

Report on an announced inspection of
**Ash House, Hydebank Wood
Women's Prison**

18 - 22 February 2013

October 2013



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Criminal Justice Inspection
Northern Ireland
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Report on an announced inspection of

Ash House, Hydebank Wood Women's Prison

18 - 22 February 2013

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

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October 2013





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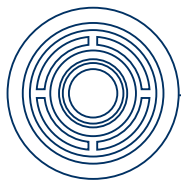
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List of abbreviations

ACE	Assessment, case management and evaluation
CAB	Challenging anti-social behaviour
CJI	Criminal Justice Inspection Northern Ireland
EMIS	Egton medical information system
ETI	Education and Training Inspectorate for Northern Ireland
HBW	Hydebank Wood
HMIP	Her Majesty's Inspectorate of Prisons
ICT	Information and communications technology
IEP	Incentives and earned privileges
NIPS	Northern Ireland Prison Service
NPM	National Preventive Mechanism
OMU	Offender Management Unit
OPCAT	Optional protocol to the United Nations Convention against torture and other cruel, inhuman or degrading treatment or punishment
PE	Physical education
PPANI	Public Protection Arrangements Northern Ireland
PREPS	Progressive regimes and earned privileges scheme
RQIA	Regulation and Quality Improvement Authority
SEHSCT	South Eastern Health and Social Care Trust
SIR(s)	Security information report(s)
SPAR	Supporting prisoners at risk
YOC	Young Offenders Centre



Chief Inspectors' Foreword

This announced inspection of Ash House women's prison was led by Her Majesty's Inspectorate of Prisons (HMIP) on behalf of Criminal Justice Inspection Northern Ireland (CJI), and was supported by CJI Inspectors, the Education and Training Inspectorate for Northern Ireland (ETI) and the Regulation and Quality Improvement Authority (RQIA). The inspection was based on the four internationally-recognised tests of a healthy prison – safety, respect, purposeful activity and resettlement.

Ash House is Northern Ireland's only female prison and holds up to 71 women in one of the units located in Hydebank Wood (HBW) Young Offenders Centre (YOC).

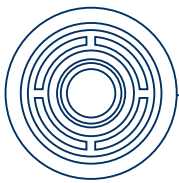
Overall this was a disappointing inspection, in particular because women continued to be held in a predominantly male prison, which was having a significant and intractable impact upon outcomes they experienced. Women were reasonably well cared for but they were inevitably marginalised and restricted in their access to facilities and services. There was also evidence of verbal intimidation from male prisoners from time to time. Only the long-promised closure and replacement of Ash House would resolve the problems we saw. Recent instability in the management team had also contributed to the problems we highlight, and there was a clear gap evident in leadership and direction.

Women continued to travel with men during escorts and were regularly subject to verbal abuse. Most prisoners reported feeling safe, but too many felt victimised by staff. All women were needlessly strip searched on arrival and randomly after visits, which was excessive. Low level anti-social behaviour was challenged but more needed to be done to deal with the understandable tensions of communal living in such a confined and restricted environment. Lessons had not been fully learned from a notable death in custody at Ash House, and care provided to the most vulnerable was too often inadequate.

Many security arrangements were overly restrictive, often instigated to address issues in the YOC, and had a disproportionate consequential impact on women. Adjudications were well managed and segregation was not used. Use of force was not high but governance and accountability needed to be better. Strategic management of substance misuse and testing arrangements did not provide reassurance that the prison was on top of what was perceived to be a drug problem. Services to support substance misusers were under-developed.

Ash House was clean and physical conditions were mostly good. But for longer stay residents the environment was claustrophobic and restrictive. Staff-prisoner relationships were generally good too, although the promotion and monitoring of equality and diversity were weak. Faith provision was valued by prisoners, and health care had improved but still had a way to go to provide good outcomes in all areas. Provision of mental health services had also improved, although support for prisoners who self-harmed needed to be better. Prisoners disliked the food. The menu cycle did not provide the opportunity to have a balanced diet and there were too few opportunities for self-catering.

Purposeful activity provision was very poor and had got worse, from an already very low base seen at the last inspection. It was worse for the women prisoners than the men held in HBW. Time out of cell and outside exercise were too often curtailed for spurious reasons. There were insufficient activity places for the population, and what they had was poorly used. The quality of what was delivered was also mixed and too much lacked challenge, or was poorly taught. Vocational training opportunities were very limited. Too many prisoners with



poor literacy and numeracy were not getting the support they needed. The paucity of opportunities in this area had a negative affect on equipping women for release and the employment market. The library and gym, in contrast, offered a positive experience and were well used.

Strategic management of resettlement had improved but the needs of the prisoners were not well enough understood to ensure provision fully met need. Offender management arrangements were well developed and all prisoners, including those on committal, were seen by an offender supervisor. Engagement with external public protection structures had improved, although internal communication processes needed to be better, as did support for indeterminate sentence prisoners. Provision across the reducing reoffending pathways was adequate, although impeded by the poor purposeful activity provision, which limited achievement of some sentence planning targets. Victims of domestic violence or sex workers were also not effectively identified and virtually no support was offered to them, which again limited the effectiveness of interventions.

This inspection raised a number of significant concerns – not least, it is wrong to run a female prison at the margins of an overwhelmingly male establishment. The impact on outcomes for the women was, in our view, fundamentally disrespectful. The prison was safe but little was done to equip women with meaningful skills, and preparation for release and resettlement needed to be a lot sharper. Management and many staff appeared confused about the future direction of the prison and its core purpose. In our view, there needed to be a radical rethink of the approach to the imprisonment of women in Northern Ireland.

Brendan McGuigan
Chief Inspector of Criminal Justice
in Northern Ireland
October 2013

Nick Hardwick
Her Majesty's Chief Inspector of Prisons
October 2013

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Fact page

Task of the establishment

To accommodate all female prisoners in Northern Ireland.

Number held

Fifty-seven.

Certified normal accommodation

Seventy-one.

Operational capacity

Seventy-one.

Date of last full inspection

29 October - 2 November 2007 (short follow-up, 21 - 25 March 2011).

Brief history

Ash House opened for women prisoners on 21 June 2004 following a major refurbishment programme. Further refurbishments, including the installation of in-cell sanitation, were completed in April 2007.

Short description of residential units

Ash House is a stand-alone residential unit in HBW, adjacent to the male accommodation. It has five self-contained landings, each with dining and association areas, and all cells have integral sanitation.

Ash 2 is used as a first night centre and for prisoners on induction. Ash 5, which is the best accommodation, houses long-term prisoners on enhanced regime who are given the opportunity to cook their own meals, and is effectively self-contained. The remainder of the landings hold a mix of sentenced and remand prisoners on all regime levels. There are two observation cells on Ash 1 and a further one on Ash 2, which also has a cell adapted for women with disabilities. Two mother and baby cells are located on Ash 4. The ground floor has two multi-functional rooms and a medical facility. There is a new purpose-built female reception.

Acting governor

Dave Kennedy.

Escort contractor

Prisoner Escorting and Court Custody Service, Northern Ireland Prison Service (NIPS).

Health service commissioner and provider

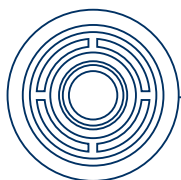
South Eastern Health and Social Care Trust (SEHSCT).

Learning and skills provider

NIPS.

Independent Monitoring Board chair

Sadie Logan.



Healthy prison summary

Introduction

- HP1 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.
- HP2 All inspections carried out by HMIP and CJI contribute to the United Kingdom's response to its international obligations under the Optional Protocol to the United Nations 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.
- HP3 All full inspection reports include a summary of outcomes for prisoners against the model of a healthy prison. The four criteria of a healthy prison are:

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

- HP4 Under each test, we make an assessment of outcomes for prisoners and therefore of the establishment's overall performance against the test. In some cases, this performance will be affected by matters outside the establishment's direct control.

• **Outcomes for prisoners are good against this healthy prison test.**

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

• **Outcomes for prisoners are reasonably good against this healthy prison test.**

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

• **Outcomes for prisoners are not sufficiently good against this healthy prison test.**

There is evidence that outcomes for prisoners 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 prisoners are poor against this healthy prison test.**

There is evidence that the outcomes for prisoners 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.



HP5 Our assessments might result in one of the following:

- **recommendations:** will require significant change and/or new or redirected resources, so are not immediately achievable, and will be checked for implementation at future inspections;
- **housekeeping points:** achievable within a matter of days, or at most weeks, through the issue of instructions or changing routines; and
- **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 prisoners.

Safety

HP6 Reception and first night arrangements were reasonable. Most prisoners felt safe. Care was mixed for prisoners at risk, and there was no peer support scheme. Security arrangements were not always proportionate or well coordinated. The progressive regimes and earned privileges scheme (PREPS) did not motivate positive behaviour for many. Adjudications were well managed. Use of force was very low and women were not segregated. Substance misuse services were poorly coordinated and of mixed quality. Outcomes for prisoners were reasonably good against this healthy prison test.

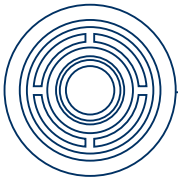
HP7 Women prisoners often travelled together with men on escorts, complained of verbal abuse and in our survey¹ were negative about many aspects of the transfer and escort process.

HP8 New arrivals were met by friendly supportive staff in a dedicated bright and clean reception area. Unlike women prisoners in the rest of the United Kingdom, they were strip-searched on arrival, and randomly after visits. Most said that they were well treated in reception, but significantly fewer than the comparator said they had received some basic services on arrival. More survey respondents than the comparator said they felt unsafe on their first night. There was a comprehensive induction process but it was not always fully delivered in a timely way.

HP9 In our survey, most prisoners said they generally felt safe, although more than the comparator said they were victimised by staff. Ash House operated a challenging anti-social behaviour strategy that was appropriate, but the largely low-level problems arising from communal living needed to be better addressed. Monitoring of incidents and links with security were poor, but investigations and the management of suspected bullies were reasonable. There was a very good mediation service but it was not used often enough.

HP10 The suicide and self-harm prevention policy did not reflect the needs of the women held. The investigation of a prisoner's death in Ash House in 2011 had led to some strong criticism, and concerns had still not been adequately addressed. Levels of self-harm were not high and serious incidents were investigated, but some staff had complacent attitudes. Care planning had improved and observation cells and anti-ligature clothing were used less frequently than previously, but there was no formal peer

¹ Inspection methodology: There are five key sources of evidence for inspection: 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, applying both qualitative and quantitative methodologies. All findings and judgements are triangulated, which increases the validity of the data gathered. Survey results show the collective response (in percentages) from prisoners in the establishment being inspected compared with the collective response (in percentages) from respondents in all establishments of that type (the comparator figure). Where references to comparisons between these two sets of figures are made in the report, these relate to statistically significant differences only. Statistical significance is a way of estimating the likelihood that a difference between two samples indicates a real difference between the populations from which the samples are taken, rather than being due to chance. If a result is very unlikely to have arisen by chance, we say it is 'statistically significant'. The significance level is set at 0.05, which means that there is only a 5% chance that the difference in results is due to chance. (Adapted from Towl et al (eds), Dictionary of Forensic Psychology.)




support scheme and options for supervision remained limited. Some aspects of care were poorly developed. Documents for supporting prisoners at risk (SPAR) varied in quality but most were poor, with little detailed assessment and few clear targets in action plans, although some were more comprehensive. Attendance at reviews was reasonable. The environment was not conducive to many prisoners with vulnerabilities.

- HP11 There was no formal adult safeguarding policy but there was some support through safer custody.
- HP12 Some aspects of dynamic security were good, but many procedures remained under-developed. Security meetings were poorly attended and links between the security department and Ash House were poor, as was the flow of information from the unit into the department. Security objectives were not properly set following a thorough analysis of intelligence, and key threats were not adequately identified and acted upon. Risk management systems were generally weak, and resulted in some over-restrictive security measures.
- HP13 There was a widespread belief that there was a drug problem in the prison. The mandatory drug testing positive rate was not high, but did not provide a realistic estimate of the problem, as there had been no testing in some recent months.
- HP14 Most prisoners did not consider that the PREPS encouraged them to change their behaviour.
- HP15 The number of formal adjudications was not excessive and hearings were conducted fairly, and were also audio recorded. There was some evidence that unofficial punishments had been used occasionally. Force was rarely used, and only as a last resort. Fewer than a third of prison officers had received up-to-date control and restraint training. Women were not segregated.
- HP16 There was little strategic planning for consistency in tackling substance misuse. Clinical and psychosocial services were insufficient and poorly integrated. Prisoners had significant delays in accessing substance misuse services. They were generally positive about their support from psychosocial services, but there was a lack of high intensity interventions.

Respect

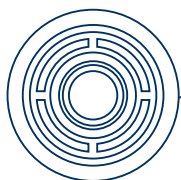
HP17 The co-location of women and men was unacceptable, and led to fundamentally disrespectful outcomes which undermined positive work elsewhere. Conditions of cells and communal areas were reasonable but for indeterminate sentence prisoners the environment was particularly claustrophobic. Outside areas were good but co-location with male prisoners severely restricted access. There was a lack of progression opportunities for indeterminate sentence prisoners. Staff-prisoner relationships were generally good. Diversity provision and analysis of outcomes were weak. Faith provision was good and valued by prisoners. Legal services were satisfactory. Complaints were reasonably well managed. Health services had improved but outcomes were not good enough. Prisoners disliked the food but the shop was reasonable. Outcomes for prisoners were poor against this healthy prison test.

- HP18 The co-location of women with men at the HBW site continued to provide a deeply unsuitable environment that affected outcomes for women in a range of areas.
- HP19 Accommodation on Ash House was generally good and outside areas very welcoming, although women were particularly disadvantaged in accessing them. Women raised concerns about abusive shouting by male prisoners.

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- HP20 The applications process was well managed, but there was no facility to make a confidential application.
- HP21 The provision for mothers and babies was caring, but planning for them fell short of best practice.
- HP22 In our survey, most respondents said that staff treated them with respect and we observed generally positive encounters with women. Some written reports were inappropriately subjective or judgemental. Some good informal interactions were not reflected in the records.
- HP23 The strategic management of equality and diversity was weak and some key departments did not routinely attend the equality and diversity meeting, although there was external and prisoner representation. The meeting did not cover all the relevant diversity issues. Monitoring and analysis of equality and diversity issues were also weak, and any possible inequitable outcomes between Protestant and Catholic prisoners were not well understood. Prisoner consultation and support for diversity was poorly developed. In our survey, far more prisoners indicated they had a disability than the prison was aware of, and provision for them was poor.
- HP24 There was good faith provision, and most prisoners said their religious beliefs were respected.
- HP25 Complaint forms were freely available and responses were prompt and typed, which made them easy to read. Some complaints were not responded to fully and quality assurance needed to be improved. A bail service operated, and there were suitable private facilities for legal visits.
- HP26 We noted an improvement in the health services overall, with some good new initiatives. However, these were not yet fully delivering effective outcomes for prisoners. Progress in the delivery of some health services has been hampered by staff shortages. Health care facilities were generally satisfactory but some resuscitation equipment and emergency drugs were out of date. Prisoners said it was difficult to see a doctor and delays were evident. Most other waiting lists were well managed. Dental services were generally good. Some aspects of medication management did not comply with regulations. Mental health services had improved, but were poorly coordinated and had a restrictive referral criteria. Services did not always reflect community provision.
- HP27 The majority of women did not like the food. The menu cycle was too repetitive and did not offer a balanced diet. Self-catering arrangements on the enhanced landing were very good. The shop provided a wide enough range of goods to meet needs but many found them expensive.

Purposeful activity


- HP28 Regular curtailment of the regime significantly affected prisoners' time out of cell and access to purposeful activity. There was poor access to outside areas and exercise. Management and leadership of learning and skills were poor and coordination needed to be improved. There were not enough activity places, which particularly affected women prisoners, and those available were poorly used. Levels of attainment and accreditation were low and use of data to improve standards was poor. The library was excellent and the gym offered some good opportunities. Outcomes for prisoners were poor against this healthy prison test.
- HP29 There was significant regime slippage and most prisoners spent too long locked in cells. This was mainly due to frequent unpredictable lock-downs of the regime which was disrespectful. Women prisoners in particular needed more access to outside exercise given the claustrophobic environment of Ash House.



- HP30 There was no coherent strategic approach to the provision of learning and skills. Leadership and management required improvement to ensure the best use of available capacity to benefit the prisoners. Operationally, the learning and skills provision was poorly managed. The capacity was under-used and, in any case, did not adequately meet need.
- HP31 Quality assurance and self-evaluation arrangements in education and training were weak and had not sufficiently identified the aspects of the provision that were under-performing. The self-evaluation process was not under-pinned by robust use of available data.
- HP32 The quality of teaching, training and learning was variable; too much was inadequate or in need of improvement. There were insufficient purposeful activity opportunities and too few prisoners were employed in challenging and realistic work activities. Not enough women accessed work and/or education regularly. The curriculum was too narrow and had continued to shrink. It was also not matched to the needs of prisoners, employers or the local labour market. Relationships between teachers and prisoners were good.
- HP33 The learning and skills input into custody and sentence plans needed to be strengthened. Too many prisoners with low literacy and numeracy did not have their needs met. There was too little accredited vocational training to develop employability, although most of the existing training was of a good quality and pitched at the right level to engage prisoners.
- HP34 The library was a welcoming and well-used resource, provided a very good range of reading stock, and aimed to be inclusive.
- HP35 Physical education (PE) facilities were good, maintained to a high level and well used, with excellent working relationships between instructors and prisoners. However, there needed to be more effective links between PE, learning and skills, and health care. Outdoor pursuit activities needed to be reintroduced, subject to staff qualifications and security risk assessments.

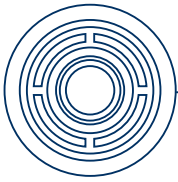
Resettlement

- HP36 Strategic management of resettlement had improved but still lacked a current needs analysis. Offender management arrangements were good. Public protection had improved but internal communication was still inadequate. Support for indeterminate sentence prisoners needed to improve. Services for reintegration were generally good but learning and skills provision was poor and there were other significant gaps. Prisoners were aware of how to access support. Outcomes for prisoners were not sufficiently good against this healthy prison test.
- HP37 Progress on resettlement work had been impeded by a lack of continuity in senior management, although management within the department had improved. The resettlement policy was not based on an up-to-date needs analysis or reflective of sections of the population. There was a lack of engagement and integration between the Offender Management Unit (OMU) and residential staff. A good range of voluntary sector organisations were delivering resettlement services.
- HP38 Every prisoner, including those on remand, had a sentence manager. Most sentenced prisoners received a high quality service. There were heavy work demands to service the Parole Commissioners' requirements. OMU files were very good, although some resettlement plans were vague and aspirational. Delivery of some important elements of resettlement was undermined by the lack of coordination with learning skills and particularly poor purposeful activity provision for women.

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- HP39 The prison was much better engaged with outside public protection structures than in the past. There was a good monthly public protection meeting, clear victim consideration and proportionate plans. However, information about public and child protection was not well communicated to key areas of the prison, such as visits.
- HP40 There was poor coordination of lifer case management and files were still held at Maghaberry. There had been no annual lifer reviews since 2011. Women on indeterminate sentences had no prospect of a progressive move and lived in a very claustrophobic environment.
- HP41 New arrivals had their resettlement needs assessed, with appropriate referrals to providers, and prisoners were also seen pre-release to ensure they had no outstanding needs. The home leave scheme worked well, but the working out scheme was under-used with only a few prisoners in the past year taking part.
- HP42 The housing worker assisted sentenced prisoners with a good range of housing issues. There were reasonable links with a variety of hostel accommodation and housing providers, although there were limited options for women. Nevertheless, few prisoners had been released without an address in the previous 12 months.
- HP43 Support in developing relevant employment and vocational skills was limited by the paucity of learning and skills provision. There was a very poor focus on enhancing prisoners' educational attainment, particularly for basic skills, which affected their potential employability on release.
- HP44 There were good links with community health services. Adept workers delivered pre-release substance misuse relapse prevention and overdose awareness sessions, and had very good links with community-based projects.
- HP45 NIACRO workers assisted with all aspects of finance, benefit and debt support. Prisoners could not open a bank account, although this gap was being addressed.
- HP46 A family liaison officer aimed to see most new arrivals to establish need and provide information about services. Families were referred to the NIACRO Family Links service, which provided practical support. Visitors experienced difficulty in booking visits over the telephone. The visits experience was good. Some women prisoners could have extended unsupervised visits with their children, which was an excellent initiative, and could apply for child-centred visits, which were good. A variety of parenting courses were provided.
- HP47 There was an appropriate range of offending behaviour programmes. Offence deniers were engaged in programmes.
- HP48 There were some services available to prisoners who had been involved in prostitution or were victims of abuse but they were not systematically identified by the prison.

Main concerns and recommendations

- HP49 Concern: The suicide and self-harm policy had not considered the specific needs of women prisoners. While levels of self-harm were not high, the care provided was inconsistent and some aspects were poor. Most support documents were poor, and aspects of individualised care planning were under-developed. There was no formal peer support scheme, and not all those who needed input from mental health workers received it.



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

- HP50 Concern: The location of the women's unit in the largely male YOC led to some fundamentally poor outcomes for women prisoners. These included restrictions this imposed on the regime that was offered, access to outside areas without the abuse women experienced from male prisoners, and the claustrophobic nature of the environment, particularly for those serving longer sentences.

Recommendation: Women should no longer be held at HBW.

- HP51 Concern: Monitoring of diversity outcomes for all groups was extremely limited. Little was done to understand the concerns of the various protected groups, or to analyse whether outcomes for some were poorer than would be expected. As a consequence, there was little action to meet the needs of some groups or address any poorer outcomes for them.

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

- HP52 Concern: The advertised core day was regularly curtailed for a variety of often spurious reasons. This resulted in prisoners spending far too long locked up in their cells, but also affected their ability to attend scheduled regime activities and access outside exercise.

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

- HP53 Concern: Leadership and management of learning and skills were poor, and there was little strategic direction to the development of provision. Opportunities were limited, and the quality and accreditation for many was poor, as was development of essential literacy and numeracy skills. The learning and skills provision neither met the needs of the population nor did it adequately support work to prepare prisoners for release back into the community and to live offending-free lives.

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

- HP54 Concern: Sentence plans did not contain meaningful targets and were not individualised. Opportunities for women at Ash House to achieve meaningful sentence planning targets to reduce their risk of reoffending were fundamentally impeded by the poor range of opportunities available in the regime, and links between learning and skills and the OMU were weak.

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



Inspection report

CHAPTER 1:

Safety



Courts, escorts and transfers

Expected outcomes:

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

- 1.1 Prisoners had short journeys to the prison. Many women complained about verbal abuse from male prisoners with whom they often continued to travel. The court video link was well used.
- 1.2 Prisoners experienced short journeys to and from court, with the longest journey about two hours. Female escort staff usually escorted women prisoners to court.
- 1.3 In our survey, fewer respondents than the comparator said they were well treated by escort staff or felt safe on their journey. Many women complained of verbal abuse from young male prisoners with whom they often continued to travel. A recent complaint to the Prisoner Escorting and Court Custody Service in February 2013 alleged that an escort officer had announced the presence of a woman prisoner on a van after picking up young male prisoners and before leaving the prison, and that the young men had responded by shouting abuse. The escort staff had 'simply turned up the music to try and drown out the abuse'. Some women complained about verbal abuse shouted from male prisoners from the adjacent YOC wing when they were moved from escort vans to the women's reception. The escort vans also had no seat belts.
- 1.4 Despite the availability of information leaflets in courts, few women prisoners said they had received any information about Ash House in advance.
- 1.5 Property and private cash did not accompany unsentenced prisoners to court and had to be collected if they were released. The video link was well used for court appearances.

Recommendations

- 1.6 **Male and female prisoners should be transported separately.**
- 1.7 **Property and private cash should accompany unsentenced prisoners to court.**

Housekeeping point

- 1.8 Prisoners should receive information about Ash House at court.



Early days in custody


Expected outcomes:

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

- 1.9 Prisoners were received well into reception, but the individual holding rooms were poorly equipped. All arrivals were automatically strip-searched, whatever their risk. Interviews did not take place in private. First night and induction processes were inconsistent.
- 1.10 New arrivals were received by supportive staff in the clean and bright Ash House reception area. If there were more than one arrival, women were locked into small, individual holding rooms where they could neither be seen or see out of. Magazines were provided but there was nothing to occupy arrivals who could not read, and they could not use the easy chairs or see the information displayed in reception.
- 1.11 Unlike women prisoners in the rest of the UK, all new arrivals were strip-searched irrespective of their risk. Each arrival was interviewed in the open reception area and told what would happen. The interviews were not private and staff were often interrupted by telephone calls. Officers gathered information about any dependants and their care needs, but had not received child protection awareness or first aid training and were unaware if there was a child protection coordinator.
- 1.12 New arrivals received adequate clothing, toiletries and a reception pack, but in our survey, only 34% of respondents said they had been able to shower on arrival, compared with 65% in our 2007 inspection. They moved quickly to the first night and induction landing (A2), where an officer showed them their allocated cell and wing facilities. Officers did not always introduce themselves and did not wear name badges, and they explained the various compacts on the open landing, which was unlikely to encourage women to talk openly or ask for help.
- 1.13 Prisoner Insiders talked to new arrivals about prison life, and there was an information booklet and a DVD in all cells. Information was available in a range of languages, as was a picture dictionary. In our survey, significantly more women than in 2007 said they had received information about what would happen to them on their first night, but only 44%, against the 73% comparator, said they felt safe on their first night. Lock-downs were frequent and women who arrived at such times received little first night support.
- 1.14 New arrivals were seen within 24 hours by a chaplain and a probation officer. They were effectively engaged in a formal DVD induction presentation, but this was not delivered consistently or on the first full working day after arrival. In our survey, fewer women than the comparator said they had undertaken induction or that it had covered all they needed to know. There was no prisoner evaluation of the programme or of the quality of their experience on A2.

Recommendations

- 1.15 All interviews with new arrivals should be undertaken in private.
- 1.16 New arrivals should only be strip-searched on the basis of an individual risk assessment.

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- 1.17 Managers should investigate why many prisoners feel unsafe on their first night, and take action to address any concerns.
 - 1.18 There should be essential and effective first night arrangements for all new arrivals, and induction should start on the first full working day following reception.

Housekeeping point

- 1.19 New arrivals should not be locked into the small holding rooms in reception.

Bullying and violence reduction

Expected outcomes:

Everyone feels safe from bullying and victimisation (which includes verbal and racial abuse, theft, threats of violence and assault). Prisoners at risk/subject to victimisation are protected through active and fair systems known to staff, prisoners and visitors, and which inform all aspects of the regime.

- 1.20 Governance of safer custody was poor but most prisoners felt safe. Few prisoners were subject to formal sanctions. Conflicts were mainly about problem relationships associated with communal living, which could have been managed by trained staff.
- 1.21 Most women felt safe at the time of the inspection, but in our survey more than the comparator said they had been victimised by staff and more than in 2007 felt victimised because of their offence or religion. There were few physical assaults or fights between prisoners. There had been no internal survey of women's perceptions of safety. Although focus groups had been held in June 2012, the findings had not been analysed. Concern for women's safety was not routinely raised at quarterly meetings between the landing representatives and the wing management.
 - 1.22 The governance of safer custody was overseen by a single safer custody group for HBW. Minutes of the monthly meetings showed they were almost exclusively about issues from the YOC, with very little specific reference to Ash House. Senior managers from Ash House had been present at only one meeting in the previous six months.
 - 1.23 Ash House operated a challenging anti-social behaviour (CAB) strategy. An average of three CAB reports a month were investigated. Investigations were completed by a senior officer and were reasonably comprehensive. Most reports related to low level anti-social behaviour, problems about communal living and problem relationships, and most responses to incidents were appropriate. Induction included an awareness session on anti-social behaviour and some women were required to attend this following investigation. If a woman was subject to three CAB reports representing a pattern of behaviour, there was a case conference to confront her behaviour. Only two women had been placed on formal monitoring in 2012 as a consequence of a CAB case conference. There was no ongoing training for staff in the CAB strategy.
 - 1.24 The unit had limited options to move women between landings to defuse situations. More could have been done to address conflicts between prisoners by using trained staff to encourage positive behaviour through structured landing meetings.



- 1.25 A good restorative justice conference service had been developed for HBW but although it had been used 72 times in 2012, it had only been used in Ash House on six occasions. Three staff had been trained in mediation.

Recommendations


- 1.26 **There should be a dedicated safer custody manager and a safer custody committee for Ash House focusing on anti-bullying, the prevention of suicide and the reduction of self-harm.**
- 1.27 **There should be regular landing meetings led by trained staff to resolve tensions caused by small group living.**

Self-harm and suicide prevention

Expected outcomes:

The prison provides a safe and secure environment which reduces the risk of self-harm and suicide. Prisoners 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.

- 1.28 There was insufficient focus on the safer custody needs of women and underdeveloped procedures to support those at risk. Too many had inadequate care within an unsuitable environment. There was no formal peer support scheme to reduce the need to use observation rooms.
- 1.29 A NIPS suicide and self-harm prevention policy did not reflect the needs of women prisoners. A local safer custody strategy, published in May 2012, also had insufficient reference to women.
- 1.30 Levels of self-harm were not high. The prison record and information system management (PRISM) recorded on average eight to nine reported incidents a month, involving an average of three women a month. Data on self-harm collated by the health care department were poor. In 2012 there had been two investigations following serious self-harm, which had considered learning points. Concerns identified following a self-inflicted death in May 2011 had still not been adequately addressed.
- 1.31 A weekly multidisciplinary case conference meeting discussed women who were vulnerable, including some subject to SPAR procedures (see paragraph 1.34). The meeting was not always attended by health care staff; we had concerns about the attitude to self-harm of some health care staff (see paragraph 2.113). Care planning had improved and action points were formulated following discussion.
- 1.32 The environment of Ash House and regime restrictions did not support good mental health generally, and particularly for those already at risk of self-harm or in crisis (see paragraph 2.2). Observation cells were used less than when we last inspected – three times a month on average. The longest period they had been used in a recent six-month period was four days (although not constantly over that period). Televisions in observation cells were not working. In a few cases, staff met women's requests to be placed in observation cells. There were few alternatives to the use of observation cells for those at high risk, such as a peer support scheme (like the Samaritans-trained Listeners used in English and Welsh prisons) or constant engagement by an assigned member of staff.

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- 1.33 Anti-ligature clothing was also used less frequently than previously. Only two incidents had been reported to the safer custody meeting between March and November 2012.
- 1.34 On average, 12 SPAR documents a month were opened for an average of eight women. Most remained open for around six days, but some women had successive documents opened within a short period, which suggested the need for better case management. SPAR documents varied in quality but most were poor. Assessments often gave little detail or explanation of prisoners' feelings. We found some delays with mental health assessments following serious self-harm (see example in paragraph 2.115). Action plans rarely included clear targets and few were individualised. A small number were more comprehensive. Attendance at reviews was reasonable. Daily entries in SPAR documents by staff were generally poor with very few showing evidence of caring interactions – most were simple factual descriptions. A SPAR audit noted the deficiencies but there were no robust approaches to improve standards. There had been little training for staff other than for new staff. (See main recommendation HP49.)
- 1.35 There was a dedicated mental health nurse for women and there was sometimes use of Nexus (counselling for victims of child abuse). Cruse offered bereavement counselling, and other in-house support included Ad:ept (drug treatment) and a family officer. The Samaritans visited regularly and could be contacted by portable telephones.

Safeguarding (protection of adults at risk)

Expected outcomes:

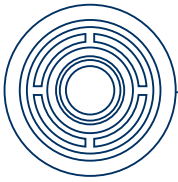
The prison promotes the welfare of prisoners, particularly adults at risk, and protects them from all kinds of harm and neglect.²

- 1.36 There was no formal safeguarding policy or established links with the local partnership arrangements for adult safeguarding. There was an established staff guidance policy on reporting malpractice.
- 1.37 There was no formal safeguarding policy. Most staff associated safeguarding primarily with juveniles and child protection (see paragraph 4.22). The prison as a whole had no formal links through the Department of Health, Social Services and Public Safety to regional and local partnership arrangements for adult safeguarding in Northern Ireland. A weekly safer custody meeting considered prisoners finding it difficult to cope with custody, but there was a significant under-identification of those with disabilities (see paragraph 2.44). There was an established whistle-blowing policy for staff to report malpractice to internal and external agencies.

Recommendation

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

² We define an adult at risk as a vulnerable 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:

Security and good order are maintained through an attention to physical and procedural matters, including effective security intelligence as well as positive staff-prisoner relationships. Prisoners are safe from exposure to substance misuse while in prison.

- 1.39 Links with the security department at the YOC were poor. Some aspects of dynamic security had improved, but many procedural arrangements were not relevant to Ash House. Security objectives were not set following a thorough analysis of intelligence, and key threats relevant to Ash House were not identified effectively or acted on. Drug testing was inconsistent.
- 1.40 The links between the security department, based in the YOC, and Ash House were weak and the sharing of intelligence was poor. The flow of information into the security department was inconsistent and we were not assured that security information reports (SIRs) were always processed efficiently. We found that the security department received only about four SIRs a month from Ash House, which was significantly lower than at other prisons.
- 1.41 We were not assured that intelligence was communicated from the security department to Ash House to allow it to make informed decisions about women prisoners or to take necessary action. Ash House no longer assigned staff as security liaison officers to maintain good links with the security department. Communication relied on a monthly security bulletin, which had little specifically relevant to Ash House. Staff from Ash House rarely attended security meetings at HBW.
- 1.42 Risk management systems were generally weak, and resulted in some over-restrictive security measures. For example: women prisoners were not allowed reasonable access to the prison grounds; they were escorted everywhere; the entire establishment was locked down whenever an alarm bell was activated in the male side of the prison; and all prisoners were strip-searched entering and leaving the prison. Some women were strip-searched after visits, on a random basis. This search took place in the women's reception area. There was no local security strategy and little to indicate that specific key threats to the security of Ash House were identified or acted upon.
- 1.43 The random and suspicion drugs testing programmes were inconsistent, and testing officers were frequently redeployed to other duties. In the six months to January 2013, the random mandatory drug testing positive rate on the women's unit was 3.25%, while there had been 23 drug finds in Ash House in the same period. The testing suite in the Ash House health care unit was clean, tidy and appropriately equipped. Finds data and our discussions with prisoners indicated high availability of diverted medication and, to a lesser extent, cannabis.
- 1.44 Some elements of dynamic security at Ash House were reasonably strong. Relationships between staff and prisoners were good, and there was effective supervision on residential units during association. Officers had a good knowledge of the personal circumstances of their prisoners and dealt with their behaviour quickly.

Recommendations

- 1.45 **There should be better communication and information sharing between the security department in HBW and Ash House.**

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- 1.46 **Security objectives should be set following a thorough analysis of intelligence, key threats relevant to Ash House should be identified and acted upon, and risk management systems should be improved.**
- 1.47 **Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision.**

Incentives and earned privileges

Expected outcomes:

Prisoners understand the purpose of the incentives and earned privileges (IEP) scheme and how to progress through it. The IEP scheme provides prisoners with incentives and rewards for effort and behaviour. The scheme is applied fairly, transparently and consistently.

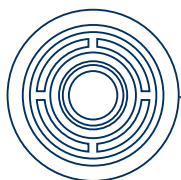
- 1.48 The PREPS operated well in Ash House, but only about a third of women felt it had encouraged them to change their behaviour. Prisoner pay rates were determined by their regime level, which was not appropriate.
- 1.49 There was a comprehensive policy for the PREPS scheme. In our survey, 50% of respondents said that they had been treated fairly in the scheme, but only 34% said it had encouraged them to change their behaviour.
- 1.50 At the time of our inspection, there were no women on the basic regime, 24 on standard and 30 on enhanced. There were regular time-bound reviews of individual regime status, with robust management checks of reports by staff. The scheme was monitored at the monthly equality and diversity meeting, and the daily operational report recorded the numbers of prisoners on each regime level. In the previous six months, the numbers of Catholic and Protestant women on each of the three levels of the scheme had been proportionate. However, pay rates for prisoners depended on their PREPS regime level rather than on the job they were doing, which was inappropriate.

Recommendation

- 1.51 **Prisoners doing the same job should receive the same rate of pay.**

Housekeeping point

- 1.52 The prison should investigate the negative perceptions of women prisoners about the progressive regimes and earned privileges scheme (PREPS) and encourage them to change their behaviour.



Discipline

Expected outcomes:

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

1.53 The number of adjudications was low and hearings were fair. There was no specific punishment tariff for women and no standardisation meetings. Force was used as a last resort against prisoners, but monitoring was underdeveloped and information was not used to identify trends and patterns. Most officers had not received up-to-date control and restraint training. There was no segregation unit and women were rarely segregated in their rooms.

Disciplinary procedures

- 1.54 There had been only about six adjudications a month in the previous six months, which was a significant reduction from the 10 a month in the first six months of 2012. The records of the adjudications we examined showed that hearings were conducted fairly and that charges were investigated fully. Punishments were fair and there were clear examples where adjudicating governors had dismissed cases due to a lack of evidence or anomalies in process. All hearings were audio recorded.
- 1.55 There was evidence that adjudicators ensured that the prisoner fully understood each stage of the process before moving on, and all were offered the opportunity to seek legal advice, put across their version of events and call witnesses. The appeals process was explained to all prisoners directly after the formal hearing by the adjudicating governor and again by residential officers on leaving the adjudication room.
- 1.56 As at the previous inspection, there was a Northern Ireland-wide punishments tariff for all prisoners, regardless of their sex or age, but adjudicators tended to take account of the circumstances applying in Ash House. Records also showed that confinement to room had been given only once in the previous six months in a case involving drugs (see segregation section below). There were no adjudication standardisation meetings to monitor the standard of hearings or analyse information to identify trends or patterns.
- 1.57 There was some evidence of unofficial punishment with a few examples where staff had withdrawn privileges informally. There were examples in prisoner files where officers had locked prisoners in their cells for shouting out of windows or other minor infringements of wing rules.

Recommendations

- 1.58 **There should be a specific punishment tariff for women in Ash House.**
- 1.59 **Adjudication standardisation should take place to monitor the standard of adjudication and to use information to help identify trends.**
- 1.60 **Unofficial punishments should cease.**



The use of force

- 1.61 There had been only five Incidents involving the use of force in the previous six months. None had involved full use of pain compliance techniques. All incidents were spontaneous and intervention was reasonably well organised, with proper authority recorded. All the reports we examined demonstrated that force was used as a last resort, and written accounts from officers gave assurance that the force used was justified.
- 1.62 A use of force committee met monthly on the YOC side to monitor the use of force and analyse information about incidents, including those at Ash House, but, in practice, there was no analysis to identify trends or emerging patterns. There were no links with the violence reduction strategy or representation from Ash House, and little evidence that information was used to inform minimisation strategies. Incidents were not discussed at the monthly security committee and safer custody meetings, and two-thirds of officers working at Ash House had not received up-to-date control and restraint training.

Recommendations

- 1.63 **All prison officers should have up-to-date training in control and restraint.**
- 1.64 **The structure of the use of force committee should be improved and links with Ash House, and information about use of force should be used to inform violence and minimisation strategies.**

Segregation

- 1.65 There was no segregation unit at Ash House. The occasions when women were confined to their rooms as punishment following adjudication were rare, with just one case in the previous six months. In this case, the prisoner was locked in her room only during association and could mostly engage with normal wing activity, which seemed typical of treatment in these rare cases. There was evidence that officers were supportive and aware of the needs of this particular prisoner.

Substance misuse

Expected outcomes:

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


- 1.66 Leadership and coordination of services was poor and the strategy was not based on a local analysis of needs. Some prisoners with drug and alcohol problems were positive about the support they were offered but complained about a lack of continuity in casework. There was no use of peer mentors or dual diagnosis provision, which was a significant omission. Substance misuse services were worse for women than male prisoners held at the site.
- 1.67 The drug and alcohol strategy document was out of date (August 2011). There was no evidence that it had been informed by any analysis of local needs, and there was no action plan. The drug strategy meeting had been absorbed into the safer custody meeting, but the clinical drug service managers, health care or security staff did not attend that meeting regularly.



- 1.68 The establishment overall had little strategic leadership or oversight of or coordinated approach to addressing the supply, demand or harm reduction and throughcare principles in its drug and alcohol strategy. This was partly due to a lack of communication between the prison and the two providers of substance misuse services. The women received poorer outcomes from their substance misuse treatment than the young men in HBW.
- 1.69 Only five women were receiving opiate substitution treatment. Access to clinical assessment and opiate substitution treatment was limited, with long waiting times and unclear treatment pathways. There was only one addiction nurse on site for just one day a week, with minimal cover for sickness and holidays. Some women who needed to start treatment had to wait more than a week to see the nurse with minimal symptomatic relief.
- 1.70 Clinical and psychosocial services worked in isolation, with no multidisciplinary team meetings and minimal information sharing or other integration. Clinical reviews for prisoners on opiate substitution treatment were not held consistently and did not always involve all relevant parties. Prisoners told us that when they did have reviews it was mostly only with the GP, and never with their psychosocial worker present.
- 1.71 Only two of the five women on opiate substitution treatment were engaged with the psychosocial service provided by Ad:ept. Prisoners cited lack of consistency and experience of allocated workers as barriers to engagement. Those engaged were largely positive about the service.
- 1.72 Low intensity, harm reduction-based, one-to-one psychosocial interventions addressing both drugs and alcohol were of good quality. A basic accredited drug and alcohol awareness group programme was also available. The prison version of the 'addressing substance related offending' (P-ASRO) group programme available at the YOC was not offered to the women.
- 1.73 There was no higher intensity drug recovery wing or coordinated intervention to support young adults when this was the appropriate action to take, although Ad:ept workers could provide one-to-one support to this end. It was positive that there were limited higher intensity, rehabilitation – or recovery-focused opportunities. An Alcoholics Anonymous group was run weekly by external facilitators and Ad:ept provided a counsellor, who had a caseload of three women and a waiting list of two.
- 1.74 There was no peer support or mentoring scheme, although Ad:ept held a focus group twice a year. Prisoners with other addiction treatment needs, like gambling, had to access counselling and support from external agencies. These sessions took place in the visits hall, which had little privacy and was an inappropriate venue.
- 1.75 There was no dual diagnosis service for women with both mental health and substance-related problems, and some women who felt they needed such a service told us that they felt marginalised and uncared for.

Recommendations

- 1.76 **A fully integrated multidisciplinary addictions team should be established to deliver timely and effective clinical and psychosocial drug and alcohol services, including group work, based on a full needs assessment.**
- 1.77 **Meetings that discuss the drug strategy should involve all relevant departments and service providers to improve communication and the coordination of services.**

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- 1.78 The establishment should repeat its substance misuse needs analysis annually to ensure that service provision matches current prisoner need, and reflect this in an up-to-date strategy that contains an action plan and performance measures.**
 - 1.79 The health care department, clinical substance misuse service and Ad:apt psychosocial service should work together to improve care planning and care coordination through joint care plans and reviews.**
 - 1.80 There should be a dual diagnosis service for women who experience both mental health and substance-related problems.**

CHAPTER 2:

Respect



Residential units

Expected outcomes:

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

- 2.1 Women were located inappropriately within a prison for men and complained of verbal abuse by male prisoners. Cells were of a good standard, but some bathrooms required attention. Basic residential services were appropriate.
- 2.2 Although pleasant, Ash House felt claustrophobic. Women complained of abusive shouting by male prisoners in the YOC, especially from Beech House, which overlooked the women's accommodation. Some said that this made them nervous of leaving the house. Prisoner movement within Ash House was restricted because some prisoners needed to be kept apart to avoid confrontations. These factors, combined with the frequent unplanned lock-ups and insufficient time in the open air (see also paragraph 3.4), created an environment that was detrimental to women, particularly those with mental illness. The location of the house within a male prison was inappropriate, and it was difficult to see how in its current configuration these fundamental flaws could be addressed. (See main recommendation HP50.)
- 2.3 Cells for women were properly equipped and almost all were well presented. Toilets were suitably screened, but very few had a lid. Communal areas were clean and bright. Accommodation on A5, the enhanced landing, was excellent.
- 2.4 Bathroom facilities were very clean, but some showers had mould and peeling paint, and one bath had been out of order for over two weeks. The communal toilets needed taller doors for privacy, and the showers needed to be higher. In our survey, only 72% of respondents, against the comparator of 92%, said that they could have a shower every day. Frequent unplanned evening lock-ups meant that women who were at work during the day could not have a shower in the evening.
- 2.5 We were concerned that prisoner records were kept in unlocked filing cabinets in prisoner areas and in folders on the landing desks, which were not always staffed.
- 2.6 In our survey, only 73% of women, against the comparator of 86%, said that it was easy to make an application. Although the computer-based system was effective, the absence of confidential applications and the low literacy among the women might have discouraged them from using the system. Most prisoners were aware of the rules, except the arrangements for outside exercise (see paragraph 3.4).



- 2.7 Incoming and outgoing mail was well managed, and prisoners could send and receive emails. There were enough telephones, but those on A1 and A5 landings were not sufficiently private, and a booth had not yet been installed on A1, despite a prisoner ombudsman's recommendation.
- 2.8 Prisoners wore their own clothes, which their families could hand in. The limit on the amount of clothing prisoners could have in their cells was generous, and women could exchange clothing easily in reception. There were washing and drying facilities on each landing for prisoners to wash their own clothes and bedding. Some prisoners did not have a coat to wear outside.

Recommendation

- 2.9 **All prisoners should be able to make telephone calls in private.**

Housekeeping points


- 2.10 The bathrooms on Ash House should be kept free of mould and be regularly re-painted.
- 2.11 Prisoners should be able to make a confidential application.
- 2.12 Prisoner records should be held securely and not accessible to other prisoners.
- 2.13 All prisoners should have a coat.

Mothers and babies

Expected outcomes:

Mothers and babies are provided with a safe, supportive and comfortable environment which prioritises the care and development of the child. Pregnant women receive appropriate support.

- 2.14 The informal support for the mother and her baby was good, but there was little evidence of formal safeguarding activity. There were no care-planning processes for mothers and babies, pregnant prisoners or women separated from their children.
- 2.15 The mother and baby facility comprised two large adapted cells on A4 landing, one of which was in use during the inspection. Other prisoners held on the landing, and the staff working there, had been vetted to ensure the child's safety. The cell was not decorated any differently from other cells, but it was provided with all necessary baby equipment in good condition.
- 2.16 The mother and baby policy was old, not specific to Ash House, and was not being followed. Staff had not received training for working with mothers and babies since the prison opened, and none was qualified in infant resuscitation. There was no care plan for the mother and her child, and no regular meetings to monitor progress. We were not assured that health visitor visits were properly recorded, and had concerns about the practice of preparing feeds in the cell alongside the toilet. We were not satisfied that the mother, who did not speak good English, always fully understood what was said to her, or that formal interpreting was used as required. Other prisoners had been asked to take care of the



baby when its mother was at court, and we found no evidence that this arrangement had been appropriately considered in the best interests of the child.

- 2.17 More positively, arrangements had been made for the baby's father (who was also in prison) to visit monthly, and for staff to escort the mother while taking her child for a walk in the grounds.
- 2.18 There was no care planning for pregnant women and no specialist support for women who had been separated from children born in custody.

Recommendations

- 2.19 **The mother and baby unit policy should reflect the specific arrangements and facilities at Ash House, and its requirements should be implemented.**
- 2.20 **There should be a clear process, agreed with the local safeguarding children board, for arranging childcare for babies at Ash House.**

Housekeeping point

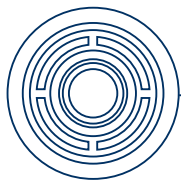
- 2.21 Feeds for babies should be prepared in an area away from cell toilets.

Staff-prisoner relationships

Expected outcomes:

Prisoners 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.

- 2.22 Relationships between staff and prisoners were generally positive, but communication between staff across the prison was hampered by poor record keeping. Staff had not received gender-specific training.
- 2.23 Although there was no formal personal officer scheme, staffing levels were generous when the landings were unlocked, and staff got to know the women. We saw generally positive, appropriate and relaxed encounters between prisoners and staff, and some supportive behaviour. Staff used prisoners' first names, except over the public address system. Staff were able to brief us about individual women, although they were not always aware of the work done with them in other parts of the prison, which limited the support they could provide. There was no systematic training for new Ash House staff about issues affecting women prisoners, although there were some promising new training initiatives, particularly about mental illness.
- 2.24 The written reports on prisoners we examined seemed primarily designed to inform the PREPS (progressive regimes and earned privileges scheme), rather than to promote communication between staff. Some staff entries were inappropriately subjective or judgemental, and there was no evidence of regular conversations with prisoners to monitor their well-being and progress.
- 2.25 There had been five prisoner-staff consultation meetings since March 2012. The minutes indicated that they were lively and appropriate, but the meetings needed to be at least monthly to manage the volume of issues raised and the prisoner turnover.



- 2.26 Mediation was sometimes used to resolve disputes between prisoners, but this service was threatened by staff shortages (see also paragraph 1.25).

Recommendations

- 2.27 **Staff working at Ash House should receive training on working with women prisoners.**
- 2.28 **Staff entries in prisoner records should be objective and factual, and should regularly detail the support offered to women across the prison in order to promote good communication between staff and prisoners.**
- 2.29 **Prisoner-staff consultation meetings should take place at least monthly.**

Housekeeping point

- 2.30 Staff should always address prisoners by their preferred names, including over the public address system.

Equality and diversity

Expected outcomes:


The prison demonstrates a clear and coordinated 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 characteristic³ are recognised and addressed: these include race equality, nationality, religion, disability (including mental, physical and learning disabilities and difficulties), gender, transgender issues, sexual orientation and age.

- 2.31 The strategic management of equality and diversity was weak. Equality and diversity meetings were not always attended by key stakeholders and did not consider all the protected groups, and prisoner consultation was also underdeveloped. Any differences in outcomes between Catholic and Protestant prisoners were not well understood. There was under-recording of disability, and the adapted cell was not accessible to women with mobility problems. There was little information for prisoners about protected groups or the support available.

Strategic management

- 2.32 The strategic management of equality and diversity was weak, and some key departments did not routinely attend the monthly equality and diversity meeting, although there was regular external and prisoner representation. The agenda did not cover all the relevant diversity issues. The meeting was held jointly with staff and prisoner representatives from the male site, and did not take account of the distinct differences between male and female custody.
- 2.33 An equality and diversity manager and a discipline officer were allocated day-to-day responsibility for work in the area but had only limited facility time. New officer recruits received equality and diversity training

³ The grounds upon which discrimination is unlawful (Equality and Human Rights Commission, 2010).



but, despite our previous recommendations, existing staff had no similar training. This was particularly relevant given that three-quarters of the staff at Ash House were Protestant while half the prisoner population were Catholic. The ratio of male to female staff with prisoner contact was appropriate.

- 2.34 Monitoring and analysis of equality and diversity issues and trends were weak, and effective scrutiny of outcomes for Catholic and Protestant prisoners and the protected groups (section 75 of the Northern Ireland Act 1998) did not take place. (See main recommendation HP51.) The corporate NIPS wide equality and diversity action plan was reviewed at the meetings, but there was no local action plan.
- 2.35 Discrimination complaints were submitted through the general complaints system or verbally to staff. There had been 11 discrimination complaints from Ash House and HBW between August 2012 and January 2013, compared with 19 in the previous year. The complaints we looked at were for low-level matters, none of which were discriminatory. The equality and diversity manager dealt with all discrimination complaints except for allegations against staff, which went to a governor. Scrutiny arrangements for discrimination complaints were poor.
- 2.36 There were no formal links between equality and diversity and safer custody staff, and there were no systems to identify prisoners who had been found guilty of a racially aggravated offence or an incident of racist bullying to enable risk assessments.

Recommendations

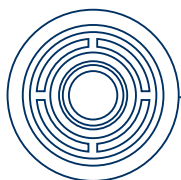
- 2.37 **The terms of reference for the equality and diversity meeting should include all the protected characteristics, and there should be an appropriate focus on female prisoners.**
- 2.38 **All staff, including the equality and diversity manager, should receive regular refresher training focused on the Northern Ireland context.**
- 2.39 **Information about prisoners who have committed a racially aggravated offence or been involved in racist bullying should be collated and used in cell sharing risk assessments.**

Housekeeping point

- 2.40 The prison should develop a local equality and diversity action plan, which should be reviewed at each equality and diversity meeting.

Protected characteristics

- 2.41 There were five black and minority ethnic prisoners and two Irish travellers in Ash House, and there was no monitoring of Gypsy and Romany backgrounds. There were no specific consultations with these groups.
- 2.42 A comprehensive corporate foreign national policy covered all three prisons in Northern Ireland. There were five foreign nationals in Ash House, with none held solely on immigration grounds. Two of these prisoners spoke no English, but interpreting services were used routinely. The prison did not maintain a list of staff and prisoners prepared to interpret for everyday non- confidential matters. Foreign nationals received a free 10-minute weekly telephone call if they had less than £30 in their accounts or did not receive domestic visits. The establishment had good links with the United Kingdom Border Agency (UKBA) and there were quarterly surgeries for prisoners. There were links with Embrace Northern Ireland, a church group that assisted asylum seekers.



- 2.43 In our survey, 50% of women prisoners said they were Catholic and 25% were Protestant. Thirteen per cent said they had been victimised by other prisoners because of their religious beliefs, which was much worse than the comparator of 2%, and the lack of effective diversity monitoring meant that the prison could not confidently gauge whether outcomes were equitable. (See main recommendation HP51.)
- 2.44 In our survey, 42% of female respondents considered themselves to have a disability, but only one woman had been recorded by staff on the local disability register. There was one fully adapted cell in Ash House, but it was up a flight of stairs so could not be accessed by prisoners with limited mobility. Support for this group was poor.
- 2.45 Our survey showed that 7% of women considered themselves to be gay, bisexual, or transgender. Those we spoke to felt frustrated that there was no support for them, other than through self-referral to health care. One woman, who was also a prolific self-harmer, told us that most of her mental health issues were directly related to her sexuality but she had been offered no support for this.
- 2.46 There was a comprehensive strategy for female detention and gender-specific standards for their treatment, but there was limited assurance of compliance with these. A course addressing domestic violence was no longer available.

Faith and religious activity

Expected outcomes:

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

- 2.47 Faith provision was good and most prisoners felt their religious beliefs were respected. There was good pastoral support and links with external organisations.
- 2.48 There was good faith provision and good monitoring to ensure need was met. The small chaplaincy team worked part time and was led by a Catholic chaplain. Minority faith leaders came to the prison as required. Prisoners said it was easy to see a chaplain and attend faith services, but in our survey only 33%, against the comparator of 63%, said they could see a chaplain when they first arrived, although this was not borne out by our observations.
- 2.49 The chapel was shared with the YOC and access for women was equitable to male prisoners. Christian services for women took place on Wednesdays. The multi-faith room was small and functional. There were few Muslim prisoners and the Muslim chaplain saw them individually. A Catholic nun gave one-to-one support to women of all faiths and was well respected by prisoners and staff. Chaplains maintained an extensive list of religious artefacts that could be bought by or for prisoners. All major faith and cultural events were celebrated.
- 2.50 Faith study groups included the Sycamore Tree restorative justice course and a three-day Kainos (Christian charity) programme, with continuous follow-up. There was good pastoral support for prisoners, including bereavement counselling from Cruse bereavement support, and practical support for prisoners and their families from the St Vincent de Paul Society Christian charity, as well as official prison visitors.



Complaints

Expected outcomes:

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

- 2.51 Complaints were generally dealt with quickly and appropriately, but not all were investigated sufficiently or concluded, and quality assessment was not robust. There was no evidence that senior managers routinely analysed complaint statistics or took action to address issues.
- 2.52 Complaint forms were freely available and quickly responded to, and women prisoners understood the process, including complaints to the Ombudsman. In our survey, 77% of women said complaints were dealt with quickly, against the comparator of 48% and the response of 31% in 2007.
- 2.53 Some prisoners said they had little faith in the system and they were not routinely consulted about the process. Unlike the rest of the UK, there were no confidential access envelopes to allow women prisoners to make complaints to the governor.
- 2.54 Both complaints and responses were typed, which helped readability, and most responses were respectful and addressed the issue raised. However, not all were sufficiently investigated or concluded, including some relating to staff and some that had been referred to the police. Responses were not quality checked sufficiently by senior managers.
- 2.55 Complaints were not monitored by numbers upheld or refused or across all the protected characteristics. Statistics on the number, wing, topic, gender, and stage and response timeliness of complaints were published monthly, and the equality and diversity manager included a similar summary in his reports, with the addition of breakdown by religion. There was no evidence that senior managers routinely analysed complaint statistics or took action to address issues.

Recommendation

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

Housekeeping point

- 2.57 Prisoners should be consulted about the complaints process to monitor and improve confidence in the system.



Legal rights

Expected outcomes:

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

2.58 A bail service operated, and there were suitable private facilities for legal visits.

2.59 In our survey, women's views on legal services were similar to the comparators, but fewer than when we last inspected said that their legal mail had been opened when they were not present. Committal staff asked new arrivals about outstanding legal issues, and prisoners had access to a family liaison officer. Queries about bail hostels were directed to a housing rights worker employed by the voluntary Housing Rights Service, who was based in the prison two days a week.

2.60 Legal visits could be booked five days a week and there were suitable facilities for legal visitors to meet their clients in private. There were a few up-to-date legal reference volumes in the library.

Health services

Expected outcomes:


Prisoners 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 prisoners could expect to receive elsewhere in the community.

2.61 There had been improvement in health services and some good initiatives had been introduced, but these were not yet fully delivering effective outcomes for prisoners. Facilities were mixed and some resuscitation equipment was out of date. Prisoners had delays in seeing health care professionals. Staffing issues were impacting on services. Dental services were good, but in-possession medications arrangements were inadequate. Mental health services had improved but referral criteria were too restrictive.

Governance arrangements

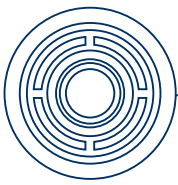
2.62 South Eastern Health and Social Care Trust (SEHSCT) provided the health services. Strategic and operational forums had been restructured, and local governance was assisted through joint senior management meetings. Senior health care staff had some concerns about the lack of collaborative working, although other staff felt that this was improving. Information-sharing protocols were not fully developed.

2.63 The prison health care strategy 2010-15 had not been finalised. A draft health needs assessment had been completed. Data collection required improvement, notably the breakdown and monitoring of self-harm incidents, to identify those at risk and make appropriate referral to the mental health team.

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- 2.64 Most health care staff had transferred to SEHSCT on 1 April 2012, and some staff were seconded to the Trust until 31 March 2013. Some appointments were still pending. Staff told us that progress in delivering some health care services had been hampered by staff shortages.
- 2.65 Induction programmes for nurses needed improvement to equip newly employed primary care nurses for the responsibility of the post, particularly assessment for referral to the mental health team. Staff appraisals and clinical supervision required improvement.
- 2.66 Nurses considered that life support training should be increased to the higher intermediate level. Mandatory training uptake was poor. Staff appraisals and clinical supervision required improvement. Paediatric life support training was required as there was a mother and baby in Ash House (see Mother and baby section). Women prisoners said that they had little confidence in the ability of staff to deal with emergency health issues.
- 2.67 A key/associate worker concept was in place (someone who coordinates patient care). There was evidence of some good staff interactions with prisoners, although health care staff did not wear identification badges.
- 2.68 Health care facilities were generally satisfactory but an inpatient unit was no longer available. Separated prisoners occupied part of the health care accommodation, which reduced the availability of facilities and affected the delivery of some life skills programmes. Nursing staff still undertook prison officer duties. This was of particular concern at night when only one member of staff was on duty.
- 2.69 Safety checks identified out-of-date resuscitation equipment and emergency drugs. Defibrillators in the medical room of Ash House were not accessible. There were no safety checks recorded for defibrillators under the responsibility of NIPS.
- 2.70 The occupational therapist had introduced some good initiatives but these had been hampered by a lack of appropriate facilities. A range of mobility aids and equipment was available. There was good liaison with relevant agencies for the management of communicable diseases.
- 2.71 An easy-to-understand health care leaflet explaining how to access services was provided on committal, but was only available in English.
- 2.72 Complaints about health services were reviewed to identify trends and patterns.

Recommendations

- 2.73 **There should be information sharing protocols to enable the efficient and confidential sharing of relevant information.**
- 2.74 **Data collection to inform the health needs assessment should be improved and used to finalise a prison health care strategy.**
- 2.75 **Induction programmes for nurses should be improved to ensure they are equipped for the responsibility of the post.**
- 2.76 **Paediatric life support training should be provided.**
- 2.77 **Nursing staff should not undertake prison officer duties.**



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

Housekeeping points


- 2.79 Prisoners should be able to identify staff by their name badges.
- 2.80 The defibrillator in Ash House medical room should be accessible.
- 2.81 The occupational therapist should be given appropriate facilities.
- 2.82 The health care leaflet should be available in a range of languages.

Delivery of care (physical health)

- 2.83 New arrivals had an initial health care assessment within 24 hours. The full 72-hour assessment was not available or only partially completed. A project to engage staff in improving systems of work and quality of delivery had started to review the committal pathway.
- 2.84 In our survey, 58% of women prisoners said it was difficult to see a doctor. Data collection on access to health care needed improvement. There were variations in the nurse triage process which could result in unacceptable delays and needed review. At times nurses appeared to be working outside their levels of competence, and inconsistencies were noted in referral to GPs. We asked to see the four-week triage lists but these could not be provided. A drop-box system was to be introduced for self-referral.
- 2.85 We examined a sample of care records on EMIS (Egton Medical Information System). Some entries were poor and not all interventions were recorded, while others were comprehensive and gave a good account of care provided. Health care records were not audited regularly.
- 2.86 We were told that the mother and baby had the appropriate visits by a midwife and health visitor and postnatal check by the GP. Immunisations were up to date.
- 2.87 Information was not readily available on the number of prisoners with lifelong conditions, and implementation of chronic diseases clinics had been affected by the departure of specialist nurses. A range of health promotion information was available, but screening was limited. Hepatitis B vaccinations were offered on committal and routine flu vaccination clinics were available. Tetanus vaccine was available on request.
- 2.88 There was central management of a range of waiting lists. Referral to secondary care services was not a problem. Referral to genitourinary medicine (GUM) services had been high but there were good turnaround times for appointments.

Recommendations

- 2.89 **A full health care assessment should be completed within 72 hours of committal.**
- 2.90 **The collection of data on access to health care professionals should be improved to avoid unacceptable delays.**

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- 2.91 **Nurses should work within their competency framework.**
- 2.92 **Data should be collected on prisoners with lifelong conditions and care provided by nurses with the relevant skills and competency.**

Housekeeping point

- 2.93 The quality of recording on EMIS should be improved and there should be regular audits of health care records.

Pharmacy

- 2.94 A community pharmacy provided the pharmacy service. Monthly dispensing data were reviewed by the senior pharmacist. There were clear lines of accountability for safe and secure handling of medicines through strategic meetings and the operational forum. There were appropriate arrangements for managing adverse incidents involving medications. The full capability of EMIS was not used to retrieve data on medicines management.
- 2.95 There were up-to-date policies, standard operating procedures and patient group directions, but only standard operating procedures for controlled drugs were audited.
- 2.96 At committal, prisoners were individually risk assessed for in-possession medication and a risk assessment form completed. Most reviews were not recorded and some did not accurately reflect risk. In our survey, 74% of women prisoners said they were on medication, of whom 66% held this in possession. There were no regular checks on prisoners with in-possession medication. It was inappropriate that prisoners who were deemed for some reason no longer suitable for receiving their medications in-possession were not always offered the alternative of supervised administration. There had been work to reduce the number of divertible medications held in possession.
- 2.97 There were no notices to inform prisoners of the availability of patient information leaflets.
- 2.98 Records for the disposal of medicines were not maintained, although these medicines were at risk of diversion and needed to be closely monitored. Treatment room audits were carried out infrequently. An audit in January 2013 had shown that date checking had not been completed. The maintenance of accurate stock balances for emergency stock, discretionary and extended discretionary list medicines had not been monitored.
- 2.99 Controlled drugs subject to safe custody requirements were administered via a supervised swallow. Records were appropriately maintained and stock balances were accurate. There was a quarterly management of controlled drugs audit. Stock reconciliation checks were not carried out at all shift handovers.

Recommendations

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



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

Housekeeping points

- 2.102 There should be a clear record of all medicines disposals.
- 2.103 Accurate medications stock books should be maintained and records of emergency stock medicines and discretionary medicines should be checked.
- 2.104 Controlled drug stock reconciliation checks should be completed at each shift handover.
- 2.105 Notices should be displayed to inform prisoners of the availability of patient information leaflets.
- 2.106 EMIS should be used to collect a wider range of data on medicines management.

Dentistry


- 2.107 Dental services were generally good, waiting lists were not long, and urgent cases were seen the next day. The Department of Health, Social Services and Public Safety target, November 2012, for compliance with HTM 01-05 (health technical memorandum on decontamination of reusable dental and medical instruments) had not been achieved. A legionella risk assessment was required for water lines in the dental surgery. Any problems with compliance with Control of Substances Hazardous to Health regulations were addressed immediately.

Recommendation

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

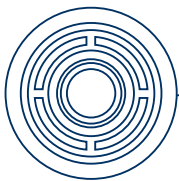
Delivery of care (mental health)

- 2.109 Mental health services provided by a multidisciplinary team had improved and included mental health nurses. The patients care pathway had a tiered approach intended to reflect community mental health service provision. There was a focus on the 'talking therapies' and group work, but there was a lack of procedural guidance and clear governance.
- 2.110 New referrals and casework were discussed at weekly team meetings. Decisions were made on care planning, treatment options and discharge, but no records were taken. Administrative support, office and consultation facilities were not provided.
- 2.111 In our survey, 42% of women said that they had mental health problems, and 45% felt depressed or suicidal on arrival. Mental health nurses only screened committal assessments. Initial liaison between mental health and primary care staff to enhance understanding of the mental health service was good practice. More collaborative work was needed to involve mental health nurses in the committal process and provide feedback to primary health care nurses.

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- 2.112 Caseloads appeared low and the referral criteria were too strict; prison officers could no longer make a referral. Review appointments were informal and records of contact were sometimes sparse. Prisoners with a dual diagnosis were not always appropriately referred. There was a high level of personality disorder, and mental health nurses needed training in this. There was a need for social work support to enhance liaison between prisoners and community services.
- 2.113 The service did not fully reflect the community mental health service model. There was no scope for fast tracking prisoners, crisis work or an intensive short-term home treatment model. Prisoners who self-harmed were assessed by primary care professionals, but there were no procedures for joint working and onward referral. We observed complacency on the part of some staff to managing self-harm, and urgent improvement was needed in the support offered to prisoners who self-harmed (see suicide and self-harm section)
- 2.114 The mental health team only contributed to the SPAR review of prisoners on their caseload rather than an individual needs basis. More collaborative working was needed in this area. 'Wellness recovery action planning' and 'Living well behind the door', cognitive behavioural therapies and a counselling service were available. Women prisoners told us that excessive lock-downs affected their mental state and could bring on thoughts of suicide. Treatment plans had been disrupted by frequent lock-downs.
- 2.115 A prisoner in Ash House who had inflicted serious self-harm in a suicide attempt had had no mental health assessment and risk assessment completed until 11 days after the incident. In the community, a psychiatric assessment would have been completed before the patient left the emergency department.
- 2.116 There was a lack of core collaborative working between doctors in mental health and primary care in medication management. For example, a GP reversed a medicine prescribed by the consultant psychiatrist without consultation. We identified that potential increased risk was not always shared with prison staff and therefore not considered at SPAR reviews.
- 2.117 There was a need for social work support to enhance liaison between prisoners and community services over concerns they highlighted about their children or family members.
- 2.118 Patients' contacts were not electronically recorded, there were no formalised individual programmes of care and discharge planning from this service needed improvement. However, prisoners felt supported by the mental health nurse.
- 2.119 Women prisoners were not aware of their management plan. Poor recording of team minutes and brief electronic records did not provide a clear picture. Risk assessments and care plans did not include prisoners' signatures to indicate partnership working.

Recommendations

- 2.120 **The criteria for referral to the mental health service should ensure that there are no undue delays in prisoners using mental health services, including after serious cases of self-harm.**
- 2.121 **Mental health staff should be involved in committal assessments.**
- 2.122 **There should be improved communication and collaboration between mental health staff and GPs, consultant psychiatrist, primary care and discipline staff.**



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

Housekeeping points

- 2.124 The mental health team should have adequate administrative support and office and consultation facilities.
- 2.125 Information on and access to mental health services should be available to prisoners on committal and on the landings.
- 2.126 Patients' notes should clearly reflect their individual pathways through the mental health service, and provide information on the time of review appointments.

Catering

Expected outcomes:

Prisoners 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.

- 2.127 The majority of women did not like the food. The menu was repetitive and did not offer enough fruit and vegetables. Self-catering facilities on Ash 5 were excellent. Management servery checks were infrequent.
- 2.128 In our survey, only 43% of women prisoners said the food was good. The three-week menu cycle was repetitive, and did not offer the recommended five portions of fruit and vegetables a day. Menus indicated different dietary options, and there were separate menus for minority groups. The main religious and cultural events were celebrated with appropriate meals.
- 2.129 Meals were served at appropriate times, and prisoners dined communally, but when staffing levels were low, meals were eaten in cell. The facilities on Ash 5 for women on the enhanced regime to self-cater were excellent. Pregnant women received a pint of milk a day to supplement their diet.
- 2.130 The kitchen was clean and well organised. Women prisoners working there completed the essential food hygiene course and could undertake National Vocational Qualification levels 1 and 2 in catering. Management servery checks were infrequent.
- 2.131 The catering manager attended monthly prisoner consultation forums. The last food survey was in November 2012, and received an 88% response rate from women prisoners. There were no food comments books, and only three food complaints had been received from across the prison in the previous six months.

Recommendation

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



Housekeeping point

- 2.133 The prison should introduce food comments books or other methods of receiving feedback about the food.

Purchases

Expected outcomes:

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

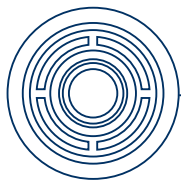
- 2.134 New arrivals could place a tuck shop order if they had money but those without were not offered an advance. Prisoners could buy items not on the published shop list, but were unfairly penalised by a fee on some catalogue orders.
- 2.135 Prisoners arriving with money could place a shop order on their day of arrival, but no advance was offered to those without money.
- 2.136 The shop was managed in-house and mistakes quickly rectified. Prisoners could buy items not on the shop list, such as CDs. Food items had recently been purchased from a Chinese supermarket to meet the needs of Chinese prisoners. Many prisoners found the items expensive and there was insufficient choice of non-branded goods. No hobby items were listed and, although there was an extensive hobby catalogue in the shop, women prisoners, unlike the men, could not simply drop into the shop to look at this without an officer escort. None of the women or staff in Ash House knew about the availability of this catalogue.
- 2.137 Prisoners' families were expected to bring in clothing for them, but prisoners without regular visits could buy clothes from catalogues four times a year. Prisoners were charged £1 on catalogue orders of £10 or less, of which 50p went to the governor's fund and 50p on an administration charge; this was an unfair penalty.
- 2.138 Changes were made to the shop list following annual surveys and prisoner consultation meetings.

Recommendations

- 2.139 **New arrivals without money should be offered a repayable advance to make a purchase from the shop.**
- 2.140 **Prisoners should not be charged a fee on catalogue orders.**

Housekeeping point

- 2.141 The hobby catalogue should be advertised and available to women prisoners.



CHAPTER 3:

Purposeful activity



Time out of cell

Expected outcomes:

All prisoners are actively encouraged to engage in activities available during unlock, and the prison offers a timetable of regular and varied activities.⁴

- 3.1 There was significant regime slippage and most prisoners spent too long locked in cell. Prisoners needed more access to outside activities.
- 3.2 The published regime allowed for 9.5 hours out of cell on weekdays and 7.5 hours at weekends. In the preceding three months, according to the prison's data, time out of cell had averaged between 5.2 and seven hours. In our survey, few women (27%) said they spent 10 or more hours out of their cell on a weekday. (See main recommendation HP52.)
- 3.3 We found evidence of late unlocks on Mondays when staff meetings took place. During two roll checks we found that all prisoners were unlocked, but if staffing levels dropped or there was an alarm, prisoners were locked in their cells. Over 800 hours out of cell had been lost in the previous three months, mainly due to staff shortages. In our survey, only 36% of women said they went on association more than five times a week, against the comparator of 65%.
- 3.4 In our survey, only 14% of women, against 44%, said they went outside on exercise three or more times a week. Many women believed that outside exercise was rarely offered and, although technically available, it was not sufficiently well advertised or encouraged, so few women took part.

Recommendation

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

Housekeeping point

- 3.6 The provision of outdoor exercise should be advertised more widely, and women encouraged to take part.

⁴ 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.



Learning and skills and work activities

Expected outcomes:

All prisoners can engage in activities that are purposeful, benefit them and increase their employability. Prisoners 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.

- 3.7 The learning and skills provision was inadequate. Management and leadership of learning and skills were poor and coordination needed to be improved. There were not enough activity places and those available were poorly used, with too few women participating in learning, skills or work. The curriculum for women was very narrow and did not meet their needs. The quality of teaching, training and learning required improvement in a quarter of the lessons. Levels of attainment and accreditation were unsatisfactory, particularly in the critical areas of literacy and numeracy. The use of data to inform the self-evaluation process and improve standards was poor. The library and associated book club were excellent.
- 3.8 The ETI made the following assessments about the learning and skills and work provision:
- | | |
|--|----------------|
| Achievements of prisoners engaged in learning and skills and work: | Unsatisfactory |
| Quality of learning and skills and work provision: | Inadequate |
| Leadership and management of learning and skills and work: | Inadequate |
| Management of learning and skills and work | |
- 3.9 The learning and skills provision was under review and in a state of flux. This had affected the extent, quality and impact of the provision and was a contributory reason for why it was failing to meet the learning and skills needs of the prisoners adequately. Staffing levels were inadequate and much more needed to be done to enhance the effectiveness of the curriculum and improve outcomes for the prisoners. (See main recommendation HP53.)
- 3.10 There was no coherent, strategic approach to the provision of learning and skills. Consequently, there was insufficient purposeful activity for all the prisoners, and too few of them were employed in appropriately challenging or realistic work activities. The leadership and management of learning and skills, at all levels, were inadequate. There was a lack of clarity on the leadership and management of the vocational training, insufficient use of data to monitor performance, and too little robust evaluation of the quality of teaching and learning.
- 3.11 Quality assurance and self-evaluation arrangements were weak and had not identified sufficiently aspects of the provision that were underperforming. The self-evaluation process was not underpinned by a robust use of data to identify and address weaknesses.
- 3.12 Links between learning and skills and other key offender services, such as the offender management unit and resettlement, were not well enough developed. The learning and skills input into custody and sentence plans needed to be strengthened and more closely monitored. (See main recommendation HP54.)



Recommendation

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

Provision of activities

- 3.14 The curriculum for learning and skills for women prisoners was unsatisfactory. There were too few opportunities for them to progress their learning or acquire contemporary skills to improve employability. Staff retirements, illness absence and difficulties in recruiting temporary staff affected the curriculum offered. Only 40% of the women prisoners accessed work and/or education regularly.
- 3.15 There was insufficient purposeful activity for the prisoners. There were just 17 places in vocational training, although the capacity was rarely fully subscribed. Just four vocational training activities led to accredited qualifications, but only at level 1. In addition, there were around 20 orderly job roles, mostly on the landings. A further 13 activities were scheduled in low level tasks such as card making, and the uptake was low. Overall, not enough women were involved in suitably challenging work and hardly any had the opportunity to acquire a work-related qualification at an appropriate level that would be accepted by outside employers. Together with the low uptake and outcomes in literacy and numeracy, the employment prospects of these prisoners were not being addressed.
- 3.16 The current education and training capacity was significantly underused. Far too much learning time was lost each day due to the persistent late arrival of prisoners for the morning and afternoon sessions. Very few learning and skills classes worked close to capacity, except for recreation classes such as ceramics and pottery.
- 3.17 The extent of vocational training for women prisoners was unsatisfactory, with access only to work in the gardens and the kitchen. There were only four prisoners on accredited vocational training, which was at level 1. There was no evidence that vocational training was linked to developing their essential skills in literacy and numeracy and so increasing their employability.
- 3.18 The provision for English for speakers of other languages was limited but satisfactory.

Recommendations

- 3.19 **The curriculum should be broadened to meet the needs, interests and aspirations of the prisoners, and improve their preparation for employment on release.**
- 3.20 **More women prisoners should engage in learning and skills or work activities regularly, and the number and quality of work activities should be increased.**
- 3.21 **Prisoners should arrive at learning and skills and work activities on time to maximise their learning and work time.**

Quality of provision

- 3.22 There was a mostly positive ethos in the learning and skills centre, as evidenced by the good, supportive relationships between prisoners and staff. Most of the prisoners who attended participated well in the lessons. The learning and skills centre was welcoming and well maintained. The accommodation and resources for vocational training were good.



- 3.23 The quality of the teaching, training and learning was variable; it was a concern that one-quarter of it was inadequate and required significant improvement. These inadequate lessons were characterised by a slow pace of learning, a lack of stretch and challenge for the prisoners, low expectations and too much time spent completing uninspiring worksheets. The quality of literacy work in the book club was excellent.
- 3.24 Recreational courses, such as art, cookery and ceramics, were popular choices with the prisoners, the learning was active and purposeful, and attendance was good. Prisoners' artwork was used effectively to enhance the prison environment.
- 3.25 Although the range of information and communications technology (ICT) courses had increased, it was still limited, and the quality of learning was at too low a level and the pace of progress through the qualifications was very slow.

Recommendation

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

Education and vocational achievements


- 3.27 The needs of many prisoners with clearly identified low levels of literacy and numeracy were not met. (See main recommendation HP53.) The uptake by women prisoners of the essential skills in literacy and numeracy was much too low. Despite high levels of need, just eight women prisoners were taking an essential skills course in literacy and/or numeracy. In numeracy there were few differentiated learning activities or resources and consequently prisoners with lower or higher abilities often disengaged from the programme. Prisoners with prior qualifications in literacy and numeracy were also unable to progress further.
- 3.28 Outcomes for prisoners were variable. In education, there was insufficient use of the outcomes of the initial assessment process to underpin prisoners' learning needs, set targets and track progress. Consequently, the achievements of prisoners in literacy and, in particular, numeracy were inadequate. The data supplied by the prison showed that very few women had achieved an essential skills qualification in literacy or numeracy over the past 18 months; this was unsatisfactory.

Recommendation

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

Library

- 3.30 The library provision for the whole prison was very good and well used by prisoners. It was an inclusive, welcoming resource that was well maintained and stocked with contemporary and recreational reading. There was a good range of novels and non-fiction, complemented with easy-reads and foreign language texts. There were a few up-to-date legal reference volumes, and daily newspapers and some magazines.

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- 3.31 The library was promoted across the prison, valued by the prisoners and the levels of borrowing were high. However, there was virtually no access to the internet (see recommendation 4.35) and insufficient access at the weekends.

Recommendation

- 3.32 **The library should be open at weekends.**

Physical education and healthy living

Expected outcomes:

All prisoners understand the importance of healthy living, and are encouraged and enabled to participate in PE in safe and decent surroundings.

- 3.33 PE accommodation was good, indoor facilities were managed well, and participation rates were satisfactory. PE staff had excellent relationships with prisoners, but the reasons for prisoner non-attendance needed to be analysed more effectively.
- 3.34 There was an increasingly diverse range of programmes and fitness activities in the main sports facility to meet the needs and interests of women prisoners. The accommodation was good and included a fitness suite with a range of cardiovascular machines, spinning bicycles, free weights equipment and resistance machines. There was also some cardiovascular equipment in the residential accommodation.
- 3.35 Facility opening times included evenings and weekends. Although data on the use of the facilities were collected, regular analysis was needed to identify the reasons for the non-attendance of particular groups of prisoners.
- 3.36 The PE provision was led effectively by an acting senior officer supported by four PE instructors. The PE staff had excellent working relationships with prisoners and offered them good support and advice on training programmes and the proper use of equipment. Staff needed to gain the necessary qualifications to re-introduce a range of outdoor and adventurous activities, subject to security risk assessments. There were no effective links between the PE, learning and skills, and health care departments to develop prisoner understanding of the importance of maintaining a healthy lifestyle while in prison and on release.

Recommendations

- 3.37 **PE staff should achieve the qualifications required to reintroduce a range of outdoor and adventurous activities, subject to security risk assessments.**
- 3.38 **The PE department should develop effective working arrangements with the learning and skills and health care departments to develop prisoner understanding of the importance of maintaining a healthy lifestyle.**

CHAPTER 4:

Resettlement



Strategic management of resettlement

Expected outcomes:

Planning for a prisoner's release or transfer starts on their arrival to 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 Strategic management of resettlement at Ash House had improved, although it still lacked a current needs analysis and an overall resettlement policy. The OMU, governor and heads of probation and psychology formed a cohesive management team that worked well together and with other disciplines.
- 4.2 In 2011, we recommended that OMU communication structures should be reprioritised and that strategic and operational meetings should have clear terms of reference to clarify their distinct purposes. This had been done, and we saw minutes of regular meetings that showed a more coherent approach to OMU business.
- 4.3 The OMU comprised a co-located team of prison officers, chaplains and psychologists, as well as probation officers and voluntary community sector (VCS) agencies. Most OMU activity was driven by Parole Commissioners requirements, such as delivering programmes, compiling detailed dossiers and attending hearings. We were told that these activities curtailed OMU staff time for prisoners' resettlement needs. The OMU structure and model of delivery were appropriate. Although it had lost some staff due to cuts, it was better protected from staff redeployment than most other areas of Ash House.
- 4.4 There was still no local needs analysis or NI Prison Service resettlement policy. The *Resettlement Strategy Hydebank Wood Prison and Young Offenders Centre 2011-14* set the policy framework for resettlement. It addressed the needs of women prisoners comprehensively and outlined how services were to be delivered. There was nothing specific about life-sentenced prisoners or SMART (specific, measurable, achievable, realistic and time bound) objectives – omissions which were also highlighted in the 2011 inspection.
- 4.5 There was insufficient integration between OMU and residential staff, and little 'whole prison' approach to resettlement from the prisoner's arrival. Many residential staff were unclear about their responsibilities to support resettlement because they viewed it as an OMU responsibility. OMU staff and the new custody officer recruits were well trained and supervised, but there was little resettlement training for other residential staff.



Recommendations


- 4.6 **The resettlement strategy should be strengthened by incorporating a needs analysis, reference to life sentence prisoners and SMART (specific, measurable, achievable, realistic and time-bound) targets.**
- 4.7 **All residential staff should be trained to provide support for prisoners' resettlement.**

Offender management and planning

Expected outcomes:

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

- 4.8 Ash House provided sentence planning for sentenced prisoners and resettlement planning for those on remand. Public protection arrangements were applied appropriately. Categorisation procedures had little meaning for most prisoners. Prisoners on indeterminate sentences had little opportunity to progress and were daunted by the claustrophobic environment.
- 4.9 The Ash House approach to offender management comprised sentence planning for sentenced prisoners and resettlement planning for remand prisoners. Sentence plans generally addressed risks and needs, while resettlement plans focused mainly on social needs – such as relationships, accommodation and benefits - which might be problematic post release.
- 4.10 All new committals were expected to attend a resettlement board within four weeks of arrival, and most did. The sentence or resettlement plan was prepared at that meeting. In our survey, 63% of sentenced prisoners at Ash House confirmed they had a sentence plan, of whom 82% said they were involved in preparing them. Almost two-thirds of respondents said they had an offender manager (usually a probation officer) in the community, and most of their contact was by personal visits.
- 4.11 Sentence plans were reviewed quarterly and resettlement plans every six months. While some plans contained meaningful elements, most relied on generic aspirations (such as, 'maintain enhanced status', 'remain drug free', 'follow sentence plan') rather than individualised steps to reduce risk or enhance personal development. (See main recommendation HP54.)
- 4.12 Every prisoner, including those on remand, was allocated a sentence manager. In our survey, women at Ash House were more than twice as likely as the comparator to have a named or personal officer. Most prisoners said they had good working relationships with their sentence manager, which was important in getting the support to show the Parole Commissioners that they were trying to reduce their risks.
- 4.13 Although the offender management processes at Ash House were reasonably good, they were seriously undermined by the poor provision of purposeful activity, which affected targets in prisoners' plans. Prisoners told us that the activities in their plans were usually very slow to start and/or often interrupted because of staff absences and regime restrictions. While other services – mostly delivered by voluntary sector organisations – were good, they could not offset the lengthy and unpredictable lock-up periods or poor learning and skills provision.

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- 4.14 Every prisoner had a weekly personal timetable, but the contents were sparse and even the best of them did not reflect the reality of provision at Ash House. Sentence plans often did not inform allocation to activities or decisions about regime status. We met a few self-motivated prisoners who were achieving much, but they were in a minority and had to be very resilient. While sentence managers had a motivational role, they were reluctant to encourage prisoners into activities that might not be delivered.
- 4.15 The home leave board worked well. Prisoners participated in board meetings, which focused on balancing risk management with resettlement opportunities. In the past year, 54 applications had been granted and three refused. Four resettlement leaves had also been approved. Only four women had been on a working out scheme.
- 4.16 OMU files on individual prisoners were good, well structured and easy to follow. They contained appropriate information from all relevant agencies and demonstrated that the primary focus was on assessing and managing risks.

Recommendation

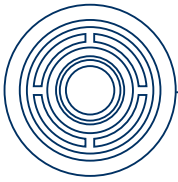
- 4.17 **Ash House should extend its working out scheme.**

Public protection

- 4.18 The NIPS was a named participant in Public Protection Arrangements Northern Ireland (PPANI), and had become more engaged with these since the last Ash House inspection. There was a monthly PPANI meeting at the prison, convened and administered by the Police Service Northern Ireland and chaired by Probation Service Northern Ireland. Governors were routinely involved and other NIPS personnel participated as necessary.
- 4.19 PPANI minutes showed that prison staff provided useful intelligence about prisoners' conduct and relationships. Timescales to formulate risk management and resettlement plans were very tight for recalled prisoners, and also when remand prisoners were discharged at court or received short sentences.
- 4.20 Ash House prisoners who came within scope of the PPANI were considered on an interagency basis. The public protection arrangements also considered lifers' risks as their tariff expiry dates approached. The plans that we saw included risk assessments and regular reviews. There was good consideration of victim issues, and the plans were individualised and proportionate to risks posed by the prisoners. Prisoners who were subject to the PPANI, and those who met risk of serious harm criteria, confirmed they were aware of their status and were involved in decisions about restrictions.
- 4.21 Safeguarding the needs of children was not adequately promoted at Ash House, and information about public protection and child protection was not well communicated to key areas of the prison, such as visits. Partner agencies were unaware of the status of the NIPS Safeguarding Children Framework and Guidance (revised August 2012) and were unsure if it was fully implemented.

Recommendation

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



Categorisation

- 4.23 Initial categorisation took place immediately following sentencing and was based on standard criteria, which included threats to the public and to prison security and history of violence. Security staff assessed the prisoner and assigned them to one of four security categories, of which they were informed. All cases were reviewed after 60 days by a panel of staff, including governors, representatives from the sentence management team, the security manager, psychologists and health care professionals. All cases were reviewed annually thereafter.
- 4.24 In practice, security categorisation had little impact on the prisoner's day-to-day regime. As Ash House was the only women's prison in Northern Ireland, prisoners were unable to move to other establishments to progress their sentence.

Indeterminate sentence prisoners

- 4.25 There were eight female lifers and one woman serving an indeterminate custodial sentence. All understood the nature of their sentences. They had no opportunity to progress beyond the Ash 5 landing, and the prospect of serving a long tariff in that claustrophobic environment, on a site that was dominated by young male prisoners, was very daunting.
- 4.26 Each of these prisoners was allocated a lifer officer. After the previous inspection, the NIPS said that amalgamation of the lifer management unit with Maghaberry OMU would help lifer management at Ash House. However, the amalgamation in February 2012 had not led to improvement. Coordination of lifer management was poor with no lifer files held in the prison. Lifers were not differentiated from other prisoners, their regime remained very limited, and they had had no annual reviews in 2012.
- 4.27 Prisoners potentially facing life sentences were not formally identified and supported in Ash House. However, those we interviewed said someone - usually their sentence manager - had discussed their prospects in the event of conviction and a life sentence.

Recommendation

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



Reintegration planning

Expected outcomes:

Prisoners' resettlement needs are met 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.

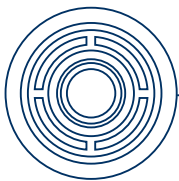
- 4.29 An experienced housing rights worker supported women with accommodation needs. Links between offender services and learning and skills were weak, and only a few prisoners improved their essential skills while in the prison. There were good quality substance misuse pre-release relapse prevention and overdose awareness sessions for women who needed them. Prisoners knew where to get help with financial issues but were unable to open a bank account. The family liaison officers saw most but not all new arrivals and established their need. The visits experience was good and the extended visits excellent. Work to address offending behaviour had increased, although prisoners believed it was not easy to access programmes. Although there were services for victims of abuse, rape or domestic violence, or those involved in prostitution, the prison did not identify such women.

Accommodation

- 4.30 Sentence managers, some trained in housing rights, assessed the accommodation needs of prisoners and could refer them to an experienced adviser from the Housing Rights Service, a voluntary organisation, based in the OMU. The adviser had good links with the Northern Ireland Housing Executive (the local authority housing provider), hostels and accommodation providers. She provided information, advocacy and support for all housing matters and also responded to individual applications from prisoners. A pre-release interview highlighted any unmet need before release. Women prisoners knew who to contact for help with accommodation. There had been no population need analysis to identify the accommodation needs of prisoners.
- 4.31 Hostel accommodation was more limited for women than male prisoners. Places were only confirmed on the day of release, which was a worry for some prisoners. Some accommodation was provided through SmartMove NI, a charity providing housing and individual support through private tenancies. Support included a deposit savings bond option, enabling women to pay 50% of the deposit while on an affordable payment plan for the remainder. Of 429 women released since April 2012, only three (0.69%) had been released without an address.

Education, training and employment

- 4.32 Outcomes from the initial assessment of prisoners' educational and training needs were included in their sentence plan. However, there were no clear and meaningful targets for improvements for prisoners with identified deficits in their learning, particularly literacy and numeracy skills. The links between offender services and learning and skills were not sufficiently formal and needed to be strengthened to encourage higher participation rates in learning and skills and monitor progress against targets more effectively. (See main recommendations HP53 and 54.)
- 4.33 NIACRO provided an appropriate range of courses and services to prisoners to improve the job search and employability towards the end of their sentence. However, this provision was adversely affected by the low number of prisoners who successfully improved their essential literacy, numeracy and ICT skills while in the prison. In addition, very few prisoners achieved accredited contemporary work-related skills.



- 4.34 Poor access to the internet limited prisoners' opportunities for realistic job search activities. Too few prisoners benefited from work placement and other links with potential employers before release, and there was inadequate access to careers education, information and advice. As a result, prisoners were poorly informed about potential career pathways or continuing education or training on release.

Recommendations

- 4.35 **Prisoners should have better access to the internet to improve their job search skills.**
- 4.36 **There should be more opportunities for prisoners to acquire work-related skills and participate in suitable work placements before release.**

Health care

- 4.37 The prison had good links with community health services. Prisoners who had been at the establishment for more than one month were given a letter for their GP and seen by a nurse a few days before their discharge.
- 4.38 The mental health multidisciplinary team adhered to promoting quality care and discharge protocols for prisoners with complex mental health needs. The occupational therapist provided outreach support following discharge when required. There was no contact with community social services, who did not contribute to records of prisoners' histories.

Recommendation

- 4.39 **Community social services should be asked to contribute to detailed social histories where appropriate.**

Drugs and alcohol

- 4.40 Ad:ept workers delivered good quality pre-release relapse prevention and overdose awareness sessions, and had good links with the organisation's community-based projects across Northern Ireland. Up to three community workers were available for pre-release prison visits to help prisoners with accommodation and substance misuse-related support and referrals.

Finance, benefit and debt

- 4.41 Sentence managers assessed the financial needs of all women prisoners and could refer them to an experienced NIACRO worker based in the OMU, available two days a week. The adviser saw all new arrivals to assess their financial situation, and could provide information, advice and advocacy on all financial issues. The adviser saw all prisoners pre-release to address any unmet need, and could make appointments for them at benefits offices. Women prisoners knew where to get help with financial issues. There had been no population need analysis to identify the financial needs of prisoners.
- 4.42 Sentenced prisoners could attend a money management course delivered by the NIACRO adviser, which could be completed in the community if necessary. However, delivery of the course was hampered by the lack of an available classroom, as well as by non-arrival of prisoners. Prisoners were unable to open a bank account, although there was work to address this.



Recommendation

4.43 Prisoners should be assisted to open a bank account.

Housekeeping point

4.44 A classroom should be allocated for the money management course.

Children, families and contact with the outside world

- 4.45** Trained family liaison officers aimed to see all new arrivals to provide information about the services available and establish need. However, pressure on staffing levels had made this increasingly difficult.
- 4.46** Women prisoners with children could apply for child-centred visits, which took place in a private room and provided an opportunity a two-hour visit with limited supervision. This was a good facility, but there was no visitors' toilet. Some women were frustrated that children over 18 could not visit with their younger siblings.
- 4.47** Some women also had extended children's visits, which lasted for six hours, were unsupervised and took place in a caravan equipped with cooking facilities. This was a bold step by the prison, which recognised the particular needs of women prisoners and their lower risks.
- 4.48** Some family days were facilitated in the main visits room, but these were becoming less frequent due to budget cuts. Release on temporary licence was used to encourage family ties, and most applications were approved. In addition, Barnardo's ran a variety of parenting courses.
- 4.49** New arrivals could have their first visit the day after arrival, but the visits booking line was often engaged, making it difficult to book. However, the number of visits available was adequate for the population.
- 4.50** NIACRO ran the visitors' centre, and provided a good welcome, especially to first-time visitors. They provided help and advice on the wide range of services provided through their Family Links initiative, which included visitor consultation, and the assisted prison visits scheme.
- 4.51** The visits room was reasonable, but was used by both male and female prisoners. Visitors could buy refreshments from a NIACRO trolley service.
- 4.52** Primary carers were not offered additional letters or incoming telephone calls from their children.

Recommendations

- 4.53 Adult children should be able to accompany younger siblings on child-centred visits.**
- 4.54 There should be separate visiting facilities for male and female prisoners.**
- 4.55 Prisoners who are primary carers should be offered additional free letters and should be able to receive incoming telephone calls from their dependants.**



Good practice

- 4.56 The extended visits offered to women prisoners enabled them to benefit from good quality contact with their children.

Attitudes, thinking and behaviour

- 4.57 Every sentenced prisoner with whom we spoke at Ash House knew their assessment, case management and evaluation (ACE) score. They recognised that offending behaviour programmes were an important element in risk reduction and significant in decisions about their release.
- 4.58 The range and scope of offending behaviour programmes had increased since we last inspected. Additions included adapted versions of existing programmes (such as enhanced thinking skills) introduced to cater for prisoners with learning disabilities. It was also positive that prisoners who denied their offences were now being engaged, and that programmes were delivered individually for prisoners given the small number of women held. In 2012-13, 12 prisoners had completed an accredited offending behaviour programme at Ash House.
- 4.59 Despite these improvements, in our survey only 14% of women prisoners, against the comparator of 42%, said it was easy to access programmes, and only 49% of sentenced prisoners, against 70%, said they had been involved in offending behaviour programmes. However, we were informed that all programmes stipulated for Ash House prisoners were completed, and in exceptional circumstances (such as unexpected release at court) arrangements could be made with the Probation Board for Northern Ireland to deliver programmes in the community.

Additional resettlement services

- 4.60 The NIPS resettlement strategy recognised the need to provide services for prisoners who had been victims of abuse, rape or domestic violence, or involved in prostitution. However, there was no local process for identifying such women.
- 4.61 The 'Inspire' women's project provided advice and signposted community provision, and prisoners could access some free phone numbers through the personal identification number system, including Nexus (a charity for adults who had experienced sexual abuse, violence or rape) and Women's Aid (supporting victims of domestic violence). Some staff and managers on Ash House had an awareness of human trafficking issues.

Recommendation

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

CHAPTER 5:

Recommendations, housekeeping points and good practice



The following is a listing of recommendations and examples of good practice included in this report. The reference numbers at the end of each refer to the paragraph location in the main report.

Main recommendations

To the NIPS

- 5.1 Women should no longer be held at HBW. (HP50)

Main recommendations

To the governor

- 5.2 Supporting prisoners at risk (SPAR) procedures should be improved with an emphasis on individualised care plans, regular staff engagement, less use of observation cells and greater involvement in activity, including a peer support scheme and input from mental health workers. (HP49)
- 5.3 There should be individualised support for all the protected groups, and monitoring and consultation arrangements to establish the concerns and needs of the various groups. (HP51)
- 5.4 The prison should deliver the advertised core day consistently and not routinely curtail it, unless there is a substantive reason to do so. (HP52)
- 5.5 The quality and effectiveness of the leadership and management of learning and skills provision should be improved significantly to ensure that prisoners are offered an appropriate range of purposeful activity, including a strong focus on the development of their essential skills of literacy and numeracy, which enhances their employability and also contributes to reducing the likelihood of their reoffending. (HP53)
- 5.6 All sentence plans should be individualised and have meaningful targets and a range of viable options available in the prison regime to provide opportunities to reduce the risk of reoffending. (HP54)

Recommendation

To the governor and Prisoner Escorting and Court Custody Service, NIPS

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

Recommendations

To the governor

Courts, escorts and transfers

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



Early days in custody

- 5.9 All interviews with new arrivals should be undertaken in private. (1.15)
- 5.10 New arrivals should only be strip-searched on the basis of an individual risk assessment. (1.16)
- 5.11 Managers should investigate why many prisoners feel unsafe on their first night, and take action to address any concerns. (1.17)
- 5.12 There should be essential and effective first night arrangements for all new arrivals, and induction should start on the first full working day following reception. (1.18)

Bullying and violence reduction

- 5.13 There should be a dedicated safer custody manager and a safer custody committee for Ash House focusing on anti-bullying, the prevention of suicide and the reduction of self-harm. (1.26)
- 5.14 There should be regular landing meetings led by trained staff to resolve tensions caused by small group living. (1.27)

Safeguarding (protection of adults at risk)

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

Security


- 5.16 There should be better communication and information sharing between the security department in HBW and Ash House. (1.45)
- 5.17 Security objectives should be set following a thorough analysis of intelligence, key threats relevant to Ash House should be identified and acted upon, and risk management systems should be improved. (1.46)
- 5.18 Mandatory drug testing should be sufficiently staffed to ensure all testing is carried out within identified timescales and without gaps in provision. (1.47)

Incentives and earned privileges

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

Discipline

- 5.20 There should be a specific punishment tariff for women in Ash House. (1.58)
- 5.21 Adjudication standardisation should take place to monitor the standard of adjudication and to use information to help identify trends. (1.59)
- 5.22 Unofficial punishments should cease. (1.60)
- 5.23 All prison officers should have up-to-date training in control and restraint. (1.63)

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

Substance misuse

- 5.25 A fully integrated multidisciplinary addictions team should be established to deliver timely and effective clinical and psychosocial drug and alcohol services, including group work, based on a full needs assessment. (1.76)
- 5.26 Meetings that discuss the drug strategy should involve all relevant departments and service providers to improve communication and the coordination of services. (1.77)
- 5.27 The establishment should repeat its substance misuse needs analysis annually to ensure that service provision matches current prisoner need, and reflect this in an up-to-date strategy that contains an action plan and performance measures. (1.78)
- 5.28 The health care department, clinical substance misuse service and Ad:apt psychosocial service should work together to improve care planning and care coordination through joint care plans and reviews. (1.79)
- 5.29 There should be a dual diagnosis service for women who experience both mental health and substance-related problems. (1.80)

Residential units

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

Mothers and babies

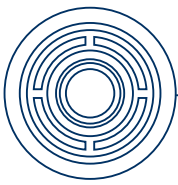
- 5.31 The mother and baby unit policy should reflect the specific arrangements and facilities at Ash House, and its requirements should be implemented. (2.19)
- 5.32 There should be a clear process, agreed with the local safeguarding children board, for arranging childcare for babies at Ash House. (2.20)

Staff-prisoner relationships

- 5.33 Staff working at Ash House should receive training on working with women prisoners. (2.27)
- 5.34 Staff entries in prisoner records should be objective and factual, and should regularly detail the support offered to women across the prison in order to promote good communication between staff and prisoners. (2.28)
- 5.35 Prisoner-staff consultation meetings should take place at least monthly. (2.29)

Equality and diversity

- 5.36 The terms of reference for the equality and diversity meeting should include all the protected characteristics, and there should be an appropriate focus on female prisoners. (2.37)
- 5.37 All staff, including the equality and diversity manager, should receive regular refresher training focused on the Northern Ireland context. (2.38)



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

Complaints

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

Health services

- 5.40 There should be information sharing protocols to enable the efficient and confidential sharing of relevant information. (2.73)
- 5.41 Data collection to inform the health needs assessment should be improved and used to finalise a prison health care strategy. (2.74)
- 5.42 Induction programmes for nurses should be improved to ensure they are equipped for the responsibility of the post. (2.75)
- 5.43 Paediatric life support training should be provided. (2.76)
- 5.44 Nursing staff should not undertake prison officer duties. (2.77)
- 5.45 Safety checks on resuscitation equipment and drugs should be monitored, and safety checks on defibrillators under the responsibility of the Northern Ireland Prison Service should be recorded. (2.78)
- 5.46 A full health care assessment should be completed within 72 hours of committal. (2.89)
- 5.47 The collection of data on access to health care professionals should be improved to avoid unacceptable delays. (2.90)
- 5.48 Nurses should work within their competency framework. (2.91)
- 5.49 Data should be collected on prisoners with lifelong conditions and care provided by nurses with the relevant skills and competency. (2.92)
- 5.50 There should be a robust audit tool to measure compliance with the standard operating procedures, and a monthly treatment room audit which includes date and stock control checks. (2.100)
- 5.51 In-possession forms should be monitored for accuracy. Compliance checks should be completed and reviews recorded. The policy on non-compliance with in-possession medication should be reviewed. (2.101)
- 5.52 There should be compliance with the health technical memorandum on decontamination of reusable dental and medical instruments (HTM 01-05), and a legionella risk assessment. (2.108)
- 5.53 The criteria for referral to the mental health service should ensure that there are no undue delays in prisoners using mental health services, including after serious cases of self-harm. (2.120)
- 5.54 Mental health staff should be involved in committal assessments. (2.121)



- 5.55 There should be improved communication and collaboration between mental health staff and GPs, consultant psychiatrist, primary care and discipline staff. (2.122)
- 5.56 Multidisciplinary team decisions should be shared with the patient, all contacts with prisoners receiving mental health care should be documented, and patients should sign care plans and assessments to demonstrate partnership working. (2.123)

Catering

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

Purchases

- 5.58 New arrivals without money should be offered a repayable advance to make a purchase from the shop. (2.139)
- 5.59 Prisoners should not be charged a fee on catalogue orders. (2.140)

Time out of cell

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

Learning and skills and work activities

- 5.61 Quality assurance and self-evaluation arrangements should be strengthened, particularly through more effective collation, analysis and use of data. (3.13)
- 5.62 The curriculum should be broadened to meet the needs, interests and aspirations of the prisoners, and improve their preparation for employment on release. (3.19)
- 5.63 More women prisoners should engage in learning and skills or work activities regularly, and the number and quality of work activities should be increased. (3.20)
- 5.64 Prisoners should arrive at learning and skills and work activities on time to maximise their learning and work time. (3.21)
- 5.65 The quality of teaching, training and learning should be improved to engage all prisoners more effectively. (3.26)
- 5.66 The literacy and numeracy curriculum should be broadened so that prisoners can acquire and apply skills at a range of levels, and the number of women achieving essential skills qualifications in literacy, numeracy and information and communications technology should be improved. (3.29)
- 5.67 The library should be open at weekends. (3.32)

Physical education and healthy living

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



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

Strategic management of resettlement

- 5.70 The resettlement strategy should be strengthened by incorporating a needs analysis, reference to life sentence prisoners and SMART (specific, measurable, achievable, realistic and time-bound) targets. (4.6)
- 5.71 All residential staff should be trained to provide support for prisoners' resettlement. (4.7)

Offender management and planning

- 5.72 Ash House should extend its working out scheme. (4.17)
- 5.73 All relevant staff should be made aware of the NIPS *Safeguarding Children Framework and Guidance*, which should be fully implemented. (4.22)
- 5.74 Indeterminate sentence prisoners who are detained at Ash House should be managed by the local offender management unit. (4.28)

Reintegration planning

- 5.75 Prisoners should have better access to the internet to improve their job search skills. (4.35)
- 5.76 There should be more opportunities for prisoners to acquire work-related skills and participate in suitable work placements before release. (4.36)
- 5.77 Community social services should be asked to contribute to detailed social histories where appropriate. (4.39)
- 5.78 Prisoners should be assisted to open a bank account. (4.43)
- 5.79 Adult children should be able to accompany younger siblings on child-centred visits. (4.53)
- 5.80 There should be separate visiting facilities for male and female prisoners. (4.54)
- 5.81 Prisoners who are primary carers should be offered additional free letters and should be able to receive incoming telephone calls from their dependants. (4.55)

Additional resettlement services

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



Housekeeping points

Courts, escorts and transfers

To PECCS, NIPS

5.83 Prisoners should receive information about Ash House at court. (1.8)

Early days in custody

5.84 New arrivals should not be locked into the small holding rooms in reception. (1.19)

Incentives and earned privileges

5.85 The prison should investigate the negative perceptions of women prisoners about the progressive regimes and earned privileges scheme (PREPS) scheme and encourage them to change their behaviour. (1.52)

Residential units

5.86 The bathrooms on Ash House should be kept free of mould and be regularly re-painted. (2.10)

5.87 Prisoners should be able to make a confidential application. (2.11)

5.88 Prisoner records should be held securely and not accessible to other prisoners. (2.12)

5.89 All prisoners should have a coat. (2.13)

Mothers and babies

5.90 Feeds for babies should be prepared in an area away from cell toilets. (2.21)

Staff-prisoner relationships

5.91 Staff should always address prisoners by their preferred names, including over the public address system. (2.30)

Equality and diversity

5.92 The prison should develop a local equality and diversity action plan, which should be reviewed at each equality and diversity meeting. (2.40)

Complaints

5.93 Prisoners should be consulted about the complaints process to monitor and improve confidence in the system. (2.57)

Health services

5.94 Prisoners should be able to identify staff by their name badges. (2.79)

5.95 The defibrillator in Ash House medical room should be accessible. (2.80)



- 5.96 The occupational therapist should be given appropriate facilities. (2.81)
- 5.97 The health care leaflet should be available in a range of languages. (2.82)
- 5.98 The quality of recording on EMIS should be improved and there should be regular audits of health care records. (2.93)
- 5.99 There should be a clear record of all medicines disposals. (2.102)
- 5.100 Accurate medications stock books should be maintained and records of emergency stock medicines and discretionary medicines should be checked. (2.103)
- 5.101 Controlled drug stock reconciliation checks should be completed at each shift handover. (2.104)
- 5.102 Notices should be displayed to inform prisoners of the availability of patient information leaflets. (2.105)
- 5.103 EMIS should be used to collect a wider range of data on medicines management. (2.106)
- 5.104 The mental health team should have adequate administrative support and office and consultation facilities. (2.124)
- 5.105 Information on and access to mental health services should be available to prisoners on committal and on the landings. (2.125)
- 5.106 Patients' notes should clearly reflect their individual pathways through the mental health service, and provide information on the time of review appointments. (2.126)

Catering

- 5.107 The prison should introduce food comments books or other methods of receiving feedback about the food. (2.133)

Purchases

- 5.108 The hobby catalogue should be advertised and available to women prisoners. (2.141)

Time out of cell

- 5.109 The provision of outdoor exercise should be advertised more widely, and women encouraged to take part. (3.6)

Reintegration planning

- 5.110 A classroom should be allocated for the money management course. (4.44)

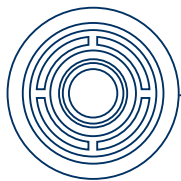
Examples of good practice

- 5.111 The extended visits offered to women prisoners enabled them to benefit from good quality contact with their children. (4.56)

Section



Appendices



Appendix 1: Inspection team

Criminal Justice Inspectorate Northern Ireland

Brendan McGuigan	Chief Inspector of Criminal Justice
Dr Ian Cameron	Inspector
Tom McGonigle	Inspector

Her Majesty's Inspectorate of Prisons

Martin Lomas	Deputy Chief Inspector of Prisons
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Sean Sullivan	Team leader
Rosemarie Bugdale	Inspector
Joss Crosbie	Inspector
Paul Fenning	Inspector
Jeanette Hall	Inspector
Gordon Riach	Inspector
Laura Nettleingham	Senior research officer
Annie Crowley	Research officer
Alissa Redmond	Research officer

Specialist inspectors

Paul Roberts	Substance misuse
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Inspectors from the Regulation and Quality Improvement Authority

Inspectors from the Education and Training Inspectorate

Appendix 2: Prison population profile

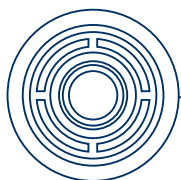
Please note: the following figures were supplied by the establishment and any errors are the establishment's own.

(i) Status	Number of prisoners	%
Sentenced	43	74.14
Unsentenced	15	25.86
Total	58	100

Sentenced prisoners		
Adult determinate cust sent (DCS)	15	34.88
Adult sentenced	13	30.23
Adult lifer	8	18.6
Adult extended cust sent (ECS)	3	6.98
Adult appellant	2	4.65
Adult indeterminate cust sent (ICS)	1	2.33
Young off determinate cust sent (DCS)	1	2.33
Total	43	100

(ii) Sentence	Number of prisoners	%
Less than 6 months	5	11.63
6 months to less than 12 months	5	11.63
12 months to less than 2 years	7	16.28
2 years to less than 4 years	10	23.26
4 years to less than 10 years	5	11.63
10 years and over (not life)	2	4.65
Life / Indeterminate	8	18.6
Sentence not calculated	1	2.33
Total	43	100

(iii) Length of stay(unsentenced)	Number of prisoners	%
Less than 1 month	8	53.33
1 month to 3 months	2	13.33
3 months to 6 months	1	6.67
6 months to 1 year	4	26.67
Total	15	100



(iv) Main alleged offence	Number of prisoners	%
Other offences against the person	24	41.38
Burglary/robbery/theft	12	20.69
Murder	9	15.52
Other offences	4	6.9
Drug offences	3	5.17
Fraud and forgery	2	3.45
Offences against the state	2	3.45
Criminal damage	1	1.72
Sex offences	1	1.72
Total	58	100

(v) Age	Number of prisoners	%
18 years to 20 years	2	3.45
21 years to 29 years	17	29.31
30 years to 39 years	15	25.86
40 years to 49 years	18	31.03
50 years to 59 years	6	10.34
Total	58	100
Youngest prisoner	18	
Oldest prisoner	59	
Average age	37	

(vi) Home address	Number of prisoners	%
NFA	5	8.62
Establishment address	0	0
Null or unmappable postcodes	3	5.17
Valid postcodes	50	86.21
Total population	58	100
<= 10 miles	0	0
10 – 20 miles	8	13.79
20 – 50 miles	25	43.1
> 50 miles	17	29.31
Total	50	

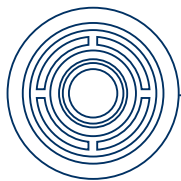


(vii) Nationality	Number of prisoners	%
British Northern Ireland	36	62.07
British	11	18.97
Irish	5	8.62
Foreign national	5	8.62
Northern Irish	1	1.72
Total	58	100

(viii) Ethnicity *(and nationality)	Number of prisoners	%
White	51	
British – Northern Ireland	36	70.59
British	10	19.61
Irish	4	7.84
Northern Irish	1	1.96
Irish Traveller	1	
Irish	1	100
Asian or Asian British	4	
Chinese	3	75
British	1	25
Black or black British	2	
Guinea Bissau	2	100
Total	58	100

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

(ix) Religion	Number of prisoners	%
Roman Catholic	28	48.28
Presbyterian	9	15.52
Church of Ireland	5	8.62
Nil	5	8.62
Baptist	2	3.45
Buddhist	2	3.45
Other	2	3.45
Christian	2	3.45
Free Presbyterian	1	1.72
Methodist	1	1.72
Muslim	1	1.72
Total	58	100



Breakdown of community background figures of Ash House staff

Grades	Protestant	Roman Catholic	Male	Female
Prison grades	29 (74.35%)	10 (25.65%)	6 (15.4%)	33 (84.6%)

General service Grades YOC & Ash House	Protestant	Roman Catholic and non - determined	Male	Female
TOTAL	40 (70.7%) 69 (73.4%)	15 (27.3%) 25 (26.6%)	14 (25.4%) 20 (21.28%)	41 (74.5%) 74 (78.72%)



Appendix 3: Summary of prisoner questionnaires and interviews

Prisoner survey methodology

A voluntary, confidential and anonymous survey of the prisoner population was

carried out for this inspection. The results of this survey formed part of the evidence base for the inspection.

Selecting the sample

At the time of the survey on 21 January 2013, the prisoner population at HBW Young Offenders Centre (Ash House) was 55, and all 55 women were offered a questionnaire.

Completion of the questionnaire was voluntary. Refusals were noted and no attempts were made to replace them. Three respondents refused to complete a questionnaire.

Interviews were offered for any respondents with literacy difficulties, but this offer was not taken up by any respondents.

Methodology

Every attempt was made to distribute the questionnaires to each respondent on an individual basis. This gave researchers an opportunity to explain the independence of the Inspectorate and the purpose of the questionnaire, as well as to answer questions.

All completed questionnaires were confidential – only members of the Inspectorate saw them. In order to ensure confidentiality, respondents were asked to do one of the following:

- have their questionnaire ready to hand back to a member of the research team at a specified time;
- to seal the questionnaire in the envelope provided and hand it to a member of staff, if they were agreeable; or
- to seal the questionnaire in the envelope provided and leave it in their room for collection.

Respondents were not asked to put their names on their questionnaire.

Response rates

In total, 46 respondents completed and returned their questionnaires. This response rate represented 84% of the prison population. In addition to the three respondents who refused to complete a questionnaire, four questionnaires were not returned and two were returned blank.

Comparisons

The following details the results from the survey. Data from each establishment have been weighted, in order to mimic a consistent percentage sampled in each establishment.

Some questions have been filtered according to the response to a previous question. Filtered questions are clearly indented and preceded by an explanation as to which respondents are included in the filtered questions. Otherwise, percentages provided refer to the entire sample. All missing responses are excluded from the analysis.



The following analyses have been conducted:

- The current survey responses in 2013 against comparator figures for all women surveyed in prisons. This comparator is based on all responses from women's surveys carried out in 13 women's prisons since April 2008.
- The current survey responses in 2013 against the responses of women surveyed at HBW Young Offenders Centre (Ash House) in 2007.

In all the above documents, statistical significance is used to indicate whether there is a real difference between the figures, i.e. the difference is not due to chance alone. Results that are significantly better are indicated by green shading, results that are significantly worse are indicated by blue shading and where there is no significant difference, there is no shading. Orange shading has been used to show a significant difference in prisoners' background details.

It should be noted that, in order for statistical comparisons to be made between the most recent survey data and those of the previous survey, both sets of data have been coded in the same way. This may result in changes to percentages from previously published surveys. However, all percentages are true of the populations they were taken from, and the statistical significance is correct.

Summary

In addition, a summary of the survey results is attached. This shows a breakdown of responses for each question as well as examples of comments made by prisoners. Percentages have been rounded and therefore may not add up to 100%.

No questions have been filtered within the summary so all percentages refer to responses from the entire sample. The percentages to certain responses within the summary, for example 'Not sentenced' options across questions, may differ slightly. This is due to different response rates across questions, meaning that the percentages have been calculated out of different totals (all missing data are excluded). The actual numbers will match up as the data are cleaned to be consistent.

Percentages shown in the summary may differ by 1% or 2% from those shown in the comparison data as the comparator data have been weighted for comparison purposes.

Survey summary

Section I: About you

Q1.2 How old are you?

Under 21	1 (2%)
21 - 29	15 (34%)
30 - 39	7 (16%)
40 - 49	16 (36%)
50 - 59	5 (11%)
60 - 69	0 (0%)
70 and over	0 (0%)

Q1.3 Are you sentenced?

Yes	27 (61%)
Yes - on recall	1 (2%)
No - awaiting trial	3 (7%)
No - awaiting sentence	13 (30%)
No - awaiting deportation	0 (0%)

Q1.4 How long is your sentence?

Not sentenced	16 (38%)
Less than 6 months	8 (19%)
6 months to less than 1 year	4 (10%)
1 year to less than 2 years	3 (7%)
2 years to less than 4 years	2 (5%)
4 years to less than 10 years	3 (7%)
10 years or more	1 (2%)
ICS / ECS	0 (0%)
Life	5 (12%)

Q1.5 Do you hold UK citizenship?

Yes	41 (95%)
No	2 (5%)

Q1.6 Do you understand spoken English?

Yes	42 (98%)
No	1 (2%)

Q1.7 Do you understand written English?

Yes	42 (98%)
No	1 (2%)

Q1.8 What is your ethnic origin?

White - British	25 (54%)	Asian or Asian British - Chinese	2 (4%)
White - Irish	17 (37%)	Asian or Asian British - other	1 (2%)
White - other	0 (0%)	Mixed race - white and black	0 (0%)
		Caribbean	
Black or black British - Caribbean	0 (0%)	Mixed race - white and black African ..	1 (2%)
Black or black British - African	0 (0%)	Mixed race - white and Asian	0 (0%)
Black or black British - other	0 (0%)	Mixed race - other	0 (0%)
Asian or Asian British - Indian	0 (0%)	Arab	0 (0%)

Asian or Asian British - Pakistani	0 (0%)	Other ethnic group	0 (0%)
Asian or Asian British - Bangladeshi	0 (0%)		

Q1.9 Do you consider yourself to be Gypsy/Romany/Traveller?

Yes	1 (2%)
No	42 (98%)

Q1.10 What is your religion?

None	1 (2%)	Buddhist	2 (5%)
Church of Ireland	3 (7%)	Hindu	0 (0%)
Catholic	22 (50%)	Jewish	0 (0%)
Protestant	11 (25%)	Muslim	1 (2%)
Presbyterian	2 (5%)	Sikh	0 (0%)
Methodist	1 (2%)	Other	0 (0%)
Other Christian denomination	1 (2%)		

Q1.11 How would you describe your sexual orientation?

Heterosexual/straight	42 (93%)
Homosexual/gay	0 (0%)
Bisexual	3 (7%)

Q1.12 Do you consider yourself to have a disability (i.e. do you need help with any long term physical, mental or learning needs)?

Yes	18 (41%)
No	26 (59%)

Q1.13 Are you a veteran (ex-armed services)?

Yes	1 (2%)
No	42 (98%)

Q1.14 Is this your first time in prison?

Yes	30 (67%)
No	15 (33%)

Q1.15 Do you have children under the age of 18?

Yes	20 (45%)
No	24 (55%)

Section 2: Courts, transfers and escorts

Q2.1 On your most recent journey here, how long did you spend in the van?

Less than 2 hours	31 (69%)
2 hours or longer	12 (27%)
Don't remember	2 (4%)

Q2.2 On your most recent journey here, were you offered anything to eat or drink?

My journey was less than two hours	31 (69%)
Yes	2 (4%)
No	10 (22%)
Don't remember	2 (4%)

Q2.3	On your most recent journey here, were you offered a toilet break?	
	<i>My journey was less than two hours</i>	31 (69%)
	<i>Yes</i>	2 (4%)
	<i>No</i>	11 (24%)
	<i>Don't remember</i>	1 (2%)
Q2.4	On your most recent journey here, was the van clean?	
	<i>Yes</i>	29 (64%)
	<i>No</i>	10 (22%)
	<i>Don't remember</i>	6 (13%)
Q2.5	On your most recent journey here, did you feel safe?	
	<i>Yes</i>	29 (64%)
	<i>No</i>	10 (22%)
	<i>Don't remember</i>	6 (13%)
Q2.6	On your most recent journey here, how were you treated by the escort staff?	
	<i>Very well</i>	11 (24%)
	<i>Well</i>	12 (27%)
	<i>Neither</i>	11 (24%)
	<i>Badly</i>	4 (9%)
	<i>Very badly</i>	2 (4%)
	<i>Don't remember</i>	5 (11%)
Q2.7	Before you arrived, were you given anything or told that you were coming here? (Please tick all that apply to you).	
	<i>Yes, someone told me</i>	32 (73%)
	<i>Yes, I received written information</i>	2 (5%)
	<i>No, I was not told anything</i>	7 (16%)
	<i>Don't remember</i>	3 (7%)
Q2.8	When you first arrived here did your property arrive at the same time as you?	
	<i>Yes</i>	30 (70%)
	<i>No</i>	10 (23%)
	<i>Don't remember</i>	3 (7%)

Section 3: Reception, first night and induction

Q3.1	How long were you in reception?	
	<i>Less than 2 hours</i>	38 (84%)
	<i>2 hours or longer</i>	2 (4%)
	<i>Don't remember</i>	5 (11%)
Q3.2	When you were searched, was this carried out in a respectful way?	
	<i>Yes</i>	35 (80%)
	<i>No</i>	6 (14%)
	<i>Don't remember</i>	3 (7%)

- Q3.3 Overall, how were you treated in reception?**
- | | |
|----------------------|----------|
| Very well..... | 16 (37%) |
| Well | 16 (37%) |
| Neither | 8 (19%) |
| Badly | 1 (2%) |
| Very badly | 0 (0%) |
| Don't remember | 2 (5%) |
- Q3.4 Did you have any of the following problems when you first arrived here? (Please tick all that apply to you).**
- | | | | |
|------------------------------------|----------|---|----------|
| Loss of property..... | 2 (5%) | Physical health | 12 (27%) |
| Housing problems | 10 (23%) | Mental health | 18 (41%) |
| Contacting employers | 1 (2%) | Needing protection from other prisoners | 2 (5%) |
| Contacting family..... | 10 (23%) | Getting phone numbers | 9 (20%) |
| Childcare | 2 (5%) | Other..... | 0 (0%) |
| Money worries | 12 (27%) | Did not have any problems | 10 (23%) |
| Feeling depressed or suicidal..... | 20 (45%) | | |
- Q3.5 Did you receive any help/support from staff in dealing with these problems when you first arrived here?**
- | | |
|--------------------------------|----------|
| Yes | 15 (36%) |
| No..... | 17 (40%) |
| Did not have any problems..... | 10 (24%) |
- Q3.6 When you first arrived here, were you offered any of the following? (Please tick all that apply to you).**
- | | |
|-------------------------------|----------|
| Tobacco | 36 (82%) |
| A shower | 15 (34%) |
| A free telephone call | 25 (57%) |
| Something to eat..... | 27 (61%) |
| PIN phone credit | 25 (57%) |
| Toiletries/basic items..... | 38 (86%) |
| Did not receive anything..... | 1 (2%) |
- Q3.7 When you first arrived here, did you have access to the following people or services? (Please tick all that apply to you).**
- | | |
|---|----------|
| Chaplain | 14 (33%) |
| Someone from health services | 26 (62%) |
| A Listener/Samaritans..... | 5 (12%) |
| Tuck shop/canteen..... | 16 (38%) |
| Did not have access to any of these | 11 (26%) |
- Q3.8 When you first arrived here, were you offered information on the following? (Please tick all that apply to you).**
- | | |
|---|----------|
| What was going to happen to you..... | 17 (40%) |
| What support was available for people feeling depressed or suicidal | 11 (26%) |
| How to make routine requests (applications)..... | 13 (30%) |
| Your entitlement to visits | 17 (40%) |
| Health services | 17 (40%) |
| Chaplaincy..... | 13 (30%) |
| Not offered any information | 14 (33%) |

Q3.9	Did you feel safe on your first night here?	
	Yes	19 (44%)
	No	19 (44%)
	Don't remember	5 (12%)
Q3.10	How soon after you arrived here did you go on an induction course?	
	Have not been on an induction course	17 (39%)
	Within the first week	7 (16%)
	More than a week	11 (25%)
	Don't remember	9 (20%)
Q3.11	Did the induction course cover everything you needed to know about the prison?	
	Have not been on an induction course	17 (39%)
	Yes	11 (25%)
	No	7 (16%)
	Don't remember	9 (20%)
Q3.12	How soon after you arrived here did you receive an education ('skills for life') assessment?	
	Did not receive an assessment	9 (22%)
	Within the first week	5 (12%)
	More than a week	19 (46%)
	Don't remember	8 (20%)

Section 4: Legal rights and respectful custody

Q4.1	How easy is it to:						
		<i>Very easy</i>	<i>Easy</i>	<i>Neither</i>	<i>Difficult</i>	<i>Very difficult</i>	<i>N/A</i>
	Communicate with your solicitor or legal representative?	5 (12%)	15 (37%)	5 (12%)	8 (20%)	4 (10%)	4 (10%)
	Attend legal visits?	7 (18%)	18 (46%)	4 (10%)	2 (5%)	2 (5%)	6 (15%)
	Get bail information?	2 (5%)	7 (19%)	4 (11%)	4 (11%)	4 (11%)	16 (43%)
Q4.2	Have staff here ever opened letters from your solicitor or your legal representative when you were not with them?						
	Not had any letters						19 (45%)
	Yes						17 (40%)
	No						6 (14%)
Q4.3	Can you get legal books in the library?						
	Yes						12 (29%)
	No						4 (10%)
	Don't know						26 (62%)

Q4.4	Please answer the following questions about the wing/unit you are currently living on:			
		Yes	No	Don't know
	<i>Do you normally have enough clean, suitable clothes for the week?</i>	37 (88%)	5 (12%)	0 (0%)
	<i>Are you normally able to have a shower every day?</i>	30 (71%)	12 (29%)	0 (0%)
	<i>Do you normally receive clean sheets every week?</i>	21 (53%)	16 (40%)	3 (8%)
	<i>Do you normally get cell cleaning materials every week?</i>	32 (74%)	9 (21%)	2 (5%)
	<i>Is your cell call bell normally answered within five minutes?</i>	26 (60%)	15 (35%)	2 (5%)
	<i>Is it normally quiet enough for you to be able to relax or sleep in your cell at night time?</i>	24 (56%)	18 (42%)	1 (2%)
	<i>If you need to, can you normally get your stored property?</i>	20 (47%)	15 (35%)	8 (19%)
Q4.5	What is the food like here?			
	<i>Very good</i>			2 (5%)
	<i>Good</i>			16 (38%)
	<i>Neither</i>			12 (29%)
	<i>Bad</i>			8 (19%)
	<i>Very bad</i>			4 (10%)
Q4.6	Does the shop/canteen sell a wide enough range of goods to meet your needs?			
	<i>Have not bought anything yet / don't know</i>			2 (5%)
	<i>Yes</i>			21 (49%)
	<i>No</i>			20 (47%)
Q4.7	Can you speak to a Listener at any time if you want to?			
	<i>Yes</i>			12 (28%)
	<i>No</i>			13 (30%)
	<i>Don't know</i>			18 (42%)
Q4.8	Are your religious beliefs respected?			
	<i>Yes</i>			30 (70%)
	<i>No</i>			4 (9%)
	<i>Don't know / N/A</i>			9 (21%)
Q4.9	Are you able to speak to a chaplain of your faith in private if you want to?			
	<i>Yes</i>			35 (80%)
	<i>No</i>			3 (7%)
	<i>Don't know / N/A</i>			6 (14%)
Q4.10	How easy or difficult is it for you to attend religious services?			
	<i>I don't want to attend</i>			8 (19%)
	<i>Very easy</i>			18 (42%)
	<i>Easy</i>			10 (23%)
	<i>Neither</i>			0 (0%)
	<i>Difficult</i>			4 (9%)
	<i>Very difficult</i>			2 (5%)
	<i>Don't know</i>			1 (2%)

Section 5: Applications and complaints

Q5.1 Is it easy to make an application?

Yes	31 (72%)
No	5 (12%)
Don't know	7 (16%)

Q5.2 Please answer the following questions about applications:

(If you have not made an application please tick the 'not made one' option.)

	Not made one	Yes	No
Are applications dealt with fairly?	14 (34%)	16 (39%)	11 (27%)
Are applications dealt with quickly (within seven days)?	14 (34%)	22 (54%)	5 (12%)

Q5.3 Is it easy to make a complaint?

Yes	30 (75%)
No	3 (8%)
Don't know	7 (18%)

Q5.4 Please answer the following questions about complaints:

(If you have not made a complaint please tick the 'not made one' option.)

	Not made one	Yes	No
Are complaints dealt with fairly?	14 (35%)	13 (33%)	13 (33%)
Are complaints dealt with quickly (within seven days)?	14 (35%)	20 (50%)	6 (15%)

Q5.5 Have you ever been prevented from making a complaint when you wanted to?

Yes	6 (16%)
No	32 (84%)

Q5.6 How easy or difficult is it for you to see the Independent Monitoring Board (IMB)?

Don't know who they are	20 (47%)
Very easy	5 (12%)
Easy	11 (26%)
Neither	4 (9%)
Difficult	3 (7%)
Very difficult	0 (0%)

Section 6: Progressive regimes and earned privileges scheme

Q6.1 Have you been treated fairly in your experience of the progressive regimes and earned privileges (PREP) scheme? (This refers to enhanced, standard and basic levels).

Don't know what the PREP scheme is	15 (34%)
Yes	22 (50%)
No	6 (14%)
Don't know	1 (2%)

- Q6.2 Do the different levels of the PREP scheme encourage you to change your behaviour? (This refers to enhanced, standard and basic levels).**
- | | |
|---|----------|
| <i>Don't know what the PREP scheme is</i> | 15 (38%) |
| <i>Yes</i> | 13 (33%) |
| <i>No</i> | 9 (23%) |
| <i>Don't know</i> | 2 (5%) |
- Q6.3 In the last six months have any members of staff physically restrained you (C&R)?**
- | | |
|------------------|----------|
| <i>Yes</i> | 4 (9%) |
| <i>No</i> | 39 (91%) |
- Q6.4 If you have spent a night in the segregation and separation unit (SSU) in the last six months, how were you treated by staff?**
- | | |
|--|----------|
| <i>I have not been to the SSU in the last 6 months</i> | 36 (90%) |
| <i>Very well</i> | 2 (5%) |
| <i>Well</i> | 0 (0%) |
| <i>Neither</i> | 1 (3%) |
| <i>Badly</i> | 1 (3%) |
| <i>Very badly</i> | 0 (0%) |

Section 7: Relationships with staff

- Q7.1 Do most staff treat you with respect?**
- | | |
|------------------|----------|
| <i>Yes</i> | 36 (86%) |
| <i>No</i> | 6 (14%) |
- Q7.2 Is there a member of staff you can turn to for help if you have a problem?**
- | | |
|------------------|----------|
| <i>Yes</i> | 34 (79%) |
| <i>No</i> | 9 (21%) |
- Q7.3 Has a member of staff checked on you personally in the last week to see how you are getting on?**
- | | |
|------------------|----------|
| <i>Yes</i> | 19 (45%) |
| <i>No</i> | 23 (55%) |
- Q7.4 How often do staff normally speak to you during association?**
- | | |
|---------------------------------------|----------|
| <i>Do not go on association</i> | 3 (7%) |
| <i>Never</i> | 5 (12%) |
| <i>Rarely</i> | 7 (16%) |
| <i>Some of the time</i> | 15 (35%) |
| <i>Most of the time</i> | 4 (9%) |
| <i>All of the time</i> | 9 (21%) |
- Q7.5 When did you first meet your personal (named) officer?**
- | | |
|-------------------------------------|----------|
| <i>I have not met him/her</i> | 17 (41%) |
| <i>In the first week</i> | 11 (27%) |
| <i>More than a week</i> | 3 (7%) |
| <i>Don't remember</i> | 10 (24%) |

Q7.6	How helpful is your personal (named) officer?	
	<i>Do not have a personal officer/I have not met him/her</i>	17 (45%)
	<i>Very helpful.....</i>	10 (26%)
	<i>Helpful.....</i>	4 (11%)
	<i>Neither</i>	2 (5%)
	<i>Not very helpful.....</i>	2 (5%)
	<i>Not at all helpful</i>	3 (8%)

Section 8: Safety

Q8.1	Have you ever felt unsafe here?	
	<i>Yes</i>	20 (44%)
	<i>No</i>	25 (56%)

Q8.2	Do you feel unsafe now?	
	<i>Yes</i>	7 (18%)
	<i>No</i>	31 (82%)

Q8.3	In which areas have you felt unsafe? (Please tick all that apply to you).	
	<i>Never felt unsafe.....</i>	25 (60%)
	<i>Everywhere.....</i>	6 (14%)
	<i>SSU</i>	0 (0%)
	<i>Association areas.....</i>	8 (19%)
	<i>Reception area</i>	2 (5%)
	<i>At the gym</i>	0 (0%)
	<i>In an exercise yard.....</i>	6 (14%)
	<i>At work.....</i>	4 (10%)
	<i>During movement</i>	5 (12%)
	<i>At education.....</i>	5 (12%)
	<i>At mealtimes</i>	8 (19%)
	<i>At health services.....</i>	3 (7%)
	<i>Visits area.....</i>	2 (5%)
	<i>In wing showers</i>	3 (7%)
	<i>In gym showers.....</i>	0 (0%)
	<i>In corridors/stairwells</i>	3 (7%)
	<i>On your landing/wing.....</i>	9 (21%)
	<i>In your cell.....</i>	3 (7%)
	<i>At religious services</i>	1 (2%)

Q8.4	Have you been victimised by other prisoners here?	
	<i>Yes</i>	17 (39%)
	<i>No</i>	27 (61%)

Q8.5	If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply to you).	
	<i>Insulting remarks (about you or your family or friends).....</i>	8 (18%)
	<i>Physical abuse (being hit, kicked or assaulted)</i>	1 (2%)
	<i>Sexual abuse.....</i>	0 (0%)
	<i>Feeling threatened or intimidated.....</i>	9 (20%)
	<i>Having your canteen/property taken</i>	3 (7%)
	<i>Medication</i>	3 (7%)
	<i>Debt.....</i>	0 (0%)
	<i>Drugs</i>	3 (7%)
	<i>Your race or ethnic origin.....</i>	0 (0%)
	<i>Your religion/religious beliefs.....</i>	6 (14%)
	<i>Your nationality.....</i>	2 (5%)
	<i>You are from a different part of the country than others</i>	3 (7%)
	<i>You are from a traveller community</i>	0 (0%)
	<i>Your sexual orientation</i>	0 (0%)
	<i>Your age</i>	1 (2%)
	<i>You have a disability</i>	2 (5%)
	<i>You were new here</i>	7 (16%)
	<i>Your offence / crime</i>	7 (16%)

Gang related issues 1 (2%)

Q8.6 Have you been victimised by staff here?

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

Q8.7 If yes, what did the incident(s) involve/ what was it about? (Please tick all that apply).

Insulting remarks (about you or your family or friends) 5 (11%)
Physical abuse (being hit, kicked or assaulted) 1 (2%)
Sexual abuse 0 (0%)
Feeling threatened or intimidated 8 (18%)
Medication 1 (2%)
Debt 0 (0%)
Drugs 0 (0%)
Your race or ethnic origin 0 (0%)
Your religion/religious beliefs 2 (5%)
Your nationality 0 (0%)
You are from a different part of the country than others 2 (5%)
You are from a traveller community 0 (0%)
Your sexual orientation 0 (0%)
Your age 1 (2%)
You have a disability 2 (5%)
You were new here 2 (5%)
Your offence/crime 5 (11%)
Gang related issues 0 (0%)

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

Not been victimised 25 (66%)
Yes 5 (13%)
No 8 (21%)

Section 9: Health services

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

	Don't know	Very easy	Easy	Neither	Difficult	Very difficult
The doctor	5 (12%)	3 (7%)	4 (9%)	6 (14%)	16 (37%)	9 (21%)
The nurse	1 (2%)	8 (20%)	8 (20%)	9 (22%)	12 (29%)	3 (7%)
The dentist	12 (30%)	3 (8%)	3 (8%)	4 (10%)	11 (28%)	7 (18%)

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

	Not been	Very good	Good	Neither	Bad	Very bad
The doctor	7 (16%)	3 (7%)	6 (14%)	12 (28%)	5 (12%)	10 (23%)
The nurse	2 (5%)	9 (23%)	11 (28%)	10 (25%)	5 (13%)	3 (8%)
The dentist	16 (38%)	4 (10%)	6 (14%)	4 (10%)	3 (7%)	9 (21%)

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

Not been 1 (2%)
Very good 3 (7%)
Good 9 (22%)
Neither 3 (7%)
Bad 11 (27%)
Very bad 14 (34%)

Q9.4	Are you currently taking medication?	
	Yes	30 (73%)
	No	11 (27%)
Q9.5	If you are taking medication, are you allowed to keep some/all of it in your own cell?	
	Not taking medication	11 (26%)
	Yes, all my meds	11 (26%)
	Yes, some of my meds	10 (23%)
	No	11 (26%)
Q9.6	Do you have any emotional or mental health problems?	
	Yes	24 (56%)
	No	19 (44%)
Q9.7	Are you being helped/ supported by anyone in this prison (e.g. a psychologist, psychiatrist, nurse, mental health worker, counsellor or any other member of staff)?	
	Do not have any emotional or mental health problems	19 (48%)
	Yes	10 (25%)
	No	11 (28%)

Section 10: Drugs and alcohol

Q10.1	Did you have a problem with drugs when you came into this prison?	
	Yes	10 (24%)
	No	32 (76%)
Q10.2	Did you have a problem with alcohol when you came into this prison?	
	Yes	16 (38%)
	No	26 (62%)
Q10.3	Is it easy or difficult to get illegal drugs in this prison?	
	Very easy	2 (5%)
	Easy	3 (7%)
	Neither	2 (5%)
	Difficult	2 (5%)
	Very difficult	3 (7%)
	Don't know	31 (72%)
Q10.4	Is it easy or difficult to get alcohol in this prison?	
	Very easy	0 (0%)
	Easy	0 (0%)
	Neither	0 (0%)
	Difficult	1 (2%)
	Very difficult	12 (28%)
	Don't know	30 (70%)
Q10.5	Have you developed a problem with illegal drugs since you have been in this prison?	
	Yes	1 (2%)
	No	42 (98%)
Q10.6	Have you developed a problem with diverted medication since you have been in this prison?	
	Yes	2 (5%)
	No	41 (95%)

- Q10.7 Have you received any support or help (e.g. substance misuse teams) for your drug problem, while in this prison?**
Did not / do not have a drug problem..... 32 (80%)
Yes 3 (8%)
No 5 (13%)
- Q10.8 Have you received any support or help (e.g. substance misuse teams) for your alcohol problem, while in this prison?**
Did not / do not have an alcohol problem 26 (62%)
Yes 8 (19%)
No 8 (19%)
- Q10.9 Was the support or help you received, while in this prison, helpful?**
Did not have a problem/did not receive help..... 32 (78%)
Yes 8 (20%)
No 1 (2%)

Section 11: Activities

- Q11.1 How easy or difficult is it to get into the following activities, in this prison?**
- | | <i>Don't know</i> | <i>Very easy</i> | <i>Easy</i> | <i>Neither</i> | <i>Difficult</i> | <i>Very difficult</i> |
|------------------------------------|-------------------|------------------|-------------|----------------|------------------|-----------------------|
| Prison job | 7 (17%) | 6 (14%) | 18 (43%) | 6 (14%) | 3 (7%) | 2 (5%) |
| Vocational or skills training | 12 (31%) | 5 (13%) | 3 (8%) | 14 (36%) | 4 (10%) | 1 (3%) |
| Education (including basic skills) | 10 (26%) | 5 (13%) | 8 (21%) | 13 (33%) | 2 (5%) | 1 (3%) |
| Offending behaviour programmes | 18 (50%) | 2 (6%) | 3 (8%) | 10 (28%) | 2 (6%) | 1 (3%) |
- Q11.2 Are you currently involved in the following? (Please tick all that apply to you).**
- | | |
|---|----------|
| <i>Not involved in any of these</i> | 8 (20%) |
| Prison job | 27 (68%) |
| Vocational or skills training..... | 9 (23%) |
| Education (including basic skills) | 21 (53%) |
| Offending behaviour programmes..... | 3 (8%) |
- Q11.3 If you have been involved in any of the following, while in this prison, do you think they will help you on release?**
- | | <i>Not been involved</i> | <i>Yes</i> | <i>No</i> | <i>Don't know</i> |
|------------------------------------|--------------------------|------------|-----------|-------------------|
| Prison job | 7 (17%) | 15 (37%) | 11 (27%) | 8 (20%) |
| Vocational or skills training | 14 (42%) | 10 (30%) | 5 (15%) | 4 (12%) |
| Education (including basic skills) | 9 (24%) | 15 (41%) | 9 (24%) | 4 (11%) |
| Offending behaviour programmes | 14 (52%) | 6 (22%) | 1 (4%) | 6 (22%) |

Q11.4	How often do you usually go to the library?	
	<i>Don't want to go</i>	2 (5%)
	<i>Never</i>	9 (22%)
	<i>Less than once a week</i>	10 (24%)
	<i>About once a week</i>	13 (32%)
	<i>More than once a week</i>	7 (17%)
Q11.5	Does the library have a wide enough range of materials to meet your needs?	
	<i>Don't use it</i>	11 (26%)
	<i>Yes</i>	21 (50%)
	<i>No</i>	10 (24%)
Q11.6	How many times do you usually go to the gym each week?	
	<i>Don't want to go</i>	10 (24%)
	<i>0</i>	10 (24%)
	<i>1 to 2</i>	10 (24%)
	<i>3 to 5</i>	11 (26%)
	<i>More than 5</i>	1 (2%)
Q11.7	How many times do you usually go outside for exercise each week?	
	<i>Don't want to go</i>	8 (19%)
	<i>0</i>	17 (40%)
	<i>1 to 2</i>	11 (26%)
	<i>3 to 5</i>	2 (5%)
	<i>More than 5</i>	4 (10%)
Q11.8	How many times do you usually have association each week?	
	<i>Don't want to go</i>	1 (3%)
	<i>0</i>	5 (14%)
	<i>1 to 2</i>	7 (19%)
	<i>3 to 5</i>	10 (28%)
	<i>More than 5</i>	13 (36%)
Q11.9	How many hours do you usually spend out of your cell on a weekday? (Please include hours at education, at work etc.).	
	<i>Less than 2 hours</i>	2 (5%)
	<i>2 to less than 4 hours</i>	7 (18%)
	<i>4 to less than 6 hours</i>	5 (13%)
	<i>6 to less than 8 hours</i>	9 (23%)
	<i>8 to less than 10 hours</i>	1 (3%)
	<i>10 hours or more</i>	11 (28%)
	<i>Don't know</i>	5 (13%)

Section 12: Contact with family and friends


Q12.1	Have staff supported you and helped you to maintain contact with your family/friends while in this prison?	
	<i>Yes</i>	27 (63%)
	<i>No</i>	16 (37%)
Q12.2	Have you had any problems with sending or receiving mail (letters or parcels)?	
	<i>Yes</i>	8 (19%)
	<i>No</i>	35 (81%)

Q12.3	Have you had any problems getting access to the telephones?	
	Yes	11 (26%)
	No.....	31 (74%)
Q12.4	How easy or difficult is it for your family and friends to get here?	
	<i>I don't get visits</i>	4 (9%)
	Very easy.....	3 (7%)
	Easy	9 (21%)
	Neither	4 (9%)
	Difficult.....	17 (40%)
	Very difficult.....	5 (12%)
	Don't know	1 (2%)

Section 13: Preparation for release

Q13.1	Do you have a named offender manager (home probation officer) in the probation service?	
	Not sentenced	16 (38%)
	Yes	17 (40%)
	No.....	9 (21%)
Q13.2	What type of contact have you had with your offender manager since being in prison?	
	Not sentenced/N/A	25 (63%)
	No contact	3 (8%)
	Letter	2 (5%)
	Phone.....	1 (3%)
	Visit	11 (28%)
Q13.3	Do you have a named offender supervisor in this prison?	
	Yes	14 (39%)
	No.....	22 (61%)
Q13.4	Do you have a sentence plan?	
	Not sentenced	16 (39%)
	Yes	16 (39%)
	No.....	9 (22%)
Q13.5	How involved were you in the development of your sentence plan?	
	Do not have a sentence plan/not sentenced.....	25 (58%)
	Very involved.....	3 (7%)
	Involved	12 (28%)
	Neither	2 (5%)
	Not very involved.....	0 (0%)
	Not at all involved	1 (2%)
Q13.6	Who is working with you to achieve your sentence plan targets? (Please tick all that apply to you).	
	Do not have a sentence plan/not sentenced.....	25 (58%)
	Nobody	3 (5%)
	Offender supervisor.....	4 (9%)
	Offender manager	5 (12%)
	Named/ personal officer	8 (19%)
	Staff from other departments.....	4 (9%)

- Q13.7 Can you achieve any of your sentence plan targets in this prison?**
- | | |
|---|----------|
| Do not have a sentence plan / not sentenced | 25 (60%) |
| Yes | 14 (33%) |
| No | 1 (2%) |
| Don't know | 2 (5%) |
- Q13.8 Are there plans for you to achieve any of your sentence plan targets in another prison?**
- | | |
|---|----------|
| Do not have a sentence plan / not sentenced | 25 (58%) |
| Yes | 0 (0%) |
| No | 11 (26%) |
| Don't know | 7 (16%) |
- Q13.9 Are there plans for you to achieve any of your sentence plan targets in the community?**
- | | |
|---|----------|
| Do not have a sentence plan / not sentenced | 25 (60%) |
| Yes | 4 (10%) |
| No | 6 (14%) |
| Don't know | 7 (17%) |
- Q13.10 Do you have a needs based custody plan?**
- | | |
|------------------|----------|
| Yes | 5 (12%) |
| No | 14 (34%) |
| Don't know | 22 (54%) |
- Q13.11 Do you feel that any member of staff has helped you to prepare for your release?**
- | | |
|-----------|----------|
| Yes | 13 (33%) |
| No | 27 (68%) |
- Q13.12 Do you know of anyone in this prison who can help you with the following on release? (Please tick all that apply to you).**
- | | Do not need help | Yes | No |
|-------------------|------------------|----------|----------|
| Employment | 7 (20%) | 13 (37%) | 15 (43%) |
| Accommodation | 9 (26%) | 17 (49%) | 9 (26%) |
| Benefits | 5 (13%) | 20 (53%) | 13 (34%) |
| Finances | 5 (17%) | 8 (27%) | 17 (57%) |
| Education | 9 (28%) | 8 (25%) | 15 (47%) |
| Drugs and alcohol | 12 (38%) | 13 (41%) | 7 (22%) |
- Q13.13 Have you done anything, or has anything happened to you here, that you think will make you less likely to offend in the future?**
- | | |
|---------------------|----------|
| Not sentenced | 16 (42%) |
| Yes | 8 (21%) |
| No | 14 (37%) |



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