usually spend out of your cell on a typical weekday (including time spent at education, work etc.)?

Less than 2 hours	1 (2%)
2 to 6 hours	16 (35%)
6 to 10 hours	12 (26%)
10 hours or more	13 (28%)
Don't know	4 (9%)

9.3 How long do you usually spend out of your cell on a typical Saturday or Sunday?

Less than 2 hours	11 (24%)
2 to 6 hours	16 (35%)
6 to 10 hours	9 (20%)
10 hours or more	7 (15%)
Don't know	3 (7%)

9.4 How many days in a typical week do you have time to do domestics (shower, clean cell, use the wing phones etc.)?

None	0 (0%)
1 or 2	6 (13%)
3 to 5	10 (21%)
More than 5	31 (66%)
Don't know	0 (0%)

9.5 How many days in a typical week do you get association, if you want it?

None	2 (4%)
1 or 2	4 (9%)
3 to 5	10 (22%)
More than 5	23 (51%)
Don't know	6 (13%)

9.6 How many days in a typical week could you go outside for exercise, if you wanted to?

None	6 (14%)
1 or 2	6 (14%)
3 to 5	13 (30%)
More than 5	15 (34%)
Don't know	4 (9%)

9.7 Typically, how often do you go to the gym?

Twice a week or more	15 (34%)
About once a week	3 (7%)
Less than once a week	6 (14%)
Never	20 (45%)

9.8 Typically, how often do you go to the library?

Twice a week or more	15 (33%)
About once a week	13 (28%)
Less than once a week	4 (9%)
Never	14 (30%)

9.9 Does the library have a wide enough range of materials to meet your needs?

Yes	30 (65%)
No	2 (4%)
Don't use the library	14 (30%)

Applications, complaints and legal rights

10.1 Is it easy for you to make an application?

Yes	34 (71%)
No	4 (8%)
Don't know	10 (21%)

10.2 If you have made any applications here, please answer the questions below:

	Yes	No	Not made any applications
Are applications usually dealt with fairly?	14 (34%)	13 (32%)	14 (34%)
Are applications usually dealt with within 7 days?	14 (36%)	11 (28%)	14 (36%)

10.3 Is it easy for you to make a complaint?

Yes	39 (83%)
No	3 (6%)
Don't know	5 (11%)

10.4 If you have made any complaints here, please answer the questions below:

	Yes	No	Not made any complaints
Are complaints usually dealt with fairly?	22 (52%)	10 (24%)	10 (24%)
Are complaints usually dealt with within 7 days?	20 (51%)	9 (23%)	10 (26%)

10.5 Have you ever been prevented from making a complaint here when you wanted to?

Yes	8 (18%)
No	32 (71%)
Not wanted to make a complaint	5 (11%)

10.6 In this prison, is it easy or difficult for you to...

	Easy	Difficult	Don't know	Don't need this
Communicate with your solicitor or legal representative?	28 (65%)	8 (19%)	4 (9%)	3 (7%)
Attend legal visits?	30 (73%)	5 (12%)	4 (10%)	2 (5%)
Get bail information?	15 (41%)	5 (14%)	8 (22%)	9 (24%)

10.7 Have staff here ever opened letters from your solicitor or legal representative when you were not present?

Yes	17 (38%)
No	14 (31%)
Not had any legal letters	14 (31%)

Health care

11.1 How easy or difficult is it to see the following people?

	Very easy	Quite easy	Quite difficult	Very difficult	Don't know
Doctor	2 (4%)	7 (15%)	17 (35%)	20 (42%)	2 (7%)
Nurse	11 (24%)	18 (39%)	13 (28%)	3 (7%)	1 (2%)
Dentist	4 (9%)	7 (15%)	16 (35%)	12 (26%)	7 (15%)
Mental health workers	5 (12%)	10 (23%)	5 (12%)	13 (30%)	10 (23%)

11.2 What do you think of the quality of the health service from the following people?

	Very good	Quite good	Quite bad	Very bad	Don't know
Doctor	5 (11%)	14 (31%)	18 (40%)	5 (11%)	3 (7%)
Nurse	13 (30%)	20 (47%)	6 (14%)	4 (9%)	0 (0%)
Dentist	6 (14%)	13 (30%)	9 (21%)	1 (2%)	14 (33%)
Mental health workers	10 (23%)	7 (16%)	7 (16%)	5 (12%)	14 (33%)

11.3 Do you have any mental health problems?

Yes	36 (77%)
No	11 (23%)

11.4 Have you been helped with your mental health problems in this prison?

Yes	20 (45%)
No	13 (30%)
Don't have any mental health problems	11 (25%)

11.5 What do you think of the overall quality of the health services here?

Very good	5 (11%)
Quite good	20 (43%)
Quite bad	13 (28%)
Very bad	6 (13%)
Don't know	2 (4%)

Other support needs

12.1	Do you consider yourself to have a disability (long-term physical, mental or learning needs that affect your day-to-day life)?	
	Yes	28 (60%)
	No	19 (40%)
12.2	If you have a disability, are you getting the support you need?	
	Yes	13 (30%)
	No	12 (27%)
	Don't have a disability	19 (43%)
12.3	Have you been on a SPAR in this prison?	
	Yes	23 (51%)
	No	22 (49%)
12.4	If you have been on a SPAR in this prison, did you feel cared for by staff?	
	Yes	15 (34%)
	No	7 (16%)
	Have not been on a SPAR in this prison	22 (50%)
12.5	How easy or difficult is it for you to speak to a Listener, if you need to?	
	Very easy	7 (16%)
	Quite easy	11 (25%)
	Quite difficult	7 (16%)
	Very difficult	2 (5%)
	Don't know	10 (23%)
	No Listeners at this prison	7 (16%)
Alcohol and drugs		
13.1	Did you have an alcohol problem when you came into this prison?	
	Yes	16 (35%)
	No	30 (65%)
13.2	Have you been helped with your alcohol problem in this prison?	
	Yes	9 (20%)
	No	6 (13%)
	Did not/do not have an alcohol problem	30 (67%)

13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	16 (35%)
	No	30 (65%)
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	
	Yes	4 (9%)
	No	42 (91%)
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	
	Yes	4 (9%)
	No	41 (91%)
13.6	Have you been helped with your drug problem in this prison (including illicit drugs and medication not prescribed to you)?	
	Yes	6 (14%)
	No	8 (19%)
	Did not/do not have a drug problem	28 (67%)
13.7	Is it easy or difficult to get illicit drugs in this prison?	
	Very easy	12 (27%)
	Quite easy	9 (20%)
	Quite difficult	3 (7%)
	Very difficult	3 (7%)
	Don't know	18 (40%)
13.8	Is it easy or difficult to get alcohol in this prison?	
	Very easy	1 (2%)
	Quite easy	1 (2%)
	Quite difficult	0 (0%)
	Very difficult	15 (33%)
	Don't know	29 (63%)

Safety

14.1 Have you ever felt unsafe here?

Yes	30 (61%)
No	19 (39%)

14.2 Do you feel unsafe now?

Yes	10 (22%)
No	36 (78%)

14.3 Have you experienced any of the following types of bullying/victimisation from other prisoners here? (Please tick all that apply.)

Verbal abuse	27 (59%)
Threats or intimidation	24 (52%)
Physical assault	14 (30%)
Sexual assault	4 (9%)
Theft of canteen or property	22 (48%)
Other bullying/victimisation	21 (46%)
Not experienced any of these from prisoners here	9 (20%)

14.4 If you were being bullied/victimised by other prisoners here, would you report it?

Yes	30 (70%)
No	13 (30%)

14.5 Have you experienced any of the following types of bullying/victimisation from staff here? (Please tick all that apply.)

Verbal abuse	7 (15%)
Threats or intimidation	7 (15%)
Physical assault	4 (9%)
Sexual assault	1 (2%)
Theft of canteen or property	4 (9%)
Other bullying/victimisation	6 (13%)
Not experienced any of these from staff here	34 (74%)

14.6 If you were being bullied/victimised by staff here, would you report it?

Yes	31 (70%)
No	13 (30%)

Behaviour management

15.1 Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?

Yes	32 (71%)
No	5 (11%)
Don't know what the incentives/rewards are	8 (18%)

15.2 Do you feel you have been treated fairly in the progressive regime and earned privileges system (PREPS) in this prison?

Yes	26 (57%)
No	10 (22%)
Don't know	5 (11%)
Don't know what this is	5 (11%)

15.3 Have you been physically restrained by staff in this prison in the last six months?

Yes	1 (2%)
No	45 (98%)

15.4 If you have been restrained by staff in this prison in the last six months, did anyone come and talk to you about it afterwards?

Yes	1 (2%)
No	1 (2%)
Don't remember	0 (0%)
Not been restrained here in last 6 months	45 (96%)

15.5 Have you spent one or more nights in the segregation unit in this prison in the last six months?

Yes	1 (2%)
No	45 (98%)

15.6 If you have spent one or more nights in the segregation unit in this prison in the last six months please answer the questions below:

	Yes	No
Were you treated well by segregation staff?	0 (0%)	0 (0%)
Could you shower every day?	1 (100%)	0 (0%)
Could you go outside for exercise every day?	1 (100%)	0 (0%)
Could you use the phone every day (if you had credit)?	1 (100%)	0 (0%)

Education, skills and work

16.1 Is it easy or difficult to get into the following activities in this prison?

	Easy	Difficult	Don't know	Not available here
Education	35 (78%)	7 (16%)	2 (4%)	1 (2%)
Vocational or skills training	26 (62%)	7 (17%)	9 (21%)	0 (0%)
Prison job	33 (75%)	8 (18%)	3 (7%)	0 (0%)
Voluntary work outside of the prison	6 (15%)	6 (15%)	24 (59%)	5 (12%)
Paid work outside of the prison	3 (8%)	6 (15%)	23 (58%)	8 (20%)

16.2 If you have done any of these activities while in this prison, do you think they will help you on release?

	Yes, will help	No, won't help	Not done this
Education	24 (65%)	10 (27%)	3 (8%)
Vocational or skills training	19 (56%)	9 (26%)	6 (18%)
Prison job	24 (63%)	10 (26%)	4 (11%)
Voluntary work outside of the prison	16 (42%)	4 (11%)	18 (47%)
Paid work outside of the prison	13 (36%)	3 (8%)	20 (56%)

16.3 Do staff encourage you to attend education, training or work?

Yes	31 (70%)
No	11 (25%)
Not applicable (e.g. if you are retired, sick or on remand)	2 (5%)

Planning and progression

17.1 Do you have a custody plan? (This may be called a prisoner development plan or PDP)

Yes	22 (51%)
No	21 (49%)

17.2 Do you understand what you need to do to achieve the objectives or targets in your prisoner development plan?

Yes	17 (81%)
No	2 (10%)
Don't know what my objectives or targets are	2 (10%)

17.3 Are staff here supporting you to achieve your objectives or targets?

Yes	14 (67%)
No	5 (24%)
Don't know what my objectives or targets are	2 (10%)

17.4 If you have done any of the following things in this prison, did they help you to achieve your objectives or targets?

	Yes, this helped	No, this didn't help	Not done/ don't know
Offending behaviour programmes	8 (36%)	2 (9%)	12 (55%)
Other programmes	7 (37%)	2 (11%)	10 (53%)
One to one work	9 (45%)	2 (10%)	9 (45%)
Being on a specialist unit	0 (0%)	1 (6%)	15 (94%)
Home leave - day or overnight release	1 (6%)	1 (6%)	14 (88%)

Preparation for release

18.1 Do you expect to be released in the next three months?

Yes	19 (42%)
No	18 (40%)
Don't know	8 (18%)

18.2 How close is this prison to your home area or intended release address?

Very near	1 (6%)
Quite near	5 (29%)
Quite far	5 (29%)
Very far	6 (35%)

18.3 Is anybody helping you to prepare for your release (e.g. a home probation officer, responsible officer, PDP co-ordinator)?

Yes	13 (68%)
No	6 (32%)

18.4 Are you getting help to sort out the following things for when you are released?

	Yes, I'm getting help with this	No, but I need help with this	No, and I don't need help with this
Finding accommodation	6 (33%)	6 (33%)	6 (33%)
Getting employment	2 (12%)	9 (53%)	6 (35%)
Setting up education or training	2 (13%)	6 (40%)	7 (47%)
Arranging benefits	5 (28%)	11 (61%)	2 (11%)
Sorting out finances	5 (33%)	7 (47%)	3 (20%)
Support for drug or alcohol problems	9 (56%)	6 (38%)	1 (6%)
Health/mental health support	5 (31%)	10 (63%)	1 (6%)
Social care support	4 (24%)	6 (35%)	7 (41%)
Getting back in touch with family or friends	5 (29%)	5 (29%)	7 (41%)

More about you

19.1 Do you have children under the age of 18?

Yes	19 (42%)
No	26 (58%)

19.2 Are you a UK/British citizen?

Yes	37 (82%)
No	8 (18%)

19.3 Are you from a Traveller community (e.g. Gypsy, Roma, Irish Traveller)?

Yes	6 (14%)
No	37 (86%)

19.4 Have you ever been in the armed services (e.g. army, navy, air force)?

Yes	1 (2%)
No	44 (98%)

19.5 What is your gender?

Male	0 (0%)
Female	43 (96%)
Non-binary	1 (2%)
Other	1 (2%)

19.6 How would you describe your sexual orientation?

Straight/heterosexual	35 (78%)
Gay/lesbian/homosexual	5 (11%)
Bisexual	2 (4%)
Other	3 (7%)

19.7 Do you identify as transgender or transsexual?

Yes	1 (2%)
No	41 (98%)

Final questions about this prison

20.1 Do you think your experiences in this prison have made you more or less likely to offend in the future?

More likely to offend	2 (5%)
Less likely to offend	34 (79%)
Made no difference	7 (16%)

Ash House Women's Prison 2019

Survey responses compared with those from other HMIP surveys of womens training and open prisons and with those from the previous survey

In this table summary statistics from Ash House Women's Prison are compared with the following HMIP survey data:

- Summary statistics from Ash House Women's Prison in 2019 are compared with those from all other womens prisons surveyed since September 2017 (10 prisons).
- Summary statistics from Ash House Women's Prison in 2019 are compared with those from Ash House Women's Prison in 2016. Please note that we do not have comparable data for the new questions introduced in September 2017.

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Number of completed questionnaires returned

Ash House Women's Prison 2019	All other women's prisons	Ash House Women's Prison 2019	Ash House Women's Prison 2016
52	1,309	52	42

n=number of valid responses to question (Ash House Women's Prison 2019)

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION						
1.2	Are you under 21 years of age?	<i>n</i> =50	0%	3%	0%	2%
	Are you 25 years of age or younger?	<i>n</i> =50	6%	14%	6%	
	Are you 50 years of age or older?	<i>n</i> =50	24%	14%	24%	5%
	Are you 70 years of age or older?	<i>n</i> =50	0%	1%		
1.3	Are you from a minority ethnic group?	<i>n</i> =49	8%	17%	8%	5%
1.4	Have you been in this prison for less than 6 months?	<i>n</i> =47	53%	49%	53%	
1.5	Are you currently serving a sentence?	<i>n</i> =50	64%	85%	64%	
	Are you on recall?	<i>n</i> =50	2%	8%	2%	2%
1.6	Is your sentence less than 12 months?	<i>n</i> =51	28%	24%	28%	28%
	Are you here under an indeterminate sentence for public protection (IPP prisoner)?	<i>n</i> =51	0%	2%	0%	8%
7.1	Are you Catholic?	<i>n</i> =47	45%		45%	48%
7.1	Are you Protestant?	<i>n</i> =47	32%		32%	23%
11.3	Do you have any mental health problems?	<i>n</i> =47	77%	69%	77%	
12.1	Do you consider yourself to have a disability?	<i>n</i> =47	60%	45%	60%	43%
19.1	Do you have any children under the age of 18?	<i>n</i> =45	42%	57%	42%	61%
19.2	Are you a foreign national?	<i>n</i> =45	18%	7%	18%	17%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	<i>n</i> =43	14%	7%	14%	5%
19.4	Have you ever been in the armed services?	<i>n</i> =45	2%	2%	2%	0%
19.5	Is your gender male or non-binary?	<i>n</i> =45	4%	1%	4%	
19.6	Are you homosexual, bisexual or other sexual orientation?	<i>n</i> =45	22%	24%	22%	0%
19.7	Do you identify as transgender or transsexual?	<i>n</i> =42	2%	2%	2%	
ARRIVAL AND RECEPTION						

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			Ash House Women's Prison 2019	All other women's prisons	Ash House Women's Prison 2019	Ash House Women's Prison 2016
			52	1,309	52	42
Number of completed questionnaires returned						
2.1	Were you given up-to-date information about this prison before you came here?	n=50	22%	21%	22%	
2.2	When you arrived at this prison, did you spend less than 2 hours in reception?	n=51	67%	52%	67%	74%
2.3	When you were searched in reception, was this done in a respectful way?	n=51	65%	86%	65%	77%
2.4	Overall, were you treated very / quite well in reception?	n=52	79%	86%	79%	
2.5	When you first arrived, did you have any problems?	n=50	88%	87%	88%	90%
2.5	Did you have problems with:					
	- Getting phone numbers?	n=50	24%	31%	24%	46%
	- Contacting family?	n=50	24%	30%	24%	37%
	- Arranging care for children or other dependents?	n=50	4%	5%	4%	
	- Contacting employers?	n=50	6%	3%	6%	7%
	- Money worries?	n=50	32%	31%	32%	37%
	- Housing worries?	n=50	38%	29%	38%	32%
	- Feeling depressed?	n=50	74%	57%	74%	
	- Feeling suicidal?	n=50	38%	25%	38%	
	- Other mental health problems?	n=50	44%	40%	44%	
	- Physical health problems	n=50	28%	24%	28%	27%
	- Drugs or alcohol (e.g. withdrawal)?	n=50	38%	36%	38%	
	- Getting medication?	n=50	34%	39%	34%	
	- Needing protection from other prisoners?	n=50	26%	7%	26%	24%
- Lost or delayed property?	n=50	26%	16%	26%	15%	
<i>For those who had any problems when they first arrived:</i>						
2.6	Did staff help you to deal with these problems?	n=41	56%	44%	56%	51%
FIRST NIGHT AND INDUCTION						
3.1	Before you were locked up on your first night, were you offered:					
	- Tobacco or nicotine replacement?	n=49	76%	72%	76%	78%
	- Toiletries / other basic items?	n=49	69%	65%	69%	70%
	- A shower?	n=49	41%	47%	41%	40%
	- A free phone call?	n=49	63%	71%	63%	65%
	- Something to eat?	n=49	80%	82%	80%	73%
	- The chance to see someone from health care?	n=49	63%	69%	63%	71%
	- The chance to talk to a Listener or Samaritans?	n=49	22%	37%	22%	18%
	- Support from another prisoner (e.g. Insider or buddy)?	n=49	18%	34%	18%	
- None of these?	n=49	8%	4%	8%		
3.2	On your first night in this prison, was your cell very / quite clean?	n=50	48%	58%	48%	
3.3	Did you feel safe on your first night here?	n=49	57%	69%	57%	59%
3.4	In your first few days here, did you get?					

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		Ash House Women's Prison 2019	All other women's prisons	Ash House Women's Prison 2019	Ash House Women's Prison 2016
Number of completed questionnaires returned		52	1,309	52	42
- Access to the prison shop / canteen?	<i>n</i> =46	70%	38%	70%	42%
- Free PIN phone credit?	<i>n</i> =48	69%	56%	69%	

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			52	1,309	52	42
	- Numbers put on your PIN phone?	n=47	70%	49%	70%	
3.5	Have you had an induction at this prison?	n=48	92%	88%	92%	66%
<i>For those who have had an induction:</i>						
3.5	Did your induction cover everything you needed to know about this prison?	n=44	61%	53%	61%	
ON THE WING						
4.1	Are you in a cell on your own?	n=50	100%	62%	100%	
4.2	Is your cell call bell normally answered within 5 minutes?	n=50	34%	37%	34%	
4.3	On the wing or houseblock you currently live on:					
	- Do you normally have enough clean, suitable clothes for the week?	n=50	90%	75%	90%	
	- Can you shower every day?	n=47	87%	92%	87%	58%
	- Do you have clean sheets every week?	n=46	83%	87%	83%	34%
	- Do you get cell cleaning materials every week?	n=45	78%	79%	78%	15%
	- Is it normally quiet enough for you to relax or sleep at night?	n=45	60%	67%	60%	47%
	- Can you get your stored property if you need it?	n=46	50%	35%	50%	30%
4.4	Are the communal / shared areas of your wing or houseblock normally very / quite clean?	n=48	83%	72%	83%	
FOOD AND CANTEEN						
5.1	Is the quality of the food in this prison very / quite good?	n=49	59%	46%	59%	
5.2	Do you get enough to eat at meal-times always / most of the time?	n=49	74%	44%	74%	
5.3	Does the shop / canteen sell the things that you need?	n=48	75%	61%	75%	59%
RELATIONSHIPS WITH STAFF						
6.1	Do most staff here treat you with respect?	n=48	83%	77%	83%	82%
6.2	Are there any staff here you could turn to if you had a problem?	n=47	92%	82%	92%	81%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	n=48	60%	39%	60%	40%
6.4	Do you have a personal officer?	n=47	72%	80%	72%	
<i>For those who have a personal officer:</i>						
6.4	Is your personal or named officer very / quite helpful?	n=34	85%	56%	85%	
6.5	Do you regularly see prison governors, directors or senior managers talking to prisoners?	n=48	42%	15%	42%	
6.6	Do you feel that you are treated as an individual in this prison?	n=46	57%	50%	57%	
6.7	Are prisoners here consulted about things like food, canteen, health care or wing issues?	n=48	65%	60%	65%	
	If so, do things sometimes change?	n=31	58%	39%	58%	
FAITH						
7.1	Do you have a religion?	n=45	91%	69%	91%	93%
<i>For those who have a religion:</i>						
7.2	Are your religious beliefs respected here?	n=41	76%	78%	76%	
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	n=42	86%	80%	86%	
7.4	Are you able to attend religious services, if you want to?	n=43	84%	91%	84%	

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CONTACT WITH FAMILY AND FRIENDS					
8.1	Have staff here encouraged you to keep in touch with your family / friends? n=45	71%	42%	71%	

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			52	1,309	52	42
			Number of completed questionnaires returned			
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	n=47	45%	45%	45%	38%
8.3	Are you able to use a phone every day (if you have credit)?	n=48	100%	92%	100%	
8.4	Is it very / quite easy for your family and friends to get here?	n=45	40%	37%	40%	
8.5	Do you get visits from family/friends once a week or more?	n=46	41%	20%	41%	
<i>For those who get visits:</i>						
8.6	Do visits usually start and finish on time?	n=33	73%	61%	73%	
8.7	Are your visitors usually treated respectfully by staff?	n=32	100%	81%	100%	
TIME OUT OF CELL						
9.1	Do you know what the unlock and lock-up times are supposed to be here?	n=47	94%	94%	94%	
<i>For those who know what the unlock and lock-up times are supposed to be:</i>						
9.1	Are these times usually kept to?	n=44	61%	64%	61%	
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	n=46	2%	10%	2%	11%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	n=46	28%	18%	28%	14%
9.3	Do you usually spend less than 2 hours out of your cell on a typical Saturday or Sunday?	n=46	24%	15%	24%	
	Do you usually spend 10 hours or more out of your cell on a typical Saturday or Sunday?	n=46	15%	11%	15%	
9.4	Do you have time to do domestics more than 5 days in a typical week?	n=47	66%	60%	66%	
9.5	Do you get association more than 5 days in a typical week, if you want it?	n=45	51%	59%	51%	
9.6	Could you go outside for exercise more than 5 days in a typical week, if you wanted to?	n=44	34%	48%	34%	
9.7	Do you typically go to the gym twice a week or more?	n=44	34%	28%	34%	
9.8	Do you typically go to the library twice a week or more?	n=46	33%	16%	33%	5%
<i>For those who use the library:</i>						
9.9	Does the library have a wide enough range of materials to meet your needs?	n=32	94%	63%	94%	77%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS						
10.1	Is it easy for you to make an application?	n=48	71%	76%	71%	76%
<i>For those who have made an application:</i>						
10.2	Are applications usually dealt with fairly?	n=27	52%	63%	52%	48%
	Are applications usually dealt with within 7 days?	n=25	56%	47%	56%	54%
10.3	Is it easy for you to make a complaint?	n=47	83%	64%	83%	82%
<i>For those who have made a complaint:</i>						
10.4	Are complaints usually dealt with fairly?	n=32	69%	38%	69%	36%
	Are complaints usually dealt with within 7 days?	n=29	69%	32%	69%	47%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	n=40	20%	30%	20%	
<i>For those who need it, is it easy to:</i>						
10.6	Communicate with your solicitor or legal representative?	n=40	70%	46%	70%	
	Attend legal visits?	n=39	77%	59%	77%	
	Get bail information?	n=28	54%	21%	54%	
<i>For those who have had legal letters:</i>						

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10.7	Have staff here ever opened letters from your solicitor or legal representative when you were not present? <i>n=31</i>	55%	45%			55%	82%

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HEALTH CARE							
11.1	Is it very / quite easy to see:						
	- Doctor?	n=48	19%	28%		19%	
	- Nurse?	n=46	63%	53%		63%	
	- Dentist?	n=46	24%	16%		24%	
	- Mental health workers?	n=43	35%	27%		35%	
11.2	Do you think the quality of the health service is very / quite good from:						
	- Doctor?	n=45	42%	49%		42%	
	- Nurse?	n=43	77%	61%		77%	
	- Dentist?	n=43	44%	38%		44%	
	- Mental health workers?	n=43	40%	39%		40%	
11.3	Do you have any mental health problems?	n=47	77%	69%		77%	
	<i>For those who have mental health problems:</i>						
11.4	Have you been helped with your mental health problems in this prison?	n=33	61%	52%		61%	
11.5	Do you think the overall quality of the health services here is very / quite good?	n=46	54%	43%		54%	
OTHER SUPPORT NEEDS							
12.1	Do you consider yourself to have a disability?	n=47	60%	45%		60%	43%
	<i>For those who have a disability:</i>						
12.2	Are you getting the support you need?	n=25	52%	35%		52%	
12.3	Have you been on a SPAR in this prison?	n=45	51%	39%		51%	
	<i>For those who have been on a SPAR:</i>						
12.4	Did you feel cared for by staff?	n=22	68%	55%		68%	
12.5	Is it very / quite easy for you to speak to a Listener if you need to?	n=44	41%	45%		41%	
ALCOHOL AND DRUGS							
13.1	Did you have an alcohol problem when you came into this prison?	n=46	35%	26%		35%	42%
	<i>For those who had / have an alcohol problem:</i>						
13.2	Have you been helped with your alcohol problem in this prison?	n=15	60%	72%		60%	38%
13.3	Did you have a drug problem when you came into this prison (including illicit drugs and medication not prescribed to you)?	n=46	35%	45%		35%	41%
13.4	Have you developed a problem with illicit drugs since you have been in this prison?	n=46	9%	13%		9%	24%
13.5	Have you developed a problem with taking medication not prescribed to you since you have been in this prison?	n=45	9%	13%		9%	
	<i>For those who had / have a drug problem:</i>						
13.6	Have you been helped with your drug problem in this prison?	n=14	43%	71%		43%	32%
13.7	Is it very / quite easy to get illicit drugs in this prison?	n=45	47%	40%		47%	
13.8	Is it very / quite easy to get alcohol in this prison?	n=46	4%	7%		4%	

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SAFETY						
14.1	Have you ever felt unsafe here?	n=49	61%	51%	61%	58%
14.2	Do you feel unsafe now?	n=46	22%	18%	22%	16%
14.3	Have you experienced any of the following from other prisoners here:					
	- Verbal abuse?	n=46	59%	44%	59%	
	- Threats or intimidation?	n=46	52%	37%	52%	
	- Physical assault?	n=46	30%	14%	30%	
	- Sexual assault?	n=46	9%	2%	9%	
	- Theft of canteen or property?	n=46	48%	27%	48%	
	- Other bullying / victimisation?	n=46	46%	25%	46%	
	- Not experienced any of these from prisoners here	n=46	20%	43%	20%	50%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	n=43	70%	53%	70%	
14.5	Have you experienced any of the following from staff here:					
	- Verbal abuse?	n=46	15%	26%	15%	
	- Threats or intimidation?	n=46	15%	20%	15%	
	- Physical assault?	n=46	9%	5%	9%	
	- Sexual assault?	n=46	2%	1%	2%	
	- Theft of canteen or property?	n=46	9%	5%	9%	
	- Other bullying / victimisation?	n=46	13%	17%	13%	
	- Not experienced any of these from staff here	n=46	74%	60%	74%	53%
14.6	If you were being bullied / victimised by staff here, would you report it?	n=44	71%	61%	71%	
BEHAVIOUR MANAGEMENT						
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	n=45	71%	49%	71%	
15.2	Do you feel you have been treated fairly in the behaviour management scheme (PREPS) in this prison?	n=46	57%	46%	57%	
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	n=46	2%	6%	2%	8%
<i>For those who have been restrained in the last 6 months:</i>						
15.4	Did anyone come and talk to you about it afterwards?	n=2	50%	27%	50%	
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	n=46	2%	8%	2%	
<i>For those who have spent one or more nights in the segregation unit in the last 6 months:</i>						
15.6	Were you treated well by segregation staff?	n=0		61%		
	Could you shower every day?	n=1	100%	68%	100%	
	Could you go outside for exercise every day?	n=1	100%	66%	100%	
	Could you use the phone every day (if you had credit)?	n=1	100%	65%	100%	

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EDUCATION, SKILLS AND WORK							
16.1	In this prison, is it easy to get into the following activities:						
	- Education?	n=45	78%	64%	78%		
	- Vocational or skills training?	n=42	62%	42%	62%		
	- Prison job?	n=44	75%	59%	75%		
	- Voluntary work outside of the prison?	n=41	15%	10%	15%		
	- Paid work outside of the prison?	n=40	8%	8%	8%		
16.2	In this prison, have you done the following activities:						
	- Education?	n=37	92%	85%	92%	93%	
	- Vocational or skills training?	n=34	82%	65%	82%	84%	
	- Prison job?	n=38	90%	83%	90%	91%	
	- Voluntary work outside of the prison?	n=38	53%	34%	53%		
	- Paid work outside of the prison?	n=36	44%	32%	44%		
<i>For those who have done the following activities, do you think they will help you on release:</i>							
	- Education?	n=34	71%	75%	71%	64%	
	- Vocational or skills training?	n=28	68%	73%	68%	59%	
	- Prison job?	n=34	71%	60%	71%	52%	
	- Voluntary work outside of the prison?	n=20	80%	68%	80%		
	- Paid work outside of the prison?	n=16	81%	68%	81%		
16.3	Do staff encourage you to attend education, training or work?	n=42	74%	71%	74%		
PLANNING AND PROGRESSION							
17.1	Do you have a custody plan?	n=43	51%	52%	51%		
<i>For those who have a custody plan:</i>							
17.2	Do you understand what you need to do to achieve your objectives or targets?	n=21	81%	83%	81%		
17.3	Are staff helping you to achieve your objectives or targets?	n=21	67%	61%	67%		
17.4	In this prison, have you done:						
	- Offending behaviour programmes?	n=22	46%	52%	46%		
	- Other programmes?	n=19	47%	56%	47%		
	- One to one work?	n=20	55%	50%	55%		
	- Been on a specialist unit?	n=16	6%	21%	6%		
- ROTL - day or overnight release?	n=16	13%	24%	13%			
<i>For those who have done the following, did they help you to achieve your objectives or targets:</i>							
	- Offending behaviour programmes?	n=10	80%	86%	80%		
	- Other programmes?	n=9	78%	85%	78%		
	- One to one work?	n=11	82%	84%	82%		
	- Being on a specialist unit?	n=1	0%	65%	0%		
	- ROTL - day or overnight release?	n=2	50%	80%	50%		

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		Number of completed questionnaires returned		Ash House Women's Prison 2019	All other women's prisons	Ash House Women's Prison 2019	Ash House Women's Prison 2016
				52	1,309	52	42
PREPARATION FOR RELEASE							
18.1	Do you expect to be released in the next 3 months?	n=45	42%	33%		42%	
<i>For those who expect to be released in the next 3 months:</i>							
18.2	Is this prison very / quite near to your home area or intended release address?	n=17	35%	37%		35%	
18.3	Is anybody helping you to prepare for your release?	n=19	68%	72%		68%	
18.4	Do you need help to sort out the following for when you are released:						
	- Finding accommodation?	n=18	67%	64%		67%	
	- Getting employment?	n=17	65%	60%		65%	
	- Setting up education or training?	n=15	53%	50%		53%	
	- Arranging benefits?	n=18	89%	79%		89%	
	- Sorting out finances?	n=15	80%	65%		80%	
	- Support for drug or alcohol problems?	n=16	94%	60%		94%	
	- Health / mental Health support?	n=16	94%	65%		94%	
	- Social care support?	n=17	59%	43%		59%	
- Getting back in touch with family or friends?	n=17	59%	44%		59%		
18.4	Are you getting help to sort out the following for when you are released, if you need it:						
	- Finding accommodation?	n=12	50%	40%		50%	
	- Getting employment?	n=11	18%	27%		18%	
	- Setting up education or training?	n=8	25%	23%		25%	
	- Arranging benefits?	n=16	31%	40%		31%	
	- Sorting out finances?	n=12	42%	30%		42%	
	- Support for drug or alcohol problems?	n=15	60%	62%		60%	
	- Health / mental Health support?	n=15	33%	36%		33%	
	- Social care support?	n=10	40%	31%		40%	
- Getting back in touch with family or friends?	n=10	50%	42%		50%		
FINAL QUESTION ABOUT THIS PRISON							
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	n=43	79%	64%		79%	

Ash House Women's Prison 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:
 - disabled prisoners' responses are compared with those of prisoners who do not have a disability
 - responses of prisoners with mental health problems are compared with those of prisoners who do not have mental health problems
 Please note that these analyses are based on summary data from selected survey questions only.

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

Have a disability	Do not have a disability	Mental health problems	No mental health problems
28	19	36	11

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION					
1.2	Are you under 21 years of age?	0%	0%	0%	0%
	Are you 50 years of age or older?	26%	22%	23%	30%
1.3	Are you from a minority ethnic group?	4%	6%	3%	10%
7.1	Are you Catholic?	44%	47%	43%	55%
7.1	Are you Protestant?	30%	37%	31%	36%
11.3	Do you have any mental health problems?	89%	58%		
12.1	Do you consider yourself to have a disability?			69%	27%
19.2	Are you a foreign national?	12%	26%	12%	36%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	13%	16%	19%	0%
ARRIVAL AND RECEPTION					
2.3	When you were searched in reception, was this done in a respectful way?	56%	74%	57%	82%
2.4	Overall, were you treated very / quite well in reception?	71%	90%	75%	91%
2.5	When you first arrived, did you have any problems?	89%	90%	94%	73%
<i>For those who had any problems when they first arrived:</i>					
2.6	Did staff help you to deal with these problems?	50%	65%	45%	100%
FIRST NIGHT AND INDUCTION					
3.3	Did you feel safe on your first night here?	50%	68%	47%	91%
3.5	Have you had an induction at this prison?	96%	84%	91%	91%
<i>For those who have had an induction:</i>					
3.5	Did your induction cover everything you needed to know about this prison?	54%	75%	60%	70%
ON THE WING					
4.2	Is your cell call bell normally answered within 5 minutes?	37%	37%	34%	46%
4.3	On the wing or houseblock you currently live on:				
	- Do you normally have enough clean, suitable clothes for the week?	93%	90%	94%	82%
	- Can you shower every day?	81%	100%	88%	91%
	- Do you have clean sheets every week?	78%	93%	77%	100%
	- Do you get cell cleaning materials every week?	64%	94%	67%	100%
	- Is it normally quiet enough for you to relax or sleep at night?	58%	59%	53%	73%
	- Can you get your stored property if you need it?	56%	47%	45%	73%

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Number of completed questionnaires returned

Have a disability	Do not have a disability
28	19

Mental health problems	No mental health problems
36	11

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	70%	79%
5.3	Does the shop / canteen sell the things that you need?	73%	79%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	85%	84%
6.2	Are there any staff here you could turn to if you had a problem?	92%	90%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	56%	63%
6.6	Do you feel that you are treated as an individual in this prison?	56%	59%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	71%	83%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	91%	79%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	69%	71%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	50%	42%
8.3	Are you able to use a phone every day (if you have credit)?	100%	100%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	100%	100%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	0%	6%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	22%	39%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	100%	86%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	68%	79%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	36%	69%
10.3	Is it easy for you to make a complaint?	82%	84%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	65%	73%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	22%	18%

66%	100%
71%	91%
79%	100%
88%	100%
60%	55%
56%	60%
71%	91%
83%	91%
63%	91%
59%	9%
100%	100%
100%	100%
3%	0%
29%	27%
100%	71%
69%	82%
43%	83%
83%	82%
69%	67%
23%	10%

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* less than 1% probability that the difference is due to chance

Number of completed questionnaires returned

	Have a disability	Do not have a disability
	28	19

	Mental health problems	No mental health problems
	36	11

HEALTH CARE		
11.1	Is it very / quite easy to see:	
	- Doctor?	25% 11%
	- Nurse?	70% 56%
	- Dentist?	25% 22%
	- Mental health workers?	39% 29%
<i>For those who have mental health problems:</i>		
11.4	Have you been helped with your mental health problems in this prison?	57% 70%
11.5	Do you think the overall quality of the health services here is very / quite good?	46% 67%
OTHER SUPPORT NEEDS		
<i>For those who have a disability:</i>		
12.2	Are you getting the support you need?	52%
SAFETY		
14.1	Have you ever felt unsafe here?	68% 47%
14.2	Do you feel unsafe now?	33% 5%
14.3	Not experienced bullying / victimisation by other prisoners	19% 21%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	68% 72%
14.5	Not experienced bullying / victimisation by members of staff	67% 84%
14.6	If you were being bullied / victimised by staff here, would you report it?	65% 78%
BEHAVIOUR MANAGEMENT		
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	73% 68%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (PREPS) in this prison?	56% 58%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	4% 0%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	4% 0%
EDUCATION, SKILLS AND WORK		
16.3	Do staff encourage you to attend education, training or work?	74% 74%
PLANNING AND PROGRESSION		
17.1	Do you have a custody plan?	54% 47%
<i>For those who have a custody plan:</i>		
17.3	Are staff helping you to achieve your objectives or targets?	58% 78%
PREPARATION FOR RELEASE		
<i>For those who expect to be released in the next 3 months:</i>		
18.3	Is anybody helping you to prepare for your release?	64% 75%
FINAL QUESTION ABOUT THIS PRISON		
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	80% 82%

	19%	18%
	62%	73%
	20%	36%
	38%	22%
	61%	
	51%	64%
	48%	100%
	69%	27%
	26%	9%
	17%	27%
	70%	70%
	66%	100%
	68%	80%
	77%	55%
	54%	64%
	3%	0%
	3%	0%
	75%	70%
	50%	55%
	60%	83%
	69%	67%
	85%	67%

Ash House Women's Prison 2019

Comparison of survey responses between sub-populations of prisoners

In this table the following analyses are presented:

- responses of prisoners aged 50 and over are compared with those of prisoners under 50

Please note that these analyses are based on summary data from selected survey questions only.

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Number of completed questionnaires returned

50 and over	Under 50
12	38

DEMOGRAPHICS AND OTHER BACKGROUND INFORMATION			
1.2	Are you under 21 years of age?	0%	0%
	Are you 50 years of age or older?		
1.3	Are you from a minority ethnic group?	8%	8%
7.1	Are you Catholic?	36%	46%
7.1	Are you Protestant?	46%	29%
11.3	Do you have any mental health problems?	73%	79%
12.1	Do you consider yourself to have a disability?	64%	59%
19.2	Are you a foreign national?	9%	19%
19.3	Are you from a traveller community? (e.g. Gypsy, Roma, Irish Traveller)	0%	16%
ARRIVAL AND RECEPTION			
2.3	When you were searched in reception, was this done in a respectful way?	58%	66%
2.4	Overall, were you treated very / quite well in reception?	75%	82%
2.5	When you first arrived, did you have any problems?	83%	89%
<i>For those who had any problems when they first arrived:</i>			
2.6	Did staff help you to deal with these problems?	67%	52%
FIRST NIGHT AND INDUCTION			
3.3	Did you feel safe on your first night here?	50%	58%
3.5	Have you had an induction at this prison?	83%	94%
<i>For those who have had an induction:</i>			
3.5	Did your induction cover everything you needed to know about this prison?	80%	55%
ON THE WING			
4.2	Is your cell call bell normally answered within 5 minutes?	50%	30%
4.3	On the wing or houseblock you currently live on:		
	- Do you normally have enough clean, suitable clothes for the week?	100%	87%
	- Can you shower every day?	91%	86%
	- Do you have clean sheets every week?	90%	80%
	- Do you get cell cleaning materials every week?	90%	74%
	- Is it normally quiet enough for you to relax or sleep at night?	55%	64%
	- Can you get your stored property if you need it?	55%	50%

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* less than 1% probability that the difference is due to chance

50 and over	Under 50
12	38

Number of completed questionnaires returned

FOOD AND CANTEEN			
5.2	Do you get enough to eat at meal-times always / most of the time?	91%	68%
5.3	Does the shop / canteen sell the things that you need?	64%	78%
RELATIONSHIPS WITH STAFF			
6.1	Do most staff here treat you with respect?	100%	78%
6.2	Are there any staff here you could turn to if you had a problem?	100%	89%
6.3	In the last week, has any member of staff talked to you about how you are getting on?	73%	58%
6.6	Do you feel that you are treated as an individual in this prison?	73%	53%
FAITH			
<i>For those who have a religion:</i>			
7.2	Are your religious beliefs respected here?	82%	72%
7.3	Are you able to speak to a Chaplain of your faith in private, if you want to?	90%	84%
CONTACT WITH FAMILY AND FRIENDS			
8.1	Have staff here encouraged you to keep in touch with your family / friends?	90%	65%
8.2	Have you had any problems with sending or receiving mail (letters or parcels)?	40%	47%
8.3	Are you able to use a phone every day (if you have credit)?	100%	100%
<i>For those who get visits:</i>			
8.7	Are your visitors usually treated respectfully by staff?	100%	100%
TIME OUT OF CELL			
9.2	Do you usually spend less than 2 hours out of your cell on a typical weekday?	0%	3%
	Do you usually spend 10 hours or more out of your cell on a typical weekday?	27%	27%
<i>For those who use the library:</i>			
9.9	Does the library have a wide enough range of materials to meet your needs?	100%	96%
APPLICATIONS, COMPLAINTS AND LEGAL RIGHTS			
10.1	Is it easy for you to make an application?	64%	71%
<i>For those who have made an application:</i>			
10.2	Are applications usually dealt with fairly?	71%	47%
10.3	Is it easy for you to make a complaint?	91%	85%
<i>For those who have made a complaint:</i>			
10.4	Are complaints usually dealt with fairly?	88%	65%
10.5	Have you ever been prevented from making a complaint here when you wanted to?	9%	22%

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* less than 1% probability that the difference is due to chance

50 and over	Under 50
12	38

Number of completed questionnaires returned

HEALTH CARE			
11.1	Is it very / quite easy to see:		
	- Doctor?	27%	17%
	- Nurse?	78%	57%
	- Dentist?	20%	27%
	- Mental health workers?	63%	30%
<i>For those who have mental health problems:</i>			
11.4	Have you been helped with your mental health problems in this prison?	86%	56%
11.5	Do you think the overall quality of the health services here is very / quite good?	73%	49%
OTHER SUPPORT NEEDS			
<i>For those who have a disability:</i>			
12.2	Are you getting the support you need?	83%	44%
SAFETY			
14.1	Have you ever felt unsafe here?	42%	66%
14.2	Do you feel unsafe now?	18%	18%
14.3	Not experienced bullying / victimisation by other prisoners	36%	15%
14.4	If you were being bullied / victimised by other prisoners here, would you report it?	91%	61%
14.5	Not experienced bullying / victimisation by members of staff	82%	71%
14.6	If you were being bullied / victimised by staff here, would you report it?	90%	64%
BEHAVIOUR MANAGEMENT			
15.1	Do the incentives or rewards in this prison (e.g. enhanced status) encourage you to behave well?	73%	73%
15.2	Do you feel you have been treated fairly in the behaviour management scheme (PREPS) in this prison?	64%	56%
15.3	Have you been physically restrained by staff in this prison, in the last 6 months?	0%	3%
15.5	Have you spent one or more nights in the segregation unit in this prison in the last 6 months?	9%	0%
EDUCATION, SKILLS AND WORK			
16.3	Do staff encourage you to attend education, training or work?	70%	74%
PLANNING AND PROGRESSION			
17.1	Do you have a custody plan?	36%	58%
<i>For those who have a custody plan:</i>			
17.3	Are staff helping you to achieve your objectives or targets?	75%	65%
PREPARATION FOR RELEASE			
<i>For those who expect to be released in the next 3 months:</i>			
18.3	Is anybody helping you to prepare for your release?	67%	64%
FINAL QUESTION ABOUT THIS PRISON			
20.1	Do you think your experiences in this prison have made you less likely to offend in the future?	80%	77%



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